
Chapter Thirteen: Performance and Accountability

DIMIA has an obligation to monitor the performance of the service providers it funds and to ensure that appropriate accountability mechanisms are in place. A successful performance and accountability model for DIMIA-funded settlement services is one that will:

- ensure the accountability of government expenditures;
- monitor service delivery;
- evaluate the effectiveness of services and programs in meeting the settlement needs of clients; and
- provide valuable information that can be used for future planning and improvement of service delivery.

It will incorporate mechanisms to measure performance and effectiveness and for continuous improvement in relation to each service type. These elements are already reasonably well developed for AMEP, TIS and IHSS, but require further development in the case of MRCs/MSAs and CSSS.

Feedback to the review has confirmed that DIMIA should streamline reporting requirements for MRCs/MSAs and for organisations receiving CSSS grants, develop a more robust, integrated data collection system for performance reporting, and incorporate periodic evaluations of client satisfaction and outcomes in the MRC/MSA, CSSS and IHSS programs. DIMIA should also produce service standards for funded organisations, develop a risk-assessment tool in MRC/MSA and CSSS programs, and put in place the Commonwealth standard funding agreement with MRCs/MSAs and all new CSSS-grant recipients. These changes can be made prior to the transition to the new combined grants program and feed into the development of this program.

Introduction

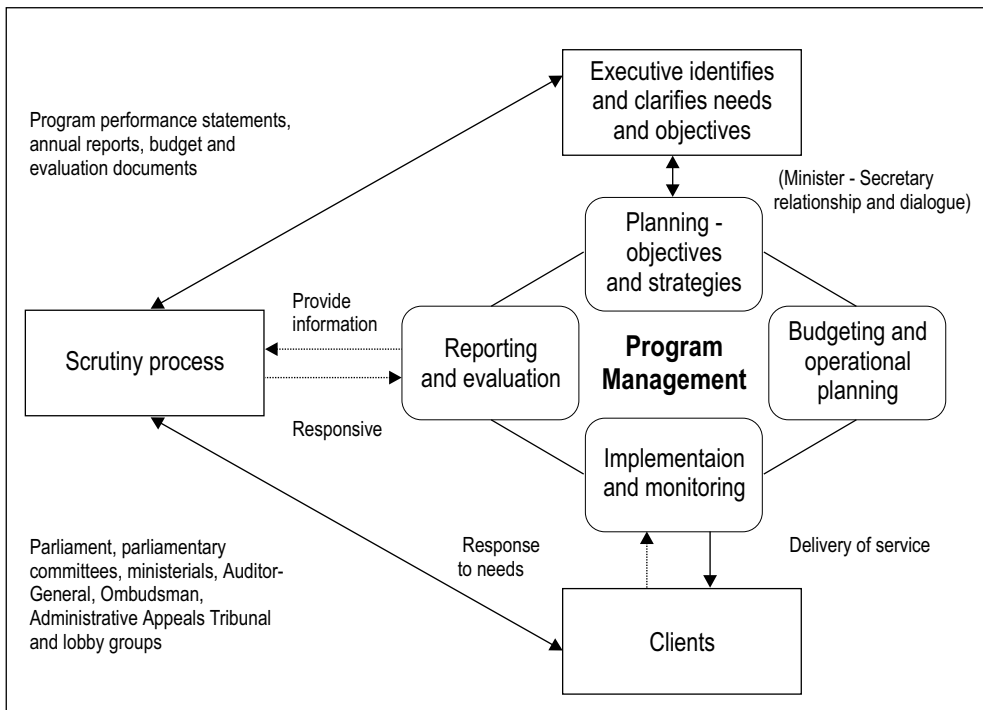
DIMIA-funded settlement services provide initial bridging mechanisms to assist migrants and humanitarian entrants to learn about starting life in Australia, gaining access to public services, acquiring basic English language skills, and becoming participating and contributing members of the Australian community. How effectively, appropriately and efficiently service provider organisations achieve these outcomes is of significant interest to DIMIA. This chapter examines current performance and accountability

mechanisms under each of the major DIMIA-funded settlement services. It also explores elements of good performance and accountability frameworks in order to recommend improvements to current mechanisms.

The program management cycle

According to the Commonwealth Management Advisory Board (MAB), performance measurement and accountability (or, as represented in figure 13.1 below, 'Reporting and Evaluation', which feeds into the scrutiny process) is just one aspect of the

Figure 13.1: The program management cycle



Source: MAB Australia, *Performance Information and the Management Cycle*, AGPS, Canberra, 1993, p. 8.

Program Management Cycle.¹ MAB states that there are three other phases of program management:

- planning objectives and strategies;
- budgeting and operational planning; and
- implementing and monitoring.

The key to the cycle is that it represents ‘the flow of information through the four phases. Performance information, primarily collected during implementation and evaluation, is needed for decision making in all four [phases].² Successful programs are dependent, therefore, not only on quality performance and accountability mechanisms but also on how well needs and objectives are identified and clarified and how well the service is delivered to respond to client needs.

This chapter looks at the performance and accountability mechanisms that are currently in use. It does not review the objectives of each of the settlement services or provide an analysis of how well services are currently being delivered to respond to clients’ needs. Such an analysis would require a more comprehensive research project than has been conducted for the review. However, in future, such an analysis may present new and different implications for the current performance and accountability mechanisms and the recommendations listed in this chapter.

¹ Management Advisory Board Australia (MAB), *Performance Information and the Management Cycle*, AGPS, Canberra, 1993, p. 8.

² MAB, *Performance Information and the Management Cycle*, p. 8

The importance of performance and accountability mechanisms

All publicly-funded programs must have clearly documented procedures in place for the management and accountability of public money. Government agencies have an obligation to account for how funding is being spent and what benefits accrue to clients and to the broader community as a result of these initiatives.

There are multiple channels of accountability applying to both funding agencies and service provider organisations. In addition to the accountability of service provider organisations to funding agencies, organisations may also be accountable to other regulatory bodies and to their communities. Funding agencies are accountable to government, and government is accountable to parliament and to the public.

DIMIA has an obligation to monitor the performance of the service providers it funds and to ensure that appropriate accountability mechanisms are in place. Organisations funded by DIMIA to deliver settlement services have an obligation to meet the performance and accountability requirements stipulated by DIMIA and, if relevant, to other regulatory bodies to whom they are responsible.

A successful performance and accountability model for DIMIA-funded services is one that will:

- ensure the accountability of government expenditures;
- monitor service delivery;
- evaluate the effectiveness of services and programs in meeting the settlement needs of clients; and
- provide valuable information that can be used for future planning and improvement of service delivery.

A successful performance and accountability model will also be transparent, enabling people

to see clearly what is being delivered for the money allocated to settlement services.

