

# **Review of Humanitarian Settlement Services (HSS)**

## Performance Measures and Contract Management



External Reviewer  
David Richmond AO

**September 2011**

'The initial years of settlement of humanitarian settlers are often difficult and intensive in the use of government provided support services. The circumstances of their migration make this inevitable. Nevertheless the evidence which has been assembled here has demonstrated that over time there is a strong pattern of not only economic and social adjustment but also of significant contribution to the wider society and economy...'

'There is also an element of distinctiveness about the contribution – there are dimensions which add more than human capital. For example, it has been demonstrated that humanitarian settlers in Australia are more likely to demonstrate the entrepreneurial and risk taking attributes often associated with migrants, than migrants of other visa categories. They concentrate in particular occupational niches where there are worker shortages and they are increasingly moving to regional localities suffering chronic labour shortages. Moreover, they add a distinctively different cultural diversity and cultural capital elements to Australian society.'

Source: Hugo, Graeme; *Economic, Social and Civic Contributions of First and Second Generation Humanitarian Entrants*, Final Report to the Department of Immigration and Citizenship, Canberra, May 2011

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# 1. Executive Summary

## What is HSS

The Humanitarian Settlement Services (HSS) program of the Department of Immigration and Citizenship (DIAC) provides intensive support to newly arrived humanitarian clients on arrival and throughout their initial settlement period (usually six to twelve months). Operating since April 2011, it replaced the Integrated Humanitarian Settlement Strategy (IHSS) program which operated from 2005 to 2011. The overarching Objectives of the program are to provide tailored on-arrival support, to equip clients with the skills and knowledge they will need to independently access services beyond the initial settlement period, and to lay the foundations for participation in the social and economic life of Australia.

Services are outsourced to contractors, usually (but not always) not-for-profit Service Providers, who provide coordinated case management and procure directly or indirectly accommodation, household goods and other services for clients. There are currently 18 HSS Providers in 24 Regions across Australia and at 31 August 2011 some 8200 clients were receiving HSS assistance and support.

Direct expenditure by DIAC through IHSS/HSS Providers in 2010-11 was approximately \$75 million and approximately a further \$4 million was spent on DIAC program support in management and administration (excluding any proportion of senior management costs). Over the period 2008-09 to 2010-11 DIAC expenditure on program support decreased.

DIAC manages the movement and settlement of people in and out of Australia which includes continuing a strong offshore humanitarian program and supporting humanitarian settlement in Australia (from both offshore and onshore), responding to irregular arrivals and administering immigration detention.

In 2010-11, 13 799 visas were granted under various humanitarian categories involving some 8971 offshore and 4828 onshore recipients. In 2010-11, 12 718 of these visa recipients joined the IHSS and (from April) the HSS. As well as the HSS program, DIAC provides a range of settlement services under what is described as a Settlement Services Framework, including:

- Offshore Australian Cultural Orientation Program
- Translating and interpreting Services
- Adult Migrant English Program
- Complex Case Support
- Settlement Grants Program.

As appropriate, clients with very high or complex needs may be referred from HSS via DIAC to the Complex Case Support program (where services may be provided simultaneously with the HSS) and, upon exit from HSS, may be referred directly by their HSS provider to services delivered under the Settlement Grants Program.

Some HSS clients of their own volition or through subsequent contact within the settlement services sector also directly access Settlement Grants Program services. Some organisations provide both HSS and Settlement Grants Program services and in some Regions also Complex Case Support services. In a number of instances over the evolution of HSS-type services during the last ten years or so, the outcome of competitive tender processes has meant that some Providers no longer manage HSS Contracts but still deliver other DIAC settlement programs.

## Overall Assessment

The Review, commissioned by the Minister for Immigration and Citizenship on 30 May 2011, has investigated and assessed the effectiveness of DIAC oversight and management of the current HSS

program. Overall the Review has concluded that DIAC's management and oversight of HSS is adequate but there are significant gaps including in areas such as Quality Assurance and Risk Management.

While there are many improvements that can be made to HSS in the areas the subject of this Review, generally speaking HSS is a program well managed and delivered effectively by professional and committed Service Providers. This does not mean there are not from time to time systemic problems with the program and problems in particular localities such as, for example, Newcastle. From a client centred perspective the Review has identified, in discussions on Quality Assurance (4.7) and Risk Management (4.9), a number of elements of HSS activity which need greater DIAC focus and guidance to Service Providers.

HSS, however, is a program under stress. In addition, the outputs and outcomes from HSS are very much intermingled with not only other settlement services programs, and the human services programs of other agencies, but also the overall experiences of clients in the Australian community and economy. Consequently, discernment and measurement of performance and quality are not easy.

Of particular relevance to the Review generally is that while the Review is examining the HSS it was the predecessor program, the IHSS, which was on foot when the problems which precipitated the Review occurred in Newcastle. In addition, much of the experience and commentary provided to the Review reflects the IHSS rather than the HSS. The IHSS was operational from October 2005 to March 2011. Notwithstanding, considerable specific comment was made about the HSS which commenced in April 2011. From the Review's perspective, while there are philosophical differences in the two programs, the overall relevance of the IHSS in its objectives, principles and much of its approach applies to the delivery and management of the HSS. Those areas where operational differences occur are almost without exception actual or potentially positive features of HSS relative to IHSS in terms of service delivery and management effectiveness. Most feedback from Providers and stakeholders on the HSS, its contractual obligations and service delivery model is very positive.

However, the evolution in philosophy and objectives of settlement services such as IHSS and HSS in recent decades from a largely 'welfare' to a 'wellbeing' model, with a current philosophy of individual skills enhancement, understanding and acceptance of rights and responsibilities and an overall settlement services goal of client self sufficiency, has meant there are still many different values and philosophies at work in the sector.

### **Complexity and Stress**

At a time of both increased demand (including a series of arrival surges, client cohort changes and greater client complexity) and a significant change in the supply arrangements (replacement of IHSS with HSS, a new contract which impacted on both new and existing Providers, changes in DIAC organisational strategy, etc) DIAC, in responding to the various political and resource pressures on its programs, ramped down rather than ramped up resources applied to the HSS program to introduce and deliver HSS to Providers, stakeholders and clients.

As a result of the goodwill, dedication and commitment of DIAC management, staff, HSS Providers and their staff, and HSS stakeholders, the HSS program is coping but is under considerable stress in dealing with increased demand and related demand surges from particular cohorts as clients formerly in detention receive visas. To exacerbate the stress on the program, new HSS Contracts were implemented with virtually no transition-in time for incoming Providers and the risks inherent in such a situation are obvious. The Review understands this situation also occurred on the previous contract changeover in 2005 and DIAC should do its utmost to ensure it does not happen a third time as significant pressure was placed on fledgling contracts at the same time there was a surge in client arrivals.

At a corporate level it is the Review's assessment that many of the normal business tools which might be usefully applied by managers and staff at all levels to HSS Quality Assurance Framework, Risk Management Framework and processes, financial and contract management processes and

procedures are either a relatively poor fit for HSS or do not facilitate appropriate disaggregation to HSS. In addition, the revised DIAC organisational strategy which has established a Global Manager role as a form of product line delivery and oversight has not delivered at this stage, in HSS, any sense of greater assistance and organisational purpose or confidence.

The HSS Contract appears a broadly sound instrument to set the framework and together with such tools as the HSS Policy and Procedures Manual (albeit still in draft form) to guide a 'business as usual' and a 'steady state' demand situation. However, the provisions of the HSS Contract reflect a set of assumptions (largely unstated) about the nature of the settlement cohorts and the timing and frequency of settlement. Principally, the Contract assumes a relatively well prepared offshore arrival cohort seeking permanent settlement, frequently in family groups.

In the current environment of increased numbers (particularly of onshore arrivals from detention), very significant increases in the numbers of single adult males and unaccompanied minors, and significantly rising expectations about service standards and quality, inevitably some of these features present challenges to the Contract. At the same time recent DIAC initiatives such as community detention and programs for unaccompanied minors which also involve outsourcing to Providers may increase DIAC's coordination risks in and around HSS.

### **Contract Management and Quality Assurance**

Contract management functions are generally applied in a reactive rather than a proactive manner by DIAC, reflecting in part resource constraints and day to day work demands, particularly from recent demand surges and composition changes and also the paucity of relevant corporate tools which are a good fit with what HSS contract management is really about at the front end. The Review notes the universally positive feedback from all directly involved (both Providers and DIAC staff) to the draft Policy and Procedures Manual which is available and used by both DIAC and Provider staff.

Hand in hand with proactive contract management is the issue of senior DIAC presence and involvement in oversight of the HSS at a regional and Contract level which appears to have been limited in, for example, Newcastle, in recent years (see 4.13). At an operational level the potential exists to strengthen the HSS and its impact through the new requirement on Service Providers to conduct and manage quarterly Local Area Coordination meetings. This will only occur with active DIAC facilitation no matter how able or effective the Service Provider.

Linked to the issue of DIAC presence is the manner and effectiveness of DIAC's overall management of relationships in and around the HSS including with Providers, stakeholders and clients. The tone for such relationship management is in the Review's assessment strongly influenced by the level and quality of organisational dealings that DIAC has with key groups such as the Service Providers. Of particular concern is the quality of dialogue around the broader context and parameters such as likely trends in intake which are important elements in the partnership that exists between DIAC and Providers. Similar issues apply with stakeholders, clients and the general community.

On the ground relationships management is critical within the framework set by organisational dialogue, the Contract purpose, procedures and processes and of course local conditions. While there are some special (perhaps unique) circumstances applying in, for example, Newcastle, it is clearly the case relationships (which require multi-dimensional commitments and obligations) are inadequate in that Region. DIAC, in part, has to accept some of the responsibility for this state of affairs, admittedly working in a very challenging locality.

DIAC's former IHSS Quality Assurance Framework and processes do not explicitly link quality to either the HSS Objectives or the HSS Principles enumerated in the Contract nor do they adequately provide for either independent and/or external participation in the delivery or evaluation of quality assurance. In addition, they do not adequately address 'real time quality' e.g. ensuring at the time a service was provided it met the stated quality with evidence of outcome.



## Proposed Enhancement Areas

The Review has identified seven Enhancement Areas in and around the HSS program encompassing some 70 recommendations. If these are implemented effectively and in an integrated and coordinated manner with full DIAC corporate support then most, if not all, matters identified in this Report where improvements are needed can be addressed.

This will, in the Review's assessment, provide the potential to improve overall HSS effectiveness and provide greater assurance that Objectives are being achieved and HSS Principles applied in the interest of clients. However, the Review recognises that their application will present challenges, at least on some issues, in the current resource environment.

## Seven Key Enhancement Areas

1. **Improved contract performance management** where the initial priority recommendation is to immediately update and reassess the risk profile (including risks to client experiences and outcomes) relating to each Contract Region and the relevant Provider/s and to initiate a proactive dialogue to progressively and jointly address each significant risk, including managing a more realistic approach to the provision of accommodation in specifically nominated Contract Regions.
2. DIAC needs to adopt a **more realistic and flexible approach** to management of Contract requirements and provisions around accommodation and the household goods packages provided to clients. The priority for implementation under this Enhancement Area is DIAC accepting a more facilitative role in supporting Service Providers in procuring and securing accommodation – particularly when this occurs in stressed urban housing markets.
3. **Recording, Reporting and Accountability** where the first priority is to urgently rectify the current situation, where as a consequence of resource decisions and inadequate business planning, virtually no current management data is automatically available on operations under the new HSS Contract.
4. **Enhancing organisational strategy and streamlining organisational structure** to support HSS operations, both in a day to day sense and in developing forward looking business planning and strategy development. The initial structural priority being to realign HSS policy, strategy, operations, and contract management in an end to end business line under DIAC's relevant First Assistant Secretary, while consolidating, clarifying and enhancing the Global Manager role within this particular business line.

As an organisational strategy priority DIAC needs to be proactive in conducting a communication campaign on the HSS program's Objectives and scope, and its alignment with other DIAC settlement services. It also needs to commence to improve the quality, content and frequency of corporate dialogue (e.g. the broader context of HSS, anticipated trends and numbers) particularly around expected intake numbers and cohort demographics, including publishing a regular bulletin on arrival trends and providing briefing to Providers and stakeholders.

5. Clearer focus on **real time quality outcomes** through improved quality control and assurance and encouragement of Provider best practice. Here the initial priorities are to harness and harvest Provider knowledge and skills through a process of improvement of client assessment and case management tools and to immediately improve internal DIAC processes and outcomes around client placements and referrals and immediately re-engineer the current approach to DIAC client contact visits.
6. A greater emphasis in practice on a **client centred approach** when identifying and managing risk. The initial priority being to develop an effective HSS program level risk framework which is sensitive to client experiences/outcomes, Provider capabilities/performance and locational issues.
7. Adoption of a **clearer philosophy of problem solving and rectification** as being at the heart of timely and appropriate issues escalation and management. Early priority action in this regard

being to adopt such an explicit philosophy and set up an effective management system, including an Issues Register.

### **Relevance of Recent Newcastle Experience**

The genesis of this Review was concern identified by the independent report of Ernst & Young around overall whole-of-program assurance in terms of achievement of HSS Objectives, particularly in relation to contract performance management, following problems they investigated in Newcastle, specifically around accommodation standards.

To some extent Newcastle is a special case, representing the convergence over an extended period of time, of around six years or so, of a set of circumstances, around conflicting philosophies and political and social agendas. Nevertheless, Newcastle was and should be a 'wake up call' for HSS. The irony of Newcastle is that except for a relatively small surge in arrivals involving some very large families and the attendant impact on accommodation issues of such large families, Newcastle operates in a relatively steady state. It has not been impacted by surges of Irregular Maritime Arrivals nor significant changes in the arrival cohort such as higher than previous numbers of adult single males and unaccompanied minors.

Most of the issues in Newcastle around refugee settlement rest with the supply side – the stakeholders, the Providers and DIAC (and of course the housing market). They continue to represent an ongoing challenge to DIAC effectiveness particularly in regard to relationship management. The Review in its investigations was not able to discern either comparable complexities or acute problems in other Regions although, in a number, quite specific challenges certainly exist. Similarly, there are localities where significant opportunities also exist to enhance the effectiveness of settlement programs, particularly in some regional centres.

### **Embedded Program Risks**

Overall the Review's major concern for future management and achievement of HSS or similar objectives is the cumulative impact of the current Irregular Maritime Arrival surges with their associated cohort changes. These changes are already embedded in the pipeline from detention to community for at least the next 18 months.

Although historically the majority of IHSS clients (72 per cent in 2010-11 ) were recipients of offshore visas, for the HSS period from April to August 2011 this has evened out somewhat with 53 per cent offshore and 47 per cent onshore. It is the impact of Irregular Maritime Arrivals as they are released from Immigration Detention Centres that currently places pressure on the HSS. Offshore processed arrivals enter HSS at the end of a planned, sequenced and relatively predictable process which does not usually involve significant numbers at one time (or surges as described by some Providers).

The Irregular Maritime Arrival surges, recently upwards of 250 in some weeks, have also been associated with significant cohort changes (particularly increased numbers of single males and unaccompanied minors). In addition, the nature and quality of DIAC relationships with and often information about clients is understandably more variable for those receiving visas from detention.

Of particular concern is the ability of DIAC, the HSS program, and Providers, to adequately prepare for the surges of Irregular Maritime Arrival released from Immigration Detention Centres when the overwhelming imperative is to move families and individuals as quickly as possible from the detention environment to the community. On the one hand this imperative, shared by both DIAC and clients alike, needs to be balanced with the need for all parties to properly exercise care in this initial and critical early phase of settlement.

At the level of day to day operations each surge requires a process which expedites placement but which provides the time and capacity to ensure a sound and effective referral and placement which facilitates client wellbeing. At a time of increased numbers, larger than previous surges and significant changes in the characteristics of the Irregular Maritime Arrival cohort, the right balance is important. An overemphasis for example, on swift placement at the expense of an ability to respond

on the ground to urgent, but undocumented, health needs may not demonstrate the appropriate exercise of care.

There is a real risk that the HSS model will continue to have difficulty in coping with and responding to the needs of single adult males and Unaccompanied Humanitarian Minors and may require modification. At the same time recent DIAC initiatives such as community detention and programs for unaccompanied minors which also involve outsourcing to Providers may increase DIAC's coordination risks in and around HSS. Irrespective however, of enhancements to the service delivery model under HSS or elsewhere, critical elements which require improvement are the DIAC placement referral policies and procedures as clients are managed from detention to the community.

## **Moving Forward**

The culmination of the work of the Review together with the DIAC internal audit of HSS Short-term and Long-term Accommodation and other systemic initiatives arising from the Ernst & Young Review now provides a sound platform for DIAC to move forward with implementation of HSS. Progressive implementation of the range of systemic HSS changes arising from these initiatives should be delivered and coordinated through a special purpose National Office implementation team in cooperation with the HSS program and other areas of Settlement and relevant DIAC corporate support functions.

Where specific service delivery or contract management matters relating to particular Providers have arisen these should be addressed within the day to day contract management administration framework to an agreed timetable and the results communicated to the implementation team.

It would be appropriate, in the Review's assessment, for an evaluation of the HSS program across service delivery outcomes and management (including implementation of this Review's recommendations) to be undertaken by DIAC in and around June 2012 with stakeholder and independent involvement in the management of the evaluation. In the meantime DIAC must continue to work closely with Providers and stakeholders to maximise on a day to day basis the opportunities for improved client outcomes which should arise from the DIAC initiatives of the last few months.

Finally, the Review in light of the Complexity and Stress (see above) of and on HSS and the discussion above on Embedded Program Risks, and comments at 2.4 about the current HSS Operating Environment, considers these matters need to be placed in a broader emerging settlement context. On balance the Review concludes that current political discussions and controversy about policies and practices in respect of Irregular Maritime Arrivals - whatever their outcome - will lead to further challenges to DIAC's framework of settlement activities and the programs within. DIAC needs to commence to think through how its Settlement Framework and specific programs might evolve in the future and in the manner in which new features of both demand (e.g. Irregular Maritime Arrivals, Unaccompanied Humanitarian Minors, single adults etc) and supply (e.g. community detention) might be addressed and, as appropriate, integrated into an emerging Framework. At the same time the Framework needs to continue to respond to appropriate levels of offshore humanitarian settlement. In any case it is extremely unlikely that the future demands on DIAC outsourced settlement services will diminish.

Similarly, on the ground within the settlement sector there is a reservoir of skills, experience and commitment, and as evidenced by the Review, there is a need and opportunity to harness these in a more integrated and coordinated manner to respond to and address the needs of clients. Accordingly, the Review recommends that DIAC, at the appropriate time, undertakes a fundamental review of its overall Settlement Strategy and Framework and the various ways in which informed program responses can be developed to meet changed and emerging circumstances and characteristics around the intake of humanitarian clients and emerging policy considerations.

David Richmond AO

## 2. Purpose and Terms of Reference

### 2.1. Review Purpose

This Report to the Minister for Immigration and Citizenship is the Report of the Independent Reviewer appointed on 30 May 2011 by the Minister to investigate and evaluate the effectiveness of the oversight and management of the current Humanitarian Settlement Services (HSS) program's delivery model and overall program management.

This Review was commissioned by the Minister for Immigration and Citizenship in light of the findings of a review conducted by Ernst & Young into *Provision of Humanitarian Support Services in the Hunter Region*, the report of which the Minister and Parliamentary Secretary publicly released on 23 May 2011 (see various references throughout this Review Report and in particular Section 5.8).

Although the Review spent time in Newcastle with the regional contracted Service Provider, stakeholders, clients and elements of the client community – and has had access to a wide range of documentation around issues in Newcastle – it is not, and has not been in any sense a review of Newcastle. Nevertheless, the Newcastle experience, which has far wider implications than the Terms of Reference and consequent scope of this Review, has certainly informed the Review's assessment of HSS matters relevant to the Review's Terms of Reference.

In addition, in Section 5.8, the Review does discuss and comment upon issues related to the situation observed in Newcastle which does have some special, perhaps unique, features (particularly in the way in which a range of factors have coalesced in one place over an extended period of time). Particular matters for consideration by the Reviewer within the scope of the Review are listed in the Terms of Reference below. In this Report references to the Independent Reviewer's investigations, evaluations, findings, conclusions and recommendations are attributed to/referred to as 'the Review'.

### 2.2. Terms of Reference

The Terms of Reference of the Review were to investigate and evaluate the effectiveness of the oversight and management of the current Humanitarian Settlement Services program with particular regard to ensuring that the delivery model and overall program management:

- address and respond to key performance indicators to effectively monitor performance of Service Providers in delivering the services specified in their contracts
- provide quality assurance processes that allow the Department of Immigration and Citizenship (DIAC) to have confidence in the delivery of services
- contain reporting processes appropriate to collect sufficient information throughout the life of the Contract to assess and validate the achievement of outcomes defined by the performance indicators
- provide early alert to emerging issues and risks
- ensure that DIAC's contract management framework enables issues to be addressed in a timely manner or, where appropriate, escalated.

The Reviewer was required to provide recommendations to DIAC to improve overall program management and effectiveness.

### 2.3. The Department of Immigration and Citizenship

The purpose of DIAC is to build Australia's future through the well-managed movement and settlement of people. Its work is premised on the need to manage temporary and permanent flows in and out of Australia, and their consequences, in the national interest. Global advances in communications and transport have increased people's aspirations and capacity to pursue opportunities through migration. Contributing factors include economic opportunities, family reunification, political and security concerns, and pressures arising in the natural environment.

DIAC operates in an exceedingly challenging political and social environment, particularly around issues associated with policies and administration of Irregular Maritime Arrivals (IMAs). At the same time DIAC plays a fundamental economic and social role in developing the wider Australian community and economy through its overall management of the nation's immigration policies and programs.

Two key activities of DIAC directly relevant to this Review are:

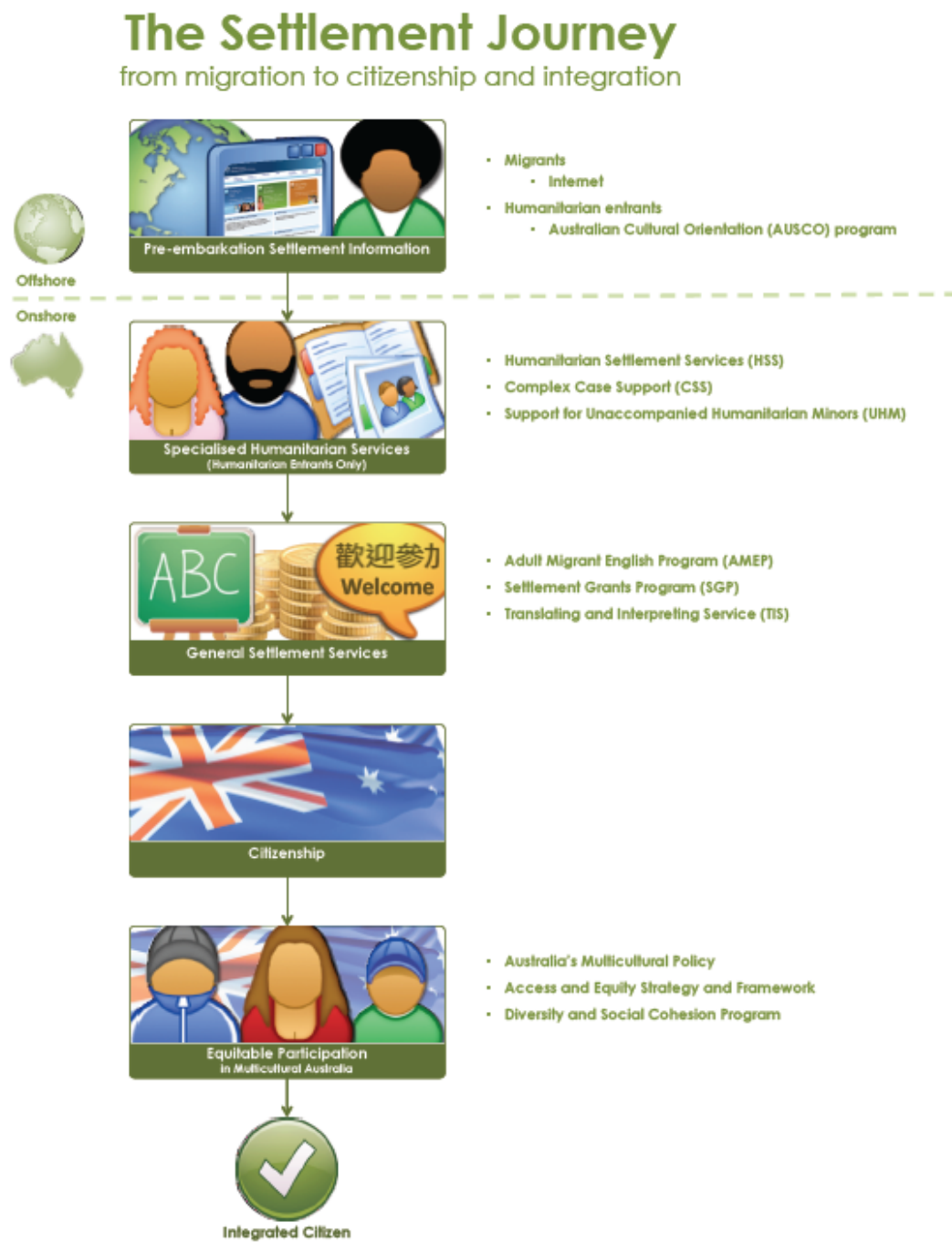
- Responding to IMAs, and administering immigration detention
- Continuing a strong offshore Humanitarian Program to assist some of the world's many people in need and supporting their settlement in Australia.

