
Chapter Eight: The Integrated Humanitarian Settlement Strategy

The IHSS is a relatively new service model that provides intensive, on-arrival assistance for humanitarian entrants. Compared with previous arrangements for humanitarian entrants, the IHSS provides greater certainty that entrants are actually receiving support services and greater potential for achieving consistency in the standard of support. The professionalisation of IHSS service delivery has been essential to enabling adequate management of the increasingly difficult circumstances being encountered among current Humanitarian Program caseloads.

There is a need to strengthen overall needs assessment and case management within the IHSS and to improve integration between the IHSS and other settlement and mainstream services. DIMIA should seek further opportunities to settle humanitarian entrants in regional areas where employment opportunities exist and appropriate services and community support exist or can be developed. Pre-embarkation cultural orientation classes could assist entrants to prepare themselves for life in a new country and help to dispel unrealistic expectations. Post-arrival mechanisms to reinforce this advice and training would also help to equip new entrants to face a range of on-arrival challenges. DIMIA should increase the level of financial assistance available to entrants moving from Accommodation Support to longer-term accommodation and enhance the package of basic household goods provided to entrants.

Commentary to the review and further analysis has indicated that the Early Health Assessment and Intervention (EHAI), Community Support for Refugees and Proposer Support service types require further development. In particular, the respective roles and expectations of Initial Information and Orientation Assistance providers and EHAI providers in ensuring that humanitarian entrants requiring medical attention within the first two weeks of arrival receive the necessary assistance to access medical services should be clarified. Volunteers supporting humanitarian settlement should be linked more directly with funded service providers. Given that many proposers of Special Humanitarian Program entrants are not well placed to meet the needs of these entrants, and that the needs of these entrants can be indistinguishable from those of refugees, DIMIA should consider options for increasing support to this group.

Introduction

This chapter examines the suite of intensive, on-arrival services provided to humanitarian entrants under the IHSS. The IHSS model seeks to provide an integrated range of intensive assistance to DIMIA's highest need client group through seven competitively tendered and contracted service types. These service types are: Initial Information and Orientation Assistance (IIOA); Accommodation Support

(AS); Household Formation Support (HFS); Early Health Assessment and Intervention (EHAI); Service Support for Providers (SSP); Proposer Support (PS) and Community Support for Refugees (CSR).

The IHSS has been progressively implemented since early 2000 and a detailed post-implementation evaluation has been undertaken in late 2002 to early 2003. The IHSS is DIMIA's newest model of settlement

service provision and has attracted considerable comment from stakeholders in the context of the review. This chapter outlines the issues raised during the review and suggests general directions for the overall program.

The history of the IHSS

The origins of the IHSS lie in the Community Refugee Settlement Scheme (CRSS), the On Arrival Accommodation (OAA) program and related programs that were its predecessors.

Until the 1970s, Australian settlement services made no distinction between the needs of humanitarian entrants and other migrants. Like other migrants arriving by assisted passage, humanitarian entrants were eligible for accommodation at migrant hostels. However, research into the settlement experiences of South-East Asian humanitarian entrants arriving in the 1970s suggested the need for more specialised assistance for entrants who did not wish to live in migrant hostels.¹ At the same time, the community sector was seeking a greater role in meeting the settlement needs of humanitarian entrants.

The CRSS was established in 1979 to support humanitarian entrants who did not wish to stay in hostels and preferred to move directly into the general community. The cornerstone of the CRSS was a network of volunteer groups who provided assistance with finding accommodation and employment, general orientation and social support. The Committee for the Allocation of Loan Funds to Refugees in Centres (CALFRIC) provided support for humanitarian entrants who wished to move from hostels into private housing by offering interest-free loans to cover associated costs.

The CRSS and CALFRIC represented a major step in the evolution of settlement policy. They constituted formal recognition of the specific needs of humanitarian entrants as a distinct category and a partnership between government and the wider community in the

provision of settlement assistance.² They also diversified settlement programs by providing an alternative to migrant hostels. While the two schemes were originally designed for South-East Asian humanitarian entrants, they were extended to other humanitarian entrants as humanitarian source countries changed over time.

An evaluation of the CRSS in 1981 found that both entrants and their volunteer groups were very positive about the scheme. In 1982, DIMIA introduced a system of grants to assist volunteer groups to cover their expenses. In general, the CRSS was targeted at entrants considered to have relatively high needs, such as single parent or large families. The benefits of the scheme extended beyond immediate assistance to these entrants. A 1987 report on the effectiveness of the CRSS noted that the objectives of the CRSS were to:

- Give an opportunity for the community to become directly involved in the settlement of refugees and to contribute to their successful integration;
- Provide an alternative means of settlement to refugees who have a capacity to integrate quickly into the community;
- Encourage greater community awareness of the Government's refugee settlement program;
- Achieve a more widespread settlement of refugees throughout the Australian community.³

¹ Department of Immigration and Ethnic Affairs (DIEA), *Please Listen to What I'm Not Saying: A Report on the Survey of Settlement Experiences of Indochinese Refugees 1978-80*, AGPS, Canberra, 1982, pg. 4.

² D Cox, *Migration and Welfare: An Australian Perspective*, Prentice Hall, Sydney, 1987, p. 239.

³ DIEA, *Report on the Effectiveness of the Community Refugee Settlement Scheme*, volume 1, AGPS, Canberra, 1987, pp. 2-3.

This report found that there were only minor statistical differences between the experiences of entrants supported by the CRSS and the experiences of those who were not in relation to access to housing, employment, English tuition and general integration into the community. However, it noted that CRSS entrants almost unanimously praised the scheme and considered themselves to have received substantial benefits from it.⁴

In 1984, a review of migrant hostels led to the closure of several hostels and a general shift towards self-contained accommodation. In 1986, the Jupp report recommended that accommodation be provided only for those with limited financial resources, and especially for humanitarian entrants. It also recommended a shift to self-contained, self-catering units with co-located support services.⁵ DIMIA established the OAA in order to provide this kind of accommodation for humanitarian entrants. The former migrant centres were closed and replaced with government-leased flats.

From the mid-1980s overseas posts generally streamed newly-arrived humanitarian entrants into three categories of assistance: OAA, CRSS or support from proposers. The highest needs entrants - refugee visa holders without proposers and permanent visa holders released from detention without family or community support - were eligible for thirteen weeks' accommodation in government-leased flats through the OAA. They could apply to extend this period of subsidised accommodation for up to twenty-six weeks in cases of special need. After the first week of accommodation, entrants in the OAA program generally paid approximately 30% of their government benefits as rent and a small weekly contribution towards utilities. Their eventual move to private accommodation was assisted by CALFRIC loans. As CALFRIC was phased out from the mid-1990s, DIMIA developed a Rent Rebate Scheme, under which entrants whose rent and

utility contributions had been paid in full were eligible for a rebate for four weeks' rental contribution. The OAA accommodation served as a useful base for access to other settlement support services.

Other high needs entrants were eligible for support from CRSS volunteers. The CRSS gave priority to entrants without links in Australia, those who had experienced torture or trauma and refugee women entering under the 'Women at Risk' program. CRSS groups met these entrants at the airport and assisted with finding accommodation, general orientation, practical assistance and social support, generally for six months after arrival. DIMIA provided a contribution of around \$1,100 for single entrants and a further \$300 per family member to enable volunteer groups to recover some of the costs involved.

From 1989, entrants who had survived torture and trauma were able to access specialised support, including counselling, through a network of nation-wide agencies. From the early 1990s, they were also eligible for assistance from the Clothing Reimbursement Scheme for emergency clothing on arrival. In 1995, DIMIA entered into a national contract for the provision of property management and ancillary services for OAA.

Under these arrangements, the type and level of assistance available to entrants was decided by their allocation to either the OAA or CRSS. Overseas posts streamed entrants into the OAA or CRSS programs based primarily on their visa category with virtually no focus on relative need. Entrants in similar circumstances could receive quite different outcomes in terms of settlement support. Almost half of all

⁴ DIEA, *Report on the Effectiveness of the Community Refugee Settlement Scheme*, pp. 6, 8.

⁵ Committee for Stage 1 of the Review of Migrant and Multicultural Programs and Services (Chairman J Jupp), *Don't Settle for Less*, AGPS, Canberra, 1986, p. 105.

humanitarian entrants were assumed to be receiving assistance from their proposers and received no immediate settlement assistance under OAA or CRSS. A review of the CRSS in 1994 also drew attention to the variable levels of support available within service types. The level of support to CRSS entrants varied largely according to the capacity and skills of volunteer groups rather than according to the needs of the entrants.

DIMIA developed the IHSS from 1997, as a national framework for improving humanitarian settlement services. The strategy aimed to make more effective use of settlement services for humanitarian entrants through partnerships with community organisations and improving links between settlement planning activities and service delivery. As a starting point, the 1997-98 Budget included an increase in the level of material assistance provided through CRSS groups and rolled the pre-existing Clothing Reimbursement Scheme into a general grant for establishing a household.

A 1998 report on DIMIA-funded services by the Auditor General highlighted the inequities in on-arrival arrangements.⁶ Separate data suggested considerable mismatch between entrant needs and their referral to services, with overseas posts tending to stream entrants into services according to service availability rather than on the basis of a needs assessment.