There are three essential elements of a successful performance and accountability framework. They are:

- *performance measurement*- a management tool that allows funding bodies to monitor what activities a program is producing (ie. what and how much is being delivered to whom), within a particular cost and timeframe. It is a regular, on-going activity that focuses on quantitative outputs or results that are collected on a continuous basis;
- *evaluation or effectiveness measurement*-measures whether a program is meeting its objectives and is concerned with the quality, appropriateness, effectiveness and impact of its activities. It often involves research tools such as client surveys, feedback from providers and consultation with key stakeholders; and
- *continuous improvement*- is concerned with how well business is conducted and how to ensure that it continues to be conducted well over time. It usually employs some of the following quality assurance mechanisms: complaints mechanisms, privacy principles, code of conduct, duty of care, risk management, accreditation, professional development and training and specification of service standards.

The historical context

As has been noted previously in this report, in 1997, the Australian National Audit Office (ANAO) produced a *Better Practice Guide* for the administration of grants.³ The guide underlined the importance of strong accountability requirements for the use of

³ Australian National Audit Office (ANAO), *Administration of Grants: Better Practice Guide*, AGPS, Canberra, 1997.

public money by community organisations and the need for effective monitoring and evaluation processes. Since publication of the guide, a number of changes have been made to the administrative arrangements relating to settlement services in response to new directions in program administration. These changes have mainly affected MRCs/MSAs and the CSSS. Other ANAO guidelines for managing contractual relationships have been implemented in DIMIA's administration of non-grant funded programs, such as the AMEP and the IHSS.

Since 1997, DIMIA has undergone three separate reviews of individual settlement services.⁴ Each of these reviews has made several recommendations about improving performance and accountability mechanisms. The first review was a 1998 performance audit by the ANAO of DIMIA-funded settlement services. The second review, also conducted by the ANAO in 2000 to 2001, was an audit of the largest settlement services program, the AMEP. DIMIA accepted the recommendations from these reviews and has taken a number of steps to improve the performance and accountability elements of its program administration. The third review was a review of IHSS administrative/operative arrangements for the IHSS in 2002. The three reviews are discussed in more detail below.

The 1998 ANAO performance audit

The 1998 ANAO audit assessed the efficiency and effectiveness of the administration of DIMIA-funded settlement services. The audit addressed:

- strategic management, including corporate planning, performance measurement and reporting arrangements; and
- operational management of some of the individual schemes operated by DIMIA.⁵

The audit found that, while the settlement services were long established, their administration fell short of good practice in

some areas.⁶ The audit made a number of recommendations, many of which had important implications for DIMIA's performance and accountability framework. In summary, these recommendations were for:

- an improved performance information and monitoring framework, including a balance of quantitative and qualitative performance indicators;
- strengthened monitoring and reporting processes in the administration of grants;
- enhanced documentation of assessment procedures;
- grant payments to be linked to work program milestones;
- a systematic approach to risk management; and
- greater support for grants consultants through improved resources and training.

DIMIA agreed to all the recommendations made by the ANAO, although in many cases the recommendations related to issues that had been already addressed or to directions taken by the department. For example, a shift to outcomes reporting had already occurred.

Following the ANAO audit, CSSS-funded organisations and MRCs/MSAs were expected to be more outcomes-orientated, more independent in their management, more strategic in seeking a range of funding, and more accountable for funding. As a result,

⁴ In 1999-2000, Ernst and Young were contracted by DIMIA to review the TISIS computer system which supports TIS operations. As this review was not a review of the performance and accountability mechanisms of TIS, it has not been included in this discussion.

⁵ ANAO, *Provision of Migrant Settlement Services by DIMIA*, audit report no. 29, performance audit, Commonwealth of Australia, Canberra, 1998, p. 16.

⁶ ANAO, *Provision of Migrant Settlement Services by DIMIA*, p.17.

DIMIA introduced more rigorous reporting requirements for service provider organisations.

The 2000-2001 ANAO audit of the management of AMEP contracts

In 1997, DIMIA opened up the AMEP to competitive tendering. Tuition was contracted out in 1998. The objective of the 2000-2001 ANAO audit was to examine these new arrangements in relation to:

- performance outcomes;
- strategic contract management and coordination;
- program expenditure and funding arrangements; and
- whether contract monitoring and performance information adequately supported program management.

The ANAO made six major recommendations with regard to DIMIA's management of the AMEP, including:

- measures to enhance performance management and reporting for the key result areas of reach, retention and results;
- measures to improve strategic management and coordination for the AMEP to more effectively manage contracts, administration and outputs;
- mechanisms to better manage AMEP financial risks;
- alignment of performance indicators in AMEP tuition contracts with key performance measures and inclusion of performance targets in the contracts;
- specification of expected requirements from the independent provider of AMEP quality assurance services; and
- collection, monitoring and review of complaints data to inform and improve service delivery.

DIMIA agreed to all these recommendations and immediately implemented quality assurance specifications, a complaints-monitoring process, and measures to mitigate risk and to enhance performance reporting and aspects of strategic management. Other recommendations were addressed within the Statement of Requirements for the next tender round for the AMEP. Implementation of the recommendations against the audit was completed by June 2002.

The 2002 review of the IHSS

In 2002, DIMIA conducted a review of IHSS administrative and operative arrangements for the IHSS as part of the 2001-02 Internal Audit Plan. The review had two stages. Stage one of the review sought to:

- review a selection of the first contracts signed under the improved services delivery model, and associated administrative processes, to identify any lessons learned that could be applied to later contracts; and
- provide on-going advice on the effectiveness of risk mitigation strategies relating to the implementation of the new initiative.

Stage two of the review sought to assess the efficiency and effectiveness of DIMIA's administrative arrangements under the IHSS. For the most part, the key performance and accountability issues addressed in the review were similar to those in the 1998 ANAO Performance Audit.

The IHSS review found that, overall, the department and State/Territory office contract managers had worked well to establish reasonably efficient and effective contract management processes. Review recommendations emphasised the need for improvements in DIMIA's administrative arrangements for performance measurement, for example, in the collection and reporting

of service delivery information. The review also emphasised the need for ongoing strategies for improvement, such as training and guidelines for DIMIA contract managers and systematic approaches to risk management. DIMIA is in the process of implementing the recommendations of this review and expects to complete the implementation of the recommendations by the end of 2003.

Current performance and accountability mechanisms

DIMIA-funded settlement services represent a range of funding models that use a variety of performance and accountability mechanisms. At the highest level, performance information is set out in DIMIA's Portfolio Budget Statement and performance outcomes are also reported in DIMIA's annual report. Each of the services and their particular performance and accountability mechanisms are described in detail below.

There are commonalities across all models, but particularly between MRC/MSA and CSSS funding. As a result, these two services will be discussed together.

MRC/MSA and CSSS grants

Core funding of MRCs/MSAs and CSSS grants are managed almost identically in terms of performance and accountability requirements. Obligations, accountability arrangements and service requirements are set out in service agreements, and DIMIA's interaction with funded organisations is based on the fundamental principles of contract law.

