Arab-Australians in Victoria

Needs Assessment and Community Capacity Building

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EXECUTIVE SUMMARY

In 2001, the Victorian Arabic Social Services (VASS) commissioned Deakin University to undertake a research project identifying the needs of Arabic-speaking communities in Victoria. The project brief also included documenting the type and quality of services available to them from various agencies and providers and examining whether these services met the identified needs. The research formed part of a larger project: "Building a Resilient Australian-Arabic Community", funded by the State Government Community Support Fund. The research was undertaken in three localities which were identified as having high numbers of Arabic-speaking communities; Melbourne Northern region, Melbourne Western region and Shepparton. The Shepparton (Hume) region falls more within the category of an emerging rather than established community, with recent settlement of humanitarian entrants being a major factor.

The general approach to this research is underpinned by an underlying conceptual framework developed within the capacity building literature. This framework recognises two sets of factors that shape the complex tasks of community profiling, needs assessment and capacity building. These are related to (1) external environment analyses focusing on economic trends, demographic patterns and community issues; and (2) internal assessment of the community organisation(s) in question, focusing on management structures, financial resources and staff turnover, recruitment and skills.

The following executive summary highlights key findings related to services audit and needs assessment as part of the external analyses, and the case study of Victorian Arabic Social Services (VASS) as part of the internal assessment of a community-based organisation increasingly involved in service provision.

1. Findings relating to the services audit

1.1. Mainstream services

A comprehensive survey of mainstream services available but not exclusive to Arabic-speaking Australians, found that no less than 1841 services were provided by various government agencies in the three regions included in this study. The services audit shows clearly that the Northern and Western metropolitan regions offer a large number of a variety of services (951 and 832 services respectively). This is significantly higher than the Hume region where only 58 services have been identified. This is however, not surprising given the lower population figures in this regional area. Service provision in the Western region is more concentrated amongst a smaller number of suburbs than in the Northern region. The types of services offered across all three regions are information and referral services, family services and health and well-being services.

In the Northern region, the three most frequently targeted groups by service providers, in descending order, are youth, senior citizens, and women. In the Western region, service providers largely target senior citizens, followed by persons with disabilities, then the newly arrived and refugees. The Hume region targets senior citizens, refugees and women.

The mainstream services most frequently offered are those related to health/well-being, recreation/leisure, housing, recreation/leisure, education and information/referral. Employment-related services accounted for only 23 of the total of 1841 services available across the three regions.

A number of mainstream service providers were surveyed further, using semi-structured interviews focusing on how they viewed the needs of the Arabic-speaking background community. Northern region service providers identified a number of needs, most importantly:

- information about health services and direct access to female health practitioners for women;
- mediation between young people from Arabic-speaking background and their parents, and culturally appropriate youth-directed recreational activities;
- education and employment support, particularly addressing school drop-out by young Muslim women;
- information and referral services;
- housing support, in particular for refugees and newly arrived members of the community;
- support to address social isolation and harassment related to racism, particularly for women.

Needs of the Arabic-speaking community as identified by mainstream service providers in the Western region:

- Support with resettlement issues;
- Support to access health services;
- Advocacy for young people.

Needs of the Arabic-speaking background community as identified by mainstream service providers in the Hume region:

- Support for financial/material needs such as Centrelink, housing, Medicare, schooling, employment and health;
- Support for young people living in transitional housing, and accommodation information;
- Mediation and personal assistance for young people.

Use of government services
The following findings are based on the questionnaires from the 3 regions as a whole:

- The survey revealed that only 49 per cent of all respondents had accessed government services;
- Older people have the greatest usage of government services;
- Men have a lower usage of government services than women;
- Use of government services in metropolitan areas differs markedly between incidence of use and types of services accessed;
- The greatest proportion of users of governments services indicated that some of their needs had been met by government service providers;

- The reasons given by the majority of respondents for not accessing government services were a lack of necessity and a preference for Arabic-specific services. Twenty four percent also did not access government services because they did not know the services existed;
- Health and well-being, education and training, recreation, and financial assistance were needs that respondents felt could be met by government service providers.

Across all regions and target groups, around half of all respondents had accessed government services, indicating a large gap in service access. Around 80 per cent of respondents from the metropolitan Western region and the regional Hume region accessed government services, while only half this proportion accessed government services in the Northern region.

Access to mainstream services by target group
Across all regions, the group of respondents aged 50 years or more indicated significantly higher usage of government services (70 per cent). A high proportion of youth (43 per cent) also indicated access to government services. Of newly arrived and newly established respondents, 44 per cent had accessed government services. Breaking this down into regions, it was found that in the North, persons aged 50 years or more (50 per cent), and young people (39 per cent), were the two groups with the greatest usage of government services. All respondents aged 50 years or more from the Western region had accessed government services, in addition to most women (66 per cent). All of the women and young people from the Hume region had accessed government services.

Type of services accessed
In the metropolitan areas, the types of services accessed varied between regions. The most frequently accessed government services identified by respondents from the Northern region in descending order were: Centrelink, the local Council legal aid, the Housing Commission, transport services, interpreting services, Migrant Resource Centres, and the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA). Centrelink and government health services were the most accessed government services in the Western region. Other government services across the regions were: local council services, legal aid, unspecified social/human services, the Housing Commission, carer respite services, interpreting services and Vic Roads.

Centrelink and health services were the most accessed services by refugees from the Northern and Hume regions.

Comparison between the two metropolitan regions raises questions about why the need for Centrelink services is so great in the Northern region, and why the Arabic-speaking community from this area does not utilise government health services. This is notable given that persons aged 50 years or more make up one of two groups with the greatest usage of government services in this region (50 per cent), and that around 50 per cent of total respondents indicated a desire for health and well-being services. In addition, the research appears to indicate that even with significantly lower access to government services by the Arabic-speaking community in the Northern region, a large proportion of this access figure relates to Centrelink use. In the Western region the use of government services appears to be more evenly spread between services.

Services quality and level of satisfaction

Of the respondents that indicated whether or not their needs had been met by the government services they had accessed, a large proportion stated that *some* of their needs had been meet (44 per cent). Around one-third of respondents felt that *all* of their needs had been met, 17 per cent did not answer the question and 7 per cent felt that *none* of their needs had been met. Similarly, of those respondents who answered the question, one-third rated their level of satisfaction with accessed government services as *good*. Forty per cent of respondents reported *high* levels of satisfaction while 16 per cent felt that the quality of service they received was *poor*. Respondents from the Northern region indicated higher levels of satisfaction with the quality of service compared to the Western and Hume regions.

Reasons for NOT accessing mainstream services

Of those respondents (51 per cent) who had not accessed government services, the most frequently given explanation (37 per cent) was that they had not felt the need to access government services. While this may be encouraging, one quarter (24 per cent) of all respondents indicated that they had not known such services exist, highlighting a serious lack of effective information dissemination. More importantly, around one third (27 per cent) of all respondents who had not accessed government services indicated a preference for Arabic-specific services, an indication of how vital culturally appropriate services are to the well-being of the community.

1.2. Arabic-specific services

A total of 529 services targeting Arabic-speaking communities were identified in this survey. These services range from support groups and religious services, to recreation and education. The services audit shows clearly that the Northern and Western metropolitan regions offer a large number of different Arabic-specific services (367 and 155 services respectively). This is significantly higher than the Hume region where only 7 Arabic-specific services have been identified. This may reflect however, the lower population figures for this area.

Most Arabic-specific services available relate to information and referral, health and well-being, education and support groups.

Use of Arabic-specific services
- Around one third of respondents had accessed Arabic-specific services;
- Use of Arabic-specific services is particularly high in the Western region, and relatively low in the Northern region;
- The age group that most frequently accesses Arabic-specific services is 26 to 49 year olds. This age category is also the second highest accessing group for government services.
- As with use of government services, women are more likely to access Arabic-specific services than men;
- The most identified type of service accessed by respondents was social and support services, followed by Arabic schools;
- The greatest proportion (71 percent in total) of users of Arabic-specific services felt that *some* of their needs had been met;

- The majority of respondents who had not used Arabic-specific services indicated their main reason (in 54 per cent of answers) for not doing so was a lack of knowledge about the existence of such services;
- Recreation, health and well-being, and social and cultural support were highlighted as needs that could best be met by Arabic-specific providers.

Use of Arabic-specific services was indicated by just over one third of all participants. As with government services, a lower proportion of respondents from the Northern region (19.5 per cent) had accessed Arabic-specific services than from both the Western region (76 per cent), and the Hume region (67 per cent). This raises questions about why access to service in the Northern region is lower across the board when the Northern region has a greater number of services available.

Access to services by target group
Respondents aged between 26 and 49 years of age indicated higher use of Arabic-specific services than any other group (66 per cent). More than half (55 per cent) of persons aged 50 years or more had accessed Arabic-specific services. Forty eight per cent of women across age groups had accessed Arabic-specific services, compared with 34 per cent of their male counterparts. The same proportion of youth that had accessed government services had also accessed Arabic-specific services (43 per cent). Only one-third of newly arrived and newly established respondents indicated the use of Arabic-specific services.

Type of services accessed
The most frequently identified type of service accessed was social/support services (26 per cent), followed by Arabic schools (24 per cent). Nine percent of those who answered the question indicated the use of youth services and support groups, 7 per cent had used interpreting services, while minimal use was made (2 per cent each) of Australian Lebanese Welfare (ALW), the Islamic Information Services Network of Australia (ISNA), the Victorian Arabic Social Services (VASS), and mosques. Service use differed significantly between metropolitan regions, with the most frequently mentioned service in the Northern region being Arabic schools, and youth services, compared to social/support groups in the Western region. None of the respondents from Shepparton specified what type of Arabic-specific services they had accessed.

A similar proportion to those who have used government services felt that their needs have been met by Arabic-specific services. Forty-four per cent of respondents indicated that *some* of their needs had been met, 27 per cent felt that *all* their needs had been met, 24 per cent did not answer the question and 5 per cent felt that *none* of their needs had been met. The greatest proportion of those that felt that *all* their needs had been met was located in the Northern region.

Service quality and level of satisfaction
Levels of satisfaction with Arabic-specific services were also very similar to government services. Around 40 per cent of respondents reported high levels of satisfaction, one-third thought that the service provision had been *good*, one-quarter did not answer the question, and 5 per cent considered the service provision *poor*. Once again, the levels of satisfaction in the Northern region were the highest, with 43

per cent rating the service provision as *very good*. The majority of respondents from the Western region thought the service provision was *good*.

Reasons for NOT accessing Arabic-specific services
The most significant finding in this study is that more than half (54 per cent) of the respondents indicated that their reason for not accessing Arabic-specific services was lack of knowledge that such services existed. This result highlights an urgent need for more effective transmission of information about such services to the Arabic-speaking community. One-quarter (25 per cent) of respondents felt that they had not needed to access Arabic-specific services.

The greatest proportion of respondents felt that Arabic-specific services should provide assistance relating to recreation (52 per cent), followed by health and well-being services (47 per cent), and social and cultural support (46 per cent).

2. Findings relating to the self-identified needs assessment

The following summary of self-identified needs was collated from wider consultations with the Arabic-speaking community, culminating in 11 focus group discussions involving 135 participants from the three regions. The core themes that emerged from these discussions related to:

- Need for much more effective information dispersal to all groups within the Arabic-speaking community about existing mainstream and Arabic-specific services;
- Need to overcome isolation and negative experiences within the wider Australian community, associated with a political climate that is hostile to Arabic-speaking background and Muslim peoples;
- Need for access to mainstream culture and society through education, employment, outreach programs, language assistance and other programs that assist specifically with material needs;
- Need to foster a stronger sense of community through Arabic-specific cultural, recreational and support spaces.

Youth
Young people also identified the lack of information about government and Arabic-specific services, highlighting a strong need for both sectors to review information dispersal processes. Some young people commented on a strong feeling of segregation from mainstream Australian communities, exacerbated by a negative political climate. They also reported feeling uncomfortable with the cultural demands of their first-generation parents. Young males reported feeling worried and negatively affected by high levels of unemployment in the Arabic-speaking community, while young women identified the need for support and encouragement by families and schools.
When asked how such needs could be addressed, the young people identified various mechanisms: these included: a dedicated youth worker of Arabic background who is familiar with issues facing second-generation Arabic youth; a recreation venue for young Arabic youth; information and support services; and stronger support, encouragement and belonging fostered by teachers and schools.

Elderly (men and women)
Women identified the need for more interpreters based at hospitals, better support and social services for the Arabic-speaking community, and in particular an outreach program for senior citizens. Men also felt that outreach programs were important, particularly where they could provide information about services to the community and transportation for seniors. In terms of service provision, both men and women felt government services have decreased in quality and accessibility. They felt their current support group was very important to their well-being (for instance, to address isolation and boredom, receive information and take part in outings and leisure activities to reduce stress). Both women and men felt that isolation from the wider Australian community had increased since the events of September 11, with a corresponding increase in discrimination.

There was a clear desire to belong to the wider Australian society as equal citizens, not as a marginalised ethnic group.

Newly arrived and refugees
Newly arrived youth and young refugees identified educational issues as those most pertinent to themselves. While newly arrived youth commented that the teaching style was more effective in Australia, they also felt there was an unrealistic expectation that they would perform on par with classmates of the same age, despite language barriers. They suggested additional assistance and support provided through school, particularly regarding language development. Perceptions of and experiences with police were positive. Young refugees needed English language classes and information about access to tertiary study.

Women refugees identified housing assistance needs, easier access to interpreters, an Arabic-specific support group, and English language classes. Women in regional areas also identified the need for female doctors and interpreters at hospitals. Women refugees in regional areas reported frequent experiences of racism expressed by both people 'on the street' and professionals. The male refugees identified mainly language and financial needs, particularly access to English language courses and full-time study, translation of documents (particularly problematic for the regional Shepparton area), Medicare to extend to regional GP visits, and access to employment.

In addition, they felt that the media plays a significant role in producing negative images of the Arabic-speaking and refugee communities.

3. Findings relating to the VASS case study

Victorian Arabic Social Services (VASS) is a community-based organisation which began in 1981 as a network of service providers who targeted, through their respective agencies, members of the Arabic-speaking communities. VASS' role evolved as a service provider in response to the needs of the Arabic-speaking communities for culturally appropriate and tailored services. VASS' mission is to enhance the welfare and well-being of the Australian-Arabic community, as well as to increase participation of Arab-Australians in the civic life of the wider Australian society.

Since its inception, VASS has played a pivotal role in monitoring access and equity of services provision, lobbying government for needs-based resources allocation, advocating on behalf of the Arabic community, identifying gaps in services, providing support to workers targeting the Arabic community, as well as providing feedback and input to government policy development and implementation. VASS has expanded its role in the last 4 years to include direct service delivery. Therefore, one of the aims of this research is to assess VASS' capacity to perform this vital role.

VASS structure
At the time of this study, VASS had 11 staff and a number of volunteers. The staff titles are: Manager, Administrative and Finance Officer, Cultural Diversity Project Coordinator, Coordinator of Volunteers, Arabic Elderly Support Worker, Refugee Support Worker, Youth and Family Settlement Programs Coordinator, Arabic Youth Worker, Policy and Projects Officer, Family Support Worker, and Drama Project Coordinator.

Sixty per cent of participating staff thought the existing VASS structures are useful or very useful, while 10 per cent thought the structure could be improved. Existing structures identified as aiding VASS to achieve its goals include: availability of the workplace for after-hours work, administrative support, support from the chairperson, managers and staff, and the decision-making processes of the Committee of Management.

VASS activities
Given its size, structure and financial capacity, VASS is a relatively active organisation committed to meeting the varied needs of its community members as much as practicably and financially possible. In recent years, VASS has played a leading role in providing services to refugees, the elderly, women, newly arrived migrants and youth. Providing support and basic services to refugees on temporary protection visas (TPV) has been a major task undertaken by VASS in light of the punitive restrictions placed on TPV holders by the Federal government.

Among the issues that VASS has been working on in recent years is the cultural diversity project in Victorian secondary schools in Preston and Moreland. VASS' involvement in the schools was initiated because these schools are attended by large numbers of young people of Arabic-speaking background who have not been able to maximise their educational achievements. VASS, through a multicultural project facilitator, has commenced a program of cross-cultural activities and parent meetings aimed at enhancing the schools' capacity to provide equal opportunities to all its students, regardless of their cultural backgrounds.

VASS has also undertaken a number of other projects to meet the needs of young people from the Arabic-speaking community. Through the Settlement Facilitation Project, VASS has been targeting the needs of the newly arrived community, for example, building stronger relationships between Brunswick Secondary College, and the newly arrived young people and their parents. VASS has also been working towards meeting the needs of refugees of all age groups, including those on Temporary Protection Visas. Men and women have been targeted by past projects. A recent projects at VASS is the Volunteer Social Support Program which targets senior

members from the Arabic-speaking community, their carers and persons with a disability.

VASS needs
The participating staff identified a number of key needs for VASS. These include:

- Further training for staff, particularly computer training, training in how to organise and manage not-for-profit organisations, submission-writing training, professional development focused on youth issues and Arabic-specific youth issues, and up-to-date administrative information from Centrelink, DIMIA and HACC;
- Paid time to attend training sessions, and more effective information dispersal to inform staff of training opportunities;
- A more resourced and conducive working environment, with adequate desk space, computers for all staff and a more effective e-mail system;
- Not overloading staff so that they feel they cannot meet their work objectives;
- Increased networking and participation with other service providers;
- Support from other bodies, such as universities, to help identify important issues in the community;
- Increased contact with and participation of the community;
- Changes to the structure and policies that reflect more effective cooperation and communication between all levels of staff, increased decision-making power for staff, more recognition of staff competencies, clearer staff selection policies, clearer defining of staff and committee roles, and greater involvement of members;
- More resources to be able to commit to the projects undertaken (perhaps through development of more fundraising mechanisms), and more support for individual projects to be shown, particularly through greater opportunities for discussion and planning of projects with managers and the Committee of Management;
- Clear identification of aims and objectives, as well as more formalised and effective reporting and evaluation procedures;
- For the organisation to be realistic and clear about what projects it can undertake;
- An interpreter/translator that can assist all staff with their projects as well as liaise with the community.

Staff perceptions of VASS and the Arabic-speaking community
The majority of staff felt that the organisation was doing crucial work within the community. The staff felt that VASS was working hard to meet the Arabic-speaking community's needs. However, most staff were concerned about VASS' increasing workload and commitments within the community, given its limited resources and under-staffed personnel. Ninety per cent of participating staff raised the issue of the Arabic-speaking background community having little or no knowledge about services offered by government and Arabic-specific providers.

Staff identified the needs of the Arabic-speaking community to be addressed by VASS as:

- commitment to issues important to the community, identified and addressed in honest, responsive and professional ways;
- help in accessing mainstream social institutions, services and culture, as well as other Arabic-specific services;
- access to information and education, for example about the education system and health issues;
- effective information dissemination about availability of and accessibility to the various activities undertaken by VASS;
- a non-partisan, non-religious and representative support organisation;
- advocacy and empowerment for community members;
- support for families;
- support for youth in particular;
- overcoming issues related to racism and isolation;
- recreational activities.

Ironically, this list of needs of the Arabic-speaking community that VASS staff have identified as being unsatisfactory, will place an even heavier organisational and financial burden on VASS' already over-stretched resources. VASS, like other community and ethno-specific organisations, continues to face significant political, economic and institutional barriers that hinder its capacity to adequately address these needs.

RECOMMENDATIONS

The following recommendations are based primarily on the empirical findings of this research project. The recommendations are aimed at improving the quality of services provided to members of the Arabic-speaking communities by government agencies as well as community organisations. Needless to say, for community organisations such as VASS, their capacity to adopt recommendations and implement structural and operational changes are contingent on overcoming an entrenched culture of political and institutional barriers that hinders access to government funds and mainstream community support.

Although services provision in the following list of recommendations is categorised separately, that is, ethno-specific versus mainstream, it is now widely accepted that planning and delivering services to any group of Australians regardless of their ethnic background is ultimately the responsibility of the 'State'. In fact, the **Federal government Charter of Public Service in a Culturally Diverse Society** which aims to address disadvantage in accessing government services applies not only to services provided by the government, but also to services funded by the government and delivered by community organisations.

The Victorian government's commitment to cultural diversity is articulated in the 2002 '**valuing cultural diversity**' pledge which undertakes, among other things, to reduce inequality by 'recognising the right of persons of different national, ethnic, religious and linguistic backgrounds to practice, enjoy and share their own culture and (by) having in place systems and procedures that will enable all Victorians access to Government services and programs free from undue impediment'. Therefore, the key [Charter] principles of access, equity, communication, responsiveness, effectiveness, efficiency and accountability should equally apply to mainstream and ethno-specific services.

The recommendations listed below should not be considered in isolation but rather in tandem with mounting empirical evidence calling for a fresh approach to better manage cultural diversity. A recent example of such studies is the Victorian Multicultural Commission's 2003 report titled 'Access, Services, Support, Respect: Local Governments Response to Cultural Diversity in Victoria' relating to managing cultural diversity at the local government levels. The findings of this research project confirm the need for a **standardised framework** to guide and assist local governments and augment the capacity of community organisations in their respective efforts to provide services that reflect and respond to the needs of culturally diverse communities.

The outcomes sought from the recommendations are, therefore, related to three key principles:

- **access and equity**: through improving access to services for all members of the Arabic-speaking community regardless of gender, age, type of visa, geographic location and period of settlement;
- **support for community organisations**: through recognising the work of such organisations, reducing institutional barriers they face and facilitating their access to financial support;

- **productive partnership between government and community organisations**: through identifying services and target groups that may be best suited to specific modes of delivery.

Recommendations relating to mainstream services
Unless otherwise indicated, the recommendations listed in this section are addressed primarily to the state government and its various departments, as well as local governments. Both levels of governments will need to work together and in consultation with ethno-specific organisations to overcome existing constraints and bring about tangible improvements in access and equity, as well as overall quality of services for all Victorians of Arabic-speaking background.

1. **Enhancing information and referral systems:** Given the high proportion of Arab-Australians not accessing government services (51 per cent), an action plan in collaboration with community members is urgently needed to promote awareness of the availability of key services , and encourage access to them by all members of the Arabic communities. Initiatives to this end must go beyond printing brochures and marketing materials and instead embrace a cooperative approach in partnership with peak community bodies.

   Effective communication and increased knowledge about existing services are essential tools for more equitable access to services by all. The state government is responsible for effecting a more efficient information system that is conducive to more active citizenship for Arab-Australians.

2. **Coordinating outreach support workers:** An area where coordination and cooperation between government agencies, local councils and community organisations can occur is the provision of outreach support programs. These can make government services more readily available to communities and individuals living in remote districts. Outreach workers delivering information sessions on service availability will go a long way towards rectifying the problem of lack of information about and, therefore access to, key government services.

3. **Quality of mainstream services:** Although a majority of participants (70 per cent) indicated a high level of satisfaction with the quality of mainstream services, there is a still a substantial minority (30 per cent) that either rated the service quality as poor or chose not provide any feedback. A coordinated and well targeted effort by the state and local government agencies to address this problem needs to be initiated immediately. The focus group discussions conducted in this study suggest that in most cases dissatisfaction with mainstream services stems from a lack of awareness and recognition of culture-specific needs and the special provisions such needs would require.

4. **Low access of mainstream services**: State and local governments will need to address the low rate (only 49 per cent) of access to existing services. Low rate of access is definitely not an indication of low demand for services. This is confirmed in this study by the relatively high proportion (27 per cent) of respondents who indicated a preference for Arabic-specific service providers.

This means that improvements in overall quality need to focus on the 'cultural and linguistic framework' for service provision at all levels of the process.

Recommendations listed by service type and target group

5. Health services: State agencies and the relevant service providers to promote culturally approporiate health services and facilitate direct access by Arab-Australian women, in particular, to health practitioners. This gap is an especially accute problem for humanitarian entrants in regional and remote areas.

6. Support for youth: State and local authorities to establish support mechanism for Arabic-speaking background young people and their parents, and introduce culturally appropriate youth-recreational activities. A significant issue facing young Arab-Australians in the current social climate relates to a growing feeling of social isolation, marginalisation and lack of active particpation in their ethnic communities as well as the wider society.

A task force involving community organisations and relevant government agencies should be established to explore the social, educational and cultural obstacles affecting the education achievements of Australian-Arabic youth and hindering their successful participation in professional and political processes.

7. Education support: It follows from point 6 above, that the Department of Education liaise with parents and schools in order to improve overall educational outcomes, and in particular to address high levels of school attrition by young Arabic-Muslim students.

8. Information and referral services: State agencies and the relevant service providers to disseminate up-to-date information about quality and availability of key services such as health and Centrelink through appropriate means, most notably Arabic information sessions, translated information kits and outreach support workers working in consultation with community organisations.

9. Housing support: State agencies and the relevant service providers to introduce more direct assistance in locating suitable and affordable housing arrangements for the newly arrived migrants. A coordinated approach that involves community organisations should provide the basis for a more effective system of communicating services and targeting those in most urgent need.

10. Social support: State agencies, local governments and the relevant service providers to address social isolation and harassment related to racism, particularly for women. Perhaps local governments should take the initiative in this sensitive issue by setting up working groups involving representatives of all concerned communities to explore community-inspired initiatives aimed at reducing racism and xenophobic attitudes, and managing cross-cultural tensions. This is an essential aspect of not only enhancing cultural harmony but ensuring a general sense of well-being for all.

11. Support for refugees: State agencies and the relevant service providers to make key settlement services available to refugees on temporary protection visas

(TPV), specifically English language programs, female doctors for women refugees, interpreters in regional areas and employment assistance programs.

Recommendations relating to Arabic-specific services

12. Enhancing information and referral systems: Given the high proportion of Arab-Australians not accessing Arabic-specific services (48 per cent), there is an urgent need to undertake an action plan to review existing information and referral systems with the view of improving awareness of key services available through Arabic-specific agencies.

13. Specialised community-based services: The research findings have revealed that Arabic-specific service providers have a limited organisational and financial capacity and therefore, must focus their activities on those services they are best equipped to deliver. This is especially so for youth cultural services, general recreational activities, social support, the elderly and, in partnership with mainstream health service providers for women. Given that 27 per cent of those accessing mainstream services indicated they would prefer the same services to be delivered by Arabic-specific agencies, there is an important and inimitable role to be played by community organisations in targeted service delivery.

14. Quality of Arabic-specific services: Whilst the majority of respondents (71 per cent) have favorable views on the quality of Arabic-specific services, there are still underlying problems affecting the overall quality of these services. The state government must engage in a process of consultation with peak community bodies aimed at reaching a workable model of best practice for community-based service providers. An integral part of building the capacity of community-based service providers is having access to adequate resources both in terms of funds and expertise.

Recommendations listed by service type and target group

15. Access to Arabic-specific services by region: Given that access to and use of Arabic-specific services is particularly low in the Northern region compared to the Western region, a more visible presence of community-based services needs to be developed. This can be in the form of a Community Centre that coordinates information and referral services and provides a reliable framework for community activities and consultations.

16. Access to Arabic-specific services by age: The research found that Arabic-specific services are most frequently accessed by youth and adults (26 to 39 year olds), a lower age group than that which accessed government services most frequently. Arabic-specific services have to specifically target the elderly and the geographically isolated, (such as those in Shepparton), who are in greater need of the kind of social support that can best be provided via community organisations. This targeting of specific sections of the Arabic-speaking community will require additional resources and a close collaboration with state and local agencies.

17. Access to Arabic-specific services by gender: Similarly to usage of government services, women are more likely to access Arabic-specific services

than men. As such, services provision planning should recognise this fact, particularly in terms of ensuring cultural and religious appropriateness of delivery modes.

18. Type of Arabic-specific services accessed: Recreation, health, and educational cultural support were identified as the needs that could best be met by Arabic-specific service providers. This finding means that there is an urgent need for a clear action plan for systematic and long-term involvement of community organisations in targeted service provision. Again, to avoid duplication of resources, a wide consultation involving mainstream agencies and community organisations must take place in the form of a workshop, summit or symposium.

Recommendations relating to VASS

The majority of staff felt that the organisation was undertaking crucial work within the community. However, most staff were concerned that VASS' effectiveness is undermined by the fact it is severely under-resourced and under-staffed. This perhaps helps to explain staff frustration at not being able to improve community awareness of specific services and other general support available through VASS. The following recommendations, whilst depending on access to resources, are ultimately aimed at overcoming some of the obstacles affecting VASS' work within the community.

19. VASS' increasing workload and its financial viability: If VASS is to continue to operate effectively, it needs as a matter of urgency a dedicated support worker whose role is to coordinate the activities of VASS Committee of Management (COM), provide appropriate and timely administrative support and assist in building the COM capacity, skills base and membership. Additional resources are essential to build effective and sustainable support mechanisms for VASS COM members who are not paid workers.

20. VASS organisation capacity: The skills audit undertaken in this research shows clearly that VASS is in desperate need of additional staffing, particularly with regard to medium to long-term appointments. The current arrangement of dealing with staffing on a day-to-day basis is inadequate given the increasingly vital role VASS plays in direct service delivery, in addition to awareness and advocacy activities.

21. Strategic objectives: Given that there will always be limitations on funds and resources available to VASS as a community organisation; there is an urgent need for a clear articulation to staff and the wider community of key priority areas that will be covered by VASS workers. VASS has already embraced this philosophy by focusing in recent years on specific issues affecting the Arabic-speaking community, such as the temporary protection visa and youth education. Such a move should improve the capacity of VASS to ensure organisational sustainability beyond the life of any specific project.

22. **Strategic priority:** VASS must work towards bringing about an increase in the level of participation of Arabic-speaking communities in broader community activities, as well as government and non-government decision making processes. Again a well-equipped Community Centre where regular consultations, debates as

well as social and cultural activities take place will provide a solid foundation upon which more participatory processes and mechanisms can be established. This will ultimately provide VASS with an additional pool of professional, cultural, and linguistic expertise otherwise not accessed.

23. Organisational structure: Whilst VASS staff expressed general satisfaction with existing structures, there is a clear preference for a less vertical hierarchy where managers mediate between workers and the VASS executive. Therefore, there is a need for VASS to ensure that workers, volunteers and managers are all included in broader discussions on the direction of the organisation. Given the nature of VASS activities and its relatively small size, all staff must be provided with clear mechanisms to articulate their opinions, air their concerns, and when necessary, show their initiatives whether relating to daily issues or long-term projects.

24. Professional development: VASS staff at all levels must be assisted to upgrade their skills on a regular basis in order for them to improve the quality of their services. A professional development pathway where staff are subsidised to attend is crucial if VASS is to continue to meet the specific needs of its target groups. Furthermore, in order for VASS to recruit and keep proactive and qualified staff, it will need a more sustainable funding arrangement that guarantees its financial viability for at least cyclical periods of 3 years. To this end, VASS should seek to enter in strategic partnerships with the State government and local councils so that it is able to continue to do what it does best, that is provide culturally and linguistically appropriate services where they are needed most. Such partnerships will lead to service provision that more effectively addresses the needs of the Arabic-speaking community.

25. Inter-organisational ventures: VASS continues to provide vital services to vulnerable and marginalised groups at a time when economic rationalism and user-pay attitudes prevail in all fields of our society. In this 'new' social context, VASS' structural and economic opportunities are sometimes hindered by prevailing institutional and political attitudes towards community sector organisations, often stigmatised and reduced to such unhelpful labels as 'ethnocentric lobby' groups. Unless governments start dealing with community organisations such as VASS as a serious partner in effective community building, then the situation of 'blocked opportunity' is unlikely to change significantly in the short term. Therefore, it is imperative that like-minded community organisations work closely together to explore inter-organisational ventures that might alleviate the burden on individual organisations, in particular during crises and emergency situations.

CHAPTER 1.   INTRODUCTION

The research project was prompted by increasing empirical evidence that communities with strong networks and participative organisational capacities are less likely to experience social problems, and better able to support vulnerable members of their community. There is increasing interest in the question of how to think more systemically about ways of designing, implementing and evaluating community programs and projects. This systematic thinking involves analysing the needs and resources of communities and developing appropriate programs and planning processes.

A preliminary literature search undertaken in this project highlights the lack of systematic and rigorous research identifying the needs and resources of the Arabic-speaking community (both in Victoria and nationally), and specifying the gaps in services and programs designed to meet those needs.

The project is located within the overall goal of the government's social policy agenda to ensure that all Victorians can enjoy the benefits and meet the challenges of building a prosperous, just and inclusive society, particularly through building strong and supportive communities, improving access to services and rebuilding social infrastructure. It is based on developing a holistic approach of working with the whole of the community rather than a specific target group

1.1. Project aims

The project seeks to investigate the needs of the Arabic-speaking community. Its main objective was to assess the capacity of Service Providers to the Arabic community in delivering adequate services, and will identify gaps between service provision and community needs. The findings reported here will contribute to the current vacuum in research relating to the needs of the Arabic-speaking community in Victoria, and will form the basis to:

- Enable VASS, local and state government departments, and service providers to develop more culturally appropriate and informed understandings of the needs of the Arabic-speaking community;
- Lead to the development of strategies and response service models in relation to working with the Arabic-speaking community and more effectively addressing their needs;
- Improve the organisational infrastructure and capacity of VASS to articulate and translate to government and service providers the needs of the Arabic-speaking community. This will ensure organisational sustainability beyond the life of the project;
- Facilitate the development of long-term partnerships across sectors. This will sustain the benefits of the community beyond the life of the project.
- Produce qualitative data that enables VASS, local and state government departments, and service providers to develop more informed understandings of the needs of the Arabic community.

1.2. Key principles informing the approach to this project

- **Community development and capacity building:** This involves processes, tasks, practices and visions for resourcing and empowering the Arabic communities to, as far as possible, take collective responsibility for their own development and shape their own direction. This also requires an understanding of the situation in which the Arabic communities operate, identification of what is needed in the Arabic communities for improving this situation, and strategies for achieving the desired objectives of the communities.

- **Participative design principles:** Seeks to foster high commitment through collaboration, consultation and participation. Consistent with community development perspectives, the research, strategic and evaluation elements of the project are jointly developed with the Arabic-speaking communities. There will be an acceptance of diverse viewpoints and resolutions will be developed collaboratively.

- **Sustainability principles:** Emphasis is placed on the development of a strong sense of ownership and responsibility for the project in the Arabic-speaking communities oriented to sustainability. A central aim of the project is to develop the participants' own skills for the purpose of building the capacities of the Arabic-speaking community to undertake their own needs assessment and audit in the future.

- **Partnerships between government, local government and community organisations:** At every stage throughout the project, the development of collaborative working relationships across various levels of government and non-government organisations will ensure a holistic approach.

- **Ongoing monitoring and evaluation:** The project will be monitored and an evaluation of its success will be undertaken once it is completed.

1.3. Research timeline and key phases

A planned three-staged approach to ensure its successful completion.

- A Needs Assessment and Audit of Resources, Services and Programs to the Arabic Community;
- Development and Delivery of Capacity Building Program for VASS;
- Development and Pilot Delivery of Training and Resource Program for Related Agencies.

This report focuses on **Stage One** only, related to the needs assessment and services audit. It is estimated that Stage One will be conducted within a period of eight to twelve months. The needs assessment will be undertaken in three key regions:

- Northern Region;
- Western Region;
- Shepparton and surrounding districts.

The selection of these sites is based on careful examination of demographic data collated through ABS Census data, and the Department of Immigration, Multicultural and Indigenous Affairs Data.

The first stage of this project involved:

1) Applied research investigating the needs of the Arabic-speaking community;
2) Auditing existing resources and programs;
3) Identifying any gaps between the needs and available services and resources;
4) Developing a blueprint strategic response to be used in relevant agencies.

The needs assessment was undertaken through the use of audio-taped individual face-to-face interviews, and focus group discussions. The recruitment of the participants will come through the clients and members of VASS. Service providers will be randomly sampled from the existing database provided by the State government and VASS.

Interviews and focus groups included questions concentrating on the following areas:

a) What are the types of needs of the Arabic-speaking communities?
b) How are these needs currently being met?
c) What issues and problems need to be resolved?
d) What resources are already available in the community?
e) How do we know that existing programs are a response to real needs?
f) Are we servicing these needs sufficiently?
g) Are we using our resources effectively?

These questions generated qualitative data which was supplemented with a closed question questionnaire in order to test the generalisability of the qualitative data and to induce quantitative data.

Gap analysis was also undertaken through studying existing records, policies and programs, and interviews with key informants and stakeholders who have experience and information on the place and extent of the gaps. The approach to the needs analysis is informed by the idea of active citizenship, and relies on the interested parties to work collaboratively to identify both the needs and to devise collective strategies and resolutions. Analysis of outcomes is characterised by a matrix model inclusive of age, gender, duration of residence, entry category and faith/religion.

CHAPTER 2.   LITERATURE REVIEW: THE SETTLEMENT NEEDS OF ARABIC-AUSTRALIAN COMMUNITY

This chapter combines a review of the literature about the needs of non English-speaking background (NESB) groups, with a key focus on the specific needs of the Arabic-speaking community in three particular regions: the Northern metropolitan region, the Western region and the Goulburn Valley and surrounding region. These three regions have a high percentage of Arabic-speaking people (see demographic/statistical chapter). Several recent studies on the Arabic-speaking communities in Australia (and more generally on NESB groups), have identified some specific needs faced by culturally and linguistically diverse groups, particularly in reference to service provision and delivery. Broadly speaking, these needs appear to be translation and interpretation, information dissemination, culturally appropriate and culturally sensitive service delivery, the recruitment of bilingual NESB staff, preventative programs (for example, parenting, drug and pre-settlement programs), and the need for a more inclusive and consultative approach in policy and decision-making practices of service provider agencies. Most reports that address the needs of the Arabic-speaking community focus specifically on one group within the community. This project however, is one of the first of its kind in Australia. It encompasses the needs of the Arabic-speaking community in its entirety. It also identifies and documents the requirements of the sub-groups that make up the Arabic-speaking community; namely the elderly, youth, women, men, and newly arrived migrants and refugees.

The following sections present a summary of previous studies on the settlement needs of Arab and Muslim Australians. This summary is outlined below in terms of age and type of service.

2.1. Elderly

According to a 1999 NSW study, migrant groups have lower mortality and hospitalisation rates than the mainstream Australian population. However, this is probably due to the health screening factors associated with the migration process rather than to the availability of or access to service providers[1]. Several studies have highlighted the unique and often pressing needs of NESB elderly in relation to service delivery and provision. This section outlines those needs.

Needs and Aged Services
The proportion of NESB migrants in the aged category was expected to reach 22 per cent of the total aged population accessing government services by 2001. This means that one in every five people from the aged category seeking services will be NESB[2]. When considering the needs of aged NESB people and Arabic elderly more specifically, it is important to factor in the possibility of different cultural definitions of aging. In a study on the needs of the Kurdish community in Melbourne, for example, it was found that Kurdish migrants have a radically different conception of age to Home and Community Care (HACC)[3]. According to those interviewed in one study, old age sets in when one can no longer work, or when one has to be looked after 'like a baby'.[4] In contrast, the predominant Australian definition of the elderly identifies an elderly person as someone 65 years and above[5]. Therefore, since definitions might differ according to cultural beliefs, ethnic groups may not be

accessing certain aged services such as home and community care and other related services even when they are eligible for them. Cultural norms and beliefs may therefore have substantial implications for the access, provision and utilisation of aged services.

The HACC program was introduced by the Australian government as a support service to assist the elderly to remain in the community. It recently released a national report documenting policy and service provision for people from ethnically and linguistically diverse backgrounds[6]. The basic premise of the report is that while HACC policy and service provision differs across states, the problem of inadequate access to services due to lack of commitment to equity issues is similar nationally. The HACC Report (1999) argues that where it exists, policy dealing with equity and access is ambiguous, particularly regarding the responsibilities of the state, the commonwealth, and mainstream and ethno-specific organisations. In addition, where they presently exist, service providers do not have adequate quality controlled or quality endorsed intercultural training programs, resources, or information about such programs. Consequently, there is cause for concern regarding the unskilled and untrained nature of mainstream as well as ethno-specific organisations to effectively meet the needs of clients from diverse cultural and linguistic backgrounds. Finally, language barriers create problems where those that can afford to use interpreter facilities only do so minimally, while those that really need these services do not, either due to prohibitive cost or poor dissemination of information about such services. Options such as brochures and media need to be examined.

The ECSDI Report (1999) examines the service delivery to elderly people from Italian and Albanian backgrounds[7]. The report concludes that overall, there is a need to improve service delivery to the elderly migrant community in the Goulburn Valley area. Recommendations include:

1) Development of a greater understanding of present service delivery;
2) Development of culturally sensitive training and education for mainstream service providers and carers;
3) Development of recommendations to advance the efficiency and success of service delivery and practice.

In a study on the service needs of Macedonian and Vietnamese elderly in the Northern Metropolitan Region of Victoria, the Centre for Applied Gerontology adds to the above list by recommending[8]:

1) The importance of recruiting bilingual workers since these staff are often the first point of contact for introducing the elderly to services;
2) Target groups of general practitioners (GPs) who are predominantly seeing one ethnic group and informing them of appropriate services available. Evidence suggests that some GPs, especially those with an ethnic background, are not referring the ethnic elderly community to appropriate services.

Cultural sensitivity and appropriateness
While on the whole, the majority of elderly state that the main barriers to accessing services are lack of knowledge about such services and how to access them, NESB aged migrants have a lower utilisation rate of services than their Anglo-Australian

counterparts[9]. NESB aged migrants face multi-dimensional barriers. These are associated with socio-economic and educational status, gender, stereotypical representations of aging and importantly, combined stereotypes about aging and ethnicity. The latter includes the common perception that 'ethnic communities look after their elderly and hence have lower use for services', as well as the institutional discrimination encountered by the NESB groups themselves.

The misconceptions or generalisations about NESB family ties are often used as a justification by organisations for lower NESB elderly utilisation of aged services. It is likely however, that NESB elderly have lower utilisation of services not because they are being cared for by their community members, but because of the types of services offered. For example, the ECSDI report states that many elderly believe that aged care services are of poor quality because they lack ethno-specificity, have a predominantly Anglo-Australian orientation, and are culturally insensitive and inappropriate[10].

For most Arab-Muslim elderly, the usage of mainstream services such as nursing homes, are low because of Arabic values that place reliance on family members to avoid notions of shame[11]. The low utilisation levels of aged services are explained by a combination of factors[12]. These consist of the limited understanding of the nature of services to the elderly and eligibility provisions, and minimal access to information and the services themselves. This lack of access to and understanding of information is explained by the high levels of illiteracy, and the low socio-economic backgrounds of Arab-Muslim elderly. In addition, Arab-Muslim elderly have very little understanding of the broader institutions and services available in Australian society and have little confidence in the services provided to them. Finally, the numbers of Arab-Muslim elderly are too small and politically insignificant to have any impact upon changes to specific services at any governmental level without higher levels of community organisation than are currently witnessed.

Community groups can provide a bridge between the specific ethnic communities and mainstream organisations in service provision and delivery, ensuring equitable, effective service delivery to the Arab-Muslim elderly[13]. Community care may be the best service provision option for Arab-Muslim elderly, for example, an Arab-Muslim home.

The extent to which a particular service organisation is known determines the quality of service delivery by that organisation to ethnic communities. The Arab-Muslim elderly will go to familiar organisations or services to seek advice[14]. It is also likely that due to the culturally appropriate service delivery and advice offered by ethnic community organisations and their more effective information dissemination, these organisations can provide appropriate support. This engenders greater trust from the target groups and results in higher utilisation rates from the target group.

Language

> It is through language that people can communicate effectively and understand each other. People who are not able to communicate with others who live in the same society will not be able to express their needs and problems and remain deprived of their rights[15].

Clear communication is rated as more important than cultural sensitivity of the health service delivery[16]. The ECSDI report finds that elderly Albanians and Italians are not able to access service provision adequately[17]. This is due in part, to lack of effective information dissemination. In this, both groups, particularly elderly Albanians, stated that their use of services would increase if they had access to more information on service availability. Both the Italian and Albanian groups stated that the available translated written information is inadequate because many NESB elderly groups are illiterate in their community languages. The Centre for Applied Gerontology Report concludes similarly, claiming that even where literate people access translated material, the material is still inadequate and often confusing[18]. Videos and cassettes in the relevant language, information sessions conducted by key contact personnel in the local ethnic communities and ethnic radio workers may be more effective strategies for information dissemination of service availability[19].

Furthermore, there is the need to improve access to interpreting services, particularly for new communities who may have minimal language acquisition. Access to interpreting and translating services is also important for more established groups, because recent studies have found that individuals generally regress to their mother language as they age. This is attributed to various brain changes that take place with the aging process and to the decline in some instances, in confidence to use the second language[20]. These findings highlight the importance of interpreting and translating needs among NESB elderly.

2.2. Youth

Employment and education
Adolescence is a period characterised by significant transitions with respect to questions of self-identity and self-esteem. Unlike previous generations, the youth of today do not have the security of employment they may have had previously. Arab-Australian youth face unique problems with regards to these issues[21]. Lebanese youth experience the highest levels of unemployment of any group in Australia (35 per cent). This is exacerbated by high secondary school attrition rates, lack of work experience, low self-esteem and confidence, poor career counselling in schools, and poor career options and training[22]. Unfortunately, a substantial consideration here is the discriminatory cultural preferences of employers rather than the skills of prospective employees. Negative stereotypes and experiences of racism have heightened since the events of September 11, resulting in damaging effects on the self-esteem and achievement of Arabic youth.

Employment is central to an individual's social contribution. The positive effects of employment upon an individual include the development of skills and self-confidence and self-esteem along with being and feeling useful. Furthermore, paid employment of NESB migrants is an indicator of inclusion in Australian society. Education is a central element in facilitating access to the labour market, increasing the opportunities for long-term employment. Education develops and enhances English skills, and studies have shown that the success of migrant settlement in the labour market is heavily dependent on English proficiency (see discussion below on language)[23]. Parents of Arabic youth also tend to have high expectations and aspirations about the educational achievements of their children. Often however, these expectations are not

or are unable (due to various problems such as stress-related illnesses or substance abuse), to be met.

Mainstream teachers however, have little experience and training opportunities to deal with the children of migrants who have little or no English skills. Often teachers have insufficient awareness of the issues affecting these children, particularly the children of refugees. Such recognition is essential for the effective service delivery of education.

For parents and guardians, the 2002 Centrelink Report targeted to service providers in the Goulburn Valley and surrounding areas suggests that holding language classes during school hours where students, parents and teachers participate together, would provide opportunities for parents to meet staff, learn English, and become familiar and involved with the school and its practices and activities[24].

Various researchers express the concern that while educational attainment for NESB youth may not necessarily be lower in general than for ESB youth, there are complex processes and phenomena occurring that need greater analysis. Generally NESB children still face significant barriers and disadvantages in educational attainment and in gaining a positive experience of education more generally:

> By the early 1990s, any simple correlation between NESB and school failure was abandoned in light of persistent school success by NESB groups such as Greek, Italian, and more recently, Indo-Chinese immigrants to Australia; nonetheless it would be an equivalent mistake to regard the problems of NESB pupils as superseded. Despite high aspirations and intensive efforts by individuals from such groups, overall levels of attainment are often still low, racism towards new migrants continues, language difficulties are exacerbated by under-resourced teaching staff, and even more so by class factors such as poverty which intersect with ethnic affiliation to form a potent cocktail of problems.[25]

Such studies suggest that educational problems for NESB youth, measured even solely in attainment terms, are still prevalent in some forms. Moreover, the realities of such educational difficulties are reflected in the concerns expressed directly by a number of Melbourne school communities that cultural diversity in schools is not being sufficiently managed, and is resulting in negative impacts upon students. A number of schools from Melbourne's Northern region have felt the need to resort to external assistance to face the challenges arising from education in an environment of strong cultural diversity. Such challenges include a classroom environment unsuitable for the lives of the students, a lack of teacher training and resources, deficiencies in understanding minority cultures, and tensions and conflicts along ethnic lines between students, teachers and parents.

Still, there is a current gap for youths in the age bracket 16 to 25 years old leaving school. Due to the fragmented nature of their schooling experience, these youths tend to enrol in short courses rather than for higher education. They require additional vocational guidance and career counselling to facilitate their participation and inclusion in the wider community[26]. Furthermore, many of these students do not have

the necessary skills to write effective resumes. Resume assistance is one key way of enhancing job prospects for youth and newly arrived migrants.

Youth and family support services

Arab-Australian youth, especially those in the newly arrived or refugee categories, are under-represented in youth and family support services. The concept of institutional family support is a western notion and therefore greater encouragement is needed for these groups to attend such services. A new model of peer-based support where youth can address issues most pertinent to them (such as family and cultural conflict, educational and vocational opportunities, drug issues and so on), would be beneficial.[27]. Drugs and related issues are pressing issues for youth. Often parents do not have the relevant experience or resources to deal with issues of drugs and this can often create tensions between youth and their parents. Preventative drug related programs aimed at parents and their children can alleviate some of these tensions and concerns.

Health

Arabic youth face particular problems with regard to health issues and service utilisation.[28]. The Arabic community, for example, does not condone sex before marriage or drug taking. Consequently, discussions on sex or drugs are taboo. Furthermore, some Arabic youth are afflicted with health conditions such as post-traumatic disorders, or the experiences of physical violence, and/or abuse in the immediate family environment or within the wider community. These experiences raise special problems for Arabic youths and their families. For example, Arab-Australian youth at Broadmeadows comment that they experience a lot of bullying and violence from local 'gangs'. One mother at the parent-school meeting said her son had been severely battered by another youth on the way home from school and had his ribs broken.

At the Arabic Youth Conference, commentators asserted that Arabic youth, like other youth from NESB, lack the knowledge about youth health services and their health rights.[29] Youth are often reluctant to use health services, particularly if they have had a negative encounter previously. It is imperative therefore that sensitive service delivery is implemented. Such service delivery must have an appreciation of the cultural dimensions of the lives of Arab-Australian youth. Better information dissemination about health services is also important to raise the knowledge of the range of options available to these youth to seek guidance and support.

Leisure and sport

Teachers and others often assume that Arab-Muslim girls are not permitted to participate in sporting events. This is not true, though Muslim girls may have specific sporting needs associated with cultural beliefs and practices. It is vital that Arab-Muslim sporting relations are promoted[30]. This would enhance relations between Arab-Muslims and non-Arab-Muslims and redress misconceptions about Arab-Muslim female youth. Nevertheless, sporting conditions must comply with Islamic values as well as the specific cultural values of parents. Research with 362 year 9 students at four high schools in Sydney indicated that 40 per cent of Muslim students had problems with sporting outfits, public display, the sporting program itself (titled: personal development, health and physical education), mixed-sex activities as well as the clash at times in values between the dominant culture and the practising culture[31].

For example, the religious festival of Ramadan (the abstinence from food and drink during daylight) means that physical exertion can result in dehydration and other ensuing physical ailments.

