



Australian Government
Migration Review Tribunal

Tabled Document

By: *M.A. R.T. T.M. Hoare*

Date: *17/02/04*

no 6 (1/000)

IMMIGRATION AND MULTICULTURAL AFFAIRS PORTFOLIO
PORTFOLIO BUDGET STATEMENTS 2003-04
MIGRATION REVIEW TRIBUNAL
CORRIGENDUM

- Page 159

Table 3.5: Departmental non-financial assets - summary of movement

Should read:

Table 3.5: Departmental non-financial assets - summary of movement

	Land	Buildings	Specialist Military equipment	Other infrastructure plant and equipment	Heritage and cultural Assets	Computer software	Other intangibles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the start of year	-	211	-	435	-	153	-	799
Additions	-	1,500	-	1,008	-	-	-	2,508
Disposals	-	-	-	-	-	-	-	-
Revaluation increments	-	-	-	-	-	-	-	-
Recoverable amount write-downs	-	-	-	-	-	-	-	-
Net transfers free of charge	-	-	-	-	-	-	-	-
Depreciation/amortisation expense	-	276	-	307	-	20	-	603
Write-off of assets	-	-	-	-	-	-	-	-
Carrying amount at the end of year	-	1,435	-	1,136	-	133	-	2,704
Total additions	-	-	-	-	-	-	-	-
Self funded	-	1,500	-	1,008	-	-	-	2,508
Appropriations	-	-	-	-	-	-	-	-
Total	-	1,500	-	1,008	-	-	-	2,508

ATTACHMENT A

By: *Peter Vardoulakis* Tabled Document No 7 (1 Page)
 Date: *17/02/04 4:50*

SCHEDULE OF CONSULTATION MEETINGS

LOCATION	CONSULTATION MEETING DETAILS		
	Date	Time	Venue
ACT	Wednesday 18 February	2-5 pm	Level 4, Conference Room, DIMIA ACT Regional Office, 1 Farrell Place, Canberra City
Sydney (two sessions)	Thursday 19 February	9am-12pm 1pm-4pm	Conference Room, 26 Lee Street, Sydney
Adelaide	Monday 23 February	9am-12pm	Theatrette, West Wing Ground Floor, 55 Currie Street, Adelaide
Perth	Tuesday 24 February	8.30am- 11.30am	3 rd Floor, 166 Murray Street, Perth
Melbourne (two sessions)	Monday 1 March	9am-12pm 1pm-4pm	TBA Melbourne
Hobart	Tuesday 2 March	9am-12pm	Conference Centre, Hobart Macquarie Motor Inn, 167 Macquarie St. Hobart
Launceston	Wednesday 3 March	9am-12pm	Great Northern Hotel, 3 Earl Street, Launceston
Brisbane	Monday 8 March	8.30am- 11.30am	Training Rooms, 14 th Floor, 313 Adelaide Street, Brisbane
Cairns	Tuesday 9 March	8.30am- 11.30am	Cairns City Library Meeting Room, cnr Abbott & Aplin Streets, Cairns
Darwin	Wednesday 10 March	8.30am- 11.30am	40 Cavanagh St., Darwin

Tabled Document No 8 (33 Pages)



By: JENNIFER BRYANT

Date: 17/02/04 4:50

Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

REQUEST FOR COMMENT

INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY

DISCUSSION PAPER

CLOSING DATE FOR COMMENTS: 16 March 2004

Contacts:

Position: IHSS Tender Manager
Section: Humanitarian Settlement Section
Branch: Settlement Branch
E-mail: HUSS@immi.gov.au

CONTENTS

ABBREVIATIONS.....	ii
1. PURPOSE OF THIS PAPER.....	1
2. IHSS DESCRIPTION AND OBJECTIVES.....	1
2.1 PROGRAM OUTCOME.....	1
2.2 IHSS HISTORY.....	2
2.3 IHSS CLIENT PROFILE.....	2
2.4 IHSS SERVICE DELIVERY LOCATIONS.....	3
2.5 ASSISTANCE PROVIDED TO ENTRANTS.....	4
3. CURRENT ARRANGEMENTS.....	5
3.1 CURRENT IHSS SERVICES.....	5
3.2 VOLUNTEERS.....	6
4. FINDINGS OF THE SETTLEMENT SERVICES REVIEW AND IHSS EVALUATION.....	6
5. FUTURE SERVICE ARRANGEMENTS.....	8
5.1 FUTURE SERVICES.....	8
5.1.1 Case Coordination.....	9
5.1.2 Proposer Support.....	9
5.1.3 Household Formation and Accommodation.....	10
5.1.4 Early Health Assessment and Intervention.....	11
5.1.5 Volunteer Involvement and Community Support for Refugees Scheme.....	11
5.1.6 Service Support.....	13
5.2 SERVICE DELIVERY MODELS.....	14
5.2.1 Model A – The Direct Relationship Model.....	15
5.2.2 Model B – Prime Service Provider Model.....	15
5.2.3 Model C – The Consortium Model.....	16
5.3 SERVICE REGIONS.....	17
5.4 OTHER ISSUES.....	18
5.4.1 Funding.....	18
5.4.2 Performance Indicators and Reporting.....	19
6. FURTHER INFORMATION.....	21
7. PUBLIC CONSULTATIONS AND WRITTEN COMMENTS.....	21
ATTACHMENT A – HANDLING OF RESPONSES RECEIVED TO THE DISCUSSION PAPER.....	22
ATTACHMENT B – INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY PRINCIPLES.....	25
ATTACHMENT C – DESCRIPTION OF THE CURRENT IHSS SERVICES AND ELIGIBILITY TABLE.....	26
ATTACHMENT D – LIST OF RELEVANT DOCUMENTS.....	29
ATTACHMENT E – LIST OF QUESTIONS.....	30

ABBREVIATIONS

AMEP	Adult Migrant English Program
AS	Accommodation Support
CSR	Community Support for Refugees
Department	Department of Immigration and Multicultural and Indigenous Affairs
DHA	Department of Health and Ageing
EHA1	Early Health Assessment and Intervention
HFS	Household Formation Support
IHSS	Integrated Humanitarian Settlement Strategy
IIOA	Initial Information and Orientation Assistance
PASTT	Program of Assistance for Survivors of Torture and Trauma
PS	Proposer Support
SHP	Special Humanitarian Program
SSP	Service Support Provider

1. PURPOSE OF THIS PAPER

The Department of Immigration and Multicultural and Indigenous Affairs ('the department') is conducting a tender process in 2004 for the delivery of services under the Integrated Humanitarian Settlement Strategy (IHSS). Before commencing the tender process, the department is seeking comments from interested parties on key issues, which may affect the future delivery of IHSS services and the conduct of the tender process.

This discussion paper seeks your ideas and comments on possible IHSS service delivery arrangements. It is provided for comment only. The department may or may not adopt any of the comments received in developing a Statement of Requirement and a Request for Tender. Any comment you make in response to this discussion paper will not be considered by the department as part of the evaluation of any subsequent tender. Attachment A (page 22) provides further detail about how responses to the discussion paper will be treated. As you read the paper, you will see questions in boxes at the end of some sections. These have been provided as a guide to areas where the department is seeking further information and to assist you to formulate your response. The questions are not, however, exclusive and you are invited to comment on any other matters of relevance to the development of future IHSS service arrangements.