Organisations applying for CSSS funding must demonstrate their ability to manage government funds and deliver services by addressing specific criteria in the grant application. The application also includes an eligibility criterion: applicants must be a local government or a non-profit community organisation.

MRCs must be incorporated, non-profit organisations. MSAs may be incorporated

organisations, or companies limited by guarantee. The MRC/MSA service agreement requires the organisation to 'employ workers... at a salary commensurate with the skills and qualifications required for the delivery of the Approved Work Program.'⁷

Policy instructions and use of the Grants Management System (GMS) contribute to a nationally consistent approach to the management and assessment of CSSS grants.

Performance measures

Performance measures for MRCs/MSAs and organisations in receipt of CSSS grants oblige these organisations to meet a number of specifications in the service agreement. Under these specifications, funded organisations are to:

- provide services to a high standard and to the satisfaction of the Commonwealth, in accordance with the agreement, generally accepted professional, technical and ethical principles and work place standards and relevant best practice; and
- comply with all reporting and financial accountability requirements as set out in the agreement in a timely manner and to a high standard, to the satisfaction of the department.

Performance measures for MRC/MSA and CSSS service agreements are captured through reporting mechanisms such as mid- and end-of-year reports, milestones, and client service statistics. The service framework allows for the monitoring of service provision, and all service agreements specify:

- the services (or outcome) to be provided;
- the geographic location that service delivery will cover; and
- the service provider's reporting requirements to DIMIA.

⁷ DIMIA, MRC/MSA 2002 Service Agreement.

Table 13.1: Reporting requirements for MRC/MSA core funding and CSSS grants

	Description of Reporting Requirements
<p>MRC/MSAs</p> <p>Milestone report (The maximum is three every twelve months)</p> <p>Client service statistical report (quarterly)</p> <p>End-of-funded-term/year report (annual)</p>	<p>A written report to be provided upon completion of each agreed milestone by the due date as set out in the service agreement. (Not all projects require three milestone reports. Milestone reports usually precede client service statistical reports earlier on in the project year. For example, the order of reporting requirements could be milestone report; client service report; milestone report; client service report; milestone report; client service report; client service report; and end-of-funded-term/year report.)</p> <p>The core funded agency provides quarterly client service statistical reports in accordance with the reporting guidelines and with the due dates set out in Schedule 1.</p> <p>A written report to be completed at the end of each twelve month period including: an audited financial statement which must be certified by the auditor; a summary of the funded organisation's performance against each of the performance measures indicated in the approved work program; a copy of the funded organisation's annual report; and any additional information or documentation which demonstrates the achievement of the approved work program.</p>
<p>CSSS</p> <p>Milestone report</p> <p>Mid-funded year report</p> <p>Client service statistics report</p> <p>End-of-funded-term/year reporting</p>	<p>A written report to be provided upon completion of each agreed milestone by the due date as set out in the service agreement.</p> <p>The standard order of reporting requirements for milestone reports are as follows: milestone report; mid-funded year report; client service statistics report; milestone report; end-of-funded-year report; and client service statistics report.</p> <p>A written report to be provided after 6 months that outlines how the approved work program is progressing and identifies any issues that affect, or could affect, the timely and satisfactory achievement of the service agreement, and which may lead to the need for a deed of variation of the agreement.</p> <p>(The report also comprises a non-audited financial statement that should demonstrate use of the contract price for the implementation and delivery of the service agreement.)</p> <p>Client service statistics reports are required at least every six months and should be in the format set out in the <i>Guidelines for Client Service Statistics</i> under the Community Settlement Services Scheme, December 2001.</p> <p>A written report to be completed at the end of each twelve month period of the grant including: an audited financial statement which must be certified by the auditor; a summary of the funded organisation's performance against each of the performance measures indicated in the approved work program; a copy of the funded organisation's annual report; and any additional information or documentation which demonstrates the achievement of the approved work program.</p>

Table 13.1 outlines the various reporting requirements for MRC/MSA core funding and CSSS grants.

Under current arrangements, over a twelve-month period, an MRC/MSA will typically provide up to eight reports. An organisation in receipt of a CSSS grant will provide up to six reports to the department.

Reporting is both qualitative and quantitative and includes reporting against identified milestones, provision of client service statistics, audited financial statements and annual reports.

MRC/MSA and CSSS service agreements include approved work programs as attached schedules. An approved work program identifies the outcomes and outputs that the funded organisation intends to achieve to meet identified settlement needs, and specifies performance measures against each output. As outputs are related to the overall outcomes of the work program, successful performance against both quantitative and qualitative measures of outputs describes performance against the outcome sufficiently.

Accountability requirements, including specified performance standards, are embedded in the service agreement of both CSSS funded organisations and MRCs/MSAs. These documents spell out the performance monitoring requirements and the consequences of not meeting these requirements.

As discussed in chapter ten - Migrant Resource Centres and Migrant Service Agencies, while MRC/MSA service agreements broadly reflect outcomes and outputs, because of the nature of the funding process it is often difficult to know how much funding is directed towards each of the core functions specified in the agreement. There is a need for funding to be more closely aligned with specific outputs and outcomes which are directly related to addressing settlement needs.

This shift in focus will help to improve outcomes for clients and enable better assessment of performance against accountability measures.

Reporting requirements for organisations in receipt of CSSS grants are based on an assessment of risks involved for DIMIA with each particular grant. Reporting requirements are the same, regardless of the monetary value of the grant. However, the number of outputs reported against the milestone reports may alter depending on the complexity of the project.

MRCs/MSAs and CSSS organisations receive quarterly pre-payments. They are required to provide quarterly performance reports before a payment for the next quarter is due, and DIMIA assesses whether or not performance is satisfactory before making payments. Organisations only receive their payments if the department is satisfied that all accountability requirements have been fulfilled, which includes complying with the reporting requirements under the service agreement. In the 2001-02 program year, approximately 95% of work programs satisfactorily delivered requirements specified in service agreements. Payment was delayed to the remaining 5% due to unsatisfactory achievement of milestones or other performance issues. In all of these cases, appropriate remedial action was taken.

Evaluation/effectiveness measures

DIMIA Central Office, in conjunction with DIMIA State/Territory offices, is responsible for the management of MRC/MSA and CSSS service agreements. Central Office oversees administration of service agreements and contracts, and State/Territory offices oversee day-to-day management responsibilities.

Every MRC/MSA and CSSS organisation has a direct link to DIMIA through their assigned grants consultant (a DIMIA officer) based in a State/Territory office. Consultants are in

regular contact with the organisation, to ensure that the organisation is meeting its obligations, and delivering its services to the satisfaction of its clients.