2.3 Women

Health

Various cultural barriers exist that inhibit the health service utilisation by Arabic people, particularly Arabic-speaking women[32]. For example mental health is a taboo subject and traditional Arabic village communities tend to attribute all seemingly natural phenomena to Allah or God. Thus, the role of God or Allah, depending on faith, has major implications. Many believe that if God or Allah created the illness there is no point curing it. Instead, they may look to the individual or his/her family to find reasons for such punishment.[33] While such perceptions may be on the wane, they nevertheless give some insight into why the Arabic-speaking community in particular, is hesitant to access health services[34].

In terms of general physical health, general practitioners are very important to the community and the rate of those travelling outside their localities to access Arabic-speaking GPs is quite high. Community centres can not attract or sustain Arabic-speaking practitioners, mainly because more profitable careers can be found in the private sector. In addition, access to general health services are restricted by a variety of problems associated with language, transport, child-care and gender issues as well as some inflexibility in some health services with regard to these problems. This is further compounded when health practitioners' western perceptions result in them offering potentially culturally inappropriate treatment, such as the use of condoms for HIV prevention, paternal participation in ante-natal classes, and male methods of contraception.

The issue of English proficiency is a further consideration, with many doctors assuming that the patient either understands or will organise someone to translate on his/her behalf. This can result in inadequate explanation of the problem and treatment, possibly without the patient realising that he or she should be given more details. Finally, there are some groups, such as isolated women or women survivors of domestic abuse, who are particularly vulnerable. While these people are in some respects more dependent on specialised services, they are restricted by the patriarchal conditions of their immediate families. The Arabic-speaking community needs a more family-oriented approach in health service delivery and an infrastructure with greater networks for support, advice and relevant information.

Migrant women have few culturally appropriate or accessible health provisions. However, like their white Australian counterparts, these women are in many respects dependent on the health service sector for the management of health issues such as reproduction. There are communication and cultural gaps between Muslim migrant women and the medical profession, particularly in the area of reproductive health.[35] Muslim migrant women generally distrust the medical profession as a result of the negative experiences, alienation or feelings of inadequacy experienced in their encounters with the medical profession. Moreover, the distrust stems from the cultural misunderstandings and unequal power relations that exist between migrant women and the medical profession. The cultural and religious beliefs embodied by

migrant women affects all facets of their health and may be very different to that of the health professional they are interacting with.

A final significant issue that affects the well-being of all women, but particularly Muslim and Arabic-speaking women, is the patriarchal domination of the medical profession and consequently the lack of effective numbers of female doctors. The exposure to male doctors for reproductive matters is often a disturbing and overwhelming prospect for many Arabic-speaking and Muslim women. For example, the Muslim injunction forbidding disrobing in any form in front of males not proscribed by marriage, poses significant problems if female doctors are inaccessible.

Health concerns for Muslim women must be extended beyond reproductive health to general health programs.[36] Such programs could encourage activities such as bushwalking, swimming, aerobics and food habit education. Alongside these programs there needs to be more information dissemination to the Muslim and Arabic-speaking community regarding health screenings such as pap smears and breast examinations. It is imperative that such information is targeted to the younger generation. Evidence is emerging amongst the older sector of the female migrant population that women are suffering from unnecessary reproductive health issues that could have been avoided had these women had access to the relevant information at a younger age.

Employment
The importance of the family defines the specific roles of the household genders, with males responsible for the everyday needs of the family including financial matters and making important decisions. Women are responsible for nutrition (for example the availability of halal food), the location and design of the home, access to health services, and the education, discipline and upbringing of children[37]. Because of this commitment, Muslim and Arabic-speaking women tend to have limited participation outside family life with many out of the labour market. In Perth for example, of the 3,649 Muslim women over 15 years of age, only one third are in the labour force. Because of the lack of knowledge about the labour force and the job market, alongside the high unemployment rates currently existing in Australia, these women find it very difficult to find employment.[38]

Vocational guidance and training needs for women may require special consideration since some women may be seeking paid employment but may wish to do so from within their home environment. Vocational training and courses however, do not necessarily lead to success in the labour market, and many NESB migrants have expressed frustration at not finding work even when they have completed such courses.

The elderly (women)
The Muslim world's notion of the primacy of women as mothers, makes formal child-care services largely irrelevant for Muslim women who generally remain at home with the children or when employed, will rely on the extended family for child-care.[39] Certain cultural norms, values and the difficulties that these women faced in their own migration histories influence the decision of Muslim and Arabic-speaking grandmothers to care for their grandchildren.[40] However, grandmothers of Arabic-

speaking background have special needs that are associated with their role of child-care.

The WHIN Report found that Arabic-speaking grandmothers (as one ethnic group studied), face the following problems: isolation, problems with access to services and community groups, insufficient contact with friendship groups, lack of English proficiency skills and inadequate alternative child-care arrangements for respite in times of illness.[41] Arabic-speaking grandmothers on the whole, are reluctant to take their grandchildren on outings for fear of accidents and because of lack of confidence in their English skills.

Social activities are important for enhancing and maintaining the health and well-being of grandmothers who are caring for their grandchildren. Social activities help women overcome feelings of isolation and loneliness, factors that are identified as major impediments to good health. However, one of the main barriers that these grandmothers face in accessing the wider community and community activities is access to transport. It is difficult for many of these women, especially if English proficiency skills are inadequate, to access the appropriate information regarding community events organised by local councils or other organisations, unless they have access to bilingual workers who can translate and relay such information to them.[42]

Overall, the WHIN Report concludes that there is not enough available written or oral information offered to grandmothers regarding the availability of services and programs.[43] The services most in demand that were identified by the grandmothers included information about family mediation and conflict resolution, the operation of the Australian health sector, factors impinging on older women's health and well-being (for example memory loss and diabetes), and hostel and accommodation services for the elderly.

Limited knowledge about Australian law and its legal system can have disastrous effects on the family unit as women are inadvertently drawn into the state structures. Since most of these women come from countries that exhibit, to varying degrees, political chaos or dictatorship, these women have little or no knowledge of their rights as Australian citizens. This problem is compounded by their low levels of English skills.

2.4. Men

Like Arabic-speaking mothers, Arabic-speaking fathers often have problems understanding Australian culture, particularly in relation to parenting and child-rearing practices such as discipline. These men are disadvantaged in the sense that they have limited access to specific mainstream service providers due to their cultural and linguistic differences, working hours, socio-economic status and their life experiences. Arabic-speaking families are generally uncertain about the legal institutions that deal with family conflict, particularly intervention orders, family court orders, child protection structures and law enforcement, and the role of the police.[44] .Currently, there are no existing programs that are specific to Arabic-speaking families, including fathers, mothers and children. Many of the mainstream services in place are thought to be culturally inappropriate and insensitive to the specific practices of the familial structures and child-rearing practices of the Arabic-

speaking communities. Furthermore, in many cases, mainstream government service providers refer Arabic-speaking men to anger management and parenting education programs that are based in the mainstream culture and consequently, do not incorporate the values, norms and specific concerns of the Arabic-speaking fathers. This creates conflict and tension within the family unit rather than resolution.

While there is generally a stigma within Arabic-speaking communities regarding fathers participating in parenting programs, preventative services and programs that can enhance men's familial relationship skills and provide support for fathers during marriage breakdowns are conducive to reducing levels of violence and other self-destructive behaviours[45]. It is recommended that greater access to such services is critical. In this way not only are men's relationships with their families improved but they also have a greater awareness, understanding and capacity to access community resources and support networks in the wider community.

Employment
Muslim men have one of the highest unemployment rates out of all the migrant groups in Australia. While 8.8 per cent of the Australian male population is unemployed, this figure is a disturbingly high 25.3 per cent for Muslim men. While the rate of Australian male labour participation rate is 73 per cent, for Muslim men it is only 62.4 per cent[46].

Amongst the unemployed are men who have good professional experience and who, at times, have held senior management positions in their home countries but are unable to find appropriate work placements in Australia. Disheartened, these men often opt out of the labour market and receive social security benefits or instead fill 'sub-jobs' not related to their qualifications or experiences. The frustrations and anguish this causes impinges on the family environment. No longer able to meet their responsibilities as breadwinners, these men find themselves at home. For the wives this creates extra problems, at times leading to depression, as their husbands encroach on their home space, taking over their traditional cultural responsibilities.[47]

Health
Men are more hesitant and reluctant to use the health system than women.[48]

The provision of bilingual, bicultural nursing care in a culturally and linguistically plural society such as Australia is very important[49]. The Victorian Transcultural Psychiatry Unit arrived at the same conclusion in response to mental health care needs[50]. Bilingual, bicultural service delivery can help alleviate the limited patient access to translation and interpretation services, as well as to regulate the existing ethnocentric tendencies current in health service provision and delivery[51].

The Multicultural Mental Health Access Project Evaluation Report (McMHAP 1996), states that NESB groups face certain barriers when accessing mental health services[52]. These are predominately due to inappropriate or insensitive design of service delivery. Some of the specific problems that are encountered when accessing mental health services include the stigma found in many cultures about mental health, inadequate understanding of the mental health system and lack of information available for accessing services and limited English skills. These factors are compounded by lack of language and cultural skills within the service provider organisations themselves.

Currently, the quality of the services directed at NESB groups is poor. For example, the design and evaluation of services is limited, mental health services are not utilised effectively, with the participation of NESB groups in the decision-making process very low, and there have been reported cases of inappropriate treatment and misdiagnoses due to cultural misunderstandings[53].

2.5. Refugees

Settlement

Newly arrived groups (and emerging communities), rely heavily on ethno-specific organisations and other service providers for their settlement needs, because they do not have their own infrastructure to support themselves. It is these groups of people who have the lowest utilisation rate and who are the most under-represented in their access of services.[54]

Recent Australian migrants and refugees tend to settle in the larger cities (for example Sydney and Melbourne), rather than in rural areas. However as a result of the shifts in the global economic and military environment a large percentage of refugees are currently moving from larger cities, where their settlement experiences have been difficult, into more rural areas. The Goulburn Valley and the Ovens area (particularly Shepparton and/or Cobram), for example are now receiving large numbers of refugees and recently arrived migrants[55]. The Iraqis constitute the largest refugee group settling in these areas (see demography paper). Other refugee/recently arrived groups include Albanians, those from the Former Republic of Yugoslavia, Turkey, Sri Lanka, and Kuwait[56].

Among the reasons listed for settlement in the region are the availability of local seasonal employment in the orchards, the climate and landscape, both reminiscent of the homeland, and the lower cost of living in such rural areas.[57]

In order for these groups to resettle successfully, it is imperative that there is adequate access to services and appropriate facilities and services to meet their needs.[58] In a study of recently arrived refugees in Sydney, the following needs are the most pressing for refugees in the first 3 months, in order of priority: housing, English proficiency, understanding the Australian system, and availability and access to services, employment, finances, family reunion, children's schooling and health issues.[59] However, most refugees do not access government service provision. This is due to a combination of factors (including lack of knowledge of service provision as well as apprehension to use their English skills), and is influenced by the specific humanitarian category under which the individual entered Australia.

The Centrelink Report takes a more holistic approach to needs and identifies the following: *pre-settlement needs* such as information about what to expect in Australia in terms of values and systems; *new settler needs* such as access to housing, Centrelink, Medicare, language assistance, government welfare and an understanding of rights and responsibilities; *settling in needs* such as sufficient information for enhancing prospects for employment, education, schooling, family reunion, childcare and community networks; and *settled needs* that optimise opportunities such as assistance with intercultural conflicts, the full range of Centrelink entitlements, and

access to all mainstream services such as councils, citizenship, health and legal and family services[60].

The Centrelink Report asserts that there is real concern about the lack of English tuition offered in detention centres[61]. Time spent in detention centres is seen as a missed opportunity to improve English skills and ready refugees for the wider community, irrespective of confirmation of their stay. Because of their lack of English proficiency, many refugees have difficulty understanding their consumer and tenancy rights and obligations, and such information is not readily available in Arabic. Furthermore, service provider utilisation of interpreting services was noted as very low.[62]

Service providers in the Goulburn Valley region note that it is difficult to secure appropriate emergency accommodation for new settlers. Some of the difficulties encountered in accepting emergency accommodation in caravans and hostels include the specific cultural and culinary practices, family size and the experiences of being a refugee. On the other hand, new settlers placed in transitional housing sometimes come to have unrealistic expectations about the level of support they will receive. Workers assisting settlement of refugees might contribute to these unrealistic expectations if the workers have a lack of understanding about available settlement services.[63]

Health
The Centrelink Report states that in 2000, the Goulburn Valley Community Health Services reported only a few Arabic-speaking new settlers were accessing their services. Similarly, the Goulburn Valley Family Support Services claim they too have received only a few requests for support and assistance from newly arrived Arabic-speaking settlers. The Victims of Crime Assistance program provides assistance to the victims of crime along with psychological counselling to those affected by crime. Although those with a history of torture and trauma are entitled to access this service, there has been nil reportage of utilisation by newly arrived Arabic-speaking people to date.[64] Alongside limited knowledge of the availability of services, it was reported that these groups did not have sufficient practical understanding of the different roles of service providers and how to access such services.

Women/Family
In the Goulburn Valley region, the majority of those in the recently arrived category fall within the age range of 18 to 40 years and hence, are likely to have specific needs. On average, the majority of families had three young children, with most families outlining plans to extend their families. Inevitably, this will increase the demand for specific services. Indeed, as the Centrelink Report indicates, the settlement needs of Iraqi refugees in the Valley region proved challenging to local service providers who had very few resources allocated to ethno-specific services such as interpretation, housing, health and income support.

Newly arrived Arabic-speaking women are on the whole isolated from the wider community. This is partly attributable to cultural factors but exacerbated by language barriers.[65] It is likely therefore, that these women are highly dependent on their male household members and, with little opportunity to learn English or develop

independence, will in the near future require specialised service delivery. Newly arrived women, especially those with children, experience time difficulties in accessing English classes.[66] That is, once they have settled their families in and are ready to access English classes, their entitlement to the 510 hours of government-funded English classes has usually expired. Often these women are restricted from attending their English classes earlier due to cultural values regarding child-care (*see discussion on women and grandmothering above*). One way of overcoming this is to implement a home tutoring scheme and/or Women's English Conversation Classes that can be held in local neighbourhood centres[67].

Service utilisation
In a report on the different NESB groups in the Hume and Moreland regions in Melbourne, refugees and newly arrived and emerging communities are under-represented in accessing services[68]. Refugees in Sydney also have a low utilisation rate of services[69]. The most frequent explanations given by refugees for their low utilisation were the insufficient levels of "existence, availability, and right to use settlement services"[70]. This was followed by the culturally insensitive approach of staff. Other factors hindering service utilisation included distrust of government agencies, low self-confidence particularly with the use of English, the monolingual nature of the service sector, cultural inappropriateness, lack of written information in first language, lack of interpreters and bilingual workers, lack of understanding of how the services operate and their locations, excessive use of services in certain areas due to high concentration of clients, competition with Australians for service access (public housing), office hours, lack of equity policy and legislation, and cost and administrative rigidity when dealing with regulations[71].

A survey of service utilisations in the Goulburn Valley region showed that migrants and refugees utilised all services sampled (Centrelink, police, TAFE, dentist, child-care, government phone assistance, local council, ethnic council, employment services and hospital), with some services (primary schools, housing, employment agencies, English classes and ethnic council) being utilised more than others[72]. This greater use of some services can be attributed to the specific age group demands of the migrant and refugee population[73]. While service delivery utilisation by these groups was high, there is a need for improvement of existing services. These include the need for better interpretation services, particularly more qualified Arabic, Turkish and Albanian interpreters, legal assistance, teachers' aids for children, more female medical professionals (especially to meet the special needs of Muslim women), the need for more adult language courses, improvement in the shortage in long/short term housing, emergency housing and private rentals, more translated information about services, free immigration assistance with applications for Australian Citizenship and applications for spouses and families still overseas and behavioural counselling for children due to school adjustment problems.

When approaching service providers, most migrants expressed confusion, shyness, insecurity and felt disoriented throughout the process. This is largely attributed to the unfamiliarity migrants and refugees have with the procedures and services offered by the providers as well as language barriers[74]. Unlike their mainstream counterparts, newly arrived groups, emerging communities and some even more established ethnic communities, may not have the skills, confidence or know-how to access resources such as the Internet to retrieve and use information[75]. Furthermore, venues such as

public libraries and schools may be unfamiliar and at times intimidating sites to access information. Practical and supportive access and delivery of service measures need to be put in place. Often cross-cultural misunderstandings impede service utilisation and the quality of service delivery. For example, many large families find it difficult to access appropriate housing. This is made more difficult when the dominant western notion of the small nuclear family prevails in the public housing domain. Large houses are expensive and landlords often refuse rental to very large families. These groups are most vulnerable in the rental market. Often they fail to inform their landlords of house repairs for fear of unlawful rental increase. If these repairs are left unchecked, health problems such as influenza or asthma become common ailments[76].

Language

As explored earlier, English proficiency is critical for successful settlement. Assistance with communication and English service delivery is also paramount for accessing information and services. It is imperative therefore, that service providers can provide access to bilingual workers from within their staff or translating services to meet consumer needs and provide appropriate material for the community[77]. While there are a range of service provisions for tutoring and training (ranging from formal classes to volunteer tutoring) in English as a Second Language (ESL), it is probable that these are inadequate in some respects. For example, the Centrelink Report found that men and women of Arabic-speaking background in the Goulburn Valley region were dissatisfied with both the structure and content of their English language classes[78]. They claimed that those with a higher level of English proficiency in the class were hindered from improving their skills if they were with a group of beginners. The topics were also generally seen as boring and irrelevant, and many claimed that one class a week was not enough to grasp the language quickly or adequately. It was suggested that more intensive but shorter courses would rectify this problem. These factors were given as the main reason for participants' decision to discontinue classes.

In terms of service delivery, the Centrelink Report states that while service providers were indeed aware of the difficulties that NESB groups faced with communicating, staff did not always understand the options available for the groups and therefore, did not always refer appropriately or adequately[79]. Furthermore, service providers claimed that they had limited information regarding accessing translated documentation from government services and stated that they did not like using documentation that did not have a date on it.

In conclusion, service use by NESB groups across the board is lower than English-speaking groups. NESB groups' low access to service providers is not indicative or reflective of their representation in the larger community. It is essential that service providers review their policies and practices in order to identify barriers to service utilisation. Service providers must be supported in this and provided with the necessary resources to activate the required changes in both their policies and in their service delivery. The establishment of a cultural liaison officer, with whom service providers can communicate with regarding barriers, is an effective strategy for overcoming misconceptions and adopting more culturally sensitive and appropriate approaches to service delivery[80]. One strategy offered is better training for ethno-specific group leaders to undertake voluntary work within their communities, as well

as encouraging migrants and refugees to participate in social-ethno groups and activities[81]. Such a strategy could be the first step towards building community capacity and therefore, building more independent communities. The necessary dissemination of information and cross-cultural training of service providers will result in the increased promotion of cultural awareness and understanding by service providers as well as more culturally appropriate, better quality services. This in turn can facilitate the collaboration and interaction between the groups.

In addition, the ECSDI Report found that there are few NESB staff who are presently working in the service delivery sector[82]. This is one of the major obstacles to effective service provision to NESB communities. The report suggests that one way of creating more effective service provision and delivery to NESB groups is to promote greater recruitment of bilingual, bicultural staff in the community sector. One way to foster employment of NESB staff into the community sector is to implement positive discrimination policies. Service providers to the newly arrived/refugee sector generally do not have multicultural background staff[83]. Such staff tended to be only recruited for general duties rather than for specialised roles like interpretation. Furthermore, while multicultural staff were employed, on the whole they did not reflect the target groups in question.

It is clear therefore, that the NESB (including Arabic-speaking) communities are not homogeneous groups. It is imperative that there is recognition of the diversity and multiplicity based on gender, class, nationality, religion and so on (as well as unifying factors) that constitute the categories the NESB community is made of. While some national, gender or age groups within the Arabic-speaking communities share similar needs, others require more specialised service provision and delivery. This paper began with a discussion of four disadvantages that hinder specific groups from full participation in public and social life. In order to alleviate some or all of the disadvantages outlined, it is crucial that the reaction to differences leads to sensitive, culturally appropriate service delivery that is of high quality. To ensure full participation for disadvantaged groups therefore, service delivery agencies need to systematically account for and tailor their services to meet some or all of the needs identified. This paper has made some recommendations on how these needs can best be met. It is expected therefore, that an organisation with good service provision/delivery has the following elements:

1) Services that are culturally appropriate, responsive and sensitive to needs;
2) Consults with the community it serves seeking participation and improvement in service delivery;
3) Targets and makes accurate assessment of the needs of the community it serves;
4) Successfully promotes its service availability;
5) Recruits staff from diverse cultural and linguistic backgrounds;
6) Has available and uses language services;
7) Encourages ongoing learning and training for its staff;
8) Funds a variety of models of service that include multicultural/ethnic resource agencies;
9) Is accountable in its outcomes;
10) Is able to provide a positive service that deals effectively with limitations in language skills and improves understanding of the service system;

11) Collaborates with other service providers to improve information dissemination and to minimise the chances of duplication of research projects;

12) Has ongoing evaluation of the strategies for service delivery to assure their relevance and effectiveness (for example how many 'hits' to the website, client feedback forms);

13) Is accessible and inclusive.

[84]

It is important to note however, that the existence of appropriate or adequate service provision and delivery does not guarantee an improvement in living standards for the target group[85]. If the opportunities are to be translated into improvement of living standards, then individuals and groups themselves need the capacity to maximise the full potential of opportunities that are available. One way of facilitating the capacity of community members is by building the capacity of the organisations that service those communities. This is discussed in the following paper.

CHAPTER 3. CAPACITY BUILDING IN THE COMMUNITY SECTOR

This chapter is a review of the literature on capacity building with specific reference to nonprofit organisational capacity building. The emphasis on nonprofit organisations is especially relevant in this study given the focus on Victorian Arabic Social Services (VASS) as a case study. This chapter is primarily concerned with outlining the theoretical and methodological dimensions of organisational capacity building and consists of four sections. Section one gives an overview of the role of nonprofit organisations and the importance of organisational capacity building. Here the various definitions of capacity building are summarised. The second section explores the core components of successful and sustainable capacity building programs in organisations. In the third section, the three interrelated phases of capacity building and the methodological issues associated with capacity building are discussed. This section concludes with an outline of some challenges to successful capacity building. In the final section, the case of a capacity building program implemented by VASS, a nonprofit community organisation is discussed, some gaps in service provision (by VASS and other service providers) to the Arabic community are identified, and some indicators of a successful positive capacity building intervention of VASS for the community it represents are outlined.

3.1. Capacity building and nonprofit organisations

Nonprofit organisations perform a diversity of functions that are integral to the maintenance of an active civil society. These functions range from offering resources, goods and services to citizens in communities such as social services, advocacy, human capital and cultural opportunities to monitoring government and business practice[86]. Through their roles, nonprofit organisations can be vital conduits for assisting community problem resolution, fostering action by community members, building leadership and social ties among the citizenry of the community and they operate as critical links between the local and the wider community[87]. In essence, nonprofit organisations provide the framework and infrastructure to form and support a variety of social networks, as well as to facilitate active participation of individuals in their communities. Active participation among citizens is created and sustained by building relationships among individuals, as well as linking individuals to institutions. Through this role, nonprofit organisations contribute to a healthy, vibrant civil society.

Unfortunately however, many nonprofit organisations are small and have limited resources to achieve the challenges that they are attempting to address. The capacity or strength of the nonprofit sector is inextricably linked to the capacity of the communities in which nonprofit organisations operate[88]. Therefore, since nonprofits are integral to the well-being of the citizenry and their communities, building or strengthening the capacity of nonprofit organisations is a critical strategy for building and sustaining a strong civil society.

Capacity building is neither a new concept nor a new field. Capacity building activities of foundations for example, can be traced back to the 1970s[89]. However, the context in which nonprofit organisations are operating is constantly changing, and nonprofit organisations are under pressure to do more and do it effectively and efficiently[90]. Owing to increasing globalisation processes characterised by rapid

change in the economic, political and technological realms, the demand for community-based services is increasing and new paradigms for exchange, interaction and for identifying needs are developing[91]. It is argued that strong, healthy nonprofit organisations are best able to meet these complex and often unpredictable challenges[92]. Consequently, the nonprofit sector is subjected to exerting pressure to innovate and create new ways to strengthen its capacity[93].

Furthermore, major changes in the nonprofit sector itself have meant that the nature of capacity building has changed. Some of these changes include:

1) The emergence of new markets that are autonomous from governments;
2) The rising support for civil society as a counterforce to the state;
3) The decentralisation of governments at the national level to the local level;
4) The increase in the number of nongovernmental organisations due to a rise in financial resources from donors and retrenchment of workers from the public service sector[94].

These shifts have significant implications for nonprofit capacity building activities[95]. They can lead to greater pressure and demand on nonprofits for services, more service delivery, increased advocacy as well as pressure to establish more trust through values and integrity. All these elements can challenge the very core of the nonprofit organisation's identity, and place new capacity building demands. Furthermore, increasing pressure for accountability and transparency in all sectors, including the nonprofit sector, has heightened the driving question of capacity building programs for organisations. For the voluntary sector to survive in a rapidly shifting world, it must govern itself carefully and be accountable for the money it has raised and spent, the outcomes it has achieved as well as the objectives it has or has not met. Therefore to survive, the voluntary sector must put in place adequate governance structures and have effective accountability measures. As part of increasing accountability and improved governance, capacity building is critical. Indeed, without capacity building, efforts to enhance accountability are likely to fail[96].

3.2. Definitions of capacity building

Capacity building is also referred to as capacity enhancement, capacity growth, capacity strengthening and more recently, capacity development[97]. The adjunct word 'development' emphasises the ongoing nature of capacity building, thereby taking into account existing capacities. The term capacity building, in contrast, although the most widely used term, focuses solely on building new capacities, rather than creating a dynamic of ongoing change[98]. The ongoing nature of capacity building (which might involve improving existing capacity, reducing the demand on existing capacity and minimising old capacity) is emphasised[99]. This report utilises the most widely used term 'capacity building', understanding that this indicates an ongoing process.

As a term, capacity building is expansive, encompassing a variety of definitions. Some common definitions in relation to organisational capacity building include:

- Strengthening nonprofit organisations so they can achieve their missions successfully[100];

- "A truly effective organization requires three equally strong organizational capacities: program delivery, program expansion and adaptive capacity. These capacities are built by providing human and financial resources, technology, skills, knowledge and understanding"[101];
- "Capacity building is an approach to development not something separate from it. It is a response to the multi-dimensional processes of change, not a set of discrete or pre-packaged technical interventions intended to bring about a pre-defined outcome. In supporting organizations working for social justice, it is also necessary to support the various capacities they require to do this: intellectual, organisational, social, political, cultural, material, practical, or financial"[102]
- Capacity building refers to building strong, sustainable organisations that have sovereignty and direction, and are able to strategise and innovate, respond flexibly and adapt to the changing environment. Such organisations are able to act in order to impact on and change their specific circumstances and contexts. Capacity building therefore, refers to the ability of the organisation to function as a resilient, strategic and autonomous entity.[103]

The objective of capacity building is two fold. First, it aims to improve any internal weaknesses of the organisation by building on its existing strengths. Second, it is used as a tool to aid nonprofit organisations to meet the challenges of a rapidly changing external environment[104]

In addition, the debates around the concept of capacity building, although dynamic, are confused and are often ridden with conflicting agendas[105]. This is because the approaches and methodologies used for capacity building interventions are often as divergent as the definitions themselves. There is no one correct formula or one single approach for strengthening nonprofits[106] and the capacity building methods vary greatly across organisations.[107] The Society for Participatory Research in Asia (PRIA 2001) for example, claims that the definition of capacities needed by an organisation will largely direct the design and type of program implemented, and Capacity.org identifies four different, although overlapping, approaches to capacity building. These four approaches are: the organisational approach, the institutional approach, the system approach and the participatory process approach. The organisational approach focuses primarily on identifying and strengthening the capacity within organisations, for example with an emphasis upon skills and leadership. This view has been criticised for its narrow focus. The institutional approach adopts a macro perspective by examining external factors of a society in order to create, change or enforce the norms, values and rules of a given society. The system approach takes a multidimensional perspective of capacity building. Within this approach society is perceived as multi-leveled, interrelated and holistic. Therefore its capacity building interventions occur on multiple levels, for example, the individual, the sectoral, the organisational and the environmental levels. Finally, the participatory process approach is based on capacity building interventions that are people centred and egalitarian, and therefore empowering and participatory. A central element in this approach is local ownership.

Furthermore, capacity building involves a wide variety of approaches and activities such as training, capacity building consultancies, inter-organisational linkages and networking and collaboration. This occurs at a variety of levels such as at the

individual, organisational or societal level, to address a variety of concerns such as program, organisational or relational issues[108].

While there is little consensus about the concept, there is general agreement that capacity building is premised on the notion that change is a norm, not an anomaly[109]. Capacity building initiatives therefore must be context specific. That is, capacity building programs should be specific to the economic, political and social context, and capacity building interventions must be tailored specifically to fit the cultural, political, historical and economic context of the individual organisation.[110] Capacity building has historically been based on short-term, individual-centred and content-focused training that was aimed at strengthening the capacities at the individual level. However, there has been an increasing concern that capacity building projects are being implemented and funded as an end in themselves, and resources provided to organisations have not trickled down to the targeted beneficiaries of the program.[111] Recently, scrutiny of the concept has raised the critical question: 'capacity to do what?' This has shifted the definition and activities of capacity building from *projects* that focus solely on technical and financial assistance, to those that view capacity building as a holistic or systematic long-term *program,* incorporating diverse activities across multiple settings and focusing on efficiency, effectiveness and sustainability as well as achievements, impact, organisational culture relationships and human resources development.[112] It is this holistic approach that is the defining quality of capacity building[113].

It is necessary to conceptualise nonprofit capacity in collective terms[114]. That is, a framework must be adopted that is premised on the vision of nonprofit development of nurturing and improving the third sectors' capacity overall. This involves more than technical or financial assistance and is extended to the sustainability of a dynamic and productive interaction among various sectors such as political leaders, governmental institutions and civil society (Organisation for Economic Co-operation and Development (OECD, 1996). Similarly, the Canadian International Development Agency (CIDA, 2000) argues that while there are four levels of capacity building (organisational, individual, networking/sectoral and the enabling environment), it is vital to be aware of and responsive to the relationship between each level. This view recognises that organisational performance for instance, is shaped by both external forces of the environment (such as laws, attitudes and values that can be enabling, disenabling or a combination of both), effective coordination and alliances (for effective synergy and use of capacity) between and across sectors and internal forces of the organisation (such as skills, leadership, resources and relationships) and individual forces (training and empowerment).

Capacity building therefore needs to be understood in the context of the capacity program that is being designed and implemented. Capacity problems, restrictions and solutions need to be conceptualised within a systems (or a holistic) perspective that factors in the dynamics and interrelations between the various levels with the ability to 'zoom in' and 'zoom out' from the various levels in order to identify the fundamental capacity constraints. Poor management for instance, might be related as much to internal as to external constraints. This has implications for the identification of capacity gaps and for the design of strategic actions. In this rapidly changing age of globalisation, a fundamental element of capacity building should be building the capacities of organisations to meet the demands of change[115]. In this sense, capacity

building is a multidimensional, ongoing process of improvement and strengthening of what already exists.[116] This last point highlights another important dimension of capacity building; that is, that the process of capacity building programs is as crucial as the outcomes of the programs themselves.

3.3. Components of successful capacity building

According to the Canadian International Development Agency (CIDA, 2000) effective capacity building is based on the principles of:

a) Participation and a locally driven agenda defined by the question: capacity for what? And capacity to serve whom? These are questions about the purpose, origins and ownership of the project;

b) Building on existing and local capacities. Emphasis on roles and how they are negotiated;

c) Ability to adapt and participate in ongoing learning;

d) Long-term view and investments in strategic partnerships;

e) Integrating activities at a variety of levels in order to meet complex problems based on effective coordination and coherence in the program design;

These principles place greater emphasis on facilitation, cooperation, strategic inputs, negotiation, shared accountability, ongoing learning, sustainability and long-term partnerships. These principles imply shifts in power structures and relationships in conjunction with accountability (CIDA 2000).

In some respects, designing and implementing a capacity building program is a difficult task because there is no outlined formula that guarantees a successful outcome. Furthermore, there are divergent views on where to begin capacity building for nonprofit organisations or what to do to ensure success. Nevertheless, some core components of effective capacity building can be identified. Six key factors for successful capacity building include[117]:

1) Building local ownership and self-reliance (organisations invest in their capacity building programs, formulate their own plans and agenda's and coordinate donors according to those plans). Leadership is thus visible and internally driven. In this way, external funders are used as complementary rather than as a necessity;

2) Practicing genuine partnerships. Creative partnerships, alliances and networks are set up with donor agencies, advisories, stakeholders and so on, rather than the more traditional donor-agency-recipient model. This involves a mutual sharing of goals and decision-making processes. This is a consultative and a collaborative process and requires strong communication between partners and alliances to ensure that all stakeholders are fully aware of the capacity building program, the needs and expected outcomes;

3) Understanding the context specificity of capacity and its development. Clearly defining the question: capacity for what? Ensuring it is relevant to the mission of the organisation. The importance of capacity is thus recognised, that is capacity building is seen as integral to the goals and activities of an organisation rather than a by-product of a program;

4) Examining capacities in a context of systems and strategic management. Participants must therefore have the following qualities: resources, commitment, strategic thinking, technical skills, political sensitivity and persistence. Existing expertise that is relevant should be fully utilised in the program;

5) Ensuring that partners are committed for the long-term. This requires that there is a clear understanding of existing and future capacities required and that capacity building initiatives are designed with flexibility and a willingness to learn and adapt during implementation. Objectives and priorities need to be built into the plans taking into account that the project is long-term and thus progress will be incremental, phased and the agenda, pace and rhythm must be determined by local participants. This requires long-term commitment from all stakeholders and partners. Appropriate methodologies for the program are used (for example tools and techniques are altered to suit the local context and existing needs and monitoring and evaluation are appropriate to those needs). Decision-making must be transparent. The processes of capacity building must be balanced with the outcomes of the program and this requires a mix of methods and measures for monitoring and evaluation. This produces a holistic view of what is happening and why, rather than a measurement of inputs and outcomes;

6) Exercising process thinking in all phases of capacity building, including setting objectives, strategic planning, action, and monitoring and evaluating results. This results in changing ways of thinking about capacity building and partnerships, and change in administrative systems that result in a more holistic approach. Measuring inputs and outputs or designing blueprint project designs that have little flexibility are minimised in capacity building initiatives and actions.

Other studies[118] on capacity building and nonprofit organisations have also emphasised being:

1) **Timely:** The capacity building project must occur in the space between 'too slow to be relevant' (for example due to funding delays), and 'done too quick' (hindering optimum results);

2) **Paced:** Capacity building programs are long-term and therefore must be able to run at their own pace;

3) **Peer-connected:** Information sharing, networking and mentoring increase the success of capacity building;

4) **Assessment-based:** Begin with a rigorous assessment of the needs as well as the assets of the organisation in relationship with the community it services. This drives the types of capacity-building services needed;

5) **Readiness-based:** Effective capacity building occurs when the organisation is ready and is not in the midst of crises;

6) **Contextualised:** Effective capacity building occurs in a larger context of other services clients are receiving, other activities of the organisation and the current political, cultural and technological environment's effect on the organisation and capacity.

Further research is likely to expand and refine these components. An organisation is said to have capacity if it has the following six components[119]. These components are in order from most important to least important:

1) A conceptual framework reflecting the organisation's understanding of the world;
2) An organisational attitude that incorporates the confidence and ability to act in a way that the organisation believes is effective and has an impact, and takes responsibility for the social and physical conditions of the external environment;
3) A clear organisational mission statement and strategies;
4) Defined organisational structures and procedures that reflect and support the mission statement;
5) The necessary skills and competencies in place;
6) Adequate material resources.

Defining and reorganising structures and procedures, improving skills and competencies and gaining sufficient and appropriate resources are secondary elements in comparison to developing clear conceptual frameworks, enabling internal culture, having a clear, focused mission statement, and coherent, effective strategies. These latter elements are largely intangible. Nevertheless, the ability to reflect upon them will determine the overall functioning and sustainability of the organisation. In contra-distinction, beginning with a focus on resources, skills and structure will ultimately incapacitate and confuse the organisation. The focus is transferred to 'what is out there' and therefore the organisation is situated as reactive, rather than proactive. Organisations exhibiting little capacity tend to blame their situation on what is out there, while organisations that are robust and resilient take responsibility for their capacity and are more proactive.[120] In a similar argument, nonprofit.about.com claim that while strong organisations exhibit good leadership, strong management, clear focus on mission, and external collaboration with other organisations, the most important element in maintaining and achieving success was the intangible desire or will of the organisational members and board to have an ongoing commitment to excellence.

3.4. Sustainable capacity building

Effective capacity building will lead to sustainability; that is, "the ability of individuals, organizations or societies to set and implement development objectives on a sustainable basis"[121]. A sustainable capacity building project needs to be evaluated on (all or some of) the following factors[122]:

- Has successfully completed its planned objectives and activities;
- Achieves its objectives and aims;
- Contributes positively to its participants;
- Contributes positively to those affected by the participants;
- Bridges participants with other local capacity building agents;
- Collaborates with other local stakeholders;
- Is locally owned and managed by the participants;
- Is still viable once funding ceases;
- Is consistently monitored and evaluated;

- Is congruent with intended participant needs and priorities;
- Is planned with intended participants;
- Has dedicated, qualified and experienced staff;
- Is well managed;
- Has an efficient organisational structure;
- Has an appropriate and an effective strategy;
- Is in line with the policies and strategies of the funding body;
- Has an adult-education approach to learning;
- Incorporates a 'train the trainer' approach as much as possible.

However, the issue of sustainability is a difficult one. This is because many organisations gauge the sustainability of their capacity building project based on financial sustainability. This view is inadequate and inappropriate. Because the concept of financial sustainability is based on stability and stasis, that is, of successfully resolving and maintaining financial stability, in some instances it can be harmful hindering the successful assessment of the capacity building program. Sustainability as a concept should be based on its applicability to the capacity building intervention, and should be more about achieving the ability to continue moving, changing, shifting and improving organisational responsiveness to internal and external circumstances[123].

> The evaluation of development interventions must therefore take
> place against the background of the specific development process
> which has been intervened into, not against the ends stipulated in
> a project document … There is often far more that might have
> been gained beyond the boundaries of original expectations, if we
> are only open to looking beyond these boundaries, and beyond the
> boundaries of our own input.[124]

If the capacity building program however, incorporates the abovementioned elements by adopting a systems or holistic approach, is multifaceted and non-linear, takes a long-term perspective and is based on collaboration, participation and optimising networks, sustainability is likely[125].

With regards to the communities in which organisations are serving, strong evidence suggests that sustainable capacity building is most likely when the local citizenry and social institutions are included in the planning process.[126] Capacity building leads to sustainable human development which takes a pluralistic approach, recognising the diversity of the communities in society[127]. It is therefore inclusive and aims to strengthen the capacities of marginalised groups so that they are able to more fully participate in society. This also means that gender balance and equity are critical, as is equal access to information, knowledge, technology, resources, services and markets. In sum, successful sustainability in communities should "develop social, civic and institutional capacities to achieve greater social cohesion, energy and productivity"[128].

Some indicators of sustainable and successful capacity building programs for the community that the organisation is serving include[129]:

- The environment becomes enabling with power being infiltrated to the community and individuals becoming empowered;
- Social cohesion is fostered and members feel a sense of community;
- Community participation increases;
- Cultural identity is strengthened and the community feels a sense of pride and self-determination;
- Confidence of the community members is enhanced;
- Trust and cooperation are instilled and become modes of interaction – social capital is built;
- Community 'buys into' the capacity building program and has a sense of ownership in the decision-making process at all times. In this way people can work towards common goals;
- Social networks and social capital (bonding, bridging and cross-cutting) are diversified and increased;
- Economic well-being;
- Better services and greater access to resources;
- Decision-making and problem solving skills of members are improved;
- People's capabilities are developed, including those of their organisations.

The accomplishment of a successful community capacity building program can improve a community's ability to produce local goods, connect citizens and organisations to various opportunities and resources and improve the influence of community members on public policy, service delivery and capacity building activities[130].

3.5. The phases of capacity building

Capacity building involves three phases:

1. Needs assessment;
2. Strategies and actions;
3. Monitoring and evaluation.

The three phases are interwoven and incorporate the same elements. These elements consist of working in partnerships, involving key stakeholders implementing a long term sustainability perspective and commitment, examining capacity as integral to the wider environment and adopting process thinking.[131]

3.5.1. Needs Assessment
The needs assessment is essential to designing and implementing a capacity building program[132]. Assessment must be linked with planning strategies and tasks in order to be able to examine enabling and hindering factors for good performance indicators at all levels and to adopt appropriate methodologies. Gaps can be identified by defining and outlining the essential capacities (their quantity, adequacies and appropriateness) at the individual, organisational and systems level for the achievement of policy, organisational or program aims and objectives.[133]

It is important to perceive the organisation as a system that includes internal and external factors within an overall environmental analysis. The data collected from the

needs assessment will be most beneficial if it is applied to understanding the overall needs, assets and willingness for change of the organisation[134]. Assessment of current capacities is then compared with future needs. Some assessment of capacities at the systems level includes performance assessment, stakeholder assessment, information flow assessment and social capital assessment. At the organisational level there exists a variety of management, evaluation and audit approaches that include management audit, systems analysis, strategic planning and organisational re-engineering. At the individual level, assessment can be made of skills, training, accountability and ethics, access to information, engagement in community improving activities and so on.[135]

The needs assessment forms the basis for designing the strategic plan.[136] Capacity building will not be successful, or at least have a full impact, unless it is made integral to an organisation's strategic planning and implemented in its overall programmatic activity[137]. However, while strategic planning is fundamental for the success of organisations, few organisations are actively participating in strategic planning as a form of capacity building. Strategy can be defined as "the course of action taken by an organization to meet its objectives"[138] and planning as "a managerial activity which involves determining your fundamental purpose as an organization, analyzing the environment, setting objectives, deciding on specific actions needed to reach the objectives, and then adapting the original plan as feedback on results is received"[139].

The most important element in developing a strategic plan is in defining the purpose or mission of the organisation. It is the mission statement that sets the stage for all planning[140]. The mission statement is pivotal in providing the justification for the organisation's existence and for setting the parameters for the organisation's operations. The mission statement describes the needs identified and met by the organisation, it is the foundation by which the principle objectives of the organisation are based and it forms the 'glue' for the culture of the organisation.

The organisation's mission statement should be developed through accounting for the interplay between the internal and external limitations and possibilities of the environment[141]. An external assessment is vital for any organisation in order to manage change and shifts in the environment and involves examining past and current developments in the environment around the organisation. In this way trends are identified and the 'pulse' of the environment in which the organisation functions is gauged[142]. This in turn should highlight the various elements of the external environment that affect the organisation's capacities. The external environment analysis identifies gaps in capacity, opportunities to seize as well as threats to minimise. It must incorporate the following seven factors:

> 1) Economic trends (for example, income, employment, inflation, location of industry) divided by locality, geographical region of the organisation and nationally;
> 2) Demographic patterns such as shifts in age composition, education, and internal migration;
> 3) Community issues of urban in comparison to suburban developments. For example, the growth or demise of various commercial activities, and services;
> 4) Identify service provisions in the community. For example, are they effective in meeting the needs of the community, who is offering service provision?

5) Identify competition with other organisations for funding and services;

6) Identify trends and shifts in volunteer recruitment and the reasons for this;

7) Analyse the changes in client needs. For example, how well do your organisation's services meet the needs of the clients? Are the services you offer valuable?[143]

An internal assessment is important for identifying the strengths and weaknesses internal to the organisation's operations. In this way strengths can be maximised and weaknesses that restrict the capacity of organisations fulfilling their aims and objectives can be minimised. Identifying strengths and weaknesses involves examining the following organisational factors:

1) **Management and planning system:**
   a) Examine management skills, values, experience and their willingness to change with the environment and respond to emerging opportunities;
   b) Identify the effectiveness of the organisation's staff and volunteer morale, effectiveness of management and staff turnover and recruitment;
   c) Identify financial resources including financial funds, donations incoming/outgoing flows, and budgets;

2) **Marketing resources:** In order to capitalise on opportunities, an organisation must be able to 'get its message across if it is to thrive'. Therefore, any organisation should ensure that there is someone who can develop and implement effective marketing practices;

3) **Operations/Services resources:** Resource elements such as cost structure, technology, skills and service capacity will determine the organisation's capacity to deal with emerging opportunities.[144]

Identifying and analysing the external and internal environment of the organisation will shape which capacity building activities are prioritised.

The success of an organisation depends on its capacity to set goals and objectives and to implement tools to measure and evaluate outcomes[145]. Objectives act as roadmaps. They direct the organisation to its destination and become the locus used to measure performance. Strategic planning therefore, also involves highlighting a specific set of target activities and anticipated outcomes. Objectives should be clear and concise, in written form, should name results in central areas (for example $100,000 in annual donations, rather than high levels of donations), be for a specific time period and be stated in measurable terms. Finally, at each level of administration, objectives must be consistent with the overall organisational purpose and must be attainable but sufficiently challenging to reap rewards. However, the setting of goals and objectives or the 'material aspects' resulting in the plan of action are insufficient on their own and must be met with the ability to innovate and reflect. Consequently, the plan must be constantly adapted in order to respond to external and internal circumstances. Therefore the development of successful strategies can only be achieved through the interplay between planning, acting and evaluating[146]

3.5.2. Strategies and Actions

On the basis of the requirements identified in the needs assessment phase, strategies and actions can be designed to suit the organisational, individual, team and system context. Causes for capacity gaps will be identified at multiple levels. Therefore,

several types of activities will be required. Some may involve workshops and technical assistance while others may need to be planned in a broad context. These may involve twinning between institutions to promote genuine partnerships.[147].

Capacity building activities are multi-varied, and organisational capacity building programs can incorporate any combination of the following capacity building activities, depending on need:

- Strategic planning
- Research
- Policy development and management
- Project management
- Project sustainability
- Advocacy
- Training and professional development
- Promoting participation and collaboration
- Research, documenting and analysis
- Linking research with practice and bridging individuals with the various elements of the environment
- Community, organisation or individual renewal and development
- Diversifying research and making it accessible
- Cultural competence
- Outcome evaluation
- Innovative programs
- Financial sustainability (local resource mobilisation, fundraising, core funding)
- Information access, use and distribution
- Networking
- Collaboration with government, business, other organisations
- Improving governance and accountability
- Improving relations with donors
- Clarifying the identity and roles of the organisation
- Advocacy
- Strengthening public support

Without a clear focus on the aims and objectives of capacity building, that is to improve the quality of life for individuals and communities served by the participating nonprofit, the activities undertaken under capacity building are not likely to have any significant impact[148]. Capacity is inextricably linked with performance[149]. For example, poor performance of an organisation measured against its objectives indicates that there are capacity gaps. Therefore, capacity building can be used as a tool for an organisation to meet its desired objectives. In turn, improvements and the development of capacities are tied into the strategic management's ability to ensure that performance is measured as a reflection of the objectives of the organisation. This is referred to as organisational effectiveness; that is:

> "an organization that is able to connect its vision to its goals, its
> goals to its plans, its plans to its actions, and its actions to its

results. It is a dynamic, fluctuating, and fluid state, an ever-evolving mosaic of increasing self-awareness and internal development that keeps an organization moving steadily towards its vision. It is about an organization reaping results, not about management for its own sake (a distinction between 'efficiency' and 'effectiveness')"[150].

Technical assistance for specific issues dealing with fundraising, board or staff development is at the core of capacity building of nonprofit organisations. Technical assistance can be used for staff and board training, for more focused, specific problems and opportunities, or as self-directed, for print readings or use of Internet sources. Capacity building technical assistance together with the organisational internal efforts produce good performance levels and result in a) program delivery capacity: improvement of the organisation to fulfill what it already does; b) program expansion capacity: improvement in the growth of the organisation and c) adaptive capacity: improvement in the organisational ability to sense needs and respond to those needs by re-invigorating existing programs or innovating new programs[151].

Building the capacity of nonprofit organisations therefore, has generally occurred at the organisational level – by improving financial management practice and fundraising capabilities. However, capacity building is a broad concept that is moving beyond the conception of organisational building based on funding and technical assistance and skills and leadership development[152]. This is because effective capacity building incorporates the overall system, environment or social context within which the organisation functions. Within this perspective, issues, events and forces within organisations are seen as interlinked rather than isolated and change within one aspect of the organisation is seen to have an impact on various other aspects of the organisation.

3.5.3. Monitoring and evaluation

This phase has been neglected in capacity building programs but its importance is now emerging, particularly with growing emphasis on learning from experiences and assessing the quality and impact of organisational capacity building interventions and programs (PRIA 2001). Capacity building that incorporates evaluation is likely to be successful and there are an increasing number of capacity building programs that are being evaluated. In some cases, evaluation can produce a set of tools for assessment that can be used by other organisations.[153] . In this way evaluation itself may be seen as a capacity building tool for organisations to improve their planning, monitoring and overall appraisal of their projects.[154]

The use of mixed sets of qualitative and quantitative measurements and output, as well as outcome and process indicators is recommended[155]. It is important however, that evaluation plans incorporate assessment of unexpected outcomes as well as outcomes measured against objectives[156].

Monitoring and evaluating capacity building programs is a difficult exercise. The strategies for capacity building have become more complex and have made measurement of capacity building outcomes more challenging[157]. The challenge is to avoid focusing solely on the easy-to-measure variables as indicators of success, at the expense of neglecting the equally important elements of capacity building such as

measuring strategic management outcomes (PRIA 2001). The improvement in various areas of capacity building programs such as strategic management or policy advocacy are difficult to measure, while quality of accounts and loan repayment rates are relatively easy to measure. Furthermore, it is important to measure processes of capacity building programs rather than just the outcomes of those programs. To date, appropriate tools for measuring capacity building processes (including for example, *behaviour* in policy-making and strategic planning rather than the *delivery* of publications and formal and informal coalitions) have not been adequately developed. There is little agreement on the approaches taken to measuring capacity building effectiveness. In order to better understand capacity measurements there needs to be a common understanding of the nature of the interrelation of capacity and performance, in what comprises good performance, and recognition of (and where possible reducing) the influence of external factors that impinge on capacity and performance.

Because program evaluation is linked with performance measurement, linking indicators to overall performance of the organisation is a fundamental factor in strengthening an organisation. One of the key factors in a successful performance measurement system is that overall performance measurement is no longer restricted to program or organisational output but incorporates outcomes[158]. Measuring outcomes are important since they tell us what the program has accomplished or not accomplished. However, measuring performance is not a simple task. The following are some features of successful performance measurement systems[159]:

> a) Outcomes are measures of their objectives;
> b) Evidence that suggests that key stakeholders, managers and frontline workers have 'bought into' the system;
> c) The measures tell us what the program accomplished;
> d) The performance measurement system is flexible and adaptable. That is, measures are able to be subtracted or added as needs change;
> e) The reporting phase produces knowledge that can be used by those involved;
> f) The performance measurement system is cost effective with benefits outweighing the costs;
> g) Taking into account the context of performance measures by examining the dynamic relationship between the program and the environment to explain the variance in outcome measures;
> h) Recognising that due to constant change, a measure that is valid for one program might be invalid for the next;
> i) Because program managers know the interactions between their program and the environment, they are able to judge the valid and invalid measurements. Therefore, program managers must buy into the process. This will ensure that the program will be credible and its outcomes and implementations successful.