2. IHSS DESCRIPTION AND OBJECTIVES

The IHSS is a national settlement program administered by the department on behalf of the Australian Government. The IHSS provides people settling in Australia under the Humanitarian Program with support and assistance to rebuild their lives through integrated services and linkages to other government and non-government services. While other government departments are responsible for providing general services to newly arrived Humanitarian Program entrants, the IHSS provides complementary services through the provision of intensive settlement assistance for an initial settlement period, generally the first six months after arrival.

2.1 PROGRAM OUTCOME

The aim of IHSS is to equip humanitarian entrants¹ with the information, contacts and skills to live confidently and independently in Australian society and to promote their participation in the wider community.

¹ Throughout this discussion paper, people entering under the Humanitarian Program have been referred to as humanitarian entrants, unless a reference has made a specific distinction between the different categories of humanitarian entrants.

2.2 IHSS HISTORY

The IHSS first moved to contractual arrangements with progressive tendering of services from 2000 to 2002. Currently, there are 39 contracts with 34 different organisations for the delivery of IHSS services in all states and territories.

An independent evaluation of the IHSS was conducted in 2003. In addition, the Review of Settlement Services for Migrants and Humanitarian Entrants (the Settlement Services Review) examined the role of IHSS in the context of broader settlement policy and service provision. The recommendations from these reviews will contribute to the structure of the future service delivery model. Reports of the Settlement Services Review and the IHSS evaluation, published in May 2003, are available on the department's website at www.immi.gov.au/settle/settle_review/index.htm and www.immi.gov.au/settle/ihss/evaluation_report.pdf respectively.

2.3 IHSS CLIENT PROFILE

The Humanitarian Program, from which the IHSS clientele is drawn, has two distinct components: offshore and onshore.

The offshore component of the Humanitarian Program brings to Australia those in the greatest relative need of resettlement here and has two distinct aspects:

- Refugees, who are subject to persecution in their home country and;
- Special Humanitarian Program entrants, who are subject to substantial discrimination in their home country, amounting to gross violation of human rights, and who have strong support from an Australian citizen or permanent resident in Australia.

The onshore component of the Humanitarian Program provides protection in Australia to people who engage Australia's protection obligations under the 1951 UNHCR Refugees Convention.

The total number of places to be made available for visas under the Humanitarian Program in the current program year (2003-04) is 12,000 entrants comprising 4,000 refugees with the remainder coming from Special Humanitarian Program entrants and onshore protection visa grants.

Changes to the international refugee environment affect the composition of the Humanitarian Program. Entrants have very diverse profiles in terms of age, country of birth, home language, education and specific needs. These profiles change as the source regions for the Humanitarian Program change over time. Currently, the majority of the humanitarian caseload is derived from African countries. The current IHSS caseload presents with higher levels of poverty, more complex health conditions, larger families, lower levels of English

proficiency and more disrupted education than the predominantly Eastern European caseload of the late 1990s.²

2.4 IHSS SERVICE DELIVERY LOCATIONS

The department assists humanitarian entrants to settle throughout Australia. Refugees who have links in Australia, are settled where they have family and friends to provide social support. Those without family and friends in Australia are settled in the state or territory assessed by the department as providing the most suitable settlement location based on: the needs of the entrant; on service provider capacity; presence of an existing community from a similar background; and other local considerations.

Special Humanitarian Program entrants generally settle near their proposers,³ with the majority settling in New South Wales and Victoria. They tend to settle in similar locations to refugees, but occasionally they may join a proposer living in another location.⁴

IHSS services are currently provided in the locations listed below.

IHSS Settlement Locations	
State	Location
New South Wales	Sydney, Coffs Harbour, Newcastle, Wollongong, Wagga Wagga, Goulburn
Victoria	Melbourne, Geelong, Shepparton
Queensland	Brisbane, Logan/Beenleigh, Toowoomba, Townsville, Cairns, Gold Coast
South Australia	Adelaide
Western Australia	Perth, Mandurah
Tasmania	Hobart, Launceston, North West Coast
Northern Territory	Darwin
Australian Capital Territory	Canberra

The department is keen to expand the number of rural and regional centres where IHSS services are delivered. Expansion of IHSS locations will occur in consultation with State/Territory and local governments, mainstream service providers, IHSS service providers, volunteers and local communities.

² Demographic information about the current caseload is available in the publication *Australia's Support for Humanitarian Entrants*, available from the department's website at www.immi.gov.au/search_for/publications/ashe.pdf.

³ A proposer is an individual who is: an Australian citizen; permanent resident of Australia; or eligible New Zealand citizen who agrees to provide a level of support for a Special Humanitarian Program entrant to Australia. An organisation that operates in Australia may also be a proposer.

⁴ Details of the numbers of entrants settling in rural and regional areas are available in *Australia's Support for Humanitarian Entrants*, available from the department's website at www.immi.gov.au/search_for/publications/ashe.pdf.

2.5 ASSISTANCE PROVIDED TO ENTRANTS

IHSS service providers help entrants to participate in the Australian community by providing assistance with information, accommodation and basic necessities during their initial settlement period. Emphasis is placed on sensitivity to cultural differences and minimum intrusion into the entrant's life.

IHSS assistance is intended to be provided to entrants on the basis of assessed need and, as such, is not an entitlement.

Refugees are provided with the following assistance to help them settle in Australia:

- meeting at the airport or other point of arrival;
- transportation to accommodation;
- initial orientation, including explanation of accommodation facilities;
- provision of emergency clothing, if required;
- provision of food for the first week after arrival or until income support is received;
- provision of information about, and referral to, mainstream services (including medical services);
- referral for physical health assessment and for torture and trauma counselling, if required;
- assistance to locate and secure long-term rental accommodation;
- guidance to acquire basic housekeeping and good tenancy skills, if required;
- provision of some basic material goods to assist in establishing a household; and
- links to volunteer support.

Special Humanitarian Program entrants will usually have support from their proposers and are assisted through the provision of:

- information about health services and referral for torture and trauma **counselling**, if required;
- some basic material goods to assist in establishing a household; and
- links to volunteer support.

Their proposers are also provided with information and guidance to help them understand and meet their responsibilities to the people they propose.

Assistance to all Humanitarian Program entrants must be delivered in a manner that adheres to the IHSS Principles, set out at Attachment B (page 25).

Is the current assistance appropriate to the initial settlement needs of humanitarian entrants? Are there any gaps?

Are the IHSS Principles (see Attachment B) appropriate and sufficient?

3. CURRENT ARRANGEMENTS

Entrants are referred to IHSS service providers by the department. The number of referrals from the department determines the contractor's level of business activity. The number of referrals from the department is not necessarily based on contractor performance but on: the number of entrants with links to family and friends in the contractor's area; the desirability of achieving geographic spread; service provider capacity; presence of an existing migrant community; and other local considerations.