At the national level, DIMIA commissioned an independent pilot client survey conducted by Urbis Keys and Young in 2002 to evaluate the effectiveness of DIMIA-funded community settlement services provided by MRCs/MSAs and community organisations funded under the CSSS. The survey process involved obtaining feedback from clients, service providers and community stakeholders through discussion groups and other qualitative survey methods. The focus of the survey was on exploring what was working well and where value could be added to improve outcomes for clients. As this was a pilot survey, the research also sought to test the appropriateness of the methodology being used and this provided valuable information for considering how these types of evaluation measures might be used in the future.⁸

Continuous improvement

Managing MRC/MSA and CSSS funding falls under DIMIA's Outcome 2 Risk Management Plan. The plan is the basis on which DIMIA staff monitor and review risks to funded programs and services during the course of the year and it provides a guide to identifying areas of concern. This is one way to ensure that services continue to operate appropriately over time.

The DIMIA State/Territory offices have an annual training allocation in their budgets to provide training material to funded organisations - both to the Committees of Management of MRCs/MSAs and their workers.

Information kits provided by the department to recipients of CSSS grants include guidelines for funded organisations. The MRC/MSA program provides a set of service principles and funding guidelines for organisations that

are set out in the service agreements and must be observed. The service principles are as follows:

- newly-arrived migrants must have equal opportunity to realise their full potential and must have equal access to programs and services;
- every person should be able to maintain his or her culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures;
- needs of migrants should, in general, be met by programs and services available to the whole community but special services and programs may be necessary to ensure equality of access and provision; and
- services and programs should be designed and operated in full consultation with clients, and self-help should be encouraged as much as possible with a view to helping migrants to become self-reliant quickly.

There is currently no formal monitoring in place for these service principles.

The IHSS

While DIMIA Central Office has overall responsibility for the IHSS program and oversees the administration of contracts and policy directions, State/Territory DIMIA offices carry out the day-to-day management of IHSS contracts.

The IHSS provides support and training to contracted service providers and Community Support for Refugees (CSR) volunteers through the Service Support for Providers (SSP) service.

⁸ Urbis Keys Young, *Client Survey on the Effectiveness of DIMIA-Funded Community Settlement Services*, pilot survey conducted in 2002 and report published on the DIMIA web site, February 2003.

Performance measures

Under IHSS contracts, DIMIA assesses the performance of contractors based on the extent to which contract services:

- are delivered by the contractor in a manner which is consistent with the IHSS service principles; and
- meet the specified standards in contract service description tables.

IHSS contracts require service providers to adhere to a set of service principles which cover a range of good practices for delivering services to humanitarian entrants. These principles have been outlined in chapter eight of this report - The Integrated Humanitarian Settlement Strategy.

IHSS contracts include a schedule for each of the service delivery types (also known as outcomes) that the organisation has been contracted to perform, with specified contract services (outputs) and service standards (performance measures). Service standards reflect the service principles and include the following:

- timeframes during which the IHSS service component must be delivered to the entrant;
- that in delivering services, choice is offered to the entrant whenever possible and that clients have the opportunity for input and control over any referral processes;
- that information provided to entrants must be comprehensive, accurate and up to date, able to be understood by entrants, delivered at a pace suited to the entrant, provided in a manner that is consistent with adult education principles which include opportunities for active and participative learning, and that entrants must be treated in a culturally sensitive, welcoming, courteous and gender-sensitive manner;
- that accommodation offered to the entrant must provide for privacy, be clean, pest-

controlled, secure, close to amenities, be appropriate for the entrants' personal and financial circumstances; and

- that service delivery is conducted by appropriately qualified and experienced staff.

IHSS providers must submit monthly, mid-year and annual reports against the requirements stated in the contract. Monthly reports are brief reports down-loaded directly from DIMIA's reporting data base and include quantitative information demonstrating the reach and standard in delivering contract services, as well as statistical summaries. The information contained in monthly reports is used to support invoices normally presented to DIMIA on a quarterly basis. Mid-year reports provide for the results of client surveys that are currently being developed by the department. Along with annual reports, the contractor is required to provide an audited financial statement. Table 13.2 summarises reporting requirements for IHSS service providers.

Evaluation/effectiveness measures

DIMIA's evaluation of performance involves a number of mechanisms. For instance, the department can analyse the information contained in the reports provided by the contractor, examine procedure manuals and information resources. The contracts also provide for DIMIA conducting random inspections of case records of humanitarian entrants who have been provided with all, or part, of the contract services.

DIMIA is currently developing client satisfaction surveys of humanitarian entrants who have been provided with the contract services to seek their feedback on the effectiveness of service delivery.

DIMIA can also review the number and scope of valid complaints from these entrants, other service providers, including other IHSS service providers and CSR groups, or other

Table 13.2: Reporting requirements for IHSS service providers

IHSS Reporting Requirements	Description of Reporting Requirements
Monthly report	A brief quantitative written report on the Migration Program Management System (MPMS) number of each family or household assisted and all relevant fields in the department's Humanitarian Settlement Client Information (HUSCI) reporting system must be completed. (In cases where the standards applying to the contract services have not been met, the contractor must also provide reasons for not meeting the standard.)
Quarterly report	A meeting with DIMIA contract managers.
Mid-year Report	A written report that includes comprehensive results of IHSS surveys of humanitarian entrants and other IHSS service providers.
Annual Report	A written report with qualitative analysis of various aspects of the service delivery including: emerging trends in the delivery of the contract services and their impact on entrants and other IHSS service providers including CSR groups; opportunities for improvements to the contract services; the effectiveness of integration of each of the IHSS services; the effectiveness of cooperation and coordination between IHSS services providers; an overview of assistance provided by CSR groups to the contractor in delivering the contract services; and a copy of the contractor's audited financial statements for the last financial year.

individuals or organisations who have worked for or with the contractor in the delivery of the contract services.

The ongoing management of IHSS contracts is facilitated through joint reviews of the contract services as follows:

- a meeting on a quarterly basis, covering contract performance assessment and other contractual issues;
- regular and on-going liaison covering day-to-day service delivery issues including information flows, integration of services, specific cases, and any other issues leading to the effective delivery of the services; and
- at least once every six months, the contractor must meet with departmental representatives and other IHSS service providers, including CSR groups, in the geographic area in which the contractor is providing the contract services, to discuss the effective integration of services,

opportunities for improvements, solutions to problems, and any other matter which will ensure the successful settlement of entrants.

An independent evaluation of the IHSS and of Commonwealth-funded services for survivors of torture and trauma by the Sydney-based firm Urbis Keys Young will report in April 2003. The evaluation focuses primarily on how effectively the services meet the needs of clients as well as looking at issues such as integration and exit arrangements.

Continuous improvement

IHSS contractors are obliged to perform in accordance with the IHSS Code of Conduct. Workers such as psychologists and social workers, who provide services under the Early Health Assessment and Intervention service type, are accredited by their professional bodies.

A risk-management strategy and risk-treatment measures have been devised to

minimise risks during the contract operation period and to ensure that quality and accountability standards are met.