With reference to this last point, the PRIA (2001) have made a similar argument stating that capacity building programs are influenced by the perception of its relevance and value. That is, when an organisation's members see capacity building as relevant and worthwhile, individuals of the organisation will invest the time and energy required to build their organisational capacity.

3.6. Capacity building methodologies

As an approach, capacity building draws upon and applies a variety of methods including qualitative and quantitative methodologies for capacity assessment, organisational development, stakeholder analyses and policy dialogue. As already stated, participatory strategic planning (involving the organisational team) is an important element in successful capacity building. A holistic, integrated approach is a very effective methodology in capacity building[160]. A holistic approach does not mean 'do everything at once'. Rather, it is a collaborative approach whereby the scope and design of the capacity building activity factors in the capacity of the project's practitioner in conjunction with the needs, priorities and capacities of the recipient. The view that successful capacity development is replicable and is a condition for that success is premised on the idea that different contexts are equal to each other. This is a misguided view since every situation is unique and every organisation has its own distinctive trajectory. Although we can learn from our insights by comparing successful and unsuccessful capacity building projects and develop principles and guidelines, we cannot attempt replication. To do so denies the specificity of organisational processes of development. Capacity building interventions therefore must be organisationally specific.

Because capacity building is premised on the fact that environments are in a constant state of flux and ambiguity, capacity building is difficult to measure. Therefore, methodologies used need to factor in the developmental processes through which organisations move, and account for the ambiguities and contradictions that are necessary to engage in for effective capacity building. The tools and methodologies used for identifying capacity gaps within an organisation and from its environment are broad. Some of the more conventional methods involve workshops, training and technical assistance. More recent methods for capacity building include mentoring, networking, establishing joint ventures, and twinning arrangements. Each capacity building program will require either conventional methods/tools or recent methods/tools or a combination of both.

CHAPTER 4.   METHODOLOGY

The project aimed to investigate the needs of the Arabic-speaking community, assess the capacity of service providers (mainstream and Arabic-specific) in delivering adequate services, and identify gaps between service provision and community needs.

Capacity building was another objective of the project. This involved looking more closely at the operational capacity of one of the key Arabic-specific services. An audit was undertaken of the Victorian Arabic Social Services (VASS) in an effort to identify: what the needs of the Arabic-speaking community were, as understood and experienced by workers from this service; what existing programs and projects are available through VASS, and what the needs and experiences of VASS were in terms of reaching and servicing the Arabic-speaking community.

4.1. Approach and research methods

In order to achieve this, the project involved:

1. A needs assessment and an audit of resources, services and programs to the Arabic-speaking community in the Northern region, Western region and Shepparton;
2. Focus groups;
3. Questionnaires with members from the Arabic-speaking community and service providers;
4. Audit of VASS.

4.2. Service audit

Services and programs in the Northern and Western regions and Shepparton were located through existing listings, reports, publications, brochures and the Infoxchange database. Services/programs, both mainstream and Arabic-specific, were grouped according to the target population that they are intended for. For instance, all services for women from the Northern region were grouped together. These were further broken down into the type of service that they were, such as information and referral or recreation and so on.

4.3. Focus groups

In total 11 focus group sessions involving 135 participants were conducted across the three regions. These were with young people, including newly arrived and refugees, women and men, seniors and Humanitarian Entrants. In terms of geographic distribution the focus group sessions were divided as follows:

Figure 1: data sampling

	Number of focus group sessions	**Number of participants per region**
Northern region	7	96
Western region	2	28
Shepparton	2	11

The 7 focus groups that were conducted in the Northern region included:

- Young people (4 groups). One group was made up of young males only. Many of these young people had dropped out of school. The other group was also mostly males but they were older and had completed primary school and some tertiary level education. There was also a group of young females, and a group of newly arrived young people;
- Men and women, including senior members (one women's group and one men's group);
- Refugee women, including a small number of young refugee females. (1 group).

The 2 focus groups that were conducted from the Western region included one with women, and one with a mix of men and women, most of whom were seniors. A focus group was almost set up with a group of young people from the Western region, but time restraints did not make it possible for this to occur.

The 2 focus groups that were conducted from Shepparton included one with men and one with women.

4.4. Questionnaires: Arabic-speaking community and service providers

Two types of questionnaires were designed for **members from the Arabic-speaking community**: One for the majority of respondents and one specifically for the respondents that were classified as Humanitarian Entrants. This was done to accommodate a possible difference in needs. A total of 135 respondents completed a questionnaire either in Arabic or English.

The questionnaires included sections relating to access to both government and Arabic-specific services, reasons for not accessing these services, quality of services provided if accessed, whether or not needs were met and type of service that they have sought and/or would be seeking from both government and Arabic-specific services.

Similarly, two questionnaires were for **service providers**: One for mainstream services and the other for Arabic-specific services. Ten mainstream service providers participated: 5 were from the Northern region, 3 from the Western region and 2 from Shepparton. *(Please refer to list provided in the appendix).* Efforts to reach Arabic-specific services other than VASS were not successful. For some of the services, contact numbers listed were incorrect and therefore they could not be reached in time. For those that were reached, numerous messages were left, but no response was received.

For the mainstream services that participated, some chose to have the questionnaire mailed to them to complete and others completed the questionnaire via a phone interview.

Overall, the questionnaires sought to identify: The services offered by this organisation; whether or not the service had clients from an Arabic-speaking background; whether the service considered itself to be accessible and culturally

sensitive to this community group and if so, what practices they had in place, and whether anything further needed to be done. The questionnaire also sought to identify the needs and experiences of the service in meeting the needs of clients from an Arabic-speaking background.

4.5. Audit of VASS

In addition to accessing secondary data (reports, documents, statements and so on), semi-structured questionnaires were conducted involving 10 staff members, 2 volunteers and 1 student on placement. Anonymity was guaranteed so that individual staff members could air their views without reservation. All participants completed a questionnaire that sought to identify their role in the organisation, the skills they bring to their job, the skills and professional development they receive on the job, the needs of the clients that they have, their needs as workers at VASS, and their experiences of the management and operation at VASS.

Further details about the VASS case study are included in Chapter 7, which is dedicated to this topic.

4.6. Selection of participants

Participants for the focus groups were located through the listing of existing groups in the VASS 2002 Directory and other VASS networks. The groups were contacted and asked to participate in the research on the basis of geographic locality, and the characteristics of group members such as age and sex. The groups that did participate were those who could meet the strict timeframes of the project.

The researchers' main difficulties related to locating participants, organising focus groups and providing professional interpreters when needed. Some focus groups were conducted in English and others in Arabic. The number of participants from each focus group ranged between 8 and 25.

4.6.1. Sample pool: analysis by region
One hundred and sixteen respondents completed the first questionnaire. The majority were residents from the Northern region (71 per cent), followed by the Western region (21 per cent) and Shepparton (8 per cent).

Figure 2: participant pool by region

Participant Pool by Region

Shepparton, 8%

Western Region, 21%

Northern Region, 71%
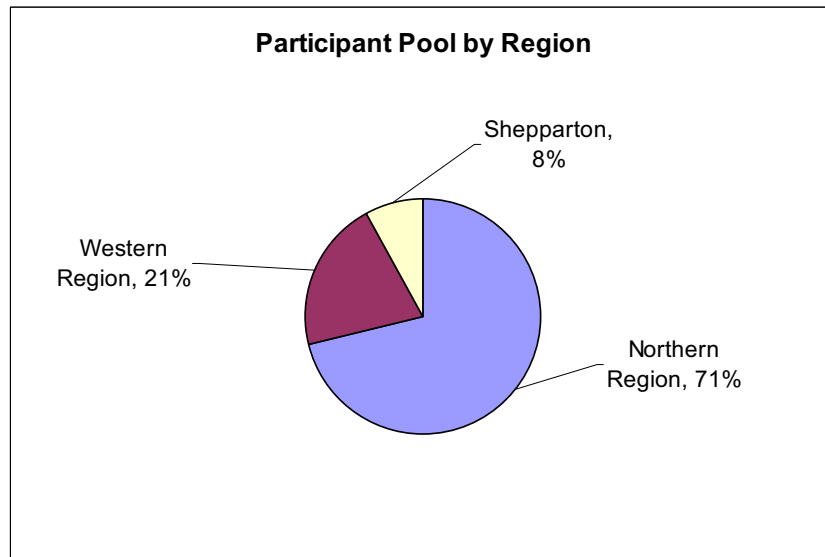
4.6.2. Sample pool: analysis by gender

The majority of respondents were females making up 60 per cent of the overall sample, whilst the male respondents made up 38 per cent. Two respondents (2 per cent) did not answer this question.

Figure 3: participants by gender

Participants by Gender

Unknown, 2%

Male, 38%

Female, 60%

Female
Male
Unknown
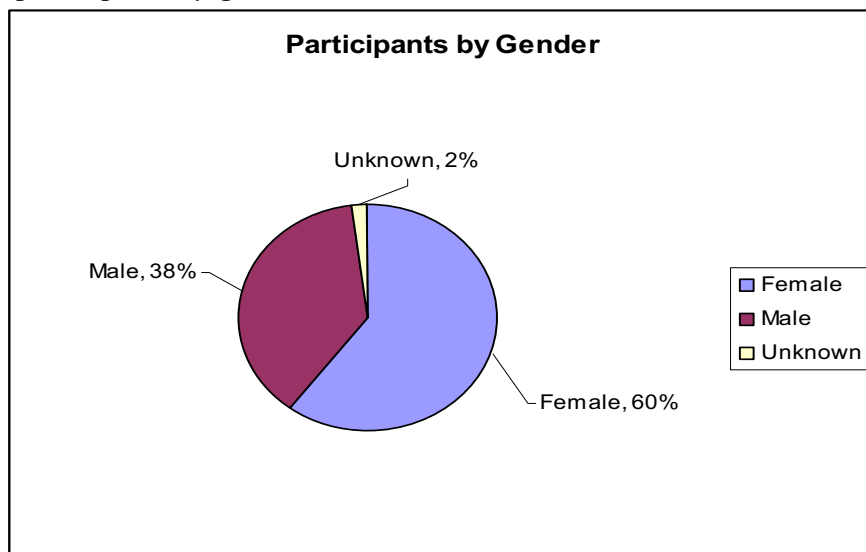
A further breakdown of gender by region shows that the majority of respondents from the Northern (59 per cent) and Western (72 percent) regions were female, whereas from Shepparton the majority of respondents were male (56 per cent).

Figure 4: participant pool by gender and region

Participant Pool: Gender & Region

(Bar chart, % of Participants on vertical axis from 0% to 100%)

Northern (82): Female 59%, Male 39%, Unknown 2%
Western (25): Female 72%, Male 28%
Shepparton (9): Female 44%, Male 56%
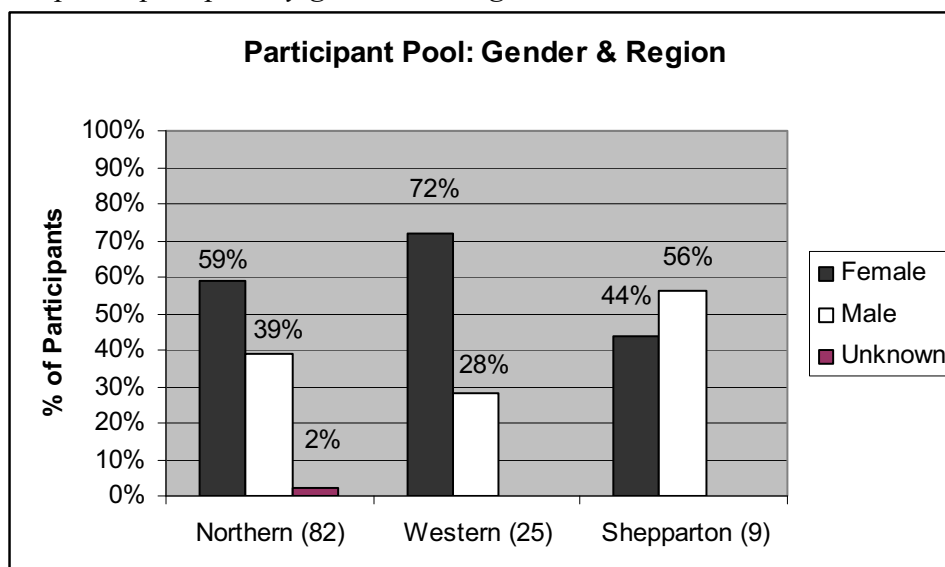
4.6.3. Sample pool: analysis by age group

A breakdown by age group, across the 3 regions, shows that young people aged between 16 and 28 made up the greater number (28 per cent) of respondents, followed closely by both young people aged between 12-15 years and adults aged between 26 and 49 (26 per cent). Respondents aged 50 plus were the smallest represented group in the sample. Overall, the majority of respondents (54 per cent) were young people aged between 12 and 26, followed by young to middle aged adults and then senior citizens.

Figure 5: participants by age group

Participants by Age Group

(Pie chart)

<50 yrs, 20%
12-15 yrs, 26%
16-26 yrs, 28%
26-49 yrs, 26%
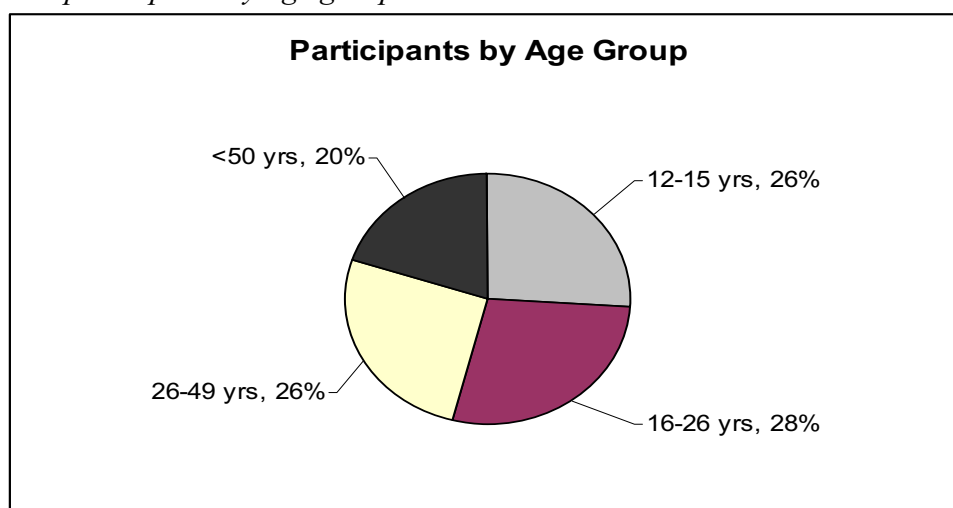
A breakdown by age group and region shows that the majority (70 per cent) of respondents from the Northern region were young people with a slightly higher number of young people aged between 12 and 15 (36 per cent). The remaining sample from the Northern region was made up of an equal number of respondents (15 per cent) aged between 26 and 49 and 50 plus. From the Western region, the greatest number of respondents (52 per cent) were between 26 and 49 years of age, followed by respondents that were 50 plus. No young people were aged between 12 and 15,

whilst two young people (8 per cent) were 16 to 25 years of age. The majority of respondents from Shepparton were between 26 and 49 years of age (56 per cent) followed by 33 per cent of the respondents that were 16-25 years old. A small 11 per cent of respondents were 50 years plus.

Figure 6: participant pool: breakdown by age group and region
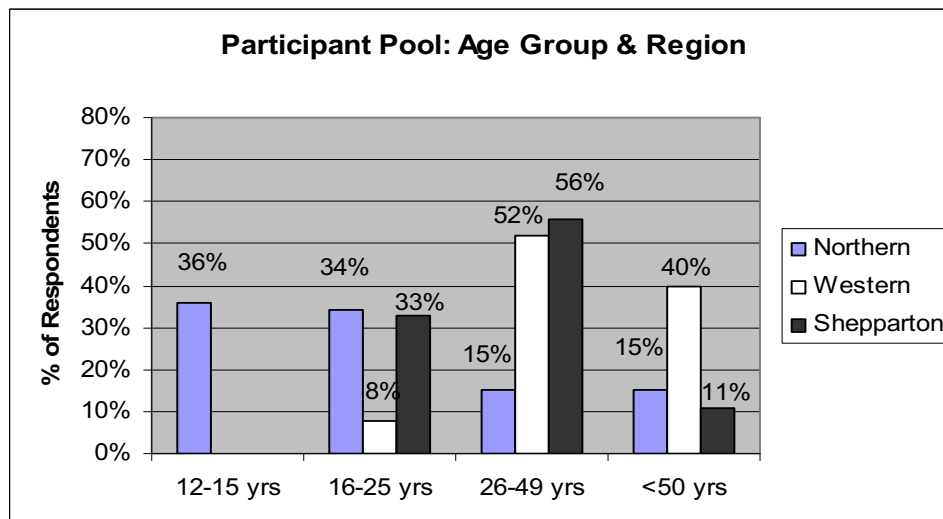
4.6.4. Sample pool: analysis by length of stay in Australia
Analysis by length of stay highlighted the majority of respondents (41 per cent) have been living in Australia for over 10 years. These respondents, for the purpose of this report will be referred to from here on as 'established' members of the community. Twenty-eight per cent of respondents were 'newly arrived' migrants and have been in Australia for no more than 5 years. Ten per cent of the respondents have been living in Australia for a minimum of 6 years but no longer than 10 years. These respondents will be referred to as 'newly established' members of the Arabic-speaking community. This breakdown by length of stay was considered important in order to accommodate for any existing differences in needs and experiences between these groups. It also needs to be noted that 22 per cent of the respondents did not identify their age. Two respondents (1 per cent) were 'newly arrived' and the remaining (21 per cent) were from the 'established' community. Most of these respondents were second generation young people who may have thought they had no need to answer this question having been born in Australia.

Figure 7: length of stay in Australia

Length of Stay and Status in Australia
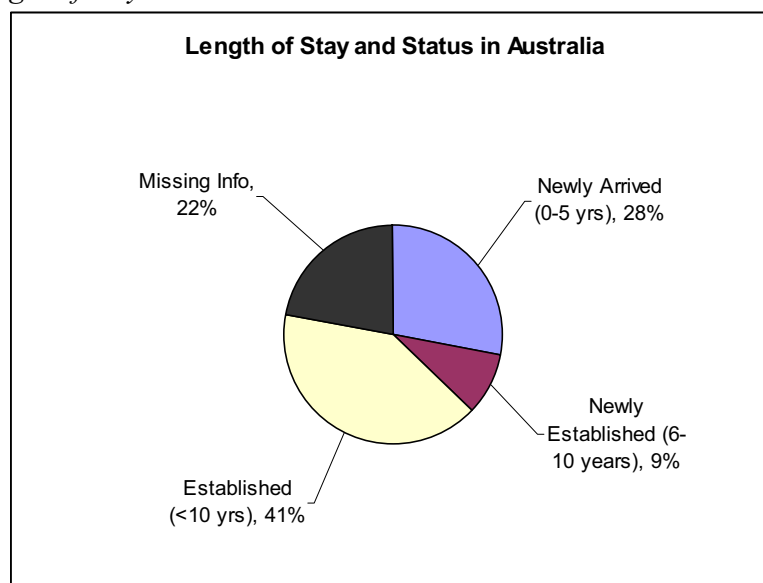
A closer look at length of stay by region shows that the majority of newly arrived respondents were from the Northern region (37 per cent) followed by Shepparton (33 per cent). From the Western region, there were no 'newly established' respondents. The majority of the respondents were 'established' (92 per cent) with the remaining 8 per cent of respondents being newly arrived migrants. The northern region was the only region with respondents (13 per cent) that were 'newly established' (6-10 years). The majority respondents in all of the three regions (Northern, 50 per cent; Western, 92 per cent and Shepparton, 67 per cent) were members from the 'established' community. Further, all of the newly arrived respondents from the Northern region the majority were young people. Seventy-one per cent of this group were females and 29 per cent were males. There were also two young 'newly arrived' females from the Western region and 3 other young people (1 female and 2 male) from Shepparton. Of the 'newly established' respondents from the Northern region, the majority were young people, followed by persons aged 50 plus. Eighty-two per cent of these respondents were female and 18 per cent were male.

Of the 41 per cent of 'established' respondents that had identified their length of stay in Australia, the minimum period was 12 years and the maximum 36 years. The most common length of stay was either 25 or 26 years. This was followed by respondents who have been residing in Australia for either 22 or 35 years. The next most common periods of time lived in Australia for the 'established' respondents were: 14, 15, 18, 20, 23 and 33 years.

Of the 9 per cent of respondents that were 'newly established,' the majority had been residing in Australia for 7 years (36 per cent) followed by the respondents (27 per cent) who have lived in Australia for 8 years. Only one of these respondents (10 per cent) had reached their tenth year, whilst the remaining (27 per cent) of respondents were either in their sixth or ninth year.

Of the 28 per cent of respondents that were 'newly arrived' the majority (22 per cent) have been in Australia for 8 months, with the next most common length of stay being 2.5 years (12.5 per cent of respondents) and 4 years (9 per cent of the respondents).

The shortest stay, by one respondent (6 per cent), was 2 months. Overall, 47 per cent of these respondents have been in Australia between 2 to 8 months, and the remaining 53 per cent between 1 and 4 years.

Figure 8: length of stay in Australia: breakdown by region
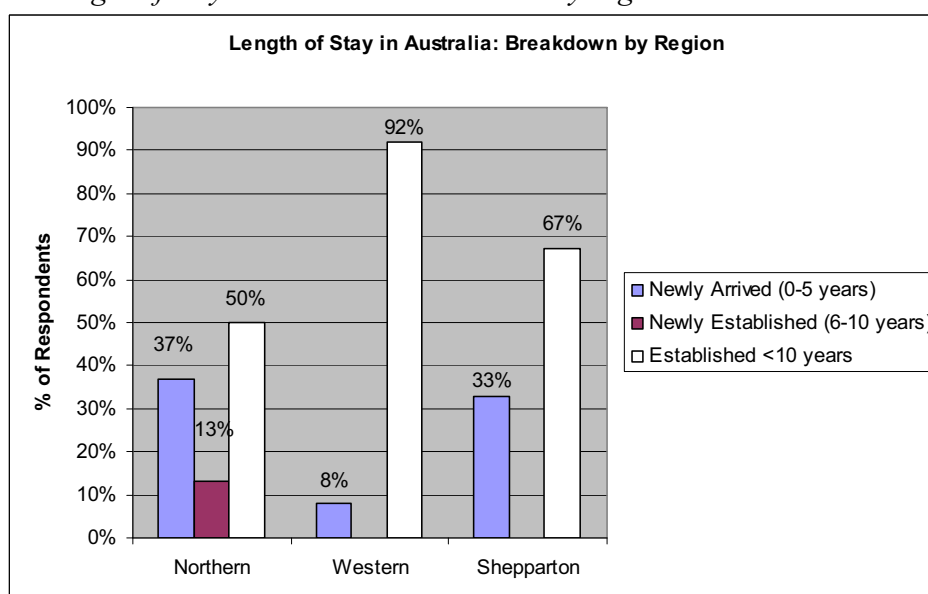
The selection of participants from the three regions seems on the surface to be skewed towards youth. However, a closer look at the 2001 Census data and other documents from DIMIA shows that the demographic profile of the Arabic-speaking community in Victoria, and indeed Australia, is characterised by a high proportion of youth. This is analysed in more detail in the following section on the Arab-Australian population.

4.7. What constitutes Arabic-speaking – unity and diversity

While the Arabic-speaking community is marked by diversity in religion, nationality, gender and class, there are a variety of factors that unify this community as a distinctly identifiable group. Firstly, although the Arab world has a variety of local and regional linguistic dialects, it is nevertheless united by the common language of Modern Standard Arabic, much like the main English-speaking countries such as the UK, America, Australia, Ireland, Wales and New Zealand, or the Spanish-speaking world of South America. Secondly, the Arabic-speaking community is united by a common culture. Despite some periodic religious or cultural conflict in the Arab countries (such as between Iran and Iraq, and Muslims and Christians in Lebanon), there are a variety of life events that portray distinctive Arab cultural values across the various countries and despite the religions. For example, the forms of participation in important life events such as marriage, childbirth, death and bereavement portray an overriding Arabic culture across national and religious borders. Finally, despite national or religious diversity, the family is the fundamental institution and family values, ranging from traditional to emergent (according to factors such as migration, socio-economic status and so on), have a central place in Arabic culture[161].

4.7.1. Overview of Arab migration
While Arab immigration constitutes only 8 per cent of the total migration to Australia, Arabic is the fourth most spoken language, spoken by around 178,000 people in

Australia. Migration from the Arabic-speaking world can be traced back to the Lebanese, who have been migrating to Australia since the early 1860s. Lebanese migration increased sharply due to economic restructuring and the demand for labour in Australia in the years 1947-66, and again in the period 1967-75. During the years 1975-90, the civil war in Lebanon redefined the Lebanese as quasi-refugees and brought an influx of Lebanese Muslims into Australia for the first time. Eighty per cent of all Lebanese migrants live in Sydney and Melbourne[162].

4.7.2. Demographic information on the Arabic-speaking community

Australia's population in 2001 was 18,972,350. Around 21 per cent of Australia's population speaks a language other than English at home. The 2001 Census recorded that 209,372 Australians speak Arabic when they are at home. The population of Victoria in 2001 was 4,644,950 people. Around 1,080,344 people or 23.8 per cent of Victoria's population speaks a language other than English when they are at home. The 2001 Census recorded that 47,190 Victorians speak Arabic at home, which represents a growth of 19.5 per cent in the Arabic-speaking community since 1996. Around one in every 20 Victorians that speak a language other than English at home, speak Arabic.

Figure 9: growth of Arabic speaking community across Australia
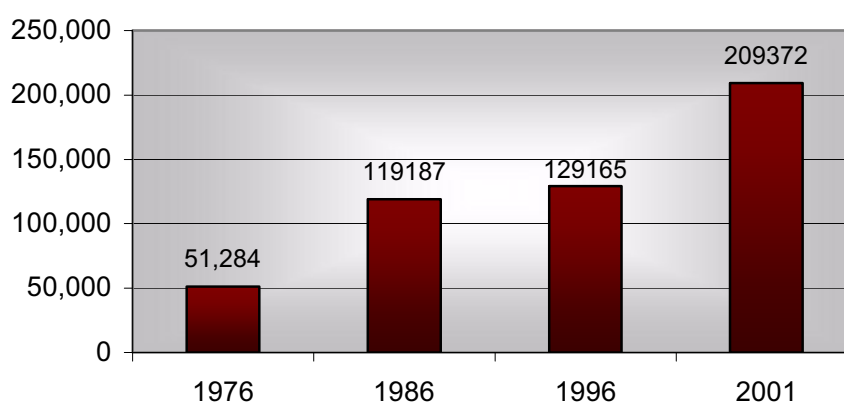
The 2001 Census recorded that there were 209,372 people who spoke Arabic at home across Australia, making Arabic the fourth largest language, other than English, to be spoken at home. Over the past 25 years the population of the Arabic-speaking community has quadrupled in size from 51,284 in 1976 to 209,372 in 2001. The Arabic-speaking community in Victoria in 2001 was 47,190 people, which accounts for around 1 per cent of Victoria's overall population.

Figure 10: age breakdown of Arabic-speaking Victorians
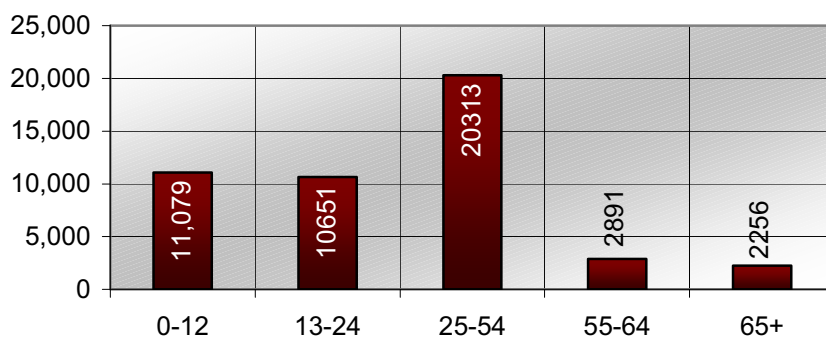
88.5 per cent of all Arabic-speaking Victorians are below the age of 55, spread as follows 23 per cent below the age of 12 years old, a further 22.5 per cent between the ages of 13 and 24 years old, and 43 per cent between the ages of 25-54 years old.

Figure 11: birthplace of Arabic speaking community in Victoria

Country	People	.%
Australia	18745	39.7
Lebanon	12799	27.1
Egypt	5063	10.7
Iraq	2.795	5.9
Syria	1333	2.8
Eritrea	627	1.3
Sudan	627	1.3
Kuwait	463	1
Gaza Strip & West Bank	450	1
Jordan	336	0.7
Other	3950	8.4
Total	**47,188**	
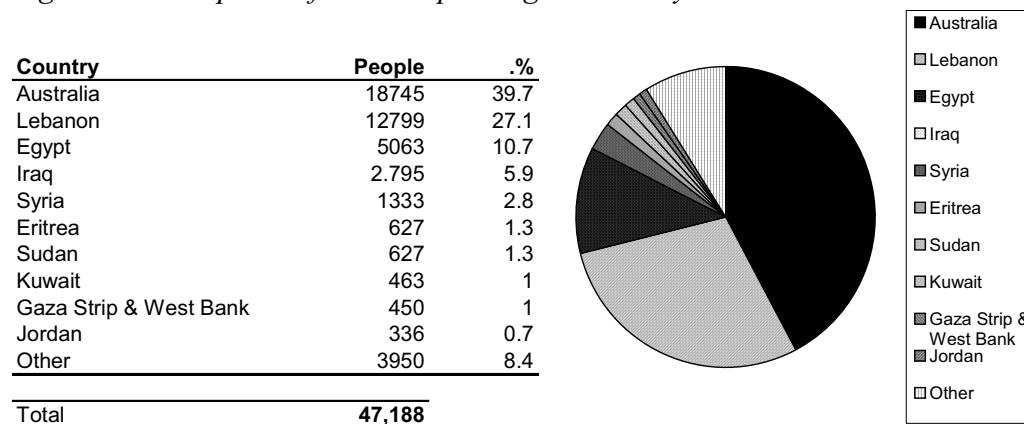
The above figures show that round 40 per cent of the Arabic-speaking community in Victoria was born in Australia, with 27 per cent born in Lebanon, and the remaining 30 per cent being born in the Middle East or Northern Africa.

Figure 12: English proficiency of Arabic-speaking Victorians
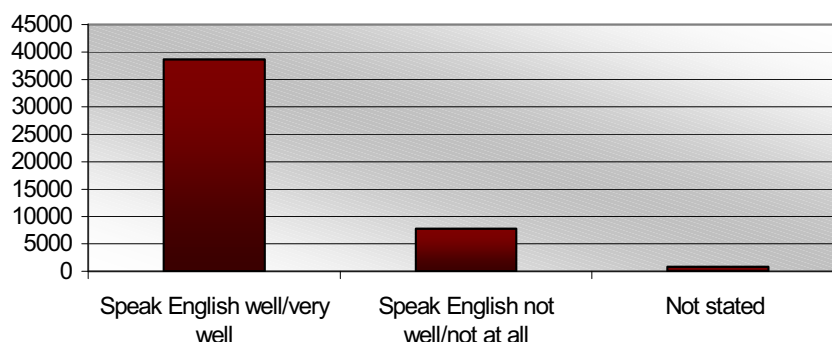
The overwhelming majority of the Victorian Arabic-speaking community speaks English well or very well. However, this high level of proficiency in English is

difficult to confirm given that this data is based on personal responses to the census and is not judged by an independent party as to how well a respondent speaks English.

Figure 13: top 10 local government areas for Arabic-speaking migrants to settle in Victoria in 2003
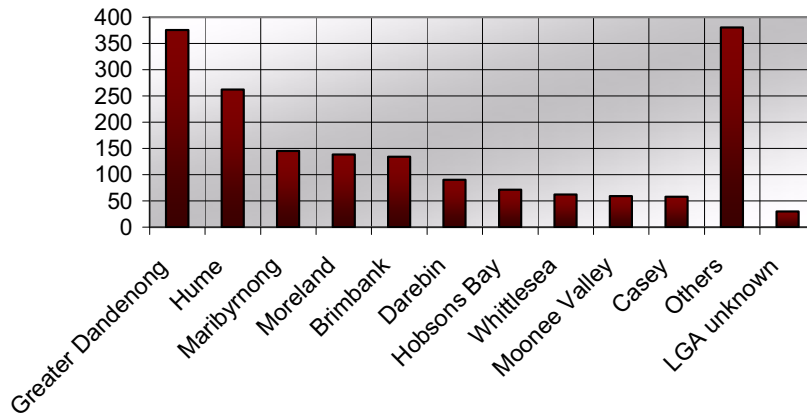
(DIMIA, 2003)

In 2003 there were 1,803 people who spoke Arabic as a first language who settled in Victoria. The vast majority of local government areas in which these migrants are settling fall within the North or West regions of Melbourne.

Figure 14: top 10 countries of birth for Arabic-speaking migrants to arrive in Victoria in 2003

| ■ Sudan | □ Iraq | ▥ Lebanon | □ Egypt | ▦ Syria | ▩ Kenya |
| ▨ Eritrea | ▤ Kuwait | ▦ Somalia | ▦ Ethiopia | ▦ Others | |
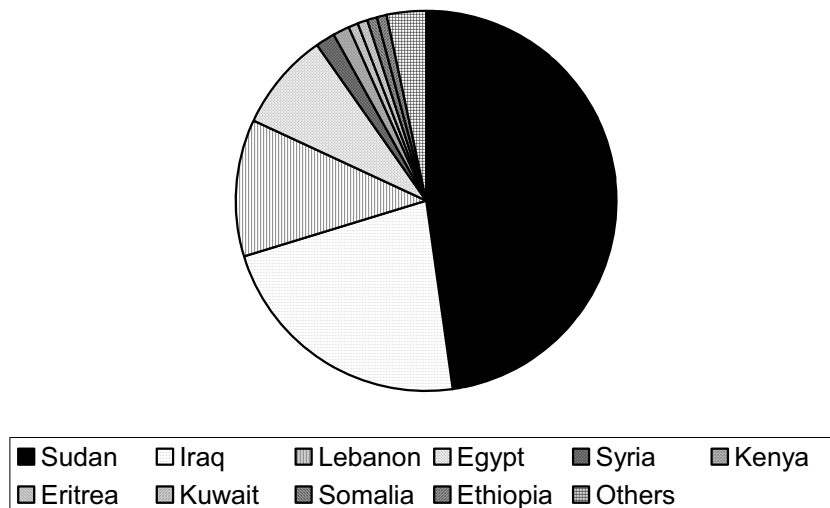
Almost 50 per cent of Arabic-speaking migrants who settled in Victoria in 2003 were born in Sudan and almost 25 per cent were born in Iraq

Figure 15: top 10 religions of Arabic-speaking migrants to arrive in 2003

■ Christian (nfd)	▢ Islam	▨ Assyrian Church of The East
▨ Chaldean Catholic	▨ Catholic (nec)	▨ Coptic Orthodox Church
▨ Orthodox (nfd)	▨ Catholic/Western Catholic	▨ Greek Orthodox
▨ Maronite Catholic	▨ Others	
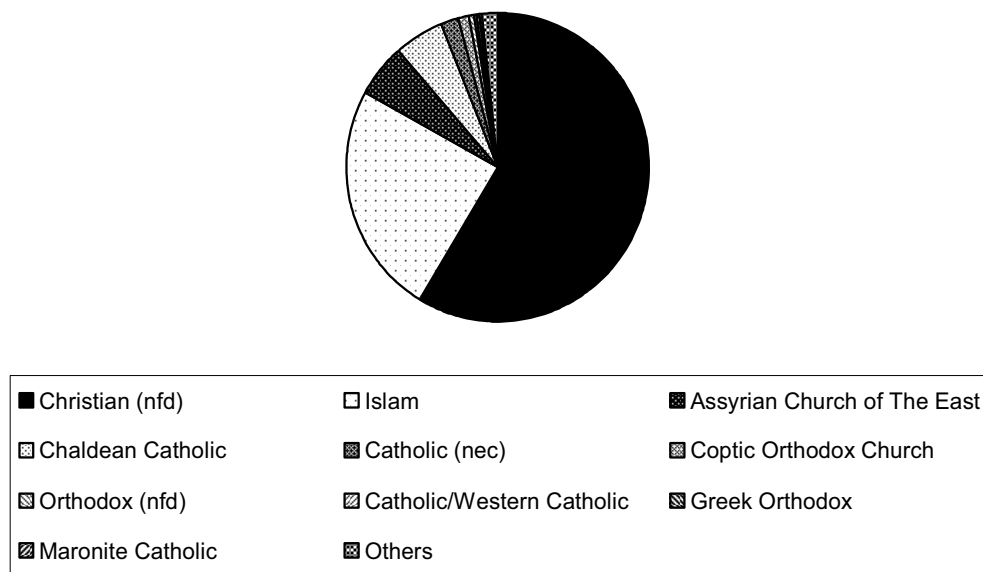
(DIMIA, 2003)

Predominantly, the religion of Arabic-speaking migrants who settled in Victoria in 2003 was a form of Christianity, with around one in four adhering to Islam.

Figure 16: migration category of Arabic-speaking arrivals in 2003
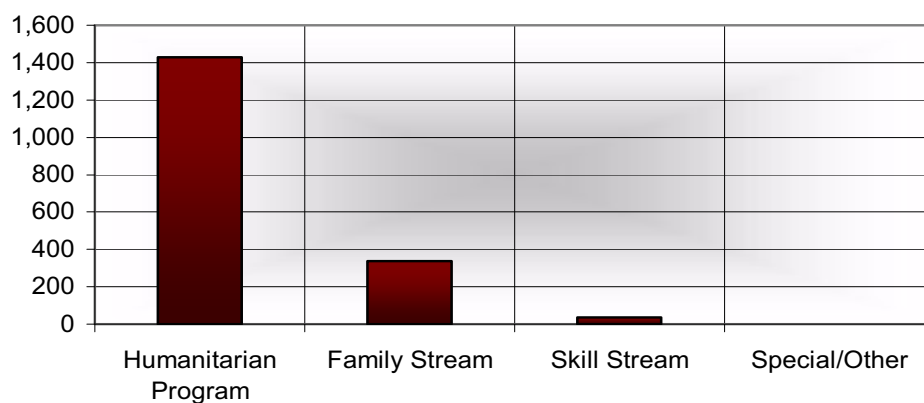
(DIMIA, 2003)

Of the 1,804 Arabic-speaking migrants who settled in Victoria in 2003, 1,428 did so on some form of refugee visa making them the largest group of new entrants. A further 339 arrived on family visas.

CHAPTER 5.   SERVICES AUDIT

Given the wide range of services surveyed and the overlapping nature of some of them, this chapter will start by presenting a brief operational definition of the services grouped under specific categories. In most cases the categories defined below are thematically grouped with providers offering similar and/or related services being listed under the same label. In general terms, the services audit is divided into two broad sections: one focusing on mainstream providers and the other on Arabic-specific (which are interchangeably referred to as community-based). Mainstream services include those delivered by Federal, state and local governments and range from financial support to health and education. Arabic-specific services are provided predominantly by Arabic-specific community organisations. Those services offered by multicultural agencies such as Migrant Resource Centres and the Australian Multicultural Education Services are not listed as Arabic-specific but rather as multi-ethnic services not targeting exclusively the Arabic-speaking communities.

5.1. Operational definitions

Information and referral
This category is made up of services that provide one or more of the following type of assistance: information, referral, advocacy and social support. Services with no specific breakdown of the type of work they undertake have been included in this category as it was assumed that information and referral would be the minimum type of service offered. Media services have also been included in this category in recognition of the important role the media plays in the provision of information.

Support groups
This category represents established groups made up of individuals with common needs or interests. Participants join these groups to address isolation and boredom, develop or extend friendships and receive information and/or support. Some of these groups also have an advocacy and lobbying role.

Health and well-being
This category has been broadly defined and encompasses a wide range of services which focus on physical, emotional and mental health. This category is made up of medical services, counselling services and Health Centres. Also included are services with a personal well-being focus. These include specific health related support groups, financial support services, and material aid services.

Housing
Services included in this category are those that provide emergency housing, transitional housing, short-term and long-term housing. Hostel accommodation and nursing homes are included in this category.

Family
Services specific to meeting family related needs - in particular relationship and parenting needs - have been included in this category. These services include: relationship and parenting information sessions, relationship and parenting counselling, child-care facilities and pre-school education, toy libraries, play groups

and facilities for hiring baby capsules. Services specific to the needs of babies and young children have also been included in this category.

Education
Primary and secondary schools, language schools and short and/or intensive courses, including professional development and training courses have been grouped under this category. Libraries (a type of educational resource), have also been included in this category. Information sessions and campaigns run by services with a specific community education role have also been included.

Employment
Grouped under this category are services with a specific focus on employment. These services offer information, resource material and face-to-face support.

Recreation
All recreational type services (sports, art and craft, outings, board game type activities and so on), including social clubs, have been grouped in this category. Groups that have formed for recreational reasons (for instance, painting groups or bingo groups), have also been included in this category.

Religious services
This category is made up of services with a specific religious focus. These include churches and Mosques but also groups that offer religious related activities, (for instance, Koran or Bible readings).

Legal services
Services (non-private) that offer legal information and advice (telephone or face-to-face) support and/or representation have been included in this category, (for instance, Victorian Legal Aid, Community Legal Centres and Refugee Legal Service). Other types of services under the umbrella of the Department of Justice (such as mediation services and information and support services) have also been included.

Disability services
All type of services specific to persons with a disability (physical and/or intellectual) were grouped under this category. These services included: specific medical and health related support, support groups, information/education services, recreation services, carer services, and so on. Although some services for the elderly were found in other publications to be grouped with these services, for the purposes of this report services for the elderly have been grouped separately.

5.2. Services audit

In an effort to identify the type and number of both mainstream and Arabic-specific services existing in the Northern, Western and Hume region, a services audit was undertaken. This involved collecting information on existing services from each of the 3 regions. Information on services was gathered from 3 main sources:

1. A search by target group and region on Infoxchange Service Seeker;
2. Brochures and pamphlets produced by local Councils;
3. Service directories as produced by government and ethno-specific services.

The listings of services found were categorised by type and target group. The type of services included: information and referral; support groups; health and well-being; housing; family related services; education related services; employment services; recreational services; religious services; disability services and legal services. *(Refer to section 5.1 Operational definitions for more detail).* The six target groups covered by the service audit were: youth, women, men, senior citizens, persons with disability and newly arrived and Humanitarian Entrants.

Across the 3 regions, a total of 2,370 services (both mainstream and Arabic-specific) were located. Fifty-one out of the sixty-seven suburbs from the Northern region were covered. The following suburbs from the Northern region had the greater number of services: Sunbury (47), Broadmeadows (39), Preston (25), Craigieburn (23), Richmond (22), Fitzroy (14), Collingwood (13), Coburg (13), Glenroy (12) and Heidelberg (11). From the Western region 38 out of 78 suburbs were covered, and the greater numbers of services were found in: Melbourne (46), Footscray (37), Yarraville (16), St. Albans (9), and Carlton (9). From the Hume region, 10 shires were represented and both Greater Shepparton (13) and Wangaratta (8) had the greater number of services. (*Please refer to the Appendices for a detailed breakdown of the suburbs and/or shires in each of the region).*

5.3. Mainstream/government services

Mainstream services by region

A count of the mainstream/government services identified from each of the regions reveals that the majority of the services were from the Northern region (951) followed by the Western region where 832 services were identified. The Hume region had the lowest number (58) of services identified.

Figure 17: mainstream services by region
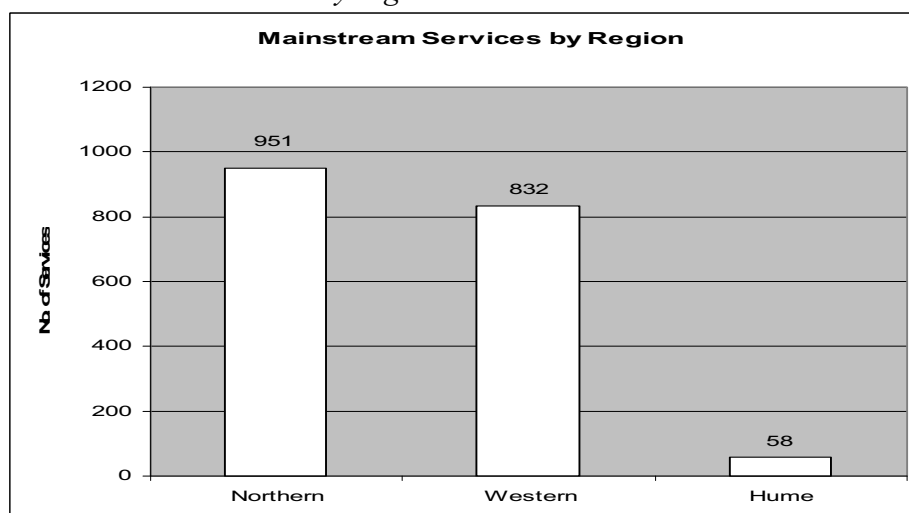
5.3.1 Mainstream services by type

Mainstream Services in the Northern region

A closer look at the services identified in the northern region by type showed that the majority were recreational services (194), followed by family related type services (169), health and well-being (156), and information and/or referral services (99). The

type of services that were fewer in number were employment services (5) and services for persons with a disability (11).

Figure 18: mainstream services by type: Northern region

Mainstream Services by Type: Northern Region
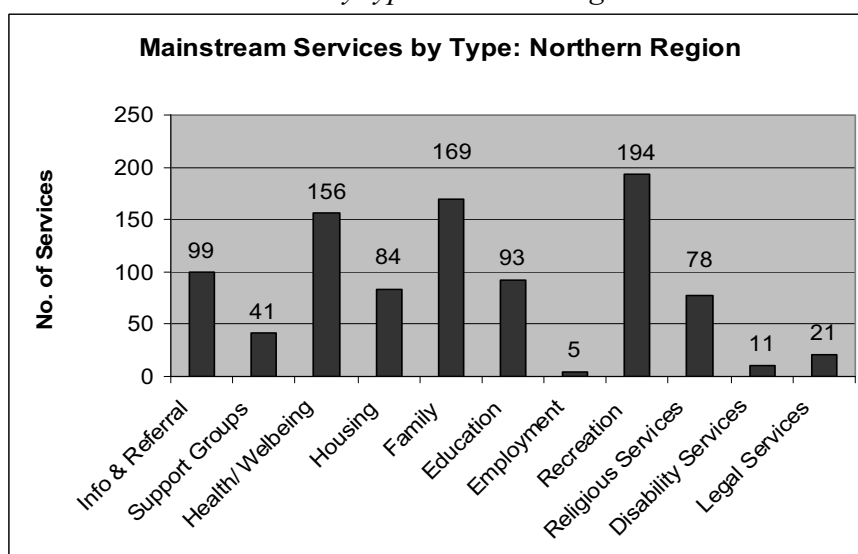
Mainstream services in the Western region

Of the 832 services identified in the Western region, a closer look by type showed that health and well-being services (204), recreation services (140), housing services (138) and information and referral services (109) were the most represented. These were followed by educational services (84) and family related services (73). The type of services least represented in the Western region were the same as those from the Northern region. That is: services for persons with a disability (8), employment services (13) and support groups (23). One slight difference between the Northern and Western region was the higher number of employment services in the Western region (13) than the Northern (5) region. Another difference between the two regions was the slightly higher number of disability services in the Northern region (11) than the Western region (8). There were also twice as many legal services from the Western region (40) than the Northern region. It also needs to be noted that religious services were not represented in the services identified from the Western region.

Figure 19: mainstream services by type in the Western region

Mainstream Services by Type: Western Region
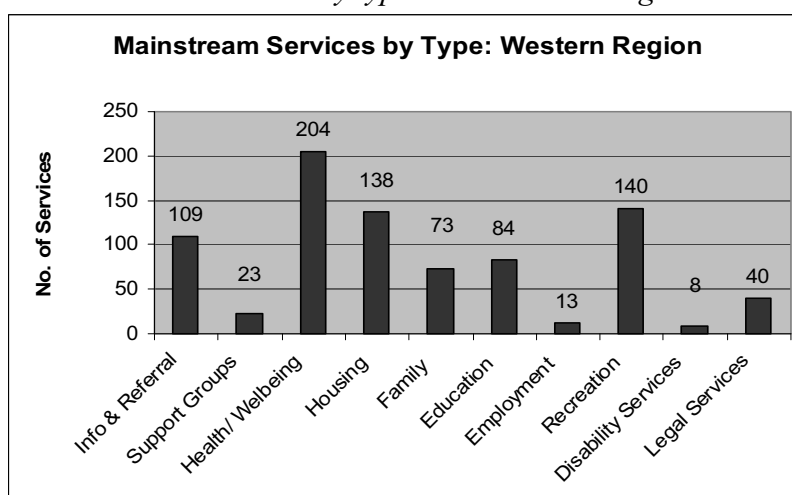
Mainstream services by type in the Hume Region
Of the 58 services identified in the Hume region, the majority by type were health and well-being (20) and information and/or referral services (13). The services fewer in number, also by type, were recreation services (2) and support groups (1). Family, education and housing services were also few in number. None of the services identified in this region were religious type services or services specific to persons with a disability.

Figure 20: mainstream Services by Type: Hume Region

Mainstream Services by Type: Hume Region
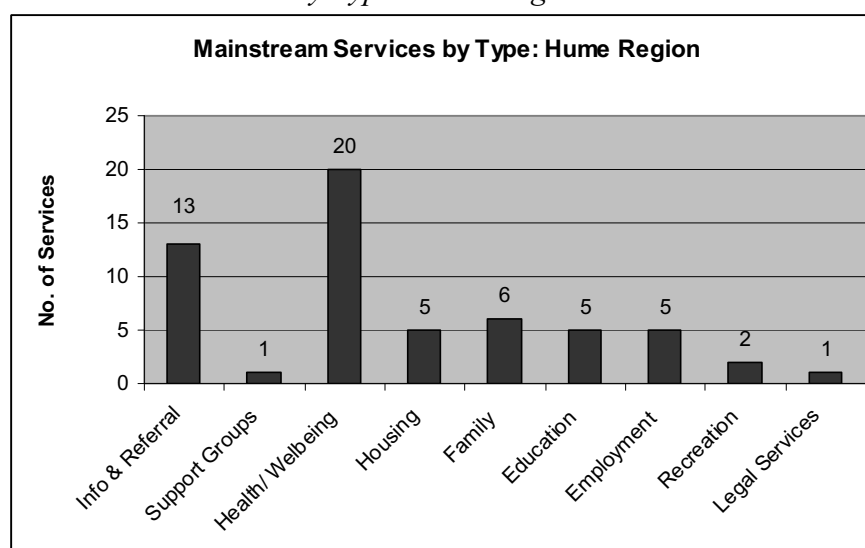
5.3.2 Mainstream services by target group: analysis by region

A closer look (by region) at the number of services available for each target group showed that the majority identified had not explicitly specified their target group/s. These services have been grouped under the category 'general' which stands for generalist type services. Of these 503 generalist mainstream services, the majority were recreation services (210), followed by education type services (144), health and well-being (91) and religious services (83). It is possible that some primary and secondary schools have been grouped here.