Entrants arrive in Australia in uneven, cyclical flows and sometimes at very short notice. The peaks and troughs in business levels is an unavoidable feature of service delivery that must be managed by service providers. Further information about arrival trends is published in *Australia's Support for Humanitarian Entrants* available from the department's website at www.immi.gov.au/search_for/publications/ashe.pdf.

3.1 CURRENT IHSS SERVICES

The assistance provided (listed at section 2.5) to entrants within States and Territories is currently delivered under the following services:

- Initial Information and Orientation Assistance;
- Early Health Assessment and Intervention;
- Household Formation Support; and
- Accommodation Support.

In addition, Proposer Support contractors in each State and Territory provide information, guidance and a post-arrival help desk service to the proposers of Special Humanitarian Program entrants to assist them to fulfil their responsibilities to the people they propose.

A national Service Support Provider is contracted to provide training to IHSS service providers and volunteers to assist them to meet entrants' needs. The Service Support Provider is also responsible for recruitment and coordination of the network of Community Support for Refugees coordinators in the States and

Territories. This function is discussed further at section 5.1.6 and the role of volunteers is discussed further at section 3.2 below.

Further information on current services and eligibility by Humanitarian Program stream is at Attachment C (page 26).

3.2 VOLUNTEERS

Volunteers play a crucial role in providing IHSS services to humanitarian entrants. Currently, volunteers may either:

- provide social support and friendship to entrants as part of a department-registered Community Support for Refugees (CSR) group; or
- provide services and support under the direction of contracted IHSS service providers, either as a CSR-registered volunteer or recruited directly by the service provider outside the CSR arrangements.

A national network of CSR coordinators is employed by the Service Support Providers to recruit, register, train and coordinate the activity of CSR groups. The registration of CSR volunteers includes a mandatory police check.

Service providers who directly recruit their own volunteers determine their own recruitment, vetting, training and management procedures.

4. FINDINGS OF THE SETTLEMENT SERVICES REVIEW AND IHSS EVALUATION

The Settlement Services Review and the IHSS evaluation found that overall the IHSS had provided greater certainty and consistency in the standard of support provided to humanitarian entrants than under earlier arrangements. In particular, the IHSS has:

- delivered equitable access to, and timely provision of, settlement services;
- ensured that the basic support needs of entrants are being met;
- increased professionalism and transparency of service delivery; and
- delivered a high level of client satisfaction with IHSS services.

Nevertheless, the reports identified a number of areas for improvement. As a result enhancements to existing services were introduced in the second half of 2003, including:

- provision of an improved package of goods to assist entrants in establishing a household;

- introduction of a training program, conducted by the Accommodation Support service provider, to give guidance on living in an Australian household and fulfilling tenancy obligations;
- clarification of the role of the Initial Information and Orientation Assistance service providers in referring urgent health needs identified on arrival to local health services; and
- supply of a phone card to entrants on arrival for any immediate communication needs.

In addition, pre-embarkation information and cultural orientation classes are being provided in Kenya and Egypt to ensure that entrants are better prepared for their journey and have more realistic expectations of their life in Australia. Other issues identified by the Settlement Services Review and the IHSS evaluation which still need to be addressed include:

- the need for better coordination of the services to ensure entrants receive appropriate and timely assistance and referrals (case coordination);
- the need for a common understanding about what constitutes initial settlement needs, how much service is appropriate and when and how entrants should be referred to IHSS and other service providers;
- the removal of any duplication and gaps in services provided;
- the need to review reporting and accountability requirements of IHSS contracts;
- the potential benefits of combining short and long-term Accommodation Support;
- the need for a mechanism to ensure that health problems identified before arrival are appropriately followed up on arrival and for information on pre-arrival examinations to be made available to health care providers in Australia;
- the desirability of facilitating provision of IHSS services in more rural and regional centres;
- the need for better integration of services provided under the IHSS Early Health Assessment and Intervention service, the Department of Health and Ageing Program of Assistance for the Survivors of Torture and Trauma, and State and Territory health services;
- improved information and support for service providers;
- the need to strengthen relationships between volunteers and service providers; and
- the need for greater clarity about the role of volunteers.

The department acknowledges that the IHSS is delivered differently in each region and that the individual issues listed above may not relate to all regions nor will require addressing in all regions.

The reports of the Settlement Services Review and the IHSS evaluation are available from the department's website at www.immi.gov.au/settle/settle_review/index.htm and www.immi.gov.au/settle/ihss/evaluation_report.pdf respectively.

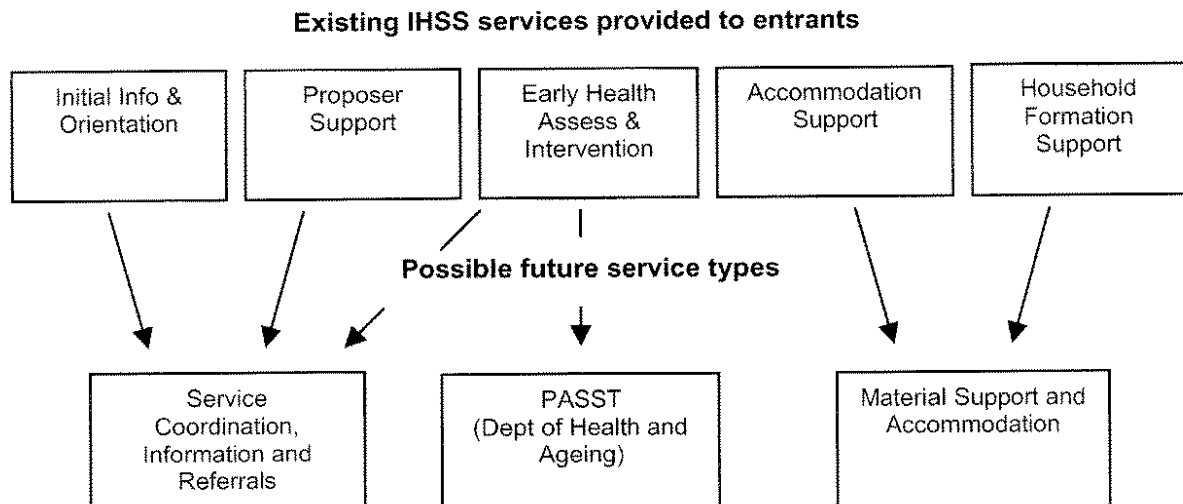
5. FUTURE SERVICE ARRANGEMENTS

The improved professionalism, timeliness and equity of initial settlement service delivery achieved since the introduction of IHSS continue to be key goals for the department. To this end the department will periodically tender IHSS services and manage their provision under contractual arrangements.

5.1 FUTURE SERVICES

Most of the activities currently performed by IHSS service providers (listed at 2.5 above) will continue to be required. Depending, however, on the most effective structure of service delivery adopted for a particular region, it may be more efficient to change the manner of grouping some of the activities in the future, and to reduce the overall number of service contracts. There are natural synergies and overlaps between some of the current IHSS services, which suggest that they could be combined. Consideration should be given to which services fit together most effectively. The grouping of assistance into service types may need to be tailored to meet the differing needs and circumstances at particular locations.