DIAC's HSS program provides intensive support to newly arrived humanitarian clients on arrival and throughout their initial settlement period (usually six to twelve months). Operating since April 2011 it replaced the IHSS program which operated from 2005 to 2011. Services are outsourced to contractors, usually (but not always) not-for-profit Service Providers, who provide coordinated case management and procure directly or indirectly accommodation, household goods and other services for clients. Figure 1 shows how the HSS program fits within the broader Settlement Journey.

There are currently 18 HSS Providers in 24 Contract Regions across Australia and at 31 August 2011 approximately 8200 clients were receiving HSS assistance and support. Direct expenditure by DIAC through IHSS/HSS Providers in 2010-11 was approximately \$75 million and approximately a further \$4 million was spent on DIAC program support in management and administration (excluding any proportion of senior management costs). Over the period 2008-09 to 2010-11 DIAC expenditure on program support decreased. In 2010-11, 13 799 visas were granted under various humanitarian categories involving some 8971 offshore and 4828 onshore recipients. In 2010-11, 12 718 of these visa recipients joined the IHSS and (from April) the HSS.

Appendix 14 provides a range of detailed HSS data including Tables and Figures demonstrating various issues and trends referred to by the Review.

Figure 1. The Settlement Journey



## 2.4. The HSS Operating Environment

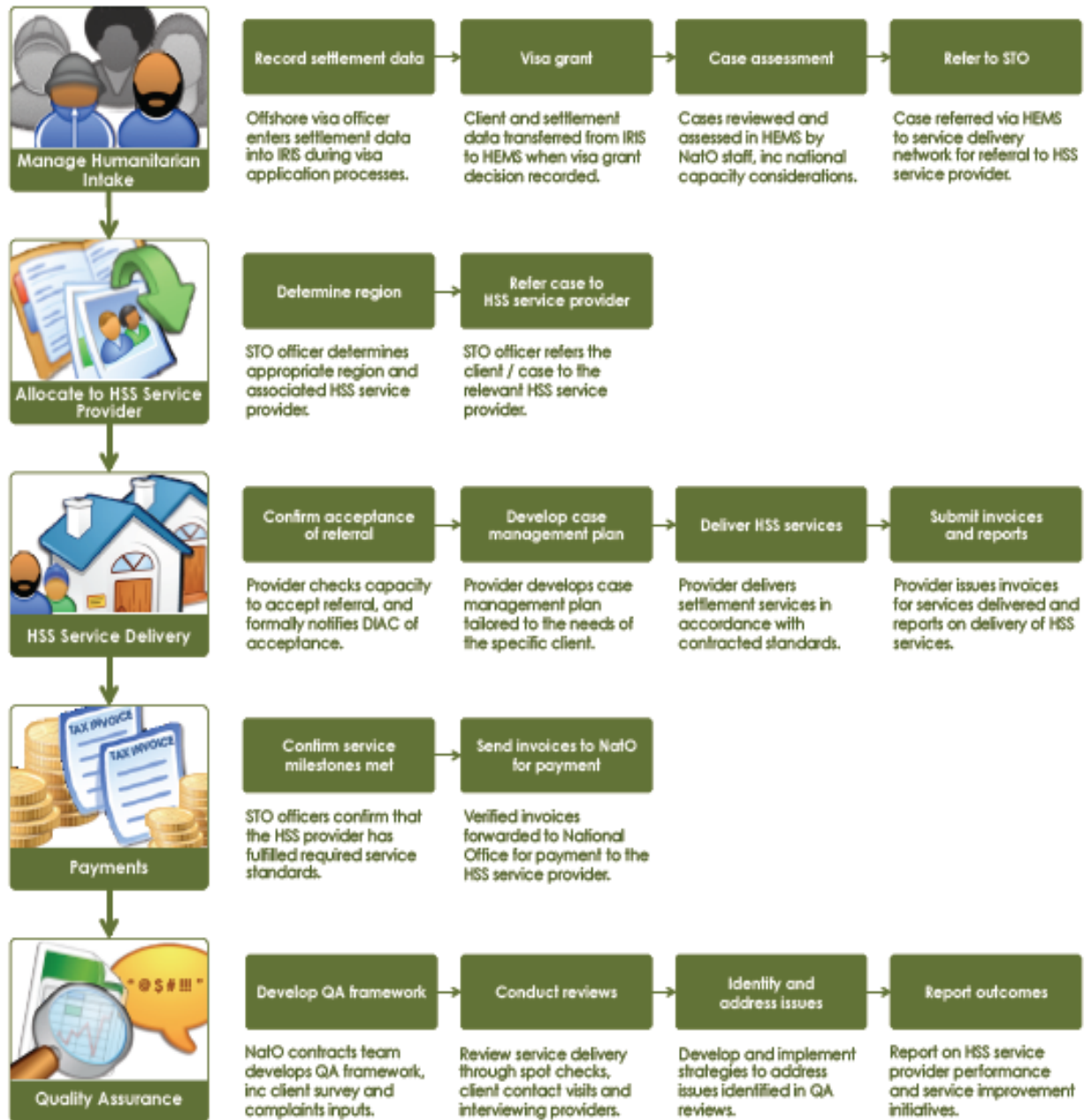
The HSS program, the management of which is the fundamental subject of this Review, fits within a broad framework of settlement services provided to migrants including a range of support services provided to refugees (these are outlined Appendix 13). Aside from this broad environment in which DIAC operates, there are a range of matters currently impacting significantly on HSS management and service delivery which add to overall and specific program operations and delivery risks. These include the following matters:

- The impact of the addition of substantial numbers of Irregular Maritime Arrivals (IMAs) who, if granted a Protection visa, exit detention arrangements and join HSS at short notice, and the composition of this client group (particularly the increase in numbers of single adult males).
- The ongoing transition from the IHSS program to the HSS program with some significant changes of emphasis in philosophy of service delivery and, in particular, obligations on Service Providers.
- The continuing tension between DIAC and some stakeholders in some regions around the selection of HSS Providers, particularly where former IHSS Providers have been superseded by new providers or, as in the Newcastle area, an existing IHSS Provider was successful in becoming an HSS Provider.
- The lack of community and stakeholder understanding of HSS Objectives and some of the practical nuances of service delivery and contract management which arise from the on the ground application of the 'building self-reliance' philosophy which underpins HSS.
- The direct impact of the realignment of government priorities both within DIAC and outside DIAC on resources available not only to directly address management of individual contracts but also to support and enhance capabilities within the HSS network including sustaining the Quality Assurance (QA) Framework and its related activities.
- The challenging environment for Providers in recruiting, developing and retaining appropriate corporate and people capabilities and competencies in a very competitive labour market.
- The change, from late 2009, in the DIAC corporate structure to introduce a form of 'business line' management (in this case for the HSS program) of Global Managers superseding the previous state and territory focus for managing program (or business) resources.
- In particular localities such as Sydney, Melbourne, Darwin and Newcastle, the level of supply in the affordable rental housing market and in some instances the availability of suitable quality housing.
- For the present, and for at least the next 18 months, management of the expectations and experiences of those IMAs who are first detained in 'purpose provided facilities', or in some cases community detention, before being granted a Protection visa and becoming eligible for support through the HSS; with each of these phases providing different standards of support and services.



Figure 2 HSS Program Management Overview

# HSS Program Management Overview





## 3. Recommendations

### 3.1. Overarching Themes

Four overarching themes of **proactivity, presence, planning and principles** transcend all recommendations.

More **proactive** contract management, real time quality assurance and improved corporate stakeholder dialogue and on the ground relationships, the latter particularly through the HSS Local Area Coordination (LAC) committees. Strengthening DIAC on the ground **presence**, particularly at a senior management and executive level, with an associated adjustment in responsibility and accountability to create a more coherent and visible chain of operations and management within DIAC in and around HSS. Upgrading HSS and related strategic and business **planning** at all levels including day to day client centred action plans and improved analysis within HSS and related DIAC activities to scope future strategy and responses to program changes. Constantly ensuring HSS **Principles** are being actively applied and adhered to through all activities by all parties including corporate tools (such as business plans, Risk Management Frameworks, policy and procedure documents) and through day to day relationships and decision making.

Although the Review makes numerous findings both positive and negative and, as a consequence, various recommendations about specific HSS strategies and management practices and processes, it is the lack of application and emphasis around these overarching themes that present, in the Review's assessment, the greatest risks to program assurance. These themes need to become much more embedded in strategy, management and operations in and around HSS and, importantly, reinforced by overall corporate behaviour. Based on the Review's Discussion and Conclusions (at Section 4) the Review makes the following recommendations under each Enhancement Area (EA).

### 3.2. Contract Performance Management

#### Risk and Compliance

1. Immediately update and reassess the risk profiles (including risks to client experiences and outcomes) relating to each Contract Region and the relevant Provider/s and initiate a proactive dialogue to progressively and jointly address each significant risk, including managing a more realistic approach to the provision of accommodation in specifically nominated Contract Regions.
2. Based on the assessed Service Provider risk profiles, and associated DIAC and Service Provider dialogue, ensure that the Annual Work Plans (AWP) and Risk Management Plans (RMPs) from early to mid 2012 adequately address risks around client experiences and outcomes. Ensure that the AWP and RMP are discussed at the relevant quarterly HSS contract management meeting and that, where appropriate, visibility of issues affecting client experiences and outcomes are raised at LAC meetings. In this instance, ensuring quarterly HSS contract management meetings are scheduled prior to quarterly LAC meetings to facilitate the dissemination of this information.
3. Create and utilise a Provider Risk Profile and performance management database linked to the relevant Provider's RMP, to assist Contract Managers to work actively and cooperatively with each Provider to achieve improved performance.
4. Clarify the purpose and the focus of the quarterly HSS contract management meetings (and necessary follow-up meetings) to ensure that DIAC and the Provider address mutually agreed agendas which address both cooperative (including problem solving of mutual issues) and compliance matters at each meeting.

5. Consistent with the Provider Risk Profiles (above) ensure that in selected Regions appropriate senior officers representing the Global Manager or National Office executives either regularly attend such meetings and/or specific purpose issues based follow-up meetings.
6. Consistent with documenting cooperative and compliance issues at quarterly contract management meetings, together with the analysis of trends and issues arising from the regular updating of Provider Risk Profiles, develop within the terms of the HSS Contract and implement a protocol (including written notification to the Provider) that clearly articulates to a Service Provider that a contractual issue or set of issues has, in the first instance, been referred for legal interpretation as a first step in a any possible breach process procedure that DIAC may invoke.

### **Contract Clarification**

7. Clearly articulate, through Memorandum of Understanding (MOU) or contract variation as necessary, the shared requirements between the Case Management Service Provider and the Accommodation Service Provider where these services are delivered through separate contracts in a single Contract Region.
8. Clarify Accommodation services requirements with regard to rent settings (particularly in regard to affordability in tight housing markets) the charging of fees for utilities and client reimbursement for repairs (see Accommodation Recommendations below).
9. Adjust the oversight in the Contract with respect of Accommodation only Service Providers to include a cancellation fee for 'non-arrivals' based on an agreed fee that reasonably compensates for costs incurred.
10. In respect of utility fees and client repair costs, an agreed and documented arrangement should be developed for each Contract Region based on a mutual problem solving exercise to address these issues with regard to overall DIAC Contract and policy requirements but also local circumstances and conditions (see Accommodation Recommendations below) to ensure both parties are clear about what the rules and processes are under the Contract in each Region.
11. Finalise the HSS Policy and Procedure Manual (PPM) by 30 November 2011 including, as appropriate, Recommendations arising from this Review and provide a timetable for the subsequent revision process for the next edition. In this process assess opportunities to minimise and possibly reduce the current administrative burden on Service Providers.

### **Capabilities and Competencies**

12. Agree to and confirm by 30 November 2011 an agreed set of capabilities and competencies for HSS contract management staff specifically linked to the HSS Contract and revised Risk Management Framework (see above) as well as DIAC and Commonwealth Government procurement requirements and guidelines. The contract training (see below) is to be based on these capabilities and competencies. A proposed set of capabilities and competencies is at Appendix 8.
13. Provide contract management training (an outline of elements to be included in the training can be found at Appendix 9). Provide training and development in contract management that is both generic (general philosophy and good practice) and tailored to the HSS Contract, to the appropriate tertiary level (e.g. a nationally recognised qualification e.g. Diploma in Government (Contract Management)), to all State and Territory Office Contract Managers. The training package be developed and sourced before 31 December 2011, with the training program implementation to commence in the first quarter of 2012. Ensure any staff who subsequently begin in an HSS contract management role commence the training within two months.
14. The Global Manager supported by appropriate DIAC corporate resources assess the competencies of State and Territory Office management staff who are supervising HSS Contract Managers and, as necessary, develop personal development plans to align with required

capabilities including knowledge of HSS Contract and business, problem solving, staff supervision, complaint management, and relationship management.

## Management

15. Strengthen and focus the regular teleconference forum between National Office and the Service Delivery Network, toward issue identification, problem solving, and timely follow up (issue minutes and action items within five working days from teleconferences) ensuring issues arising are included in the proposed Issues Register (see below under Issues Management) and are visible to the Program Leadership Group (PLG) (see Organisational Structure).
16. Review current arrangements in respect to the provision of financial management training and assistance to improve the services available from within DIAC to HSS contract management staff particularly in relation to the processing of Provider invoices. At the same time review the current arrangements in respect of standing orders within the financial expenditure framework which frequently require time-consuming adjustment to enable invoice processing to proceed.
17. Through the Organisational Structure Recommendations below, clarify the roles of the senior executives in respect of responsibility and accountability for overall contract management.

## 3.3. Accommodation and the Basic Household Goods Package

### Accommodation Risk

18. As well as improving the timing and management of referrals DIAC to accept a more facilitative role in supporting Service Providers in procuring and securing accommodation particularly when this occurs in stressed urban housing markets. In particular, explicitly acknowledge this issue and advise Providers that in future DIAC will work not only more cooperatively with them in respect of accommodation issues (e.g. pre-approval of STA and clarity in setting utilities charges) but also place further safeguards around accommodation standards on Providers.

### DIAC Accommodation Audit

(Please note the following recommendations draw on those contained in the report *Audit of Humanitarian Settlement Services (HSS) Accommodation June – August 2011* recently presented by the Global Manager, Citizenship, Settlement and Multicultural Affairs (CSM) to the First Assistant Secretary (CSM).

19. Reinvigorate DIAC's pre-approval process for Short-term Accommodation (STA) properties and the adoption of a nationally consistent approach to this. The requirements for STA properties listed at Schedule 2 paragraph 147 (All Services Contracts) and Schedule 2 paragraph 60 (Accommodation only Contracts) should form the framework against which STA properties are assessed and approved. DIAC staff responsible for assessing STA properties against the requirements stipulated in the Contracts should also make an assessment and a general comment on the condition of the property.
20. Policy 4.4 (Short-term Accommodation) of the HSS PPM should be revised to allow Service Providers to house clients in hotel/motel/cabin accommodation for periods longer than three weeks in the event of an extreme surge of client arrivals/referrals, following presentation of a business case from the Service Provider.
21. Accommodation should be a standing agenda item at each formal quarterly contract management meeting. Copies of Property Condition Reports for Long-term Accommodation (LTA) should be made available as part of the proposed revised QA process. From time to time DIAC Contract Managers should conduct inspections (subject to client consent) of the quality of clients' LTA having due regard to the legislation governing notice periods for inspections in each State and Territory.

22. DIAC Contract Managers should have due regard to the quality of any household goods provided through the Basic Household Goods (BHG) package during Client Contact Visits (CCVs) but not to an extent this detracts from the proposed key focus of the CCVs (see Quality Assurance recommendations below).
23. Service Provider Case Managers must maintain regular contact with clients in their early settlement period and use these opportunities to observe and/or obtain feedback on the quality of the housing and escalate as appropriate concerns around housing conditions. Case Managers should also use these opportunities to assess how well the messages delivered through the Orientation Program, with regard to rights and responsibilities in rental accommodation, are being absorbed by the client.
24. DIAC to give consideration to varying the indicative measure of affordable housing, as stipulated in HSS Contracts, from 30 per cent to 40 per cent. Feedback on this proposed change should be sought from Service Providers and relevant housing authorities prior to any final decision on Contract variation. DIAC may also choose to canvass the views of the above on the option of the Contract remaining silent on this matter (and this not providing an indicative measure of housing affordability).
25. DIAC Contract Managers should reinforce the spirit of the Contract requirements with regard to the provision of BHG packages to clients – stressing the principles of flexible delivery and assessed household and individual client need. The HSS policy area should be mindful that requests were made during Review consultations for further clarity on BHG packages catering to large families and single people – the latter often living in shared accommodation arrangements.

### **3.4. Recording, Reporting and Accountability**

#### **Immediate Improvements**

26. Urgently rectify the current situation, where as a consequence of resource decisions and inadequate business planning, virtually no current management data is automatically available on operations under the new HSS Contract.
27. That the previous IHSS Monthly Statistical Report be replicated for the HSS program and that reporting functionality be automated and available on request generally (but particularly for the HSS Monthly Statistical Report).
28. The Global Manager, in conjunction with the PLG, review and assess the current overall HSS reporting arrangements, particularly in respect of the volume and detail of reporting, with a view to, if possible, minimising the volume and detail of reporting and maximising its value and follow-up.
29. That DIAC's internal six-monthly reporting template (State and Territory Offices summary) be reformatted to include the Contract Manager's analysis and assessment of Provider performance over the period (relative to the picture painted in the Service Provider's report) and to link issues in the report to the Provider's RMP.
30. That reports within the Humanitarian Entrant Management System (HEMS) referral facility (Crystal SQL) are updated to include the new HSS Contract Regions and separate service provision within each region.
31. That high level analysis is undertaken on HSS data to provide information on program trends and key information on client characteristics for consideration by the PLG.

32. Commence immediately the development of a reporting capability in HEMS and other relevant IT systems to ensure the ready availability of data (i.e. within seven days of the relevant period), for the relevant purposes, as detailed in Section 4 Discussion and Conclusions (4.8.4).

### 3.5. Organisational Strategy and Structure

#### Structure

33. Enhance organisational strategy and streamlining organisational structure to support HSS operations, both in a day to day sense and in developing forward looking business planning and strategy development.
34. The initial structural priority being to realign HSS policy, strategy, operations, and contract management in an end to end business line under DIAC's First Assistant Secretary (CSM), while consolidating, clarifying and enhancing the Global Manager role within this particular business line. The realignment of the Global Manager role should apply to all DIAC settlement programs across the CSM Division under the leadership of the First Assistant Secretary (CSM).
35. That the HSS Program Management Section within Refugee Support Branch report directly to the Global Manager, providing an end to end business line for all operational aspects of the HSS program.
36. That the Global Manager role be clarified and enhanced within the HSS program. Priority activities to enhance the Global Manager (CSM) role include:
  - providing leadership on the ground in client service management and business operations for the HSS program
  - convening and chairing contract management teleconferences, providing the interface between policy and operations and streamlining communication between the service delivery network and policy staff. Ensuring the agenda and deliberations are visible to the network (minutes with action items and supporting papers, as appropriate, to be circulated within five working days) and to report to the PLG on the outcomes of this process
  - identifying the effectiveness of settlement services on the ground level and reporting to policy on the strengths and weaknesses of settlement services and the on ground alignment of these services
  - responsibility for the management, delivery, efficiency and integrity of all HSS operational issues, escalation and instructions
  - key escalation between the service delivery network and policy areas
  - providing policy and program management areas with one point of contact to obtain whole-of-program feedback
  - training and capability development of staff
  - responsibility for operational resource allocation
  - consultation point for any policy changes by the Policy and Program Management Group.
37. That, consistent with the above role and activities of the Global Manager within the proposed realigned structure, the roles of First Assistant Secretary (CSM) and Assistant Secretary (Refugee Support Branch) be focussed (in the case of the First Assistant Secretary) on overall program leadership, coordination and integration of settlement service delivery, and facilitation of improved Provider and stakeholder relations. In addition, overall responsibility and accountability for progress in achieving the HSS program improvements sought from the Review's recommendations and other related initiatives. In the case of the Assistant Secretary, the focus is on a stronger policy, strategy and business development role.

38. In line with the above, the Refugee Support Branch more actively develop key policies with a particular initial focus on the key areas of:
- Accommodation management and policy
  - Models and/or forms of STA
  - Changes in client cohort and impact on program
  - Regional settlement policy
  - Enhancing HSS referral process
  - Secondary movement and transfer arrangements
  - Transits and reception arrangements, and
  - Effective client exit processes.
39. That a section be established within Refugee Support Branch to implement the recommendations of this Review, and consider and coordinate responses to the recommendations in the various audits resulting from the Ernst & Young Report. The Director of this team should report to the Assistant Secretary (Refugee Support Branch).
40. That the PLG chaired by the First Assistant Secretary (CSM) has a greater focus on HSS to actively address policy and operations, QA, issues management, exception reporting and escalation and ensure its agenda and deliberations are visible to the network (minutes, with action items and supporting papers, as appropriate, circulated within five working days, etc). Also regular monitoring of the implementation of the Review's recommendations and related initiatives.
41. That an improved data analysis, and business strategy development capability, in and around the HSS, consistent with settlement-wide data, be established to support overall program management capacity and in particular the functions of the PLG and key executives such as the First Assistant Secretary (CSM), Global Manager (CSM) and the Assistant Secretary (Refugee Support Branch).
42. That business planning remains robust in regard to initiatives that are aligned to the HSS program – such as initiatives with Unaccompanied Humanitarian Minors (UHM) – in particular given the structural changes in the organisation that resulted in these program areas being located in another area of DIAC. With the structural changes, conscious effort will need to be made to ensure necessary ongoing dialogue.
43. That DIAC establish and monitor a clear process for the consideration and follow-up of QA program reports, including nominating a SES officer with responsibility for facilitating consideration of the report at executive level and, as necessary, pursuing action arising from the reports.

## **Strategy**

44. Prepare and conduct a national communication campaign on the HSS program's Objectives and scope, and its alignment with other DIAC settlement services. As part of this campaign make improvements to HSS publicity materials in particular the HSS section of the DIAC website.
45. Improve the quality, content and frequency of corporate dialogue (e.g. the broader context of HSS, anticipated trends and numbers) particularly around expected intake numbers and cohort demographics, including publishing a regular bulletin on arrival trends and providing briefings to relevant peak bodies.

46. Initiate measures to enable proper planning, including contingency planning, to allow adequate notice about client flows - in particular 'surges' - and commit to an ongoing dialogue with Service Providers with regard to arrival forecasting.
47. Define more clearly the mutual obligations and relationships (including client referrals from HSS) between DIAC Providers across the Settlement area including HSS, Settlement Grants Program (SGP) and Complex Case Support (CCS) and monitor ongoing effectiveness through existing DIAC contract mechanisms including regular reporting, Key Performance Indicators (KPIs) reporting, LAC meetings and QA processes.
48. Enumerate more clearly DIAC obligations, requirements, expectations and potential opportunities of the LAC processes and ensure DIAC is able to resource appropriate LAC activities especially in Contract Regions where a range of medium to high risks and/or opportunities exist. Focus the LAC agenda structure on operational, strategic and feedback items.
49. Foreshadow at the Provider Annual Conference, scheduled for late October 2011, the intention to hold the 2012 Annual Conference to coincide with an initial evaluation of HSS and report on progress with implementing recommendations of this Review.
50. DIAC to undertake an evaluation of HSS service delivery outcomes and management (including progress with implementation of the Review's recommendations) in and around June 2012 under the direction of a Steering Committee which includes external independent and stakeholder membership. Results of the evaluation to be available for the 2012 Service Provider Annual Conference.
51. At an appropriate time, DIAC undertake a review of its overall Settlement Strategy and Framework, particularly with a view to assessing the capacity of its programs to respond to changing client characteristics and need, and emerging policy considerations.

### **3.6. Focus on Real Time Quality Control**

#### **Client Referrals**

52. Harness and harvest Provider knowledge and skills through a process of improvement of Provider based client assessment and case management tools and immediately improve internal DIAC processes and outcomes around client placements and referrals.
53. Urgently describe and map the key DIAC activities around placement decisions and client referrals identifying quality requirements, desired outputs and internal checks and balances. Based on this, define obligations within DIAC between e.g. Settlement and Detention and establish appropriate management and monitoring systems and processes to improve placement and referral quality.
54. Develop informed client centred processes around release from detention to achieve a better balance between the priority of immediate release from detention and the quality of placement decisions and referrals to Providers which currently risks compromising the quality of client experience in this initial early settlement phase (Appendix 11 will provide options for consideration).
55. As an initial step in best practice referrals from DIAC, commence immediately providing Service Providers with individual client contact details and/or providing new visa recipients eligible for HSS services with details of their HSS Provider within the text of the covering advice issued with the visa.