The renewed focus on the needs of humanitarian entrants also saw a 1998 DIMIA review of material assistance to humanitarian entrants. This review explored the need to fully identify the specific needs of entrants and for service types that would not duplicate services provided by mainstream agencies. In the same year, DIMIA produced an internal working document that explored options for a more developmental approach to humanitarian settlement:

Effective human services are based on approaches which affirm the capacity and

dignity of the client, and which seek to provide the client with the information, personal tools and access to the services they need to achieve their own objectives... Refugees and humanitarian entrants have all demonstrated considerable capacity to survive and deal with challenges to their lives and well-being. It would be doubly ironic if our settlement services unintentionally diminished that capacity and encouraged dependency.⁷

It was felt that any new program for supporting humanitarian entrants should be explicit in its aim of respecting their autonomy and not encouraging dependency. It should affirm the capacity and dignity of entrants and provide them with skills and tools to reach self-sufficiency and make their own way along the settlement path as soon as possible.

As a result of this coalescence of factors, the IHSS evolved into a suite of specialised services for humanitarian entrants. These services have been available since early 2000. The IHSS marked the first implementation of a purchaser/provider model of service delivery in humanitarian settlement services. The new model also offered volunteers more choice in the way that they supported entrants. Volunteers could choose to focus their energies solely on providing friendship and social support, or they could extend their support to other aspects of settlement, depending on their time and resources. In addition, humanitarian entrants with proposers became eligible for at least some IHSS services.

⁶ The Australian National Audit Office (ANAO), *Provision of Migrant Settlement Services by DIMIA*, audit report no. 29, performance audit, Commonwealth of Australia, Canberra, 1998, p. 24.

⁷ Department of Immigration and Multicultural Affairs (DIMA), *Strategic Development of Humanitarian Settlement Services: The Agenda Through to 2000*, DIMA, Canberra, 1998, p. 1.

Current arrangements

Who uses the IHSS?

The relative vulnerability and disadvantage experienced by current humanitarian entrants have been described earlier in this report. The IHSS is, therefore, catering to particularly high needs groups, including entrants who have had no opportunity to develop skills for living in an urban society in a developed country, who have few material possessions, who have significant mental and physical health issues and who have survived torture and trauma experiences.

People who arrive under the Refugee category have been found to have been *subject to persecution in their home country*. The Commonwealth Government pays the costs of medical checks and air travel for all those who enter under this category. These people also receive the highest level of support within the IHSS and are potentially eligible for assistance from all IHSS service types. Entrants under this category may have been granted any one of the following visa sub-categories:

- *Subclass 200 - Refugee*: assists people who are outside their home country who are subject to persecution in their home country and have a strong need for resettlement;
- *Subclass 201 - In-Country Special Humanitarian*: assists people still in their home country who are identified as in need of resettlement by a major human rights organisation because they are being persecuted;
- *Subclass 203 - Emergency Rescue*: these visas may be granted to people in or outside their home country who experience persecution in their home country and who are in urgent and compelling need to travel and for whom resettlement in Australia is the appropriate solution. Refugees in need of emergency

resettlement are usually referred to Australia by UNHCR; and

- *Subclass 204 - Woman at Risk*: assists women who are in particularly vulnerable situations and recognises that such women may be exposed to the risk of serious abuse, sexual assault, victimisation or harassment where traditional support and protection have unavoidably broken down.

People who come to Australia under the Special Humanitarian Program (SHP - Subclass 202) may not meet the persecution test described above, but have nevertheless experienced substantial discrimination amounting to a gross violation of human rights in their home country and who also have links with Australia. This is demonstrated by a proposal accompanying their application from an Australian citizen or permanent resident or a body operating in Australia. The proposer provides an undertaking to assist the new entrants with the cost for medical checks and air travel to Australia and to assist them with the equivalent of AS and IIOA upon their arrival in Australia. SHP entrants are eligible for HFS and the EHAI. Additionally, their proposers are eligible for assistance through the PS service.

Temporary Protection Visa (TPV) holders are unauthorised arrivals that have been found to be refugees and to warrant Australian protection. The TPV provides three years' temporary residence in Australia for people who arrive illegally and are subsequently found to be refugees according to the criteria set down by the Refugee Convention. The TPV regulations retain the fundamental protection arrangements needed to meet Australia's international obligations for unauthorised arrivals found to be refugees. They removed the additional benefits which had been encouraging misuse of the protection process including eligibility for the whole range of settlement services. Under the IHSS, TPV

Table 8.1: Humanitarian entrants assisted by the IHSS, 1 July-31 December 2002

	Refugees		SHPs		Total	
	Families	People	Families	People	Families	People
New South Wales	155	492	341	1171	496	1,663
Victoria	127	407	299	1075	426	1,482
Queensland	70	243	53	150	123	393
Western Australia	90	241	60	188	150	429
South Australia	70	182	38	118	108	300
Tasmania	49	154	7	13	56	167
Australian Capital Territory	8	24	7	24	15	48
Northern Territory	5	28	1	3	6	31
Total	574	1,771	806	2,742	1,380	4,513

Source: IHSS 6-Monthly report, 1 July-31 December 2002. TPV holders are not included in this table, as they are counted separately within program data.

Table 8.2: Major citizenship groups assisted under the IHSS, 1 July-31 December 2002

Citizenship	Refugee	SHP	Total
Sudan	29.60%	27.80%	28.50%
Iraq	19.60%	31.70%	27.00%
Afghanistan	7.30%	9.60%	8.70%
Ethiopia	8.50%	2.40%	4.80%
Serbia and Montenegro (a)	6.00%	3.50%	4.50%
Stateless	4.10%	4.60%	4.40%
Iran	8.20%	0.90%	3.70%
Bosnia and Herzegovina	1.80%	3.20%	2.70%
FYR of Macedonia (b)	3.00%	1.50%	2.10%
Somalia	1.40%	1.90%	1.70%
Croatia	2.60%	1.00%	1.60%
Lebanon	0.30%	2.20%	1.40%
Unknown	0.50%	2.00%	1.40%
Sierra Leone	1.90%	1.10%	1.40%
Turkey	0.00%	2.00%	1.20%

Source: IHSS 6-Monthly report, 1 July-31 December 2002. * TPV holders are not included in this table, as they are counted separately by program data. (a) At the time of the collection of this data, Serbia and Montenegro was known as the Federal Republic of Yugoslavia (FRY). (b) FYR - Former Yugoslav Republic

holders are eligible for the EHA1 service and associated torture and trauma counselling.

The scale of the IHSS program is driven largely by the offshore Humanitarian Program. Table 8.1 shows the number of entrants assisted by the IHSS by State/Territory between 1 July and 31 December 2002.

As shown in table 8.2, between 1 July and 31 December 2002, the largest citizenship groups assisted were entrants from Sudan (28.5%), Iraq (27.0%), Afghanistan (8.7%) and Ethiopia (4.8%).⁸

Feedback from public consultations and submissions to the review has suggested that this shift towards Middle Eastern and Horn of Africa countries is resulting in a greater proportion of new arrivals with high levels of poverty, larger families and lower levels of education and English proficiency. They are facing more complex barriers to settlement

⁸ DIMIA, *IHSS 6-Monthly Report*, 1 July-31 December 2002, p. 10.

than entrants from previous source countries, which included European countries such as the republics that made up the former Yugoslavia. This is consistent with the findings reported in chapter four of this report - The Settlement Experiences of New Arrivals.

The core functions of the IHSS

The IHSS is designed to provide intensive initial settlement support to newly-arrived humanitarian entrants. The aim of the IHSS is to ensure that all of these entrants have access to the information, personal tools, services and basic material requirements they need to rebuild their lives in Australia.

The suite of services provided to entrants under the IHSS include:

- *IIOA*, which links entrants to the services they need in the initial stages of settlement. This includes meeting entrants at the airport, taking them to register for Centrelink benefits and health support such as Medicare. *IIOA* also has a role in coordinating with other IHSS services;
- *AS*, which ensures that entrants have accommodation on arrival and have assistance to secure long-term accommodation as soon as possible;
- *HFS*, which provides entrants with some material goods to start establishing a household in Australia;
- *EHA1*, which offers entrants information on health services available to them, a physical health screening and psychological/psychosocial assessment, and referral to other health services including torture and trauma counselling where required.

Under the *CSR* service, volunteer community groups can provide friendship and social support and may choose to assist with the provision of IHSS services.

The IHSS also provides support to proposers and to all providers of IHSS services, including volunteers, through the following services:

- *PS*, which provides information and a post-arrival 'help' service to assist proposers in meeting their responsibilities to entrants; and
- *SSP*, which provides support and training to IHSS service providers to meet the service needs of entrants and their obligations as contractors. *SSP* is also responsible for the recruitment, coordination and registration of *CSR* groups and for providing them with support and training.

The IHSS, therefore, has a specific role in supporting humanitarian entrants, their proposers and IHSS service providers for a limited period. IHSS support is normally provided for around six months, although this period may be extended for particularly vulnerable clients with special needs. The IHSS focuses strongly on equipping entrants to gain access to mainstream services. However, a proportion of these entrants may require further assistance from other DIMIA-funded services, such as the *CSSS* and *MRCs/MSAs*.