Some particular areas for consideration, reflecting the findings of the Settlement Services Review and IHSS evaluation, are outlined below. We welcome your comments on these as well as your suggestions for other possible groupings of assistance into service types. The following diagram shows one possible way of re-grouping existing IHSS services into new service types.



5.1.1 Case Coordination

A key area identified for improvement is the strengthening of coordination between services to ensure that entrants receive appropriate referrals and continuity of services without duplication. The package of services delivered to individuals and their families should be focused, well-coordinated and respond to an assessment of their specific needs.

The case coordinator should provide the main interface between entrants and service providers, and should seek to minimise the number of people that entrants must deal with immediately after arrival. Responsibilities of a case coordinator could include:

- managing overall service delivery from the time that an entrant arrives in Australia until they exit the IHSS;
- providing a single point of contact for entrants, particularly in case of emergency;
- conducting a needs assessment at the commencement of services and an exit interview at their conclusion; and
- ensuring that all necessary linkages to IHSS services, longer term settlement services and other mainstream services have been made.

An expanded case coordination role could be undertaken by the same provider that provides initial information and makes referrals to other services.

5.1.2 Proposer Support

Both the IHSS Evaluation and the Settlement Services Review highlighted problems arising from the reliance of Special Humanitarian Program entrants on their proposers. These difficulties appear to result from proposers lacking not only the knowledge, language or social functioning skills necessary to link entrants to essential services and to assist them to find suitable accommodation, but also the financial and material capacity to cover the cost of airfares, medical and other assistance. These difficulties impact on the deliverability and integrity of the Humanitarian Program, the early settlement outcomes of the proposers and Special Humanitarian Program entrants, and on the capacity of IHSS service providers to deliver services, including in instances when proposer and entrants relationships break down.

While some enhancements to services would require decisions from government on future funding levels, there may also be scope to improve outcomes through adjustments to service delivery arrangements or through the provision of different forms of assistance within currently available funding. In this context, for example, the enhancements to the Household Formation Support package which have already been introduced, would appear to have had indirectly improved the

capacity of proposers to fund medicals and airfares, by reducing the financial burden of establishing a household.

There are similarities between the current Initial Information and Orientation Assistance service and the Proposer Support service which suggests that they could be combined into a single service type. Proposer Support provides information and guidance to proposers, helping them to link Special Humanitarian Program entrants to mainstream services. The Initial Information and Orientation Assistance service performs the same job for refugees. A single service provider could deliver these information and referral services to refugees and assist proposers to do the same. Indeed, in most locations both services are currently contracted to the one provider.

In addition, or as an alternative, it may also be possible to make more reliable contact with proposers and Special Humanitarian Program entrants through services which are used by the majority of clients, for example, the Household Formation Support service or through Centrelink. Similarly, the provision of tenancy training or some other service, may be more helpful in addressing existing problems than some existing funded activities.

How might settlement outcomes for proposers and Special Humanitarian Program entrants be improved through changes to service delivery arrangements?

What forms of assistance would be most beneficial to proposers and Special Humanitarian Program entrants, and which should have the highest priority for funding within any available resources?

5.1.3 Household Formation and Accommodation

The IHSS evaluation recommended that short-term and long-term Accommodation Support services be combined to provide a continuous accommodation support service for entrants and to assist in dealing with some of the challenges in delivering this service.

There is also a case for combining the existing Household Formation Support service with Accommodation Support services. Refugees generally do not access Household Formation Support until they move into long-term accommodation. Having the same provider assist refugees to find accommodation and arrange for provision of household goods would minimise the number of organisations that they must deal with and facilitate coordination.

How might activities into service types be re-grouped to achieve better integration and a better quality service for entrants?

5.1.4 Early Health Assessment and Intervention

The IHSS evaluation found that there was potential overlap and lack of clarity between the responsibilities of the Early Health Assessment and Intervention service and the Department of Health and Ageing Program of Assistance for Survivors of Torture and Trauma (PASST). There are also similarities between the information and referral functions provided by the Early Health Assessment and Intervention service and those provided by other IHSS service providers.

One option may be to transfer some of the service elements of the existing Early Health Assessment and Intervention service to PASST, and to combine the remaining information and referral assistance elements with those currently delivered by the Initial Information and Orientation Assistance service.

Should Early Health Assessment and Intervention be retained as a separate service, or could information referral and intervention (counselling) activities be provided by separate providers?

Are there avenues through which integration with mainstream health services could be improved?

How might referral pathways be managed if some current IHSS activities were to move to the Program of Assistance for Survivors of Torture and Trauma?

5.1.5 Volunteer Involvement and Community Support for Refugees Scheme

Maximising volunteer involvement in the settlement of humanitarian entrants has the potential to:

- enhance community support for humanitarian settlement;
- extend the services that contracted service providers would otherwise be able to deliver; and
- provide humanitarian entrants with social support and friendship and a sense of inclusion in the Australian community.

The current volunteer arrangements described at section 3.2 are quite variable and raise a number of issues that need to be addressed. These include:

- volunteers generally do not have a clearly articulated job description;
- Community Support for Refugee groups have formed in areas to which the department is unlikely to send humanitarian entrants in the near future;
- there is a lack of clarity regarding the relationship between volunteers and service providers on the one hand, and between volunteers and the

- department on the other. This in turn causes confusion about lines of accountability and the need for compliance with IHSS service standards;
- volunteers may be involved in a wide range of activities, some of which are covered by the insurance of the department, Community Support for Refugee coordinators or service providers and some of which may not be adequately covered by either;
 - there are difficulties in attracting volunteers from diverse cultural and linguistic backgrounds; and
 - existing training and support for volunteers may be inadequate.

The department is keen to resolve these issues and to develop more attractive and rewarding arrangements for volunteer involvement in humanitarian settlement. The ultimate aim of such arrangements must be to deliver effective support to new entrants. To ensure equity across the program, IHSS services provided by volunteers must comply with the IHSS principles and with service standards required of contracted service providers.

Current volunteer arrangements generally appear to work best where volunteers work directly with contracted service providers. In these circumstances volunteers tend to play a strong practical role (for example, in meeting entrants at airports, accompanying them on appointments to services, and helping them to establish a household). These practical roles seem to be more meaningful and rewarding for volunteers and also help to facilitate the social support and friendship goals that can be more difficult to realise in the absence of a clear service responsibility. It is, however, important in this context to clarify what is expected of volunteers relative to paid workers and to ensure that volunteers are not being asked to take on roles more appropriately filled by paid workers.

Strengthening the relationship between contracted service providers and volunteers could strengthen the focus on service delivery and have the added benefits of clarifying lines of accountability and clarifying service providers' responsibility for supporting volunteers. It may also assist in clarifying the issue of insurance coverage for volunteers, and helps address the potential for gaps under the current structure of services in which the department's service providers and Community Support for Refugee coordinators each insure volunteers for different aspects for their activities.