The service covers the development and delivery of training to enhance the capacity of IHSS service providers to meet the needs of entrants and their management obligations as contracted service providers, employers and incorporated organisations. Training includes cross-cultural awareness and communication, torture and trauma awareness, working with interpreters, working with volunteers, forming and maintaining effective cooperative and collaborative arrangements with other service providers, planning, financial and assets management, staff management, and information management. The SSP service also serves as a helpdesk and industry information collection and distribution point, making resource material available to service providers.

In addition, the SSP service recruits, registers, and coordinates CSR volunteers as well as ensuring that they access appropriate training and support in order to enhance their capacity to meet the needs of entrants.

AMEP

The AMEP is delivered through contracted service providers in each State/Territory. The AMEP is administered by DIMIA under the *Immigration Education Act 1971*. DIMIA reports annually on the AMEP's performance and activities in accordance with this Act.

DIMIA Central Office manages the AMEP program, which is regularly monitored through liaison between DIMIA contract managers and AMEP service providers. DIMIA State/Territory offices have an important role in supporting program delivery through monitoring and reporting on community issues in relation to the delivery of AMEP services.

Performance measures

The AMEP provides an annual performance report. The performance indicators for the AMEP are set out in DIMIA's Portfolio Budget Statement and performance outcomes are reported in DIMIA's annual report. Performance information is provided against three key outcome areas:

- *reach* - the extent to which eligible migrants and humanitarian entrants took up their AMEP entitlement;
- *retention* - the extent to which clients who entered the program used their AMEP entitlement; and
- *results* - the English language outcomes achieved by AMEP clients.

The AMEP Reporting and Management System (ARMS) is fundamental to program management and reporting for both DIMIA and contracted service providers. ARMS tracks client eligibility, tuition hours and educational outcomes for every individual in the program.

Performance standards in contracts include the following stipulations:

- services must be delivered in a manner consistent with relevant best practice, and according to the standards specified in the schedules;
- organisations must comply with all reporting and financial requirements as set out in the agreement; and
- organisations must meet the national standard set of key performance indicators.

AMEP service providers report to DIMIA against specified performance measures, which enables the department to evaluate whether or not they are meeting contractual requirements.

Service providers are required to report quarterly in contract management meetings

Table 13.3: Reporting requirements for the AMEP

AMEP Reporting Requirements	Description of Reporting Requirements
Quarterly report	<p>Service providers are required to report quarterly in contract management meetings on client enrolments and hours of tuition delivered in relation to annual targets, client numbers and hours delivered in the SPP and client-tutor matches in the HomeTutor Scheme. Other aspects of program management, including child care, community consultations, citizenship course delivery, counselling and grievances are also reported on.</p> <p>Service providers report on the HTSEP every six months, giving details of number of agencies supported, number of tutors trained and summarising support services provided.</p>
Six-monthly report	<p>Since the inclusion of the delivery of the citizenship course within the AMEP, service providers are also required to provide a six-monthly written report, outlining details of the delivery of the citizenship course.</p>
Annual report	<p>At the end of the contract year the service provider provides a written report against the performance indicators in their contract. The report is both quantitative, based on data entered into the ARMS, and qualitative, providing information on other aspects of service delivery.</p>

on client enrolments and hours of tuition delivered in relation to annual targets, client numbers and hours delivered in the Special Preparatory Program (SPP) and client-tutor matches in the Home Tutor Scheme. Other aspects of program management, including child care, community consultations, citizenship course delivery, counselling and grievances are also reported on.

Six-monthly reports are required regarding the delivery of citizenship courses within the AMEP and progress in delivery of the Home Tutor Scheme Enhancement Program (HTSEP).

At the end of the contract year, service providers report against the performance indicators in their annual report. Reporting is both quantitative, based on data entered into the ARMS, and qualitative, providing information on other required aspects of service delivery. Table 13.3 summarises the reporting requirements for the AMEP.

Evaluation/effectiveness measures

English language outcomes achieved by AMEP clients are also monitored through a benchmarking process that takes into account differing client profiles.

As a part of a third year evaluation of service provider performance in 2000, DIMIA undertook a national client satisfaction survey to assess clients’ satisfaction with the delivery of the various services provided under the AMEP. The survey was conducted by Urbis Keys Young and in the first languages of clients.

Aspects of service delivery were addressed with service providers as a result of the outcomes of the national client survey conducted in 2000. Another client satisfaction survey is planned for 2005.

Continuous improvement

Inputs into AMEP service delivery, including teacher qualifications, grievance procedures, quality of classroom environment, and the

provision of child care, are monitored by a contracted independent body specialising in quality accreditation of delivery of English language programs, contracted to DIMIA. The provider is required to:

- provide accreditation of contracted AMEP service providers across Australia against standards agreed with DIMIA;
- undertake an annual program of monitoring and re-accreditation; and
- report regularly to DIMIA on progress against the annual workplan and issues arising.

Service providers go through an annual review process and receive annual accreditation.

The delivery of tuition under the Certificates in Spoken and Written English framework and the numerous tuition options for the AMEP have been discussed in detail in chapter eleven of this report - The Adult Migrant English Program.

The AMEP Research Centre organises conferences and forums and provides a range of services (including AMEP-related research, professional development for AMEP and other teachers, and materials development and publication) through a partnership between Macquarie University and La Trobe University.

The AMEP Research Centre undertakes a range of research projects identified through consultation with AMEP service providers and DIMIA. Research outcomes underpin the development of materials and the professional development program for AMEP teachers and managers.

AMEP contracts fall under DIMIA's Outcome 2 Risk Management Plan. The AMEP Risk Register identifies risks, assesses the adequacy of existing controls/measures, and articulates strategies to manage risks.

TIS

Performance measures

TIS provides a monthly performance report to the Minister outlining quantitative, qualitative and financial performance indicators both on a monthly and a cumulative basis. The performance indicators for TIS are set out in DIMIA's Portfolio Budget Statement and performance outcomes are also reported in DIMIA's annual report. The performance information provided includes:

- the quantity of fee-free services provided as a percentage of the total of the tasks delivered per month;
- the quantity of documents translated; and
- the quantity of telephone calls received.

The Job Entry System employed by TIS also collects data on the category of client using the service and the language requested.

Evaluation/effectiveness measures

TIS maintains a client feedback protocol, under which a feedback form is provided to clients upon request. TIS also visits regional centres on a programmed basis each year to meet major clients and contractors and generally evaluate how the services are being delivered and received. Specific issues raised at any time about the quality of interpreting services being delivered are taken up where appropriate with the relevant contract interpreters.

Continuous improvement

TIS seeks to recruit and maintain a pool of interpreters who have the highest National Accreditation Authority for Translators and Interpreters (NAATI) accreditation available. To be recruited by TIS, interpreters need to be Australian residents and have a federal police clearance. The generally high level of accreditation of these interpreters has already been discussed in detail in chapter twelve of this report - The Translating and Interpreting

Service. When providing interpreting services, contractors are obliged to conform to the Australian Institute of Interpreters and Translators Inc (AUSIT) professional Code of Ethics.