### **Real Time Quality**

56. Revise the objectives of the CCVs so that they align with the Principles and Objectives of the HSS by focussing on a set of largely qualitative questions which provide informed evidence of the extent of engagement and coping of clients with day to day life in Australia.
57. Link the results of each CCV to Provider experience including gathering of Provider documented data to 'flesh out' the context of the CCV feedback and engage Providers and subsequently LAC members in dialogue directly around the results of the CCV and related Provider data (see Appendix 10).
58. Commence and support a working group of professionals and appropriate Provider staff to review and develop informed case management and assessment tools with mandatory core elements but which enable DIAC to accredit selected Provider tools and processes which enhance and build on these mandatory elements.
59. Assign a DIAC staff member, with the appropriate professional expertise, to ensure the ongoing oversight of the quality of the client centred tools provided by DIAC (e.g. the Case Management Plan template, the Needs Assessment template and the Mental Health Screening Tool) and any refinement or enhancement of those tools.

### **Quality Assurance Framework**

60. Revise the HSS QA Framework along the lines outlined at 4.7.5 and include processes to provide for external involvement of both stakeholders and independent professionals and to ensure more effective follow-up of QA outcomes.
61. Identify a dedicated core three person QA team within HSS to develop a more client-centred QA Framework with a specific focus on 'real time' data collection and, as an initial priority, reengineer the CCVs (as recommended above).
62. Once HEMS reporting capability is enhanced ensure continued liaison with DIAC's Performance Management and Reporting area and actively participate in its goal for DIAC-wide reporting.

### **Expertise**

63. Ensure from DIAC's Audit and Review Panel there are appropriate consultants with human services management expertise available to undertake QA reviews on specific subjects as required. Ensure that, in the event this area of professional expertise is not available from members of the Panel, the HSS business area is entitled to direct source this expertise outside the panel processes. (This ability to bypass the DIAC requirement to only contract with consultants or organisations on its internal panels, when the required expertise is not available on those panels, is also to apply in the case of training consultants.)
64. Proactively engage both independent and stakeholder representation in the management and operations of the HSS QA Framework including:
  - Input into the finalisation of the HSS QA Framework
  - Participation in the CCVs
  - Independent professional review of the program's tools (see above)
  - Assessment of QA reports.

## **3.7. Client Centred Approach to Risk Management**

65. As an initial priority, develop an effective HSS program level risk framework which is sensitive to client experiences/outcomes, Provider capabilities and performance, and locational issues.



Linked to the above, develop a revised Risk Management Framework which addresses the following key elements:

### **Client Experience and Outcomes**

- Quality of DIAC referrals and placements which significantly compromise initial Provider and client contact and relationships (e.g. health data).
- Premature client exit from a range of HSS program activities particularly in relation to specific cohorts (e.g. single males).
- Significant lack of understanding and/or initial response by clients to case management concept application and specific initiatives designed to assist clients.
- Identification of need and subsequent quality and appropriateness of HSS referrals to CCS.
- Quality of HSS exit processes particularly effectiveness and quality of referrals to other programs such as those under SGP and risk of exit to homelessness.

### **Accommodation**

- Significant divergence between DIAC, Provider, client and stakeholder expectations around housing quality and cost.
- Unrealistic expectations about affordability in terms of rent/income ratio in tight housing markets.
- Quality of tenancy training and behaviour of clients as tenants in rental accommodation.
- Distortion of longer term accommodation expectations as a result of particular models applied by Providers (e.g. temporary accommodation through community housing providers)
- Quality of day to day maintenance and repairs and associated client/provider relationships.

### **Relationship Management**

- Quality and clarity between HSS and other settlement providers around roles, responsibilities and expectations.
- Quality and effectiveness of the LAC process in addressing local issues and resolving and agreeing to relationship protocols.
- Identification and impact on HSS effectiveness of specific supporting service delivery outside HSS e.g. mental health services.

66. Consistent with the recommendation in the Ernst & Young Report, develop a detailed assurance map of the of risks, contingencies and controls and their related contract management approach to improve understanding of risks, contingencies, resources and potential benefits from more effective contract management and quality assurance procedures.

## **3.8. Issues Management and Escalation**

### **Philosophy**

67. Adopt a clearer philosophy of problem solving and rectification as being at the heart of timely and appropriate issues escalation and management. Early priority action in this regard is to adopt such an explicit philosophy and set up an effective management system, including an Issues Register.

68. Confirm a clear and consistent approach to issues management, articulating clearly the differing roles of the First Assistant Secretary (CSM), Global Manager (CSM) and State and Territory Directors, within an overriding philosophy of 'problem solving' and 'rectification'.

## Enhancements

69. Establish an issues escalation and resolution process to more effectively manage, and ensure visibility by the PLG, of issues raised by the Minister, stakeholders, Providers, managers and staff that have a systemic impact on the program or present a medium to high risk of compromising client outcomes. Features of the process to include:

- A central register (which is, as a general rule, available for viewing by all staff)
- Clear criteria for the inclusion of entries
- A business owner responsible for managing and maintaining the register (including categorising entries on a scale of urgent to low)
- Identification in the register of the lead Executive or manager responsible for resolution.

70. Use critical incident reports as part of the analysis of emerging risks and ensure DIAC processes in relation to issues management including matters raised by Service Providers.

## 4. Discussion and Conclusions

### 4.1. Overview

In order to address the Review's Terms of Reference the following questions have informed the Review's investigations and analysis:

- What priority issues need to be addressed to increase confidence (assurance) that HSS is achieving its outcomes and what actions are needed to increase overall confidence and assurance that HSS is basically 'on track'?
- Why did not the HSS network and/or DIAC and its management (nor its QA and reporting processes) detect the problems subsequently highlighted by community and local political agitation in Newcastle?
- Is the overall HSS program strategy including strategic and business planning, corporate dialogue with the HSS sector, internal DIAC cohesion, contract management, quality assurance processes, Risk Management Framework and issue identification and resolution processes robust enough in the light of recent experience and the investigations and evaluations of this Review?
- What improvements can be implemented by DIAC to improve HSS and, as necessary, DIAC organisational strategy, business planning and operations to achieve and sustain quality outcomes for clients under HSS while still meeting broader obligations of economy and efficiency in the application of taxpayer funds?

The Review has investigated and assessed the effectiveness of the oversight and management of the current HSS program. In particular to ensure that the delivery model, contract management policy and practice, and overall program management, effectively monitors performance of Service Providers through adequate quality assurance and reporting processes to achieve contracted and validated outcomes and performance indicators for HSS clients. The Review has also investigated the issue of timely management and resolution of risks and issues.

To achieve the Review's purpose it has been necessary to understand in some detail the nature, extent and scope of HSS services on the ground and the broader context in which HSS operates including trends in client demand.

At the broadest level the HSS provides a range of valuable and effective services to clients as they face and take the first steps in settlement in Australia. While there are many improvements that can be made to HSS in the areas the subject of this Review, as indicated below and elsewhere in this Report, generally speaking HSS is a program managed well and delivered effectively by professional and committed Service Providers supported by DIAC and community and government stakeholders. This does not mean there are not from time to time systemic problems with the program and problems in particular localities such as, for example, Newcastle. From a client centred perspective the Review has identified in discussions on Quality Assurance (4.7) and Risk Management (4.9) a number of elements of HSS activity which need further DIAC focus.

Overall the Review concludes that DIAC's management and oversight is adequate but significant gaps exist including in all the areas identified by the review for enhancement through the implementation of the Review's Recommendations (see Section 3). HSS however, as outlined above and below in this Report, is a program under great stress. In addition, as discussed elsewhere, the outputs and outcomes from HSS are very much intermingled with not only other Settlement Services programs, and the human services programs of other agencies but also the overall experiences of clients in the Australian community and economy. Consequently, discernment and measurement of performance and quality are not easy.

## 4.2. A Program in Transition

Of particular relevance to the Review is that while the Review is examining the HSS it was the predecessor program, the IHSS, which was on foot when the problems which precipitated the Review occurred in Newcastle. In addition, much of the experience and commentary provided to the Review reflects the IHSS rather than the HSS. The IHSS was operational from October 2005 to March 2011. Notwithstanding, considerable specific comment was made about the HSS which commenced in April 2011.

From the Review's perspective while there are philosophical differences in the two programs the overall relevance of the IHSS in its objectives, principles and much of its approach applies to the delivery and management of the HSS. Those areas where differences occur are almost without exception actual or potentially positive features of HSS relative to IHSS in terms of service delivery and management effectiveness. Most feedback from Providers and stakeholders on the HSS, its contractual obligations and service delivery model is very positive.

However, the evolution in philosophy and objectives of settlement services such as IHSS and HSS from a largely 'welfare' to a 'wellbeing' model with a current philosophy of individual skills enhancement, understanding and acceptance of rights and responsibilities and an overall settlement services goal of client self-sufficiency has meant there are still many different values and philosophies at work in the sector. These are often competing and contradictory, ranging from the opinions and perspectives that represent, what some may consider, a paternalistic and long-term approach to welfare and wellbeing in order to assist clients to settle, to a view from some clients, and others, that such an approach is disabling and impairing of clients in achieving successful settlement.

In a similar vein, is the concern on the one hand that the HSS in its early weeks is too intensive for clients (as they register for entitlements through Centrelink and Medicare etc) and are introduced to their new living environment and is therefore overwhelming. On the other hand, the view that people need to be busy and engaged. A further dimension of this is the issue of how much intensive support is needed and the regularity and extent of availability of, for example, Case Workers and Case Managers to clients. The appropriate response on each of these issues should depend on the client's circumstances and need consistent with the HSS approval of individual and family assessment and tailoring of responses to needs through Case Management Plans.

A more sophisticated view of HSS limitations was put to the Reviewer around the risks that HSS will too narrowly define the ambit of issues to be addressed and that broader connections to wider social and economic networks may not be facilitated by HSS, particularly as clients exit HSS.

Inherent in this dialogue around HSS philosophy is the reality that HSS, although flexible and case tailored, is required to focus on deliverables. Those who operate with more of a 'roving brief' around refugee wellbeing and welfare will probably always find limitations in a program like HSS. What is important of course, is continued individual client based and systematic advocacy by such stakeholders and a preparedness to recognise when issues are best addressed through HSS and other settlement activities or elsewhere. This, of course, is particularly relevant to the effectiveness of LAC committees recently established under HSS and DIAC's active presence and involvement in the sector at all levels.

## 4.3. DIAC Corporate Setting

At a time of both increased demand (including a series of arrival surges, client cohort changes and greater client complexity) and a significant change in the supply arrangements (replacement of IHSS with HSS, a new Contract which impacted on both new and existing Providers, changes in DIAC organisational strategy, etc) DIAC, in responding to the various political and resource pressures on its programs, ramped down rather than ramped up resources applied to the HSS program to introduce and deliver HSS to Providers, stakeholders and clients. DIAC's business planning processes did not

adequately or effectively anticipate or respond over the above period to the significant changes occurring or likely to occur in the HSS program.

The level and nature of response to this situation above is in marked contrast to what the Review understands was a relatively high level of business planning and skilled resource application by DIAC in the process of developing HSS concepts and the service delivery model, the new HSS Contract and importantly the HSS Provider procurement process based on the new Contract. Similarly, DIAC is now applying substantial high level and skilled resources to the HSS in the form of the various reviews (including this Review) and remedial activities following the issues identified in Newcastle.

As a result of the goodwill, dedication and commitment of DIAC management and staff, HSS Providers and their staff, and HSS stakeholders, the HSS program is coping but is under considerable stress in dealing with increased demand and related demand surges from particular cohorts particularly from IMAs as clients formerly in detention receive visas.

## **4.4. Contract Management Performance**

### **4.4.1. Philosophy and Strategy**

The HSS Contract appears a broadly sound instrument to set the framework and together with such tools as the HSS PPM (albeit still in draft form) to guide a business as usual and a 'steady state' demand situation. As stated above the Review considers that the provisions of the HSS Contract reflect a set of assumptions (largely unstated) about the nature of the settlement cohorts and the timing and frequency of settlement. Principally, the Contract assumes relatively well prepared offshore arrivals seeking permanent settlement, frequently in family groups.

In the current environment of increased numbers, particularly of onshore arrivals from detention, very significant increases in the numbers of single adult males and UHMs, and significantly rising expectations about service standards and quality, inevitably some of these features present challenges to the Contract. Of course, over time other features of demand (e.g. a reduction in surging detention entrants and less demand on HSS) could arise and these may well prove closer to what the framers of the Contract had in mind.

Contract management functions are generally applied in a reactive rather than a proactive manner by DIAC, reflecting in part resource constraints, day to day work demands, particularly from recent demand surges and composition changes but also the paucity of relevant corporate tools which are a good fit with what HSS contract management is really about at the front end. The Review notes the universally positive feedback from all directly involved (both Providers and DIAC staff) to the draft PPM which is available and used by both DIAC and Provider staff.

A significant opportunity was lost in setting the scene for a more proactive philosophy and approach to contract management when DIAC entered into what were largely 27 identical standard Contracts with Providers across Australia without tailored provisions to address issues and risks identified around particular Contracts and Providers during the contract negotiation phase. Tailored and transparent Contract provisions with mutual obligations on both DIAC and Providers to address particular risks/issues would have strengthened proactive contract management and ultimately stakeholder understanding and engagement.

Hand in hand with proactive contract management is the issue of senior DIAC presence and involvement in oversight of the HSS at regional level which appears to have been limited in, for example, Newcastle, in recent years. At an operational level the potential exists to strengthen the HSS and its impact through the new LAC mechanisms. These are not only a key opportunity for improved stakeholder relationships but also to create incentives for better Provider performance and greater transparency. This will only occur with active DIAC facilitation no matter how able or effective the regional Provider.

#### **4.4.2. Supporting Sound Contract Management**

At the heart of this Review is the fundamental question of how well DIAC actually manages, through its oversight of HSS, the performance of Providers through its contract management policies, processes and procedures, including maintaining, following up and ensuring performance. Directly relevant to this is the issue of the level of capabilities and competencies of contract management staff within DIAC and the organisational structure, strategy, risk management and quality assurance that supports this contract management.

In the Review's assessment, irrespective of the balance of strengths and weaknesses of DIAC contract management capability, corporate performance and culture is not well aligned in supporting sound contract management. In particular there is a lack of end to end corporate responsibility and accountability from policy, through program management to operations and contract management.

Put another way, if the application of the Review's overarching themes is pursued at the level of the Contract Manager only, impact and outcomes will be minimal. For example, more proactive contract management will only really occur if organisational structure and strategy reinforces and supports such an approach. That is the reason the other changes proposed by the Review are so important to set the scene and model behaviour which will permeate and reinforce desirable attributes sought in contract management performance.

The overarching Review themes (see above and below) of proactivity, presence, planning and principles apply as much, if not more in most instances, to HSS program management and DIAC corporate structure and culture as much as they do to performance at the contract management level. While the Review outlines below a range of proposals and recommendations that focus specifically on contract management (and others elsewhere in relation to accommodation, risk management, reporting and quality assurance specifically which also impact on contract management) these are unlikely to achieve their full potential, unless equally fundamental issues are addressed along the lines of the Review recommendations in areas such as organisational strategy and structure.

However, there is also a fundamental set of metrics around the HSS contract management environment which warrant consideration as part of the context in which contract management takes place. In simple terms, as best the Review can glean from available DIAC data, these are that 18 Providers in 24 Regions involving 27 separate Contracts (with some hundreds of staff and thousands of clients spending at least \$75 million per annum on HSS service delivery and administration) are monitored and supervised by approximately 30 DIAC personnel directly involved in contract management.

#### **4.4.3. Staff Capabilities and Competencies**

In addition, below and at Appendices 7, 8 and 9, considerable emphasis is placed by the Review in clarifying and applying more effectively the critical capabilities and essential competencies needed for sound contract management at the level of the role of Contract Manager. However, the Review also notes in its discussions and investigations that across the HSS program the quality of and availability of support from the next layer of supervision of Contract Managers was, for a range of reasons including the extent of experience with contract management, extremely variable.

A consistent theme both among some stakeholders but much more so within DIAC is that of the need for better training and education of Contract Managers. To some extent from Contract Managers themselves there is an issue of their status and credibility in comparison to other staff elsewhere in DIAC and the Commonwealth Public Service who are in some cases required (and certainly usually encouraged) to have formal educational qualifications in contract management. At the same time there is a recognition generally within DIAC that such a grounding in contract management would be of real value and the Review endorses this position.

However, in the Review's assessment there is equally, if not more crucially, a need to better equip managers in and around the management of the HSS Contract and the environment in which the Contract operates. This presupposes greater clarity around role, obligations and expectations which is matched to an agreed set of capabilities and competencies for Contract Managers. Generally, the Review has found that DIAC corporate tools such as the Risk Management Framework are very generic. Even the proposed Contract Management guidelines under development within DIAC, while likely to prove a useful adjunct when completed to the HSS PPM, is still a fairly generic document although attuned to the broad DIAC environment.

The Review has received very positive, almost universal, feedback from both DIAC personnel and Providers to the draft HSS PPM. In addition the 'Tip Sheets' prepared by the National Office Contract Management Section for use by the Contract Managers are considered by the Review to be sound and helpful documents.

Drawing on a number of document sources within DIAC and from its discussions with the relevant personnel, the Review at Appendix 7 has developed a statement of the roles, responsibilities and context of the Contract Manager position within the HSS. Further, and in similar fashion at Appendix 8 the Review has developed a set of capabilities and competencies for HSS Contract Managers. Linked to these two Appendices is Appendix 9 which provides an outline of a training package for HSS Contract Managers which would both complement and supplement an appropriate nationally accredited qualification in contract management.

The Review recognises that as a consequence of the material in Appendices 7 and 8 an assessment of the classification levels of the Contract Manager may need to be conducted, however this needs to be considered with a review of how these scarce skills are utilised in the network.

#### **4.4.4. HSS Contract Procurement**

Documentation available to the Review in relation to the procurement process for the award of HSS Service Provider Contracts in March 2011 indicates that overall the tender assessment, evaluation, clarification and selection procedures, and broad process, appear sound. The DIAC process for developing the tender specification and service requirements, including a significant prior stakeholder consultation phase, appears quite exemplary. One component where the Review suggests that a more formalised or structured approach would have been of value is in the processes around the actual award of the Contract (the phase following selection of and approval to enter into a Contract with the successful Provider).

Appropriately, DIAC uses the tender assessment process and clarification period to identify issues and risks relating to each tenderer. This goes, of course, directly to the actual assessment process but also provides the opportunity in the later negotiation phase to raise such matters with each tenderer. When risks are discussed in such a process, tenderers will usually clarify how they propose to address particular matters should they be awarded the contract.

As the Review understands it, in the case of the award of HSS Contracts, risks were discussed with preferred tenderers at the contract negotiation phase and through preparation by the preferred tenderer of a finalised Transition-In Plan. The revised Transition-In Plans were submitted to DIAC for approval, and formed part of the finalised Contract. The Review notes that although some minor amendments were made to individual Contracts at the award stage there is little evidence of amendments which reflect the issues of substance identified during the pre-award phase. Instead DIAC appears to rely largely on the Provider-initiated Transition-In Plan to address such matters.

In the Review's experience with complex Contracts (and HSS are relatively complex) issues, risks and opportunities (or tenderer's special commitments) identified in the pre-contract award phases are rarely fully resolved, in a manner which provides guidance to subsequent operation of the Contract, unless carefully spelt out by the principal (in this case DIAC) and written into the Contract itself.



Notwithstanding the imperative for consistent and standard approaches to Contract documentation, DIAC should not resile from adding extra performance management requirements to Contracts at the award stage. This is especially so when issues and risks have been identified (and addressed for assessment purposes) which may have a material impact on future management of the Contract and the achievement of program Objectives and outcomes.

The Review sees such an approach as evidence of the commencement of (or the first step in) proactive contract management. One way of addressing this issue is to provide an additional template for such a purpose within the Contract documentation. Such conditions should also usually involve mutual obligations on both DIAC and the successful Provider and should, as a general rule, be visible to all relevant stakeholders as part of broader accountability and, indeed, credibility.

The Review notes that in respect of one Service Provider awarded a Contract in 2011, DIAC required a MOU to be developed between the Service Provider and another key stakeholder agency, which was to specifically address risks identified during evaluation. This does address the kinds of issues in relation to that Contract that the Review has in mind above.

#### **4.4.5. Proactive Contract Risk Management**

Consequently, at this point in time the Review proposes that the highest priority be given to immediately updating the Service Provider profiles relating to each Provider and Contract Region (based on the material available and released to Contract Managers at the conclusion of the HSS tender assessment process) and in a sense, restart the process of cooperatively managing such risks with each Provider (see Recommendations 3.2 and 3.7) with appropriate visibility of such actions to the settlement sector in each Region.

This aspect is specifically around the totality of risks the Provider is managing in a particular Region. It includes risks that arise from DIAC's assessment of the capability of the Provider, the local community and support environment, and of course the risks to clients.

The Review notes that consideration is currently being given to creating a risk index or profiles by the type of client (e.g. clients with health issues having a higher risk rating and therefore a higher level of planning and checking, etc). Such an index will be useful for consideration when developing Service Provider risk profiles.

#### **4.4.6. Proactive Contract Management**

Hand in hand with the above initiatives is the need to clarify the purpose and the focus of the quarterly HSS contract management meetings (and necessary follow-up meetings) to ensure that DIAC and the Provider address mutually agreed agendas which address both cooperative (including problem solving of mutual issues) and compliance matters at each meeting. Consistent with the Provider risk profiles ensure that in selected Regions appropriate senior officers representing the Global Manager or National Office executives either regularly attend such meetings and/or specific purpose issues-based follow up meetings.

In addition, a more proactive approach is required to Provider reporting particularly around the Six-Monthly Report. That DIAC's internal six-monthly reporting template (Contract Manager summary) should be reformatted to include the Contract Manager's analysis and assessment of Provider performance over the period (relative to the picture painted in the Service Provider's report) and to link issues in the report to the Provider's RMP.

The Review also proposes that DIAC strengthen and focus the regular teleconference forum between National Office and the State and Territory Offices network, toward issue identification, problem solving, and timely follow up (issue minutes and action items within five working days from teleconferences) ensuring issues arising are included in the proposed Issues Register (see below under Issues Management) and are visible to the PLG (see Organisational Structure).

Further, the current arrangements in respect to the provision of financial management training and assistance available from within DIAC to HSS contract management staff, particularly in relation to



processing of Provider invoices, should be reassessed. At the same time the Review recommends the current arrangements in respect of standing orders within the financial expenditure framework which frequently requires time-consuming adjustment to enable invoice processing to proceed should also be revised.

An important symbol of more proactive contract management is to further enhance the status of the PPM. Accordingly the Review recommends DIAC finalise the HSS PPM by 30 November 2011 including, as appropriate, Recommendations arising from this Review and provide a timetable for the subsequent revision process for the next edition. In this process assess opportunities to minimise and, if possible, reduce the current administrative burden on Service Providers.

#### **4.4.7. Contract Clarification**

Arising from the Review's considerations in respect of Accommodation services (at 4.6) it is also proposed that DIAC clearly articulate, through MOU or Contract variation as necessary, the shared requirements between the Case Management Service Provider and the Accommodation Service Provider where these services are delivered through separate contracts in a single Contract Region. DIAC also appears hesitant to engage even as a facilitator when partners in a consortium or sub-contractors are in conflict and a more proactive approach to this issue is discussed below.

Clarification is also needed in relation to rent settings (particularly in regard to affordability in tight housing markets), the charging of fees for utilities and client reimbursement for repairs. In addition, there is a need to adjust the oversight in the Contract with respect of Accommodation only Service Providers to include a cancellation fee for 'non-arrivals' based on an agreed fee that reasonably compensates for costs incurred. In respect of rent settings, utility fees and client repair costs, an agreed and documented arrangement should be developed for each Contract Region based on a mutual problem solving exercise to address these issues with regard to overall DIAC Contract and policy requirements but also local circumstances and conditions. The absence of DIAC commitment to joint problem solving with Providers is considered a real gap in current contract management practice.

#### **4.4.8. Contract Compliance**

Within the management of HSS program there is a fundamental issue around the extent, appropriateness, timing and likely effectiveness of achieving compliance from Service Providers through the use of sanctions available under the Contract when considered appropriate. The draft PPM contains the procedures and processes, along the following lines in respect of compliance and remedial action.

If the Service Provider fails to meet any obligations under the Contract it must, at no additional cost to DIAC, promptly notify DIAC of the failure to adequately deliver a contracted service. The Service Provider must then implement a strategy which is approved by DIAC to rectify the failure or deliver a service within a timeframe agreed or specified by DIAC. The Director, HSS Contract Management Section, National Office, must authorise any breach notification communication prior to it being forwarded to the Service Provider.