Volunteers who do not wish to work directly with contracted service providers, or who reside in areas where humanitarian entrants do not settle, could still play important roles in the humanitarian settlement process, albeit outside the IHSS service delivery model. These roles include participating in fund-raising for community based loans schemes to assist proposers to meet the cost of entrants' travel costs and participating in the Adult Migrant English Program Home Tutor Scheme. At a local level, there are numerous opportunities for volunteers to become involved in providing support that complements IHSS and mainstream services (for example, providing homework support or tutoring for

school age children, mentoring new entrants to the labour market, or hosting informal playgroups for parents and their young children).

How should volunteer arrangements be structured and managed to deliver the best outcomes for humanitarian entrants, ensure integration of service delivery, and provide volunteers with appropriate support, taking account of the service delivery models outlined in section 5.2 below?

What should be the respective roles of the department, service providers and the Community Support for Refugees scheme in the future?

5.1.6 Service Support

Another issue raised by the IHSS evaluation is whether retaining a separate service to provide training to service providers and volunteers is the most efficient and effective model for identifying and responding to training needs.

Service Provider Training

Training needs can be classified into three broad groupings: professional development, generic skills and IHSS program specific training needs.

Contracted service providers are and will remain responsible for ensuring that individuals delivering services to IHSS entrants have the necessary professional skills (such as counselling or social work qualifications). This includes ensuring that such skills are regularly updated. In order to attract and retain high quality staff, employers in the sector generally recognise the value of offering staff appropriate professional development opportunities.

At present, generic skills training (such as understanding the Privacy Act, dealing with family violence, child protection and sexual assault) and IHSS program specific training are delivered by training providers.

Training for the development of generic skills is widely available in the private marketplace and it would seem appropriate for service providers to assess the training needs of their staff and volunteer workforce and to directly purchase any necessary training. This approach would potentially provide greater flexibility and timeliness in the delivery of training and would reinforce the importance for employers of ensuring that their workforce is appropriately skilled and supported.

Much of the requirement for training and information of an IHSS specific nature is about establishing, clarifying and updating service providers' understanding of the department's expectations. It may therefore be appropriate for the department to deliver training and information of this sort directly. This approach

would be consistent with the approach adopted in other departmental program areas.

How could we best develop generic skills and deliver IHSS specific training to service providers?

Volunteer Training and Coordination

In order to attract and retain volunteers, and to deliver services in accordance with contractual requirements, volunteers need to be provided with appropriate training, supervision, insurance and other support.

Under current arrangements, Community Support for Refugee coordinators in each State and Territory are responsible for recruiting and training Community Support for Refugee volunteers, and for connecting volunteers with contracted providers and new arrivals. The department is responsible for arranging mandatory police checks and for registering groups. It is less clear which agency or individual is responsible for defining the tasks of volunteers, and directing their day-to-day work, and what accountability and lines of reporting apply for Community Support for Refugees groups. This lack of clarity about roles and responsibilities has to date hindered development of a Code of Conduct for volunteers and adds further uncertainty to insurance coverage.

One option may be to reduce the department's direct role in relation to volunteer management by making either Community Support for Refugees coordinators or service providers responsible for directing the work of volunteers, arranging police checks, providing training and for overseeing performance and accountability arrangements for volunteers.

Should existing Community Support for Refugees coordination arrangements under the Service Support Provider service be retained, and, if so, how could the relationship with service providers be strengthened?

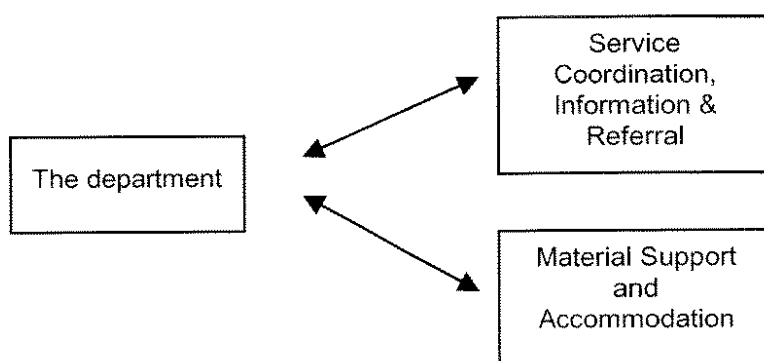
5.2 SERVICE DELIVERY MODELS

The nature of the way in which service providers relate to one another and to the department has the potential to affect the quality of service received by IHSS entrants. Three possible service delivery models are presented below for consideration. These are not exhaustive and we would appreciate your ideas about other suitable arrangements that the department could consider. Different models may work better in different locations to deliver well-coordinated and cooperative service delivery arrangements responsive to local circumstances.

5.2.1 Model A – The Direct Relationship Model

This model is a modified version of current arrangements. The department would contract with individual service providers for the provision of distinct service types. Each service provider would provide a distinct and separate service, interfacing individually with new entrants. There could be more than one service provider delivering the same service type in a given region.

An example of how this model might be structured:



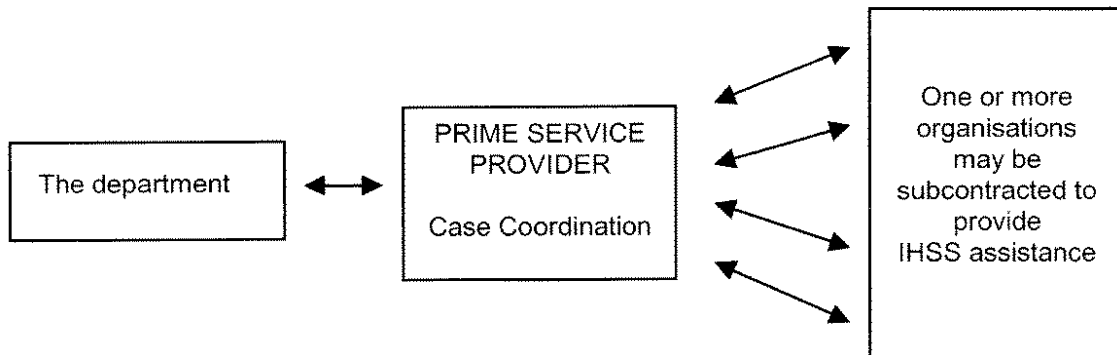
How could cooperation be enhanced if the department contracts individually with the various service providers?

5.2.2 Model B – Prime Service Provider Model

The department would contract with a prime service provider in each region. The prime service provider would have overall responsibility for the delivery of all services required by the department. They could enter into subcontracts with other individual service providers for the provision of particular services. The department would have no direct contractual relationship with service providers other than the prime service provider, however the department's consent would be required for the appointment of subcontractors.

The way in which assistance was grouped into services and subcontracted to particular providers would be determined by the prime service provider. The prime service provider would be responsible for case coordination and could, itself, also elect to provide other assistance.