TIS has formal complaint handling procedures. Under these procedures, TIS is committed to investigating all complaints. If TIS receives a complaint, this complaint is first investigated by TIS contract management staff. Where the complaint is considered to be serious, further work may be withheld from the contractor pending the matter being satisfactorily resolved. All interpreters are given the opportunity to comment in the interests of natural justice. Following investigations, counselling may be arranged for interpreters of concern.

TIS has information available on the DIMIA web site on how to work with interpreters. An interpreter training kit, in the form of a PowerPoint presentation, is also available from TIS. There are numerous publications and a video available to the public on how to use an interpreter. The program of regional visitation also presents opportunities to discuss aspects of TIS service delivery, how to better utilise the services offered by TIS, and how to seek feedback.

This chapter will now turn to the issues that have been raised in public consultations and submissions to the review. A number of issues have been identified through commentary at public consultations and in submissions to the review and through additional research in relation to current performance and accountability mechanisms. The overwhelming majority of the issues identified relate to the limitations of the performance and accountability mechanisms in place for MRCs/MSAs and CSSS grants, and to a lesser extent, IHSS services. These issues are outlined below under each of the three elements of the performance and accountability framework.

Performance measurement

Commentary to the review regarding performance measurement has been mainly in relation to reporting requirements for CSSS and MRCs/MSAs programs.

The MRC Forum believes that reporting to this degree is very time consuming and ties up significant resources, and in light of current annual funding arrangements, it seems excessive.

Submission from the Migrant Resource Centres Forum of New South Wales

Specific concerns have included perceptions that:

- reporting requirements are inflexible, too frequent and impinging on the ability of workers to focus on providing services;
- sufficient space is not provided within the proformas to report on networking and community development activities;
- the statistics requested as part of the reporting requirements are not reflective of the work carried out (for example, items such as community development, capacity building and liaison are not evident);
- the current system of milestone reporting is not effective in tracking performance and the milestones need to be interrelated so that they can be built upon over time;
- there is difficulty obtaining accurate client service statistics, particularly within the Settlement Client Information System (SCIS) data system; and
- service standards and key performance indicators require further development and need to take into account overall performance.

Evaluation/effectiveness measurement

The concerns raised in relation to effectiveness measures have revolved around the inclusion of qualitative measures in the reporting requirements for CSSS and MRCs/MSAs. It has been similarly suggested that there is a need for periodic independent evaluations of IHSS that are inclusive of 'consumers'.

Clearly the integrity of service provision is strongly enhanced if there are periodic independent evaluations which are inclusive of 'consumers' and are viewed as building blocks for further service improvements.

Submission from the Adelaide Central Community Health Service

It was further noted that the settlement sector does not currently have any industry benchmarks.

Settlement sector currently has neither defined standards nor any Industry benchmarks.

Submission from the Auburn Migrant Resource Centre, NSW

Continuous improvement

The main issues raised in commentary to the review in relation to continuous improvement mechanisms have been that MRCs/MSAs require resources and people with appropriate skills in order to manage these organisations appropriately. A form of accreditation system may also be required to assist these organisations to achieve a higher level of competency.

We believe that a type of accreditation process would lead to greater/broader awareness and acknowledgment, increased staff and management morale, performance enhancement, lower staff turnover and a greater ability to compete for funding across sources.

Submission from the Canterbury Bankstown Migrant Resource Centre, NSW

Building a successful performance and accountability framework

As the issues raised above relate primarily to MRCs/MSAs and CSSS grant recipient organisations, this chapter explores the performance and accountability mechanisms for both of these services in terms of how they may be improved. It will also examine the IHSS briefly in terms of what could be done to improve the effectiveness measures in place for IHSS services to ensure that client feedback is built into evaluation mechanisms.

As the performance and accountability frameworks in place for AMEP and TIS appeared to be operating satisfactorily they were not subjected to further analysis. However, these services were examined in conjunction with other models in order to provide examples of how performance and accountability mechanisms might be enhanced for MRCs/MSAs and CSSS.

Performance measurement

The issues that have been identified for organisations in receipt of CSSS grants and MRCs/MSAs under performance measurement suggested that reporting requirements should be reconsidered. They also indicated that some of the performance information is not useful for gaining an accurate understanding of the work being undertaken.

In order to accommodate these concerns from funded organisations, the department needs to take into account the Department of Finance's requirements. Both Finance and the ANAO recommend a report be obtained from the funding recipient before they receive a payment as evidence that the service has been appropriately delivered. As payments are made quarterly to funded organisations, a quarterly report is required.

In comparison to the reporting requirements for other DIMIA-funded settlement services, the reporting requirements for CSSS grants and MRCs/MSAs appear to be excessive. A more streamlined approach to reporting may assist with addressing some of these concerns while meeting DIMIA's accountability requirements. Similarly, developing more concise performance indicators and standards might further assist in reducing current reporting requirements.

Recommendation 56

That DIMIA streamline reporting requirements for MRCs/MSAs and for organisations in receipt of CSSS grants.

Performance indicators

Performance indicators are measures of how well an organisation is achieving its objectives. They should be ongoing over time, allowing year to year comparisons, and they should be set in advance to enable progress to be measured during the funding period.

Performance indicators can be of great value if they are set together with the program objectives and are used for monitoring and management. They allow DIMIA to measure achievement continuously and to monitor and change the service if necessary to achieve its objectives.

Performance measurement is a shared responsibility between funded organisations and DIMIA. Consultation with service providers about the objectives of the service to be delivered and the further development of performance indicators is important.

The further development of performance indicators via consultation with funded organisations may:

- assist in the enhancement of performance information;
- help to identify improvements in procedures, programs and policies;
- ensure that there is clarity of expectations with funding organisations, committees of management/service provider organisations and workers;
- assist with grant allocations and justification; and
- ensure that standards are appropriate.⁹

Milestones

Milestone reporting assists in determining whether a program or activity is heading in the right direction and making the most efficient use of resources. Milestones mark the achievement of critical stages of program implementation.

Complex programs such as the CSSS may require the delivery of a number of different services to achieve desired outcomes. As outlined in the DIMIA *CSSS Guidelines for Funded Organisations*, DIMIA expects that the funded agency and the grants consultant will work together to develop milestones and key performance indicators for twelve months. If the grant is provided for more than twelve

⁹ Council of Social Services of NSW. *Performance Indicators for Community Organisations*, NCOSS, NSW, 1990, p. 7.

months, DIMIA expects that at least two milestones for each successive year of funding will need to be negotiated and reported against. This ensures that issues are relevant to each facet of the service and the program remains on track in achieving its outcomes.