Service principles for the IHSS focus on affirming the capacity of entrants. The IHSS principles are:

- Humanitarian Program entrants are individuals who have the inherent right to respect for their human worth and dignity;
- Humanitarian Program entrants are able to exercise choice;
- Humanitarian Program entrants are informed and involved in decision making;
- services are designed and administered so as to promote Humanitarian Program entrants' competence and to discourage dependency;

- the health and well-being of Humanitarian Program entrants are protected;
- the best interests of children are taken into account;
- the least intrusive and the least disruptive option which offers the highest degree of stability and certainty is selected;
- traditional, cultural and religious values are respected;
- services and decisions are ethical and Humanitarian Program entrants are not exploited;
- services promote participation of Humanitarian Program entrants in the wider community and their understanding of legal obligations;
- organisations providing services are accountable to those who use their services and to the Commonwealth; and
- Humanitarian Program entrants are enabled to access services in a coordinated way which minimises gaps and duplication between services received.

one that offers the best overall value for money. The department determines the best value for money on the basis of the tenderer's ability to satisfy the functional requirements and the costs associated with implementing the tenderer's proposed solution. DIMIA fixes the price it will pay to the organisation for the provision of services and awards a contract for a fixed period of time.

The only service not competitively tendered to date has been the EHAI service. The Early Intervention Program, on which the EHAI was based, was half way through a four-year development program when the IHSS was introduced. The development phase has now been completed.

As shown in table 8.3, thirty-nine IHSS contracts are currently in place, providing services in all States/Territories of Australia. IHSS services are available in all capital cities and in several regional areas.

The competitive tendering and contracting arrangements have significant benefits. They

The IHSS funding model

Competitive tendering

Community-based providers and some commercial organisations deliver IHSS services on a contractual basis. Volunteers generally support these providers in delivering IHSS services.

The IHSS funding model represents a departure from the previous grants-based process to a competitive tendering/contracting environment. Through the Request for Tenders process, DIMIA identifies the services to be delivered, associated standards and the geographical locations in which the services are to be provided. It then invites organisations to tender to provide those services. The successful tenderer is the

Table 8.3: Current IHSS service providers

State/Territory	Number of IHSS contracts
New South Wales	5
Victoria	7
Queensland	8
Western Australia	6
South Australia	3
Tasmania	2
Australian Capital Territory	5
Northern Territory	1
National Coverage (a)	2
Total	39

Source: DIMIA IHSS Program Management Data, 2002 (a) Of these national contracts, one covers New South Wales, Queensland and Victoria only.

allow DIMIA to prescribe what it wants to purchase for humanitarian entrants and in which geographical areas. They also allow DIMIA to determine which organisation will most efficiently and effectively deliver the services that represent the best value for money. The IHSS contracts include detailed descriptions of each of the service types and of the standards at which services are to be delivered. The contracts also include a number of performance and accountability checks to ensure that the Commonwealth fulfils its duty of care obligations to this vulnerable client group and can be accountable for the expenditure of funding.

The following extract from the IIOA contract demonstrates the highly prescriptive nature of the minimum service standards:

- The information and advice given to entrants must:
 - be comprehensive;
 - take into account the likely jet-lagged condition of entrants on arrival;
 - be conveyed in a culturally sensitive, welcoming and courteous fashion;
 - be able to be understood by the entrant;
 - be provided in a manner that is consistent with adult education principles which include opportunities for active and participative learning.

As a result, there is greater certainty under the IHSS than under previous systems that entrants are actually receiving important services such as housing and information and orientation. There is also greater potential for achieving consistency in the standard of support. The reporting requirements in contracts enable monitoring of outcomes for clients and key service delivery issues such as integration of services. Such monitoring ultimately allows for more effective use of program funding. As noted above, the level of

support for humanitarian entrants under previous arrangements varied largely according to the capacity and skills of volunteer groups rather than according to the needs of the entrants. Some entrants, with experienced and dedicated volunteer groups, received a very high level of support. Others, although referred appropriately to CRSS groups, received little or no support. It was very difficult for DIMIA to ensure appropriate minimum standards of support.

Despite these benefits, the implementation of the IHSS since early 2000 has been challenging. The transition from a grants regime to a competitive tendering and contracting environment was not well received by many in the sector. Most of the participating agencies had limited experience in costing their service delivery arrangements and in preparing tender documentation. It was difficult for smaller agencies with limited resources to compete successfully against larger, better-resourced organisations. Although DIMIA provided briefings to providers on these issues through an external consultant, these difficulties remained.

Some aspects of community service provision are intangible and do not lend themselves to quantifiable performance measures. Not all elements of IHSS support are easily identifiable or measurable and some stakeholders have argued that, in defining the IHSS services, some of the less tangible elements of humanitarian entrant support, such as the strength of relationships and connections with other relevant services, and the sense of welcome and connection to the wider community, have been overlooked.

Achieving accountability in some areas of IHSS service delivery, such as the provision of torture and trauma intervention to clients, has also been problematic due to issues around client confidentiality.

Furthermore, the first competitive tendering process for IHSS services did not produce the

quality or variety of tenders that would have been desirable. In some areas of service delivery, such as the accommodation contracts, there were limited potential service providers. A competitive model was particularly difficult to implement in regional areas where there was generally a lack of effective competition and, on occasion, only one potential service provider. In some cases, DIMIA had to actively encourage expressions of interest from potential providers and assist them in their capacity to become IHSS service providers. These factors suggest that creating a strong competitive environment for future IHSS tendering will remain a challenge. Effective competition is likely to be complicated by the fact that agencies unsuccessful in obtaining IHSS contracts in the first round have not been involved in IHSS service delivery for two to three years. These agencies may not have been able to sustain their ability to compete with those already delivering services.

As has been apparent from submissions to the review, some problems with the competitive tendering process were not so much about the model as about its implementation. The development and negotiation of contracts created significant delays in the implementation of key aspects of the IHSS model, leading to a lengthy period of partial implementation and co-existence with the previous OAA and CRSS models. Competitive tendering also led to disruptions as services changed hands. DIMIA is currently establishing handover procedures for the current round of contracts in order to ensure continuity of service delivery. It is also revising induction procedures for both contractors and contract managers to encourage effective contract management practices. In 2002, DIMIA conducted a review of IHSS contracts, which is described in greater detail in chapter thirteen of this report - Performance and Accountability. The department is currently implementing recommendations from the

review in relation to lessons learned from the first contracts signed for IHSS services, contract management, administrative arrangements and risk management.

Notwithstanding some of the concerns expressed, the professionalisation of IHSS service delivery has been essential to adequate management of increasingly difficult Humanitarian Program caseloads. The benefits of the competitive tendering process for DIMIA and for humanitarian entrants mean that competitive tendering remains the preferred model for identifying potential providers of IHSS services.

Contract payments

Payments to IHSS contractors are per client unit cost. The payments vary according to prices negotiated in individual contracts multiplied by the number of entrants provided with the service. Individual contracts provide for yearly adjustments to the unit price based on the national average CPI increase. Invoicing and payment procedures vary slightly from contract to contract and between States/Territories.

As a rule, contracts provide for an establishment price for the purpose of purchasing items or services for the delivery of contract services. This payment is usually made on commencement of the contract services.

Generally, contract fees are paid in advance in equal quarterly instalments based on the anticipated business level. Acquittal at the end of the period is based on actual business and contractors must provide information on the actual level of business performed during the period covered by the advance payment. Dates for the provision of invoices covering the advance payments are set in the individual contracts. Adjustments are made to each subsequent invoice for any over or under performance. If the contractor does not submit a correctly rendered invoice by the

due date, or if performance reports are not forthcoming by their due dates, DIMIA can delay payment.

Directly linking payments under the IHSS contract to the number of clients provided with the services provides a significant incentive for organisations to ensure that they reach entrants and provide the services for which they are eligible. However, the key issue for IHSS providers in the pricing model is the uneven flow of entrants. While the airfares of refugees are paid by DIMIA, SHP entrants and their proposers make their own travel arrangements. This means that the entry of refugees can be coordinated to some extent, but that the arrival of SHP entrants, who make up the majority of the program, is uneven. Where there is a low number of IHSS entrants in a service area, service provider and volunteer resources can be under-utilised. Where large numbers of entrants arrive in a service area in a short space of time, this creates a dramatic rise in demand for resources.

The experience of some contracted providers is that clients come in peaks and troughs and agencies are compensated on a unit cost basis. This model has an inherent destabilising weakness in that fixed infrastructure costs must still be met which can potentially lead to cash flow problems.

Submission from the Migrant Resource Centres Forum of New South Wales

While DIMIA recognises the problems associated with the uneven flow of entrants, it has only limited control over the timing of arrivals. As noted above, proposers arrange travel for SHP entrants and there can be, for example, significant gaps between visa issue and arrival while proposers save money to

purchase airfares. The International Office of Migration (IOM) arranges travel for refugees, but the timing of these arrangements is influenced by factors such as the price of airfares and the availability of staff. In addition, entrants are referred by a number of overseas posts that have their own internal peaks and troughs of activity. It is generally not possible to ask a post to hold its referrals due to a large number of referrals from another post. It is also not desirable to do so, given the needs of the client group. DIMIA manages the flow of entrants to the extent possible through its Central Referral Unit (CRU) as described later in this chapter. However, there will always be the potential for an uneven flow.