An example of how the Model B relationship might be structured:



5.2.3 Model C – The Consortium Model

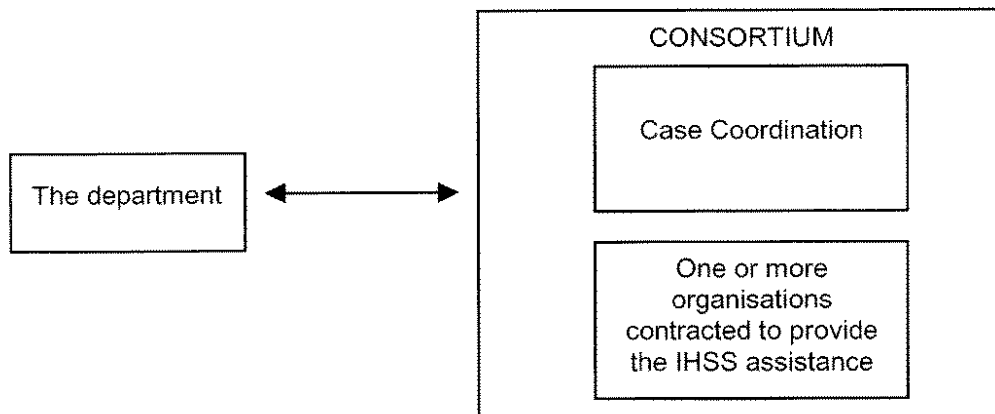
The department would enter into a contract with a consortium of service providers to deliver all IHSS services in a given region. A single service provider would be responsible for the overall coordination of all services to the entrant, and may also choose to provide other assistance. This provider would be the main interface between the entrant and IHSS services, and would be the party with whom the department would deal directly.

The consortium could decide how to distribute services between providers to deliver services effectively and seamlessly. The contract would set out the obligations of each of the service providers, with the list of service elements that each service provider undertakes set out in separate schedules.

The consortium would be a collection of individual organisations, each with its own legal identity, bound together in a single contract with the department. Each service provider would be responsible for its services only, and not for those required to be provided by the other members of the consortium. If one service provider breached its obligations, the department would only be permitted to take action against the defaulting party. In other words, liability under the contract would be several rather than joint and several.

New service providers could join the consortium and individual consortium members could sever their obligations under the contract without affecting the rights of other consortium members. However, these steps would only be taken if appropriate conditions acceptable to the department could be met.

An example of how the Model C relationship might be structured:



What are the strengths of each model? What enhancements could be considered?

Would some models work better in particular locations, for example in regional locations?

5.3 SERVICE REGIONS

IHSS services will be delivered on a regional basis. The size of regions will depend on current IHSS business levels and other factors. Larger states may comprise several regions, while others may comprise only one. Service providers may seek to deliver services in more than one region.

In order to facilitate relationships within the suite of settlement services delivered by the department, it is envisaged that IHSS contract regions will be compatible with, and closely aligned to settlement planning regions. The department will be consulting with the community on settlement planning regions in the near future.

One issue for consideration in determining the size of regions, and the number of contractors per region, is how to maintain competition between service providers and not limit the capacity of new players to enter the market in the future. It is also important to consider whether viable alternative providers will be available within each region if a service provider proves unable to fulfil their responsibilities.

Refugees are assisted to settle in locations where they have access to appropriate employment opportunities and mainstream services. The list of locations where IHSS services are currently delivered is at section 2.4. Commonwealth, State and Territory Governments are committed to supporting and increasing rural and regional settlement in a planned and responsible

manner, and future service delivery arrangements are therefore likely to cover a wider range of locations.

Since Special Humanitarian Program entrants generally settle near their proposer, the department does not currently refer these entrants to specific settlement locations. Most Special Humanitarian Program entrants settle near their proposers in metropolitan areas. Nonetheless it is possible that within the duration of the next service contract, some Special Humanitarian Program entrants will settle in regional areas, as proposers may be located in a wider range of areas than are currently covered by formal IHSS arrangements. The department will also be seeking to ensure the availability of necessary support to proposers and Special Humanitarian Program entrants in a wider range of locations, including in rural and regional Australia.

What would be the optimal size and location of IHSS service delivery regions?

Should more than one service provider be able to provide the same services in the same contract region?

5.4 OTHER ISSUES

There are other issues that require consideration regardless of which service delivery arrangements, contract models or service regions are chosen. These include funding arrangements and contract performance measures.

5.4.1 Funding

The department is seeking views on how funding arrangements under new IHSS contracts may best be structured to mitigate the risks inherent in IHSS service provision, including:

- uneven flow of entrants, due to the volatile nature of international events;
- the possibility that the scheduled arrival of entrants may be cancelled at short notice;
- the need to maintain adequate staffing and infrastructure levels in low business periods;
- difficulty in projecting future settlement locations of Special Humanitarian Program entrants and refugees with links in Australia; and
- the possibility that some entrants will move from their initial settlement location after they have received only partial service.

In assessing ideas about possible funding models, some of the factors to be considered include how we:

- establish value for money,
- manage risks,
- provide adequate protection for services operating in different circumstances (for example, for small services operating in regional areas),
- encourage high quality performance,
- provide sufficient flexibility to cope with fluctuations in business levels, and
- address under-performance or non-compliance with contract obligations.

Final funding arrangements will also be developed with reference to current government best practice on contract and risk management.

It is possible that different funding arrangements could apply to different IHSS activities. For example: in some cases there could be relatively simple arrangements in which service providers receive a fixed cost per entrant for a given activity, or a fixed cost per family; and in others funding arrangements that vary according to the size of the family unit with different funding levels for services to singles and families of varying sizes.

It would also be possible to retain a combination of fixed minimum business levels and per capita funding, or to move to a fully per capita funding arrangement. It might also be appropriate to take account of age structures within families.

How would funding arrangements best be structured to ensure value for money and quality service provision?

5.4.2 Performance Indicators and Reporting

In modifying the future service delivery arrangements under IHSS, the department also needs to review performance and accountability arrangements to ensure that they enable adequate:

- accountability for government spending;
- monitoring of service delivery;
- evaluation of the effectiveness of services in meeting clients' settlement needs; and
- provision of information for future planning and continuous improvement in service delivery.

In considering future performance and accountability arrangements, the department will be seeking to achieve a balance between three essential elements:

- performance measurement - monitoring of program activities so that the department knows what and how much is being delivered to whom within a particular timeframe and at what cost;
- evaluation or effectiveness measurement - assessing whether the program is meeting its objectives in terms of quality, appropriateness, effectiveness and impact of its activities; and
- continuous improvement - assessing how well the business is conducted and encouraging improvement over time.

To ensure the IHSS meets the reporting and accountability requirements of the Australian Government, service provider reports will need to be both qualitative and quantitative. To meet this requirement service providers may be required to produce reports at scheduled intervals during the year, for example, quantitative monthly reports and qualitative annual reports. Your views are sought on what reporting type and sequence might be required. For example, consideration may be given to strengthening our evaluation capacity by introducing new approaches to ascertaining client satisfaction with services, perhaps by complementing existing surveys with exit interviews. A stronger focus on continuous improvement might be achieved by the development of service standards that complement existing IHSS principles.

To support service provider reports and comply with audit requirements, an input monitoring system may need to be developed. This system would be designed by the department in consultation with service providers and may require service providers to input data directly into a database or electronically send reports to the department.