Integration of DIMIA systems

The SCIS data system was developed to enable electronic capture of statistical data about clients receiving settlement services from MRCs/MSAs. There were also plans to provide SCIS to CSSS-funded organisations delivering settlement services to individuals. However, given the technical difficulties experienced, the system has not been extended to CSSS services.

The main difference between SCIS data and the data captured in pre-existing paper-based reporting arrangements is that SCIS was to provide client-based data rather than service-based data. That is, SCIS would, for the first time, record how many clients were receiving a service from MRCs/MSAs and how many services each client was receiving (rather than how many services had been delivered to an unknown number of clients). To do this, SCIS was based on a client management database, developed in consultation with prospective users, that would allow users to record all relevant data about an individual client on the system. It also enabled a more abbreviated recording of services to clients who telephoned or visited for basic information and referral and who were unlikely to be repeat clients. SCIS was not designed to report on the full range of MRC/MSA settlement service functions, although it was envisaged that additional functionality could be added at a later date.

Unfortunately a range of technical problems have been encountered in implementing SCIS, ranging from implementing the system within the wide range of diverse technical

environments within MRCs to problems arising within DIMIA's internal systems. Consideration should be given, in moving to a new combined grants program, to development of a more robust system for reporting on client data, following a process to determine exactly what data is necessary and useful for DIMIA and for funded organisations.

Reporting could be further enhanced through the incorporation of an IHSS contract management system, as well as data systems for the other settlement services, into one centralised data system. In particular, this kind of system integration may enable more accurate client statistical data to be collated and gathered than is currently retrievable from data systems such as SCIS, where the integrity of data is questionable. It may also allow for coordination of data across programs, thereby increasing linkages between programs (eg, MRC/MSA, CSSS and IHSS programs that hold contracts/agreements with the same organisations), and lead to greater accuracy of performance information. Furthermore, it may provide clearer guidelines and standards for managing agreements and contracts across programs.

Recommendation 57

That DIMIA develop a more robust, integrated statistical data collection system for performance reporting for DIMIA-funded settlement programs.

Evaluation/effectiveness measurement

Stakeholder commentary in relation to evaluation and effectiveness measures has related to the need for more qualitative data, particularly from service users, and the need for benchmarks for the settlement service sector.

Best practice in service delivery can be encouraged through; [s]pecified accountability measures, by service providers and funding bodies together...

Submission from the Migrant Resource Centre of Canberra & Queanbeyan

DIMIA has already made steady inroads into the collation of more qualitative data. For instance, DIMIA has implemented a pilot client survey for MRC/MSA and CSSS services. In addition, during quarterly contract meetings between IHSS service providers and DIMIA State/Territory contract managers, service providers and service users have been encouraged to provide comments on how well services are integrating.

Another area being developed in the context of IHSS is client surveys for measuring the performance of IHSS contractors. Implementing a client survey requirement for CSSS and MRC/MSA funding may increase accountability, and further harmonise contractual requirements across programs. Incorporating qualitative data with existing quantitative data systems may also enable DIMIA to capture better performance information about community development and community capacity building activities.

Recommendation 58

That DIMIA incorporate periodical evaluations of client satisfaction and outcomes in its settlement programs.

Benchmarking

Benchmarking is a structured and ongoing process of introducing best practice into an organisation. It concerns the collection of information to undertake comparisons. The

ANAO suggests that benchmarking may involve:

- internal comparisons of the same activity between different parts of the same organisation;
- external comparisons with other organisations of the same activity; or
- generic comparisons of similar processes with other organisations which may have different products or processes.¹⁰

There are currently no formal benchmarks for MRCs/MSAs and IHSS, or indeed within the settlement service sector, in relation to best practice for service delivery to migrants and humanitarian entrants. The establishment of such benchmarks would require a process involving a wide group of experts and stakeholders from within the industry. DIMIA could provide input into such a process and the ANAO audit proposed in chapter six of this report - Mainstream Services, may assist.

Continuous improvement

Continuous improvement is underpinned by service standards. A number of submissions to the review have commented that standards for MRCs/MSAs and CSSS grant recipient organisations should seek to address:

- management and leadership;
- planning;
- quality improvement and evaluation;
- training and development; consumer rights; and
- consumer participation.¹¹

¹⁰ ANAO, *Performance Information Principles: Better Practice Guide*, ANAO, Canberra, November 1996, p. 12.

¹¹ Standards are documented agreements containing technical specifications or other precise criteria to be used consistently as rules, guidelines, or definitions of characteristics, to ensure which materials, products, processes and services are fit for their purpose.

Community Services in the City of Ryde has suggested numerous other issues that the standards should address.

To enhance service delivery, in areas such as consumer participation, standards would address the need for; information on client confidentiality and privacy issues; methods to ensure staff inform consumers of their rights and responsibilities; systems to inform consumers and agencies how to make a complaint; process verbal and written complaints from consumers and other agencies and feed back results; provision of multilingual information on services and use of ethnic media in promoting services; systems to facilitate wide involvement of consumers, community members and agencies in planning, implementation and evaluation of the service; allocation of resources to facilitate the achievement of consumer and community participation; and distribution of annual reports to consumers and agencies.

Submission from Community Services, City of Ryde, NSW

The South Australian Council of Social Services has commented that, if DIMIA were to implement national standards, successful implementation of service standards would be contingent on other factors.

Successful implementation of service standards is contingent on; [a]dequate resource levels to ensure capacity to meet standards and training and other assistance to agencies in establishing internal mechanisms to measure and report on standards; [and] [a] collaborative approach to the development of service standards such

that they reflect the collective views of service users, providers and funders.

Submission from the South Australian Council of Social Services

As noted above, feedback to the review has identified the need for better quality assurance mechanisms, such as training and accreditation, for the MRC/MSA and CSSS services. A number of models of quality assurance, such as accreditation, codes of conduct, client service charters, training strategies and risk assessments, are examined below in terms of their usefulness to the MRC/MSA and CSSS services.

Quality assurance mechanisms ensure:

- that an organisation or person is competent to carry out specific tasks;
- reduce risks to DIMIA and to clients; and
- ensure that the organisations or individuals comply with standards so that a high quality of service can be delivered.

Accreditation

Accreditation is the procedure by which an authoritative body gives formal recognition that an organisation or person is competent to carry out specific tasks.

The aim of accreditation is to reduce risk for businesses and their customers by assuring them that accredited organisations or individuals are competent to carry out the work they undertake. Accreditation bodies that are members of a national or international accreditation forum are required to operate at the highest standard and accredited organisations or individuals must comply with appropriate standards. Accrediting bodies may issue certificates that are recognised nationally or internationally.

As described earlier, both TIS and the AMEP

have accreditation requirements built into their performance and accountability frameworks for service provider organisations and individual workers.