During the initial negotiation and signing of IHSS contracts, DIMIA did not guarantee organisations a minimum level of referrals. At the time, DIMIA considered the risk of committing to a certain level of business to be too high, given the high volume of unauthorised arrivals and their impact on the offshore program. However, since July 2002, DIMIA has offered all IHSS service providers a minimum guaranteed business level in order to minimise the level of business risk. Under this guarantee, DIMIA will repay 60% of the guaranteed business at the beginning of the financial year, the balance being paid the following January. The level of minimum guaranteed business is based on a conservative projection of offshore refugee cases settling in Australia during a program year.

This offer has helped to alleviate some of the earlier concerns of IHSS providers regarding their ability to sustain service planning. Most providers have accepted the offer, although there are variations in the specific conditions that they have agreed to. Several IHSS service providers have opted to continue with previous arrangements, and DIMIA has issued these providers with estimated business levels.

Integration of services

Integration within the IHSS

Service integration is particularly important for clients with multiple service needs. A well-integrated system would provide an overall assessment of client needs and coordinate services to meet those needs. In an ideally integrated system, humanitarian entrants would perceive the IHSS to be one system, even if the services are provided by different agencies and in different locations.

In public consultations and submissions to the review, stakeholders have pointed out that service integration is problematic within the IHSS, with its multiple contracts. The role of case management within the IHSS is also not clear. While contracts with IIOA service providers refer to the provision of a post-arrival needs assessment and case management, this role has not generally been operating effectively under the IHSS.

Effective service integration also requires positive working relationships and information sharing between IHSS service providers. This, too, has been challenging due to the competitive nature of the IHSS tendering process. Some stakeholders have argued that the tendering of humanitarian services inhibits cooperation and information sharing between providers.

“The competitive funding process for the DIMIA program ensures a competitive environment exists among organisations delivering services. Given that this is a small sector, working with relatively small numbers of people with extensive needs, this process does not ensure the development of optimum cooperation between agencies. Quite the opposite has occurred. In addition, experience has shown that this does not encourage any agency to view their service delivery obligations in relation

to the overall needs of the individual, family and/or community. The model invites and has resulted in fragmentation of service delivery. This means that clients must relate to and access several services and access points, which is particularly confusing and difficult for new arrivals. This also results in resources not being used efficiently.

**Submission from the Adelaide
Central Community Health
Service, SA**

Some stakeholders have pointed out that, at the local level, there can be both gaps between services and duplication between services. For instance, in some areas there have been issues of overlap and coordination between AS and HFS contracts and this has created confusion. In addition, newly-arrived entrants can feel overwhelmed by the number of agencies contacting them regarding accommodation issues, information provision, health screenings, and other IHSS services. Integration problems have also arisen from broader implementation difficulties.

It is notable that integration between IHSS services appears to be most effective in smaller localities where all IHSS services are provided by one agency or where services are co-located. There may also be a case for grouping particular IHSS services together. For instance, it may be that AS and HFS could be provided by the one contractor.

Clearly there is a need to strengthen overall needs assessment and ongoing case management within the IHSS from entry to exit. There is also a need to reduce the number of people and organisations that entrants have to deal with on arrival in Australia. DIMIA is currently considering a

number of options to achieve these aims, including:

- giving a single agency the responsibility for coordination across service types and for strengthening case management arrangements; or
- more clearly identifying the IIOA provider as a case manager, and for the duration of the entrant's support under IHSS.

These options have been explored further in the separate evaluation of the IHSS.

Integration with other services

Service integration between the IHSS and other DIMIA-funded services is also an important issue. The IHSS has a highly specific role that means that some clients will require assistance to gain access to other settlement services as well as to mainstream services. In some cases, stakeholders have argued that the period of IHSS support should be increased. However, most have seen value in improving links between the IHSS and other settlement services, especially CSSS organisations and MRCs/MSAs. In many cases, as shown in table 8.4, effective linkages should already exist due to the fact that a number of IHSS providers are MRCs/MSAs or are CSSS grant recipients. Linkages should be particularly effective where MRCs/MSAs and CSSS organisations are IIOA providers. However, this is not always the case.

Other stakeholders have suggested an enhanced role for volunteers in linking entrants to other services.

[Most] Humanitarian Program entrants need to spend more than six months in learning sufficient English and gaining familiarity with Australian workplace customs and practices to have a realistic chance of finding employment. There needs to be more

flexibility in the IHSS process to ensure that entrants continue to receive effective settlement assistance after their first six months in Australia, particularly from CSR volunteers in conjunction with other settlement service organisations.

Submission from the St John the Apostle Parish Refugee Resettlement Committee, ACT

In this respect, there has been some confusion around the ineligibility of humanitarian entrants to access other DIMIA-funded services until they have completed their IHSS entitlement.

Since the implementation of the new IHSS model, there seems to be a gap evolving from where the client exits the IHSS program and commences with other agencies that assist in meeting client needs. The DIMIA directive that CSSS funded agencies and MRCs are not able to assist clients until the IHSS provider has exited the client exaggerates this.

Submission from the Liverpool Migrant Resource Centre, NSW

IHSS entrants are not ineligible for support from MRCs/MSAs or CSSS organisations as long as this support does not duplicate IHSS services. Other DIMIA-funded services can offer complementary services. Certainly, IHSS providers should be introducing clients to other settlement services as part of IHSS service delivery.

Table 8.4: Current IHSS providers by IIOA, MRC/MSA and CSSS status

S/T	IHSS provider	IIOA	MRC/MSA	CSSS
NSW	Anglicare Migrant Services			
	NSW MRC Association (a)	X	X	X
	St Vincent de Paul NSW			X
VIC	Geelong Ethnic Communities Council	X		X
	New Hope Foundation	X		
	MRC North East	X	X	X
	St Vincent de Paul VIC			
	MIC Eastern Melbourne	X	X	X
	South Eastern Region MRC	X	X	X
QLD	ACCESS Inc	X	X	X
	St Vincent de Paul QLD			
	Centacare Cairns	X	X	X
	Townsville Multicultural Support Group	X		
	Multicultural Development Association	X	X	X
	Anglicare Toowoomba	X		
WA	Gowrie WA			X
	Northern Suburbs MRC	X	X	X
	Catholic Migrant Centre WA	X		X
	St Vincent de Paul WA			
SA	MRC of South Australia	X	X	X
	Australian Refugee Association SA			X
	Anglicare SA			
TAS	MRC Tasmania Ltd (b)	X	X	X
ACT	Centacare	X		
	Ethnic Community Council of Wagga Wagga	X		X
	St Vincent de Paul - ACT and Wagga			
NT	Torture and Trauma Survivors Service of the NT - Melaleuca Refugee Centre	X		

(a) The NSW MRC Association is not actually an MRC or MSA or CSSS funded organisation, however, the IHSS services they provide are delivered through NSW MRCs, which also have CSSS projects. (b) The MRC Tasmania Ltd is also not actually an MRC or CSSS funded organisation, however, the IHSS services they provide are delivered through the Hobart and Launceston MRCs, which also have CSSS projects.

Recommendation 28

That DIMIA:

- develop a model that strengthens case management and coordination across IHSS service types and minimises the number of agencies that humanitarian

entrants must deal with on arrival in Australia; and

- specify in the next Request for Tender for IHSS services a requirement for providers to liaise with providers of other DIMIA-funded settlement services.

The Central Referral Unit

The CRU in DIMIA Central Office coordinates the arrival of humanitarian entrants in Australia by liaising between overseas posts and State/Territory offices. The CRU receives information from overseas posts regarding the profile of newly-approved humanitarian visa applicants and any connections that they may have in Australia. It then considers planned business levels for IHSS service providers in each State/Territory, the availability of services, community support, and other factors that may affect settlement prospects in deciding where to send entrants. State/Territory DIMIA offices agree to referrals and advise relevant IHSS service providers. To the extent possible, the CRU attempts to regulate the flow of entrants so that no one State/Territory is under-utilised or overburdened at any one time. However, as outlined previously, this is not always possible.

Between 1 July and 31 December 2002, 4,140 people were referred through the CRU.⁹ In line with Commonwealth Government policy, the smaller States (Western Australia, South Australia and Tasmania) assisted a proportionately higher number of refugees. The larger States, New South Wales and Victoria, assisted a proportionately higher number of SHP entrants. The destination of SHP entrants is not controlled by the CRU.¹⁰

There has been considerable interest in dispersing humanitarian entrants to regional areas to encourage a wider distribution of new arrivals and decrease pressure on major metropolitan areas. Placement of new arrivals in regional areas could have significant flow-on effects due to the tendency for these entrants to become proposers of other entrants in their turn.