In notifying the Service Provider of a breach of contract, the DIAC Contract Manager must:

- read the Contract thoroughly, examine all of the Service Provider's responsibilities and obligations, and consider if and how that party is in breach of any of them
- bring the matter to the attention of their supervisor and the Director, HSS Contract Management Section, including the course of action to be initiated regarding a breach
- explain clearly in writing how the Service Provider breached the agreement (include references to the breached provision/s, quote the language of the relevant section/s, and describe how the action/s of the Service Provider created the breach)
- use professional and clear language

- review the terms of the Contract to determine if there is an established remedy period. If so, refer to the section of the Contract in which that limit is provided and follow the terms of that provision
- enter the deadline by which the Service Provider must remedy the breach. The deadline should be commensurate with the nature of the breach, for example, larger issues can take a lengthy time to resolve, noting that major issues may require immediate resolution
- ensure any notice, request, or communication given by DIAC to the Service Provider is cleared by the Director, HSS Contract Management Section, National Office, signed by the DIAC Contract Manager and forwarded to the Service Provider at the address indicated at Item E Schedule 1 Agreement Details - Service Provider's Address for Notices
- send a breach of contract notice in writing and delivered by hand, or sent by certified or pre-paid post, facsimile or email, to the address of the Service Provider.

The agreed strategy will be reported on, monitored through the QA process, and may be considered as part of contract extension considerations.

#### **4.4.9. To Breach or Not to Breach**

First, on the one hand there is a view that application of the sanction of issuing a breach notice under the Contract is an activity which, while not routine, should be a relatively normal part of the contract relationship. As such it should be well understood by both parties as a serious matter but nonetheless 'business as normal' with each party clear as to prior and subsequent actions and processes to be followed to resolve the matter or matters the subject of the breach notice.

Second, on the other hand there is a contrary view that if such breach action is only used as a last resort and its use therefore fashioned around extreme instances of assessed Provider non-performance then not only will breach action be treated more seriously by both parties but on DIAC's part, at least, it should be seen as a clear and definite step towards action such as contract cancellation. On this second view the regular or more routine use of breach provisions (as in the first view above) increasingly diminishes their power and they become like 'a hit in the face with a feather'.

This dilemma is not, in the Review's experience, unique to human services provision contracts and often applies to what are seen as 'hard commodity or services' contracts such as information technology and even building and engineering infrastructure. This dilemma requires DIAC to adopt a clear philosophy which, by and large, emphasises a preference for one of the above views at the expense of the other. In the absence of a clear philosophy Contract Managers and their superiors are often going to find it difficult to reach a view on whether or not to commence breach action as it will usually be a judgment call and the balance of consideration is often around the official philosophy as much as the facts and circumstances of the matter or matters concerned. Ultimately DIAC has two concerns – not always fully compatible. The first is to achieve the required performance from the Provider in the interests of the clients and specific contract compliance. The second is to uphold its position as the Principal under the Contract able to lawfully and ethically ensure Provider compliance.

Consideration of the seriousness of a possible breach no doubt will sometimes revolve around whether a matter or matters are considered by DIAC to be a Contract term or a condition and/or whether or not they are expressed or implied by the Contract. Nothing, of course, in the above discussion should detract from the need, whatever corporate philosophy applies, for DIAC on occasions to act quickly and decisively to take punitive action when urgent or totally unacceptable Provider behaviour is perceived to have occurred.

The Review considers that from its understanding of DIAC processes around this issue, there is however a risk that, irrespective of the corporate philosophy adopted on breach action, DIAC may sometimes stray into such action with insufficient consideration of the likelihood of outcomes. Analysis based, in part, on sound legal input as well as HSS program leadership and management judgment is often required prior to taking breach action.

Critical to this is that in the process of considering, determining and issuing a notice of breach that within DIAC the respective roles, responsibilities of the National and State and Territory Offices are clear and that communication within DIAC is also considered and clear. An important element is that the rationale, basis and expected outcomes of a breach notice are agreed and understood within DIAC. Further, issue of such a notice should follow, as a general rule, an effective process which places the Provider on notice in respect of the likely issue of a breach notice. Finally, DIAC should ensure, as a general rule, that immediately prior to an issue an appropriate official in the Service Provider organisation is advised of the impending notice.

The Review recommends that consistent with documenting cooperative and compliance issues at quarterly contract management meetings together, with the analysis of trends and issues arising from the regular updating of Provider risk profiles, DIAC develop within the terms of the HSS Contract and implement a protocol that clearly articulates to a Service Provider (via written notification to the Provider) that a contractual issue or set of issues has, in the first instance, been referred for legal interpretation as a first step in any possible breach process procedure that DIAC may invoke. This recommendation reflects the likelihood that in any case, once a Provider receives a breach notice, the response may well be based on the Provider's legal advice and assessment.

## **4.5. Enhancing Organisational Strategy and Streamlining Structure**

### **4.5.1. DIAC Organisational Structure**

Essentially the HSS program involves the expenditure of around \$75 million plus per annum by 18 Service Providers in 24 Regions across Australia under a contracting out model where DIAC is purchasing services from these Providers where contract specification, contract management and performance monitoring are the tools used to control the Provider and influence client outputs and outcomes.

There are three well documented implementation problems associated with this kind of contracting:

- the difficulty of ensuring that the Provider actually does what the HSS program has in mind
- the challenge of the Provider having much more information and knowledge available about what actually happens on the ground than, in this case, DIAC
- the often associated fragmentation of policy, strategy and service delivery which either removes direct access to ground level intelligence or limits organisational capacity to effectively coordinate service delivery and policy development.

DIAC's organisational structure at a corporate level (at the level of Deputy Secretary) separates for most of its functions the roles of policy and program development and that of program delivery and client service provision. In the case of HSS a hybrid situation currently applies with some operational aspects of HSS still within the program development activity. Further, this area controls the budget for Providers under HSS but not the budget which supports the contract management role in the States and Territories. These services are under the control of a Global Manager who reports to a different Deputy Secretary than does the First Assistant Secretary who oversees CSM program development and policy. In addition, it would appear that even though Contract Managers report to the Global Manager, their accountability for management of the HSS Contract is to the First Assistant Secretary (CSM).

The Review's Terms of Reference do not, of course, require a merit review of the DIAC organisational strategy or structure. The overall management of HSS, however, and in particular contract and risk management of the program are significantly impacted by DIAC structure. Similarly, the subject of issues management and resolution is also influenced by DIAC structure and strategy. In any case, if as the Review concludes, from a HSS perspective there is a better structure than those currently within DIAC which could service HSS policy, program and delivery this would not necessarily be the case for other DIAC functions. HSS and indeed Settlement are only a small part of DIAC and should not drive corporate strategy and structure.

However, at a minimum, a more explicit DIAC wide view of effective settlement as a key DIAC deliverable may suggest some change to overall organisational strategy and structure (e.g. a requirement for detention exits to explicitly have regards to settlement requirements as proposed below in relation to referrals to HSS out of detention).

#### **4.5.2. Global Management**

The global management concept is a critical and appropriate element of DIAC's organisational structure. However, at the time of writing this report the Review found the significant organisational reform program launched by DIAC in late 2009 (Transformation), was still relatively immature within the settlement and HSS program environment.

The introduction of a global management structure in DIAC appears to relate to the concept of the delivery of a line of business or product, in this case the HSS program, in a national context. The rationale for such an approach involves achieving:

- Consistency and quality of delivery and outcome
- Flexibility in resource management within the business to respond to emerging priorities
- Strengthening issues management particularly resolution
- Greater relevance and appropriateness of key management elements to the actual business (e.g. staff capabilities and competencies, reporting, KPIs etc)
- Clarity to those inside an agency and also to those outside responsibility and accountability for the business outputs and outcomes.

The Review considers the purpose, role and effectiveness of the global management concept for HSS, an outsourced and highly iterative program, under current DIAC accountability and reporting arrangements, is not a good fit by comparison to 'production line' services such as visa products.

The significant challenges to the global management concept, as currently applied by DIAC, in HSS are:

- Delivery and activities occur in place and are not associated with or within, at least in real time, centralised electronic data or management systems
- Delivery is through other parties and at arms length from DIAC
- Much of the key to quality outputs and outcomes seems to relate to relationship management both corporate and on the ground
- It is unclear in practice what executive role or position is actually responsible and accountable for management and delivery of the HSS Contract
- At present the budget and resources which fund services through Providers under the Contract, and the budget and resources that support management of the Contract, appear to be in different hands
- The retention of the roles of State and Territory Director with a residual ambassadorial or pastoral care function is a further variation on a more holistic product or business line model of service provision.

It is the Review's assessment that the introduction of the global concept has resulted in a structure that has not achieved the proposed benefits from a management and operational viewpoint within the Settlement, and more particularly, the HSS context. The Review has experienced difficulty determining the unique role of the Global Manager in relation to the deliverables highlighted in various DIAC Business Plans relating to Settlement services. The role of the Global Manager (CSM) is to ensure greater consistency in onshore settlement programs. In the case of the HSS, the First Assistant Secretary (CSM) is the policy and Contract owner of the program and the Global Manager has responsibility for service delivery resources and operations.

The relationship between the two roles is best clarified by the Global Manager reporting to the First Assistant Secretary (CSM) in the HSS and Settlement context. This would achieve the corporate intention that Global Managers be responsible for program delivery and provide a dedicated focus for consistent operations and outcomes, client service integrity and efficiency, and allow policy areas to focus on strategic planning, policy development and design and provide program support to Global Managers and operational areas.

#### **4.5.3. Coordination and Business Planning**

Two areas requiring strengthening are overall coordination through enhancing the role of the PLG within Settlement services which is chaired by the First Assistant Secretary (CSM) and improving business analysis and planning to support the PLG. This latter issue is also relevant to matters raised by the Review in respect of data analysis and business planning in respect of reporting from the HSS Providers including for example DIAC developing a better understanding of the impact of the cohort charges on service delivery costs.

#### **4.5.4. Enhancements**

The initial structural priority is to realign HSS policy, strategy, operations, and contract management in an end to end business line under DIAC's First Assistant Secretary (CSM) while consolidating, clarifying and enhancing the Global Manager role within this particular business line. The realignment of the Global Manager role should apply to all DIAC settlement programs across the CSM Division under the leadership of the First Assistant Secretary. In relation to Settlement services more generally it is relevant to note that including the 27 HSS Contracts and 18 HSS Providers, approximately 146 SGP Providers, 36 CCS Providers and 11 individual plus one national distance/e-learning Providers for the Adult Migrant English Program are the responsibility of this area.

The HSS Program Management Section within Refugee Support Branch should report directly to the Global Manager, providing an end to end business line for all operational aspects of the HSS program.

The Global Manager role should be clarified and enhanced within the HSS program. Priority activities to enhance the Global Manager (CSM) role include:

- providing leadership on the ground in client service management and business operations for the HSS program
- convening and chairing contract management teleconferences, providing the interface between policy and operations, streamlining communication between the service delivery network and policy staff. Ensuring the agenda and deliberations are visible to the network (minutes with action items and supporting papers, as appropriate, to be circulated within five working days) and to report to the PLG on the outcomes of this process
- identifying the effectiveness of settlement services on the ground level and reporting to policy on the strengths and weaknesses of settlement services and the 'on ground' alignment of these services
- responsibility for the management, delivery, efficiency and integrity of all HSS operational issues, escalation and instructions
- key escalation between the service delivery network and policy areas
- providing policy and program management areas with one point of contact to obtain whole-of-program feedback
- training and capability development of staff
- responsibility for operational resource allocation and structure
- consultation point for any policy changes by the Policy and Program Management Group.

As part of the clarification of the Global Manager role, and in examining resource allocation and structure across the network, the opportunity might be taken to analyse the alignment of roles and responsibilities between the State and Territory Offices and National Office.

More generally across DIAC greater clarification of the State Director role is also required; however this is a matter for consideration as the role and functions of various Global Managers evolve and mature. In the HSS context it is important that State Directors generally have visibility of the proceedings of the PLG (see below). Further, on specific relevant matters State Directors should participate in PLG discussions and follow up.

Consistent with the above role and activities of the Global Manager within the proposed realigned structure, the roles of First Assistant Secretary (CSM) and Assistant Secretary (Refugee Support Branch) be focussed (in the former case) on overall program leadership, coordination and integration of settlement service delivery, and facilitation of improved Provider and stakeholder relations. In addition, overall responsibility and accountability for progress in achieving the HSS program improvements sought from the Review's recommendations and other related initiatives – in the latter case on a stronger policy, strategy and business development role.

In line with the above, the Refugee Support Branch more actively develop key policies with a particular initial focus on the key areas of:

- Accommodation management and policy
- Models and/or forms of STA
- Changes in client cohort and impact on program
- Regional settlement policy
- Enhancing HSS referral process
- Secondary movement and transfer arrangements
- Transits and reception arrangements, and
- Effective client exit processes.

Policy work in this area should be linked to policy development in other related and relevant areas of DIAC such as Settlement and Community Programs and Children.

A section should be established within Refugee Support Branch to implement the recommendations of this Review, and consider and coordinate responses to the recommendations in the various audits resulting from the Ernst & Young Report. The Director of this team should report to the Assistant Secretary (Refugee Support Branch).

The PLG chaired by the First Assistant Secretary (CSM) should have a greater focus on HSS to actively address policy and operations, QA, issues management, exception reporting and escalation and ensure its agenda and deliberations are visible to the network (minutes, with action items and supporting papers, as appropriate, circulated within five working days, etc). There should also be regular monitoring of the implementation of the Review's recommendations and related initiatives.

An improved data analysis, and business strategy development capability, in and around the HSS in conjunction with settlement-wide data be established to support overall program management capacity and in particular the functions of the PLG and key executives such as the First Assistant Secretary (CSM), Global Manager (CSM) and the Assistant Secretary (Refugee Support Branch).

The Department establish and monitor a clear process for the consideration and follow up of QA program reports, including clarifying or nominating an SES officer with responsibility for consideration of the Report at executive level and, as necessary, pursuing action arising from the reports.

#### 4.5.5. Corporate Dialogue and Relationships

Linked to the theme of DIAC presence (see 3.1) is the manner and effectiveness of DIAC's overall management of relationships in and around the HSS including with Providers, stakeholders and clients. The tone for such relationship management is in the Review's assessment strongly influenced by the level and quality of organisational dealings that DIAC has with key groups such as the Service Providers. Of particular concern is the quality of dialogue around the broader context and parameters such as likely trends in intake which are important elements in the partnership that exists between DIAC and Providers. Similar issues apply with stakeholders, clients and the general community.

While much of the HSS Contract is appropriately about DIAC expecting and requiring the Provider to perform as a contractor, the very existence of the Contract and its relevant set of relationships is the area where 'partnership' is most evident (e.g. common purpose, sharing of experiences and information, etc) to sustain settlement as a valued community activity.

On the ground relationships management is critical within the framework set by organisational dialogue, the Contract purpose, procedures and processes and of course local conditions. While there are some special (perhaps unique) circumstances applying in, for example, Newcastle, it is clearly the case relationships (which require multi-dimensional commitments and obligations) are inadequate in that Region. DIAC, in part, has to accept some of the responsibility for this state of affairs, admittedly working in a very challenging locality. As a recent example the failure/inability during the course of the Review period, of DIAC to attend the first meeting of the Newcastle LAC under the new HSS Contract was at best surprising to all at worst perhaps a very real failure to meet its responsibilities in this locality.

#### 4.5.6. Organisational Strategy

Organisational strategy refers to the way in which organisations sustain and renew their competitive advantages in an external competitive environment. Although not operating in a competitive market environment as such HSS still has to function in an environment of increasing contestability around policy, stakeholder interests and advocacy, client relations and, under the HSS outsourced model, relationships with Service Providers designed to achieve Contract compliance, client related outputs and outcomes. The fit between the program's external situation and its internal resources and capabilities is the key to effective strategy in a program like HSS. In discussions under QA (see below) the Review in examining a wider performance assurance framework highlights factors which underpin the assurance dialogue that needs to occur between HSS and its stakeholders including:

- Clarity and convergence of purpose and philosophy between DIAC, Providers and stakeholders.
- Quality and mutual understanding of DIAC/Provider's governance/management systems.
- Enhancing Provider capabilities and competencies.
- Contract management by and between the parties which validates and enhances performance.
- Corporate dialogue (at all levels) and relationships of/with Providers and stakeholders.
- On the ground dialogue and relationships management of/with Providers and stakeholders.
- Client and community perceptions of performance.

In a sense the need for this Review has in a large part arisen because there are real divergences in 'the fit' between HSS and its external environment. This includes in some instances a lack of understanding of what HSS is really about and how HSS in its current form impacts on expectations and the activities of all stakeholders including Providers. This in part results from the lack of effective business planning and implementation of the HSS Contract and other factors such as the effectiveness of contract management.



In summary, the Review proposes a more proactive organisational strategy, including:

- Conduct a communication campaign on the HSS program's Objectives and scope, and its alignment with other DIAC Settlement Services, including upgrading the HSS component of the DIAC website.
- Improve the quality, content and frequency of corporate dialogue (e.g. the broader context of HSS, anticipated trends and numbers) particularly around expected intake numbers and cohort demographics, including publishing a regular bulletin on arrival trends and providing briefings to relevant peak bodies.
- Initiate measures to enable proper planning, including contingency planning, to allow adequate notice about client flows - in particular 'surges' - and commit to an ongoing dialogue with Service Providers with regard to arrival forecasting.
- Define more clearly the mutual obligations and relationships between DIAC Providers across the Settlement area including HSS, SGP and CCS and monitor ongoing effectiveness through existing DIAC contract mechanisms including regular reporting, KPI reporting, LAC meetings and QA processes.
- Finalise DIAC's draft national Settlement Framework, clearly articulating the objectives and scope of each of its settlement services. Provider, stakeholder and community comment should be sought on the draft.
- Enumerate more clearly DIAC obligations, requirements, expectations and potential opportunities of the LAC processes and ensure DIAC is able to resource appropriate LAC activities especially in Contract Regions where a range of medium to high risks and/or opportunities exist. Focus the LAC agenda structure on operational, strategic and feedback items.
- Foreshadow at the Provider Annual Conference, scheduled for late October 2011, the intention to hold the 2012 Annual Conference to coincide with an initial evaluation of HSS and report on progress with implementing recommendations of this Review.

Finally, to focus organisational strategy on the future, DIAC should undertake an evaluation of HSS service delivery outcomes and management (including progress with implementation of the Review's recommendations) in and around June 2012 under the direction of a Steering Committee which includes external independent and stakeholder membership. Results of the evaluation to be available for the 2012 Service Provider Annual Conference.

## **4.6. Accommodation and Basic Household Goods Provision**

### **4.6.1. Accommodation Obligations**

The HSS Accommodation service provides clients with accommodation upon their arrival in the locality where they have been placed by DIAC and referred to the relevant Service Provider. The general DIAC preference is to place clients in LTA or in STA before sourcing LTA. Various models operate in different localities with some Providers preferring to place most, if not all, clients first in STA. Sometimes this means a specific stock of apartments procured by the Provider for this purpose (as was the case in Newcastle) or an arrangement with a community housing provider to allocate a proportion of its housing for this purpose (as is broadly the arrangement in Adelaide).

Accommodation services may involve provision of a BHG package to assist in establishing clients in their new residence and/or for long term use. At the time of exit from HSS a key settlement outcome is that they are residing in LTA (generally a lease is at least six months in duration). In addition, the Accommodation Provider has an obligation to have provided clients with tenancy training and a basic understanding of what it means to be a householder occupying a property under a tenancy arrangement. This includes understanding in respect of rights, responsibilities and obligations of the landlord and the tenant, and the role of others such as real estate agents.



During the course of the Review it was suggested that clients who have successfully completed such training, and who have demonstrated understanding in a practical manner through their personal tenancy experience, might receive some kind of recognition (such as a certificate from the Provider) which could be used as a reference or similar document as they continue to interact with agents and owners in the housing market.

Evidence to the Review indicates there is scope to improve both DIAC and Service Provider compliance with the spirit of the HSS Contract particularly its Objectives and Principles in more appropriately managing and delivering BHG packages.

#### **4.6.2. Accommodation Risk**

DIAC's Contract has effectively transferred all the risk around provision of accommodation to Service Providers. As demonstrated by the Newcastle experience (see 4.13) and DIAC's recently completed audit of accommodation (see 4.6.3) such a transfer is an unrealistic proposition at best compromising HSS Program credibility with stakeholders and at worst possibly reducing incentives for quality performance by Providers. In the absence of DIAC guidance Providers are sometimes forced into improvising solutions around the complex issue of accommodation procurement and provision, particularly in stressed or tight urban housing markets.

This risk transfer includes costs of obtaining STA in anticipation of the arrival of clients in a locality even though arrivals may be delayed or not eventuate. It also appears to involve a requirement on Service Providers (who broadly provide a model of placing clients directly into LTA) to provide an alternative short-term or temporary transit-type accommodation model to cater for the characteristics of the growing cohort of clients exiting detention facilities. In addition it involves the Provider having to manage in conjunction with clients utilities charges, repairs and maintenance and, as necessary, the cost of 'make good' following tenant vacation. At the same time the Contract contains a benchmark of housing affordability in terms of rent to income of 30 per cent.

On the issue of non-arrival of clients and consequent accommodation cancellation the Contract does not provide for a payment of a cancellation fee to Accommodation only Providers (it does for Providers of both Accommodation and Case Management). The Review understands this is acknowledged by DIAC as an oversight and proposes it now be addressed by DIAC.

In the Review's assessment the transfer of virtually all accommodation procurement risks to the Service Providers in a number of very tight housing markets such as Sydney, Melbourne, Darwin, Newcastle and parts of Perth as Providers try to meet the needs, at least initially, of often very low income clients creates the potential for additional tensions in DIAC/Service Provider relationships. This is compounded by the benchmark of housing affordability in the Contract and further, in the Review's opinion, where provision of accommodation is in the hands of a different Provider to the one delivering case management.

In tight housing markets where the rent/income ratio is beyond the benchmark the arrangements between client and Provider for addressing such issues as utilities charges and tenant home repair costs may also appear punitive for very low income clients. In this instance the potential is for additional and unintended costs to be transferred to the client.

Linked more generally to DIAC's approach to managing specific risks under each Contract the Review proposes DIAC adopt a more realistic approach to the provision of accommodation in specially nominated Contract Regions such as those identified above. In particular for DIAC to explicitly acknowledge this issue and be prepared to work more closely with Providers in partnership on accommodation issues (e.g. pre-approval of STA and clarity in setting utilities charges). At the same time the Review, based on its own observations and in particular the recently completed DIAC Accommodation Audit proposes further safeguards for clients around accommodation standards.

### **4.6.3. DIAC Accommodation Audit**

Arising from the Ernst & Young Report and separate to the Review's investigations DIAC has undertaken an Audit of HSS Long-term and Short-term Accommodation. In total, 434 inspections were undertaken by DIAC officers across every state and territory from 15 June to 31 August 2011. The vast majority of inspections revealed minor or no issues but one inspection required DIAC to order the Service Provider to move 10 clients from a group of apartments being used for STA, to alternative accommodation. In addition, DIAC has requested that four other clients in leased LTA properties be moved to more appropriate accommodation because of mobility issues the clients are experiencing and the appropriateness of the housing concerned. In addition one inspection resulted in DIAC placing a restriction on HSS clients using a particular property until it was brought up to an appropriate standard, which it has been.

Over 35 per cent of inspections revealed some issue requiring intervention from DIAC, which reinforces both the need for Service Providers to be in more regular contact with clients and for clients to better understand the mechanisms for escalating maintenance and other issues. It also reinforced the need for tenancy training and the HSS onshore Orientation Program delivered by Service Providers to focus on these matters and raise the knowledge and skills of clients. Overall, the high level of issues identified (albeit most of them minor in nature) supported the need for an enhanced inspection framework, underpinned by stronger reporting mechanisms and a greater emphasis on building the skills of clients. Most clients come from a background where they have very little experience or understanding of a modern, urban environment and so require a significant level of support.

### **4.6.4. Enhancements**

The findings of the Audit offer some suggested enhancements to existing processes and policies that would better address some of the risks DIAC faces in ensuring clients are in appropriate housing. These are reflected below in the Review's Recommendations based on the Review's assessment of the DIAC Accommodation Audit outcomes. The Review proposes a range of actions (see Recommendations at 3.3) in respect of accommodation matters including:

- Clarifying roles and responsibilities of separate Case Management and Accommodation Providers
- Clarifying generally the requirements around rent settings, utilities, charges, etc and documenting agreed approaches and processes for these matters in each Contract Region
- Establishing of a DIAC pre-approval process for nominated STA properties

In addition, the Review recommends DIAC consider varying the indicative measure of affordable housing as stipulated in the Contract from 30 per cent to 40 per cent or adopting the option of removing the indicative measure altogether. In relation to some of the specific challenges arising from large numbers of late arrivals from detention facilities and the frequency of secondary movements of this cohort the Review recommends DIAC consider accepting responsibility for providing some STA in particular locations.