Excluding the 'general services' the greater number of services in the Northern region were targeting young people (136) and senior citizens (135). Services for men between the ages of 26 and 49 were the least represented (2). It is however expected that some of the 'general' services may also target or at least be utilised by men. In the Western region the target groups with the greater number of services available to them were senior citizens (257) followed by persons with a disability (71). As with the Northern region, services targeting men were the few in number (4). In the Hume region, the target group with the greater number of services were also senior citizens (20), followed by services for newly arrived and Humanitarian Entrants (5). Youth, and persons with a disability had the least number of services specifically for them. Services for men were not found.

Across the 3 regions, senior citizens were the group with the highest number of services available to them. It needs to be noted that nursing homes, being services specific to older persons, were included in this count. Across the 3 regions there were

few services found specifically for men. There were also few services found in the Northern region and the Hume region for persons with disabilities. It is also important to note that the greater number of services for Humanitarian entrants were located in the Northern and Western regions.

Figure 21: mainstream services by region and target group
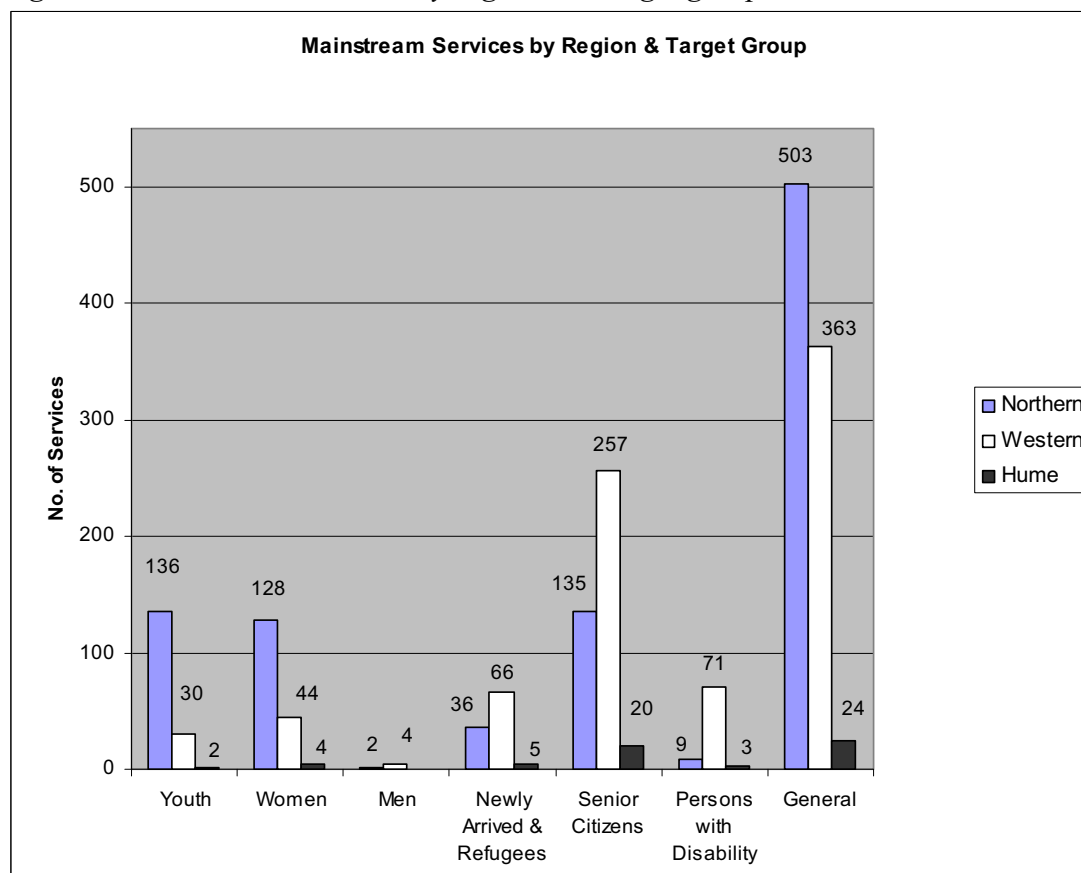
5.3.3 Mainstream services by target group, type of service and region

Mainstream services for youth: analysis by type of service and region
Of the 951 services identified from the Northern region, 136 were youth-specific services. Of these 136 services, the majority were recreational services (37), information and/ referral services (28) and health and well-being type services (25). Legal services for young people and services specifically for youth with a disability were the least represented. Employment type services and religious services were not located, although there 10 employment services and 14 religious services were categorised as 'general' services.

Of the 30 youth-specific services identified in the Western region, health and well-being (11) were the greater in number followed by information and referral services (8). As with the Northern region, disability type services were the least represented, followed by housing services, educational type services and recreational services. One of the two youth services from the Hume region was a health and well-being service and the other a recreational type service.

Youth specific support groups and youth legal services were only located in the Northern region, whilst employment services specifically for young people were only found in the Western region.

Figure 22: mainstream services for youth: analysis by type of service and region
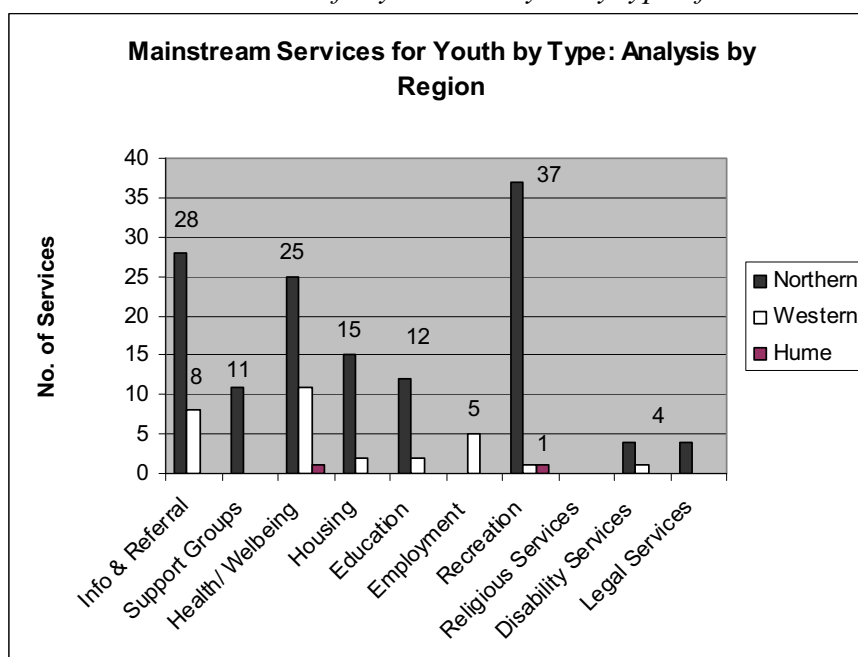
Mainstream services for women: Analysis by type of service and region
A total of 176 services were located for women across the 3 regions. Of the 128 services from the Northern region, the majority were family related services (95) followed by health and well-being services (19). The remainder 14 services were divided across 6 types of services: information and referral, support groups, housing, recreation and legal services. Forty-two services specifically for women were located in the Western region. Of these, thirty-five were health and well-being services. The remaining were divided across 4 types of services, with the majority being family (4) and housing (3) services. No support groups or legal services specifically for women were represented. All 4 of the women's specific services located in the Hume region were family related services. Of the 176 women's services found, 4 types of services (across the 3 regions) were not found. These were: educational services, employment services, religious related services and services specifically for women with disabilities. It needs however to be noted that these type of services were represented under the 'general' category.

Figure 23: mainstream services for women: analysis by type of service and region
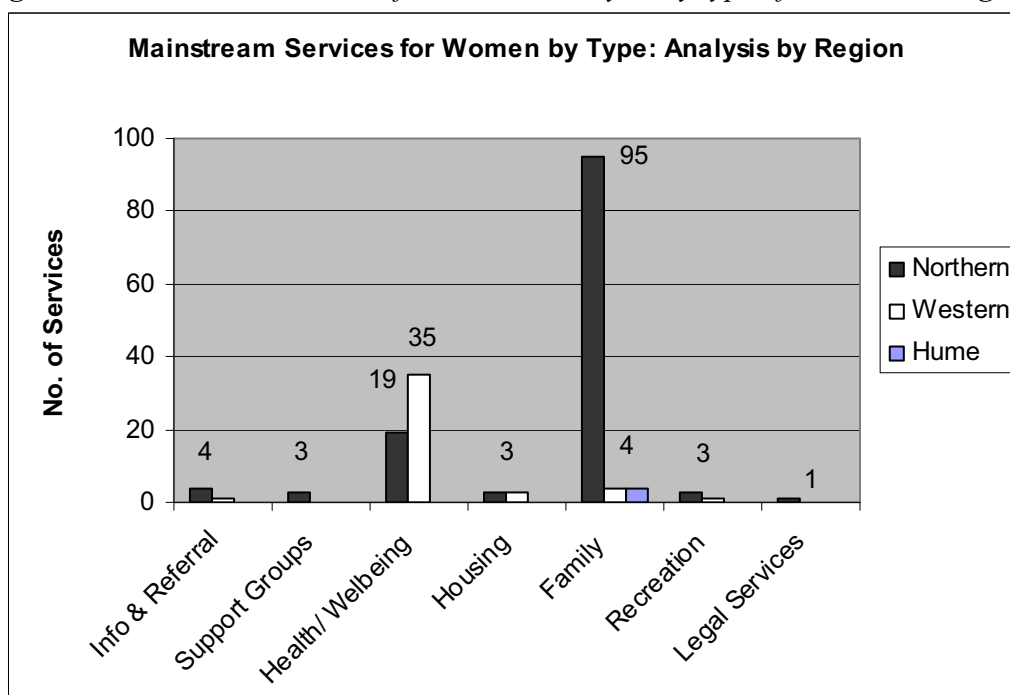
Mainstream services for men: analysis by type of service and region
Across the 3 regions, 6 services specifically for men were located. The two from the Northern region were information and referral services. Two of the four services from the Western region were family related type services, one was a support group and the other a recreational service. No services specifically for men from the Hume region were located.

Mainstream services for newly arrived and Humanitarian Entrants: analysis by type of service and region
Across the 3 regions, 107 services were located that specifically targeted newly arrived persons and Humanitarian Entrants. The majority of these services were from the Western region (66), followed by the Northern region (36). Five services were from the Hume region. The majority of services in the Northern region were information and/or referral services (16) and legal services (9). From the Western region, the services by type that were greater in number were information and referral services (26). Nineteen health and well-being services were also found, as well as 9 legal services. Support groups, housing services and recreation services specifically for newly arrived persons and/or Humanitarian entrants were also found, but these were few in number (all up 10 services). Of the 5 services identified from the Hume region, 3 were information and referral, one was a legal service and the other an employment service.

Figure 24: mainstream services for newly arrived and Humanitarian Entrants: analysis by type of service and region

Mainstream Services for Newly Arrived & Humanitarian Entrants: Analysis by Service Type & Region
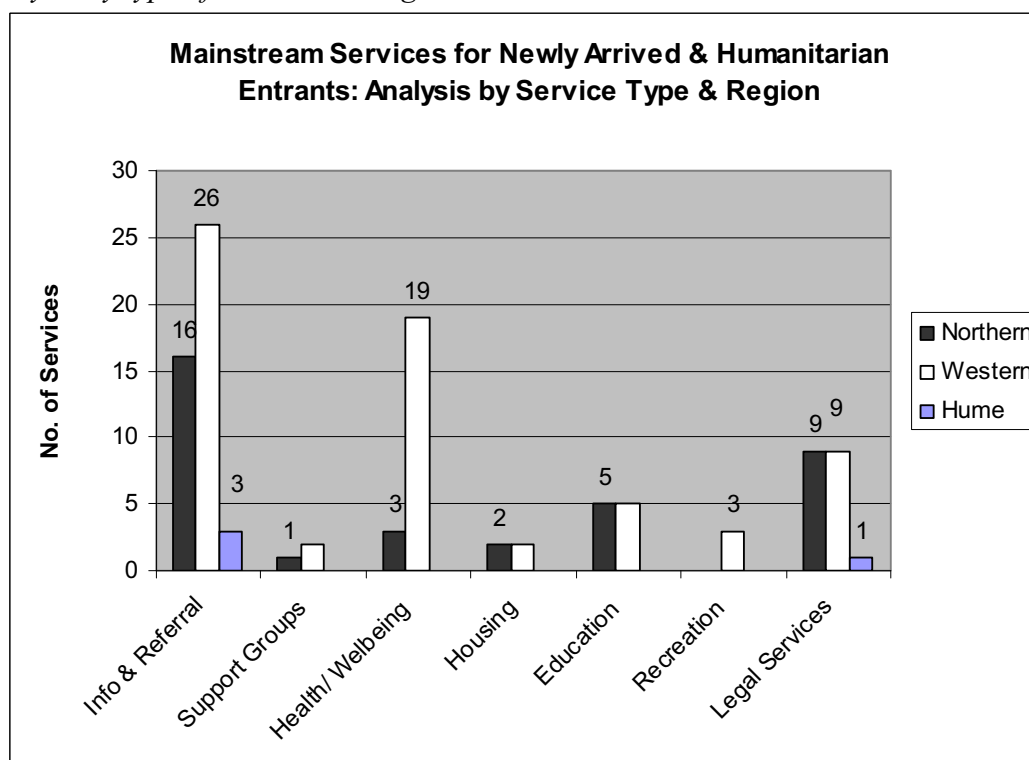
Mainstream services for senior citizens: analysis by type of service and region
Across the 3 regions, 412 services specifically for older persons were identified. Of the 135 services for senior citizens in the Northern region, health and well-being services were higher in number (50) followed by housing (43). From the Western region, the ordering was reversed. That is, the majority of the 257 services for senior citizens were housing services (85), followed by health and well-being (71). Of the 20 services specifically for senior citizens from the Hume region, the majority (14) were health and well-being and housing services (4).

One hundred and thirty-five services specifically for senior citizens were identified from the Northern region. The two types of services that were least represented were legal services (1) and disability services (3). It needs to be noted, however, health and well-being services for elderly members in the community may also address disability needs. Of the 257 services from the Western region, the least type of services identified for senior citizens were employment services, disability services and legal services. From the Hume region, information and/or referral and support groups (one service for each) were the 2 types of service for senior citizens least represented.

A closer look across the regions showed that, there were no education or employment type services from either the Northern or Hume regions.

Figure 25: mainstream services for senior citizens: analysis by type of service and region
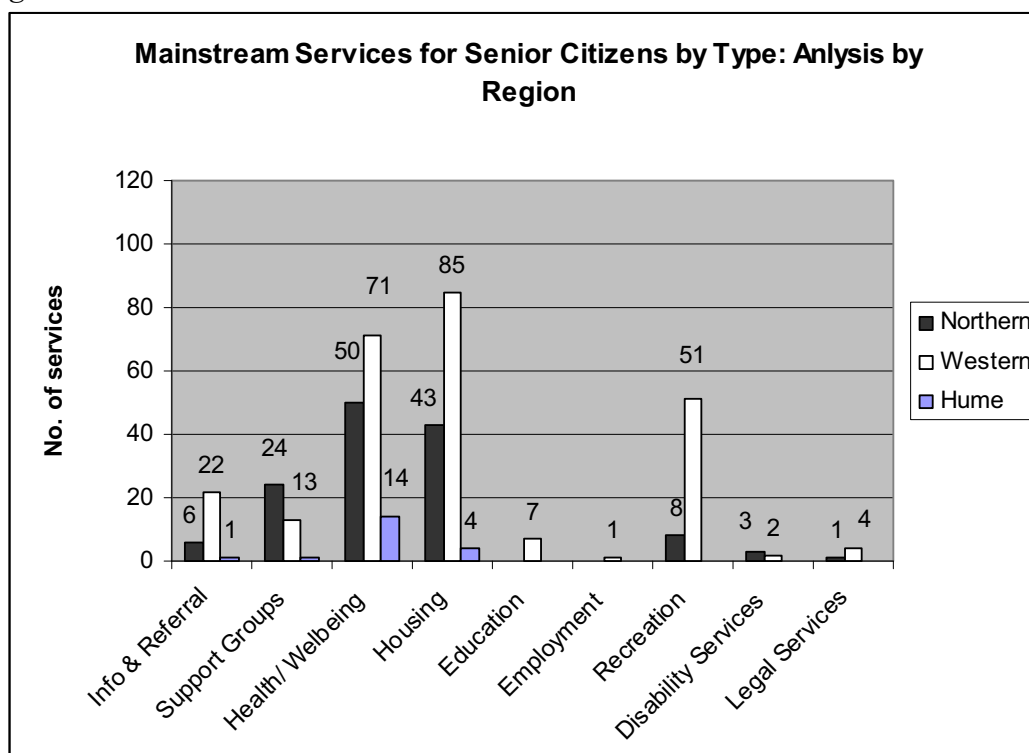
Mainstream services for persons with disability: Analysis by type of service and region

All up, 83 specific services for persons with a disability were located across the 3 regions. The majority of these services were in the Western region (71), followed by the Northern region (9). Nine services were found in the Hume region. The 9 types of services in the Northern region were spread across information and/or referral, support groups, education services and health and well-being services. Of the 71 services in the Western region, 34 were health and well-being services and 21 were recreational type services. A further eight services were information and referral services type services and 5 were education type services. The remaining 3 services were housing services (2) and one was a legal service. Two of the three services from the Hume region were health and well-being and the third was an information and/or referral service.

Figure 26: mainstream Services for Persons with a Disability: Analysis by Type of Service and Region

Mainstream Services for Persons with Disibility by Type: Analysis by Region
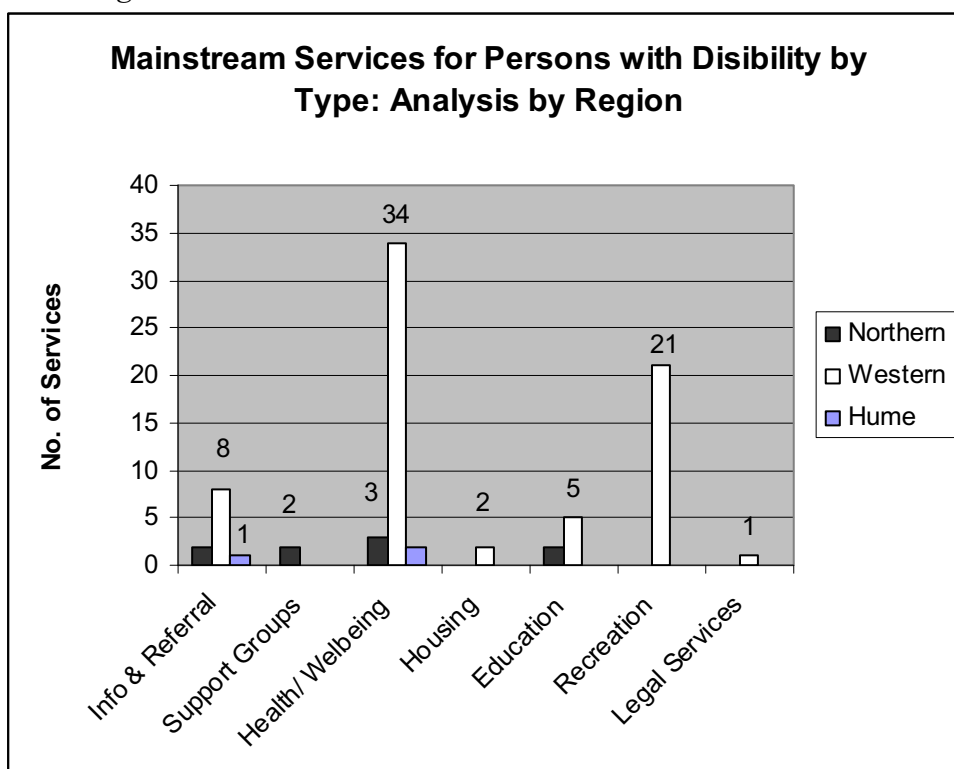
5.4 Overall summary : mainstream services

To summarise, 1,842 mainstream services across 3 regions were located as part of this service audit. The majority of the services were from the Northern region (951), followed by the Western region (832). Fifty-eight services were located from Hume.

A closer look by type of service in each region revealed that recreation and health and well-being services were the greater in number in both the Western and Northern region. Employment services and services specific to persons with a disability were the least represented from both the Northern and Western regions. Of the 58 services from the Hume region, health and well-being services and information and referral services were the greatestin number.

A closer look by target group and region showed that the greater number of services in the Northern region were youth-specific services, followed by services for senior citizens. From the Western region, the greater number of services targeted senior citizens followed by services for persons with a disability. From the Hume region, the majority of services also targeted senior citizens. Across all regions men were the least targeted. In other words, few services for men were located. It needs to be noted that 809 generalist services were located, and that these services reach some or all of the target groups.

A closer look at the type of youth-specific services available to young people from the Northern region were: recreation followed by information and referral services and health and well-being services. The type of youth-specific service most available to

young people from the Western region was health and well-being services. From the Hume region, health and well-being and recreation services were most common.

For women, information and referral services were most available in the Northern region, whereas health and well-being services were most available for women from the Western region. Family related services were those available to women in the Hume region.

For senior citizens, across the 3 regions, both health and well-being services and housing services were the most available. .

5.5 Arabic-specific services by region and target group

Arabic-specific services by region
As with mainstream services, a search was undertaken to locate Arabic-specific services from each of the Northern, Western and Hume regions. Arabic-specific services included only those services that specifically targeted the Arabic-speaking community. A total of 529 Arabic-specific services were located across the 3 regions. The majority, as with government services, were in the Northern region (367) followed by the Western region (155). From the Hume region seven Arabic-specific services were located.

Figure 27: Arabic-specific services by region
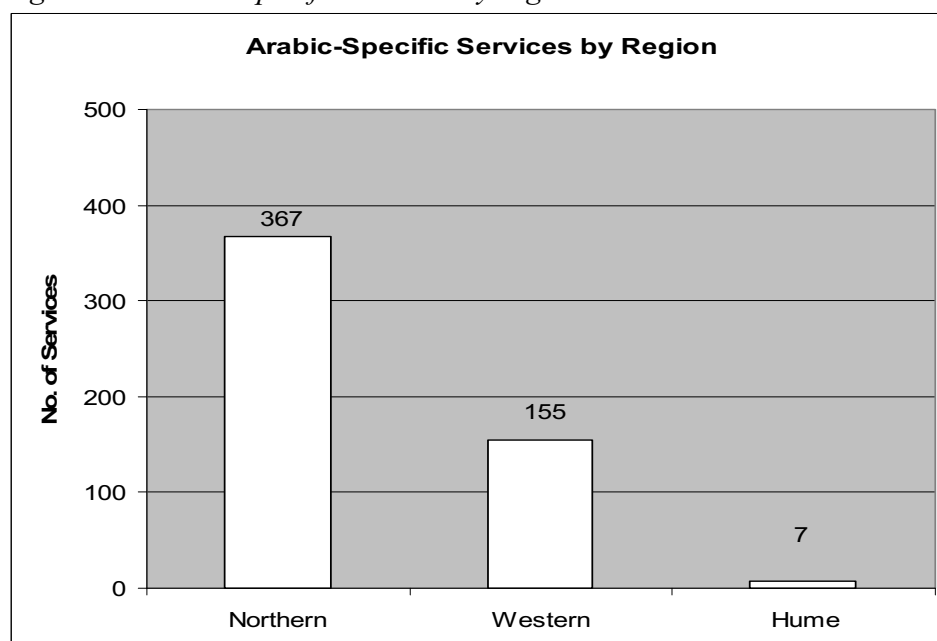
5.6. Arabic-specific services by type

Arabic-specific Services by type in the Northern region
A closer look in the Northern region by type of Arabic-specific service showed that the greater number of services in the Northern region were information and referral services (127) health and well-being services (61) educational services (56) and support groups (43). Employment and disability services were 2 types of service that

were few in number. Legal services (10) and housing services (11) were also low in numbers.

Figure 28: Arabic-specific services by type in the Northern region

Arabic-Specific Services by Type: Northern Region
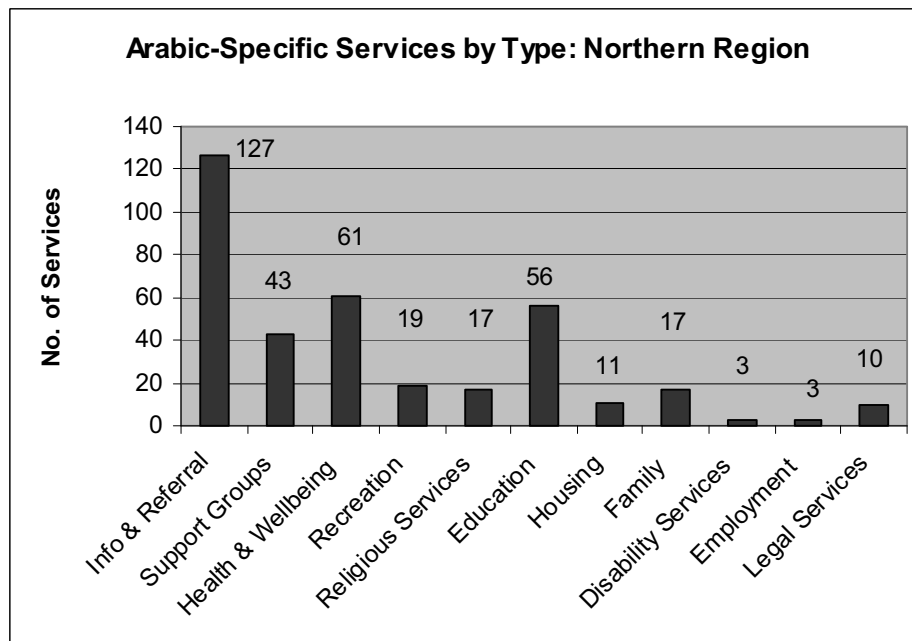
Arabic-specific services by type in the Western region

From the Western region, the majority of services by type were health and well-being (47) and information and/or referral (36). One difference between the Northern and Western regions was that twice as many legal services (20) were found in the Western region. Conversely, twice the number of education services was found in the Northern region. Only one of each of family related services, disability services and employment services were represented from the 155 services found in the Western region. The remaining services such as recreation (5), housing (7) and religious services (8) were also few in number.

Figure 29: Arabic-specific services by type: Western region

Arabic-Specific Services by Type: Western Region
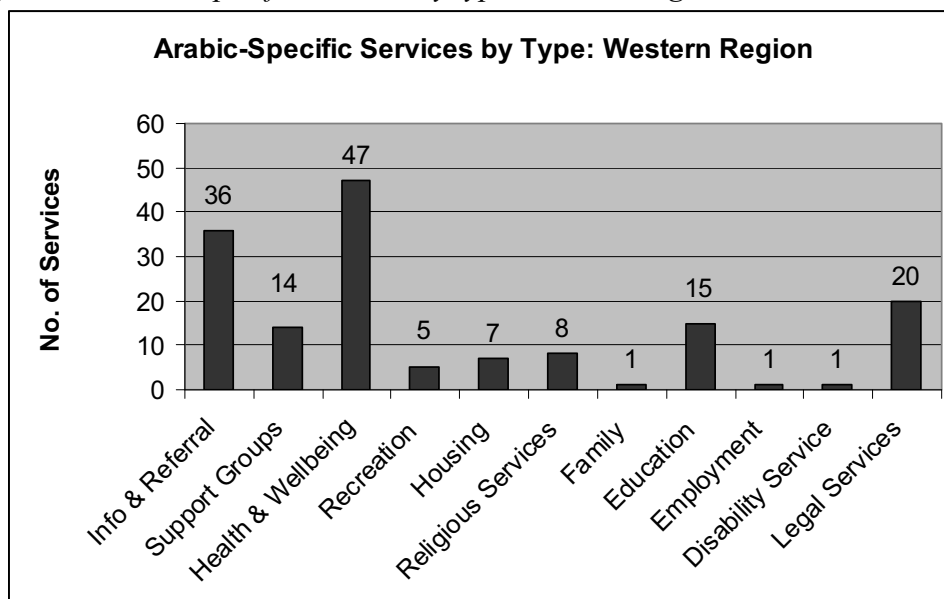
Arabic-specific services by type in the Hume region

Of the 11 types of service delivery recognized for the purposes of this audit, four were represented across the 7 services in the Hume region. Three of the services were information and/or referral, two were support groups, one was a family related type service and the last service was an educational type service.

Figure 30: Arabic-specific services by type in the Hume region
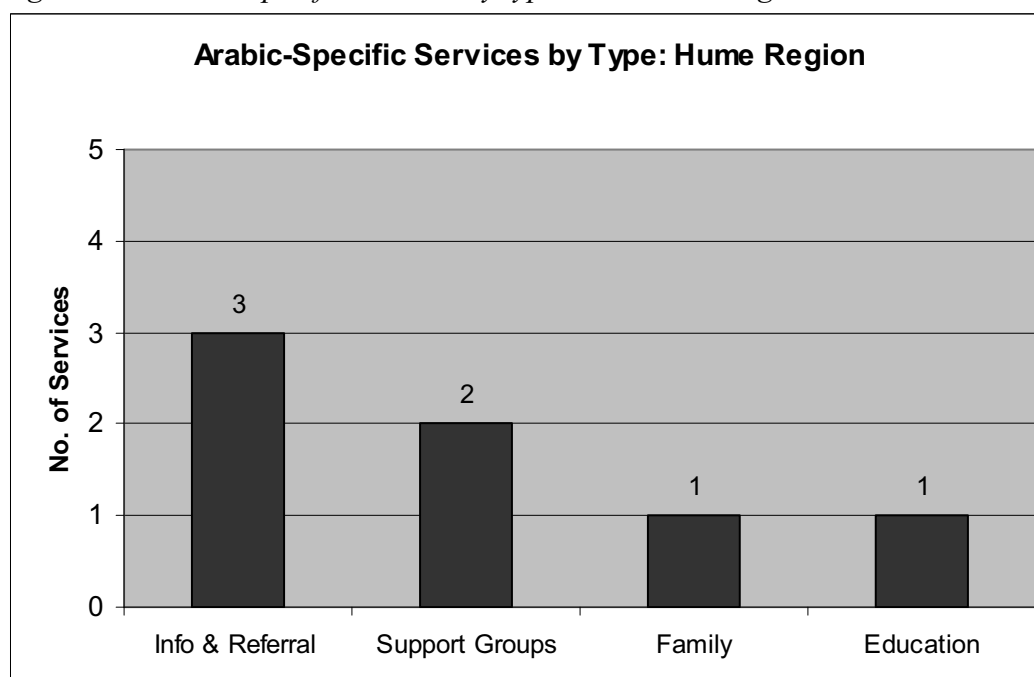
5.10 Arabic-specific services by target group: analysis by region

As with mainstream services, the majority of services located across the regions (326) had no specific target group. The majority were information and referral type services (89), health and well-being (99), education type services (66) and legal services (48).

Excluding the 'general' services, the greater number of Arabic-specific services located, in both the Northern and the Western regions were, as was the case for mainstream services, for senior citizens (57 and 28). Women were the next target group with the greater number of existing services in both the Northern and Western regions (33 and 12). Although only 10 services existed for persons with a disability in the Northern region, none for this target group were located in either the Western region or Hume. Further, only services from the Hume region for newly arrived refugees were located, as well as the 4 'general' services. Services specifically targeting men were missing from the Western region and a very small number (4) were located for newly arrived and Humanitarian Entrants. An equal yet small number (12) of the 155 services located from the Western region (12) targeted both women and young people.

Figure 31: Arabic-specific services by region and target group

Arabic-Specific Services by Region & Target Group
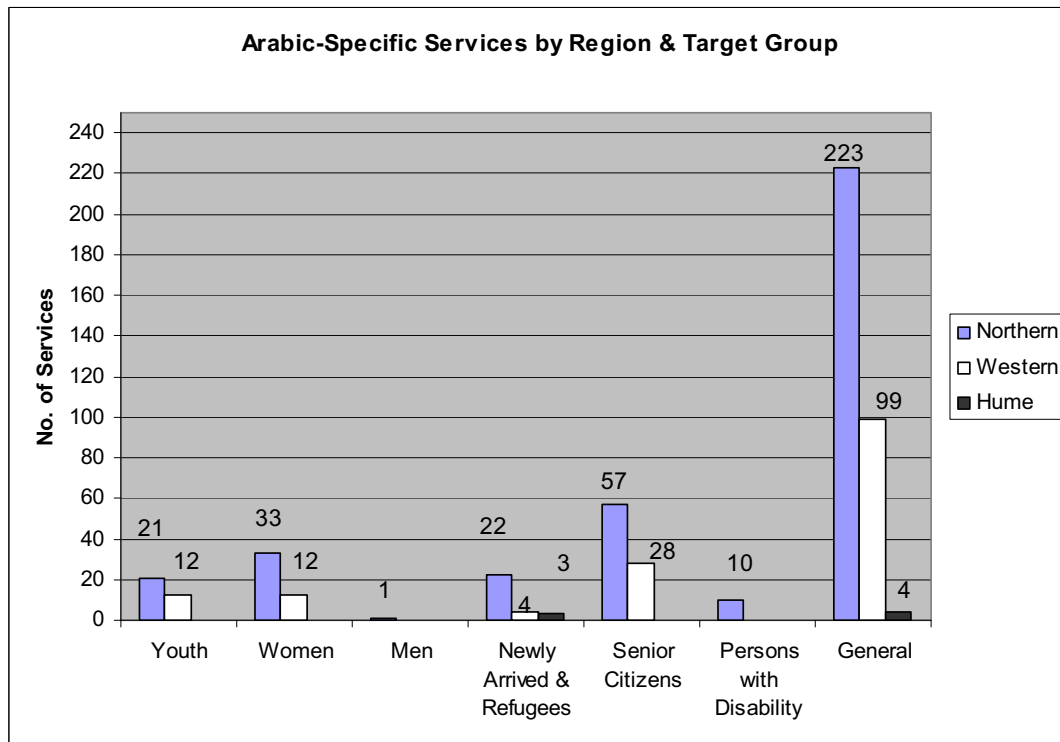
5.8 Arabic-specific services by target group: analysis by type of service and region

Arabic-specific services for youth: type of service and region

Of the 21 Arabic-specific youth services located in the Northern region, the majority were information and referral services (8) and support groups (6). Of the 12 services for found for youth from the Western region, the majority were support groups (8) followed by education type services (3). None of the 7 Arabic-specific services located in the Hume region were for youth services.

Figure 32: Arabic-specific services for youth: analysis by type of service and region

Arabic-specific Sevices for Youth by Type: Analysis by Region
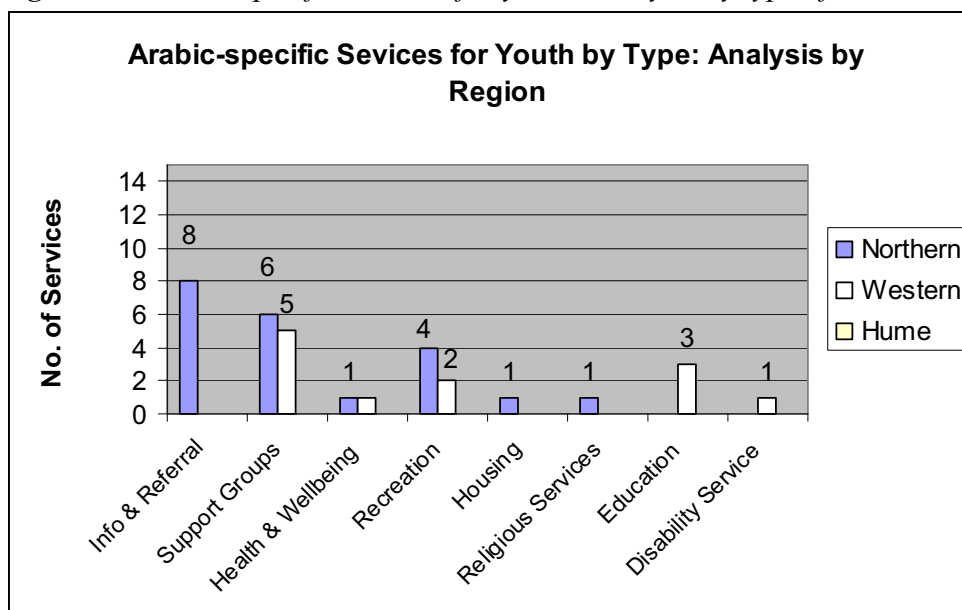
Arabic-specific services for women: analysis by type of service and region
Of the 367 services located in the Northern region, thirty-three were women's services. Of these, 16 were support group type services, 9 were information and referral services, 4 were recreational type services and 3 were health and well-being services. Of the 12 women's services from the Western region, the majority were also support groups (5) followed by education type services (3). No education or disability services specifically for women were found in the Northern region. On the other hand, no housing or religious services were found in the Western region. None of the 7 Arabic-specific services from the Hume region were women specific services. Further, across all of the regions, there were no legal or employment services specifically targeting women, although there were 10 legal and 3 employment services in the 'general' category.

Figure 33: Arabic-specific services for women: analysis by type of service and region
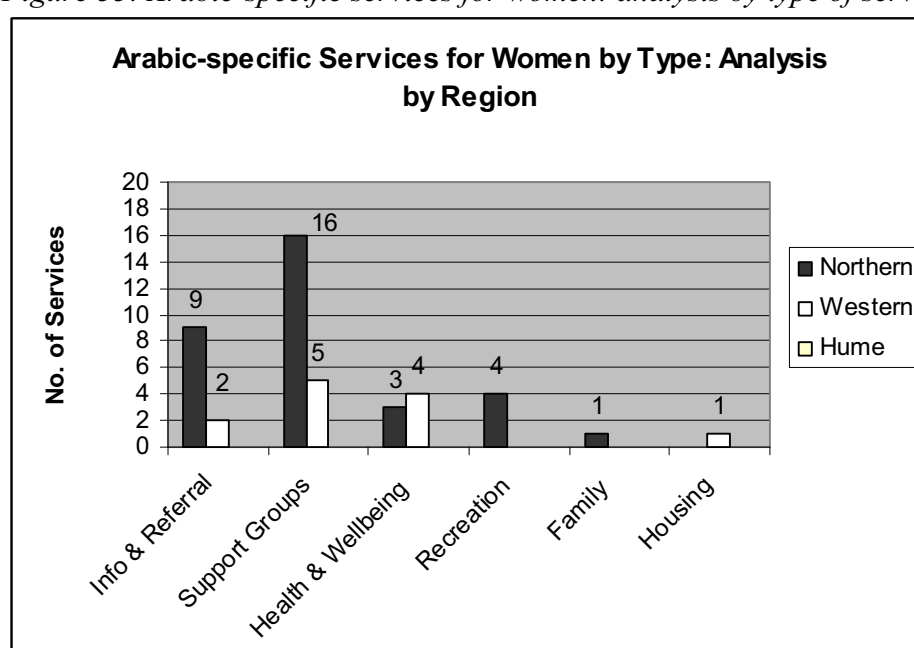
Arabic-specific services for men: analysis by type of service and region
Only one Arabic-specific service targeting men was represented in this audit and this service was located in the Northern region. A men's service was also found in the Western region.

Arabic-specific services for newly arrived and Humanitarian Entrants: analysis by type of service and region
Twenty-eight Arabic-specific services that targeted the newly arrived Arabic-speaking community and Humanitarian Entrants were found. The majority of these services (22) were in the Northern region, with 4 others in the Western region and 2 in Hume. Of the 22 services from the Northern region for this target group, 18 were information and referral type services, and the remaining 4 were divided between support groups and family related type services. Two of the 4 Arabic-specific services from the Western region were information and referral type services, one was a recreation service and the other a legal service. Both of the Arabic-specific services from the Hume region were support groups for the newly arrived and Humanitarian Entrants.

Figure 34: Mainstream services for newly arrived and Humanitarian Entrants: analysis by type of service and region
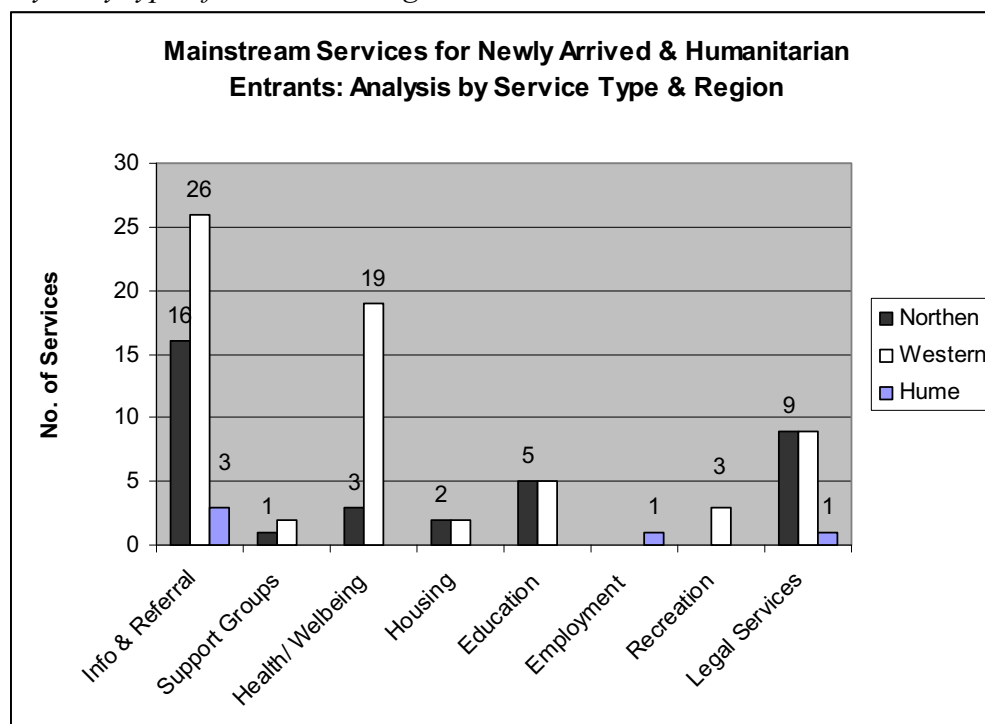
Arabic-specific services for senior citizens: analysis by type of service and region
A total of 85 Arabic-specific services for senior citizens were located. The majority (57) were in the Northern region and the remaining 28 from the Western region. Of the 57 services from the Northern region, the majority were: information and referral type services (19), support groups (12) and housing services (10). Of the 28 services from the Western region, information and referral was the greater in number (11), followed by housing. No religious services or disability services were found in the Western region, The 3 type of services for senior citizens also not found in services located across the 3 regions were: health and well-being services, legal services and employment services.

35: Arabic-specific services for senior citizens: analysis by type of service and region
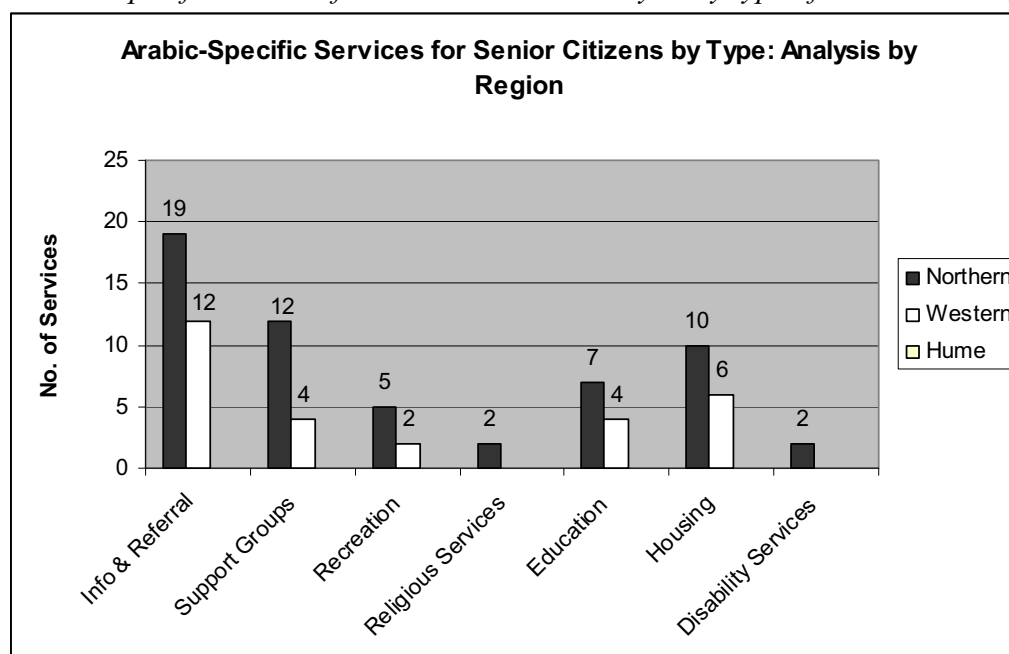
Arabic-Specific Services for Senior Citizens by Type: Analysis by Region

Arabic-specific services for persons with disability: analysis by type of service and region

Only ten Arabic-specific disability services were located in the Northern region. Six of these services were information and referral services, 2 were recreation services. One of the remaining 2 services was a support group and the other an education services.

5.9 Overall Summary: Arabic-Specific Services

To summarize, 529 Arabic-specific services were located across the 3 regions. The majority of services were from the Northern region (367), followed by the Western region (155). Seven services were located in the Hume region.

A closer look by the type of Arabic-specific services from each region showed that information and/or referral services, health and well-being services and educational type services were the most common. From the Western region, the three most common types of Arabic-specific services were health and well-being, information and referral services and legal services. The 4 Arabic-specific services from the Hume region covered information and/or referral type services, family related services, educational type service and support groups..

A closer look by target group showed that the greater number of Arabic-specific services in the Northern region targeted senior citizens and women. The greater number of Arabic-specific services from the Western region also targeted senior citizens followed by an equal number of services for women and youth. From the Hume region, the Arabic-specific services mostly targeted the newly arrived members of the community and Humanitarian Entrants. It needs also to be noted that 325 generalist services were located, and that these services reach some or all of the target groups

A closer look by the type of Arabic-specific services available to young people showed that information and/or referral was the most commonly available followed by recreation services. From the Western region, support groups were the most available. No youth-specific services were located in the Hume region.

The majority of women's services in the Northern region were support groups followed by information and referral services. Support groups were also the most common type of services for women in the Western region, followed by health and well-being type services. No women's –specific services were located in the Hume region..

Arabic-specific services for senior citizens were mostly information and referral type services, support services or housing services. Information and referral and housing were also the most common type of service for senior citizens in the Western region. No services in Hume were found that were specifically for senior citizens.

5.10 Mainstream service provider questionnaires

It was intended that questionnaires be conducted with both mainstream and service providers to in effort identify some of the issues and needs of both these service providers and the Arabic-speaking background clients that have accessed their services. Ten questionnaires were completed. Time constraints make it difficult to reach Arabic-specific services..

Five of these services were from the Northern region, 3 were from the Western region and 2 from the Hume region. The

The services from the **Northern region** were:

1. Darebin Community Health Centre (East Reservoir)
2. Working Women's Health (Northcote)
3. Anglicare Youth Services (Glenroy)
4. Ecumenical Migration Centre/Brotherhood of St. Lawrence
5. Islamic Women's Welfare Council of Victoria

The services from the **Western Region**

1. Victorian Foundation for Survivors of Torture (Parkville and Springvale). Baptist Community Care (Footscray)
2. Western Young People's Independent Network (Footscray)

The services from the **Hume Region**

1. Ethnic Council of Shepparton and District Inc (Shepparton)
2. North East Support and Action for Youth (Wangaratta)

The following information was sought and obtained from the questionnaires:

1. Target group of the service
2. Type of service/s offered by the organization
3. Whether or not the service had contact with members from the Arabic-speaking community
4. Existing service practices that improve service accessibility and cultural sensitivity to Arabic-speaking service user
5. The needs and experiences of these service users
6. The ability of the service to meet these needs
7. Needs not being met by service providers and possible strategies to address gaps
8. Networking with mainstream and/or Arabic-specific services

The information sought from each service has been summarised in a table and can be found in the Appendices section of this report.

CHAPTER 6.　　　　NEEDS ASSESSMENT

The needs assessment in this chapter refers to the key stakeholders' needs and overall level of satisfaction with existing services and programs. The key stakeholders in this study are members of the Arabic-speaking communities. The needs assessment forms the basis for adjusting and improving existing services delivered by service providers whether mainstream or Arabic-specific. Some of the key factors that will impact upon the needs assessment relate to geographical region of the organisation, the demographic patterns (such as shifts in age composition, education, and internal migration), and community-specific issues such as sudden changes in needs due to different profiles of new migrants.

Within this general framework, questionnaires were designed and implemented with the intention of providing more specific information on the needs from and experiences with government and Arabic-specific agencies, by Arabic-speaking residents from the Northern and Western regions, including Shepparton.

Two questionnaires were designed, with the second intended for respondents who were Humanitarian Entrants. In total, 135 questionnaires were completed with the majority of responses (116 respondents) obtained from the first questionnaire targeted at women, youth, men and senior citizens. The results from each of these questionnaires will be presented separately to account for the slight differences in information sought.

6.1. Government services accessed

To gain some insight into the level of accessibility to mainstream and Arabic-specific services by the Arabic-speaking background community, respondents were asked to identify whether or not they had accessed either of these services. If services had been accessed, respondents were asked to identify these services and whether or not their needs had been met. Respondents were asked further to identify their level of satisfaction with the overall assistance received. Respondents who had not accessed government or Arabic-specific services were asked to check one of three possible reasons that had been identified for them, or to provide their own explanation. The following section will describe the results to these questions, looking first at government services and then at Arabic-specific services.

Government services accessed
Across all regions and target groups in the sample, 49 per cent of respondents had accessed government services, whilst a slightly higher 51 per cent of respondents had not.