IHSS services are currently available in regional areas such as the Coffs Harbour, Wagga Wagga and Newcastle areas of New South Wales; Geelong in Victoria; Townsville, Cairns, Toowoomba and the Logan, Beenleigh

and Gold Coast region in Queensland; and in the Northern Region of Tasmania. Unlinked refugees can be and are sent to these areas. However, SHP entrants must realistically be sent to the location of their proposers. Efforts to direct unlinked entrants to regional areas must be tempered by the IHSS principle of client choice and by the need to ensure that there is sound infrastructure available to them, including support for entrants who have survived torture and trauma. While there may be IHSS providers in regional areas, access to services linking to the IHSS and the availability of employment and community support are key considerations in determining the most appropriate destination for an unlinked refugee. Refugee entrants generally require ongoing specialist health and counselling services arising from their circumstances before coming to Australia.

Recommendation 29

That DIMIA:

- seek further opportunities to settle humanitarian entrants in regional Australia; and
- liaise more closely with relevant stakeholders regarding regional locations where employment opportunities exist and appropriate services and community support exist or may be developed.

Pre-embarkation information

DIMIA currently provides significant post-arrival information to all migrants about life in Australia, the settlement services available and the range of services at the national, State/Territory and local levels for which they may be eligible. In particular, it makes this kind of

⁹ DIMIA, *IHSS 6-Monthly Report*, p. 3.

¹⁰ DIMIA, *IHSS 6-Monthly Report*, p. 8.

information available in the form of State/Territory-specific settlement kits provided online. This information is translated into numerous community languages. Humanitarian entrants receive limited additional pre-embarkation information. This information is focused largely on the journey to Australia rather than on the IHSS program and the services available to them.

Feedback from public consultations and submissions to the review has suggested that limited pre-embarkation information from DIMIA tends to support unrealistic expectations among entrants about their settlement and employment prospects and their likely standard of living in Australia generally.

Thus far all of the focus has been on what happens after the humanitarian entrants have arrived in Australia but experience has shown that the initial settlement period can be made much easier if the entrants are provided with culturally appropriate and relevant information prior to their arrival in Australia. They feel much more in control of the situation if their post arrival experiences are consistent with their expectations. The need for good pre-embarkation information is well documented and its absence has been an issue of concern for many years.

Submission from the Refugee Council of Australia (emphasis in submission)

DIMIA has engaged a specialist consultant who is currently developing pre-embarkation material for this purpose. The material will be designed in a way that will prepare entrants for what they can expect when they arrive at their destination without overwhelming them with information or creating expectations that can lead to

disappointment. Information will cover general issues as well as State/Territory and regionally-specific material. It will be translated into various languages and distributed via fact sheets as well as online. Pre-embarkation information will also include material on the role of proposers in providing on-arrival support for SHP entrants.

The dissemination of this material could be enhanced by pre-embarkation cultural orientation classes. The main focus of the 2002-03 Humanitarian Program will be the regions of the Middle East, South-West Asia and Africa. The difficulties being experienced by the current Humanitarian Program caseload suggest that some entrants from Middle Eastern and African countries struggle with the cultural gap between Australia and their countries of origin. In addition, a number of entrants find written material less helpful than other learning methods.

The IOM conducts pre-departure cultural orientation classes in Kenya for refugees bound for the United States and Canada and has found that this assists entrants to prepare themselves practically and psychologically for the challenges of life in a new country and to dispel rumours, misconceptions and unrealistic expectations. From 1998 to 1999, IOM Belgrade, funded by DIMIA, conducted a pilot language training project that included a significant cultural orientation component. Feedback from program participants indicated that this program provided them with valuable information about Australia and Australian culture and the skills and motivation to pursue English language training and cultural orientation on arrival in Australia. It also increased their self-confidence and sense of control over their lives.

While preparation for English language training is now covered on arrival by the AMEP's Special Preparatory Program for humanitarian entrants, some pre-departure

survival English may be of help to entrants. In particular, establishing a similar initiative regarding cultural orientation for the current caseload may build the capacity of entrants to cope with their needs on arrival, enhance their ability to become self-reliant as soon as possible after arrival and assist them to integrate more smoothly into Australian society. A trial of such an initiative for the current African caseload would provide valuable information for further consideration of cultural orientation issues.

Recommendation 30

That DIMIA trial the introduction of pre-embarkation cultural orientation classes for African humanitarian entrants in the light of the difficulties being experienced by current Humanitarian Program caseloads.

This chapter now turns to the issues raised by stakeholders in relation to each IHSS service type.

Initial Information and Orientation Assistance

The IIOA service aims to assist entrants to gain access to the services they need in the initial stage of settlement. The designated outcome is that entrants acquire the knowledge, skills and support they need to build their lives as part of the Australian community.

Linkages and referrals to mainstream agencies are, therefore, a major function of the IIOA. However, in the context of the immediate, on-arrival period, the need to connect entrants with essential services such as social security benefits can take priority over enhancing their capacity to understand and negotiate mainstream service systems. In addition, the implementation of the IHSS over two years or more has meant that referral

mechanisms between the IHSS and mainstream services are still being developed in many areas.

Consultations with several mainstream agencies have revealed that the connection between initial intensive support for refugee and humanitarian entrants and mainstream agencies is, in many instances, not meeting the best interests of the entrant... Improved referral pathways and agreed protocols need to be developed such that they can be maintained and reviewed through formal feedback mechanisms that foster relationships between settlement and mainstream agencies promoting understanding of common issues and collaboration.

Submission from the Refugee Council of Australia

Clients under the IHSS generally need to be provided with income support and other services provided by Centrelink as a matter of priority. Accordingly, Centrelink works closely with IHSS providers throughout Australia. Generally, the relationship between settlement service providers and Centrelink has been good, however, the state by state implementation of IHSS over 3 years caused some difficulties with liaison and servicing arrangements between DIMIA, IHSS providers and Centrelink.

Submission from Centrelink

In public consultations and submissions to the review, stakeholders have pointed out that linkages to some important services are not as well developed as linkages to agencies providing for immediate needs. For example, many newly-arrived humanitarian entrants place a high priority on looking for work as soon as possible after arrival. More effective

linkages could be developed between IIOA providers and service providers such as Non-English Speaking Background specialist providers for the Job Network described in chapter six of this report - Mainstream Services. Similarly, the focus within the IIOA on immediate needs can mean that activities such as referring young people to specialist support services receive a lower priority.

...IHSS and CSSS providers often have the first point of contact with this client group and are in a unique position to identify the specific needs of their young clients and to work closely with youth and mainstream services on intervention strategies.

Submission from the Centre for Multicultural Youth Issues, VIC

A particularly crucial connection within the IIOA is between the IIOA provider and relevant emergency health services. EHAI providers may not conduct their assessments for some weeks after arrival for the reasons outlined below in more detailed discussion of the EHAI service. IIOA providers are contracted to address 'emergency', on-arrival health needs:

The Contractor must inquire of the entrant whether they have the need for urgent medical attention... Entrants who need urgent medical attention must be able to access it as soon as possible and within 24 hours of arrival.

There is, therefore, a potentially significant time gap between the responsibility of the IIOA provider to address 'emergency' health needs at the time of arrival and the time when the EHAI provider takes on responsibility for working with the client some two to four weeks later.

Humanitarian entrants can present with health issues that are not easily identified by local

service providers, as these issues are not frequently seen as part of day-to-day medical practice in Australia. In those two to four weeks, health problems not immediately noticed and addressed can become more severe.

DIMIA State/Territory offices have reported that delayed processing of Medicare cards for humanitarian entrants can exacerbate problems with immediate health issues. Some offices have also reported problems with requests for substantial documentation from Medicare offices. DIMIA has been working with the Health Insurance Commission (HIC) on expedited processing of Medicare cards for these entrants. DIMIA is now transmitting relevant data to the HIC on a daily basis and out to Medicare offices within one week. The HIC has agreed to encourage Medicare offices to manually enrol entrants requiring medical care as soon as they arrive and to place a high priority on entrants with a refugee category visa. The HIC has also agreed to require only a passport or travel document as proof of identity, and they will be promoting this requirement in Medicare offices.

The more general issue of on-arrival health assessment within the IHSS clearly requires further attention. This is discussed below in relation to the EHAI service.

Accommodation Support

The aim of the AS service is to ensure that entrants have accommodation on arrival and receive assistance to secure long-term accommodation as soon as possible. Under AS, entrants have access to subsidised accommodation for four weeks. After this time, they are generally required to pay market rental until they are able to move into longer-term accommodation.

As noted above, OAA entrants were previously eligible for thirteen weeks of supported accommodation, which could be extended in cases of need to twenty-six weeks.