An ongoing challenge in the provision of accommodation is the ability to match availability and price with need for single clients (usually males) often only able to be placed in communal type settings or shared accommodation which created a range of issues not only within the residence but also in respect to ownership, control and use of items within the BHG. On this latter matter generally the Review proposes more flexibility with the BHG especially in relation to very large families and single adults.

More recently the DIAC presence, albeit indirectly, in a number of urban housing markets has been further complicated by the introduction of Community Detention where, outside the Division where HSS is managed, within DIAC is/are contract/s which provide accommodation and services for detention clients in housing located in the normal urban housing market. Although the Review saw evidence of the development of improved coordination within DIAC in relationships between HSS

Program Management and the Community Detention Program there are some inherent risks around consistency of approach which require careful ongoing monitoring.

Finally, given DIAC's indirect but active involvement in accommodation issues in urban housing markets in particular, there is a need for ongoing analysis by DIAC of these markets and their impact on DIAC programs including considering further options and models to meet accommodation needs. The suggested changes to DIAC organisational strategy and structure (see 3.5 and 4.5) are in part intended to create 'some space' for more analysis and policy work of this kind.

## **4.7. Real Time Quality**

### **4.7.1. Quality Assurance Framework**

DIAC's HSS QA Framework and processes do not explicitly link quality to either the HSS Objectives or the Principles enumerated in the Contract nor do they adequately provide for either independent and/or external participation in the delivery or evaluation of QA. In addition, they do not adequately address 'quality control' e.g. ensuring at the time a service was provided to the stated quality with evidence of outcome.

DIAC enters into contracts with Service Providers to provide clients with tailored support and the initial capacity, skills and knowledge to settle in Australia, and works to ensure quality outcomes thought its Providers and stakeholders. Within the current framework, as difficult as this task is, there is an opportunity to commence to refine and better integrate the QA, Quality Control (QC) and KPIs processes and their elements to improve measurement, monitoring, accountability and, of course, quality of outcome for clients.

Settlement however is a long term process and the life experiences, wellbeing, health and quality of outcomes for individuals and groups of clients is inherently difficult to assess or measure let alone confidently attribute to HSS or any other settlement (or, for that matter, human services) program run by any level of government. Nevertheless the community and all those involved in HSS are entitled to be able to assess in some manner performance of the HSS program.

The QA program which operated in the previous IHSS program was implemented in 2006 and conducted on an annual basis since its implementation, around June of each year, with the intent the findings would feed into the annual planning process. At the time of this Report, the QA framework to operate in the new HSS program is yet to be confirmed, as DIAC awaits the opportunity to consider the findings and recommendations of the Review.

The QA framework which operated under the IHSS program consisted of two major activity streams and what the Review will term a minor or 'ad hoc' activity stream. The first of the major activity streams was an annual review process driven by DIAC's National Office (HSS Contract Management Section) to assess Service Provider performance against selected service requirements and the KPIs.

The objectives of the annual review were to obtain assurance that systems and processes support the delivery of the program and the KPIs, and services are being delivered as required under the Contract. It also provided the opportunity to check that any recommendations from the previous year had been implemented and identify any new or emerging issues. It was conducted primarily through DIAC interviews with Service Providers and associated activities including file checks.

The second component, conducted on a rolling basis throughout each year, was the Client Contact Visits or CCVs. The CCVs were interviews with clients conducted largely by DIAC State and Territory Office staff with a target of five per cent of total cases within a particular Contract Region. The interviews were conducted with clients selected across a range of visa sub-classes, family sizes, and nationalities, and generally with those who had recently exited the program and who were close to exiting. The interviews were structured around a set of fixed questions and essentially used as a means of assessing Contract compliance of the Service Provider (e.g. did your Case Manager help you register with Centrelink? and Were you shown how to use an ATM?).

The third set of activities conducted sporadically or on an ad hoc basis, involved STO staff observing a Service Provider's airport reception procedures, or inspecting client accommodation. A key purpose of such activity was to provide DIAC Contract Managers with the opportunity to witness the service provider 'in action' – delivering services in real time to clients as per their Contract obligations.

Each year National Office took responsibility for collating the findings of these processes and preparing final reports which were presented to the relevant First Assistant Secretary and Assistant Secretary and subsequently to the Departmental Audit Committee (DAC). As such, it was reasonable to assume the QA activities, the findings of which were captured in consolidated reports, were providing adequate assurance that IHSS Service Providers were delivering services to clients in accordance with their contracted obligations, and the relevant corporate areas of DIAC and senior Executives were satisfied as such.

In the Review's assessment there is clear room for improvement in the processes employed within the overall framework - and indeed to the quality of QA reporting. The QA program which operated in the IHSS program did not explicitly link to the Objectives or Principles of the IHSS program (although this is partly due to the fact the IHSS Contract had poorly defined Objectives and the focus of the QA framework reflected the compliance focus of DIAC's broader QA framework) nor did it link strongly to identified risk.

Arguably, the IHSS QA process did not make the most of assessing 'real time' quality control and the CCVs in particular could be re-engineered and conducted at particular milestones or key phases of clients' early settlement journey. Specifically the Review proposes re-engineering of the CCV process to focus much more on qualitative experiences of the client with a subsequent reference back to Provider records and assessments to better reconcile client and Provider experiences with services and their outcomes (see Appendix 10). Although the IHSS QA program had an express aim to identify and promulgate best practice through its processes, it is unclear the extent to which this was done. Of note, there is evidence that the program placed a relatively heavy administrative burden on Service Providers and had a 'policing' and 'audit' feel from their perspective.

It is important to note the absence of any external involvement in the 'on the ground' operations of the QA program given it was overseen and in some cases conducted by the same DIAC area responsible for its design, implementation and reporting. In the Review's assessment, with the collation or distilling of QA findings, there was an aggregation of the information gathered to the extent the final consolidated report lost texture and became somewhat bland. It is also unclear how visible the reports were to the DAC, as feedback processes to the business area from the audit or assurance areas appear limited.

#### **4.7.2. Quality of HSS Tools and Templates**

DIAC requires Service Providers to utilise three key professionally based tools to assist in identifying client needs. These are a Needs Assessment template, a Case Management Plan (CMP) template and a Mental Health Screening tool (the latter was developed with guidance from and dialogue with the Commonwealth Department of Health and Ageing).

A number of comments were made by Service Providers during the consultations conducted for this Review on the quality of these tools. In the main these were not too substantial (e.g. there is a degree of repetition between the Needs Assessment and CMP and the Mental Health Screening Tool was not targeted closely enough to the needs of refugees) however there was frequent feedback questioning the quality of the CMP and a preference by experienced Providers to be able to use their 'in house' tools. The Review however, notes some concern and perhaps confusion from some stakeholders in relation to the application of the Mental Health Screening tool with some interpreting the tool as an assessment tool which it is clearly not. Further, a concern that DIAC and the Provider should more clearly specify the qualifications, skills and experience needed by personnel who apply the tool.

Aside from the advice in respect of the screening tool, the Review found little evidence of an adequate QA mechanism around either the Needs Assessment or CMP tools. It is interesting to note that at least one DIAC officer described the tools as drafts five months into the HSS Contract. These tools are central and critical to the case management service model of the HSS program. As such, there is an urgent need for appropriate scrutiny of these two tools and for finalised versions to be produced taking into account stakeholder and Service Provider feedback on their comprehensiveness and overall utility.

#### **4.7.3. Quality of Referrals Into, Within, and Out of the Program**

During the course of consultations numerous issues were raised in relation to matters of client referral (and these are mentioned at various points in this report). Generally, referrals into the program from the overseas posts (i.e. offshore referrals) were reported to work well. Few matters of concern were raised, the flow of arrivals was relatively predictable and there are established procedures and good operational relationships in place. Notwithstanding, the timely provision of health information in Manifests was raised as an area that could be improved.

However, numerous concerns were raised in relation to the process of referring clients to the program from onshore – principally those clients exiting detention centres. In the case of onshore referrals (and here the Review is not referring to those clients exiting Community Detention arrangements) the flow of referrals is characterised by late notice to HSS Service Providers (as little as 24 hours), unpredicted surges, and incomplete client information (particularly in relation to health matters). Individually, each of these characteristics has the potential to negatively impact the quality of the referral process. Taken together, they present a very considerable challenge to quality processes. Suggested options to revise current processes are at Appendix 11.

Once a client is referred to the HSS program, the HSS Program Management Section in National Office is responsible for processing the referral by assessing the information at hand and making an onward referral to the most appropriate Service Provider through application of various placement policy decisions. Anecdotally, there is a high level of client relocation (or secondary movement) following initial placement that calls into question whether the policy settings in relation to client placements are about right. The Review understands that HSS Program Management Section has recently implemented more client-centred considerations to its placement policy and is monitoring the effect. At this point it seems the level of secondary movement may have stabilised or reduced.

During the course of consultations several issues were raised in relation to referral of clients from HSS Service Providers to SGP Providers which is frequently performed as clients exit the HSS program. The issues that were raised related to SGP Providers receiving referrals from HSS Providers for clients with no apparent ongoing needs, and referrals for clients (with ongoing needs) with limited information contained in the referral. In the opinion of the Review DIAC needs to be clear to HSS Service Providers about its expectations with regard to referrals to SGP. The clarity that is required is outlined below.

First, referrals from HSS to SGP should be made based on the assessed need of the client (not on the need or desire of the SGP provider to have a fair share or certain critical mass of clients leaving HSS). Second, in keeping with good case management practice, the referral should not 'wait' until HSS exit if there is an assessed client need that can be properly met by the SGP provider while the client is still within the HSS program. Third, referrals made to SGP to assist clients with ongoing needs, need to be facilitative. Such referrals may be flagged with the SGP provider in advance, must include comprehensive information, and may require a case conference in certain circumstance. The key to improving this process is to keep the best interest of the client in mind at all times.

#### **4.7.4. Revised Conceptual Framework**

With regard to these overarching findings, the Review recommends DIAC should revise its previous QA framework to embed the key elements of a new conceptual framework which are listed below.

- Explicitly integrate HSS Objectives and Principles into its formulation, articulation and application, particularly to ensure the centrality of a client focus.

- Provide timely feedback on the real time experience of clients as well as post reporting on experiences.
- Revise the CCVs away from primarily being a mechanism to assess Service Provider compliance to become a mechanism for assessing client outcomes against program objectives (further suggestions for this revision can be found at Appendix 10). However, link the CCV visits to file checks conducted during the annual QA review.
- Provide for external and/or independent involvement in formulation, articulation and application (this should involve Service Providers and stakeholders).
- Fit appropriately within DIAC's overall QA framework, and any overall Settlement services QA framework that may be developed.
- Link strategically and operationally to DIAC's Risk Management Framework, HSS RMPs, and the specific Settlement Framework or plans.
- Link closely to KPI management and reporting.
- Produce outcomes which are visible and accessible to Service Providers, stakeholders and the community.
- Exploit the potential of the LAC as a source of real time feedback and as a quality indicator.
- Include an evaluation framework which reflects the reality of the dimensions of the product and its clients (e.g. cohort characteristics, but also that HSS is delivered 'in place' and that 'place' is important (settlement is, after all, about becoming established in an abode or place or way of life).
- Ensure the establishment and operation of a clear process for the consideration of QA reports and the prosecution of any action arising from the reports.

#### **4.7.5. Broad Performance Assurance Framework**

In the broader sense of the HSS there are additional components around quality of performance that are important considerations. Many of these are addressed in other areas of this Report but it is worth noting them here, explicitly within the context of 'quality'. DIAC needs to seek quality of performance through an Assurance Framework which provides:

- Clarity and convergence of purpose and philosophy between DIAC, Service Providers and stakeholders (see Appendix 2 – HSS Objectives and Principles).
- Quality and mutual understanding of DIAC/Provider's governance/management systems.
- Service Provider and DIAC contract management capabilities and competencies.
- Contract management by and between the parties which validates and enhances performance.
- Corporate dialogue (at all levels) and relationships of/with Providers and stakeholders.
- On the ground dialogue and relationships management of/with Providers and stakeholders.
- Client and community perceptions of performance.

Within the corporate dialogue and organisational strategy of DIAC and Providers, components should encompass the following elements.

- The utility and quality of both overarching tools (e.g. the Contract, KPIs, Reporting, etc.) and specific ones (e.g. PPM, Case Management and Assessment tools) used by at least both HSS and Providers.
- Understanding and confidence by all parties with DIAC mechanisms, such as the weekly Contract Managers telephone hook-up, the PLG and the Issues Management Process.
- The corporate tools and processes used to validate performance and to manage risk, output and outcomes (DIAC – QA framework, risk management, contract procedures, etc).

- Specific review (e.g. audits) and feedback processes whether formal or informal.

The Review considers that even with improvements to the QA processes these are only one element of the wider assurance framework above. Over investment in expectations around QA processes detecting all or most of the Newcastle-type issues would be a mistake. This comment does not in any way detract from the need to improve QA processes but to encourage a realistic understanding about their efficacy as one element of the overall assurance framework.

Contextually this wider assurance framework also relates to Review discussion and recommendations around organisational structure and strategy (see 4.5); risk management (see 4.9); issues management (see 4.10); and reporting (see 4.8). Appendices 2, 6 and 13 are also very relevant particularly Appendix 6 'Measuring HSS Quality, Outputs and Outcomes'. Finally front line staff capabilities and competencies are central to the assurance framework (see 4.4.3 and Appendices 7, 8 and 9).

The Review notes that the Ernst & Young Report recommended DIAC develop a detailed assurance map of the risks and controls in their related contract management approach to improve its understanding of risks, resources and potential benefits from more effective contract management procedures.

#### **4.7.6. Key Quality Experiences**

In a broad sense all QA activity rests on expectations of effectiveness around the activities and processes under HSS which impact on client experiences and outcomes including the reality of the following items.

- Quality of referrals (into and out of the program)
- Placement decisions
- Quality of pre-arrival preparation
- Quality of case management tools (e.g. CMP, Needs Assessment, case conferences, referral-out tools)
- Quality of case management (effective interaction and contact with the client)
- Quality of intensive early intervention (say, the first six weeks)
- Clients' understanding of broader program messages (e.g. orientation)
- Quality of short-term comfort and security in relation to initial placement
- Quality of accommodation and BHG
- Quality of linkages to employment and education pathways and social supports
- Quality of how the client 'gets by'
- Exit process (including referrals) and exit follow-up

From the investigations of the Review there are five areas that require further focus by DIAC:

- DIAC placement decision and referral processes
- DIAC and Provider pre-arrival preparation
- Quality and frequency of Provider/client contact particularly in the early months of the program
- Accommodation standards and associated issues
- Quality of and monitoring of client exits from HSS.

#### **4.7.7. Complaints and Feedback Mechanisms**

Aside from the LAC and a range of grievance or complaint channels available to clients and stakeholders through the workings of the Australian Government (representations to Members of



Parliament, Ministers, Ombudsman, etc) the ready availability of DIAC specific complaints or feedback mechanisms is important.

The Review does not propose any changes to these mechanisms aside from the need to upgrade the HSS website to make understanding of the program easier and in that process ensure an adequate linkage from that website to DIAC's complaint processes (see also discussion at 4.10 on Issues Management).

At the same time DIAC should ensure matters arising in the complaints area are appropriately and effectively linked to the Issues Management process proposed in the Review.

#### **4.7.8. Stakeholder Relationships**

One element of quality and indeed of quality assurance and overall credibility of any program is relationships with stakeholders (including in this case HSS Service Providers). The Review notes that at least in one State, Queensland, work has been carved out in respect of this issue through development of an online Stakeholder Satisfaction Survey. Feedback from the survey is to be used more broadly in ongoing settlement planning in that State. In this regard the Review has been made aware of DIAC's Stakeholder Engagement Practitioner's Handbook which provides useful guidance on this matter. The Review would encourage more structured stakeholder feedback particularly in the context of the LAC.

### **4.8. Recording, Reporting and Accountability**

#### **4.8.1. Challenges**

The Review has identified a range of both technical and management issues in relation in particular to reporting and urgent action is needed to automatically provide timely and fundamental HSS operating reports to management. In addition management, and specifically executive management, data needs require improved clarification. Linked to these issues and relevant to informed reporting and accountability is the availability of business and program analysis and subsequent more finely grained business planning in and around HSS.

The Review was informed by staff and management at various levels about the challenges of reporting at all levels – operational, operational management and program management. The issue of HSS reporting was the subject of a Review workshop. The challenges fall into the following four areas.

- The technical issues around the nature of systems and the automated systems ability to produce automated operational and management data. For example, HEMS was designed as a referral system and does not have the capability to produce automated and on-time data reports.
- Lack of clarity and specification provided in relation to management reporting requirements, particularly at executive level.
- The overall volume and complexity of reporting, and the way in which DIAC utilises reports and data given the paucity of business analysis capability to support management of the program (e.g. linking reporting to QA or Issues Management) and enhancement of the program (e.g. analysis and trends of client cohorts).
- The overall oversight of the quality and cohesion of the reporting framework and its outputs (including clarity of ownership of particular business tools and reports).

An overview of the Reporting Framework has been developed by the Review at Appendix 12. This highlights the volume and complexity of data gathered, and in the Review's workshop on reporting it became clear that there is limited use made of the data by DIAC. There is a need to focus on minimising the volume and detail of reporting and maximising its outcomes and follow-up.



#### **4.8.2. Provider Reporting**

As well as directly inputting relevant client and case management data into the HEMS system, the Service Providers are obliged to submit a Six-monthly Performance Report, with a particular focus on achievement of KPIs in the Contract. The HSS Service Provider Six-monthly Performance Report is considered by the Review to be an adequate document providing a regular basis for feedback to and action as necessary by DIAC. The issue identified by the Review is around what happens with the Report – how is it analysed and what action is taken to follow up specific issues in the Report and to develop an overview of trends from the totality of Reports available.

Importantly proactive contract management requires at a minimum a test of the 'reasonableness' of the content of each individual Provider's Six-monthly Performance Report. In particular, how in the opinion of the Contract Manager (and subsequently others who review reporting results) does the Performance Report match their experiences and knowledge about the Provider's performance and service delivery issues for the period. Are there issues of substance raised at the LAC and/or elsewhere by stakeholders that are not reflected in the report? If issues are identified, how are they being addressed?

In addition, consistent with the Provider's previously provided RMP, does the Report provide evidence of these risks emerging and being mitigated and managed? A good test for Contract Managers is the 'no surprises' test in the sense that their own on the ground observations and intelligence gathering should as far as possible ensure there are no surprise inclusions (or exclusions) in the Six-monthly Performance Report.

The template for the Contract Managers Summary of the Six-monthly Performance Report should be reformatted to address the above preferably with a new Section 'Contract Manager Assessment of Provider Performance and Management.'

#### **4.8.3. KPIs and Settlement Outcomes**

The Six-monthly Performance Report also includes a summary of KPI outcomes for the period. These are largely quantitative indicators about the Provider's performance in managing the Contract in order to get paid and should be primarily viewed and assessed with this in mind. Of course, significant reported divergence from the KPIs would be a signal of breakdown in service delivery and quality and must still be monitored in this regard.

In this respect the Review is mindful of the specific recommendations from the Ernst & Young Review that DIAC should review the new contractual arrangements for the HSS program to confirm settlement outcomes are included in KPIs and that sufficient information will be collected throughout the life of the Contract to assess and validate the achievement of settlement outcomes. While agreeing with the need to assess and validate the achievement of settlement outcomes required by the Contract, this Review considers that the Provider assessed KPIs are more of an indicator and/or signal to DIAC about Provider performance than a validation and assessment of outcomes.

Although able to assist in such validation and assessment this is better pursued through QA and other processes described and in some instances recommended by this Review. This in no way affects the ongoing need for longitudinal analysis of settlement outcomes across the HSS and indeed other DIAC programs, nor the need to effectively analyse the Provider Performance Reports and KPI results (see Recommendations above).

#### **4.8.4. Immediate Improvements**

Urgently rectify the current situation, where as a consequence of resource decisions and inadequate business planning, virtually no current management data is automatically available on operations under the new HSS Contract.

Replicate the previous IHSS Monthly Statistical Report for the HSS program and ensure reporting functionality is automated and generally available on request (but particularly for the HSS Monthly Statistical Report).

DIAC's internal six-monthly reporting template (Contract Manager summary) to be reformatted to include the Contract Manager's analysis and assessment of Provider performance over the period (relative to the picture painted in the Service Provider's report and to link issues in the report to the Provider's RMP).

Reports within the HEMS referral facility (Crystal SQL) are updated to include the new HSS Contract Regions and separate service provision within each region.

High level analysis be undertaken on HSS data to provide information on program trends and key information on client characteristics for consideration by the PLG.

Commence immediately the development of a reporting capability in HEMS and other relevant IT systems to ensure the ready availability of data (i.e. within seven days of the relevant period), for the relevant purposes, outlined at Appendix 12.

Program Management Reporting requirements to provide:

- the number of clients and cases who entered into and exited the program and current HSS caseload at month end
- extent of (and reasons for) secondary relocation of clients or cases
- the number of transits by Contract Region
- exception reporting including early exits and length of time in STA that exceeds the provisions laid out in the Contract.

Based on Appendix 12 which provides details of Operational Management and Operational Reporting requirements undertake a review of overall reporting to minimise its volume and maximise outcomes and follow-up.

## **4.9. Identifying and Managing Risk**

### **4.9.1. Framework**

While DIAC operates a relatively sophisticated corporate Risk Management Framework and regime, the scale and diversity of DIAC functions makes it unlikely that many HSS specific risks (unless shared with other programs) will be 'top of mind' at corporate level. In addition, HSS risks and contingencies are not well mapped and integrated with either the corporate assurance framework and/or business plans. A particular challenge for HSS is to ensure a greater emphasis in an appropriate, but balanced manner, on risks to client experience and outcomes.

DIAC operates under a tiered framework of risk assessment and management cascading down from a broadly based 'DIAC Risk Management Framework: A Policy Framework for Risk across DIAC' including through a Corporate/Strategic Risk Profile and map to Division, Branch and Section Risk Plans as part of annual business planning. In addition, under the HSS Contract each Provider is required to produce for DIAC consideration a HSS Risk Plan to be submitted with the Providers AWP.

A challenge for the overall DIAC corporate assessment and management of risk is that within the scale and complexity of this framework many issues which are risks within HSS do not register in a significant manner. In addition, much of the language around risk management is in terms of corporate and compliance risk rather than risks in the case of HSS to, for example, client experiences and outcomes under the program.

The template for HSS Providers does list three categories of client risks as:

- Clients do not receive the services they need
- Client experiences a serious adverse event
- Death of a client.

In addition, sections in the Provider template for the risks of 'Services not delivered to required standard' and 'inability to deliver contracted services' hint at issues around risks to client experiences and outcomes under HSS but do not address these explicitly.

One example of an issue under these headings (drawn to the Review's attention and relevant to matters raised in Newcastle) is the difficulty of providing adequate housing to clients at rents which in tight housing markets in any way approximate the HSS guideline in ratio of rent to household income.

The Ernst & Young Report recommended that DIAC develop a detailed assurance map of the risks and controls and their related contract management approach to improve understanding of risks, resources and potential benefits from more effective contract management and quality assurance procedures. The Review understands work has commenced on risk mapping and will on completion, no doubt, reflect the quality assurance and contract management enhancements outlined in this Review.

#### **4.9.2. Relevant Risks**

However, the fundamental starting point for such risk and contingency mapping is greater clarity around the most relevant of risks and contingencies in the HSS environment. Based on this Review's investigations and other evidence available to DIAC (including the recently completed audit of HSS accommodation) these appear to be as listed below.

- The quality of client experiences and outcomes under HSS for both individuals and particular cohorts.
- Specifically the quality and affordability of LTA sourced and provided to clients.
- The quality of relationships within a region between HSS Providers (where provision is divided between Case Management and Accommodation) and of HSS Providers with other stakeholders in the settlement sector and more broadly other local human services providers (including reflecting issues around local capacities and capabilities).

The other major class of risk is that related to Provider capability and performance which is discussed at 4.4.1. This as indicated has not been well addressed by DIAC in the contract award phase. This risk requires inclusion in the mapping mentioned above and includes, of course, risks around the separation of regional Provider roles in respect of Case Management and Accommodation. Under the first three headings the Review suggests that in developing and mapping HSS risks and ensuring effective translation into management and service delivery the following be addressed:

#### **Client Experience and Outcomes**

- Quality of DIAC referrals and placements which significantly compromise initial Provider and client contact and relationships (e.g. health data).
- Premature client exit from a range of HSS program activities particularly in relation to specific cohorts (e.g. single males).
- Significant lack of understanding and/or initial response by clients to case management concept application and specific initiatives designed to assist clients.
- Identification of need and subsequent quality and appropriateness of HSS referrals to CCS.
- Quality of HSS exit processes particularly effectiveness and quality of referrals to other programs such as those under SGP and risk of exit to homelessness.