Greater consistency in reporting across services could be facilitated by the introduction of clearer national targets or benchmarks. The timing and detail of reporting requirements may also need to be re-considered, bearing in mind the desirability of streamlining such requirements wherever possible to reduce the administrative burden on providers.

The reporting and accountability requirements of the Australian Government will also influence the level and extent of reporting demands imposed. In this respect, the department is mindful of the requirements of the Parliament and the Australian National Audit Office.

Do you have suggestions on how the department can best measure service provider performance to ensure that quality service is delivered to humanitarian entrants?

6. FURTHER INFORMATION

More information on settlement in Australia is provided on the department's website at www.immi.gov.au/settle/. A list of other relevant documents is at Attachment D (page 29).

Specific queries should be directed to the contact officer:

IHSS Tender Manager
Humanitarian Settlement Section
Settlement Branch
Department of Immigration and Multicultural and Indigenous Affairs
PO Box 25
Belconnen ACT 2616

E-mail: HUSS@immi.gov.au

7. PUBLIC CONSULTATIONS AND WRITTEN COMMENTS

All interested parties are invited to attend stakeholder consultations, which will be held in capital cities and major settlement locations. The consultations will be opportunities to seek further information, provide comments and share ideas on the development of the IHSS tender.

Written responses to this discussion paper are also invited. The deadline for written responses is **Tuesday 16 March 2004**. Written responses should be addressed to the contact officer at the address above. Early, concise responses would be appreciated.

ATTACHMENT A – HANDLING OF RESPONSES RECEIVED TO THE DISCUSSION PAPER

There are a number of probity aspects that apply to the discussion paper, responses received, and their use in developing the Request for Tender (RFT). These are outlined for your reference below.

1. Comments

- 1.1 The discussion paper is provided for comment only. Any comment you make in response to this paper will not be considered by the department as part of the evaluation of any subsequent tender.
- 1.2 The department reserves the right to accept or reject any of the comments your organisation may submit in respect of the discussion paper in developing a Request for Tender.

2. Clarification of Discussion Paper

- 2.1 You are invited to seek clarification of the meaning of the content of the discussion paper from the contact officer at any time prior to the closing date for comments. The contact is:

IHSS Tender Manager
Humanitarian Settlement Section
Settlement Branch
The Department of Immigration and Multicultural and Indigenous Affairs
PO Box 25
Belconnen ACT 2616

3. Costs

- 3.1 Submitting comments on the discussion paper, participating in any stage of this discussion paper process, or any matter concerning the discussion paper will be at your organisation's sole risk, cost and expense.

4. Intellectual Property Rights

- 4.1 Such intellectual property rights as may exist in the information contained in the discussion paper or any related or attached material, will remain the property of the department but your organisation is permitted to use it for the purpose only of compiling and submitting comments to the department.

- 4.2 Such intellectual property rights as may exist in any comments, documents, material or information you submit will be vested in the Commonwealth.
- 4.3 You agree to licence the department, its officers, employees, agents, advisers and Ministers and other Commonwealth representatives to copy, adapt, modify, disclose or do anything else necessary (in department's sole opinion) to all material (including that which contains intellectual property rights of yours, your organisation or any other person) contained in the material or information you submit to the department for the purpose of considering and analysing your submission, finalising the Request for Tender and anything else related to those purposes.
- 4.4 The department may make such copies of your comments or any part of them, as the department requires for the purpose referred to in clause 4.3.

5. Disclaimer

- 5.1 The discussion paper contains information concerning the department and its service needs. It has been prepared for the sole use of the community to submit comments to the department. The discussion paper does not, and does not purport to contain all the information that an interested tenderer would desire, or require, to assess the opportunity for the provision of the IHSS services.
- 5.2 The department, its officers, employees, agents and advisers:
- (a) are not, and will not be responsible or liable for the accuracy or completeness of any information provided to you or any other person or organisation in connection with the discussion paper;
 - (b) make no express or implied representation or warranty that any estimate or forecast will be achieved or that any statement as to future matters will prove correct;
 - (c) expressly disclaim any and all liability arising from the information including, without limitation, errors in, or omissions contained in the Information;
 - (d) except so far as liability under any statute cannot be excluded, accept no responsibility arising in any way from errors in, or omissions from the discussion paper, the information, or in negligence;

- (e) do not represent that they apply any expertise on behalf of your organisation or any other interested party;
 - (f) accept no liability for any loss or damage suffered by any person as a result of that person, or any other person, placing any reliance on the contents of the discussion paper, or other information provided by or on behalf of the department; and
 - (g) assume no duty of disclosure or fiduciary duty to any interested party.
- 5.3 Neither the delivery of the discussion paper, nor any other agreement made on the basis of the discussion paper may, under any circumstances, be taken to create an implication that there has been, or will be, no material change in the affairs of the department as and from the date of issue of the discussion paper.
- 5.4 The provisions of this disclaimer apply in relation to the discussion paper and any other information, provided to you or any other person or organisation as part of the discussion paper.

6. The Department's Rights

- 6.1 Without limiting its rights at law or otherwise, the department reserves the right in its absolute discretion at any time to:
- (a) cease to proceed with the process outlined in the discussion paper;
 - (b) change the structure and timing of any subsequent Request for Tender process;
 - (c) vary or extend any time or date in the discussion for all or any tenderer or other persons, at any time and for such period, as the department in its absolute discretion considers appropriate; and
 - (d) fail to proceed with, suspend or vary any subsequent Request for Tender process, or any part of that process, for the services, any part or the services, or any other services.

7. Applicable Law

The law applying in the Australian Capital Territory applies to the discussion paper and the rules set out in this document.

ATTACHMENT B – INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY PRINCIPLES

- Humanitarian entrants are individuals who have the inherent right to respect for their human worth and dignity
- Humanitarian entrants are able to exercise choice
- Humanitarian entrants are informed and involved in decision making
- Services are designed and administered so as to promote humanitarian entrants' competence and to discourage dependency
- The health and well-being of humanitarian entrants are protected
- The 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 entrants are not exploited
- Services promote participation of humanitarian 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
- Humanitarian entrants are enabled to access services in a coordinated way which minimises gaps and duplication between services received

ATTACHMENT C – DESCRIPTION OF THE CURRENT IHSS SERVICES AND ELIGIBILITY TABLE

Initial Information and Orientation Assistance

Initial Information and Orientation Assistance is designed to provide entrants with assistance to access the services they need in the initial stage of settlement. Contact time between Initial Information and Orientation Assistance service providers and entrants is determined by need and ranges from approximately two weeks and up (but often less than) six months.

The Initial Information and Orientation Assistance services include:

- meeting entrants on arrival;
- the provision of information on other services within the IHSS program;
- the provision of linkages and referrals to mainstream agencies (such as Centrelink);
- referrals to emergency health services; and
- providing an understanding of civil and legal obligations for people living in Australia.

Early Health Assessment and Intervention

Early Health Assessment and Intervention services cover the referral of new entrants to, and management of, health services provided to IHSS entrants. There is some overlap with Initial Information and Orientation Assistance services.