**Table 8.5: Humanitarian entrant families assisted by composition,
1 July-31 December 2002**

Family Size	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total Families	Total People
1	3	132		44	43	19	115	54	410	410
2	2	52	1	15	12	9	52	18	161	322
3	1	77	1	14	13	14	58	24	202	606
4	7	99		16	22	2	71	32	249	996
5	2	65	2	10	9	1	56	9	154	770
6		40	1	11	4	6	29	5	96	576
7		22		8	3	3	21	6	63	441
8		5		4	2	1	15		27	216
9		2		1			6	1	10	90
10			1			1	3		5	50
11		1							1	11
12		1							1	12
13								1	1	13

Source: IHSS 6-Monthly report, 1 July-31 December 2002

The change was made to reduce the dependency of humanitarian entrants on supported accommodation. It was also aimed at minimising disruption by encouraging entrants to establish themselves as soon as possible in the areas where their children will go to school and where they will become familiar with other local services. The transition to a shorter period of supported accommodation was also made for reasons of equity. Under previous arrangements, only a small proportion of entrants was eligible for lengthy periods of supported accommodation. Under the IHSS, all refugees are eligible for supported accommodation. In addition, the AS service provides assistance to move into secure, long-term accommodation that was not always readily available under the OAA program.

The major issue within AS is the difficulty that many humanitarian entrants experience in moving to longer-term accommodation after four weeks. As noted in chapter four of this report - The Settlement Experiences of New Arrivals, most entrants will need to find

housing in the private rental market due to the shortage of public and community housing and long waiting lists for these options. However, many arrive with few financial resources, are dependent on social security and have no rental history in Australia. Some encounter discrimination in the rental market.

In addition, humanitarian entrant households can have characteristics that compound their accommodation difficulties. For instance, over the past year an increasing percentage of entrants have come from countries where large extended families are the norm. Between July and December 2002, 48.3% of entrants assisted by the IHSS were part of large families consisting of between five and thirteen members.¹¹ Large families are not the cultural norm in Australia and rental housing generally provides two or three bedrooms. Larger houses with more bedrooms are expensive and difficult to find in the private rental market. Table 8.5 provides a breakdown of family size by settlement location.

¹¹ DIMIA, *IHSS 6-monthly Report*, p. 3.

The high upfront cost of rental and utilities bonds is a major barrier to assisting humanitarian entrants to move from temporary to longer-term accommodation as soon as possible. Some States/Territories provide assistance with such bonds. However, this kind of assistance is not universally available and some of these schemes are more comprehensive than others. Single entrants and couples have limited capacity to generate savings for these bonds, whereas families are generally able to use lump sum Family Tax Benefits payments for these purposes once payments have commenced.

Delays in processing tax file number applications for Family Tax Benefits have created significant financial hardship for some entrants. Both DIMIA and the Australian Tax Office (ATO) have developed a number of strategies to expedite tax file number processing. The most recent of these has been the creation by the ATO of an online registration system for migrants and humanitarian entrants. Applicants for tax file numbers are required to register their passport or travel document details online. This information is sent electronically to DIMIA for matching with DIMIA entry data. Once the data matching is complete, the information is sent back to the ATO to begin processing the application. This data matching process should take less than fifteen minutes, and should therefore expedite tax file number processing. DIMIA is currently working with the ATO in order to resolve teething problems with this initiative.

In some States/Territories, entrants are being provided with long-term accommodation from the time they arrive in Australia. This normally occurs in tight rental markets where it is important to secure suitable accommodation as soon as it becomes available, including before the arrival of the entrants.

Some stakeholders have suggested that DIMIA should restore some form of assistance

with upfront costs as it did previously under the CALFRIC and Rental Rebate schemes.

The local rental bond and advance rental payments required make it routine for new entrants to borrow heavily to meet these requirements and to accept rental payments that are a higher proportion of their total income than is desirable... Financial provisions for AS contracts need to be reviewed to try to ensure that new entrants do not start their settlement process with a high level of debt... More could be done by the Commonwealth in providing itself, nationally standard no-interest loans with generous repayment arrangements, to cover the local rental bond and advance rental repayments...

Submission from St John the Apostle Parish Refugee Resettlement Committee, ACT

DIMIA has generally moved away from offering loans, as this creates a long-term burden on humanitarian entrants and their proposers. While CALFRIC loans had an exceptionally low default rate, these loans are still being repaid many years after the program was phased out. It may be that DIMIA should simply increase financial assistance for particularly high needs entrants to move into longer-term accommodation and for utilities bonds.

Recommendation 31

That the financial assistance be increased for humanitarian entrants to move into longer-term accommodation and for utilities bonds, if required, as part of future tenders.

Another major barrier to longer-term housing for entrants is that a number of entrants are unfamiliar with general Australian expectations regarding behaviour in rental housing and property management. The issue of the cultural gap for a number of humanitarian entrants has been discussed above, and arises particularly strongly in the context of the AS service type. IHSS accommodation providers are finding that moving entrants into longer-term housing often creates significant demand from real estate agents for follow-up services by the AS provider.

...it is becoming evident that agents and landlords are reluctant to accept newly arrived entrants for their properties. This is due to past bad experiences in maintaining properties, a lack of training on household management and the lack of community support. Many of our clients have not acquired any 'life skills' enabling them to exist non problematic on day-to-day basis... A number of the single men and young families have been in camps for most of their life receiving their food cooked so they have no idea on cooking or even going shopping and/or what to purchase, let alone any basic household cleaning required... We are caught in a 'catch 22' situation that if we don't assist, Real Estate Agents will not even consider any further applications from entrants.

Submission from Resolve FM, Accommodation Support provider, WA

The issue of assisting entrants to develop skills of the kind described in the submission above will be explored in more detail by the separate evaluation of the IHSS and in relation to provision of pre-embarkation cultural orientation in recommendation 30 above.

Recommendation 32

That DIMIA develop mechanisms for ensuring that humanitarian entrants receive post-arrival advice, training and reinforcement of pre-embarkation information on household maintenance, budgeting and living in Australia.

Household Formation Support

The HFS service is designed to ensure that entrants have some basic material requirements to establish a household in Australia. The service provides a range of household goods to humanitarian entrant families through a contracted service provider in each State/Territory.

The changing Humanitarian Program caseload has exerted a significant impact on the HFS service. When the HFS was designed, the Humanitarian Program caseload was more diverse in its level of material need. Some entrants had reasonable financial resources. With the higher level of need in the current caseload, HFS providers can find that almost all of their entrants arrive with virtually no capacity to purchase household goods without assistance.

Whilst it is open for providers to use funds flexibly according to need and to the capacity of families to supplement support from their own resources, in the larger States/Territories, families are generally provided with a standard package and there is little flexibility within this package. In the context of the shift in caseload, an individual assessment is generally not cost-effective. In the smaller States/Territories, with a smaller number of entrants overall to provide for, providers have generally made an assessment of how funding might best be used to support the family. In some cases, options for upgrading items (for example, to upgrade the size of refrigerators

for large families) are not available or if they are, this opportunity has not been effectively communicated.

However, the major problem with the HFS service is that it appears to be under-funded. The unit price per household for this service was set at \$1,100 in 2000 and has risen to around \$1,200 in 2002-03 due to CPI increases. As outlined above, DIMIA was providing virtually the same amount to assist in the establishment of households more than ten years ago.

Under the CRSS, volunteers were very active in supplementing this amount by seeking out donated furniture and other household goods for entrants. In designing the HFS, DIMIA assumed that funded service providers would supplement the basic package by seeking out second-hand furniture and household goods as part of their repertoire of responses to entrant needs. However, providers have said that, in the larger States, legislative provisions limit the purchase of second hand goods, meaning that more of the allocation must be spent on buying new goods. In addition, the general public demand for second-hand goods in some States greatly outstrips supply. Options for purchasing second-hand goods can also be limited in regional areas. In some cases, volunteers are less likely than they were under previous arrangements to supplement HFS provision. This has occurred for a variety of reasons that will be explored below in relation to the role of volunteers in the IHSS.

As a result, the HFS offers only a very basic level of provision. For instance, the basic package referred to above includes only basic bedding, a refrigerator and a dining table and chairs. It should be noted that, for instance, contract requirements for the table and chairs can be met by provision of an inexpensive plastic picnic or garden furniture style set. Feedback from the sector has indicated that this happens in a large number of cases. The HFS contract does not include a specific

provision for purchase of suitable clothing and other personal items on arrival. This can create hardship for entrants who, for instance, arrive in colder seasons and have no suitable warm clothing.

This very basic level of provision tends to support the general agreement among stakeholders that HFS funding is currently inadequate to provide families with enough material assistance to start establishing a household.

The contract price has created problems for all contractors. The funds allocated are not adequate to provide essential household items, and have resulted in families struggling to compensate. Items regularly unable to be provided, which are considered essential include cots, bed frames, washing machines, fridges of adequate size in relation to size of families, heaters/fans. Items which are needed urgently in setting up a home, but which are not considered essential include lounge suites, wardrobes, TVs (to help with learning English), vacuum cleaner/toaster/kettle, coffee tables... Families experience exacerbated hardship in financial and emotional terms when they are left sleeping on mattresses on the floor, with no heater. Often recourse is made to companies that provide what are supposedly 'good' deals on finance terms, a very dangerous position financially for a vulnerable family to be in.

Joint submission from all Household Formation Support providers

Recommendation 33

That DIMIA enhance the package of household goods available under the Household Formation Support service in the light of the significantly greater

needs of current Humanitarian Program caseloads, a reduction in the availability of and restrictions on the use of donated and second-hand goods, and the need for flexibility to accommodate varying family compositions.