## Accommodation

- Significant divergence between DIAC, Provider, client and stakeholder expectations around housing quality and cost.
- Unrealistic expectations about affordability in terms of rent/income ratio in tight housing markets.
- Quality of tenancy training and behaviour of clients as tenants in rental accommodation.
- Distortion of longer term accommodation expectations as a result of particular models applied by Providers (e.g. temporary accommodation through community housing providers)
- Quality of day to day maintenance and repairs and associated client/provider relationships.

## Relationship Management

- Quality and clarity between HSS and other settlement providers around roles, responsibilities and expectations.
- Quality and effectiveness of the LAC process in addressing local issues and resolving and agreeing to relationship protocols.
- Identification and impact on HSS effectiveness of specific supporting service delivery outside HSS e.g. mental health services.

The above specific matter of risks complement the existing range of matters covered in the Risk Management Framework and to be included in the proposed Assurance Mapping below. Although some existing items will require modification in light of the above list.

### 4.9.3. Assurance Mapping

In discussions around risk assessment and management it is important to bear in mind the overall assurance framework outlined (at 4.7.5) in the discussion on QA. Of course, most of the issues the subject of this Review are linked, for example, contract management, organisational strategy and structure, and QA. A linked issue is the quality, timeliness and action taken around provision by Providers of incident reports involving clients.

The value of an assurance mapping process is that it provides an opportunity, at least annually, to examine the current and emerging risks and to relate these to HSS management and the controls which operate in that management environment to assess gaps. As indicated previously in this discussion on identifying and managing risks the Review at 4.7.1 has summarised what it considers to be the broad HSS Assurance Framework in discussions on Quality and QA.

The Review recommends that as part of initiatives to improve HSS issues management (see 3.5) the PLG, at least annually, should review and discuss the Assurance Framework as an agenda item. At 3.5, in discussing organisational strategy and structure matters, the Review proposes a stronger, clearer and more focussed role and functions for this group.

The Review considers it is important not to over emphasise the formality of methodology around processes of risk assessment and mapping. There is a need for clear and relatively simple frameworks and mapping at program level which is directly linked to day to day tasks undertaken by staff, particularly those at management level. Above all at the leadership level it is critical that intuitive assessment and judgement about what really matters is not overwhelmed by methodologies fashioned around numbers cloaked in 'objectivity' particularly when considering contingency management.

At the same time the Review is mindful that in a focus on the above list it might be considered that there is a potential over emphasis on client welfare and protection. The Review is conscious of the fundamental Objectives of HSS of facilitating independence and recognises that risk taking is a part of normal life. However, there is the reality of the vulnerability of some clients particularly in the early stages of settlement and an appropriate balance of consideration of risks is needed.

The Review does not wish to encourage in HSS or in the community generally a view that life is risk free and when something goes wrong there is always a government official, or in this case a Provider, to blame. However, there is a need for informed risk and contingency management in HSS.

The formality of risk management analysis process around the likelihood and consequence of risks sometimes masks the need for a contingency approach which is more around an overall impact of some issues or risks on clients, Provider, DIAC and stakeholders irrespective of likelihood ratings.

## **4.10. Issues Management**

### **4.10.1. Clarity of Processes**

Linked to issues management is the concept of rectification. Things will go wrong and issues will arise. Issues management and resolution in DIAC needs to have a clearer primary purpose and in the Review's opinion this should be around the theme of rectification.

A particular item in the Review's Terms of Reference and a matter raised by DIAC senior management, DIAC contract staff, Providers and stakeholders is issues management, including identification, escalation and resolution processes. Each, of course, is raised from a different perspective. Senior management, because they do not feel that they are forewarned and given an opportunity to address some matters. Others because they see no action or are unsure of what is happening including timeframes around likely resolution. In part this matter is able to be addressed by other considerations including improved corporate dialogue, more proactive contract management and more obvious DIAC presence in the regional areas through, for example, attendance at LACs.

However, it also appears the case from consultations and other Review investigations, that the processes for the management and escalation of issues were not necessarily clear to contract management staff on the ground, nor to Service Providers, and greater clarity is needed in both the nature of issues to be escalated and the process or mechanisms for managing those issues. An area where there was strong convergence in the consultations was the need for robust processes in this area in order to provide clear guidance to Service Providers and Contract Managers, and to help give assurance to DIAC on the program's operations.

Under the HSS Contract, Service Providers must have policies and procedures in place to deal with a range of matters including 'critical and significant incident reporting' and stakeholder and client complaints and grievances. In terms of critical or significant incidents, the Service Provider is required to report any such incidents with 24 hours of the incident (or becoming aware of the incident). Broad examples of reportable incidents are provided in the Contract and further detail is provided in the PPM. In the main, this reporting is to capture incidents that may occur to clients such as serious illness, injury or death, or incidents involving clients such as violent behaviour. What is somewhat lacking in the PPM is any real explanation of the philosophy of such reporting (why it is done) and any significant information about how such issues are managed and rectified following notification.

Arguably, a strong contributor to the 'blow up' in Newcastle was unclear or weak feedback or escalation processes in operation under the IHSS program. In the particular example of Newcastle, DIAC either did not fully recognise the risks or did not escalate them appropriately. Probably a bit of both was the case.

A first step for DIAC is the enunciation of a clear philosophy around issues management. The second is to ensure transparency of issues management processes and to create a focus around issue management such as an effective and well managed Issues Register linked to day to day management and strategic governance forums.

#### **4.10.2. Feedback and Complaints**

In relation to stakeholder or client complaints or grievances, there is a requirement for Service Providers to have a policy for addressing such complaints and this policy must be approved by DIAC. The policy must include a mechanism to allow for DIAC's involvement should the matter not be dealt with to the satisfaction of the complainant in the first instance and it must also include information about DIAC's Global Feedback Unit (GFU). To complement this, the Service Provider must provide clients with information in a language understood by the client, about how to make a complaint.

This process seems comprehensive enough but much rests with the veracity of the DIAC approval process and the willingness of Service Providers to make the information clear and accessible to clients. A weakness in the Contract and the PPM is that despite the requirement for a complaints mechanism to apply to clients and stakeholders, the contract management tools appear largely geared around client complaints and remain relatively silent about stakeholder complaints.

DIAC's GFU is a central mechanism designed to receive and manage feedback relating to services provided or funded by DIAC which may include complaints, compliments or suggestions. Stakeholders can complete a web-based form, write a letter (pre-paid feedback forms are available) or phone in their feedback. There would appear to be room for the GFU to be better integrated into the HSS program and its broader issues management processes. The PPM has a policy on 'Feedback and Complaints' which reiterates the requirements under the Contract and provides detail on the GFU.

In the opinion of the Review, there are appropriate mechanisms presently in place to receive client or stakeholder feedback in relation to the HSS program. There also appears to be a broad or somewhat intuitive sense in operation within DIAC of the kinds of issues that should be escalated. There is also a significant opportunity, which the Review would argue is yet to be fully exploited, to use the LAC committees operating in each Contract Region as a critical mechanism to receive stakeholder feedback on the program, to inform stakeholders of the complaint mechanisms operating under the program (and within DIAC as a whole), and to communicate back to stakeholders on the outcomes or resolution of program issues.

#### **4.10.3. Enhancements**

Notwithstanding, there is room for improvement in five key areas in relation to issues management; and these are listed below.

- Clearer articulation of the philosophy of issues escalation and issues management (this can be a particularly helpful guide when determining whether an issue requires escalation)
- Clearer and more effective mechanisms for the escalation of issues (avoiding what could be characterised a default position that the more serious an issue appears, the more people need to be notified of it) and for the resolution of those issues
- Improved visibility of the escalation and resolution processes (i.e. not only to Service Providers but also general stakeholders) including establishing a HSS Issues Register
- Improved mechanisms for inter-program issues resolution (a role for the PLG)
- A commitment to, and clear mechanisms for, communication of the outcomes of managed issues.

Accordingly, the Review makes a number of recommendations (see 3.8) in respect of issues management. These are also closely linked to matters addressed at 4.5 and 4.9 and also Appendix 12.

Another area of program operation where issues can arise which need consideration and management is in the area of strained relationships between agencies within consortia (most likely between the Lead Agency and a consortium partner) or between a Prime Service Provider (lead contractor) and subcontractors. Given it is not improbable that such a situation could arise, this issue should be captured in the program's risk register. In addressing the risk of strained, deteriorating or poor relationships between service partners in delivery of the services within a particular Contract

Region, DIAC needs to consider a sequenced approach to problem-solving. It should identify with the parties what the issues are, then work with the prime contractor or lead agency to assist them into a dialogue with the other party. A more formal mediation would be the final step in the phased approach to such problem solving, if it was needed.

#### **4.11. Embedded Program Risks**

Overall the Review's major concern for future management and achievement of HSS or similar objectives is the cumulative impact of the current IMA surges with their associated cohort changes. These changes are already embedded in the pipeline from detention to community for at least the next 18 months.

Although historically the majority of IHSS clients (72 per cent in 2010-11 ) were recipients of offshore visas, for the HSS period from April to August 2011 this has evened out somewhat with 53 per cent offshore and 47 per cent onshore. It is the impact of IMAs as they are released from Immigration Detention Centres that currently places pressure on the HSS. Offshore processed arrivals enter HSS at the end of a planned, sequenced and phased predictable process which does not usually involve significant numbers at one time (or surges as described by some Providers). These IMA surges, recently upwards of 250 in some weeks, have also been associated with significant cohort changes (particularly increased numbers of single males and unaccompanied minors). In addition, the nature and quality of DIAC relationships with and often information about clients is understandably more variable for those receiving visas from detention.

Of particular concern is the ability of DIAC, the HSS program, and Providers, to adequately prepare for the surges of IMAs released from Immigration Detention Centres when the overwhelming imperative is to move families and individuals as quickly as possible from the detention environment to the community. This imperative, shared by both DIAC and clients alike, needs to be balanced with the need for all parties to properly exercise care in this initial and critical early phase of settlement.

At the level of day to day operations each surge requires a process which expedites placement but which provides the time and capacity to ensure a sound and effective referral and placement which facilitates client wellbeing. At a time of increased numbers, larger than previous surges and significant changes in the characteristics of the IMA cohort, the right balance is important. An overemphasis for example, on swift placement at the expense of an ability to respond on the ground to urgent, but undocumented, health needs may not demonstrate the appropriate exercise of care.

There is a real risk that the HSS model will continue to have difficulty in coping with and responding to the needs of single adult males and UHMs and may require modification, principally as the Contract assumes a relatively well prepared offshore arrival cohort seeking permanent settlement, frequently in family groups. At the same time recent DIAC initiatives such as community detention and programs for unaccompanied minors which also involve outsourcing to Providers may increase DIAC's coordination risks in and around HSS. Irrespective however, of enhancements to the service delivery model under HSS or elsewhere critical elements which require improvement are the DIAC placement referral policies and procedures as clients are managed from detention to community.

#### **4.12. Proposed Enhancement Areas**

The Review has identified seven EAs in and around the HSS Program encompassing some 70 recommendations. If these are implemented effectively and in an integrated and coordinated manner with full DIAC corporate support then most, if not all, matters identified in this Report where improvements are needed can be addressed.

The recommendations at Section 3 are presented under the seven key EAs:

- Contract Performance Management



- Accommodation and the BHG Package
- Recording, Reporting and Accountability
- Enhancing Organisational Strategy and Structure
- Focus on Real Time Quality
- Client Centred Approach to Risk Management
- Issues Escalation and Management.

Addressing these matters will in the Review's assessment provide the potential to improve overall HSS effectiveness and provide greater assurance that Objectives are being achieved and HSS Principles applied in the interest of clients. However, the Review recognises that their application will present challenges, at least on some issues, in the current resource environment.

#### **4.13. Relevance of the Recent Newcastle Experience**

The genesis of this Review was concern identified by the independent report of Ernst & Young around overall whole-of-program assurance in terms of achievement of HSS Objectives, particularly in relation to contract performance management, following problems they investigated in Newcastle, specifically around accommodation standards. To some extent Newcastle is a special case, representing the convergence over an extended period of time of around six years or so of a set of circumstances, around conflicting philosophies and political and social agendas.

As mentioned previously the evolution in philosophy and objectives of settlement services such as IHSS and HSS from a largely 'welfare' to a 'wellbeing' model with a current philosophy of individual skills enhancement, understanding and acceptance of rights and responsibilities and an overall settlement services goal of client self sufficiency has meant there are still many different values and philosophies at work in the sector.

These are often competing and contradictory, ranging from opinions and perspectives that represent what some consider to be a paternalistic and long-term approach to welfare and wellbeing in order to assist clients to settle, to a view from some clients, and others, that such an approach is disabling and impairing of clients in achieving successful settlement.

In a similar vein, is the concern on the one hand that the HSS in its early weeks is too intensive for clients (as they register for entitlements through Centrelink and Medicare, and are introduced to their new living environment) and is therefore overwhelming. On the other, there is the view that people need to be busy and engaged. A further dimension of this is the issue of how much intensive support is needed and the regularity and extent of availability of, for example, case workers and managers to clients. The appropriate response on each of these issues should depend on the client's circumstances and need consistent with the HSS approval of individual and family assessment and tailoring of responses to needs through CMPs.

The debate around these philosophical issues as well as specific concerns about the effectiveness of services and the quality of the experiences of individual clients is particularly robust in Newcastle. The intensity of this debate adds to the complexity of resolving both systemic and individual client issues in Newcastle.

Nevertheless, Newcastle was and should be a 'wake up call' for HSS. The irony of Newcastle is that except for a relatively small surge in arrivals involving some very large families and the attendant impact on accommodation issues of such large families, Newcastle operates in a relatively steady state. It has not been impacted by surges of IMA arrivals nor significant changes in the arrival cohort such as higher than previous numbers of adult single males and unaccompanied minors. Most of the issues in Newcastle around refugee settlement rest with the supply side – the stakeholders, the Providers and DIAC (and of course the housing market). They continue to represent an ongoing challenge to DIAC effectiveness, particularly in regard to relationship management.



Of relevance to Newcastle under (at least) IHSS are the circumstances of having a separate commercial Accommodation Provider involved as well as the separate commercial Case Management Provider. Under HSS both functions are delivered by the one Provider, although still a commercial for-profit Provider. Coordination of Case Management and Accommodation Providers is also an issue for DIAC elsewhere. More significantly now under HSS in Newcastle there is still a significant brokerage role for DIAC in aligning some of the approaches within the sector including those of both its HSS and SGP funded Providers. Specific Review Recommendations are designed to address DIAC management of many of the issues which have arisen in Newcastle, particularly in respect of accommodation and also the Review's emphasis on more proactive joint problem solving at regional level.

The Review in its investigations was not able to discern either comparable complexities or acute problems in other Regions, although in a number, quite specific challenges certainly exist. Similarly, there are localities where significant opportunities also exist to enhance the effectiveness of settlement programs, particularly in some Regional Centres.

In relation to the risk of complex and acute systemic problems arising in other locations it is relevant to note that neither the current QA Program nor the DIAC Risk Management Framework focus on locational issues nor on active individual Provider profiles. Further, the Risk Management Framework and associated HSS RMPs do not explicitly focus on 'risks to client experiences and outcomes'. These issues are addressed by a number of the Review's proposals and recommendations.

#### **4.14. Moving Forward**

The culmination of the work of the Review together with the DIAC internal audit of HSS Short-term and Long-term Accommodation and other systemic initiatives arising from the Ernst & Young Review now provide a sound platform for DIAC to move forward with implementation of HSS. Progressive implementation of the range of systemic HSS changes arising from these initiatives should be delivered and coordinated through a special purpose National Office implementation team in cooperation with the HSS program and other areas of Settlement and relevant DIAC corporate support functions.

Where specific service delivery or contract management matters relating to particular Providers have arisen these should be addressed within the day to day contract management administration framework to an agreed timetable and the results communicated to the implementation team.

It would be appropriate in the Review's assessment for an evaluation of the HSS program across service delivery outcomes and management (including implementation of this Review's recommendations) to be undertaken by DIAC in and around June 2012 with stakeholder and independent involvement in the management of the evaluation. In the meantime DIAC must continue to work closely with Providers and stakeholders to maximise on a day to day basis the opportunities for improved client outcomes which should arise from the DIAC initiatives of the last few months.

Finally, the Review in light of the Complexity and Stress (see above) of and on HSS and the discussion above on Embedded Program Risks, and comments at 2.4 about the current HSS Operating Environment, considers these matters need to be placed in a broader emerging settlement context. On balance the Review concludes that current political discussions and controversy about policies and practices in respect of IMAs - whatever their outcome - will lead to further challenges to DIAC's framework of settlement activities and the programs within. DIAC needs to commence to think through how its Settlement Framework and specific programs might evolve in future and in the manner in which new features of both demand (e.g. IMAs, UHMs, single adults etc) and supply (e.g. community detention) might be addressed and, as appropriate, integrated into an emerging Framework. At the same time the Framework needs to continue to respond to appropriate levels of offshore humanitarian settlement. In any case it is extremely unlikely that the future demands on DIAC outsourced settlement services will diminish.

Similarly, on the ground within the settlement sector there is a reservoir of skills, experience and commitment and, as evidenced by the Review, there is a need and opportunity to harness these in a more integrated and coordinated manner to respond to and address the needs of clients. Accordingly, the Review recommends that DIAC, at the appropriate time, undertakes a fundamental review of its overall Settlement Strategy and Framework and the various ways in which informed program responses can be developed to meet changed and emerging circumstances and characteristics around the intake of humanitarian clients and emerging policy considerations.

## 5. Acknowledgements

As independent Reviewer I accept full responsibility for the contents of this Report. In particular all comments and opinions expressed in the Report, interpretation of material and views presented to the Review and all findings, conclusions and recommendations contained in the Report.

However, without the very substantial support and input received from DIAC management and staff, HSS Service Providers and stakeholders it would not have been possible to effectively address and respond to the Review's Terms of Reference in the manner contained in the Report. Especially I thank the Review Secretariat team who worked willingly, competently and capably with me. The team consisted of Corinne Plum, Sarah McHarg, Melissa Banks and Dr Joy Puls, who effectively and efficiently led and managed the team as the Review's Executive Officer.

In addition, some significant contributions were made by both Review Secretariat team members and by other DIAC staff and management from outside the team and a range of stakeholders in a number of important areas including:

- Report format, appendices, diagrams and tables – Corinne Plum and Matthew Pang
- Contract Management Capabilities, Competencies and Training – Sarah McHarg, Adrian McCabe, Barnaby Smith, David Dedenczuk, Michael Mays and Nicholas Taylor
- Measuring Quality and the Revised Framework for Client Contact Visits – Jose Alvarez and Michael Mays
- HSS Reporting Issues – Ondrae Campbell, Yvonne Cailles and Paul Farrell
- Options for Improving Referrals from Immigration Detention – Ondrae Campbell, Oxana Reed and Joy Puls.

I wish to acknowledge the contribution and support of all HSS Providers and the significant contribution they made the Review, in particular the documentation shared by ACCES, AMES, MDA and MRCSA.

An important element of the Review process was the opportunity to discuss either face to face or over the telephone a range of issues with DIAC management and staff, Service Providers and their staff and also community stakeholders (including a small number of HSS clients and peak settlement organisations). This involved meetings in Canberra, Brisbane, Melbourne, Sydney, Parramatta, Auburn, Logan, Dandenong and Newcastle. In addition telephone discussions were held with participants in Perth, Darwin, Adelaide, Launceston and Geelong. In all, some 66 meetings or discussions involving some 169 people were conducted, as well the Review received 18 written submissions.

I also wish to thank all members of the DIAC executive and senior management who contributed to the Review and in some cases commented on draft material. In particular:

- Andrew Metcalfe, Secretary, Department of Immigration and Citizenship
- Dr Wendy Southern, Deputy Secretary, Policy and Program Management Group
- Peter Vardos, Deputy Secretary, Client Services Group
- James Fox, First Assistant Secretary, Citizenship, Settlement and Multicultural Affairs
- Paul Farrell, Global Manager, Citizenship, Settlement and Multicultural Affairs
- Peter Templeton, Assistant Secretary, Settlement Branch
- Fiona Lynch-Magor, Assistant Secretary, Refugee Support Branch

- Ondrae Campbell, Director, HSS Program Management, Refugee Support Branch
- David Dedenczuk, Acting Director, HSS Contract Management, Refugee Support Branch.

Of particular note has been the manner in which DIAC senior executives, management and staff have not only fully cooperated with the Review and its processes but actively participated in both formal and informal dialogue with the Review while always respecting and facilitating the Review's independent role.

David Richmond AO  
Independent Reviewer  
Canberra  
30 September 2011

## 6. Source Documents

### Department of Immigration and Citizenship HSS-related documents

Citizenship, Settlement and Multicultural Affairs Division Business Plan 2010-11

*Deed of Agreement for the Provision of Humanitarian Settlement Services*, HSS Contract, 2011

Fact Sheet 66: Humanitarian Settlement Services

*HSS Contract Management Training*, Refugee Support Branch, Canberra, 2011

*HSS Policy and Procedures Manual* (draft), HSS Contract Management Section, Refugee Support Branch, Canberra, 2011

'*Humanitarian Settlement Services (HSS) – Program Context and Overview*', Internal Review Policy Paper, July 2011

*HSS Tender Evaluation Plan RFT No: 10/05*, Canberra, 2010

*Discussion Paper: Integrated Humanitarian Settlement Strategy - helping refugees and humanitarian entrants settle in Australia*, Canberra, July 2009

'Laying stronger foundations', speech by the Hon Laurie Ferguson, delivered in Brisbane on 25 September 2009

*Procedures Advice Manual – PAM3* (draft), *Refugee humanitarian program Post-arrival services*, HSS Contract Management Section, Refugee Support Branch, Canberra, 2011

*Report of the Review of Settlement Services for Migrants and Humanitarian Entrants*, Canberra, May 2003

*Request for Tender (RFT) For the Provision of Humanitarian Settlement Services (HSS) RFT10/05*, Canberra, 2010

*Stakeholder Engagement Practitioner Handbook*, Canberra, May 2008

*Submission 06/11/2009 IHSS Tender – New Service Model [CE2009/05222]* Canberra, 2009

*Submission 11/01/2010 IHSS Tender – Accommodation Model and Procurement Strategy. [CE2009/05617]* Canberra, 2009

### Templates

HSS Six-monthly Performance Report template (v 2011)

HSS Case Management Plan template (v2011)

HSS Needs Assessment template (v 2011)

### Department of Immigration and Citizenship Settlement-related documents

*AMEP New Business Model* (background working document), Settlement Branch, Canberra, 2009, pp 1–24

*Australian Survey Research Group Pty Ltd, Settlement Outcomes of New Arrivals – Report of findings*, Study for Department of Immigration and Citizenship, April 2011

*Australia's Settlement Policy Framework*, draft paper, 2011

*Beginning a Life in Australia*, Settlement Branch, Canberra, 2010

*New Beginnings: Supporting new arrivals on their settlement journey – 2006-07*, Settlement Branch, Canberra, 2008

'Settlement Policy – Background Paper, Outcome 5' (no date)

## Department of Immigration and Citizenship - Corporate documents

Capability Development Guide, APS 5-6 Capabilities

*Contract Management Manual* (draft v6), Procurement and Contracts Branch, Financial Strategy and Services Division, Canberra, 2011

*Quality Assurance Framework*, Internal Audit Section, Canberra, 2011

*Risk Management Framework: a policy framework for risk across DIAC*, Canberra, 2011

*Strategic and Tactical Risk Map 2011-12*, Canberra, 2011

*Strategic Plan 2011-12*, Canberra, 2011

Transformation Program, Intranet homepage (<http://dimanet.immi.gov.au/transforming-diac/home>)

## Reports and other documents

Australian Government, *Measures to Improve the Settlement Outcomes for Humanitarian Entrants*, Discussion Paper, Canberra, October 2006

Australian National Audit Office, *Contract Management in the Public Sector – an ANAO Better Practice Perspective*, April 2006

Australian Survey Research, *Settlement Outcomes of New Arrivals – Report of Findings*, Study for the Department of Immigration and Citizenship, 2011

Baehler, Karen, 'Managing for Outcomes: Accountability and Thrust', *Australian Journal of Public Administration*, Vol 62, Issue 4, 2003

Canberra Refugee Support (CRS), Background Brief, no date (<http://www.actrefugee.org.au/>)

Department of Finance and Deregulation, *Commonwealth Procurement Guidelines Financial Management Guidance No. 1*, December 2008

Department of Finance and Deregulation and Australian National Audit Office, *Developing and Managing Contracts: Getting the Right Outcome, Paying the Right Price*, Better Practice Guide, February 2007

Ernst & Young, *Independent Review: Provision of Humanitarian Support Services in the Hunter Region*, My 2011

Ernst & Young, *Review of Planning and Delivery of Integrated Humanitarian Settlement Services*, Audit Report to the Governance and Assurance Branch, June 2007

Fisher, K; Parker S and Purcal, C 'Measuring the Effectiveness of New Approaches to Housing Support Policy for Persons with Disabilities' – *Australian Journal of Public Administration*, Vol 68, no.3, pp319-332, 2009