The Early Health Assessment and Intervention services include:

- the assistance to ensure that entrants are aware of their immediate physical, social and psychological health needs;
- the provision of information to access relevant health services;
- counselling and referral; and
- the training of mainstream, ie non-IHSS, service providers to improve awareness of the needs of new IHSS entrants.

Accommodation Support

Accommodation Support is a service to help entrants establish themselves in stable, affordable and appropriate longer-term accommodation. The provision of this service varies from State to State. In some States, both long-term and short-term accommodation are provided by the same provider. In other States, the short-term accommodation is provided by a commercial service provider, while the longer-term accommodation support is provided by community organisations.

Accommodation Support services include:

- the provision of temporary accommodation immediately after arrival;

- the provision of guidance in basic housekeeping skills (if required) and good tenancy skills;
- assistance in finding and securing long term accommodation; and
- provision of initial food supplies, cleaning products and a phone card.

Household Formation Support

Household Formation Support services assist new entrants in forming their new households. This is achieved primarily through the provision of basic household items.

Household Formation Support services include:

- the assessment of the needs of new entrants for household items;
- providing a basic package of goods sufficient for the establishment of a household; and
- providing options for new entrants to select household items, where this is feasible.

Proposer Support

Proposer Support services is provided to assist Australian residents or organisations that support entrants under the Special Humanitarian Program.

Proposer Support services include the:

- provision of pre-arrival information;
- provision of post-arrival resources by way of information packages, telephone help lines, referral mechanisms, assessment for Household Formation Support, referral to Early Health Assessment and Intervention; and
- submission to the department for assessment where proposers are unable to support entrants and where authorisation relating to provision of additional IHSS services is required.

Community Support for Refugees

The Community Support for Refugee scheme was introduced with a view to maintaining the involvement of community volunteers, who play a vital role in the successful settlement of new entrants to Australia. The overall aim of the scheme is to provide community support for new entrants to assist them in gaining a foothold in Australia. The support from volunteers does not focus on the provision of tangible items. Instead the focus is on the provision of friendship and social support.

Community Support for Refugees activities include:

- accompanying entrants in the early stages of the introduction to their environment, eg shopping, attendance at doctors' surgeries and mainstream service providers;

- introducing new entrants to local community organisations;
- raising awareness of local communities of the issues facing new entrants; and
- working with other IHSS service providers in delivering Community Support for Refugee services and other settlement services.

Service Support Provider

Service Support Provider services are designed to assist all other IHSS service providers and Community Support for Refugee groups. The primary objective of the Service Support Provider services is to ensure that IHSS service providers are able to meet the needs of the new entrants on the one hand, and to meet their obligations under their contracts with the government on the other.

Service Support Provider services include:

- assessing the training and information needs of IHSS service providers, prioritising those needs and providing training appropriate to those needs;
- monitoring and evaluating the effectiveness of the training and information services;
- developing a recruitment plan for Community Support for Refugees groups;
- establishing and maintaining a Community Support for Refugees register and providing training services to Community Support for Refugees groups;
- monitoring services provided by Community Support for Refugees groups; and
- **referring Community Support for Refugees groups to other IHSS service providers.**

Eligibility for IHSS Services

	Refugees	SHP Entrants	Permanent Protection Visa Holders	Temporary Protection Visa Holders
IHSS Services				
Initial Information and Orientation Assistance	✓	x	x	x
Accommodation Support	✓	x	x	x
Household Formation Support	✓	✓	x	x
Early Health Assessment and Intervention (EHA)	✓	✓	✓	✓
Proposer Support	x	✓	x	x
Community Support for Refugees	✓	✓	x	x

ATTACHMENT D – LIST OF RELEVANT DOCUMENTS

Publication Title	Agency	Location
Refugee and Humanitarian Issues	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/refugee/publications/reffhumiss.htm
Australia's Support for Humanitarian Entrants	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/search_for/publications/ashe.pdf
Evaluation of Integrated Humanitarian Settlement Strategy (IHSS)	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/settle/ihss/evaluation_report.pdf
Report of the Review of Settlement Services for Migrants and Humanitarian Entrants	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/settle/settle_review/index.htm
Fact Sheet 60. Australia's Refugee and Humanitarian Program	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/facts/60refugee.htm
Fact Sheet 66. Integrated Humanitarian Settlement Strategy	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/facts/66ihss.htm
Fact Sheet 67. Community Support for Refugees	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/facts/67csr.htm
The Department of Immigration and Multicultural and Indigenous Affairs Annual Report 2002-03	The Department of Immigration and Multicultural and Indigenous Affairs	http://www.immi.gov.au/annual_report/index.htm
Contract Management Better Practice Guide	Australian National Audit Office	http://www.anao.gov.au

ATTACHMENT E – LIST OF QUESTIONS

Note: Page numbers refer to the section in which the question appears.

Page 4 ASSISTANCE PROVIDED TO ENTRANTS

Is the assistance currently provided appropriate to the initial settlement needs of humanitarian entrants? Are there any gaps?

Are the IHSS Principles (see Attachment B) appropriate and sufficient?

Page 9 Proposer Support

How might settlement outcomes for proposers and Special Humanitarian Program entrants be improved through changes to service delivery arrangements?

What forms of assistance would be most beneficial to proposers and Special Humanitarian Program entrants, and which would have the highest priority for funding within any available resources?

Page 10 Household Formation and Accommodation

How might activities into service types be re-grouped to achieve better integration and a better quality service for entrants?

Page 11 Early Health Assessment and Intervention

Should Early Health Assessment and Intervention be retained as a separate service, or could information referral and intervention (counselling) activities be provided by separate providers?

Are there avenues through which integration with mainstream health services could be improved?

How might referral pathways be managed if some current IHSS activities were to move to the Program of Assistance for Survivors of Torture and Trauma?

Page 11 Volunteer Involvement and Community Support for Refugees Scheme

How should volunteer arrangements be structured and managed to deliver the best outcomes for humanitarian entrants, ensure integration of service delivery, and provide volunteers with appropriate support, taking account of the service delivery models outlined in section 5.2 below?

What should be the respective roles of the department, service providers and the Community Support for Refugees scheme in the future?

Page 13 Service Support

How could we best develop generic skills and deliver IHSS specific training to service providers?

Page 14 Volunteer Training and Coordination

Should existing Community Support for Refugees coordination arrangements under the Service Support Provider service be retained, and, if so, how could the relationship with providers be strengthened?

Page 15 Model A – The Direct Relationship Model

How could cooperation be enhanced if the department contracts individually with the various service providers?

Page 16 Model C – The Consortium Model

What are the strengths of each model? What enhancements could be considered?

Would some models work better in particular locations, for example in regional locations?

Page 17 SERVICE REGIONS

What would be the optimal size and location of IHSS service delivery regions? Should more than one service provider be able to provide the same services in the same contract region?

Page 18 Funding

How would funding arrangements best be structured to ensure value for money and quality service provision?

Page 19 Performance Indicators and Reporting

Do you have suggestions on how the department can best measure service provider performance to ensure that quality service is delivered to humanitarian entrants?