Early Health Assessment and Intervention

The EHAI service offers newly-arrived humanitarian entrants information on health services, a physical health screening and a comprehensive psychological/psychosocial health assessment. It also has an important role in systemic reform by providing information and training to mainstream health services and other service providers about making their services responsive to the needs of humanitarian entrants. This second role aims to ensure that humanitarian entrants have ongoing access to appropriate health services.

The EHAI service is one of the most crucial of the IHSS services and it needs to work well if entrants are to benefit from other IHSS services. However, the EHAI has proven to be a problematic model for physical health screening.

This chapter has already looked at issues relating to the potential time gap between the responsibility of the IIOA provider to address emergency health needs at the time of arrival and the time when the EHAI provider begins working with the client. Under the terms of the EHAI contract, the provider should be offering a physical health screening within two weeks after arrival. Under the model, therefore, the potential time gap should be less than two weeks. However, in practice, EHAI providers generally begin working with clients between two and four weeks after arrival. In some cases, providers have argued that there is little point, for instance, in providing referrals

to local health services until the entrant has moved to longer-term accommodation and is in a position to develop an ongoing relationship with a local doctor or health services. The respective roles and expectations of IIOA and EHAI providers in ensuring that humanitarian entrants requiring medical attention within the first two to four weeks of arrival receive the necessary assistance to access medical services should be clarified. This is of particular importance in relation to new entrants who have given a health undertaking prior to arrival to undergo x-ray screening for tuberculosis within a specified period.

There are, however, a number of other issues that have arisen within the EHAI. It is of concern that health service providers have reported a relatively low level of referrals from the EHAI service. Another issue is that, while DIMIA places a high priority on early physical health screening and psychological assessment, this is not always a high priority for the entrants themselves. Health assessment is necessarily voluntary. Entrants are informed that assessment and support are available to them through the EHAI service, but entrants, who have already undergone pre-arrival testing for infectious diseases and other health issues, may decide not to take up the option for some time. Feedback from stakeholders has indicated that many entrants consider that referral to torture and trauma counselling, in particular, is less of an immediate priority than housing or income. Some entrants are simply not ready to reflect on their need for support with a range of psychological challenges when preoccupied with immediate practical issues. Further difficulties relate to the availability of the full EHAI service. EHAI providers do not always have adequate reach into regional areas.

A key issue in health referrals is continuity of personal medical information, both between health services accessed by entrants and

between pre-migration health assessments and post-migration health services. Humanitarian entrants undergo health screening assessments prior to their arrival in Australia, however, privacy considerations have generally inhibited the sharing of information gained from this process with subsequent health care providers.

We understand that all refugees applying for residency overseas (and in Australia) have a health screening assessment which consists of: physical check, BP, Urinalysis, Chest X-ray, HIV test, and immunisations may be given. Currently the only information from this health assessment that is available when the refugee first sees a GP in Darwin is a 'TB Undertaking' letter held by some of these refugees.

Submission from the Darwin Refugee Health Network

Given the special vulnerability of humanitarian entrants, DIMIA could consider mechanisms for addressing these issues. In particular, it could accept a Northern Territory Centre for Disease Control recommendation to consider use of hand-held health care records for asylum seekers that are being trialed in the United Kingdom. There is widespread acceptance of such hand-held records in Australia, including childhood milestone health assessment booklets, and personal immunisation cards.

A further issue within the EHAI is that there is currently no special provision for dental care. Entrants are often joining long State/Territory waiting lists for dental care despite characteristically poor dental health. The shift in source countries for the Humanitarian Program is making access to early dental care a more central issue than previously.

Overall, it appears that there is significant scope for further development of the EHAI model. These issues have been considered in greater detail by the separate evaluation of the IHSS.

The level of assistance for dental health is minimal and those on a low wage without a health care card, cannot access public dental health and yet cannot afford a private dentist or health insurance. Many refugees have not had medical or dental attention for a long period of time, and many have never had dental treatment, prior to arrival in Australia.

Submission from the Ethnic Minorities Action Group, NSW

Recommendation 34

That DIMIA ensure that the respective roles and expectations of Initial Information and Orientation providers and Early Health Assessment and Intervention providers are clarified to ensure that humanitarian entrants requiring medical attention within the first two weeks of arrival receive the necessary assistance to access medical services.

Community Support for Refugees

The CSR service was designed to involve voluntary groups provide entrants with the knowledge, confidence and support to participate in the social, cultural and recreational life of their local community. The CSR focuses on providing friendship and social support, including introduction of entrants to local ethnic, religious and other community support organisations and information,

guidance and practical assistance to adjust to life in Australia. It was considered that the CSR could perform a particularly vital function in helping to break the social isolation and the sense of disconnection, which are intrinsic parts of the refugee experience. The CSR also plays a role in raising community awareness of the refugee experience.

As shown in table 8.6, there are currently 123 registered CSR groups comprising 866 volunteers working in all States/Territories.

Table 8.6: Current State/Territory distribution of CSR groups

State/Territory	Number of CSR Groups	Number of Volunteers
New South Wales	24	138
Victoria	22	86
Queensland	13	81
Western Australia	17	133
South Australia	2	52
Tasmania	22	161
ACT and Regional	13	125
Northern Territory	10	90
Total	123	866

DIMIA held consultations with volunteers in designing the overall IHSS model and delivered information sessions following the introduction of new arrangements for volunteers. Volunteers have generally supported the greater professionalism aimed for within the CSR service, including more formal mechanisms for recruitment, registration, insurance arrangements and police checks for volunteers.

Under the IHSS model, volunteers can register with the CSR service and concentrate their time and resources on providing friendship and social support and ensuring that humanitarian entrants are welcomed into the local community. They can also work with contracted IHSS service providers on a range

of support needs. Whatever their choice, all IHSS service providers have a contractual obligation to offer volunteers the opportunity to assist them in delivering their service and in developing and maintaining cooperative and collaborative relationships with volunteers.

However, while it is clear that volunteers continue to provide significant levels of support under the IHSS, there has been general agreement among stakeholders that the CSR model for volunteer involvement is not working as intended.

In particular, the CSR volunteers who play a primarily social role and who are not directly connected with contracted service providers are widely considered to be playing a very restricted role in the settlement process. While the CSR model of providing social support was designed to provide choice for volunteers as to the nature and extent of their involvement, it has been commonly perceived as marginalising volunteers and the potential contributions that they can make. A number of stakeholders consider that the CSR service makes less effective use of volunteers than the CRSS once did. Many CSR volunteers and potential volunteers were formerly CRSS volunteers. There has been considerable feedback from these volunteers that they consider their role to have been downgraded within the IHSS to the point that they no longer wish to participate. In addition, many CSR volunteers consider that the friendship and social support they provide would arise more naturally and operate more effectively in the context of providing more practical settlement support. It is difficult for friendly welcome to evolve into genuine friendships, or at least ongoing relationships, without some practical focus in the initial stages of support. These issues have meant a loss of interest among some volunteers in the CSR service.

CSR groups and volunteers are crucial components of IHSS, and are especially important to HFS given the restrictions imposed by the limited contract unit price. Under current arrangements the insurance coverage supplied to CSR groups has not been clearly defined. The scope of assistance CSR groups provide is defined as 'social and support activities', which can be interpreted in a variety of ways. Adequate insurance coverage for CSR groups is essential.

Submission from all Household Formation Support providers

The period of transition to the IHSS also coincided with the development of TPVs for unauthorised arrivals and high demand for volunteer support in providing material assistance to these TPV holders. A number of former CRSS volunteer groups and individuals have redirected their efforts towards TPV holders.

The extent to which volunteers perform core functions within contracted IHSS services is highly variable between States/Territories and between contractors. In a number of instances, contractors have reported that they would not be able to provide IHSS services without the support of volunteers, and that they use them extensively in labour-intensive tasks such as greeting entrants at the airport and accompanying them to appointments with mainstream services. In these cases, the tasks are similar to the tasks they once performed under the CRSS. While some of the volunteers who are working in this way are members of CSR groups, others are part of a pool of volunteers recruited directly by service providers and have not undergone CSR-related processes such as registration and police checks. It is also of note that non-CSR volunteers recruited directly by providers, while potentially eligible for training and support by SSP contractors, only receive this support with the agreement of the relevant provider.

Where contracted service providers are making use of CSR volunteers, this has mixed success. In some cases, where volunteers are willing to work at the effective direction of providers, the relationship seems to work well. In other cases, where CSR volunteer groups see themselves as accountable to DIMIA rather than to the contracted providers, and have consequently sought to maintain their independence of providers, a number of tensions have arisen. In particular, contracted providers have expressed concern about the lack of clarity about where responsibility for the standard of service delivery lies and some have become reluctant to draw on these CSR volunteer groups. Some have felt that their reputations, and consequently their effectiveness, are being undermined by continuing criticism from some volunteer groups.

The extent to which both CSR and non-CSR volunteers are taking on a key role in the everyday operation of some IHSS services also raises the issue of insurance. Broadly speaking, DIMIA provides insurance for the friendship and social support/community linkage role of CSR volunteers. It expects the providers of other IHSS services to cover insurance for any volunteers who may be working with them. However, not all providers are doing so.