Figure 36: government services accessed?
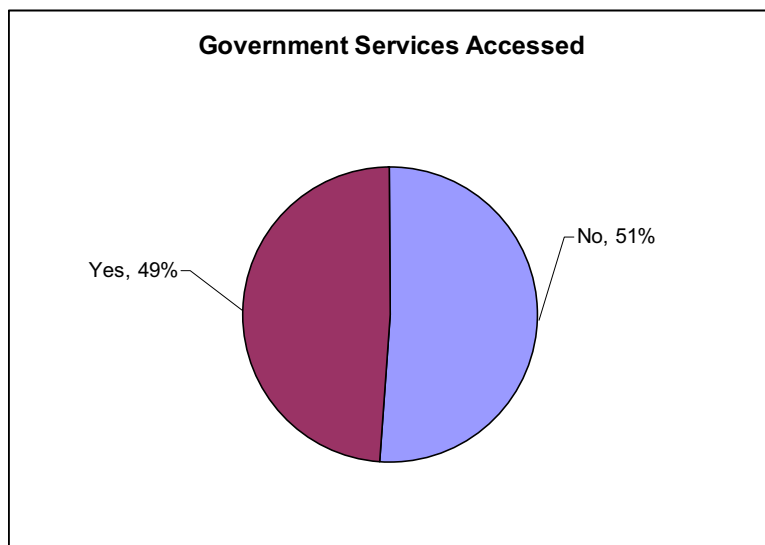
Government Services Accessed

Yes, 49%

No, 51%

A further breakdown by region revealed that the majority of respondents from the Western region (80 per cent), and those from Shepparton (78 per cent) were accessing government services. The opposite situation occurred in the Northern region with the minority of respondents (37 per cent) having accessed government services.

Figure 37: government services accessed: analysis by region

Government Services Accessed: Analysis by Region
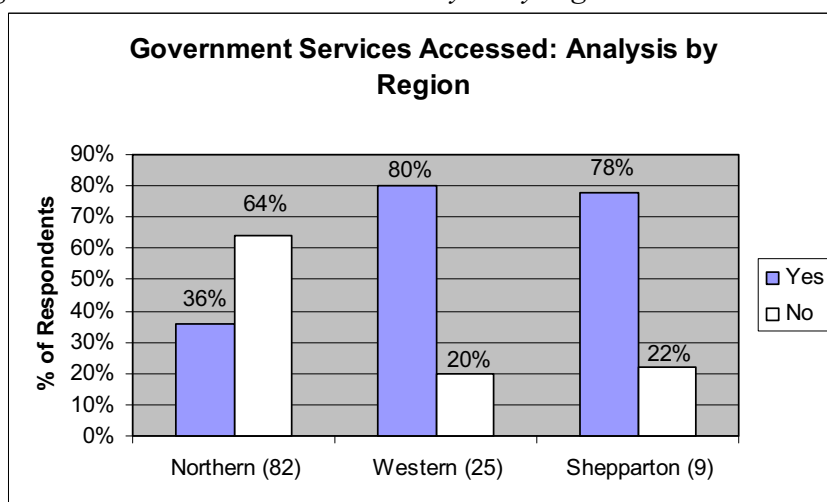
Of the 49 per cent of respondents that had accessed government services from the 3 regions, those aged 50 plus were the group with the highest level of access (70 per cent). Women aged between 26 and 49 years of age were the next group with the highest access rate (50 per cent). Young people made up 43 per cent of the respondents who had accessed government services. The group with the least access to government services (37 per cent) were men between 26 and 49 years of age.

Figure 38: government services accessed: analysis by target group
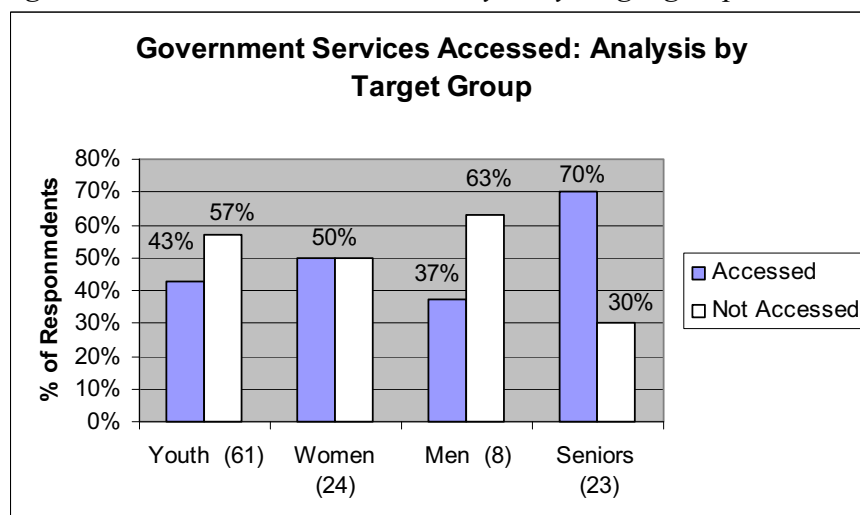
A closer look at respondents that had accessed government services from within each region revealed that from the Northern region, persons aged 50 plus and young people were the two groups mostly accessing government services. That is, half of the respondents aged 50 plus and 39 per cent of the youth from the Northern region had accessed government services. Of the 5 men from the Northern region aged between 26 and 49, only one had accessed government services. Similarly, only 1 out of 9 women also aged between 26 and 49 from the Northern region had accessed government services.

From the Western region, all of the respondents aged 50 plus had accessed government services. The only man (between 26–49 years of age) from this region had also accessed a government service and so had one of the two young respondents. The majority of women (66 per cent) from the Western region (aged between 26 and 49) had also accessed government services.

From Shepparton, all three of the young respondents and the women (aged between 26 and 49) had accessed government services. One of the 2 men (aged between 26 and 49) had accessed government services. The one respondent from Shepparton that was 50 plus had not accessed a government service.

Figure 39: government services accessed: target group and region

Government Services Accessed: Analysis by Target Group & Region

Figure 40: government services accessed: analysis by gender

Government Services Accessed: Analysis by Gender

Analysis by gender

A further breakdown of the overall number of male and female respondents from the entire sample revealed that 30 out of the 70 female respondents (43 per cent) and 26 out of 44 male respondents (59 per cent) had accessed government services. Two respondents from the Northern region (2 per cent) did not identify whether they were male or female and for the purpose of this analysis have been excluded.

Analysis by gender and region

Analysis by region revealed that from the Northern area, a greater number of males (50 per cent) had accessed government services than females (27 per cent). From the Western region, the majority of female respondents had accessed government services

(72 per cent) and all of the 7 male respondents had accessed government services. From Shepparton, all 4 female respondents had accessed government services and 3 out of the 5 male respondents (60 per cent) had accessed government services.

Figure 41: government services accessed: analysis by gender and region
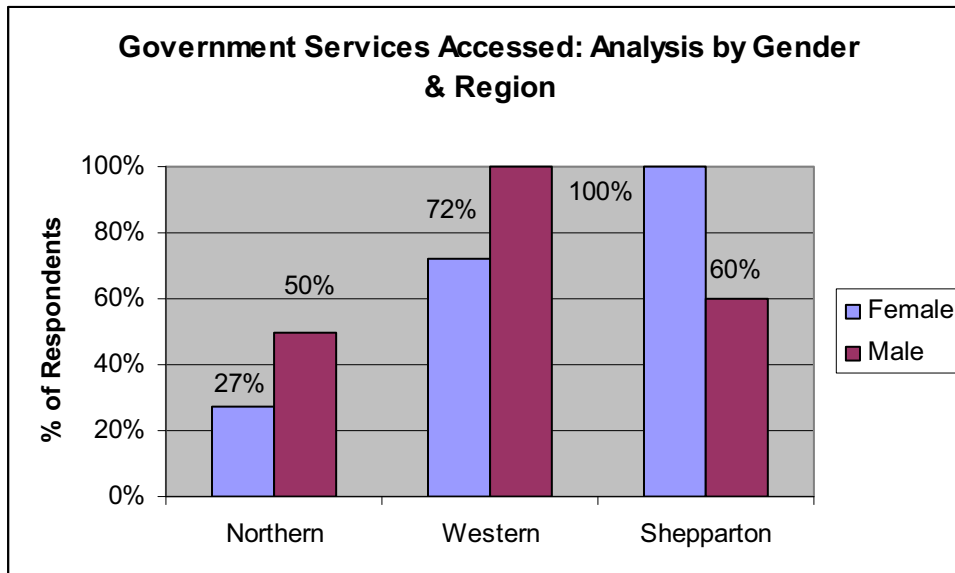
Analysis by age group

An analysis by age across the regions showed that the majority of respondents aged 50 plus (70 per cent) had accessed government services, making them the age group with the highest level of access to government services. Young people aged between 16 and 25 were the next highest age group (59 per cent). Half of the respondents aged between 26 and 49 had accessed government services. Young people aged between 12 and 15 had the lowest level of access (24 per cent) to government services.

Figure 42: government services accessed: analysis by age group
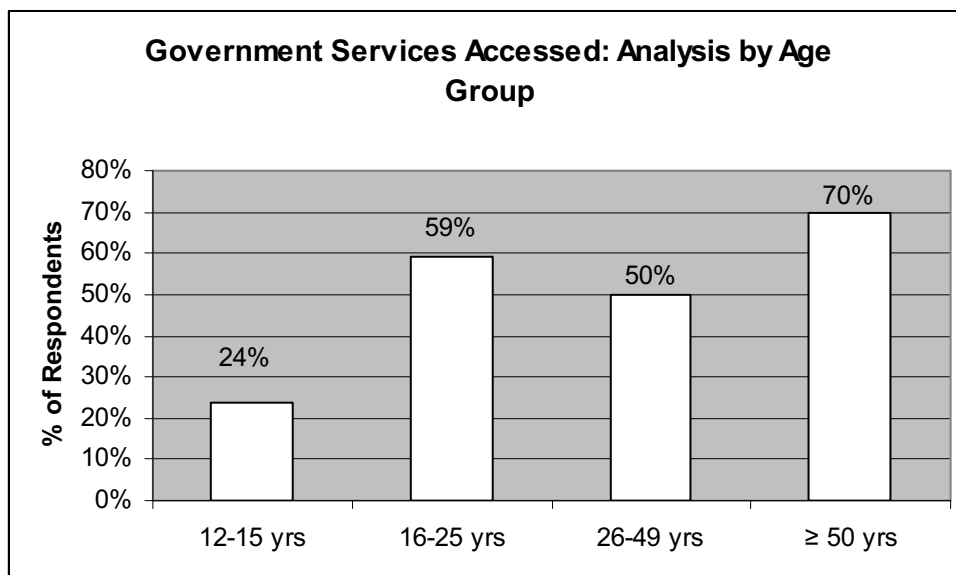
Analysis by respondent status: settlement phase in Australia
It was earlier stated that 40 per cent of the respondents across the regions were newly arrived (30 per cent) and newly established (10 per cent). Of these 46 respondents, 44 per cent had accessed government services whilst 56 per cent had not.

Figure 43: government services accessed? newly arrived and newly established respondents
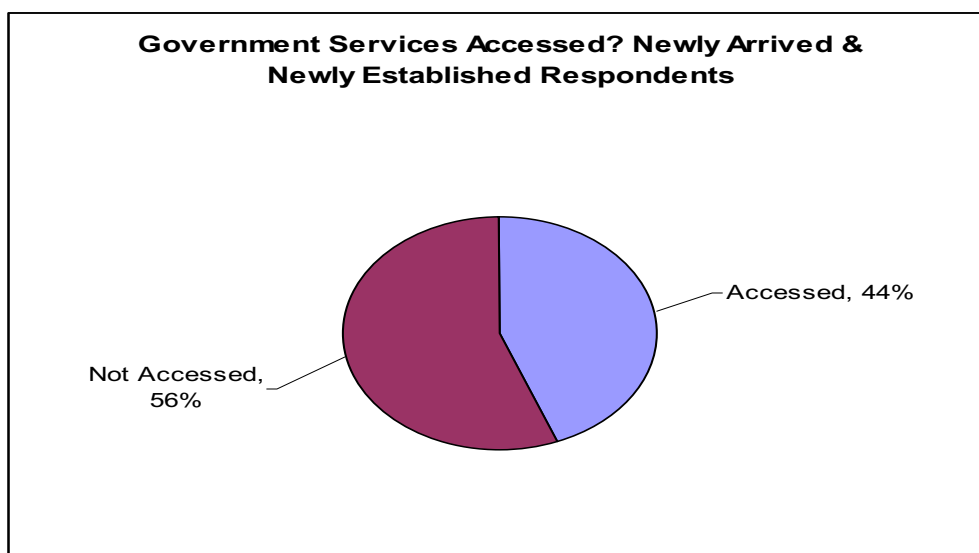
To breakdown further, 51 per cent of the newly arrived respondents had accessed government services, whilst 49 per cent had not. The situation was quite different for the newly established respondents, with only 18 per cent having accessed government services as compared with the 82 per cent that had not.

Figure 44: government services accessed: newly arrived and newly established respondents
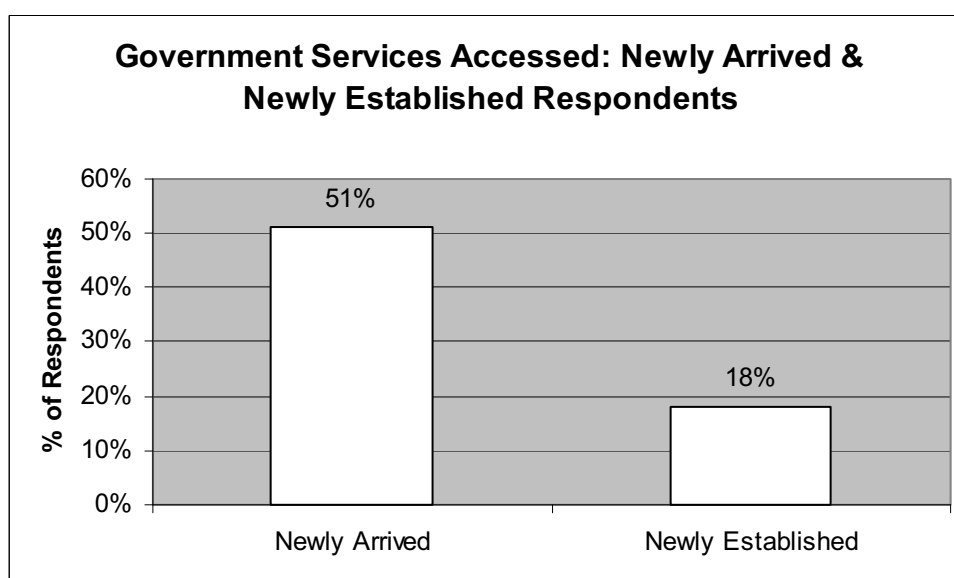
A closer look by region revealed that 40 per cent of 'newly arrived' respondents from the Northern region had accessed government services. One of the 2 newly arrived respondents from the Western region had accessed government services and all 3

respondents from Shepparton had accessed government services. There were no newly established respondents from the Western region or Shepparton. Of the 11 respondents from the Northern region, only 2 (18 per cent) had accessed government services.

6.1.1. Type of government services accessed

Respondents that have accessed government services were given space on the questionnaire to identify these services. From the Northern region, Centrelink was mentioned most frequently (45 per cent) by respondents. Twenty per cent of respondents mentioned health services (such as hospitals, dentists and optometrists). The next most commonly mentioned services were the Council and schools, both by 7 per cent of respondents. Legal Aid (5.5 per cent), the Housing Commission (5.5 per cent), and Transport services (4 per cent), were all listed, followed lastly (2 per cent each) by interpreting services, Migrant Resource Centres and the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA). It needs to be noted that other government services may also have been known of and accessed, but respondents forgot to mention them or to save time, chose not to. In some cases, it was not known if some or all of the health services accessed were strictly government services.

The most named government service accessed by respondents from the Western region was health services (27 per cent), followed closely by Centrelink (21 per cent). The Council was the next most identified service by 12 per cent of respondents, followed by Legal Aid and "social/human services" not specified (9 per cent each). The Housing Commission was next identified, as were home help services (6 per cent). Another service identified (not mentioned by respondents from the Northern region), by a small number of respondents (3 per cent) from the Western region was carer respite services.

6.1.2. Needs met by government services accessed?

Respondents that had accessed government services were asked to identify whether or not their needs had been met and more specifically, whether 'all or some' were met. It was hoped that this information would give a sense of what is successfully being met, and what is not being met, so that possible drawbacks could be further examined for future improvements.

Of the 57 respondents that had accessed government services, 10 respondents (17 per cent) did not answer whether or not their needs were met. Of the remaining 47 respondents, 32 per cent identified that all of their needs were met by the government services they had accessed. Forty-four per cent felt that government services had met some of their needs, but not all. The remaining 7 per cent of respondents classified the government services that they had accessed as not meeting their need/s.

Figure 45: needs met by government services?

Needs Met by Government Services

Missing Info
17%

Yes, all
32%

No, none
7%

Yes, some
44%
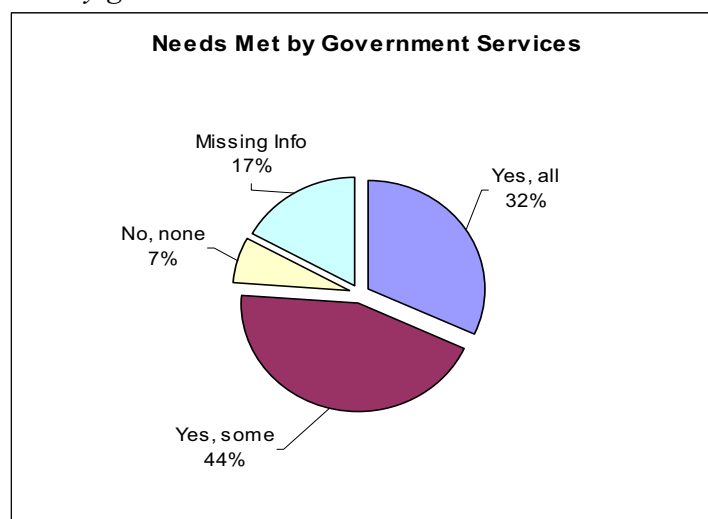
A breakdown of responses by region shows that in the Northern region, besides the 17 per cent that did not answer the question, the majority (43 per cent) of respondents felt that all of their needs had been met by the government services accessed. Whilst the remaining 30 per cent of respondents felt that some but not all, of their needs had been met, 10 per cent felt that the government services they had accessed had not met any of their needs.

The responses were slightly different in the Western region with the majority (50 per cent) of participants (excluding the 20 per cent that did not answer the question), having experienced some but not all, of their needs having been met by government services accessed. Only one respondent (5 per cent) from the Western region felt that their need/s had not been met by the government service accessed, whereas the remaining 25 per cent of respondents felt that all of their needs had been met. In Shepparton, one (14 per cent) of the seven respondents did not answer this question. The remaining 6 respondents (86 per cent) all felt that the government services they had accessed had met some of their needs.

Figure 46: needs met by government services: analysis by region

Needs Met by Government Services?

% of Respondents

Northern region (30)
Western region (20)
Shepparton (7)

Yes, all: 43%, 25%
Yes, some: 30%, 50%, 86%
No, none: 10%, 5%
No answer: 17%, 20%, 14%
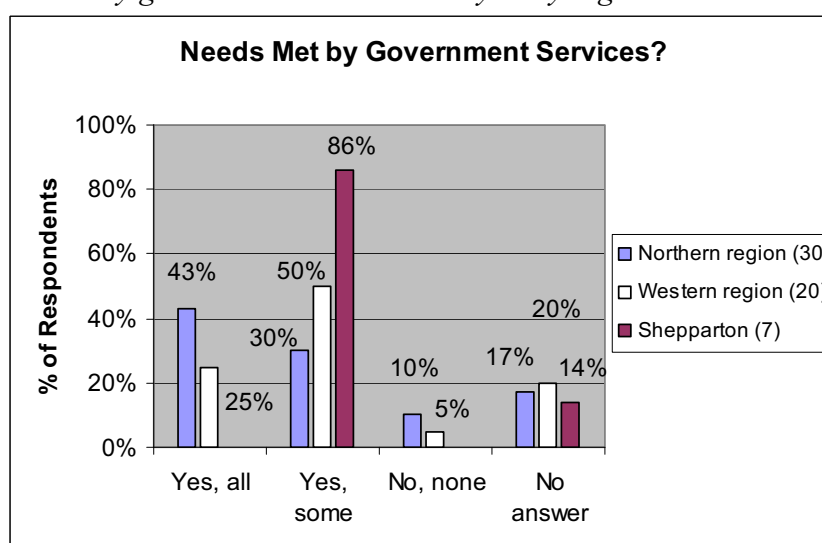
6.1.3. Level of satisfaction with government services accessed

Of the 49 per cent of respondents across the regions that had accessed government services, the majority (37 per cent) of the participants that did answer the question felt that the quality of the service offered was 'very good' followed closely by 33 per cent of respondents that felt the quality of the services received were 'good.' Sixteen per cent of respondents felt that the quality of the service they received was 'poor' and 14 per cent did not answer this question.

Figure 47: level of satisfaction with government services accessed
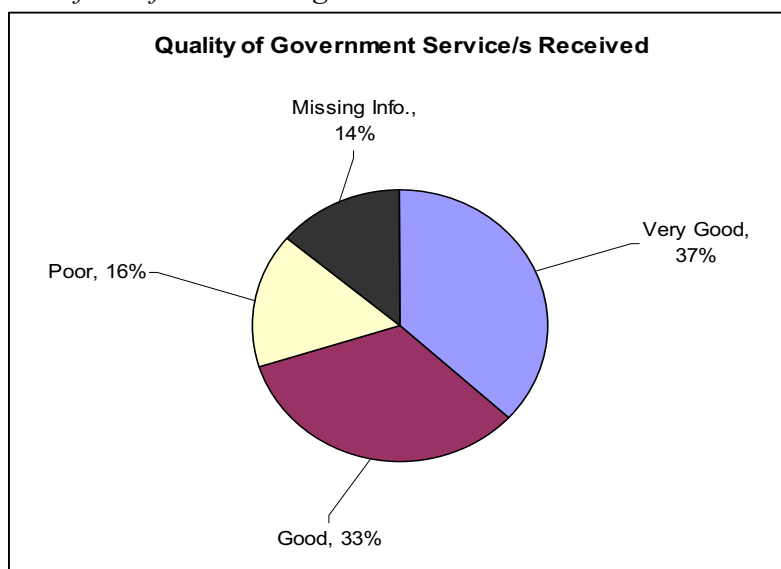
Analysis by region revealed that the majority of respondents from both the Northern (43 per cent) and Western (35 per cent) region that had accessed government services, rated the quality of services received as having been *very good*. From the Western region, the majority of respondents felt that the quality of the services received was *good* (53 per cent). A small percentage of respondents from both the Northern and Western region (11 per cent) experienced the quality of the services as being poor. From Shepparton, the majority of respondents (83 per cent) did not answer the question. The 17 per cent of respondents that did respond rated the quality of services as *very good*.

Figure 48: level of satisfaction with government services accessed: regional analysis
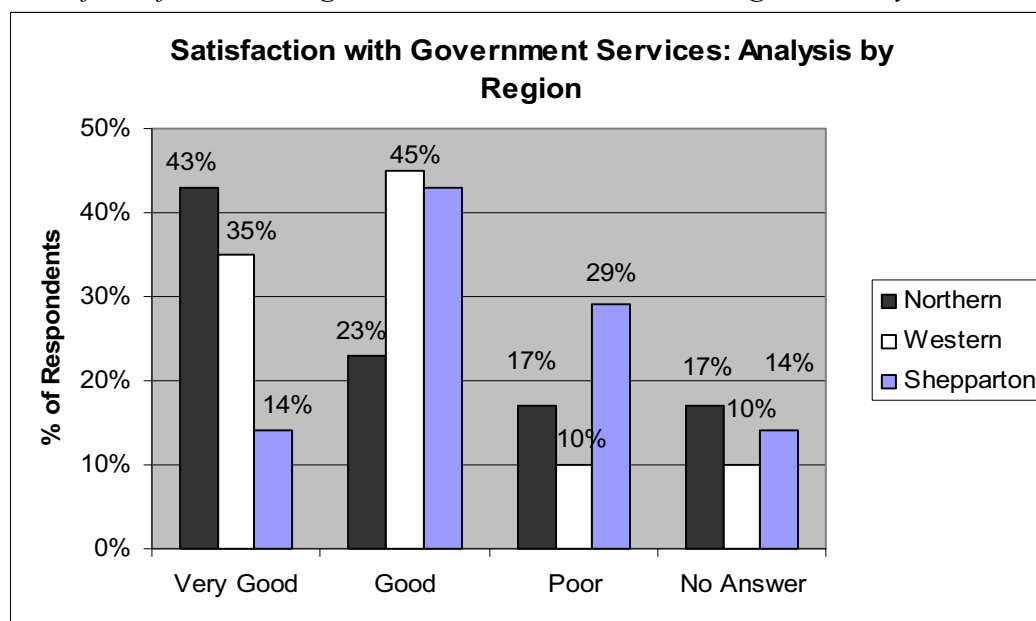
Satisfaction with Government Services: Analysis by Region

Analysis by region revealed that the majority of respondents from both the Northern (43 per cent) and Western (35 per cent) region that had accessed government services, rated the quality of services received as having been *very good'* From the Western region, the majority of respondents felt that the quality of the services received was *good* (45 per cent). A small percentage of respondents from both the Northern (17 per cent) and Western region (10 per cent) experienced the quality of the services as being *poor*. From Shepparton, the majority of respondents (43 per cent) rated the quality of services as *good*. Twenty-nine percent of respondents found the service/s received to be *poor*, while the remaining 14 per cent of respondents felt the quality of service received to be *very good*. Fourteen per cent of respondents also did not answer this question.

6.1.4. Government services NOT accessed

Across the 3 regions and all target groups, 51 per cent of respondents had not accessed government services. Analysis by region showed that 64 per cent of respondents from the Northern region had not accessed government services, with respondents from the Western region having the lowest rate of access (20 per cent).

Figure 49: government services NOT accessed by region

Govermment Services NOT Accessed: Analysis by Region
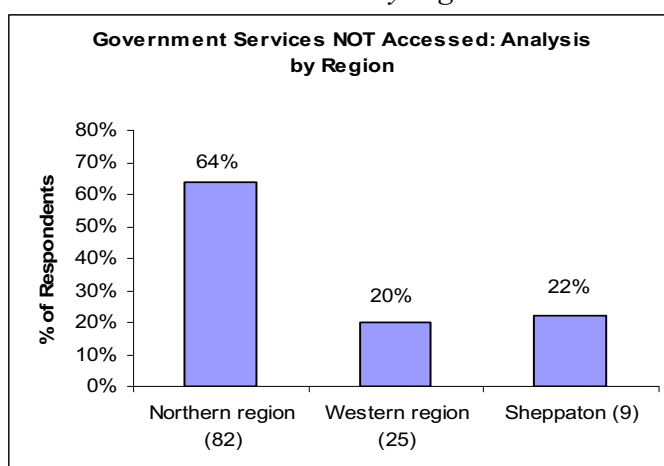
A closer look by gender across the regions revealed that 40 out of the 70 female respondents (57 per cent), and 18 out of 44 male respondents (41 per cent) had not accessed government services. Please note that one respondent from the Northern region did not identify their gender. A breakdown by region revealed that from the Northern region a greater number of females had not accessed government services (73 per cent). An equal number of males both had (50 per cent) and had not (50 per cent) accessed government services. From the Western region the minority of female respondents (28 per cent) had not accessed government services while all of the male respondents from the Western region had. All female respondents from Shepparton had also accessed government services, whereas 2 out of the 5 male respondents from Shepparton (40 per cent) had not.

Figure 50: government services NOT accessed: analysis by gender and region
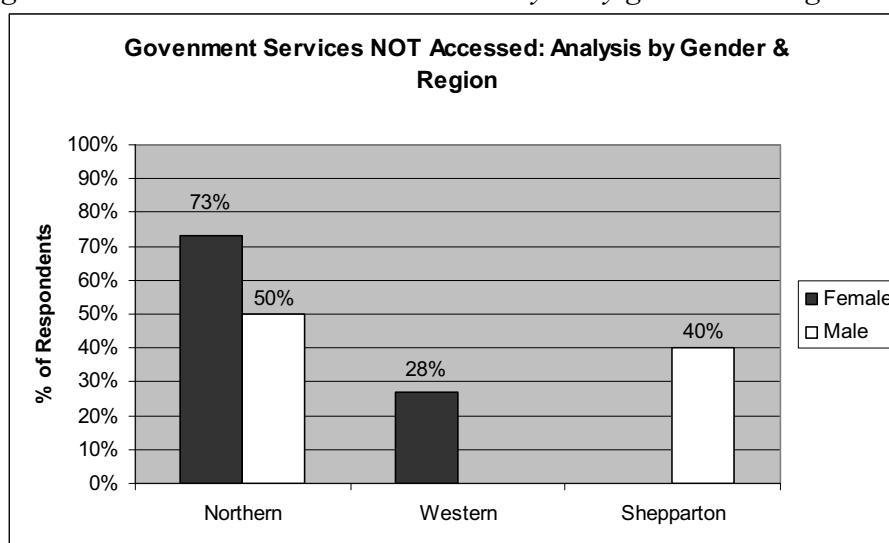
As Figure 51 below shows, young people between the ages of 12 and 15 were the group with the highest number of respondents (76 per cent) that were not accessing government services. Respondents between 26 and 49 years of age were the next group with the highest rate of non-access to government services (50 per cent).

Figure 51: government services NOT accessed: analysis by age group
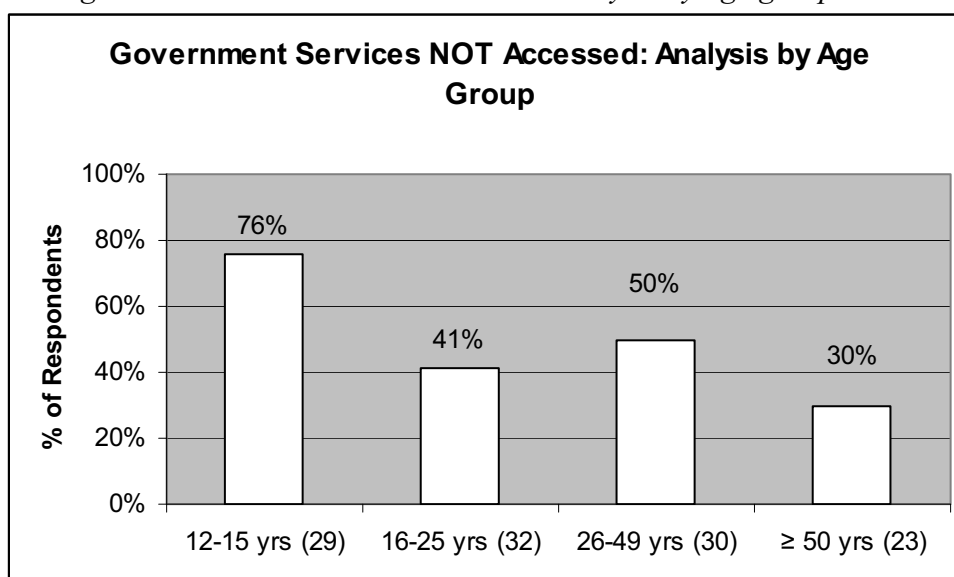
A closer look at figure 52 below shows that seniors (with only 30 per cent) and women (50 per cent) are the two groups with the lowest level of access to government services.
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Figure 52: government services NOT accessed: analysis by target group

Government Services NOT Accessed: Analysis by Target Group

Chart showing % of Respondents by target group:
- Youth (61): 57%
- Women (24): 50%
- Men (8): 63%
- Seniors (23): 30%
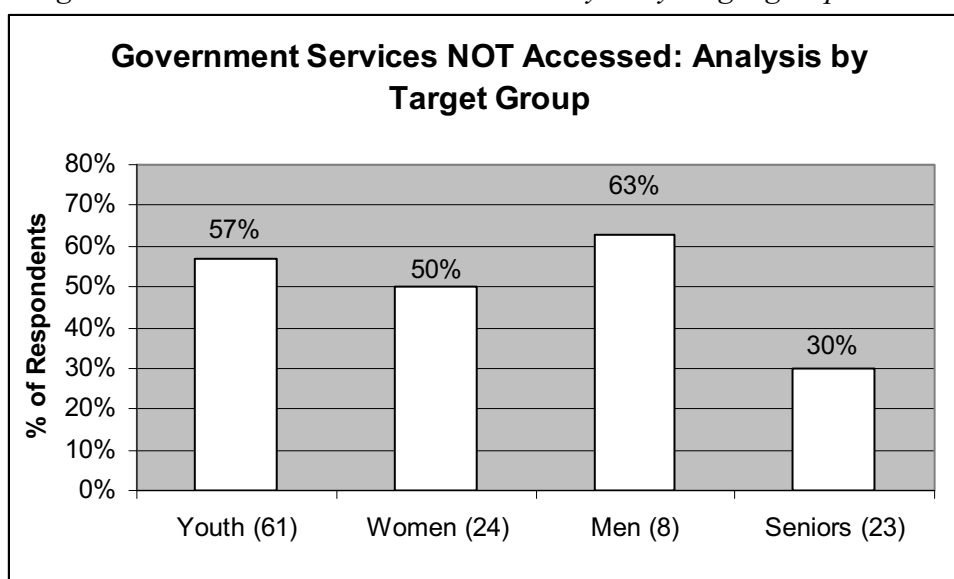
As for the newly arrived and newly established respondents displayed in figure 53 below, almost half (49 per cent) of those that were newly arrived, and a high 82 per cent of the newly established had not accessed government services. It needs to be noted however, that14 per cent of respondents did not answer this question.

Figure 53: government services NOT accessed: newly arrived and newly established

Government Services NOT Accessed: Newly Arrived & Newly Established

Chart showing % of Respondents:
- Newly Arrived: 49%
- Newly Established: 82%
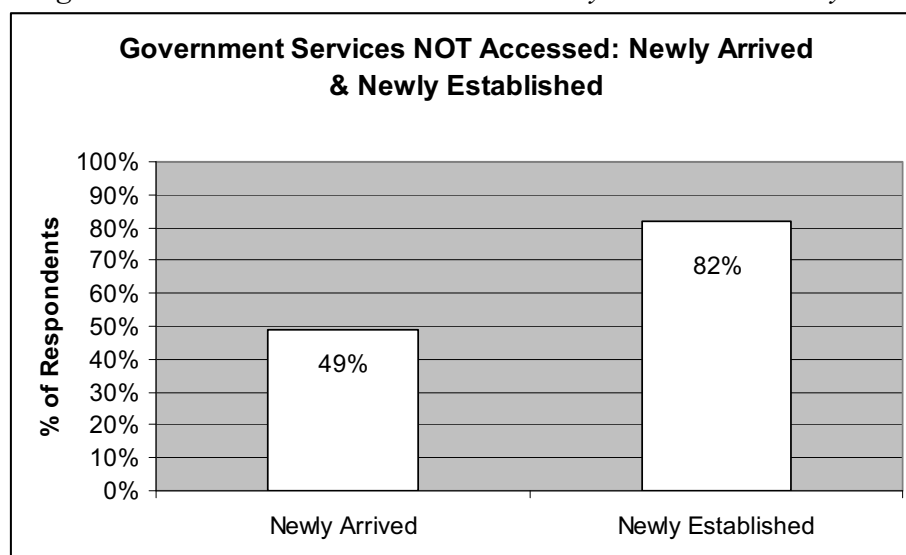
6.1.5. Reasons given for why government services have not been accessed

In order to gain some insight into why some services are not being utilised, respondents who had not accessed government services were asked to check one of 3 possible reasons (identified for them), or to offer their own explanation for not accessing these services.

An analysis across region and target group revealed that the majority (37 per cent) of the 59 respondents that had not accessed government services, had not done so because they 'have not needed to.' The next most common reason given for not accessing government services (27 per cent) was having a 'preference for accessing Arabic-specific services.' For these respondents, Arabic-specific services were preferred as respondents were seeking communication in Arabic. The expected knowledge and understanding by these Arabic-specific services of the "community's needs and problems" was another reason mentioned for why Arabic-specific services were favoured.

However, not too far behind this response was the number of respondents (24 per cent) that had not accessed government services because they 'did not know of their existence.' Four respondents (5 per cent) had identified a differing reason for not accessing government services. For all except one young person the reason related to language barriers. For the young person (12-15 years old) the reason for not accessing government services was not being entitled to because of their exchange student status.

Figure 54: reason for NOT accessing government services: across region and target group
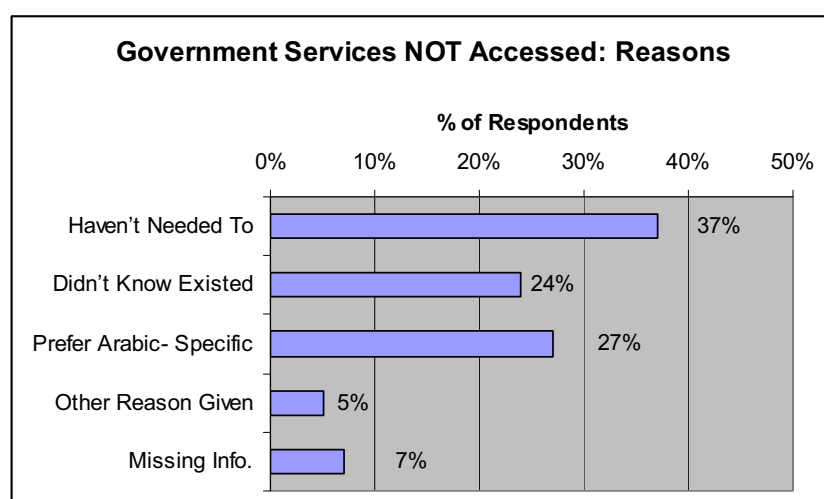
Of the 52 respondents from the Northern region that had not accessed government services, 4 respondents did not give a reason and 3 respondents identified another reason. One related to language barriers, the other was not being eligible for the service and the third reason was not legible. For the remaining 45 respondents from the Northern region, the majority (49 per cent) had not accessed government services as they have not had a need to. A further 27 per cent of respondents from the Northern region did not access government services because they did not know they existed, and 24 per cent because they preferred to access Arabic-specific services. All 4 respondents from the Western region had not accessed government services and preferred to access Arabic-specific services. From Shepparton, one of the two respondents had not accessed a government service because they did not know they existed and the second respondent preferred to access Arabic-specific services.

Figure 55: reason government services have NOT been accessed: analysis by region

Reason Government Services Have Not Been Accessed: Analysis by Region

	Northern	Western	Shepparton
Haven't Needed to	49%		
Didn't Know Existed	27%		50%
Prefer Arabic-Specific	24%	100%	50%
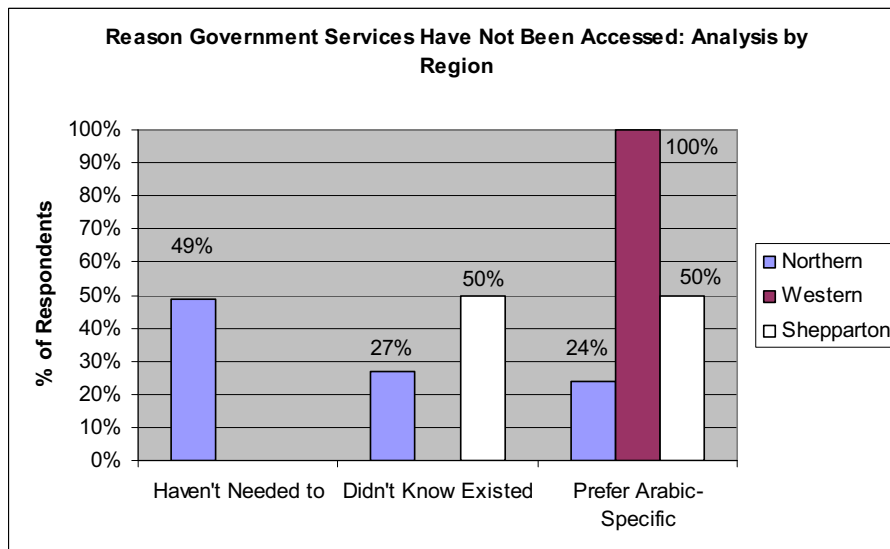
6.1.6. Type of services sought from government services

Respondents were also given a list of services (or type of services) and asked to check those that they have sought and/or would seek from a government service. Space was also provided for identification of other services not listed. A total of 92 respondents answered this question and the four most sought services were: Health and well-being (49 per cent), education and training (49 per cent), recreation (49 per cent) and financial assistance (48 per cent). All of the services that had been listed were checked. This suggests that all were felt to be needed or are sought but some more than others. Professional development (27 per cent) and housing assistance (30 per cent) were the two services that were checked by the least number of respondents. Two respondents checked 'other' and were seeking concession for public transport and support from St. Vincent De Paul and the Salvation Army.

Figure 56: type of support/assistance sought from government services
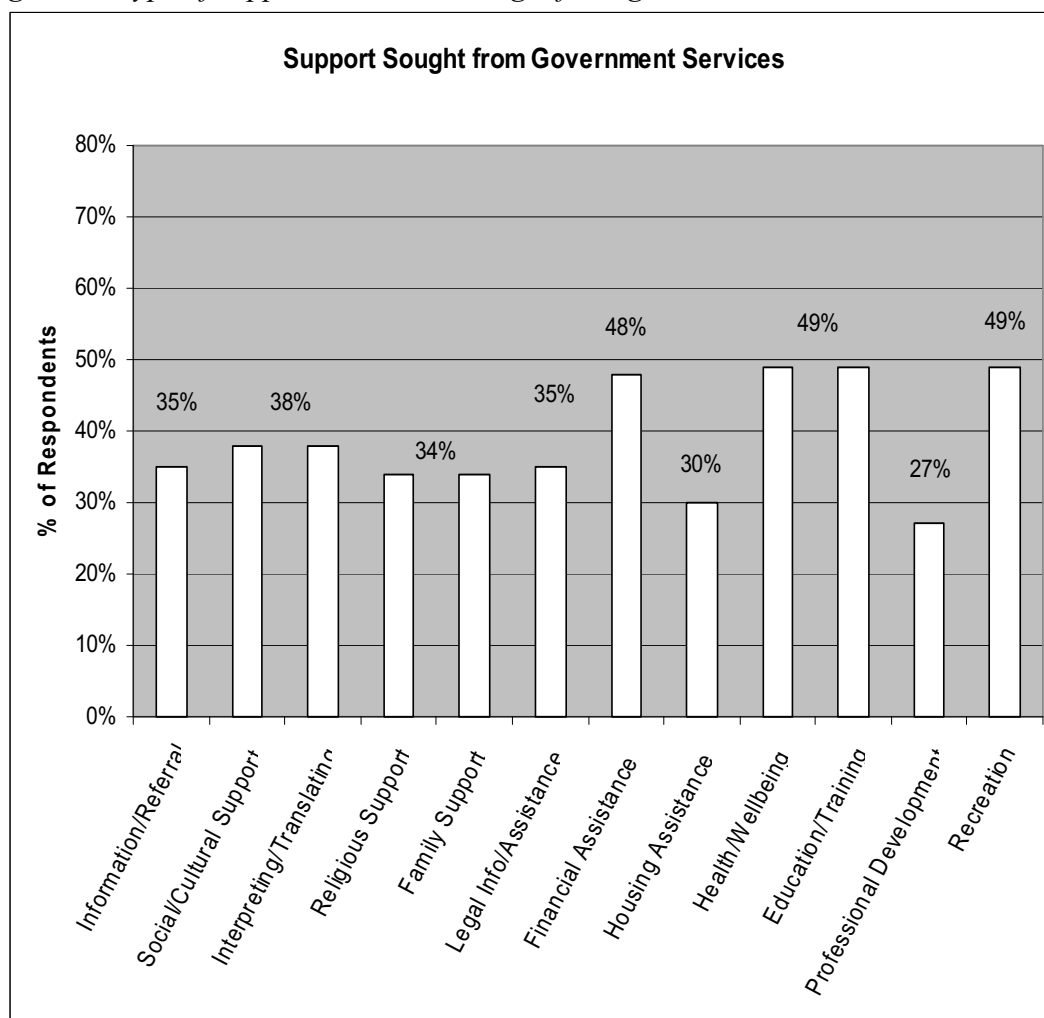
Analysis by region of type of services sought from government services showed that the most common types of service or assistance sought by respondents from the Northern region were: financial assistance (44 per cent), education and training (44 per cent) and recreation (38 per cent). To a lesser degree, service was sought for housing assistance (18 per cent) and legal information/assistance (21 per cent).

Figure 57: type of support/assistance sought from government services: Northern region

Support Sought from Gov. Services: Northern Region
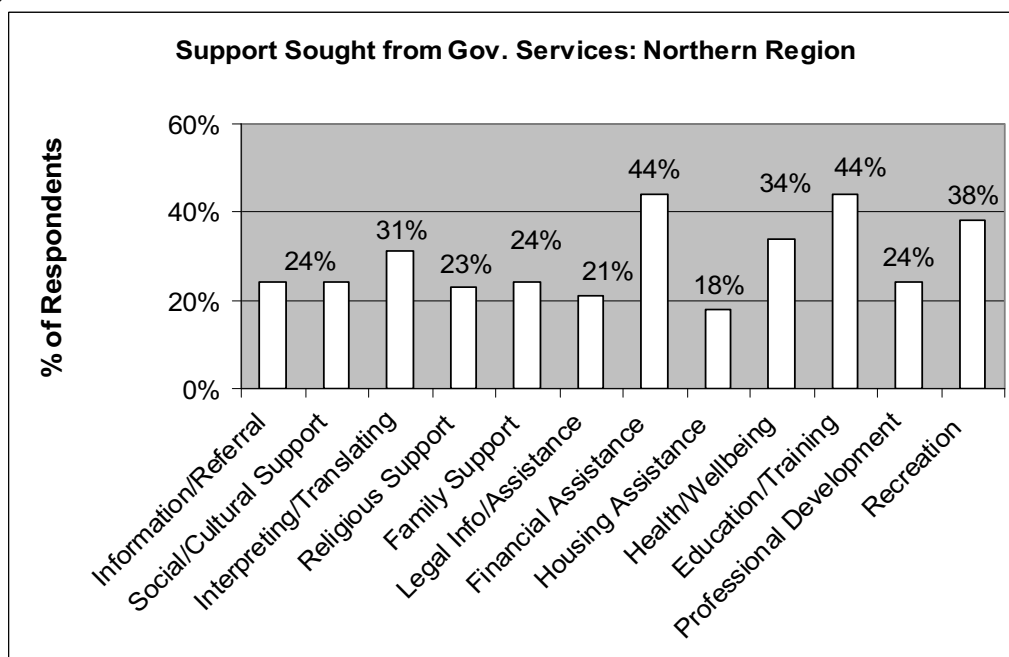
From the Western region, the most sought types of government service by respondents were social and cultural support (78 per cent), and health and well-being (78 per cent). The next most commonly sought service was information and referral and recreation (65 per cent). Professional development (32 per cent) was the least utilised government service.

Figure 58: type of support/assistance sought from government services: Western region

Support Sought from Goverenment Services: Western Region
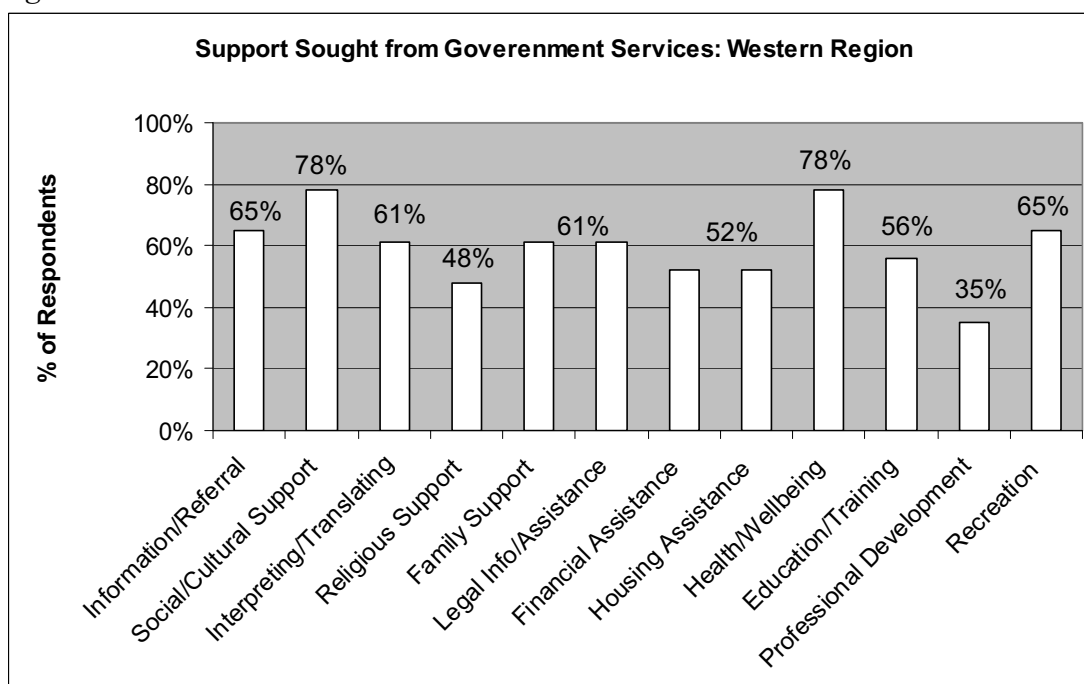
For respondents from Shepparton, the most sought types of services were health and well-being (75 per cent), and recreational services (75 per cent). These were closely followed by financial assistance; legal information/assistance; housing assistance and education and training, all of which were sought by 5 out of 8 respondents. The least utilised government service was religious support (12 per cent).

Figure 59: type of support/assistance sought from government services: Shepparton
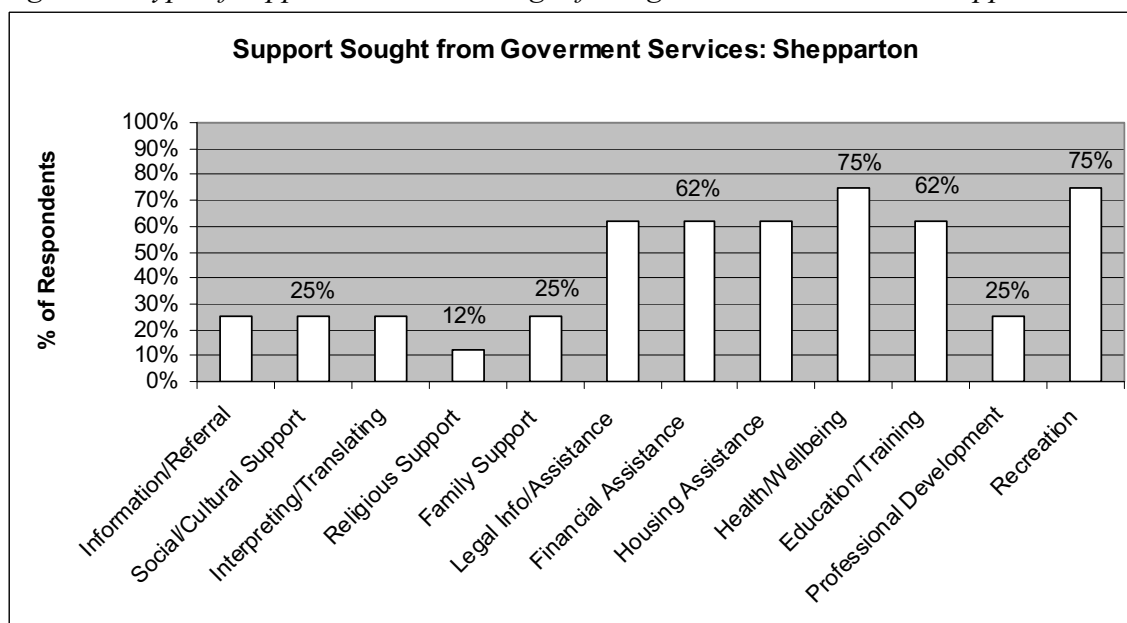
Analysis by gender across region and age group showed that females mostly sought government-run health and well-being services (61 per cent. The next most commonly sought services by the female respondents were: education and training (57 per cent), financial assistance (51 per cent) and interpreting and/or translating (51 per cent). The two least sought services were religious support (27 per cent) and information and/or referral (31 per cent).