Implementing accreditation requirements within CSSS and MRC/MSA funding would have significant implications. For instance, a formal accreditation board is resource-intensive to establish and maintain, whether administered internally or externally. Also, accreditation schemes tend to be detailed and prescriptive. That is, they are concerned with how tasks are performed, rather than being outcomes-based. Similarly, although it may seem easier to impose accreditation requirements on individuals, such as TIS has done via NAATI, it may prove difficult to find accredited workers with other appropriate qualifications in the community sector field (ie. language or cultural awareness).

Codes of conduct

A code of conduct is a less resource-intensive, more flexible model for quality assurance. The purpose of a code of conduct is to ensure high quality, continuously improving service and ethical behaviour, yet allow flexibility and innovation in the system. It endorses a system of mutual obligation, recognising the rights of both client and provider, and ensuring that all parties are aware of their rights. A code of conduct generally includes a set of principles for service delivery, guidelines for dispute resolution and handling breaches and complaints.

The Job Network and the IHSS are examples of successful code of conduct models. All Job Network providers must display a copy of the Job Network code of conduct booklet, pamphlet and brochure. Their contract with the Department of Employment and Workplace Relations (DEWR) binds all providers to the principles and service standards of the code. DEWR has responsibility to administer and monitor the code. The code provides a clear complaints

mechanism. Breaches are brought to the attention of members, who are required to rectify them in a certain period of time and report to DEWR, or else face sanctions.

The IHSS code of conduct was developed for use by IHSS service providers, sub-contractors working with IHSS service providers and CSR groups and volunteers. The IHSS code of conduct includes the IHSS service principles, outlines principles of good conduct and provides guidelines for dispute avoidance and resolution, handling complaints and breaches, and the rights and responsibilities of volunteers. IHSS contracts stipulate that service providers must abide by the principles of the code.

A code of conduct for MRCs/MSAs and CSSS organisations could be based on the seven principles of the *Charter of Public Service in a Culturally Diverse Society*, focussing on how the code will meet customer needs and provide a high degree of accountability. For example:

- a complaints mechanism that addressed the complaints of clients to the MRC/MSA could be included in the accountability principle;
- mutual obligation could be built into the communication principle (ie, an expectation that all information on both sides is accurate); and
- the efficiency principle could encompass the ways in which DIMIA target services to those most in need.

If a code of conduct were to be implemented, it would need to be monitored and reviewed on a regular basis, taking into account factors such as client feedback and surveys. Improved measurement of client satisfaction and feedback would be achieved through the implementation of recommendation 58.

Client service charters

A client or customer service charter outlines the rights and responsibilities of clients. It

includes the services that a client can expect to receive and the actions that a client can take if not satisfied.

DIMIA already has a general *Client Service Charter*, which could be used as a model for funded organisations. This *Charter* could be enhanced to include more details and guidelines regarding mutual obligation as well as complaint mechanisms. MRCs/MSAs have a service principles charter that could be enhanced to reflect elements of the DIMIA *Client Services Charter*.

Recommendation 59

That DIMIA produce service standards for funded organisations to be incorporated into contractual obligations under service agreements.

Training strategies

Commentary in the public consultations and in the submissions to the review has suggested that the performance and accountability of CSSS and MRC/MSA organisations could be greatly enhanced by a comprehensive training strategy. It was suggested that such a training strategy could include a mix of in-house, specialised training and external training budgeted for within the service agreement/contract and which could lend itself to accreditation of individuals within an organisation.

A good example of such a training strategy is Centrelink's Personal Advisers Program. Personal advisers are trained in-house. The full training program includes a three-week Centrelink Induction Package to introduce staff to Centrelink's computers, systems and services. This is followed by five weeks of formal training and four weeks of on the job training.

The training for personal advisers is tailored for Centrelink's needs, but draws on nationally

recognised competencies from a variety of community service casework and management fields. These competencies include, for example, competencies for working within specific communities, referral procedures, assessment and delivery of services to clients with complex needs. At the end of the nine weeks' training, the personal advisers have the equivalent of a TAFE qualification.

Under the SSP service within the IHSS, a training and information needs assessment of IHSS service providers has been conducted. This assessment has identified the training and information priorities of service providers, as well as the frequency of need for the training and information. The assessment will form the basis of future training and support directions for providers.

As outlined in chapter nine of this report, DIMIA has recently developed a national Training Strategy for MRCs/MSAs and CSSS organisations. A portion of the funding allocation, which came out of the appropriation for migrant community services, (\$150,000), is earmarked for training of funded organisation management committee members and staff. The aims of the training strategy include helping organisations to comply with accountability and reporting requirements, and ensuring that management committees understand their roles and responsibilities in delivering outcomes and managing government funds. DIMIA will continue to provide training on programs funded by DIMIA but is not responsible for professional development training. This is the responsibility of the employing agency.

Risk assessment and management tools

A formalised risk assessment and risk management strategy, articulated for both DIMIA and funded organisations, could not only mitigate the risks involved in funded programs, but enhance performance and accountability by providing practical risk

avoidance tools. A comprehensive strategy could provide a risk management framework, outline guiding principles for risk assessment and provide a systematic approach to risk management for the provision of services. The last may involve the assessment, analysis and treatment of risks and early identification of strategies to deal with and monitor performance against its risk-based approach.

Recommendation 60

That DIMIA, by the end of 2003, in conjunction with stakeholders, develop a risk assessment tool for use in MRC/MSA and CSSS programs.

Service agreements

Currently, funded organisations sign a service agreement with the department, which is different to funding agreements they sign with other Commonwealth agencies. Consequently, organisations with multiple sources of funding have to read, understand and seek legal advice on varying agreements for Commonwealth funds. This costs organisations time and money. In response, the Commonwealth has developed a set of standard funding agreements for use between the Commonwealth and Commonwealth grant recipients. Use of these agreements is pending, following formal acceptance by the Commonwealth. In early 2002, DIMIA consulted with all MRCs/MSAs and some CSSS funded organisations on the content of draft versions of these standard agreements, and feedback from these organisations informed the final agreements.

Adoption by the department of these agreements would make it easier for MRCs/MSAs and CSSS funded organisations to

understand and meet their contractual requirements, as they would be the same as is required from other Commonwealth departments. This measure would achieve continuous improvement across these DIMIA funded settlement programs in conjunction with other grant giving Commonwealth departments.

Recommendation 61

That, from June 2004, DIMIA put in place the Commonwealth standard funding agreement with MRCs/MSAs and all new CSSS-grant recipients.

Conclusion

This chapter has explored current performance and accountability mechanisms under each of the DIMIA-funded settlement services and recommended a number of improvements to current mechanisms. Overall, there is a need to improve existing performance and accountability mechanisms at the levels of performance reporting, effectiveness evaluation and continuous improvement. Streamlined reporting requirements should take account of all aspects of service delivery rather than being limited to client data. Harmonisation of reporting arrangements across all program areas and integration of data systems should also be pursued. The implementation of more effective performance and accountability mechanisms will provide a more solid basis for ongoing assessment of performance, effective accountability processes, and improvements in the delivery of DIMIA-funded settlement services.