Freiberg, Arie, Carson W.G, 'The Limits to Evidence-Based Policy: Evidence, Emotion and Criminal Justice' – *Australian Journal of Public Administration*, Vol 69, no.2, pp152-164, 2010

Hugo, Graeme, *Economic, Social and Civic Contributions of First and Second Generation Humanitarian Entrants*, Final Report to the Department of Immigration and Citizenship, Canberra, May 2011

Josephite Refugee Support Network, Penola House, Submission to the Minister for Immigration and Citizenship, 2011

Protiviti, *Forensic Review of Resolve FM's Financial Management Under the Hunter Region Humanitarian Support Services Contract* (draft), report prepared for DIAC, September 2011

SGS Economics and Planning, *Accommodation Services for Humanitarian Program Entrants: Models and Costs*, 2009

Settlement Council of Australia, Strategic Plan 2011-2014 (draft)

Wong, H.K 'Reforming Social Services in Hong Kong: The Role of Contracting and Performance Management in the Non-Profit Sector' – *Australian Journal of Public Administration*, Vol 67, no.1, pp97-105, 2008

## 7. Acronyms

<b>AMEP</b>	Adult Migrant English Program
<b>APS</b>	Australian Public Service
<b>AUSCO</b>	Australian Cultural Orientation program (offshore)
<b>AWP</b>	Annual Work Plan
<b>BHG</b>	Basic Household Goods
<b>BIR</b>	Business Intelligence Reporting
<b>CCS</b>	Complex Case Support
<b>CCV</b>	Client Contact Visit
<b>CEI</b>	Chief Executive Instructions
<b>CFOI</b>	Chief Financial Officer Instructions
<b>CMP</b>	Case Management Plan
<b>CSM</b>	Citizenship, Settlement and Multicultural Affairs
<b>DAC</b>	Departmental Audit Committee
<b>DIAC</b>	Department of Immigration and Citizenship
<b>EA</b>	Enhancement Areas
<b>FAS</b>	First Assistant Secretary
<b>FMA Act</b>	Financial Management and Accountability Act 1997
<b>GFU</b>	Global Feedback Unit
<b>GM</b>	Global Manager
<b>HEMS</b>	Humanitarian Entrants Management System
<b>HSS</b>	Humanitarian Settlement Services
<b>IHSS</b>	Integrated Humanitarian Settlement Strategy
<b>IMA</b>	Irregular Maritime Arrivals
<b>IRIS</b>	Immigration Records Information System
<b>ISCE</b>	Integrated Client Services Environment
<b>KPI</b>	Key Performance Indicator
<b>LAC</b>	Local Area Coordination
<b>LTA</b>	Long term Accommodation
<b>PLG</b>	Program Leadership Group
<b>PPM</b>	Policy and Procedures Manual
<b>QA</b>	Quality Assurance
<b>QC</b>	Quality Control
<b>RMP</b>	Risk Management Plan
<b>RSB</b>	Refugee Support Branch
<b>SES</b>	Senior Executive Service
<b>SGP</b>	Special Grants Program
<b>SHP</b>	Special Humanitarian Program
<b>STA</b>	Short term Accommodation
<b>STO</b>	State and Territory Offices
<b>UHM</b>	Unaccompanied Humanitarian Minor

## 8. Appendices

1. Terms of Reference
2. HSS Objectives and Program Principles
3. Review Methodology
4. Review Themes and Key Issues
5. Review Consultations
6. Measuring HSS Quality, Outputs and Outcomes
7. The Contract Manager - Organisational Context, Roles and Responsibilities
8. Contract Management Capabilities and Competencies
9. Contract Management Education and Training Framework
10. Revised Framework for Client Contact Visits
11. Options for Improving Referrals from Immigration Detention Centres to HSS
12. HSS Reporting Framework
13. HSS Program Context, Services and Activities
14. Tables and Diagrams



## Appendix 1 - Terms of Reference

### TERMS OF REFERENCE FOR EXTERNAL REVIEW OF HUMANITARIAN SETTLEMENT SERVICES (HSS) PERFORMANCE MEASURES AND CONTRACT MANAGEMENT

The Minister for Immigration and Citizenship will engage a Reviewer to investigate and evaluate the effectiveness of the oversight and management of the current Humanitarian Settlement Services program with particular regard to ensuring that the delivery model and overall program management:

- address and respond to key performance indicators to effectively monitor performance of service providers in delivering the services specified in their contracts
- provide quality assurance processes that allow the Department of Immigration and Citizenship (DIAC) to have confidence in the delivery of services
- contain reporting processes appropriate to collect sufficient information throughout the life of the contract to assess and validate the achievement of outcomes defined by the performance indicators
- provide early alert to emerging issues and risks
- ensure that DIAC's contract management framework enables issues to be addressed in a timely manner or, where appropriate, escalated.

The Reviewer will be required to report to the Minister on the above matter by the end of September 2011 and provide recommendations to DIAC to improve overall program management and effectiveness.

## Appendix 2 - HSS Objectives and Program Principles

### Objectives

The Service Provider must provide the Services in accordance with, and in a manner that promotes the objectives of the HSS program which are:

- a. to provide Clients with tailored support to begin a new life in Australia
- b. to strengthen Clients' ability to participate in the economic and social life of Australia
- c. to equip Clients with the skills and knowledge to independently access services beyond the initial settlement period, and
- d. to provide the Services in accordance with the program's Principles

### Program Principles

The Service Provider must provide the Services in accordance with, and in a manner that promotes, the following principles:

- a. Respect the human worth and dignity of Clients and their cultural and religious diversity.
- b. Protect the health and wellbeing of Clients.
- c. Ensure Clients contribute to decisions that affect them and have influence over their settlement pathways.
- d. Deliver Services flexibly through a tailored case management approach which prioritises need and early intervention strategies.
- e. Give particular attention to the needs of children and young people as they are of vital concern.
- f. Ensure the Services build on individual Client strengths and promote Client capability and independence.
- g. Collaboratively work with other community and government Agencies in the best interests of the Client.
- h. Deliver Services to a high standard.
- i. Be accountable to the users of Services and the Australian government.

## Appendix 3 - Review Methodology

### Purpose

The Review has investigated, assessed and made recommendations about the effectiveness of the oversight and management of the current Humanitarian Settlement Services program. In particular to ensure that the delivery model, contract management policy and practice and overall program management effectively monitors performance of Service Providers through adequate Quality Assurance (QA) and reporting processes to achieve contracted and validated outcomes for HSS clients. Also ensuring timely management and resolution of risks and issues.

The Review was initiated following the identification of problems in the Hunter [Newcastle] Region in a report commissioned by DIAC from consultants Ernst & Young "*Independent Review: Provision of Humanitarian Support Services in the Hunter Region*".

### Phases

Broadly corresponding with the Review's three month time frame a phased methodology was adopted as follows:

#### Phase 1 (Conceptual and Way Finding)

- Initial identification of questions (see 4.1), Themes and Key Issues (see below), arising from the Terms of Reference
- Literature survey and review of source documents
- Assemble and commence interrogation of key data sources
- Articulate HSS Objectives and Program Principles as a guide to Review analysis
- Finalise work plan and timetable
- Determine consultation strategy/identify stakeholders (customer advocates)
- Invite submissions/ideas from staff and stakeholders
- Develop field visit program
- Develop preliminary report framework
- Early description and diagnosis of issues, service delivery models and organisational issues/structures, and
- Develop workshop program.

#### Phase 2 (Investigation and Analysis)

- Record and analyse feedback issues and ideas from early high level consultations
- Receive, absorb and analyse material provided on Review requested from high level consultations
- Read, absorb literature including key Departmental and Program internal and external reports and documents relevant to Review
- Undertake face-to-face and telephone consultations with key internal and external stakeholders including Service Providers
- Record and analyse feedback, issues and ideas from stakeholder consultations
- Undertake field visit program and absorb feedback, issues and ideas
- Undertake workshops and group discussions on selected issues
- Receive, absorb and analyse submissions from staff and stakeholders

- Prepare issues papers for Review consideration
- Continue communication and consultation with DIAC senior management and Ministerial offices
- Refine and continue diagnosis of key issues; form preliminary findings, conclusions, proposals and recommendations
- Develop detailed interaction of Review Report contents and commence early report writing, and
- Periodic check of material emerging conclusions, proposals against Terms of Reference and HSS Objectives and Program Principles (see above).

#### Phase 3 (Analysis and Synthesis)

- Continue most Phase 2 activities
- Finalise key ideas, findings, conclusions, proposals and recommendations
- Finalise range of supporting material (e.g. Report appendices)
- Write Report and produce early draft/s
- Check and test Report contents with top management, and
- Prepare and finalise Review Report.

## Appendix 4 - Review Themes and Key Issues

1. **Clarity and effectiveness of program and contract objectives**
  - Are service delivery and contract management obligations under the HSS program clear?
  - Are the program outcomes measurable?
  - Are the program objectives and expected client outcomes able to be clearly communicated to stakeholders?
  
2. **Adequacy of support to clients to build their capability and independence**
  - Is the HSS service delivery model appropriate to meet the stated objectives of the program?
  - How are stakeholder and client expectations about client outcomes identified and managed through the program?
  
3. **Risk Management and Assurance**
  - Does the risk management and assurance framework for the program improve the Department's and service provider's understanding and management of program risks?
  - How effective is the range of processes, mechanisms, procedures and tools used by either the Department or the service provider under the HSS?
  
4. **Key Performance Indicators (KPIs)**
  - Do the KPIs effectively monitor service provider performance and ensure effective delivery of the services delivered through the HSS program?
  - Do the KPIs provide an adequate measure of client outcomes?
  - Do the KPIs capture the most critical success factors for initial settlement?
  
5. **Assess the Quality Assurance (QA) program in relation to its appropriateness, timeliness and efficiency**
  - Does the Department have sufficient direct access to clients through the QA program to assess service delivery from a client perspective?
  - How do relevant staff capabilities and competencies fit into the QA and performance management framework?
  - How effective is the overall QA strategy and its components – particularly the tools, procedures, feedback and rectification components?
  
6. **Mapping and assessing the effectiveness, efficiency and timeliness of issues management by the program and DIAC**
  - What are the escalation processes? Are these effective?
  - Do processes provide early alert to emerging issues and risks?
  - What are the resolution processes? Are these effective?
  
7. **Effective reporting processes**
  - Will the information collected through program reporting be sufficient to assess and validate the achievement of outcomes?
  - Does the reporting and associated data collection effectively support public accountability?

## **8. Overall program management**

- How do the Department and contractors work together to ensure effective program outcomes?
- Does DIAC's overall management approach and contract management practices effectively tie back to its obligations under the contract? (e.g. is there a convergence between service objectives and contract and performance management?)

The above list does not necessarily correspond precisely with the contents and discussion in this Report although they are fairly closely aligned. During the course of the Review new issues, of course, emerged and initial issues took on different dimensions or attracted a different perspective from, for example, front-line staff compared to that of executive management. This is not surprising as the list was developed to guide and assist the Review process, not determine its findings, conclusions, proposals or recommendations.

## Appendix 5 - Review Consultations

Stakeholder type	Number
HSS Service Providers	13
HSS Provider Staff	48
DIAC Personnel	79
Parliamentary Stakeholders	4
HSS Clients	13
Community Stakeholders	25
<b>Total Consultations</b>	<b>66</b>
<b>Total of Individuals Involved</b>	<b>169</b>

### HSS Service Providers

Within the above statistics the HSS Service Providers consulted were:  
ACCES Services (South East Queensland)

AMES (North East Melbourne, South East Melbourne and Gippsland, North Victoria, South West Victoria, West and Inner Melbourne)

Centacare Cairns (Far North Queensland)

Communicare (South Perth and Western Australia)

Migrant and Refugee Settlement Services (ACT and Surrounds)

Multicultural Development Association (Brisbane and Central Coast Queensland, South West Queensland)

Melaleuca Refugee Centre (Northern Territory)

Multicultural Services Centre (Northern Perth and Western Australia)

Migrant Resource Centre of Northern Tasmania (Northern Tasmania)

Migrant Resource Centre South Australia (Northern Adelaide, Southern Adelaide and South Australia)

Navitas English (Illawarra, Hunter Region)

Resolve FM (North West Sydney and Western NSW, Central and South West Sydney)

Settlement Services International (Central and South West Sydney)

## **Stakeholders**

Consultations were held with the Refugee Resettlement Advisory Council (RRAC) and the Settlement Council of Australia (SCOA). In addition a submission was received from the Refugee Council of Australia (RCOA).

Consultations were also held with the following providers who are funded by DIAC under the SGP program:

Northern Settlement Services (Hunter region, NSW)

South Eastern Region Migrant Resource Centre (Melbourne, Vic)

Multilink (Logan, QLD)

Other consultations included the Canberra Refugee Support Group, Josephite Refugee Support Network - Penola House Newcastle, Ernst & Young, Protiviti, an individual Newcastle property owner, a small number of HSS Clients and representatives of the Sudanese Community, Newcastle.



## **DIAC Personnel**

### **Executive**

Andrew Metcalfe, Secretary

Dr Wendy Southern, Deputy Secretary

Peter Vardos, Deputy Secretary

### **Australian Capital Territory**

Miranda Lauman, ACT Territory Director

Angeles Gomez, Branch Manager, Community Engagement and Multicultural Affairs, ACT

Chris Taylor, Community Engagement and Multicultural Affairs, ACT

Cris Corera, Community Engagement and Multicultural Affairs, ACT

### **New South Wales**

Jim Callow, Acting NSW State Director and Global Manager Refugee and Humanitarian Visas

Colin Lindsay, Director, Multicultural Affairs and Settlement, NSW

Adam Blinman, Multicultural Affairs and Settlement, NSW

Fiona Clarke, Ministerial Executive Services Branch, NSW

Amal Etri, Multicultural Affairs and Settlement, NSW

Eman Safa, Multicultural Affairs and Settlement, NSW

Gonzalo Vilches, Multicultural Affairs and Settlement, NSW

Jaime Flynn, Multicultural Affairs and Settlement, NSW

Sandra Fleming, Multicultural Affairs and Settlement, NSW

### **Northern Territory**

David Edwards, NT Territory Director

Lidia di Lembo, NT Deputy State Director

Lisa Kulmar, Multicultural Affairs and Settlement, NT

Myrna Smith, Multicultural Affairs and Settlement, NT

### **Queensland**

Adrian McCabe, QLD Deputy State Director

Angela Naumann, Settlement and Multicultural Affairs, QLD

David Wakely, Settlement Programs and Planning, QLD

Heidi Smith, Settlement Programs and Planning, QLD

John Stavridis, Settlement Programs and Planning, QLD

### **South Australia**

Fevronia Plomaritis, Acting Deputy State Director, SA

Danny McAteer, Acting Director, Settlement and Multicultural Affairs, SA

Cristina Eliseo, Settlement and Multicultural Affairs, SA

Jeffery Tayler, Settlement and Multicultural Affairs, SA

## **Tasmania**

Todd Jacob, TAS State Director

Barnaby Smith, Director, Multicultural Affairs, Citizenship and Settlement, TAS

Lynne Brown, Multicultural Affairs, Citizenship and Settlement, TAS

Richard Potts, Multicultural Affairs, Citizenship and Settlement, TAS

Roselyne Menezies, Multicultural Affairs, Citizenship and Settlement, TAS

Vicki Daniel, Multicultural Affairs, Citizenship and Settlement, TAS

## **Victoria**

Jose Alvarez, VIC State Director and Global Manager, Borders

Paul Farrell, Global Manager, Citizenship, Settlement and Multicultural Affairs

Simon de Vere, Director, Settlement and Multicultural Affairs, VIC

Jason Zaikos, Settlement and Multicultural Affairs, VIC

Jenny Richards, Settlement and Multicultural Affairs, VIC

Martha Papagiannis, Settlement and Multicultural Affairs Branch, VIC

Roselyne Nayna, Settlement and Multicultural Affairs, VIC

Stav Hatzipavlis, Settlement and Multicultural Affairs, VIC

## **Western Australia**

Leonie Sheppard, WA Deputy State Director

Gillian Murphy, Settlement and Multicultural Affairs, WA

Joelene Chua, Settlement and Multicultural Affairs, WA

Lynda Montgomery, Settlement and Multicultural Affairs, WA

Veronica Bannon, Settlement and Multicultural Affairs, WA

## **National Office**

Gavin McCairns, First Assistant Secretary, Risk, Fraud and Integrity Division

James Fox, First Assistant Secretary, Citizenship, Settlement and Multicultural Affairs Division

Kate Pope, First Assistant Secretary, Community Programs and Children Division

Stephen Sheehan, Chief Financial Officer

Chris Hodges, Assistant Secretary, Governance and Audit Branch

Fiona Lynch-Magor, Assistant Secretary, Refugee Support Branch

Frances Finney, Assistant Secretary, Citizenship Branch

Peter Templeton, Assistant Secretary, Settlement Branch

Vincent Giuca, (former) Assistant Secretary, Refugee Support Branch

Tony Judge, Assistant Secretary, Property, Procurement and Contracts Branch

Amanda Williams, Financial Strategy and Budgets Branch

Daniella A'ddario, Refugee Support Branch

David Dedenczuk, Refugee Support Branch

Joe Koekemoer, Refugee Support Branch

John Donnelly, Governance and Audit Branch  
Kerrie Mitchell, Refugee Support Branch  
Lin White, Settlement Branch  
Mark Cavanagh, Refugee Support Branch  
Michael Mays, Refugee Support Branch  
Min Wang, Refugee Support Branch  
Natalia Nikolic, Refugee Support Branch  
Nicholas Taylor, Refugee Support Branch  
Ondrae Campbell, Refugee Support Branch  
Oxana Reed, Refugee Support Branch  
Richard Schmidt, Refugee Support Branch  
Ruth Marquez-Wood, Refugee Support Branch  
Sandra Clissold, Refugee Support Branch  
Sean Thirtle, Operational Performance and SDN Support Branch  
Steven Turbitt, Refugee Support Branch  
Taryn Weaver, Refugee Support Branch  
Yvonne Cailles, Refugee Support Branch

Review Workshops

Workshop	Date	Attendees
<b>Global Management Workshop</b>	02/09/2011	<p>James Fox, First Assistant Secretary, Citizenship, Settlement and Multicultural Affairs, DIAC</p> <p>Paul Farrell, Global Manager, Citizenship, Settlement and Multicultural Affairs, DIAC</p> <p>David Walsh, A/g First Assistant Secretary, Refugee, Borders and Onshore Services, DIAC</p> <p>Fiona Lynch-Magor, Assistant Secretary, Refugee Support Branch, DIAC</p> <p>Adrian McCabe, Deputy State Director QLD, DIAC</p> <p>Simon de Vere, Director, Settlement and Multicultural Affairs VIC, DIAC</p> <p>Leah Nichles, Director, Status Resolution VIC, DIAC</p> <p>David Richmond, Reviewer</p> <p>Joy Puls, Review of HSS Performance Measures and Contract Management, DIAC</p> <p>Corinne Plum, Review of HSS Performance Measures and Contract Management, DIAC</p> <p>Amanda Robinson (Observer)</p>

Workshop	Date	Attendees
<b>Performance Assurance, Quality Assurance and Quality in and around HSS</b>	02/09/2011	<p>James Fox, First Assistant Secretary, Citizenship, Settlement and Multicultural Affairs, DIAC</p> <p>Paul Farrell, Global Manager, Citizenship, Settlement and Multicultural Affairs, DIAC</p> <p>Jose Alvarez, State Director VIC, DIAC</p> <p>Michael Mays, Director, HSS Orientation Program, DIAC</p> <p>David Dedenczuk, A/g Director, HSS Contract Management, DIAC</p> <p>Sean Thirtle, Director, Performance Management and Analysis, DIAC</p> <p>Greg Moore, Fraud Investigations and Prosecutions, DIAC</p> <p>David Richmond, Reviewer</p> <p>Joy Puls, Review of HSS Performance Measures and Contract Management, DIAC</p> <p>Corinne Plum, Review of HSS Performance Measures and Contract Management, DIAC</p>

Workshop	Date	Attendees
HSS Referral Processes	05/09/2011	<p>Fiona Lynch-Magor, Assistant Secretary, Refugee Support Branch, DIAC</p> <p>Bianca Murcutt, A/g Director, Community Detention Policy, Community Detention Policy, DIAC</p> <p>Sandra Clissold, A/g Director, HSS Program Management, DIAC</p> <p>Oxana Reed, Refugee Support Branch, DIAC</p> <p>Taryn Weaver, Refugee Support Branch, DIAC</p> <p>David Richmond, Reviewer</p> <p>Joy Puls, Review of HSS Performance Measures and Contract Management, DIAC</p>

Workshop	Date	Attendees
HSS Referral Processes and Key Tools	05/09/2011	<p>David Dedenczuk, A/g Director, HSS Contract Management, DIAC</p> <p>Sandra Clissold, A/g Director, HSS Program Management, DIAC</p> <p>Jo Napier, Detention Health Operations, DIAC</p> <p>Angela Naumann, Settlement and Multicultural Affairs QLD, DIAC</p> <p>John Stavridis, Settlement and Multicultural Affairs QLD, DIAC</p> <p>Heidi Smith, Settlement and Multicultural Affairs QLD, DIAC</p> <p>Gillian Murphy, Humanitarian and Settlement WA, DIAC</p> <p>Mary Asic Kobe, ACCES Services</p> <p>Rachel Evans, AMES</p> <p>Mirta Saponja, AMES</p> <p>Lililjana Kadric, AMES</p> <p>Peter Jarrett, AMES</p> <p>David Richmond, Reviewer</p> <p>Joy Puls, Review of HSS Performance Measures and Contract Management, DIAC</p>

Workshop	Date	Attendees
<b>HSS Recording, Reporting and Accountability</b>	07/09/2011	Paul Farrell, Global Manager, Citizenship, Settlement and Multicultural Affairs, DIAC Sean Thirtle, Director, Performance Management and Analysis, DIAC Nicholas Taylor, Refugee Support Branch, DIAC Judy Cheng, Refugee Support Branch, DIAC Steve Turbitt, Refugee Support Branch, DIAC Joe Koekemoer, Refugee Support Branch, DIAC David Richmond, Reviewer Joy Puls, Review of HSS Performance Measures and Contract Management, DIAC

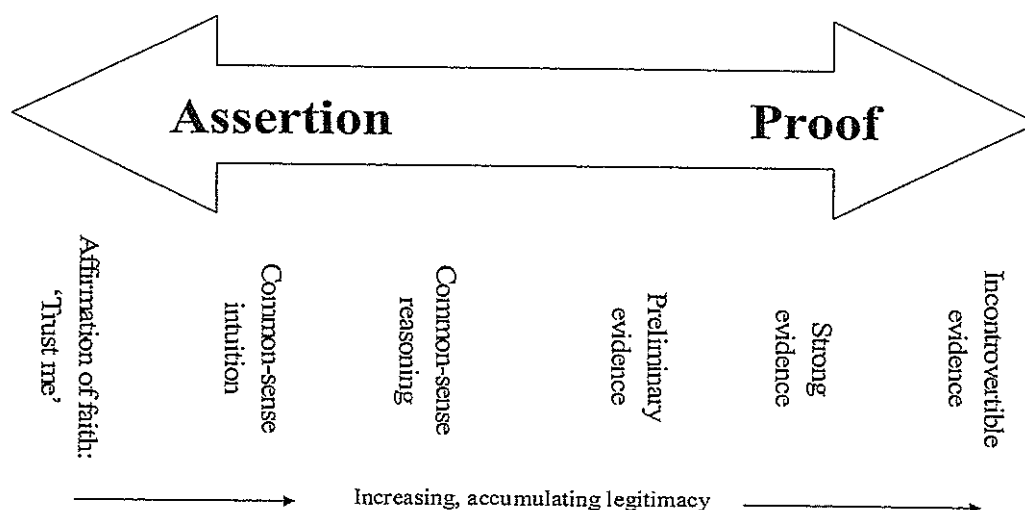
## Appendix 6 - Measuring HSS Quality, Outputs and Outcomes

### KPIs and Quality

In spite of the outward confidence of some about the ability to measure performance and outcomes in human services delivery the reality is that measuring effectiveness and quality often requires sophisticated research tools with the measurement process itself needing constant monitoring. Such tools are often developed over time sometimes through iterative processes and limited by the ability to control environmental influences. In the HSS context such measurement is more usefully applied to the broader impact of overall DIAC settlement activities.

Settlement is a long term process and the life experiences, wellbeing, health and quality of outcomes for individuals and groups of clients is inherently difficult to assess or measure let alone confidently attribute to HSS or any other settlement (or, for that matter, human services) program run by any level of government (see Appendix 13). Nevertheless the community and all of those involved in HSS are entitled to be able to assess and monitor performance of the HSS program.

In the language of some of the public administration literature around outcomes and accountability the HSS program, through its Performance Assurance Framework, manages outcomes along a spectrum ranging from assertion through to attempts to gather and validate incontrovertible evidence.



Source: Baehler, Karen, Management Outcomes: Accountability and Thrust, *Australian Journal of Public Administration*, Vol 62, Issue 4, pp 23-34.