Male respondents on the other hand, sought different types of assistance from government services. The most commonly sought were financial assistance (46 per cent), social and cultural support (43 per cent) and information and/or referral services (41 per cent). The two least sought services (20 per cent) were housing assistance and interpreting and/or translating services.

Figure 60: type of support/assistance sought from government services: analysed by gender
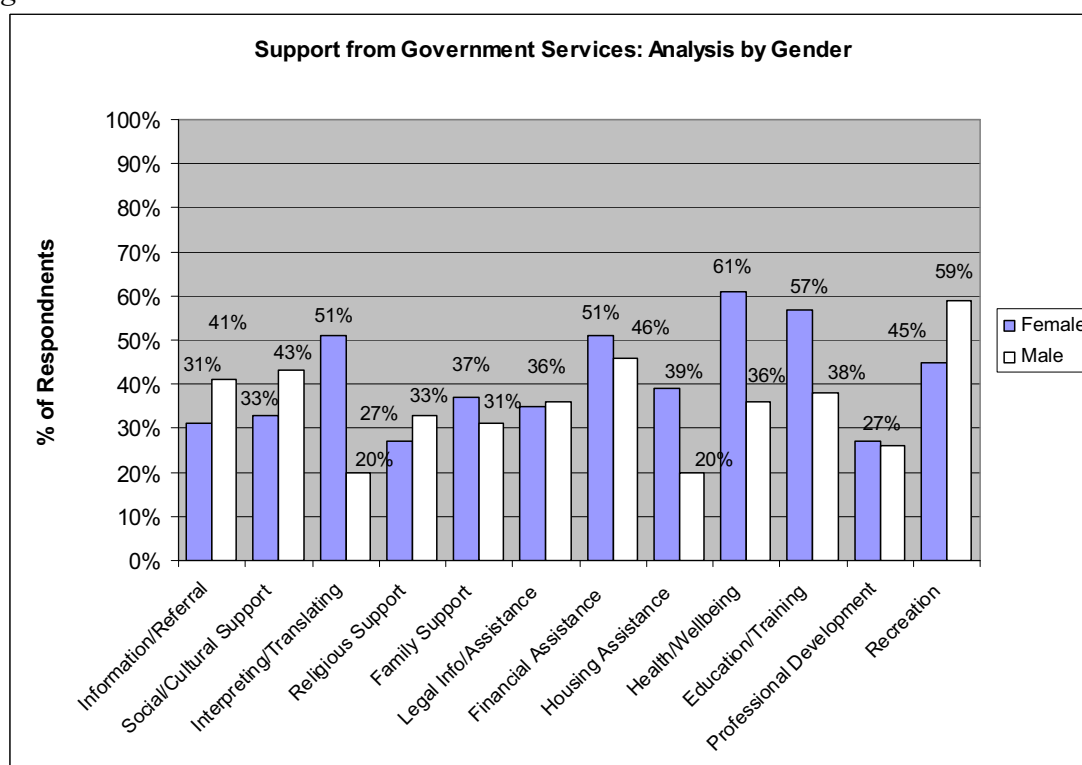
Analysis by gender and region showed that education and training (52 per cent), followed by interpreting and/or translating (45 per cent) were the two most sought types of government services by female respondents from the Northern region.

For female respondents from the Western region, the most sought after assistance from government services was health and well-being (87 per cent), followed by social and cultural support (75 per cent). From Shepparton, the services sought by all 4 of the respondents were financial assistance, housing assistance, health and well-being and recreation. Females from both the Western region and Shepparton utilised health and well-being services.

The least sought services (16 per cent) by female respondents from the Northern region were information and referral, social and cultural support and legal information and assistance. Females from the Western region had a strong interest in government services providing most of the services listed, but least sought after were professional development (37 per cent) and religious support (44 per cent). Social and cultural support, religious and family support were three types of assistance that female respondents from Shepparton did not seek from government services.

Overall, information and referral, interpreting and/or translating and professional development were the least sought services by the female respondents. Information and referral was the least sought by females from both the Northern region and Shepparton whilst professional development was the least sought by females from Shepparton and the Western region.

Figure 61: type of service sought from government services: female respondents

Type of Service Sought from Government Services: Female Respondents
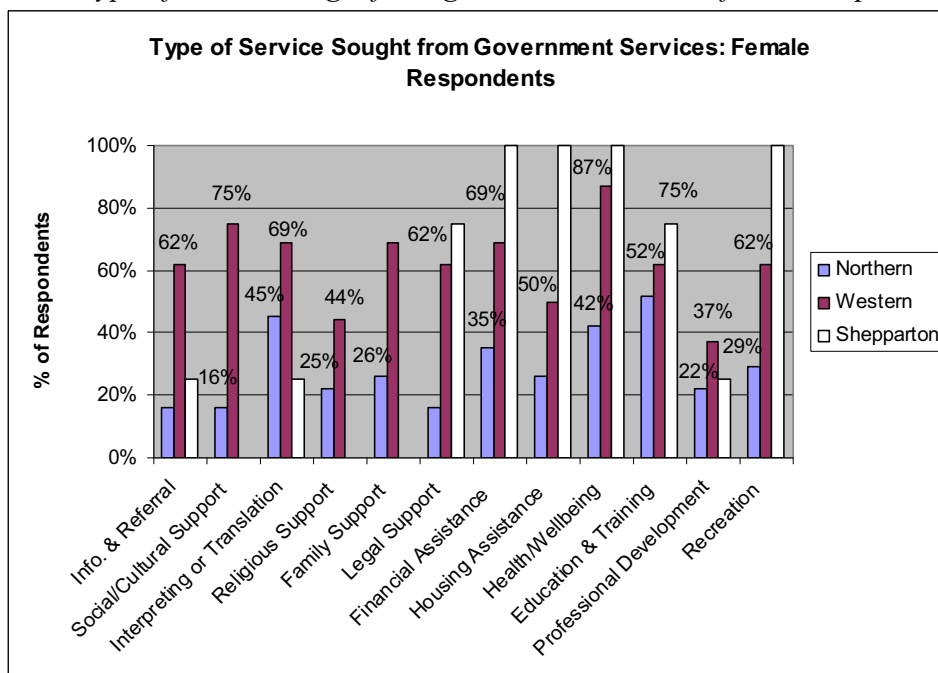
For male respondents from the Northern region, the most sought after government service was financial assistance (57 per cent) followed by recreation (50 per cent). The most sought government services by male respondents from the Western region were social/cultural support (86 per cent), information and referral, and recreation (both 51 per cent). From Shepparton, the service sought by all the male respondents was recreation. Please refer to the table below for the 7 remaining services that were requested by half (2 out of 4) of the male respondents. Across the regions, recreation has been the one service most commonly sought by male respondents.

Figure 62: type of service sought from government services: male respondents

Type of Service Sought from Government Services: Male Respondents
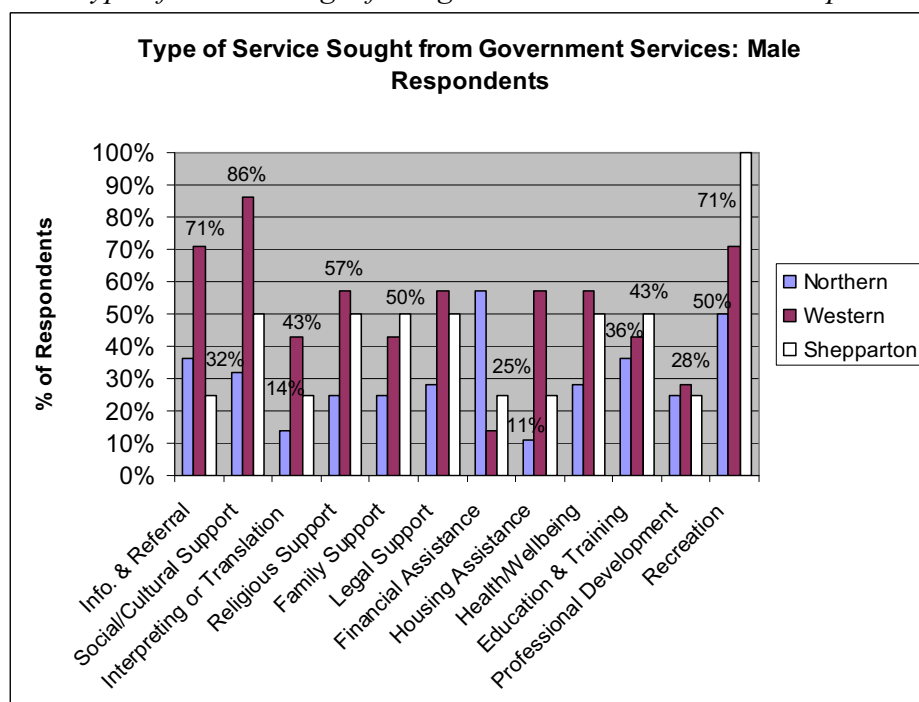
The least sought government service by male respondents from the Northern region was housing assistance (11 per cent) followed by interpreting and/or translating (14 per cent). From the Western region, financial assistance (14 per cent) was the least sought service, followed by professional development (28 per cent). Of the 4 male respondents from Shepparton, 5 services were chosen by one respondent each. These were: information and/or referral, interpreting and/or translating, financial assistance, housing assistance and professional development. Professional development was the one service that was least sought by both males from the Western region and Shepparton. All other services utilised by male respondents differed across the regions.

6.2. Arabic-specific services accessed

As with government services, respondents were asked to identify whether or not they had accessed Arabic-specific services, and if not, why not? Across all target groups and regions in the sample, 35.5 per cent of respondents had accessed Arabic-specific services, whilst a higher 48 per cent had not (Refer to Figure 61). It also needs to be noted that 16.5 per cent of respondents did not answer this question.

Figure 63: Arabic-specific services accessed?
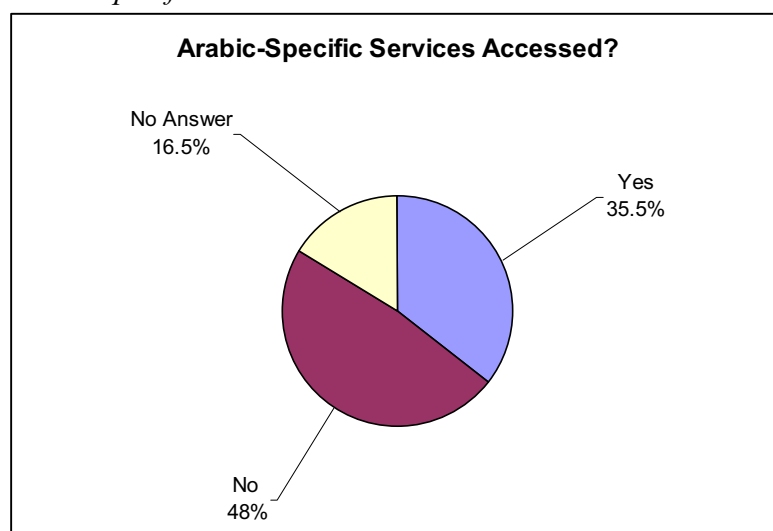
A further breakdown by region showed that the majority of respondents from the Western region (76 per cent) had accessed Arabic-specific services, whilst 2 per cent had not answered this question. Respondents from Shepparton (67 per cent) had the next highest rate of access to Arabic-specific services. Respondents from the Northern region had the lowest rate of access (19.5 per cent) to Arabic-specific services, but it needs to be noted that 14 per cent of respondents did not answer this question.

Figure 64: Arabic-specific services accessed: analysis by region
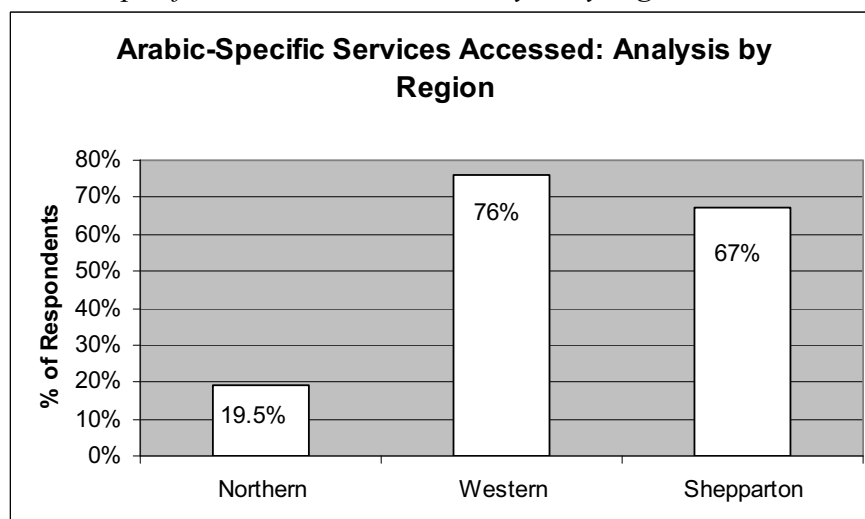
A closer look by gender, across the regions, shows that 48 per cent of females and 34 per cent of males had accessed Arabic-specific services.

Figure 65: Arabic-specific services accessed: analysis by gender
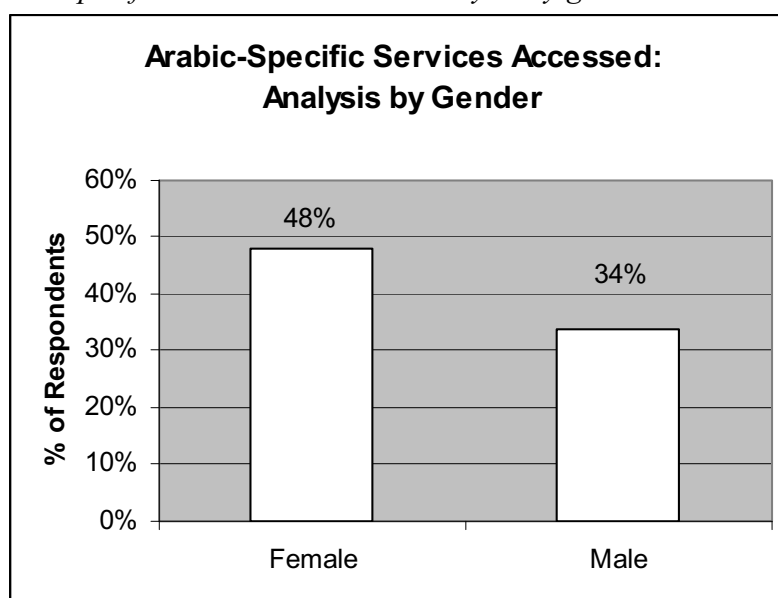
Analysis by region shows that the majority of female respondents from the Western region (88 per cent), and Shepparton (75 per cent), had accessed Arabic-specific services, whilst only 27 per cent of the respondents from the Northern region had accessed Arabic-specific services. It needs however to be noted that 17 per cent of female respondents from the Northern region did not answer this question and have been excluded from this analysis.

The majority (80 per cent), of male respondents from the Western region had accessed Arabic-specific services followed by over half (60 per cent) of the respondents from the Shepparton. Male respondents from the Northern region had the lowest rate of access (20 per cent) to Arabic-specific services. It needs also to be mentioned that 22 per cent of male respondents from the Northern region and 29 per cent from the

Western region did not answer this question and have been excluded from this analysis.

Figure 66: Arabic-specific services accessed: analysis by gender and region
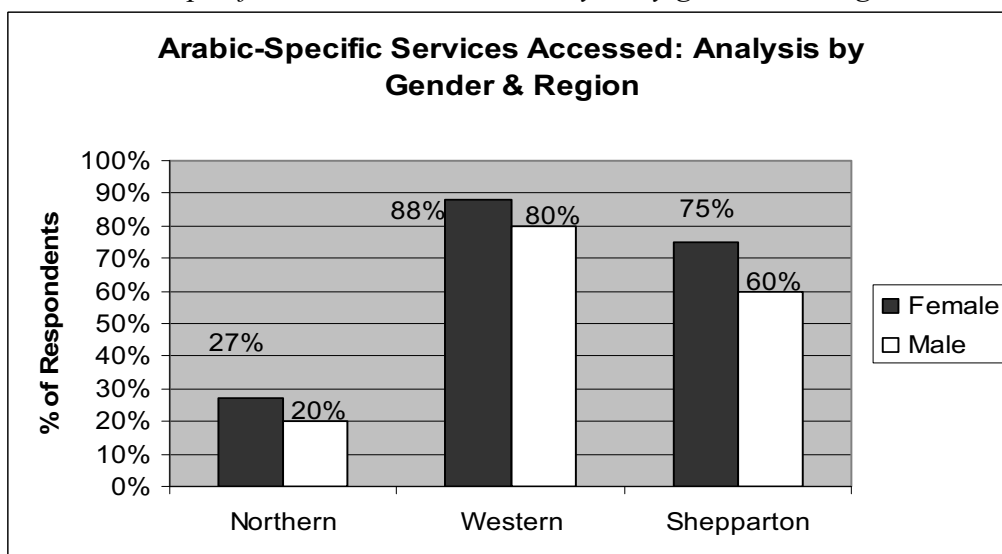
Of the 41 respondents that had accessed Arabic-specific services, persons aged between 26 and 49 had the highest rate of access (66 per cent). This group was followed by senior citizens (55 per cent). Young people (age under 25 years) had the lowest rate of access (43 per cent) to Arabic-specific services.

Figure 67: Arabic-specific services accessed: analysis by age group
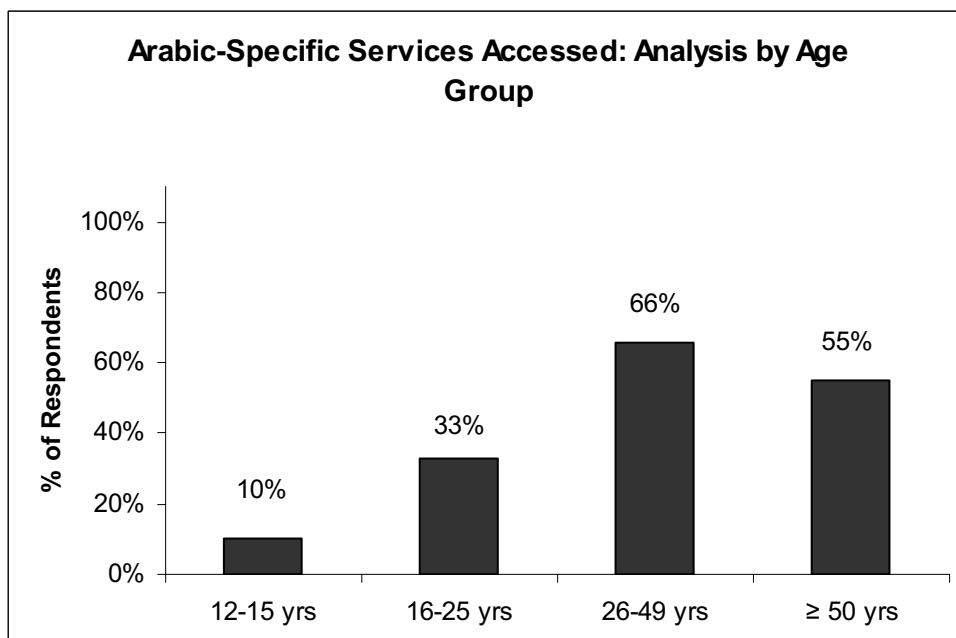
Figure 69 below focuses on access to Arabic-sepcific services among new migrants. As previously mentioned, 40 per cent of the respondents across the regions were both newly arrived and newly established. Out of these 46 respondents, 33 answered this question. Overall, 22 per cent had accessed Arabic-specific services, whilst 50 per

cent had not. It also needs to be noted that 28 per cent of these respondents did not answer this question

Figure 68: Arabic-specific services: accessed? Newly arrived and newly established respondents
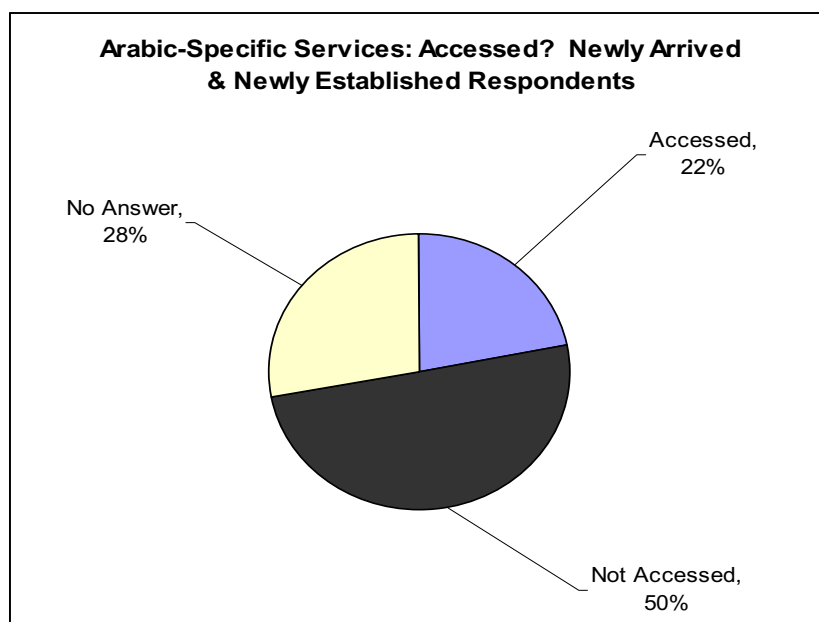
Both the newly arrived respondents (22 per cent) and the newly established respondents (9 per cent) had a low rate of access to Arabic-specific services.

Figure 69: Arabic-specific services accessed: newly arrived and newly established
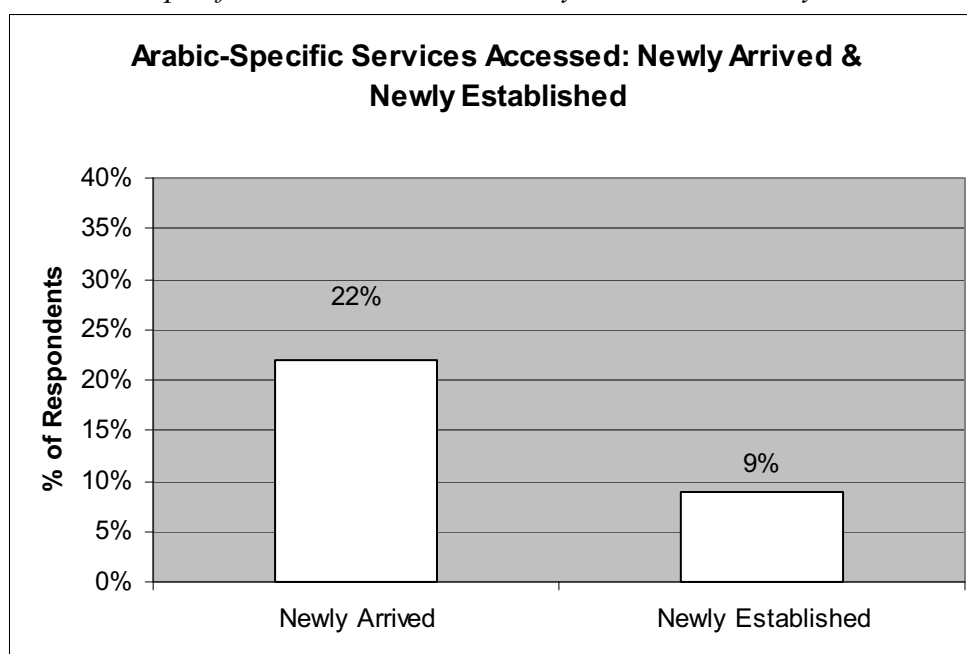
6.2.1. Type of Arabic-specific services accessed

As with government services, respondents that had accessed Arabic-specific services were given space on the questionnaire to identify these. From the Northern region, 29 responses were received. The most mentioned service was Arabic schools (36 per

cent), followed by youth services and support groups (14 per cent each). The remaining services identified by one respondent each were: interpreting services, the Australian Lebanese Welfare (ALW), the Islamic Information Services Network of Australia (ISNA), Mosques, and the Victorian Arabic Social Services (VASS).

Thirteen responses were received from the Western region and 2 types of Arabic-specific services were identified: social/support groups (85 per cent) and interpreting services (15 per cent).

Once again, no respondents from Shepparton identified the Arabic-specific services used, even though 30 per cent had accessed them.

6.2.2. Need met by Arabic-specific services accessed?
Respondents that had accessed Arabic-specific services were also asked to identify whether or not their needs had been met, and more specifically whether 'all or some' were met. This information was intended to give some indication of whether or not these services were providing the type of support/assistance needed to meet the needs of their clients.

Of the 41 respondents that had accessed Arabic-specific services, 24 per cent did not answer whether or not their needs had been met by the services they had accessed. Of the remaining 31 respondents, the majority (44 per cent) felt that the Arabic-specific services they had accessed had met some of their needs, but not all. The minority of respondents (5 per cent) had felt that the Arabic-specific services they had accessed had not met any of their needs, whilst 27 per cent felt that these services had met all of their needs.

Figure 70: needs being met by Arabic-specific services?
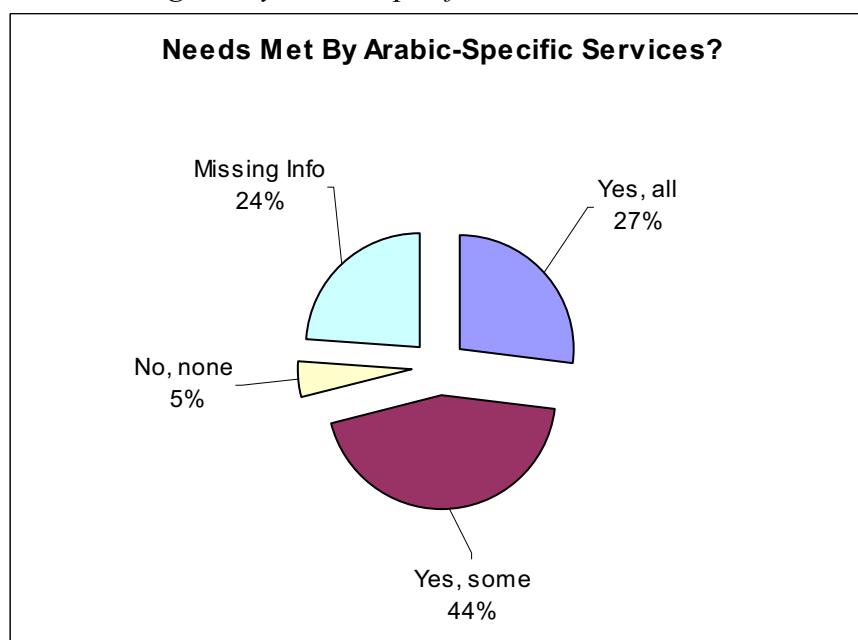
Of the 41 respondents that had accessed Arabic-specific services, analysis by region shows that from both the Northern (44 per cent) and the Western region (53 per cent), the majority of respondents had *some* of their needs met by Arabic-specific services,

followed by *all* of their needs for 37 per cent of respondents from the Northern region and 26 per cent from the Western region. Further, one respondent each from the Northern and Western region did not have their need/s met by the Arabic-specific service/s they had accessed. From Shepparton, only one of the 6 respondents answered this question and for this person the Arabic-specific service/s they had accessed had met *some* of the needs.

Figure 71: needs met by Arabic-specific services: analysis by region
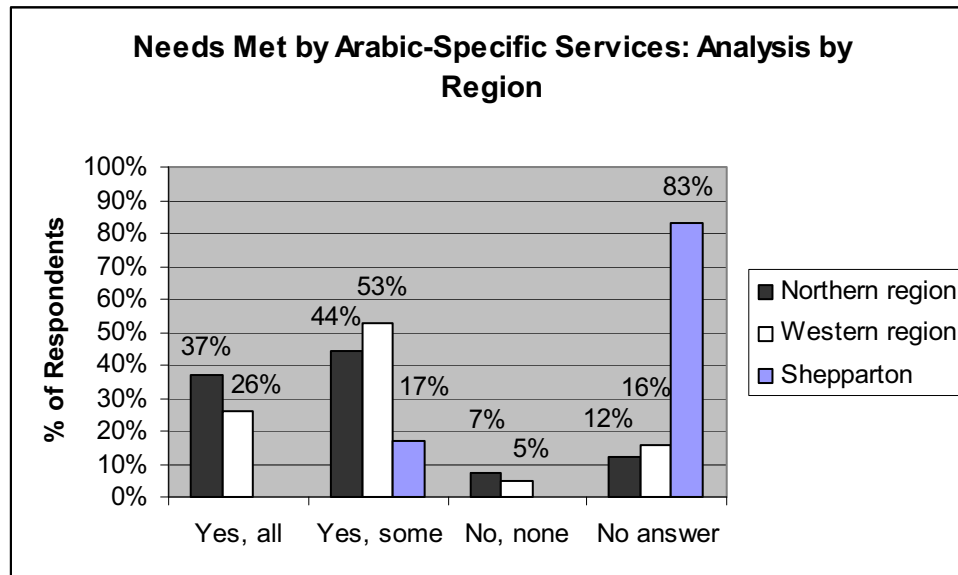
6.2.3. Level of satisfaction with Arabic-specific services accessed

Of the 41 respondents that accessed Arabic-Specific services, the majority (39 per cent) rated the quality of service as being *very good* (39 per cent) and *good* (32 per cent). A small percentage of respondents experienced the quality of service as *poor* (5 per cent), whilst 24 per cent of respondents did not answer the question.

Figure 72: level of satisfaction with Arabic-specific services accessed

Quality of Arabic-Specific Service/s Received
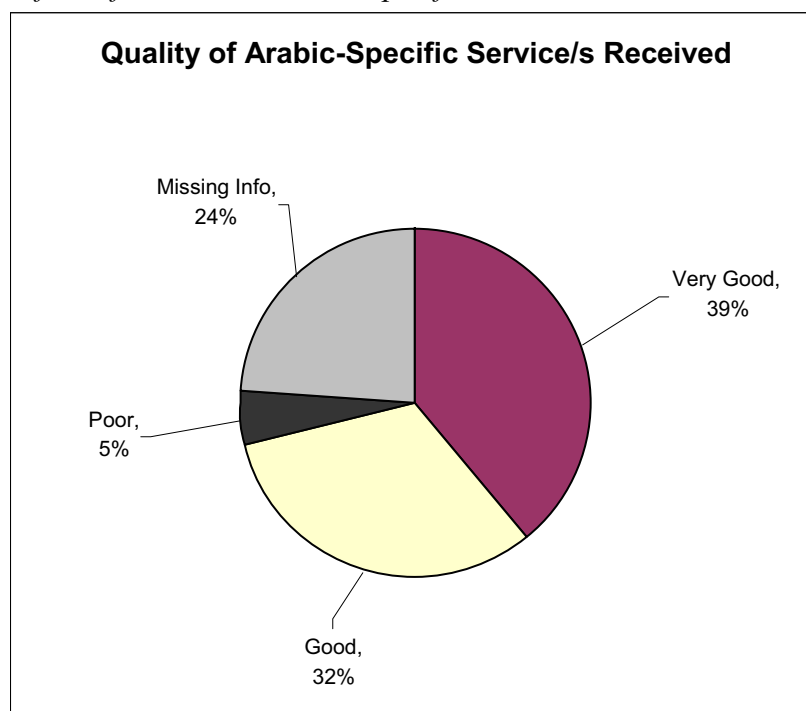
An analysis by region showed that the majority of respondents from the Northern region (62 per cent), rated the quality of service as *very good*, followed by *good* (19 per cent). Six per cent rated the quality of service as *poor*, and 13 per cent of respondents did not answer this question. The majority of respondents from the Western region rated the quality of Arabic-specific services as *good*, followed by *very good* (26 per cent). Five per cent rated the quality of Arabic-specific services as *poor*. It also needs to be noted that 13 per cent of respondents did not answer this question. The majority (83 per cent) of respondents from Shepparton did not answer this question, with the remaining 17 per cent rating the quality of services as *very good*.

Figure 73: level of satisfaction with Arabic-specific services accessed: analysis by region

Quality of Service Received: Analysis by Region
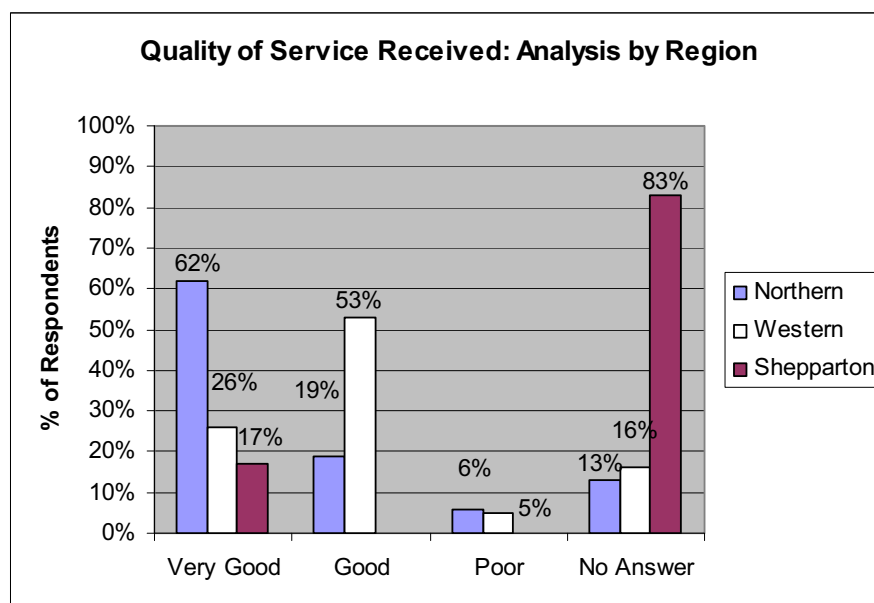
6.2.4. Arabic-specific services NOT accessed

Across all regions and target groups in the sample, 16.5 per cent of respondents had not answered this question, leaving an overall 48 per cent that had not accessed Arabic-specific services. As Figure 4.12 below shows, the majority of respondents that had not accessed these services resided in the Northern region (61 per cent), yet it needs to be kept in mind that 19.5 per cent of respondents did not answer this question. Respondents from Shepparton had the next highest rate at 33 per cent, of nonaccess, while respondents from the Western region (12 per cent) had the lowest rate of nonaccess.

Figure 74: Arabic-specific services NOT accessed: analysis by region

Arabic-Specific Services NOT Accessed: Analysis by Region
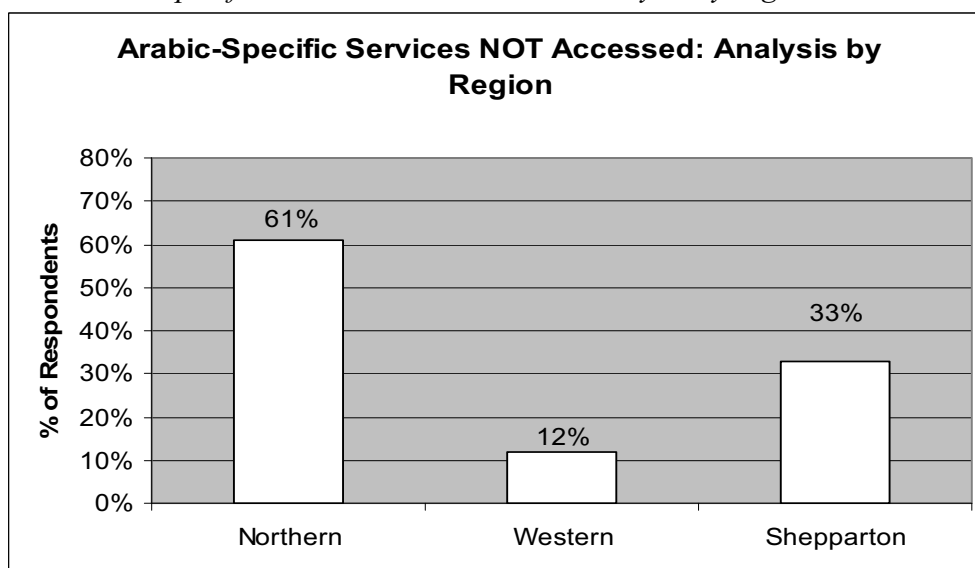
A closer look by gender across the regions, revealed that of the 48 per cent of respondents that had not accessed Arabic-specific services, 52 per cent were female and 66 per cent were male.

Figure 75: Arabic-specific services NOT accessed: analysis by gender

Arabic-Specific Services NOT Accessed: Analysis by Gender

Female: 52%
Male: 66%

(% of Respondents)
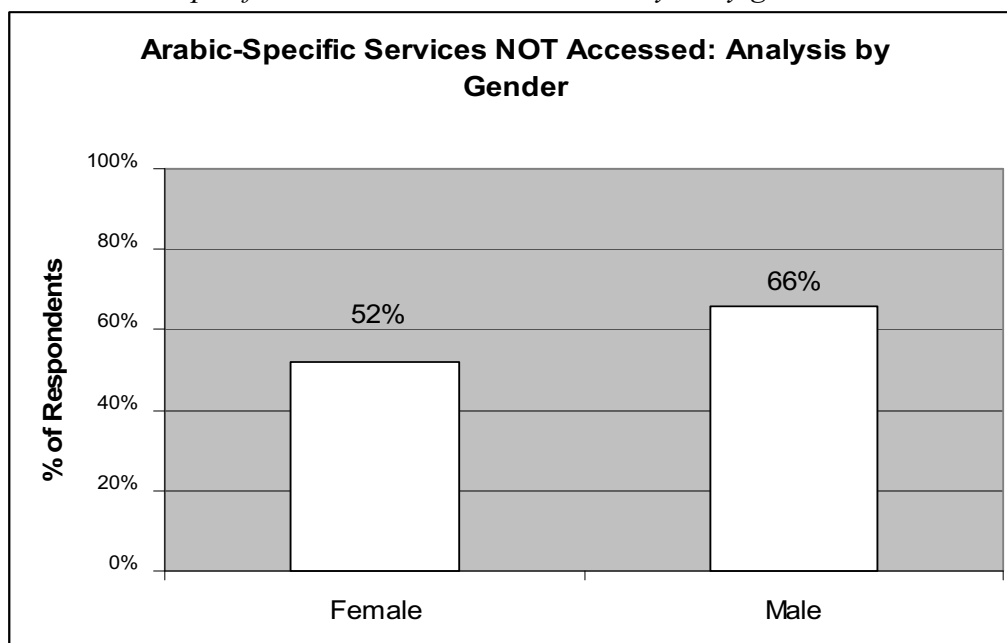
A closer look by region shows that a high percentage of both males (80 per cent), and females (73 per cent), from the Northern region had not accessed Arabic-specific services. From the Western region a low percentage of males and females also had not accessed Arabic-specific services, yet between them males had the higher rate (20 per cent) of nonaccess. Of the Shepparton respondents, the males had the higher rate of nonaccess.

Figure 76: Arabic-specific services NOT accessed: analysis by gender and region

Arabic-Specific Services NOT Accessed: Gender & Region

Northern — Female: 73%, Male: 80%
Western — Female: 12%, Male: 20%
Shepparton — Female: 25%, Male: 40%
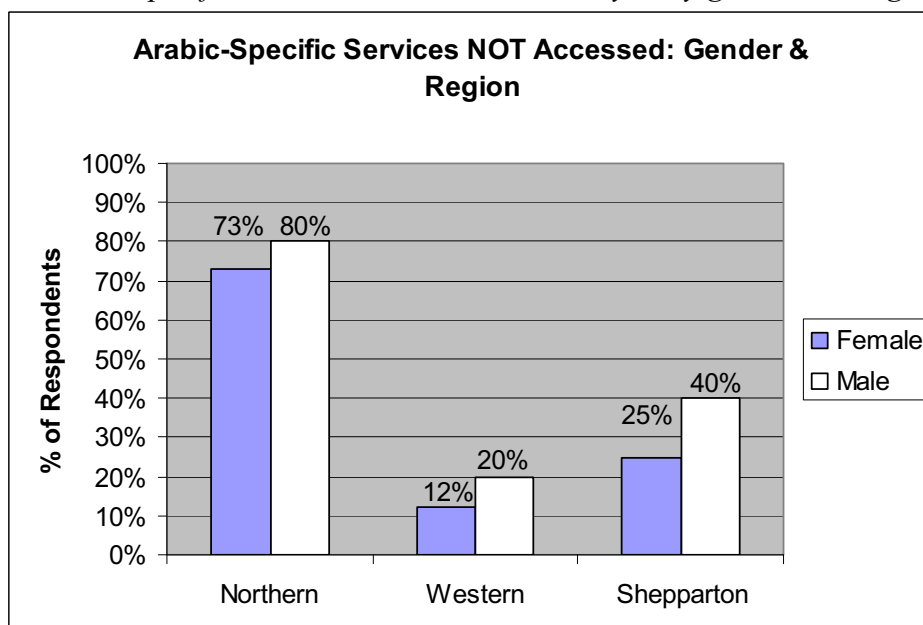
(% of Respondents)

Figure 77 below indicates that of the 56 respondents that had not accessed Arabic-specific services, the age group with the highest rate of non access was young people between 12 and 15 years of age (90 per cent), followed by young people aged 16 to 25

years of age (67 per cent). The third group, (45 per cent) is made up of persons aged 50 plus.

Figure 77: Arabic-specific services NOT accessed: analysis by age group
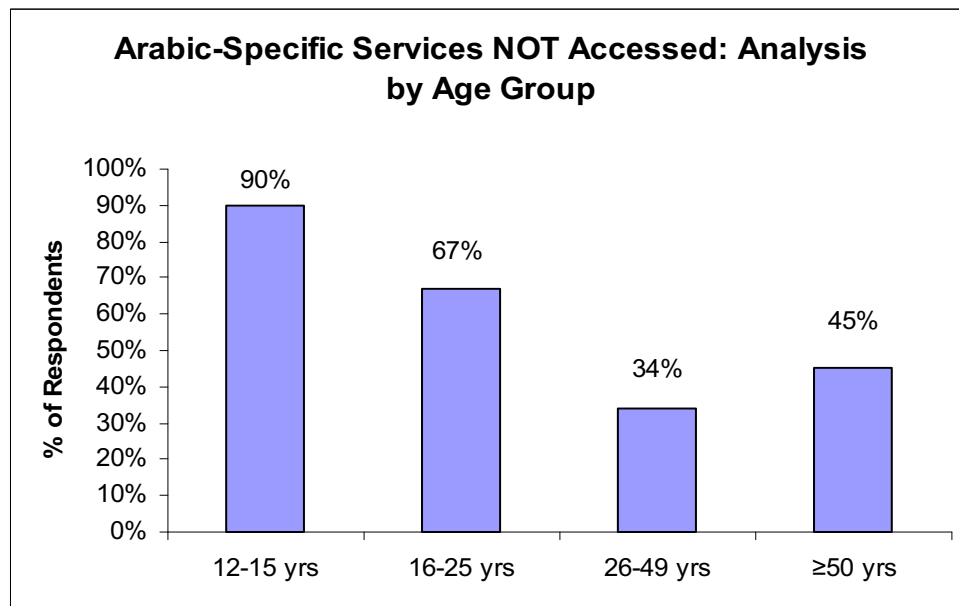
Figure 78 below shows that o the newly arrived respondents, nearly half (40 per cent), had not accessed Arabic-specific services, while 82 per cent (9/10) of newly established respondents had not utilised these services. It also needs to be noted that 34 per cent (12/35), of the newly arrived and 9 per cent (1/11), of the newly established respondents did not answer this question.

Figure 78: Arabic-specific services NOT accessed: newly arrived and newly established
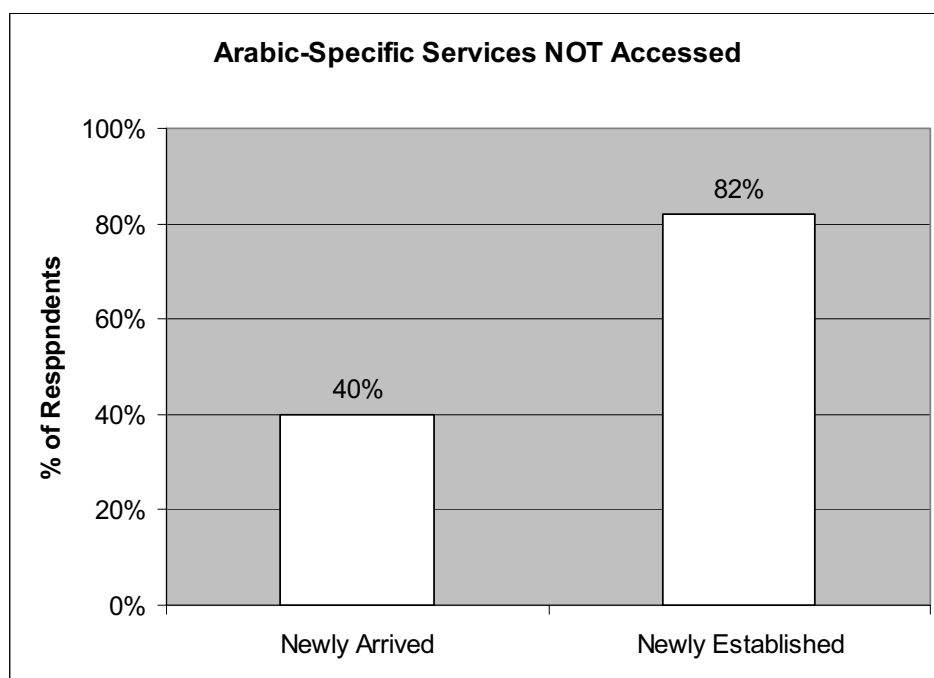
A closer look by region revealed that 37 per cent of newly arrived respondents from the Northern region, and 33 per cent (1/3) from Shepparton, had not accessed Arabic-specific services. All of the newly established respondents (82 per cent) from Shepparton, except for one (9 per cent) who did not answer the question, also had not accessed Arabic-specific services.

6.2.5. Reasons given for why Arabic-specific services have not been accessed

As with government services, respondents that had not accessed Arabic-specific services were asked why this was so. Answers to this question were intended to give some insight into whether or not levels of accessibility to these services is appropriate or seems to be of concern.

An analysis across region and target group showed that of the 48 per cent of respondents that had not accessed Arabic-specific services, the greater number (54 per cent) had not because they 'did not know they existed'. The next most common reason (25 per cent), for not accessing these services was 'not having needed to.' However, 16 per cent of respondents who have not accessed Arabic-specific services did not provide any reason. Three respondents (4 per cent) had chosen not to access Arabic-specific services as they preferred to access government/mainstream services and 2 per cent of respondents gave alternative explanations. These were: not knowing enough about them to be comfortable to access them and "not wanting to be politically or religiously aligned with any group."

Figure 79: reason for NOT accessing Arabic-specific services
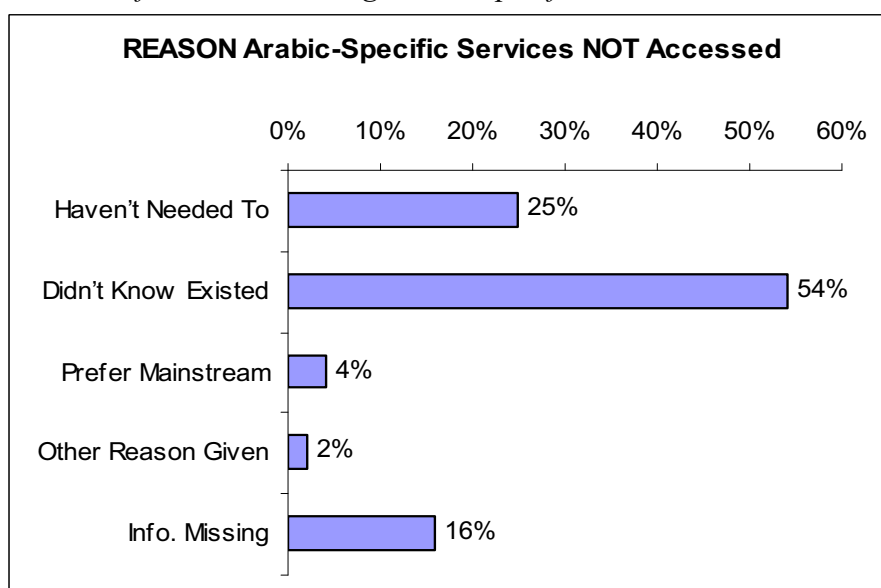
From the Northern region, 9 of the 50 respondents (18 per cent) did not give a reason for not accessing Arabic-specific services. One respondent (2 per cent) commented that they did not want to be seen to be politically aligned with any group. Of the remaining 40 respondents, the majority had not accessed these services because they 'did not know of their existence.' From the Western region, all 3 of the respondents that had not accessed these services did not know they existed. Each of the 3 respondents from Shepparton gave a different reason for not having accessed Arabic-specific services. These were: not having needed to, not knowing they existed and preferring to access mainstream services.

6.2.6. Type of services sought from Arabic-specific services
As with the government services questionnaire, respondents were given a list and asked to check the type of service that they have sought and/or would seek from an Arabic-specific service. Space was also provided for identification of other services not listed. A total of 59 respondents answered this question. The three most sought after services from Arabic-specific services were: recreation (52 per cent), health and well-being (47 per cent), and social and cultural support (46 per cent). The two least utilised services were religious support (24 per cent) and housing assistance (25 per cent). Two respondents also identified 'other' assistance sought from Arabic-specific services. The first was from a Humanitarian Entrant seeking assistance in getting "factories to accept TPV holder applications for work", and the second was for financial assistance to purchase a billiard or tennis table for group recreational purposes.