Given these concerns, and the importance to humanitarian entrants of the contribution (both social and material) which can be made by volunteers, it is important that their role be clarified and reinvigorated.

The official 'social' role of our CSR group is a tiny fraction of our previous involvement with the refugees, and is insufficient to maintain the interest of some of our more dedicated volunteers.

Submission from the Newcastle District CRSS-CSR Group, NSW

In particular, volunteers could play a substantial role in the settlement of humanitarian entrants beyond welcome and provision of immediate material assistance. Volunteer-based Good Neighbour Councils once played a broader role in settlement assistance than providing for immediate, on-arrival needs. The question of whether Good Neighbour Councils could be reinvented in a contemporary, multicultural form is worth pursuing. DIMIA could promote community support for humanitarian settlement as part of its promotion of community harmony and as part of the wider effort to disperse new arrivals away from major metropolitan areas. Volunteering can be capacity building for communities and increase cross-cultural understanding. Public consultations and submissions to the review have indicated a number of areas in which volunteers could make a contribution, including:

- promoting support for humanitarian settlement and the development of appropriate services in regional areas;
- providing a general 'buddy role' for entrants in their local neighbourhoods, accompanying them to environments which may initially appear intimidating and introducing them to neighbours and local organisations;
- ongoing orientation to Australian institutions and way of life;
- mentoring of skilled humanitarian entrants who are ready to join the workforce by volunteers employed in related fields; and
- tutoring young people in homework and study skills.

In this context, it is important to recognise that effective use of volunteers requires careful consideration of the tasks which are appropriate to assign to volunteers, as

opposed to professional providers, and attention to developing appropriate mechanisms for direction and support.

If they are to work in refugee support programs, it is essential that volunteers not be viewed as 'resource-neutral' and that paid staff be employed to manage volunteer staff in line with approved standards which include: planning; recruitment against job descriptions; initial induction and training; appropriate insurance; ongoing support and supervision, including regular debriefing and feedback and the provision of emotional support and counselling; reimbursement for out of pocket expenses; being provided with accurate and comprehensive information about clients (while receiving training regarding client confidentiality and privacy legislation); referral at the rate volunteers can comfortably accommodate; and adequate recognition and reward. Further, it is essential that volunteer programs incorporate: screening; training; monitoring; resourcing; education for agencies about working with volunteers; mechanisms to protect volunteers; and mechanisms to protect clients.

Submission from the Refugee Council of Australia

Recommendation 35

That DIMIA develop, in consultation with IHSS providers and volunteers, revised arrangements for volunteer involvement in humanitarian settlement which connect volunteers with funded service providers and clarify the roles and responsibilities of each.

Service Support for Providers

Another important gap in the CSR service has arisen from the delays in the SSP tendering process, which was only completed in 2002. The SSP service manages the recruitment, registration, coordination and training of CSR volunteers. Training covers issues such as IHSS service principles, cross-cultural awareness and communication, torture and trauma awareness and working with interpreters and contract service providers.

It may be that the role of the SSP in coordinating CSR volunteers and linking them with contracted service providers will increase the involvement of volunteers in the IHSS and help ameliorate their current concerns. However, given that many volunteers are recruited directly by providers, it is likely that SSP providers will only be working with a minority of the active IHSS volunteers. Further development of SSP arrangements should take account of these issues, and of other issues identified in the separate evaluation of the IHSS.

Proposer Support

An important and valuable aspect of the IHSS is the eligibility of SHP entrants for some IHSS service types and the specific provision of guidance for proposers on fulfilling their responsibilities to these entrants. Under previous OAA and CRSS arrangements, proposers received no assistance with supporting entrants. Some proposers gained assistance from CSSS workers or from MRCs/MSAs. Under the PS service type, proposers have access to pre-arrival information resources and a post-arrival 'help' service.

Nevertheless, stakeholders have continued to report considerable problems arising from the reliance of SHP entrants on their proposers. Proposers are usually required to pay for the applicant's medical checks and travel to Australia. They are also required to provide the equivalent of AS and IIOA to the entrants

they sponsor. Many proposers are themselves relatively recent humanitarian arrivals and are not in a position to provide extensive support to new entrants. The importance of this issue has been confirmed by community feedback in the course of the review.

In addition, the Proposer part of the IHSS appears to be problematic. There is a growing concern about service inconsistencies among IHSS Proposer providers. Centrelink receives little, if any, notification of impending interviews and the proposers have limited understanding of what is expected of them... It is recommended that... consideration be given to reviewing and improving the level of assistance for proposers.

Submission from Centrelink

Proposers are often under strong obligations to propose family and friends regardless of their actual capacity to provide support and make multiple proposals. Overseas posts assess this capacity on the basis of information from the form 681 *Refugee and Special Humanitarian Proposal*. Visa grant is not contingent on the capacity of the proposer to provide support. The capacity assessment is used to recommend the level of IHSS services to be provided to entrants. However, many proposers overstate their actual capacity in the belief that this will increase the likelihood of visa grant. In addition, the passing of time between proposer applications and visa grants to their entrants can mean that the circumstances of the proposers change in the interim.

The issue of the capacity of proposers does not only affect the IHSS. For instance, where proposers do not have the capacity to pay for the applicant's medical checks and travel to Australia, or where payment is delayed, this

in turn creates substantial processing delays in the administration of the Humanitarian Program.

In some cases, problems within PS arise because the formal proposer is a community organisation rather than a family member. This gives rise to ambiguity about who has responsibility for assisting these entrants. The PS service can experience considerable difficulties and delays in identifying and locating family members relevant to the process.

On arrival in Australia, even where proposers are quickly identified and have some capacity to fulfil their commitments, proposer arrangements can break down. The proposer role can involve an unsustainable level of debt for proposers. Family tensions can result from overcrowding in accommodation and differences can emerge between new arrivals and longer-established communities that compromise the support available. Breakdowns in support are becoming the norm in some communities which have a high number of new arrivals and which are characterised by large families.

Undoubtedly, these pressures have always been present in relation to proposer supported cases. However, awareness of these pressures has increased due to the fact that the IHSS is providing assistance not previously available and service providers are encountering a level of need to which they were not previously exposed on a day-to-day basis. In addition, the pressures themselves have increased with the significantly greater needs of current Humanitarian Program caseloads. A higher proportion of both the entrants themselves, and of their proposers, have greater needs and less capacity than their earlier counterparts.

Where proposers are unable to provide adequate support, or proposer arrangements have broken down, SHP entrants can experience considerable hardship. SHP

entrants are currently eligible for HFS and EHAI services, but can have great difficulties finding suitable accommodation and understanding the Australian human services network. The PS service is designed to provide assistance to proposers, not to the entrants themselves. Current pressures on the SHP highlight the issue that the IHSS is drawing a somewhat artificial distinction between the needs of refugee and SHP entrants. As noted earlier in this chapter, under pre-IHSS arrangements, overseas posts streamed entrants into OAA or CRSS based on visa category. In developing the IHSS, DIMIA aimed for a greater focus on individual needs assessment rather than on the blunt instrument of visa category. In practice, DIMIA, while providing greater support for SHP entrants than it once did, is still streaming entrants according to visa category rather than according to their degree of settlement need. This view is supported by feedback from overseas posts that a number of SHP entrants actually meet refugee category criteria, but are allocated to the SHP category due to the quota on places within the refugee category.

DIMIA is currently finalising a review of the policy and legislation underpinning the offshore element of the Humanitarian Program which is considering options to strengthen the obligations of proposers. DIMIA could also consider making all offshore humanitarian entrants eligible for all IHSS services. If this does not prove to be desirable or affordable, it could adopt a more flexible approach to referrals of SHP entrants to IHSS services and CSR groups.

Under the IHSS, State/Territory DIMIA offices can refer SHP entrants to additional IHSS services if they become aware of proposer breakdown. Such referrals are made in a small number of cases on the basis of an individual assessment of need. However, the process of identifying entrants in this situation and of assessing their needs is resource intensive and the provision of additional assistance places

considerable pressure on existing funding allocations that do not take account of the need to manage such breakdowns.

DIMIA is also encouraging a greater role for CSR volunteers in assisting SHP entrants. Some volunteer groups have reported that they are currently under-utilised, especially in regions where there are low numbers of referrals of humanitarian entrants. The spare capacity of these volunteers could be directed towards SHP entrants, especially where the proposer arrangements have broken down.

Recommendation 36

That DIMIA explore options for increasing support to Special Humanitarian Program entrants and proposers to improve settlement outcomes.

Conclusion

The IHSS is a new model for humanitarian settlement services. Under the IHSS, there is greater certainty than under previous arrangements that eligible humanitarian entrants receive services and support. This achievement should be acknowledged and supported. However, a number of issues have arisen during the implementation of the IHSS that suggest that some service types require further development. The opening up of all IHSS services to all entrants would resolve some inequities within the IHSS and relieve pressure on the SHP, but would also have significant budget implications. The particular vulnerability and high needs of humanitarian entrants, and the ways in which changes to source countries require adjustments to service provision, will require continuous evaluation and improvement. The separate evaluation of the IHSS that is currently being undertaken will provide a substantial basis for enhancing the overall program.