Figure 80: type of support sought from Arabic-specific services
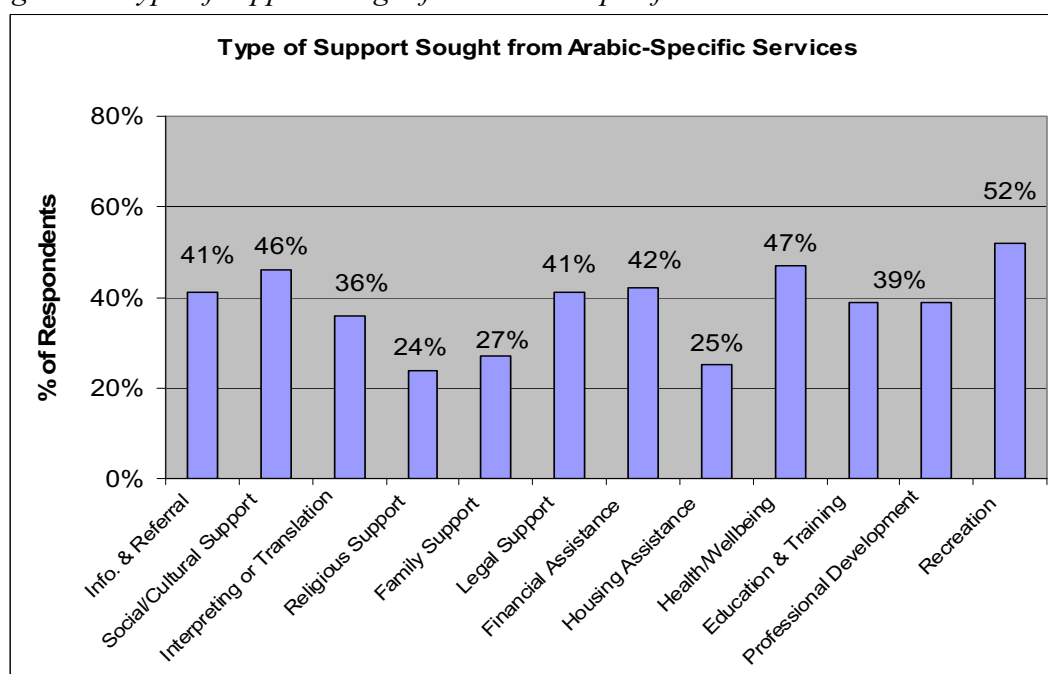
An analysis by region of the type of services sought from Arabic-specific providers revealed that from the Northern region, the most common type of assistance sought was recreation (50 per cent) followed by financial assistance (44 per cent) and information and/or referral (41 per cent). The two least sought services were housing assistance (12 per cent) and family support (19 per cent).

Figure 81: type of support sought from Arabic-specific services: Northern region

Support Sought from Arabic-Specific Services: Northern Region

Chart showing % of Respondents:
- Info. & Referral: 41%
- Social/Cultural Support: 37%
- Interpreting or Translation: 28%
- Religious Support: 22%
- Family Support: 19%
- Legal Support: 31%
- Financial Assistance: 44%
- Housing Assistance: 12%
- Health/Wellbeing: 34%
- Education & Training: 31%
- Professional Development: 37%
- Recreation: 50%
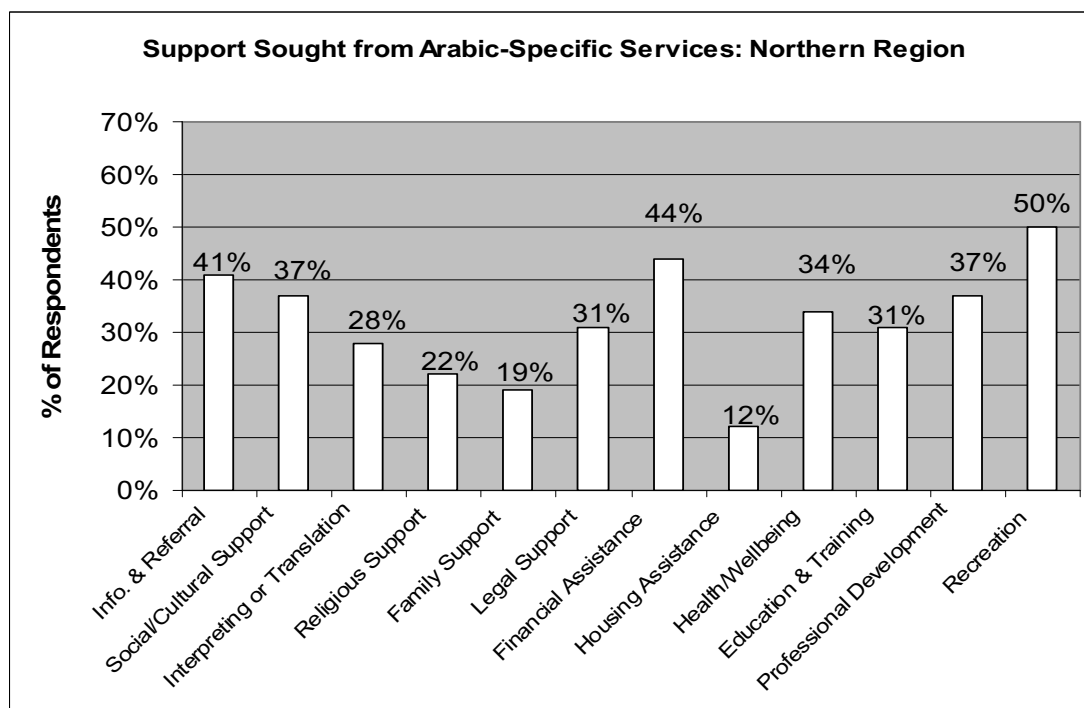
From the Western region, the most sought Arabic-specific service was social and cultural support (75 per cent), followed by health and well-being (60 per cent). Fifty-five per cent of respondents utilised interpreting and/or translating services, legal information and/or assistance, and recreation services.

Figure 82: type of support sought from Arabic-specific services: Western region

Support Sought from Arabic Specific Services: Western Region

Chart showing % of Respondents:
- Info. & Referral: 50%
- Social/Cultural Support: 75%
- Interpreting or Translation: 55%
- Religious Support: 30%
- Family Support: 45%
- Legal Support: 55%
- Financial Assistance: 35%
- Housing Assistance: 35%
- Health/Wellbeing: 60%
- Education & Training: 45%
- Professional Development: 45%
- Recreation: 55%
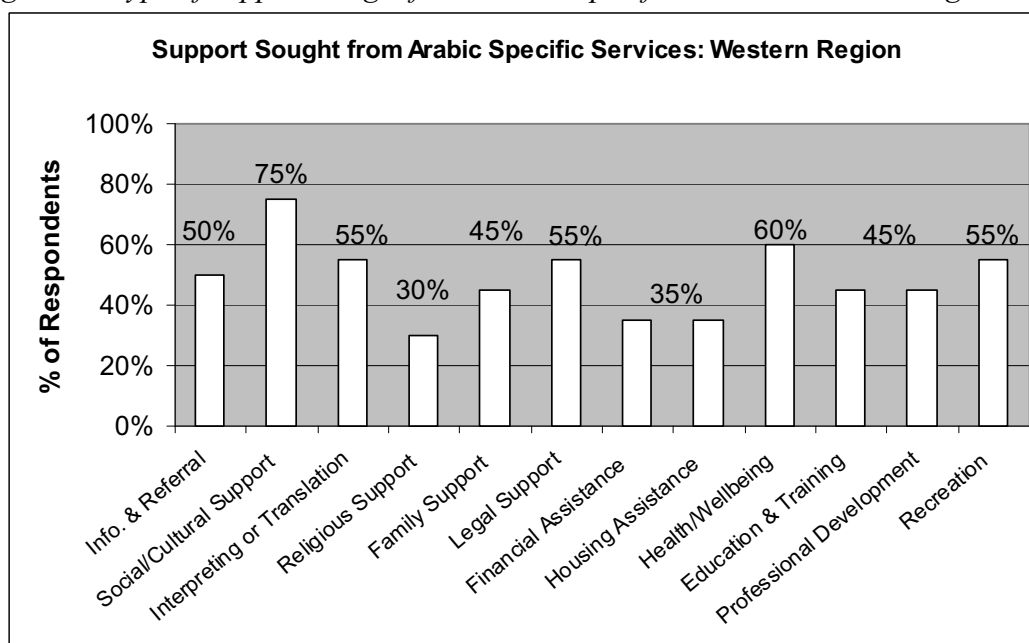
The most sought Arabic-specific services in Shepparton (71 per cent) were health and well-being, followed by financial assistance, housing assistance, education/training and recreation (57 per cent each). The services least utilised (1 out of 7 respondents), were information and/or referral, interpreting and/or translating, religious support and

family support. The one service that was not used by any respondents was social and cultural support.

Figure 83: type of support sought from Arabic-specific services: Shepparton
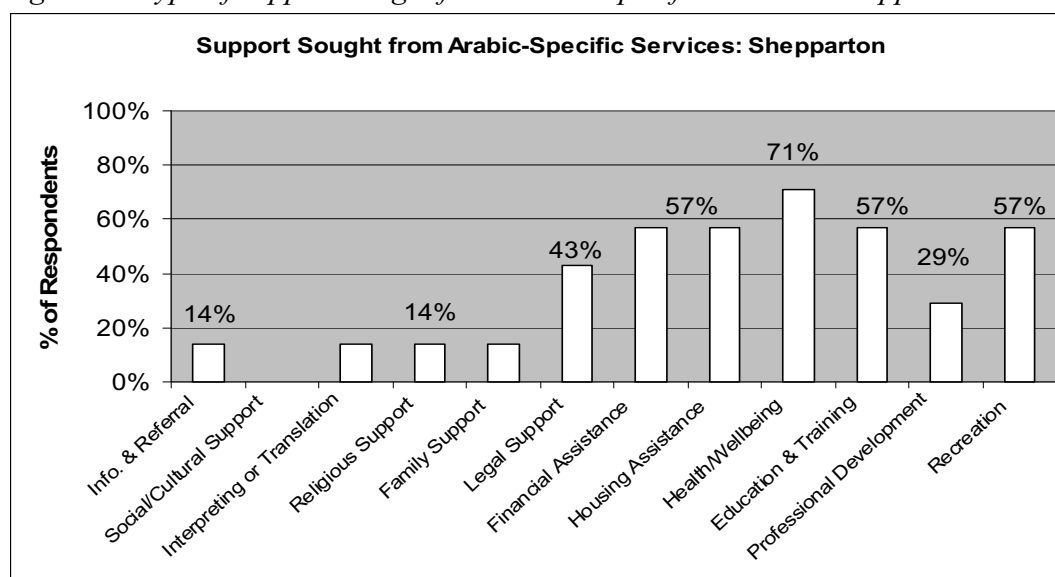
Analysis by gender across the regions shows that health/well-being and recreation were the most sought after Arabic-specific services by female respondents (62 per cent). These were followed by interpreting and translation (53 per cent), and both social/cultural support and education/training (47 per cent each). The two least sought Arabic-specific services or support by female respondents were religious support(18 per cent) and housing assistance(35 per cent).

For the male respondents, three types of Arabic-specific services or support were utilised by 44 per cent of respondents. These were financial assistance, information/referral and social/cultural support. The two next most-used services (40 per cent) were legal support and recreational activities. Interpreting and/or translation, family support and housing assistance were the three least sought types of Arabic-specific services.

One significant difference between the male and female respondents in terms of the type of Arabic-specific services sought out was a greater interest by females (53 per cent) for interpreting and/or translating assistance than their male (12 per cent) counterparts. Male respondents tended to opt for financial assistance, information/referral and religious support more than their female counterparts. Of these the difference between male and female respondents was with religious support: 18 per cent of females as compared to 32 per cent of males.

Figure 84: type of support sought from Arabic-specific services: analysis by gender
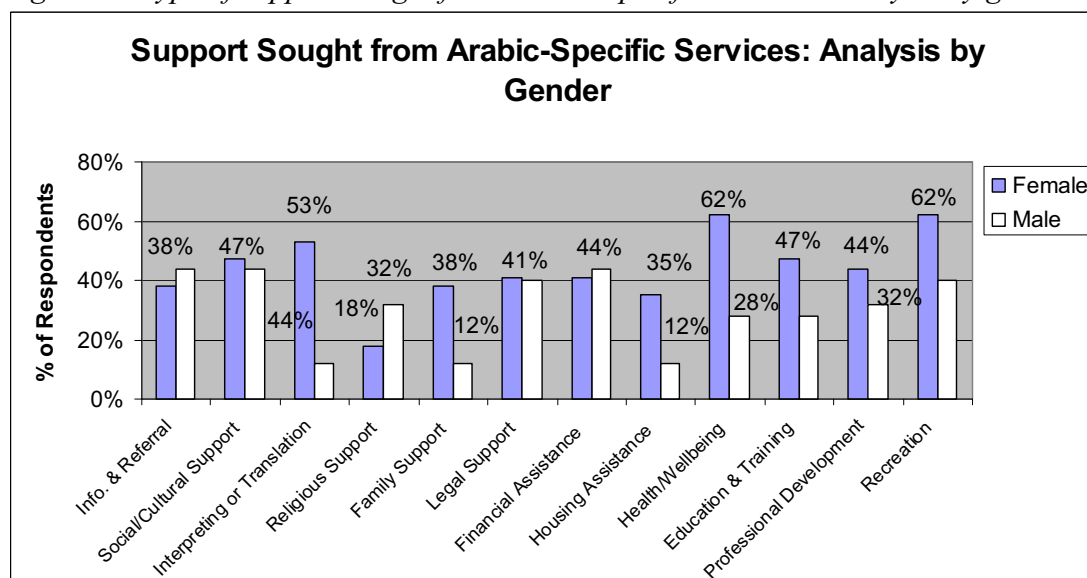
Analysis by gender and region reveals that the most sought Arabic-specific service by females in the Northern region was interpreting and/or translating (47 per cent), followed by health/well-being and recreation (both by 40 per cent of respondents). For women from the Western region, the most sought service was social and/or cultural support (80 per cent) followed closely, as with females from the Northern region, with health and well-being and recreation (both by 73 per cent of respondents). In Shepparton, the services sought by all 4 female respondents were housing assistance, education and training, and also health and well-being and recreation.

The least sought Arabic-specific service by female respondents in the Northern region was religious support (7 per cent). This was followed by family support, financial assistance and education and training (27 per cent).

In the Western region, the least sought type of service by the female respondents was religious support and also housing assistance (both by 33 per cent of respondents). The minority of female respondents (25 per cent) from Shepparton sought interpreting and/or translating assistance and family support. Three Arabic-specific services that were not sought were information and/or referral, social/cultural support and religious support.

Figure 85: service type sought from Arabic-specific services: analysis by gender
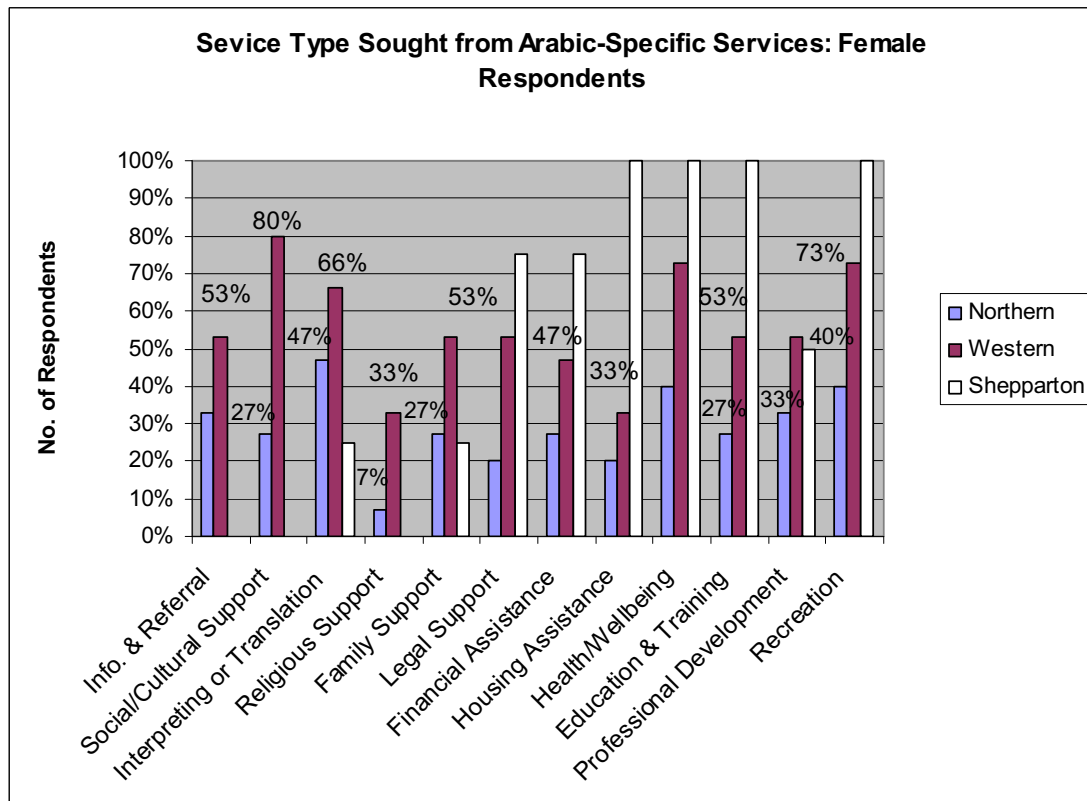
For male respondents from the Northern region, the most sought Arabic-specific service was, as with government services, financial assistance (59 per cent) and recreation (59 per cent). Information and/or referral and social and/or cultural support were the next most sought services (47 per cent each). For the male respondents from the Western region, the two most sought services (60 per cent) were social and/or cultural support and legal information and assistance. The two next most sought services, by 40 per cent were information and/or referral and housing assistance. From Shepparton, 4 services were sought, one by each of the respondents. These were: information and/or referral, religious support, financial assistance, and health and well-being.

Figure 86: type of service sought from Arabic-specific services: male respondents
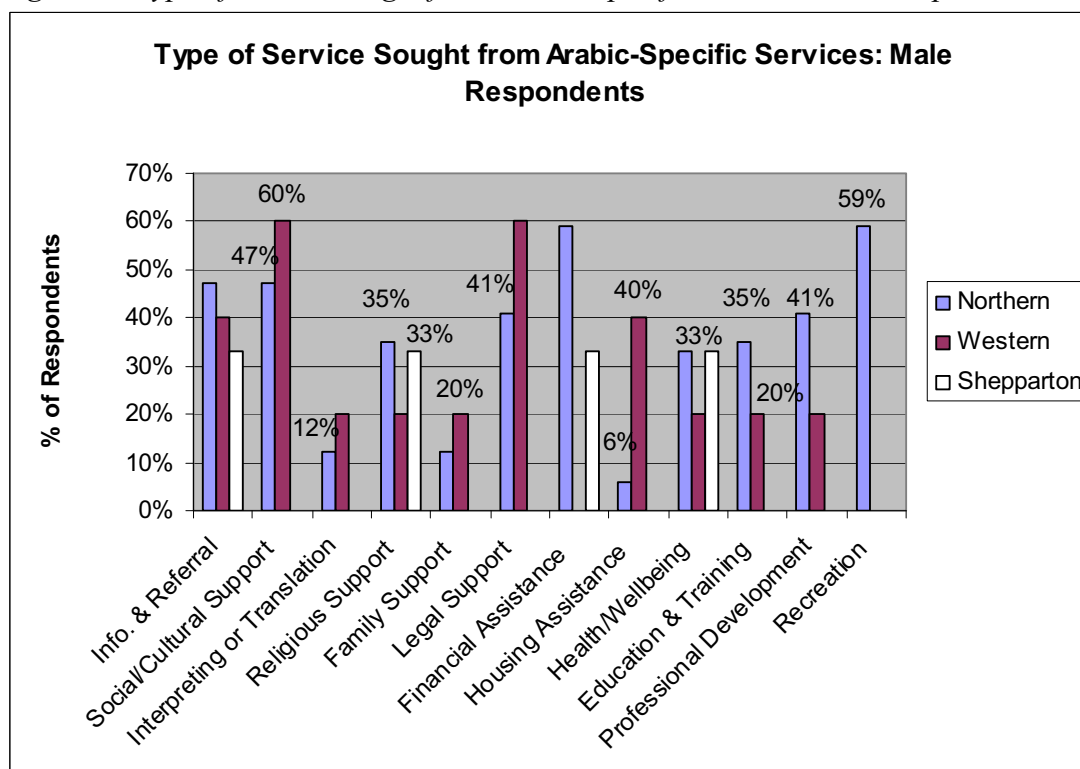
The least sought Arabic-specific service by male respondents from the Northern region was, (as with government services) housing assistance (6 per cent). This was followed by interpreting and/or translating and family support (12 per cent each). From the Western region, 6 services were the least sought by only 1 out of 5 respondents. Two types of services were also not sought. These were financial assistance and recreation.

From Shepparton no other services (than those identified above) were sought. The male respondents therefore did not seek social/cultural support, interpreting/ translation, family support, legal information and/or assistance, housing assistance, education and training, professional development and recreation.

6.3. Descriptive report of results from refugee questionnaire

As previously mentioned, 2 questionnaires were conducted. The majority of refugees completed this second questionnaire, which sought information on:

1. Their needs since arriving in Australia and whether or not these needs have been met;
2. Persons/services they have sought and received support from;
3. Services they are aware of and have accessed;
4. How they learnt of these services;
5. How they felt about the quality of service received;
6. The type of support/service that is of most importance to them;
7. How they perceive their current settlement situation.

Respondent characteristics
This questionnaire was completed by 19 refugee respondents. The majority of these respondents (63 per cent) resided in the Northern region whilst 37 per cent resided in Shepparton. The majority of respondents were also females (79 per cent). Women between the ages of 26 and 49 were the largest group (42 per cent), followed by young people aged between 16-25 (21 per cent), and men also aged between 26 and 49. The two least represented groups (both 10.5 per cent) were young people aged between 12-15 years of age and persons aged 50 plus. All of the respondents were from Iraq except for one from Kuwait. The majority of the respondents have been in Australia for 3 years (26 per cent). The shortest period of time in Australia amongst these respondents was one year and 4 months (5 per cent), whilst 7 and 8 years was the longest period of stay for 2 of the respondents.

Need since arriving in Australia
The questionnaire identified 13 possible needs, and respondents were asked to place a check beside those that were of relevance to them. Space was also provided for needs not listed. All of the needs identified were checked, but some proved to be more popular than others. The most sought need was housing (89 per cent), followed by financial support, health services and dentistry (checked by 74 per cent of respondents). The next 4 most sought services, by 68 per cent of respondents, were rent assistance, language support/interpreter, travel assistance (in order to get to particular places and appointments) and cultural support. The least checked was counselling services (32 per cent).

Figure 87: needs since arriving in Australia
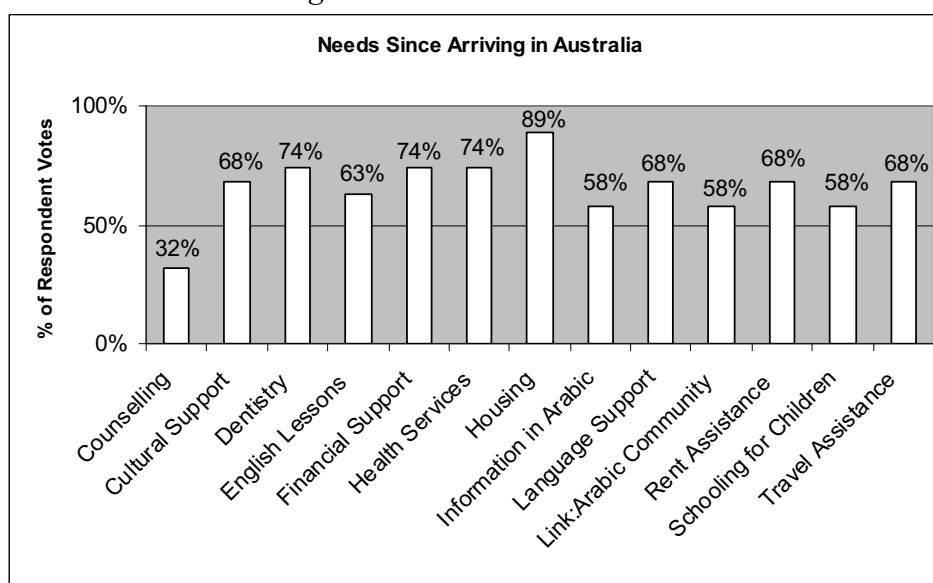
Have needs been met?
Respondents were given 3 possible answers to choose from: 1) yes, all needs have been met; 2) some needs have been met, and 3) no needs have been met. One respondent did not answer this question, and all of the remaining respondents checked either one of the first two options. That is, 32 per cent of respondents felt that all of their needs have been met, and the remaining 63 per cent of respondents felt that some of their needs have been met. A closer look by region shows that 50 per cent of the

respondents from the Northern region had experienced all of their needs being met, whereas none of the 7 respondents from Shepparton had experienced this.

Figure 88: have needs been met?
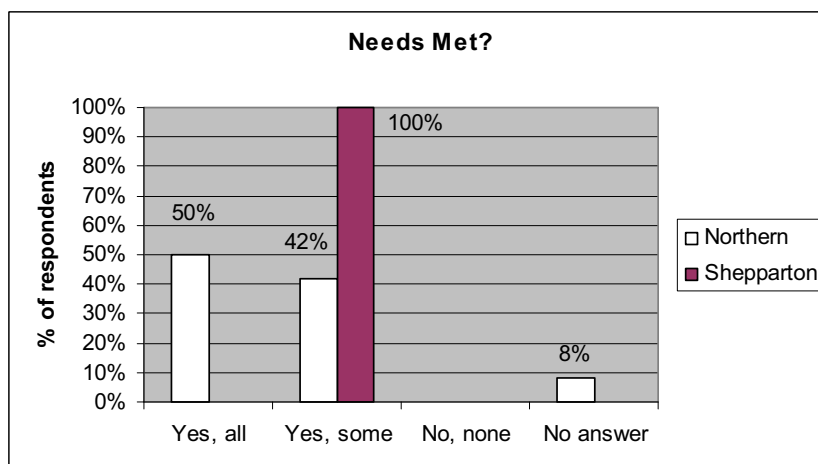
An analysis by gender also revealed that none of the 4 male respondents had all of their needs met.

Support received

The purpose of this question was to identify who the greater supports for the refugee respondents have been. Once again, 12 possible supports were listed and respondents were asked to put a check besides those who provided support. The results showed that support from Centrelink was received by most (79 per cent) of the respondents, followed closely by family and friends residing in Australia (74 per cent). The next most mentioned services that have offered support were hospitals and medical clinics (58 per cent), Arabic-specific services (53 per cent), the Adult Multicultural Education Services (AMES) (48 per cent) and Arabic-specific support groups (42 per cent). Support was least received from Migrant Resource Centres (10 per cent), mainstream support groups (16 per cent) and counselling and/or torture and trauma services (26 per cent). No other support persons or services were identified.

Figure 89: support received from existing services
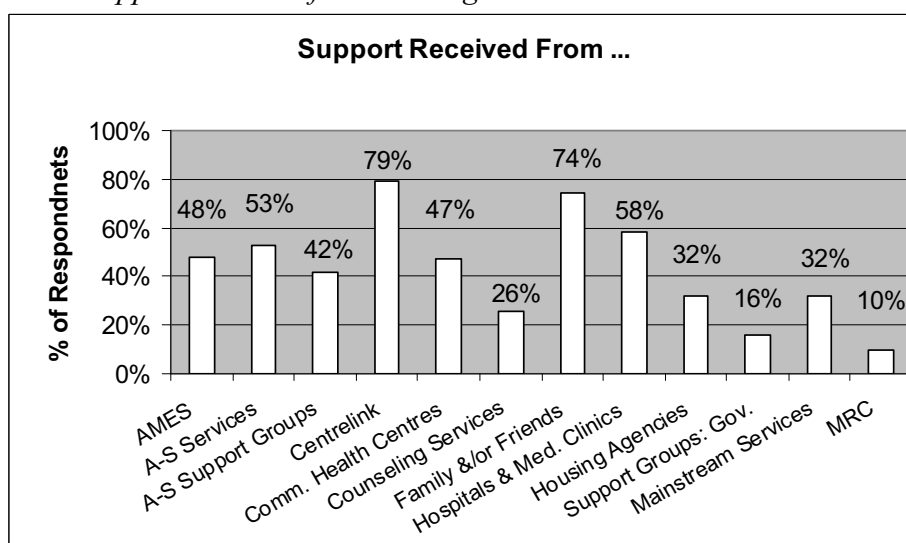
Knowledge of existing services
Respondents were next asked to identify how they learnt about existing support services. Results showed that for the majority of the respondents, this information had been passed on to them from family and friends (63 per cent). The next most common way in which respondents learnt of existing support services was by going to mainstream support services and requesting the needed information (37 per cent). It seems that these respondents have received little or no information via mail from either mainstream and or Arabic-specific services (21 per cent). Further, only a small number of the respondents had learnt of existing support services from having visited an Arabic-specific service. Knowledge of existing services had least of all come from the Department of Immigration and Multicultural Affairs (DIMIA).

Figure 90: knowledge of existing services
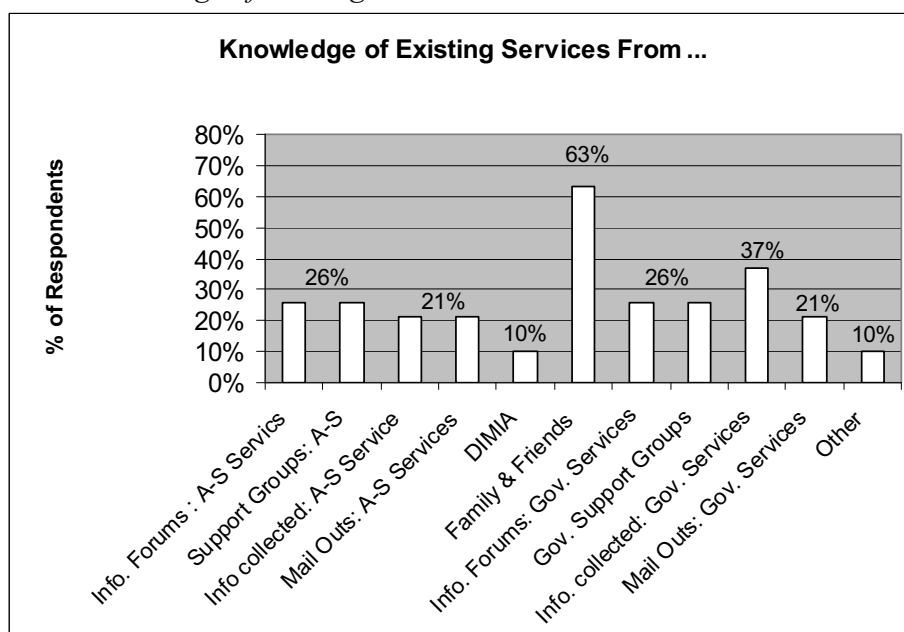
Quality of service received
One respondent (5 per cent) did not answer this question, but of those who did the majority felt that the support/assistance that they had received was 'very good' (53 per cent). A further 42 per cent of the respondents felt that the quality of service received was 'good'. No respondents checked 'poor' for quality of service received.

Figure 91: quality of service received

Quality of Service Received

Missing Info
5%

Very Good
53%

Good
42%
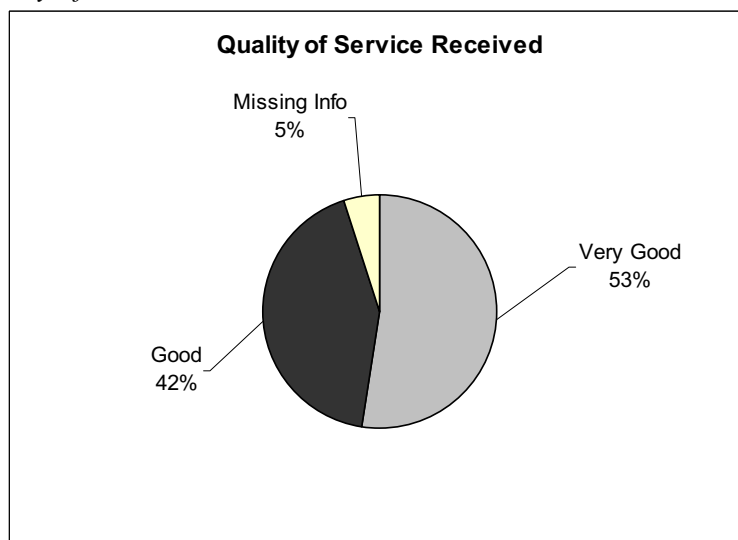
Service type of most importance

Respondents were asked to identify the type of service/s that was of greatest importance to them. Ten service types were identified for them as well as the option of adding to the list. The most checked (79 per cent) by respondents was the need for bilingual workers. This was followed closely (74 per cent) by face-to-face interpreting. The next 3 services that were considered of importance by 68 per cent of respondents were telephone interpreting, the availability of English language classes and the need for cultural awareness by mainstream services. Sixty three per cent of respondents also identified the need for more contact with Arabic-specific services as important.

Figure 92: service type of most importance

Service Type of Most Importance

% of Respondnet Votes

100%

50%

0%

79% 63% 68% 13% 74% 53% 47% 68% 42% 58%

Bilingual workers
Contact with A-S Services
Cultural Awareness
English Language Classes
Face-to-face Interpreting
Info Forums: Arabic
Social Support Group
Telephone Interpreting
Travel Assistance
Written Information:Arabic
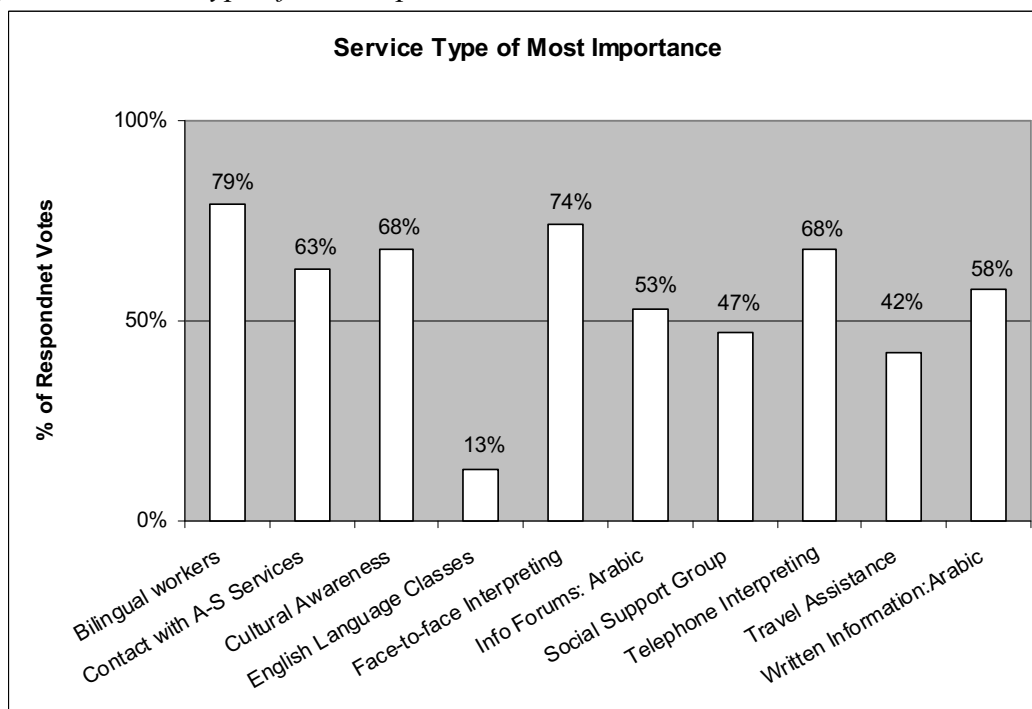
Assessment of current settlement situation

The purpose of this question was to gain some understanding of what stage these respondents were at with regard to settlement, and whether or not they: 1) had the support needed and/or 2) knew of where to get this support. Respondents were given 6 options as well as the opportunity to identify an alternative situation more reflective of their own. The 6 options were:

1. I am comfortable settled and have found the support I need;
2. I have settled but there are unmet needs. I don't know who can help me;
3. I have settled and there are unmet needs. I know who can help me;
4. Still in the early stages of settlement and am lacking the support I need;
5. Still in the early stages of settlement but have family to lean on for support;
6. Still in the early stages of settlement and am dependant on support from social services.

Two respondents did not answer this question and three others identified another situation more reflective of their own circumstances. Of the remaining respondents the answers were spread out across five options. The most common situation as identified by 21 per cent of the respondents was option number two. That is, they considered themselves to have settled but continue to have unmet needs and do not know who they can turn to for assistance. A further 16 per cent of respondents considered themselves to be in the early stages of settlement and lacking the support needed (option number 4). None of the respondents identified as being in the early stages of settlement, yet having family to lean on for support.

This result is a little surprising since the majority of the respondents have not been in Australia for more than 3 years and most (89 per cent) identified housing needs, with only 32 per cent having received support from housing agencies. Further, most (74 per cent) had previously identified as having received support from family and/or friends. Besides this, the least checked option was number 6. Only one respondent considered themself to be in the early stages of settlement and dependent on support from existing services. The remainder of the options (numbers 1 and 3 above) were checked by 3 respondents each. That is, 16 per cent of respondents considered themselves to be: 1) comfortably settled and have the support needed, and 2) settled with unmet needs, but knowing who to turn to for assistance.

Figure 93: assessment of current settlement situation

Current Settlement Situation

% of Respondnets

Comfortably Settled & Supported	16%
Settled; Unmet Needs; Who Can Help?	21%
Settled; Unmet Needs; Supports Known	16%
Early Stages of Settlement; Lack Support	16%
Early Stages; Dependant on Social Services	5%
Other	16%
Did Not Answer	10%
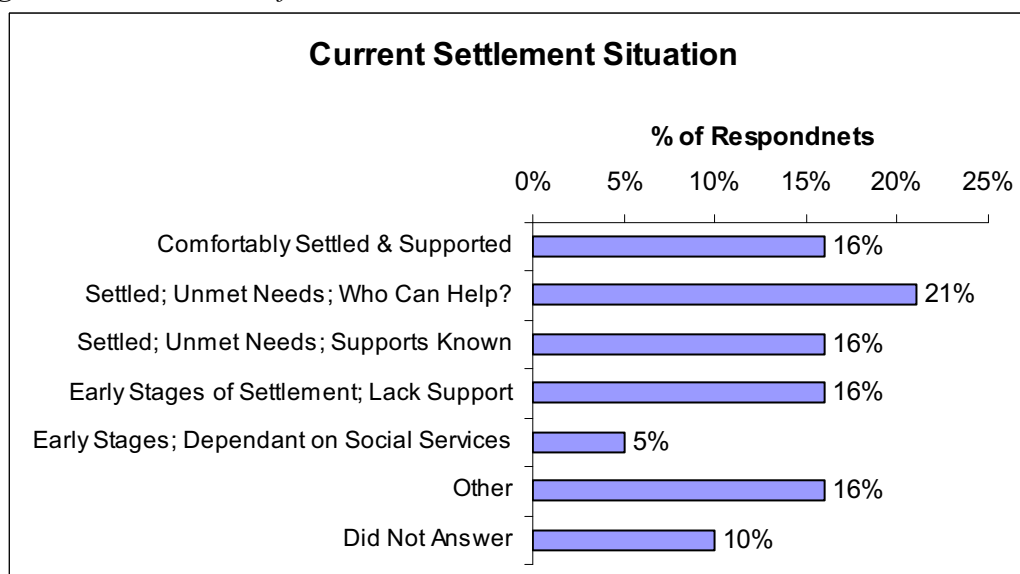
6.4. Conclusion

The findings of this study relating to refugees are not surprising. In fact, the situation of asylum seekers in general and temporary protection visa holders (TPV) in particular remains unsatisfactory at all levels: policy, public awareness, media coverage and access to settlement services. There are signs at the federal level that the situation could improve in the future in particular in light of the recent Conservative politicians lobbying the Howard government and more positive, if not perfect, policy announcements by the Australian Labor Party.

The needs of refugees and humanitarian entrants are, undoubtedly, essential to successful settlement outcomes. These needs as have been consistently reported in studies are not being easily accessed because of limited government funding arrangements. Perhaps, equally important from the refugees' perspective is the sense of social dislocation and cultural alienation that have developed as a result of the negative attitudes towards asylum seekers coming out of Canberra and certain section of the media. The work of community organisations to provide settlement services and social and cultural support is all the more critical for this vulnerable group of settlers.

CHAPTER 7.   VASS AS A CASE STUDY OF SUCCESSFUL CAPACITY BUILDING

Because capacity building is an ongoing process, the activities implemented and the programs designed, for instance training or networking, need sufficient time and commitment to succeed[163]. Current long-term investment views of capacity building initiatives involve certain costs (time and resources) and without this, effective and true capacity building will be jeopardised[164]. Furthermore, evaluation by community organisations of their own capacity building programs is limited, and there exists little evidence from community organisations of the success and effectiveness of their programs. The recent influence of external relations with regard to the impact and success of community organisations intervention is now obvious. Community organisations are now accepting that they cannot promote an active civil society in isolation since they are merely one agent amongst a variety of stakeholders. Consequently, in order to facilitate development, community organisations must be effective collaborators and participators with other stakeholders. However, there is still relatively little known about how linkages between partners work operationally and how they affect the way an organisation and its partner (for example the state government), functions. While policy documents between sectors encourage collaboration and partnership, a significant structural barrier exists in the development of genuine partnership formations across agencies[165]. This barrier is a result of insufficient detail, direction or models to be adopted, utilised or expanded upon, at the policy level within the various sectors involved.

In addition, the success of many capacity building interventions is highly dependent on the context, therefore there must be a systematic and rigorous analysis of the specific framework in which the community organisation is operating. As already stated, evaluation is an important factor of capacity building programs that has been relatively neglected.

Perhaps the most important factor hindering capacity building is knowledge. There is a general lack of information and understanding of what capacity building is[166]. This reinforces various misconceptions about capacity building as an activity that requires funding, which in turn results in dependent organisations. Even when there is knowledge and a desire for capacity building programs, it is often difficult to determine what help is required and where to access help. Commentators claim that education as well as technical assistance is instrumental to community organisations in order for them to access the latest capacity building developments[167].

Stronger infrastructures are needed within organisations in order to replicate effective strategies, encourage sharing of best practices, as well as to enhance the relationship between capacity building and the larger aims and objectives of the organisation[168].

7.1. A capacity building case study: VASS

The Victorian Arabic Social Services (VASS, formerly Victorian Arabic Network), was established in 1981 as a network of community and welfare workers who serviced the welfare needs of the Arabic community in Victoria. Since its inception, VASS has been a dynamic organisation that fulfils a number of roles, including:

- advocating on behalf of the Arabic community on welfare needs;
- acting as a consultative body to government and non-government agencies on policies and services development as they affect the Arabic community;
- monitoring gaps in services available in relation to emerging and changing needs of the Arabic community;
- addressing identified needs in services through lobbying appropriate departments or seeking resources and funds to fill the gaps;
- developing discrete projects aimed at serving the overall welfare and well-being of the Arabic community;
- promoting the positive contributions made by Arabic Australians to Australian society.

The project aimed, among other objectives, to establish and enhance strong organisational infrastructure and capacity of VASS to articulate to government and service providers the needs of the Arabic-speaking communities and how best to meet those needs.

7.2. Indicators of success

Building organisational capacity does not necessarily mean that the capacity of the overall community that the organisation serves is strengthened[169]. Nevertheless there are instances in which organisational capacity building will result in community capacity building, particularly if the organisation fosters a sense of community and commitment among the citizenry, if it provides a forum for addressing community issues, and if it fosters access to resources within and beyond the community. At the same time, the organisation must build leadership, social capital and associational ties among various other organisations[170].

To identify the correlation between organisational capacity building with community capacity building, the following questions demand a positive answer: Does the organisational capacity building program nurture, diversify and multiply skills and talents? Does it act as a vehicle to bring people together in order to discuss pressing issues and concerns, in order to identify and act upon shared visions and goals? Does it foster an organisational infrastructure in the community that is based on collaboration and inclusion in a way that is responsive to local issues?

Another way of measuring the organisation is the extent to which the mission statement of the organisation is generated around community outcome goals to which the organisation holds itself accountable. This will aid a strong connection of the organisation with its constituency and provides an important indicator for measuring organisational effectiveness. As Chaskin et al (2001:90) claim:

> A well-informed and active constituency can provide ongoing feedback about how well an organisation is fulfilling its mission and how emerging needs and changes in the environment might require changes in the organisation's policies and practice. A strong community base also helps an organisation to make a credible case for more funding and to have a voice in policy debates on issues…that are likely to have significant effects on the neighborhood. Thus, an active and engaged constituency is related to both organisational and community capacity: It can enhance an organisation's power and voice, and it can increase the

community's role in shaping organisational agendas to be more responsive to the needs of the community.

Self-reliance defines strong communities. That is, the community has sufficient resources (that it controls), to produce positive and diverse outcomes to enable members to live the types of lives they desire and aspire to, and is able to adapt to crises and various external pressures. To do this, a strong community needs the following: capable leadership, skills and knowledge, partnership between public and private sectors and a strong volunteer program[171].

7.3. Results from VASS staff questionnaire

A comprehensive attitudinal questionnaire involving VASS staff members was undertaken with a view to mapping VASS' organisational structure and soliciting staff views and concerns over a range of related issues. In total 10 staff members participated in the questionnaire, however this is by no means a representation of all staff working at VASS, as students on placement for example, did not take part.

VASS structure and staff expertise:
VASS is a small but dynamic organisation that relies on a Committee of Management (COM) made up of 10 members. All are volunteers with the exception of the manager, who is a fully paid employee. The structure is essentially a hierarchical one where project workers report to the manager who in turn reports to COM. This is not to say that the structure does not allow for horizontal and direct interactions between project workers and COM. Certainly, the perception of VASS workers is that within their specific job portfolios, the interaction is more directly focused on reporting to the manager rather than to COM. This is not surprising given that COM's main task, after all, is not to micro-manage VASS, but to shape its strategic direction, articulate its mission and perform the critical role of advocacy and fundraising for the various social and cultural programs. However, as indicated by those staff surveyed, the issue of limited access leads to a sense of isolation and a lack of 'peer review' and feedback needs to be addressed by the organisation as a whole, not just the manager.

As far as the manager's duties are concerned, they include supervising the various projects coordinated by part-time and casual employees who focus on issues of concern to the Arabic-speaking community, whether relating to refugees, multicultural education or the elderly. The following is a detailed list of the VASS structure:

1. Administrative and Finance Officer
2. Cultural Diversity Project Coordinator
3. Coordinator of Volunteers (Aged Care Social Support Program)
4. Arabic Elderly Support Worker (City of Hobson's Bay)
5. Refugee Support Worker
6. Youth and Family Settlement Program Coordinator
7. Arabic Youth Support Worker
8. Manager
9. Family Support Worker
10. Policy and Projects Officer

Of the 10 positions listed above, only two were offered on a full-time basis (Manager and Coordinator of Volunteers), with 7 staff members being employed on a part-time basis and one staff member on a casual basis.

An analysis of staff qualifications reveals that overall there is a high level of expertise amongst the 10 staff that participated in the survey. The mix of qualifications varied between generalist university higher degrees in areas such as sociology and community development and more vocational training certificates in computer and information technology and management among other disciplines.

The language proficiency levels in both Arabic and English are high, with all staff being able to operate in both languages competently. The level of competence, of course, varied between individual staff members but overall is more than satisfactory.

Ongoing professional training needs of VASS staff
As part of building up VASS' capacity and ability to meet ongoing and sometimes differing needs in the Arabic-speaking community, it is essential that VASS staff are offered opportunities for targeted professional development in emerging areas of concern. The greater demand for VASS services means that the core personnel are expected to perform an ever-increasing variety of tasks that often demand specialised expertise. The questionnaire conducted with VASS staff revealed that this is indeed already happening within the organisation, with staff members attending in 2003 a number of such training courses ranging from submission writing and grief counselling to mediation and volunteer policy development.

However, VASS staff also indicated that there is an urgent need to upgrade their skills in a number of generic areas such as computer programs, management of not-for-profit organisations, and advanced accounting (for example, quicken accounting software usage). Staff needs, in order to achieve project objectives and outcomes, as articulated in their own words, include:

- "Consult workers when training sessions are run so that workers can fit them into their workload."
- "Availability of more resources to draw from."
- "To be able to focus on one project at a time."
- "More research to identify issues in the community in a professional manner."
- "More support from VASS administration."
- "An extra work day to help cope with demand."
- "Referrals of clients from established Arabic groups and mainstream services."
- "Feedback and status to support request for expansion of program."
- "Meeting space at VASS for community groups."

A number of issues were identified by staff as still being of concern. These include, in order of importance, work environment (such as space, equipment, health and safety issues), workload, professional training requirements, decision-making processes, provision of information regarding VASS core mission (goals and objectives), networking with other Arabic-specific organisations and VASS organisation and internal support structures (staff roles and/or relationships and so on).

Staff perceived needs of the Arabic-speaking community

This section was aimed at soliciting staff views and opinions on what was needed for VASS to meet the needs of the wider Arabic-Australian community in Victoria. To this end, the survey analysis shows that the staff perceive VASS as "a community organisation that advocates and is committed to tackling the underlying issues (facing) the community" in particular, social issues. Interestingly, and this is perhaps where VASS differs from similar community organisations, the staff surveyed in this study indicated that their vision for VASS is to be honest in identifying the existing problems and clear in its commitment to undertaking robust research (through partnership with external bodies such as Deakin University), in order to identify optimal ways to address these problems.

On a different issue, relating on how the staff view the community's expectations of VASS, the survey reveals a complex picture of an organisation that navigates between advocacy, service provision and direct intervention in conflict resolution. As articulated by VASS members, the community views VASS as "an Arabic-specific organisation that: (1) is active in reaching them and empowering them through the provision of information and opportunities that they can take up; (2) consults with them about their needs so that service practice/s can reflect this (empower them and their voices); (3) puts resources (financial and/or other) into the community; (4) is not only available, but active in ensuring that they are accessible; (5) is non-religious and non-political in philosophy and practice; and (6) is professional in practice, representative of the community and is active in ensuring their practices are accountable."

As far as specific projects are concerned, VASS staff identified the following target groups as being of more immediate concern to their organisation:

a. Youth: in particular support in schools with education (tutoring, cross-cultural conflict management in multicultural schools), support in their social needs (that is, identity and citizenship); support with employment assistance programs; recreational activities and so on.

b. Newly arrived/refugee youth: in particular the need to have social support about settling in Australia and practical strategies to overcome social and cultural barriers.

c. Women: in particular the need for social support in dealing with domestic violence issues, settlement issues for long-term residents not only new and dealing with mental health issues.

d. Elderly (men and women; carers and persons with a disability): general support and information on services to support them to stay at home, social integration activities and referral services.

e. Refugees: information about the appropriate settlement resources and referrals, advocacy, networking with appropriate service providers (legal, health, educational, vocational, parenting, gender-specific and ethno-specific) and individual case management.

Overall, the majority of staff felt that the organisation was undertaking crucial work within the community and is working hard to meet the Arabic-speaking community's increasing needs. However, there is concern about VASS' increasing workload and commitments within the community which is not matched by available resources and existing personnel. Particular areas are of concern are youth education, elderly social support and refugee settlement. .

7.4. VASS' limited resources and its future viability

Given the crucial social role performed effectively by VASS in the community, it would be a most desired outcome for all concerned if VASS was able to access sufficient resources so as to continue to meet the needs of Arab-Australians on a more predictable basis. This makes sense both socially and financially since settlement services will need to be provided if not by a community-based organisation such as VASS, than by a mainstream service provider, ultimately less able to provide services thatare culturally and linguistically appropriate.

However, the current limitations on funds and resources available to VASS are likely to persist in the immediate future unless a fresh injection of funds for a longer period is secured. However, as a community organisation with structural and financial limitations, VASS will have to prioritise its operations in the immediate future whilst working to increase its financial base in the medium to long-term. There is certainly a need for a clear articulation to staff and the wider community of key intervention areas that will be covered by VASS workers as a matter of priorities. VASS has already embraced this philosophy by focusing more explicitly on refugee settlement and youth education. Such a move, whilst not solving the financial inadequacies, should enhance VASS' organisational sustainability and its viability as a dynamic community organisation.

VASS has also indicated a willingness to engage in multi-dimensional assessment of its capacities including stakeholder assessment, information flow assessment and social capital assessment. At the organisational level there exists a variety of management, evaluation and audit approaches that include management audit, systems analysis and strategic planning (*see for example Planning Day notes included in the Appendices*). At the individual level, assessment is made on an ongoing basis in order to determine skills, training, and level of expertise of staff.

VASS, as a community organisation is affected by internal factors inherent to its own structure, as well as external factors linked to community needs and financial arrangements. Whilst VASS can be reasonably expected to improve its internal organisational structure in order to maximise efficiency and sustainability, in truth much of VASS' performance depends on external factors.

The success of an organisation depends on its capacity to set goals and objectives and to implement tools by which to measure and evaluate outcomes[172]. Objectives act as roadmaps. They direct the organisation to its destination and become the locus used to measure performance. Strategic planning, therefore, also involves highlighting a specific set of target activities and anticipated outcomes. Finally, at each level of administration, objectives must be consistent with the overall organisational purpose and must be attainable but sufficiently challenging to reap rewards.

However, the setting of goals and objectives or the 'material aspects' resulting in the plan of action are insufficient on their own and must be met with the ability to innovate and reflect. Consequently the plan must be constantly adapted in order to respond to external and internal circumstances. Therefore the development of successful strategies can only be achieved through the interplay between planning, acting and evaluating[173] .

Technical assistance for specific issues dealing with fundraising, board or staff development is at the core of capacity building of nonprofit organisations[174]. Technical assistance can be used for staff and board training, for more focused, specific problems and opportunities, or as self-directed, for print readings or use of Internet sources. Capacity building technical assistance together with the organisational internal efforts produce good performance levels and result in a) program delivery capacity: improvement of the organisation to fulfill what it already does; b) program expansion capacity: improvement in the growth of the organisation and c) adaptive capacity: improvement in the organisational ability to sense needs and respond to those needs by re-invigorating existing programs or innovating new programs.

7.5. Conclusion

Building the capacity of nonprofit organisations has generally occurred at the organisational level by improving financial management practice and fundraising capabilities. However, capacity building is a broad concept that is moving beyond the conception of organisational building based on funding and technical assistance and skills and leadership development[175]. This is because effective capacity building incorporates the overall system, environment and social context within which the organisation functions. Within this perspective, issues, events and forces within organisations are seen as interlinked rather than isolated and change in one aspect of the organisation is seen to have an impact on various other aspects of the organisation.

Whilst VASS seems to be well positioned to meet the dynamic nature of this condition of capacity building, it is still facing a considerable challenge e to consolidate its financial foundations, increase its volunteer base and bring about more participatory partnerships with government agencies and other community organisations alike. The success of VASS should be the concern of all and not only the immediate stakeholders, because ultimately the social benefits generated by VASS activities flow on to the wider community.

CHAPTER 8: CONCLUSION

This research project set out to undertake a comprehensive, though by no means exhaustive, analysis of the needs of the Arabic-speaking communities in three regions, and the services available to them via mainstream and community-based providers. The core objectives of this inquiry are to assess the level of support members of the Australian-Arabic communities receive, and the quality of the services they access through various services providers. The services audit and the needs assessment are ideal research tools to highlight shortcomings of service provision in terms of quality and mode of delivery, and possibly identify 'gaps' where services are needed but have not been provided. This conclusion chapter will provide a synthesised brief summary of the key findings from both the services audit and the needs assessment, followed by a focused analysis of 'services gaps' that should be pursued as a matter of priority.

8.1. Summary of findings

The comprehensive survey of mainstream services available but not exclusive to Arabic-speaking Australians, found that no less than 1842 services were provided by various government agencies in the three regions included in this study. The services audit shows clearly that the Northern and Western metropolitan regions offer a much larger number of a wider variety of services (949 and 835 services respectively). This is significantly higher than the Goulburn Valley region, where only 58 services have been identified. The types of services offered most commonly across all three regions are recreation services, family support, and health and well-being services. Surprisingly, employment-related services accounted for only 23 out of the total of 1842 services available across the three regions. Across all regions and target groups, only half (49 per cent) of all respondents had accessed government services, indicating a large gap in service access.

Surprisingly, the proportion of access to and usage of Arabic-specific services is even lower than that reported for mainstream services. In fact, only 35 per cent of the respondents have accessed one of the 529 services targeting Arabic-speaking communities. These services range from support groups and religious services, to recreation and education.

Results from the research suggest that for those respondents who have used Arabic-specific services, 44 per cent indicated that some of their needs had been met and 27 per cent felt that all their needs had been met. Only 5 per cent of respondents felt that none of their needs had been met. These are similar to those reported for mainstream services with a slightly higher proportion (7 per cent) of respondents indicating that none of their needs had been met.

The most significant finding relating to both government and Arabic-specific service providers is that a considerable number of respondents felt that they had little or no information about the availability of services. In fact, more than half (54 per cent) of the respondents indicated that their reason for not accessing Arabic-specific services was lack of knowledge that such services existed. A comparatively lower but still significant number of respondents (24 per cent) indicated that they had not accessed government services because of lack of information. This result highlights an urgent

need for a more effective transmission of information about such services to the Arabic-specific community.

As far as the VASS case study is concerned, the research confirmed the widely-held view that the organisation's limited resources are over-stretched to breaking point, with many staff members realising that they are increasingly unable to deliver the many services expected of them. The challenges facing VASS, according to a wide-ranging staff survey, were less structural (only 10 per cent thought the structure can be improved) and more financial, due to lack of medium to long-term funding opportunities. The participating staff identified a number of key needs for VASS, most notably further training for staff, more resources to commit to the projects undertaken and a clear identification of aims and objectives, as well as more formalised and effective reporting and evaluation procedures;

8.2. The challenge of improving services

The picture about the needs of the Arabic-speaking community that emerges out of this research project is a complex one, influenced by numerous factors ranging from age, gender and settlement length to geographic location, resources allocation and government policies. However, the research findings point towards a number of empirical realities that cannot be ignored if sustainable improvement to services provision is to be achieved in the long run.

Among the important problems that need to be addressed as a matter of urgency, is the apparent failure of existing information and referral systems. It is simply unacceptable that 54 per cent and 24 per cent of respondents indicated lack of knowledge of Arabic-specific and mainstream services respectively. It is surely the responsibility of the agency, irrespective of whether it is public or private, to ensure that its potential users are well-informed of the range of its services and their modes of access. To this end, coordinating outreach support workers when necessary can make services more readily available to communities and individuals living in remote districts.

More specifically, the research findings (in particular through focus group discussions) found that vital services such as health are still a major problem for a key segment of the community, namely Muslim women in remote areas such as Shepparton. It is imperative that state departments work with community organisations to promote culturally appropriate health services. As far as housing services are concerned, mainstream service providers need to adopt more direct assistance strategies in locating suitable and affordable housing arrangements, particularly for newly arrived migrants.

Similarly, education support is an area of increasing importance in a number of schools attended by a majority of students from Arabic-speaking background. The department of education and the relevant agencies will need to liaise with parents and schools in order to improve educational achievements, and in particular to address high levels of school attrition by young Arabic-Muslim students.

Perhaps the most glaring gap in services provision is that relating to refugees living on temporary protection visas (TPV) in Melbourne, and in particular those settled in

Shepparton. These TPV holders are an especially vulnerable group of individuals who face considerable obstacles to settle in a new society that seems intent on making their lives as hard as possible, with restrictions on English language classes, family reunion and employment training programs. Given that these restrictions are imposed by the Federal government, it is clearly up to the State government and the relevant service providers to make key settlement services available to refugees on temporary protection visas (TPV). For those TPV holders living in regional Victoria, there is an urgent need for English language programs, female doctors for women refugees, interpreters and employment assistance programs.

The research findings have revealed that Arabic-specific service providers have a limited organisational and financial capacity and therefore, must focus their activities on those services they are best equipped to deliver. This is especially the case for youth cultural services, general recreational activities, social support the elderly and, in partnership with mainstream service providers, health services for women. Given that 27 per cent of those accessing mainstream services indicated they would have preferred the same services to be delivered by Arabic-specific agencies, there is an important and inimitable role to be performed by community organisations in targeted service delivery. To this end, the VASS case study undertaken in this research is a good case in point. The majority of VASS staff felt that the organisation was undertaking crucial work within the community. However, they were concerned that VASS' effectiveness is undermined by the fact that it is under-resourced and under-staffed. The skills audit undertaken in this research shows clearly that VASS is in desperate need of additional resources if it is to continue its vital role in direct service delivery and advocacy activities.

8.3. Future actions

One of the aims of the research presented in this report is to lay the foundations for two major tasks to be undertaken as Stage Two and Stage Three in the overall project aimed at building a resilient Arabic-Australian community. The following is a brief discussion of what these next stages will entail:

Stage two: building the capacity of VASS
It is estimated that this stage will be conducted within a time frame of six months. The second stage seeks to build the organisational capacity of VASS so it can more effectively respond to the needs and issues of the Arabic-speaking communities. This will be undertaken in two ways, and will be directly informed by the data collated in Stage One.

Building Strategic Capacity: A Professional Development Program for individual and organisational members and Executive which will seek the development of new skills and capacities in:

- Leadership
- Negotiation
- Policy development
- Partnership working
- Performance management

Resource Capacity: This will involve building the skills of members and Executive to identify funding sources for future projects, and enhance submission writing skills.

The Program will integrate core competencies with specific reference to the Arabic community, and specifically address the issues identified in the gap analysis undertaken in Stage one through the creation of an Organisational Strategic Plan.

As part of this stage, a process will also be developed to monitor and evaluate the Organisational Strategic Plan, and the development of the capacities of VASS and the Arabic-speaking communities. Both an audit review and an open enquiry approach will be used. The audit review measures outcomes against objectives and requires the development of performance indicators. The open enquiry approach aims to get new information and open up new questions and possibilities. Creating the strategic plan will involve**:**

- Feedback of research to stakeholders
- Launching of report
- Analysis of internal skills and resources
- Face-to-face interviews
- Conducting skills audit
- Undertaking training needs assessment and analysis
- Formulating strategic objectives and key result areas
- Modifying organisational structure
- Developing resources and skills
- Developing a training program

Stage three: development and pilot delivery of training and resource program for related agencies
It is estimated that this stage will be conducted within a time frame of approximately six months.

This stage will involve the development of a training program that is competency based, and informed directly by the outcomes of the Needs Analysis. The training program will be piloted to ensure relevancy and appropriateness with a representative sample of relevant agencies. The development of the final product will reflect the issues and concerns of mainstream agencies, and seek to assist them in the development of culturally appropriate and response service provision. This stage will also seek to consolidate the establishment of working partnerships across agencies and relevant government departments, and support the development of multi-agency delivery systems to the Arabic speaking communities.

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Internet sites:

Building a Successful Nonprofit
 www.nonprofit.about.com/library/weekly/aa042502a.htm

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Http://magnet.undp.org/cdrb/CAPDEV.htm

What is Capacity Development? An Introduction
 www.capacity.org/what_is_cd.html

APPENDICES

Appendix 1

STAFF QUESTIONNAIRE

Section 1: Personal Information

I am male/female
I am _____ years old

I reside in:
My main work covers the following areas:

In sum, my qualifications are:
1.
2.
3.
4.

Time employed at VASS:
Employment status: Casual;   Part-time;   Full-time;   Volunteer;

Section 2: Role at VASS

1. What tasks do you undertake in your work capacity at VASS? (please identify all in a point-by-point format)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. What skills are required in your job, and in which of these do you think you still need further professional training?

_____
_____
_____
_____
_____

3. What skills have you developed 'on the job'?

_____
_____
_____
_____
_____
_____
_____

4. Have you received additional training (professional development) through VASS? (Please list professional activities undertaken during the last 12 months)

_____
_____

_____
_____

5. In which ways was this training directly relevant to your work?

    _____
    _____
    _____
    _____
    _____
    _____

6. Is further training required? In which areas?

_____
_____
_____
_____
_____
_____
_____
_____

7. How would you rate your workload in the last 6-12 months?

1	2	3	4	5
Insufficient	Not Heavy	Reasonable	Heavy	Too heavy

8. What objectives/outcomes do you expect from your project and/or role at VASS in the next 6 to 12 months?

_____
_____
_____
_____
_____

9. What is needed in order for you to achieve these objectives/outcomes?

_____
_____
_____
_____
_____
_

10. What structures are in place at VASS to assist you to achieve these objectives/outcomes?

_____
_____
_____
_____
_____

11. How useful have the VASS structures been in enabling you to achieve your objectives? (If you circle 1, 3 or 4 please explain why).

1	2	3	4
Not useful	Not sure	Useful	Very Useful

Section 3: Staff Needs

1. Please list any additional needs that you may have as a staff member at VASS?

    Needs Being Met   **Needs Yet to be Met**

    _____
    _____
    _____
    _____
    _____
    _____

2. Please tick any of the following issues, if there are concerns, comments, or suggestions you wish to express. Space is provided below for comment.

    Work environment (space, equipment, health & safety issues etc) ☐
    Work Plan and/or workload ☐
    Training requirements and/or opportunities ☐
    Decision making processes (eg; over-involvement/under-involvement) ☐
    Debriefing ☐
    Provision of information ☐
    VASS mission (goals & objectives) ☐
    Role/Practices of Committee of Management ☐
    Financial and contract issues ☐
    Networking with outside mainstream organizations ☐
    Networking with Arabic-specific organizations ☐
    Management structure and/or practices ☐
    Staff roles and/or relationships ☐
    Out-posting practices ☐
    Internal support structures ☐
    Conflict resolution structures ☐
    Promotion of organization, projects and worker roles ☐
    VASS policies and procedures ☐
    Network and or COM meetings ☐
    Other: _____
    _____

    _____
    _____
    _____

Section 4: Needs and Operation of VASS

1. How well equipped is VASS to meet the needs of its target groups?

1	2	3	4	5
Not equipped	under-equipped	Reasonably Equipped	Well equipped	Highly equipped

2. Does VASS have any urgent needs that are not being met? If so, what are they?
    _____
    _____
    _____
    _____
    _____

3. What is required in order for these needs to be met, and how will it strengthen the services VASS offers?

_____
_____
_____
_____
_____
_____

4. Please draw or describe how you view/understand the system of management at VASS, and your place in it.

5. How well is this system working, and does it accurately reflect your role and work in the organization? Feel free to make suggestions.

Very Well   Well   Not well

_____
_____
_____
_____
_____
_____
_____

6. What do you think of the existing role and objectives of VASS?

_____
_____
_____
_____
_____
_____
_____
_____

7. Are any changes or additions needed? If so, please identify.

_____
_____
_____
_____
_____
_____

Section Five: Needs of VASS' Target Group

1. As a worker, what do you feel are the needs of the Arabic-speaking background community as a whole?

_____
_____
_____
_____
_____
–

2. Who, within the Arabic-speaking background community, is your target group? (For instance, women, men, young people, etc) and what specific needs have they had?

3. What needs of theirs are you meeting, and what further needs to be done?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. As a worker, do you feel that the Arabic-speaking background community:

    a) is fully aware of existing government services ☐
    b) is fully aware of existing Arabic-specific services ☐
    c) is fully aware of both government and Arabic-specific services ☐

    d) has little or no knowledge of existing government services ☐
    e) has little or no knowledge of existing Arabic-specific services ☐
    f) has little or no knowledge of both government and Arabic-specific services ☐
    g) other: _____

5. As a worker, do you feel that the Arabic-speaking background community:

    a) is equipped to access and does access existing government services ☐
    b) is equipped to access and does access Arabic-specific services ☐
    c) is equipped to access and does access both government and Arabic-specific services ☐

    d) is not equipped to access and does not access existing government services ☐
    e) is not equipped to access and does not access Arabic-specific services ☐
    f) is not equipped to access and does not access either government or Arabic-specific services ☐
    g) other: _____

Section Six: Your Free Say

1. Further comments about any section or issues not touched on in this questionnaire are welcome.

_____
_____
_____
_____

THANK YOU

Appendix 2:

Arabic-Speaking Community: Questionnaire

1. I am: Female ☐ Male ☐

2. I am: 12-15 years old ☐ 16-25 years ☐ 26-39 years ☐
   40-50 years old ☐ 50 + ☐

3. How long have you lived in Australia? _____

4. Have you accessed mainstream government services?

   No ☐ Why?

   Have not needed to ☐
   Have not known of their existence ☐
   Prefer to access Arabic-specific ☐. Why?

   _____
   _____
   _____
   _____
   _____

   ___
   Other: _____

   Yes ☐ Please identify which service/s :

   _____   _____
   _____   _____
   _____   _____
   _____   _____

5. What type of service/assistance were you seeking?

   Information and/or referral ☐
   Social and/or cultural support ☐
   Interpreter and/or translator ☐
   Religious support ☐
   Family related information/assistance ☐
   Legal information/assistance ☐
   Financial assistance ☐
   Housing ☐
   Health & Well Being ☐
   Education ☐
   Training ☐
   Recreation ☐
   Other:

   _____
   _____
   _____

6. How would you rate the assistance you received? Please explain.

   Very Good ☐   Good ☐ Poor ☐ Uncertain ☐

_____
_____
_____
_____
_____
_____
_____

7. Were the services able to assist you with your needs?

Yes, all of them ☐

Yes, some of them ☐   Which?
                          _____
                          _____
                          _____
                          _____
                          _____
                          _____

No.   Why?   _____
                          _____
                          _____
                          _____
                          _____
                          _____

8. Is there anything that these services can do differently, or better, in order to meet your needs?
_____
_____
_____
_____
_____
_____

9. Have you accessed Arabic-Specific services?

        No ☐ Why?
                Have not needed to ☐
                Have not known of their existence ☐
                Prefer to access mainstream ☐
                Other: _____
                          _____
                          _____
                          _____

                (Thank you for completing this questionnaire)

        Yes ☐   Please identify which service/s:
        _____   _____
        _____   _____
        _____   _____
        _____   _____

10. What type of service/assistance were you seeking?

        Information and/or referral ☐
        Social and/or cultural support ☐

Interpreter and/or translator ☐
Religious support ☐
Family related information/assistance ☐
Legal information/assistance ☐
Financial assistance ☐
Housing ☐
Health & Well Being ☐
Education ☐
Training ☐
Recreation ☐
Other:

_____
_____
_____
_____

11. How would you rate the assistance you received? Please explain.

Very Good ☐   Good ☐ Poor ☐ Uncertain ☐

_____
_____
_____
_____

12. Were the services able to assist you with your needs?

Yes, all of them ☐

Yes, some of them ☐   Which? _____
                                      _____
                                      _____
                                      _____
                                      _____

No.   Why?   _____
                              _____
                              _____
                              _____
                              _____

13. Is there anything that these services can do differently, or better, in order to meet your needs?

_____
_____
_____
_____
_____
_____
_____
_____

THANK YOU

Appendix 3:

The Focus Group Questions

1. What are your needs as (women, men, youth, Humanitarian entrants or senior citizens) from an Arabic-speaking background? What are your needs as residents in the Northern, Western or Hume region?

2. What services – both mainstream and Arabic-specific – have you accessed and what need/s were you trying to have met.

3. How did you learn of these services?

4. How did you feel about the quality of service your received?

5. Were any needs not met? Which and Why?

6. What suggestions can you make to ensure that your needs are better met by both mainstream and Arabic-specific services?

Appendix 4:

Arabic-Speaking Humanitarian Entrants: Questionnaire

1. I am: Female ☐   Male ☐

2. I am: 12-15 years old ☐   16-25 years ☐   26-39 years ☐
                           40-50 years old ☐   50 + ☐

3. What is your country of birth?   _____

4. How long have you been in Australia?   _____

5. What Suburb do you currently reside in?   _____

6. Please tick the needs that you have had since migrating to Australia.

   Housing ☐
   Financial support ☐
   Rent assistance ☐
   Language support/interpreter ☐
   English lessons ☐
   Health services ☐
   Counselling services ☐
   Dentistry ☐
   Travel assistance ☐
   Written and oral information in Arabic ☐
   Cultural support ☐
   Contact with established Arabic-speaking community in Australia ☐
   Schooling for children ☐
   Other needs: _____
                _____
                _____

7. Who did you turn to for support in meeting these needs? (Please identify name of service/s, if known)

              Established family and friends in Australia ☐
              Centrelink ☐
              Adult Multicultural Education Services (AMES) ☐
              Migrant Resource Centre ☐
              Community Health Centres ☐
              Counselling and/or Torture & Trauma Services ☐
              Hospitals and medical clinics ☐
              Support groups: Mainstream   ☐
                                Arabic-specific ☐
              Housing agencies ☐
              Arabic-specific organizations ☐ _____
              Mainstream Services ☐   _____

              Other: _____
                     _____

8. How did you learn of these services?

              Family & friends ☐

              Information sent to me by: Government services ☐
                                         Arabic-specific services ☐

Picked up information from: Mainstream services that I visited ☐
Arabic-specific services that I visited ☐

Department of Immigration Multicultural and Indigenous Affairs ☐

Information sessions/support groups run by: Mainstream services ☐
Arabic-specific services ☐

Other: _____

_____

9. Were these services able to assist you to meet your needs?

Yes, all of my needs ☐   Yes, some of my needs ☐   No ☐

10. How would you rate the assistance that you have received? Please explain why?

Very Good ☐   Good ☐ Poor ☐ Uncertain ☐

_____
_____
_____
_____

11. Please number these services in order of most importance to you. You can use the same number more than once, and use zero if the service is not needed or not of interest to you.

A worker who speaks in your language ☐
Access to face-to-face interpreting ☐
Access to telephone interpreting ☐
Assistance with travelling to appointments, shopping, etc ☐
English language classes ☐
Availability of written information in Arabic ☐
Information sessions to be conducted in Arabic ☐
To be networked into a support or social group ☐
To have more contact with Arabic-specific services ☐
For mainstream services to reflect cultural awareness ☐
Other: _____ ☐
_____ ☐

12. How do you feel about your current settlement situation?

I am comfortably settled, and have found the support I need ☐
I have settled, but there are unmet needs. I don't know who can help me ☐
I have settled and there are unmet needs. I know who can help me. ☐

Still in the early stages of settlement and am lacking the support I need ☐
Still in the early stages of settlement, but have family to lean on for support ☐
Still in the early stages of settlement, and dependant on social service support ☐

Other: _____

_____

13. Is there anything that the services, you have had contact with, can do differently or better to help meet your needs? Please explain and give examples.

Yes ☐   No ☐

_____
THANK YOU

Appendix 5:

VASS Summary Table

Victorian Arabic Social Services (VASS)	
STAFF	
Staff Titles	- Manager - Administrative and Finance Officer - Cultural Diversity Project Coordinator - Coordinator of Volunteers - Arabic Elderly Support Worker - Refugee Support Worker - Youth and Family Settlement Programs Coordinator - Arabic Youth Support Worker - Policy and Projects Officer - Family Support Worker - Drama Coordinator

Staff Qualifications/Skills	- Masters Degree in Sociology - Bachelor of Arts (Social Science Community Development) - Bachelor of Arts (Honours) - Graduate Diploma in Social Work (Management Stream) - Diploma of Social Science (Community Development) - Diploma in Community Development - Accountant Diploma - Certificate 4 in Youth Work - Certificate 4 in Training and Workplace Assessment - Certificate 4 – Frontline Management - Certificate in Child Safety Program - Certificate in Promoting Injury Prevention Message - Certificate in Modern Office Administration - Certificate in Computing and Information technology - Certificate in Windows Environment - Accredited Mediators - Accredited Telephone Counsellor - Workplace trainer - Food and Cents Advisor
Language Proficiency (1-5 with 5 being competent in all aspects of the language). (10 staff members participated in questionnaire. New staff members have since joined).	English: 2/10 staff members = rating of 2 1/10 staff members = rating of 2.5 2/10 staff members = rating of 4 6/10 staff members = rating of 5 Arabic: 1/10 staff members = rating of 3 5 staff members = rating of 4 1/10 staff members = rating of 4.5 3/10 staff members = rating of 5 Competencies in another language: French (2 staff members) and Italian (1 staff member).
Employment Capacity	Full-time: 2 staff members Part-time: 7 staff members Casual: 1 staff member

Title of Current Projects	- Aged Care Social Support Program - Arabic Elderly Support Program, City of Hobson's Bay - TPV Refugee Support Network - Cultural Diversity Project - Iraqi Recovery Project - Youth & Families Settlement Project - Arabic Youth Support Project
Project Target Groups	- Youth - Newly Arrived Youth and their Families - Elderly men and women, their carers and persons with a disability - TPV men, women and their children - Women residing in the Western region - Arabic Community Drug Education and Prevention Project
VOLUNTEERS & STUDENT	
Qualifications	- Bachelor Degree in Theological Studies - Master Degree in Arts (currently enrolled) - Bachelor of Arts Human Services - Bachelor of Arts Social Work (currently enrolled) - Bachelor of Medicine and Surgery (Cairo, Egypt) - Australian Medical Council Certificate (Melbourne, Australia)
Time as Volunteer	3 months 4 months 14 weeks full-time (Student on Placement) 1 volunteer did not answer
Current Project Involvement	- Aged Care Social Support Program - Youth Support Program - Administration - Submission/report writing

Language Proficiency (1-5 with 5 being competent in all aspects of the language).	English: • 3/3 Volunteers/student = rating of 5 Arabic: • 2/3 Volunteers/student = rating of 5 • 1/3 Volunteers/student = rating of 1 Other languages spoken: Spanish and French by one Volunteer

Appendix 6:

REGION BREAKDOWN BY SUBURB

The following are the suburbs and shires that were used to locate existing mainstream and Arabic-specific services in the Northern and Western regions and Goulburn Valley.

Northern Region
Abbotsford; Alphington; Arthurs Creek; Broadmeadows, Brunswick (including East and West Brunswick); Bundoora, Bulla; Cambellfield; Clifton Hill; Coburg; Collingwood; Craigeburn; Coolaroo; Diamond Creek; Eltham; Epping; Fairfield; Fawknmer; Fitzroy; Glenroy; Greensborough; Greenvale; Heidelberg; Humevale; Husrtbridge; Ivanhoe; Junction; Kangaroo Ground; Kinglake West; Lalor; Lower Plenty; Macloed; Mernda; Mill Park; Mountmorency; North Carlton; Northcote; Oakslands Junction; Pascoe Vale; Panton Hill; Plenty; Preston; Queenstown; Richmond; reservoir; Rosanna; Smiths Gully; Somerton; South Morang; Sunbury; Thomastown; Thornbury; Tullamarine; Warrandyte; Watsonia; Wattle Glen; West Epping; West Meadows; Whittlesea; Woodstock; West Heidelberg; Wolert; Yan Yean; Yarrambat.

Western Region
The suburbs in the Western region that the data search sought to (examine?) are: Aberfeldie; Airport West; Albanvale; Albion; Altona; Altona Meadows; Altona North; Ardeer; Ascotvale; Ascotvale West; Avondale Heights; Braybrook; Brookfield; Brooklyn; Carlton; Caroline Springs; Deer Park; Delahey; Diggers Rest; East Mebourne; Essendon; Essendon North; Footscray; Footscray West; Flemington; Hillside; Hoppers Crossing; Kealba; Keilor; Keilor Downs; Keilor East; Keilor Park; Kensington; Kings Park; Kingsville; Kingsville South; Kurunjang; Laverton; Laverton South; Little River; Maidstone; Maribyrnong; Melbourne; Melbourne North; Melton; Melton South; Moonee Ponds; New Port; Niddrie; Oak Park; Parkville; Point Cook; Rockbank; Seabrook; Seaholme; Seddon; South Kensington; Southbank; South Yarra; Spotswood; St. Albans; St. Albans North; Strathmore; Sunshine; Sunshine North; Sunshine West; Sydenham; Taylors Lakes; Toolern Vale; Werribee; Werribee South; West Melbourne; West Melton; Williamstown; World Trade Center; Wyndham Vale; Yarraville.

Hume region

The Shires in the Goulburn Valley (Hume Region) that the data search sought to examine are: Moira; Strathbogie, Greater Shepparton; Mitchell; Murrindindi; Alpine; Delatite; Wangaratta; Indigo; Towong; Wodonga. Localities within these shires that have been accounted for are: Yarrawonga; Shepparton; Euroa; Seymour; Bradford; Yea; King Lake; Bright; Mount Beauty; Mansfield; Beechwork; Corryong).

Appendix 7:

Mainstream services – Northern region

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral	28	4	2	16	6	2	38	**97**
Support Groups	11	3		1	24	2		**41**
Health/Wellbeing	25	19		3	50	3	55	**156**
Housing	15	3		2	43		21	**84**
Family		95					73	**169**
Education	12			5		2	74	**93**
Employment							5	**5**
Recreation	37	3			8		146	**194**
Religious Services							78	**78**
Disability Service	4				3		4	**11**
Media Services							2	**2**
Legal Services	4	1		9	1		6	**21**
TOTAL	**136**	**128**	**2**	**36**	**135**	**9**	**503**	**949**

Mainstream services – Western region

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral	8	1		26	22	8	46	**109**
Support Groups			1	2	13		7	**23**
Health/Wellbeing	11	35		19	71	34	34	**204**
Housing	2	3		2	85	2	44	**138**
Family		4	2				67	**73**
Education	2			5	7	5	65	**84**
Employment	5				1		7	**13**
Recreation	1	1	1	3	51	21	62	**140**
Religious Services								
Disability Service	1				2		5	**8**
Media Services								
Legal Services				9	4	1	26	**40**
TOTAL	**30**	**44**	**4**	**66**	**257**	**71**	**363**	**835**

Mainstream services – Goulburn Valley

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral				3	1	1	8	**13**
Support Groups					1			**1**
Health/Wellbeing	2				14	2	2	**20**
Housing					4		1	**5**
Family		4					2	**6**
Education							5	**5**
Employment				1			4	**5**
Recreation							2	**2**
Religious Services								
Disability Service								
Media Services								
Legal Services				1				**1**
TOTAL	**2**	**4**		**5**	**20**	**3**	**24**	**58**

Appendix 8:

Arabic-specific services - Northern region

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral	8	9		18	19	6	49	**109**
Support Groups	6	16		2	12	1	6	**43**
Health/Wellbeing	1	3					57	**61**
Recreation	4	4			5	2	4	**19**
Religious Services	1				2		14	**17**
Education	1				7	1	47	**56**
Housing					10		1	**11**
Family		1	1	1			14	**17**
Disability Services				1	2			**3**
Media Services							18	**18**
Employment							3	**3**
Legal Services							10	**10**
TOTAL	**21**	**33**	**1**	**22**	**57**	**10**	**223**	**367**

Arabic-specific services - Western region

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral		2		2	12		15	**31**
Support Groups	5	5			4			**14**
Health/ Wellbeing	1	4					42	**47**
Recreation	2			1	2			**5**
Housing		1			6			**7**
Religious Services							8	**8**
Family							1	**1**
Education	3				4		8	**15**
Employment							1	**1**
Disability Service	1							**1**
Legal Services				1			19	**20**
Media Services							5	**5**
TOTAL	**12**	**12**		**4**	**28**		**99**	**155**

Arabic-specific services – Goulburn Valley

Service Type	Youth	Women	Men	Newly Arrived & Refugees	Senior Citizens	Persons with Disability	General Services	TOTAL
Info & Referral				1			2	**3**
Support Groups				2				**2**
Health/Wellbeing								
Family							1	**1**
Recreation								
Religious Services								
Education							1	**1**
Housing								
Employment								
Disability services								
Legal Services								
Media Services								
TOTAL				**3**			**4**	**7**

Recreational services by type and region

	Northern Region	Western Region	Goulburn Valley
Aerobics	1		
Badminton	2		
Basketball	9	2	
Boccia	1		
Bowling	3		
Calisthenics	3		
Car Clubs	2		
Cricket	10	8	
Cycling	1		
Dog Clubs	4		
Fishing	3		
Football	15	4	
General		11	
Golf	5		
Gymnastics	3		
Hockey	1		
Horse Riding	5		
Little Athletics	1		
Martial Arts	12		
Model Boats	1		
Model Railway Club	1		
Motorcycling	1		
Netball	5		
Racing Pigeon Club	1		
Roller Skating	1		
Rowing		1	
Rugby League	2		
Scouts & Guides		7	
Skateboarding	1		
Soccer	3	4	
Softball	1		
Sports Clubs	6		
Squash	1		
Swimming	2	2	
Table Tennis	1		
Tai Chi	2		
Tennis	6	2	
Volley Ball	1		
Yoga	2		
Venues & Facilities	6		
Water Polo		1	
Wood Working		1	
TOTAL:	**130**	**43**	

Appendix 9:

Questionnaires with service providers

Service Provider: Northern Region

DAREBIN COMMUNITY HEALTH CENTRE	
Target Group	Community as a whole
Region Serviced	Darebin LGA
Type of Service Offered	• Low cost community based health services – direct medical, dental & counselling services. • Social support programs
Staff &Volunteer Capacity	>100
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes. (estimate figure not given).
Country of Birth of Arabic Speaking Service Users	Australia; Iran; Iraq; Somalia; Sudan
Service Accessibility?	Highly Accessible, but more can be done: ▪ Review existing access & equity procedures. ▪ More clarification to improve consistency in service delivery.
Accessible & Culturally Sensitive Practices	▪ 2 Arabic speaking workers (male and female) ▪ Translation of printed materials. ▪ Arabic interpreting at public events. ▪ Network with relevant Arabic and ethno-specific services. ▪ Hold events that target specific members from the community (For example, an Iraqi BBQ).
Needs &/or Experiences of Service Users	▪ Health information & information on how to access health services. ▪ Direct access to interpreters through varied services. ▪ Need support to address social isolation resulting from political climate.
Differing Needs for Arabic speaking Service Users?	Yes. ▪ Sense of safety in public places threatened by political-social environment. Heightened levels of isolation. ▪ Religious beliefs and family values.
Service Ability to Meet Arabic Speaking Service User Needs?	8/10
Specific Services for Arabic Speaking Service Users?	Yes. ▪ Created culturally appropriate space foe men ▪ Ensure Centre is experienced as a 'safe place against discrimination.
Needs not Met by Service? Possible Impacting Factors?	Yes. 1. Counselling needs. Financial resources to employ an Arabic speaking counsellor. 2. Resolving family related issues. Need for deeper level of service awareness of cultural and familial restrictions/ complexity & religious differences. 3. An Arabic speaking worker at the front desk is needed. Need financial resources to employ this worker.

Networking with Mainstream & Arabic-Specific Services?	Yes. Mainstream services: North East Settlement Services. Arabic-specific services: Victorian Arabic Social Services; Islamic Welfare Council.

Service Provider: Northern Region

WORKING WOMEN'S HEALTH	
Target Group	Immigrant Women
Region Serviced	Statewide
Staff &Volunteer Capacity	4 full-time; 6 part-time
Type of Service Offered	▪ Provide health information to immigrant women.
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes. >200 per year
Country of Birth of Arabic Speaking Service Users.	Egypt; Iraq; Lebanon; Somali
Service Accessibility?	Highly accessible, but need to do more: ▪ Run more sessions on a weekly basis instead of monthly. ▪ More visits to rural region ▪ Employ more bilingual workers Held back because of financial restraints: unable to meet demand.
Accessible & Culturally Sensitive Practices.	▪ 2 Arabic speaking workers. ▪ Flexibility with training sessions. Run at convenient times and locations, including weekends. ▪ Service reaches Cobram and Shepparton. ▪ Provision of information in Arabic. ▪ Printed health information. Use of neutral language. ▪ Cross-cultural training to other services. ▪ Involved in producing DHS Cultural Charter

Needs &/or Experiences of Service Users.	Metropolitan Region
	   1. Mental health & wellbeing services (stress & depression).
	   2. Support to address culture clash.
	 Rural Areas
	   1. Access to female health practitioners.
	   2. Up-to-date information on health issues.
	   3. Availability of interpreters.
	   4. Availability of culturally appropriate services.
	   5. Support groups to address isolation.
	   6. Transport.

Differing Needs for Arabic speaking Service Users?	Yes. (Newly arrived refugees & women from small communities) ▪ Rural women: 'lack of resources, infrastructure & appropriate services in the area. ▪ Uncertainty of visa status
Service Ability to Meet Arabic Speaking Service User Needs?	7/10
Specific Services for Arabic Speaking Service Users?	Yes. (as above)
Needs not Met by Service? Possible Impacting Factors?	Yes. ▪ More information sessions & cross-cultural training, particularly in rural areas. ▪ Referral services in rural region not culturally sensitive
Networking with Mainstream & Arabic-Specific Services?	Yes, closely. No mainstream services were identified. Arabic-specific services: VASS & Australian Lebanese Welfare.

Service provider: Northern region

ANGLICARE YOUTH SERVICES	
Target Group	Youth; Community as a whole
Region Serviced	Hume and Moreland LGA
Type of Service Offered	- Charity service: target financially, emotionally or socially disadvantaged persons. - Mediation services between young people and parents/school. - Recreational services for young people
Staff &Volunteer Capacity	8 Full-time; 6 Part-time; 6 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes. Youth (1-50 per year) & Adults (1-50 per year)
Country of Birth of Arabic Speaking Service Users.	Australia; Egypt; Iraq; Jordan; Lebanon; Somali; Sudan
Service Accessibility?	Accessible, but more can be done.
Accessible & Culturally Sensitive Practices.	- Ethno-specific services in the region are on the mailing list. - Written information is made available to services requiring it. Translation of material is negotiable. - Information regarding mediation is available in Arabic. - Use of interpreters. - Availability of cross-cultural training for staff (within budget constraints). - Service awareness of dress sensibility and respect for cultural values.
Needs &/or Experiences of Service Users.	1. Culturally sensitive mediation for family conflict. 2. Parenting and culture clash. Young people and school drop-out rates clash with parent wish for them to continue their schooling. 3. Culturally appropriate recreational activities for young people.
Differing Needs for Arabic speaking Service Users?	Yes Cultural and family values & child rearing.
Service Ability to Meet Arabic Speaking Service User Needs?	5/10
Specific Services for Arabic Speaking Service Users?	No
Needs not Met by Service? Possible Impacting Factors?	- Funding limitations. - More cross-cultural training for staff is needed. - Existing statutory requirements do not reflect changing demographics in region & therefore limit ability of service to tailor programs differently to meet changing needs of population in the region.
Networking with Mainstream & Arabic-Specific Services?	Yes, very closely. Mainstream Services: Broadmeadows Family Services; Moreland Community Health Services; Migrant Resource Centre North East; Hume Council. Arabic-Specific Services: Lebanese Welfare Association; Islamic Welfare Association

Service provider: Northern region

ECUMENICAL MIGRATION CENTRE	
Target Group	Community as a whole
Region Serviced	Statewide Service
Type of Service Offered	▪ Advocacy for new & emerging communities ▪ Community education & development ▪ casework
Staff &Volunteer Capacity	6 Full-time; 11 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes. Women (100-200 per year) & Youth (1-50 per year)
Country of Birth of Arabic Speaking Service Users.	Algeria; Australia; Egypt; Iran; Iraq; Kuwait; Jordan; Sudan; United Arab Emirates.
Service Accessibility?	Highly Accessible. Can't do more because demand won't be met. Need more financial support.
Accessible & Culturally Sensitive Practices.	▪ Arabic speaking workers. ▪ Availability of written material in Arabic. ▪ Contact and consult with community and community leaders. ▪ Use of interpreters.
Needs &/or Experiences of Service Users.	1. Visa/immigration needs. 2. Mentoring pathways for employment. 3. Educational & employment support. 4. Information, referral & casework. 5. Housing needs. 6. Community education & advocacy 7. Assistance to form support groups. 8. Assistance to access available grants.
Differing Needs for Arabic speaking Service Users?	No, needs similar to other population groups that also access the service.
Service Ability to Meet Arabic Speaking Service User Needs?	9/10
Specific Services for Arabic Speaking Service Users?	Yes. ▪ Availability of Arabic speaking worker & provision of information in Arabic
Needs not Met by Service? **Possible Impacting Factors?**	Yes. ▪ Answering legal questions regarding visa status ▪ Housing needs of clients
Networking with Mainstream & Arabic-Specific Services?	Yes, closely Mainstream Services: Housing Services Arabic-Specific services: Victorian Arabic Social Services; Islamic Women's Welfare Council; Australian Arabic Welfare Council of Victoria.

Service Provider: Northern Region

ISLAMIC WOMEN'S WELFARE COUNCIL OF VICTORIA	
Target Group	Muslim Women & Young Women
Region Serviced	Statewide
Type of Service Offered	▪ Empowerment through information, skill development, support & advocacy.
Staff &Volunteer Capacity	9 paid staff (most are part-time); 3 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes. >200 per year.
Country of Birth of Arabic Speaking Service Users.	Algeria; Bahrain; Egypt; Iraq; Lebanon; Somalia, Syria; Sudan.
Service Accessibility?	Accessible, but more can be done. Increased demand after September 11, 2001.
Accessible & Culturally Sensitive Practices.	▪ Arabic speaking workers. ▪ Availability of information in Arabic. ▪ Use of interpreters. ▪ Run cross-cultural training.
Needs &/or Experiences of Service Users.	1. Need for safety from street level harassment. 2. Support groups to address isolation. 3. Need to address school drop-out rates for young Muslim women. 4. Settlement Migration needs for newly arrived. 5. Health information. 6. Parenting and cross-cultural issues for young people. 7. Housing needs. 8. Single parenting needs. 9. Need for community to be more resourced and active/vocal.
Differing Needs for Arabic speaking Service Users?	Yes. ▪ School drop-out by Muslim young women. ▪ Cross-cultural issues and culture clash. ▪ Cultural & religious differences – role of individuals in family unit, notions of family honor & gender roles.
Service Ability to Meet Arabic Speaking Service User Needs?	9/10 (education & casework) 6/10 (reaching wider community)
Specific Services for Arabic Speaking Service Users?	No
Needs not Met by Service? Possible Impacting Factors?	Yes, but outside scope of service. ▪ Health needs requiring general health practitioner ▪ Legal related problems other than information provision Time limitations and inadequate resources impacting on ability to meet demand.
Networking with Mainstream & Arabic-Specific Services?	Yes, closely Mainstream services: Legal services; Medical services; Immigration Services Arabic-Specific services: Australian Lebanese Welfare; VASS; Preston Mosques.

Service Provider: Western Region

VICTORIAN FOUNDATION FOR SURVIVORS OF TORTURE & TRAUMA	
Target Group	Newly Arrived Refugees
Region Serviced	Statewide
Type of Service Offered	▪ Support, counselling and advocacy
Staff &Volunteer Capacity	55 full-time
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes.
Country of Birth of Arabic Speaking Service Users.	Women (>200 per year); Youth (>200 per year); Men (>200 per year); Senior Citizens (50 – 100 per year); Persons with a disability (>200 per year).
Service Accessibility?	Highly accessible, but more can be done. ▪ Employment of more Arabic speaking workers. More financial resources to employ more workers.
Accessible & Culturally Sensitive Practices.	▪ Respond to client needs. ▪ Staff members are non-judgmental, and respect different cultures. ▪ Availability of translated written material in Arabic. ▪ Use of interpreters.
Needs &/or Experiences of Service Users.	1. Resettlement needs. 2. Support & assistance to access health services. 3. Support to deal with traumatic past.
Differing Needs for Arabic speaking Service Users?	Yes. ▪ Further trauma as a result of the war on Iraq and the current political environment. ▪ Experiences of discrimination and/or racism. ▪ Spiritual needs
Service Ability to Meet Arabic Speaking Service User Needs?	8/10
Specific Services for Arabic Speaking Service Users?	No
Needs not Met by Service?	Yes, but not within the scope of service. ▪ Spiritual needs (better met by Mosques)
Possible Impacting Factors?	
Networking with Mainstream & Arabic-Specific Services?	Yes, closely. Mainstream services: None identified. Arabic-Specific services: Mosques (to meet spiritual needs); VASS; Islamic schools (some).

Service Provider: Western Region

BAPTIST COMMUNITY CARE	
Target Group	Senior Citizens; Young people with a disability (if not other service is available).
Region Serviced	Western Metropolitan
Type of Service Offered	▪ Therapy & respite services ▪ Social activity programs to senior citizens
Staff &Volunteer Capacity	6 paid staff; 1 Volunteer
Main Source of Funding Source	Government
Contact with Arabic Speaking Community?	No, or maybe 1 or 2. Records are not kept of persons that are given referrals.
Country of Birth of Arabic Speaking Service Users.	Not known.
Service Accessibility?	Highly accessible. More could be done with the Day Centre Program if the number of clients were guaranteed.
Accessible & Culturally Sensitive Practices.	No specific practices, "*but every culture is welcomed."* When language is a barrier, clients are given referrals to a service more suited to meet this need. If the service had the number of clients needed, food and music needs for example would be met.
Needs &/or Experiences of Service Users.	N/A
Differing Needs for Arabic speaking Service Users?	Yes. ▪ Experiences of racism & discrimination. ▪ Communication needs (Arabic language). ▪ Gender specific program needs.
Service Ability to Meet Arabic Speaking Service User Needs?	7/10
Specific Services for Arabic Speaking Service Users?	No
Needs not Met by Service? Possible Impacting Factors?	Yes ▪ Employment of an Arabic speaking worker, without having to replace an existing worker. ▪ Meeting expenses involved in use of interpreters. The need for more financial resources.
Networking with Mainstream & Arabic-Specific Services?	Yes. Mainstream services: Yes, but none identified. Arabic- specific services: No, but interested in networking opportunities.

Service Provider: Western Region

WESTERN YOUNG PEOPLE'S INDEPENDENT NETWORK	
Target Group	Youth
Region Serviced	Metropolitan, with a primary focus on Maribyrnong and Mooney Valley Council.
Type of Service Offered	▪ Professional development for young people (service run by young people) ▪ Advocacy and anti-racism education ▪ Support for young people
Staff &Volunteer Capacity	2 paid staff; 12 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes, either 100-200 per year or >200 per year
Country of Birth of Arabic Speaking Service Users.	Australia; Djibouti; Egypt; Iran; Iraq; Somalia; Sudan
Service Accessibility?	Accessible, but more can be done. ▪ Employment of an Arabic speaking worker.
Accessible & Culturally Sensitive Practices.	Yes. ▪ Gender specific programs. ▪ Close contact & consultation with the young people's families and community. ▪ Use of interpreters & translators.
Needs &/or Experiences of Service Users.	1. Assistance with educational needs. 2. Free or low cost recreational activities. 3. Assistance with self advocacy for specific needs. 4. Advocacy against racism. 5. Referral service for young people.
Differing Needs for Arabic speaking Service Users?	Yes. ▪ Assistance with the English language ▪ Needs associated with experiences of discrimination and racism ▪ Gender specific programs
Service Ability to Meet Arabic Speaking Service User Needs?	8/10
Specific Services for Arabic Speaking Service Users?	Yes. ▪ Arabic speaking young people on the Committee of Management ▪ Anger & recreational programs for young women.
Needs not Met by Service? Possible Impacting Factors?	Yes. ▪ Employment of an Arabic speaking worker. ▪ Female only swimming program The need for increased funding & availability of resources.
Networking with Mainstream & Arabic-Specific Services?	Yes, very closely. Mainstream services: Department of Education; Equal Opportunity Commission. Arabic-Specific services: VASS; Australian Arabic Council; Islamic Women's Council.

Service Provider: Hume Region

ETHNIC COUNCIL OF SHEPPARTON & DISTRICT INC.	
Target Group	Newly Arrived Migrants & Refugees
Region Serviced	Shepparton & District
Type of Service Offered	▪ Provision of settlement services
Staff &Volunteer Capacity	9 paid staff; 20 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	Yes, (1-50 per year)
Country of Birth of Arabic Speaking Service Users.	Australia; Egypt; Iran; Iraq; Kuwait; Morocco; Syria
Service Accessibility?	Highly Accessible.
Accessible & Culturally Sensitive Practices.	▪ Newsletter & Flyers available in Arabic. ▪ Run information sessions in Arabic. ▪ Monthly Committee meetings.
Needs &/or Experiences of Service Users.	1. Financial Support (Centrelink) 2. Housing needs. 3. Health & medical needs. 4. Medicare entitlements 5. Schooling needs 6. Employment
Differing Needs for Arabic speaking Service Users?	Yes ▪ Cultural & religious issues. (no further detail given)
Service Ability to Meet Arabic Speaking Service User Needs?	9/10
Specific Services for Arabic Speaking Service Users?	Yes. (as above)
Needs not Met by Service? Possible Impacting Factors?	Yes. Funding limitations impacted on ability of service to meet needs adequately.
Networking with Mainstream & Arabic-Specific Services?	Yes , very closely Mainstream Services: None mentioned Arabic-specific services: Al Sajjad Association; Al Amen Association.

Service Provider: Hume Region

NORTH EAST SUPPORT & ACTION FOR YOUTH	
Target Group	Youth & one program for 23-35 year olds
Region Serviced	Shires of Alpine, Indigo & Mansfield; Eastern side of Moira; Benella Rural City & Rural City of Wangaratta
Type of Service Offered	▪ Youth programs targeting *"at risk"* young people ▪ Offers support to young people living in transitional housing
Staff &Volunteer Capacity	20 paid staff; 10 Volunteers
Main Source of Funding	Government
Contact with Arabic Speaking Community?	No
Country of Birth of Arabic Speaking Service Users.	N/A
Service Accessibility?	Accessible, but more can be done.
Accessible & Culturally Sensitive Practices.	▪ Effort made to advertise widely. ▪ Speak with community groups and with schools. ▪ Contact with local shire. ▪ Would consider taking advice from community leaders. ▪ If required, would provide an interpreter. ▪ If required, would translate written material into Arabic.
Needs &/or Experiences of Service Users.	N/A
Differing Needs for Arabic speaking Service Users?	N/A
Service Ability to Meet Arabic Speaking Service User Needs?	N/A
Specific Services for Arabic Speaking Service Users?	No
Needs not Met by Service? Possible Impacting Factors?	Not Sure. Arabic speaking background clients have not accessed the service. Initial point of contact needs to be made by the clients. However NESAY is active in getting information about the service out to schools. Funding limitations. The available 2 days cross-cultural training a year is insufficient. There is a need more cross-cultural training for staff.
Networking with Mainstream & Arabic-Specific Services?	Yes. Mainstream services. Yes, but none identified. No for Arabic-specific services, but would like to network with these services.