### What can HSS achieve?

The HSS Program is in a sense a mechanism to facilitate and guide clients in the 'first steps' of settlement. Settlement, as indicated above, is a long term process and the life experiences, wellbeing, health and quality of outcomes for individuals and groups of clients is inherently difficult to assess or measure let alone confidently attribute to HSS or any other settlement (or, for that matter, human services) program run by any level of government. The draft Strategic Plan for the period 2011-14 of the Settlement Council of Australia (SCOA) puts this issue into context rather well:

The settlement process is generally understood to be a continuum. At one end the individual embarks upon the trip to 'settle'. How successful and complete this will be depends on many factors including personality, life-experience, age, opportunities and capabilities. Some people will have quick and successful settlement experiences, others will not. But the process is not necessarily linear and, even when it is, it may be reversed under some

circumstances such as negative life experiences (for example, re-traumatisation, or loss of mental acuity with age or injury).

Settlement – what it is and how it is achieved – constantly changes, as does the client base of service providers. This is a highly dynamic and fluid sector ...

Settlement is not solely the responsibility of settlement services ... Nevertheless, no mainstream program can support all the highly complex needs of settlement service clients, but some services can be provided by mainstream government agencies, business, or charitable institutions. This makes for a somewhat 'porous' service environment, where some are settlement specific, others are not, even though they may have responsibilities to humanitarian entrant or migrant clients (p 9).

Further in human services programs the official 'goal posts' are very likely to change over time and stakeholders will, to ongoing degrees, accept and keep up with such changes. For example the AMEP program provided by DIAC has recently modified its program objective in response to changing social circumstances particularly around the characteristics of its client cohort. In respect of AMEP, there has been an expectation in the past that the program should be able to equip AMEP Clients with 'Functional English'. However given that the majority of AMEP Clients (approximately 60 per cent) begin the program with little or no English, this expectation has proven unattainable and unrealistic. A more accurate description of the program is that it provides preliminary English skills in a specifically settlement context, teaching English while introducing newly arrived clients to Australian social norms and practices, services, and the rule of law.

There are still many different values and philosophies at work in the settlement sector (see 4.2). These are often competing and contradictory, ranging from the opinions and perspectives that represent, what some may consider, a paternalistic and long-term approach to welfare and wellbeing in order to assist clients to settle, to a view from some clients, and others, that such an approach is disabling and impairing of clients in achieving successful settlement.

The Review is conscious of the fundamental Objectives of HSS of facilitating independence and recognises that risk taking is a part of normal life. However, there is the reality of the vulnerability of some clients particularly in the early stages of settlement and an appropriate balance of consideration of risks is needed. The Review does not wish to encourage in HSS or in the community generally a view that life is risk free and when something goes wrong there is always a government official, or in this case a Provider, to blame. However, there is a need for informed risk and contingency management in HSS which is more client centred than at present (see 4.9.2).

### **Evaluation in Practice**

There are numerous examples and approaches to program evaluation but increasingly most emphasise the need to examine a range of dimensions and forms of measurements including capturing informal feedback and both formal and informal facets of client well being and/or welfare. In addition, two other themes are significant:

- The nature of the contract (is it largely 'commercial' or is it more 'relational'?)
- Understanding the emotional and political nature of the environment of the client and the Provider including some of the complexities and ambiguities in attitudes which are present around specific client cohorts and/or areas of service policy.

These approaches include attempts at developing frameworks with multiple domains such as client outcomes, administrative or service delivery systems, service viability, contribution and linkage between formal Service Providers and more informal community networking. Within a relevant domain might be specific issues to be explored in detail such as facilitation of client independence and client ability to access generic community services (see for example: Fisher, K, Parker S and Purcal, C, 'Measuring the Effectiveness of New Approaches to Housing Support Policy for Persons with Disabilities', *Australian Journal of Public Administration*, Vol 68, No.3, pp 319-32, 2009).

A further consideration is the extent to which contracts emphasise 'commerciality' or 'relationality' and how under either appropriate incentives apply to encourage continuous quality improvement



across all elements of services delivery and management including adequate and respected accountability at all levels of the political process (local, regional and national) (see, for example, Wong, H.K, 'Reforming Social Services in Hong Kong: The Role of Contracting and Performance Management in the Non-Profit Sector', *Australian Journal of Public Administration*, Vol 67, No.1, pp 97-105, 2008). The HSS Contract is fundamentally a commercial Contract. Its overall effectiveness is very much about how well relationships are managed by all concerned – DIAC, Service Providers, stakeholders and clients (see, for example, 4.5.5, 4.5.6 and Appendix 7). In the latter case the ability of DIAC and the settlement sector to model mutually satisfactory relationships which are also client centred is a part of the clients' initial Australian life experience in dealing with Australian social institutions.

### **Juggling Complexity and Ambiguity**

In 2006 the Inter Departmental Committee which addressed a whole-of-government strategy to improve settlement outcomes for humanitarian entrants suggested that the most critical factors in successful settlement were learning English, getting a job, committing to Australian values and participating in mainstream activities. In 2011 it might be appropriate to add a factor such as stability and adequacy around accommodation requirements. In respect of all of the above factors a realistic position is that the HSS program will certainly contribute to each one but it may well be in very small initial 'steps' in the period of HSS by clients. Within HSS various components of organisational strategy and structure (e.g. the overall Assessment Framework, QA Framework, Risk and Issues Management processes) are designed to give feedback and provide accountability and assurance that on various indications of process and client outcomes HSS is effectively and efficiently assisting clients to take these early steps in a manner consistent with HSS Objectives and Principles.

The recent experiences (see 4.13) with HSS in Newcastle (under what was IHSS) and the tensions observed by the Review in some localities between, for example, competitive HSS and SGP Providers and the wider concerns of some stakeholders that HSS through its contracting arrangement narrows the ambit of conditions which might assist clients not only to take the first steps but move beyond those steps, demonstrate the ambiguity of the HSS environment. Its complexity is both around its content and the needs and characteristics of clients and that it is, in any case, only one part of the complex settlement journey.

As discussed above at work in the sector are a range of opinions, philosophies and emotions which are readily translated into the political environment if not the evaluation context. The challenge for policy and evaluation is to capture these emotional dimensions in a constructive manner to ensure they are acknowledged, examined, analysed and, as necessary, challenged. They should contribute to evaluation, in an appropriate and disciplined way, rather than undermine evaluation and the actions which follow from evaluation (see Freiberg, Arie, and Carson W.G, 'The Limits to Evidence-Based Policy: Evidence, Emotion and Criminal Justice', *Australian Journal of Public Administration*, Vol 69, No.2, pp 152-164, 2010).

In this environment and in other human services programs, the pursuit of single-focus results management, in the Review's opinion, has real limitations. It must be supplemented and complemented by organisational strategies and structures which, while making the best of modern management tools and techniques, build in a capacity to effectively absorb, manage and utilise the complex on the ground program intelligence as a means of legitimate organisational intelligence. A key element of this is the personal capabilities and competencies of HSS staff particularly those involved in contract management in order to assist to sustain an effective fit between the program's external environment and its internal resources and corporate capabilities (see 4.4.3 and Appendices 7, 8 & 9). Measurement of quality, outputs and outcomes is likely to be more effective if the particular tools are not only fundamentally sound and 'fit for purpose', including a clear systemic client focus, but are also well supported in a proactive manner by overall organisational strategy and structure.

### **Conclusion**

Achievement of quality client outcomes requires a multidimensional approach to monitoring and evaluation including more relevant and specific client centered considerations particularly in quality

assurance and risk and contingency management processes. Particular considerations in the HSS context are enumerated by the Review in respect of Quality Assurance (at 4.7.4 & 4.7.6) and in regard to Risk Management at (4.9). These also need to be supported by an effective overall assurance framework and organisational structure. In addition, organisational strategy and structure needs to effectively align with the program's external environment (as described in 4.5). At the same time staff capabilities and competencies need to be appropriate to the DIAC role (see Appendix 7) especially in relation to contract management and a proactive approach adopted to managing and resolving issues that are identified in the system (see 4.10).

A clear focus on an ability to analyse and report appropriately through formal reporting channels is also important, such as analysing KPIs. However, a critical adjunct to all of the above is the ability to capture and utilise on the ground program and sector intelligence and to recognise and address the emotional and philosophical concerns which sometimes are 'wrapped around' this feedback. A good indicator of effectiveness is this extent to which processes such as Quality Assurance management (including developing fundamental service delivery tools) and the LACs value and respond to external and stakeholder involvement.

## Appendix 7 - The Contract Manager - Organisational Context, Roles and Responsibilities

DIAC has a devolved contract management model. Although the day to day management/administration of the Contract is undertaken by the Contract Manager, ultimately it is the responsibility of the delegated relevant senior executive (in the HSS context, the First Assistant Secretary, CSM) to manage the Contract. The delegate must be satisfied that the contract management is in accordance with the relevant legislation and policy framework, and applicable Contract objectives and conditions. It is important that the role and identity of the relevant senior executive is understood by the Contract Manager and their supervisor.

Contract Managers are DIAC's frontline resource in supporting Providers to deliver their Contract obligations and provide quality client services and in ensuring DIAC's obligations to clients are met.

A Contract Manager must have a detailed knowledge of the contract and other relevant issues, such as contract Key Performance Indicators (KPIs), any related Memorandum of Understandings, relevant policies and ongoing Provider performance. They must also have the appropriate skills (both specific contract management skills and more general commercial awareness and expertise), with access to relevant training and development. Contract Managers must have clear objectives and reporting lines and their performance is to be managed through reviews and appraisals (i.e. Performance Development Agreements or PDAs). The Contract Manager must also have appropriate delegated authority to manage the contract effectively.

A Contract needs to be managed to ensure that value for money is maintained and maximised, that contractor performance is monitored, and that legislative and policy requirements such as the *Financial Management and Accountability Act 1997* are complied with throughout the life of the contract. Most importantly that specific Contract outputs and outcomes are being achieved.

Sound and effective contract management is vital. Sound contract management helps ensure good Contract outcomes, which in turn helps DIAC to meet program objectives. Failure to properly manage a Contract can result in inadequate Provider performance and have a negative impact on DIAC's ability to effectively service clients and meet requirements of government. Effective contract management requires sound planning, good understanding of the Contract, adequate contract management skills and the allocation of appropriate contract management resources. Contracts must be actively managed throughout their full cycle to ensure Provider performance is satisfactory, stakeholders are well informed and all Contract requirements are met. Three key procurement principles apply to day to day contract management:

- Value for money
- Efficient, effective and ethical use of resources
- Accountability and transparency

The Contract Manager is responsible for establishing a working relationship with the Service Provider, then assessing, managing and monitoring the Contract, and the Service Provider's achievement against the KPIs and the monies paid for services delivered. The relationship should be focused on working collaboratively to deliver the program. Notwithstanding the need to address the provisions of the contract as part of contract management performance there is an overriding need to ensure that relationships with the Service Provider and related stakeholders are such that the Contract Manager maximises and utilises these relationships to get the best out of the contract, Service Provider and stakeholder.

DIAC has identified a further four contract management principles in applying the relevant specific Contract provisions:

- Risk management – contract management risks should be identified, allocated, managed and mitigated appropriately and effectively
- Performance & compliance management – Contracts should be managed to promote the efficient, effective and ethical use of public money in a continuing basis
- Relationship management – terms of the Contract should be enforced and disputes managed in a professional manner
- Change management – Contracts should include clear change management processes

In addition day-to-day contract management also includes:

- managing resources
- specifying responsibilities
- behaving ethically
- keeping records

Contract Managers must ensure that they are fully across the contract obligations and requirements, including KPIs, reporting due dates and any deadlines. A list of the key responsibilities of the HSS Contract Manager is provided below (this is not an exhaustive list):

- communication with Service Providers to inform, clarify and advise on their contractual obligations
- monitoring progress against contractual obligations (including KPIs)
- monitoring and providing feedback to Service Providers on six-monthly reporting, within the timeframes specified in the Contract
- development and implementation of remedial action (e.g. Action Plans) in situations where any KPIs are not met
- ensuring payments are made in accordance with the Contract
- negotiation and implementation of contract variations as required
- financial reconciliations as well as ongoing monitoring of Contract funding
- managing and organising contract management meetings on a quarterly basis
- resolving any complaints raised by Providers in accordance to the dispute resolution provisions in the contract and complaints handling process
- liaising with stakeholders and participating in LAC meetings and ensuring follow up of relevant issues
- liaising on issues with National Office
- assisting in the development and implementation of HSS policy and program

HSS Contract Managers are located in State and Territory Offices and operate within the following framework upon a client receiving a visa and entering the HSS program:

- the STO accepts referrals through HEMS and determines the appropriate Contract region (where there is more than one Contract region in the state) dependent on Service Provider capacity and the case assessment
- the STO refers the client (case) to the Service Provider via HEMS

- Contract Manager is responsible for the day to day management of the Contract and is the primary point of contact for the Service Provider
- Attend formal quarterly contract management meetings with the Service Provider to discuss service delivery issues, provide feedback on performance, monitor progress against the Annual Work Plan and participates on LAC meetings
- Involvement in the ongoing Quality Assurance (QA) program including:
  - Client Contact visits
  - On-arrival observations
  - Accommodation inspections
  - Client file checks
  - Reporting to National office summarising QA outcomes
- Responsible for assessing Service Provider Six-monthly Performance Reports
- Responsible for monitoring the Service Providers fix for identified quality issues
- Report to National Office as part of the ongoing QA process on commonly occurring issues and significant incidents
- Upon receipt of the Service Provider's invoice, the Contract Manager check the Service Payment Points against HEMS activities prior to sending to National Office for payment
- Send invoices to the HSS Contract Manager (Finance) within the Financial and Policy Management Section in National Office for payment within 30 days of receipt of a correctly rendered invoice

Monitoring of Service Provider performance is a key Contract Manager role and responsibility. Effective Service Provider performance monitoring and management, including Policy and Procedure management, requires the Contract Manager to:

- Ensure that the contracted services are delivered in accordance with the Services Schedule/Official Order and the terms of the contract
- Ensure that all associated risks are identified and managed and that effective communication is maintained between all parties
- Undertake regular checks of the Service Provider's progress to ensure that contract obligations are being met
- Check that all conditions and clauses in the contract are acted upon
- The DIAC Contract Manager should be aware of any breaches of contract and apply the breach process as required
- Advise the Service Provider in writing if dissatisfied with any aspect of performance under the contract
- Undertake immediate action if a problem occurs and involve senior representatives of both DIAC and the Service Provider to solve any identified problems as soon as appropriate
- Keep adequate written records of all dealings with the Service Provider and of the administration of the contract, for example, file notes of inspections, telephone conversations and records of meetings.

DIAC Contract Managers will use a number of processes to monitor service delivery standards. These include an annual and ongoing QA process, Client Contact Visits, observations of reception, initial food provision and initial accommodation processes, orientation services, inspection of supplied goods (BHG), client file checks and other ad-hoc checks/audits as required by the Department. DIAC will consider the Service Provider's Six-monthly Reports in the light of its own observations and feedback from clients and stakeholders.

Generally in the larger State and Territory Offices, Contract Managers report to a Settlement Manager who in turn reports to a Deputy State or Territory Director who is responsible and accountable to the Global Manager (CSM). On a day to day basis the Contract Manager has regular dealings with the Program Management and Contract Management sections within the CSM Division in National Office. Within the DIAC staffing structure and levels Contract Manager positions range from APS Level 5 (APS5) to APS Level 6 (APS6).

Sources:

*Contract Management Manual* (draft v6), Procurement and Contracts Branch, Financial Strategy and Services Division, Canberra, 2011

*HSS Policy and Procedures Manual* (draft), HSS Contract Management Section, Refugee Support Branch, Canberra, 2011

*Humanitarian Settlement Services (HSS) – Program Context and Overview*, Internal Review Policy Paper, July 2011

*Deed of Agreement for the Provision of Humanitarian Settlement Services*, HSS Contract, 2011

## Appendix 8 - Contract Management Capabilities and Competencies

<b>CORE CAPABILITY 1</b>	
<b>Demonstrates professional or technical proficiency</b>	
Understands and effectively applies to the contract management role a thorough and demonstrated detailed knowledge of contract management generally and of the HSS Contract and the issues and circumstances which impact on the settlement sector, clients, Service Providers and stakeholders.	
<b>Critical Competencies</b>	
<ul style="list-style-type: none"> <li>• Sound knowledge of the contractual requirements and how they relate to the Principles and Objectives of the HSS Contract</li> <li>• Develop a thorough understanding of the HSS Contract, particularly with regard to the terms and conditions, the deliverables and Contract explanations and interpretations through the Policy and Procedures Manual (PPM)</li> <li>• Familiarity with the underpinning purpose and philosophy of the settlement sector and its evolution overtime</li> <li>• Sound judgement, critical analysis and reasoning skills</li> </ul>	
<b>Supporting Competencies</b>	
<ul style="list-style-type: none"> <li>• Ability to actively monitor and manage the Contract, Service Provider performance, quality and compliance with Contract terms and conditions</li> <li>• Clear understanding of the respective roles and responsibilities and Contract deliverables</li> </ul>	
<b>Attributes</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>• Strive for service excellence</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Generic understanding of Contract Management</li> <li>• Sound functional knowledge of key issues and their implications for humanitarian clients and the settlement sector</li> <li>• HSS Contract and Policy and Procedures Manual</li> <li>• Knowledge of the Service Provider's capabilities</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• High level of capability in applying technical, professional or specialist skills and knowledge</li> <li>• Strong critical analysis and reasoning skills</li> <li>• Strong subject matter skills</li> <li>• Applies and builds professional expertise</li> <li>• Familiar with the theory and practical use of supporting tools and processes</li> <li>• Ability to provide sound advice</li> <li>• Know when to seek advice and assistance</li> <li>• An appreciation of the impact of the HSS program on others</li> </ul>

<b>Behaviours</b>	<ul style="list-style-type: none"><li>• Personal conduct supports the HSS principles</li><li>• Serves as a primary point of contact concerning contractual matters</li></ul>
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<b>CORE CAPABILITY 2</b>	
<b>Exemplifies personal drive and integrity</b>	
Demonstrates a thorough knowledge and application of the DIAC governance framework by achieving outcomes, resolving issues and solving problems in compliance with relevant rules and requirements.	
<b>Critical Competencies</b>	
<ul style="list-style-type: none"> <li>Uphold and meet the requirements of the <i>Public Service Act 1999</i>, the <i>Financial Management and Accountability Act 1997</i> (FMA Act), Commonwealth Procurement Guidelines and the standards of conduct required under APS Values and the APS Code of Conduct</li> <li>Understand and apply the relevant laws and accountability requirements and financial arrangements, including Chief Executive Instructions (CEI) and Chief Financial Officer Instructions (CFOIs)</li> <li>Apply the lessons of contract management experience through familiarity with tools such as the DIAC Contract Management Manual and the Australian National Audit Office (ANAO) Better Practice Guides</li> </ul>	
<b>Supporting Competencies</b>	
<ul style="list-style-type: none"> <li>Alert to issues and situations that involve judgements about ethical behaviour and practices and have regard to the Government's ethical requirements</li> <li>Sound understanding of the operating environment, knowledge of Government and Departmental priorities, processes and requirements and associated strategic business plans</li> </ul>	
<b>Attributes</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>Promote and uphold the APS values, the APS Code of Conduct and other relevant professional codes of ethics and practice and aligns business processes accordingly</li> <li>Strives for service excellence</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>Subject Matter Knowledge, i.e. Contract and PPMs</li> <li>Awareness, consideration and application of the Public Service Act 1999, APS Values and APS Code of Conduct, FMA Act and the Commonwealth Procurement Guidelines</li> <li>Understand and apply relevant CEI, CFOIs and ANAO requirements</li> <li>Knowledge of delegated authority</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>Commercially aware and able to analyse commercial proposals</li> <li>Internally and externally credible</li> <li>Consideration given to political and public sensitivities</li> </ul>
<b>Behaviours</b>	<ul style="list-style-type: none"> <li>Demonstrates the highest levels of professionalism, independence, integrity, honesty, accountability and ethical behaviour</li> <li>Provides leadership in ethical behaviour and ensures that the department's goals, priorities and standards are met regardless of</li> </ul>

	<p>personal views or agenda</p> <ul style="list-style-type: none"><li>• Applies and builds professional expertise</li></ul>
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**CORE CAPABILITY 3****Cultivates productive working relationships**

Achieves required and expected outcomes while managing and maintaining effective and collaborative relationships which acknowledge and respect the roles, perspectives and professional and perceived judgements of colleagues, clients, Providers and stakeholders.

**Critical Competencies**

- Ability to communicate clearly and effectively in order to maintain productive, collaborative, professional relationships with stakeholders
- Effective interpersonal skills, liaison, negotiation and communication skills to effectively represent the Department to parties of the Contract
- Ability to convey a credible sense to all stakeholders of understanding and respect for their roles

**Supporting Competencies**

- Capacity to establish trust, encourage cooperation and recognise mutual aims through effective oral and written communication
- Ability to lead discussion, appreciate diverse viewpoints and encourage mutual cooperation

**Attributes**

<b>Attitudes</b>	<ul style="list-style-type: none"> <li>• Optimistic, transformational and dedicated to continuous improvement</li> <li>• Undertakes tasks in a motivated, confident, flexible and professional way</li> <li>• Committed to positive outcomes and resolution of issues</li> <li>• Values individual difference and diversity</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Subject Matter Knowledge, i.e. Contract and PPMs</li> <li>• Proficient and comprehensive knowledge of own role and accountability plus the roles of all parties involved</li> <li>• Knowledge of the Service Provider's culture, capabilities and ways of working</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Proven interpersonal skills and the ability to establish and maintain effective working relations in a multi-cultural environment with sensitivity and respect for diversity</li> <li>• Strong communication, negotiation, facilitation and team-building abilities</li> <li>• Presents information in a clear, timely and effective manner both orally and in writing</li> <li>• Ability to develop new or enhance existing relationships</li> <li>• Ability to broker agreements and mediate between parties</li> </ul>
<b>Behaviours</b>	<ul style="list-style-type: none"> <li>• Display professional behaviour</li> </ul>

	<ul style="list-style-type: none"><li>• Demonstrated ability to explain and articulate through oral and written communication channels</li><li>• Demonstrated ability to manage robust dialogue</li><li>• Nurtures internal and external relationships</li></ul>
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<b>CORE CAPABILITY 4</b>	
<b>Shapes strategic thinking</b>	
Achieves effective and efficient outcomes consistent with HSS Objectives and Principles through proactive and rigorous contract management integrating critical analysis, problem solving, 'on the ground' observations and exercise of professional judgement while contributing to HSS strategic development.	
<b>Critical Competencies</b>	
<ul style="list-style-type: none"> <li>• Anticipate and address emerging issues and Contract risks utilising analysis and critical reasoning through trend analysis, synthesis, linkage and questioning</li> <li>• Develops solutions that are outcomes focused and informed by a strategic perspective and are consistent with the HSS Principles and Objectives</li> <li>• Clearly articulate decisions and provide clear direction particularly to Service Providers</li> </ul>	
<b>Supporting Competencies</b>	
<ul style="list-style-type: none"> <li>• Applies sound research and analytical skills to complex and/or sensitive policy, projects and issues in the workplace</li> <li>• Undertakes performance management responsibilities in a timely and constructive manner and makes evidence-based and consistent decisions, in line with policy</li> <li>• Effective financial management and monitoring</li> </ul>	
<b>Attributes</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>• Strives for service excellence and committed to and aware of the need for continuous improvement and action</li> <li>• Undertakes tasks in a motivated, confident, flexible and professional way</li> <li>• Positive approach to solving problems, achieving goals, overcoming challenges and resolution of issues</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Awareness, consideration and application of the FMA Act and the Commonwealth Procurement Guidelines</li> <li>• Understand and apply relevant CEI and CFI requirements</li> <li>• Generic understanding of Contract Management <ul style="list-style-type: none"> <li>○ Specialist expertise in issues management and performance monitoring and delivery</li> <li>○ Contract performance reporting requirements</li> </ul> </li> <li>• Relevant client contact training modules and core foundation learning courses: <ul style="list-style-type: none"> <li>○ Personal Safety and Awareness</li> <li>○ De-escalation and Harm Minimisation</li> <li>○ Intercultural Effectiveness</li> <li>○ Introduction to Interview Skills</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Subject Matter Knowledge, i.e. Contract and PPMs</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Critical reasoning, judgement and analysis</li> <li>• Harness information and knowledge and awareness of emerging issues</li> <li>• Know when Service Provider performance requires corrective action, and is able to identify the appropriate action to be taken</li> <li>• Experienced in negotiating to achieve and maintain the necessary level of improvement</li> <li>• Ability to identify risks and takes appropriate steps to mitigate those risks</li> <li>• Thorough understanding and physical application of the Quality Assurance process</li> </ul>
<b>Behaviours</b>	<ul style="list-style-type: none"> <li>• Thinks strategically</li> <li>• Active participation in 'community of practice'</li> <li>• Establish a system against which the performance of both parties can be monitored and problems can be identified early, either before or as they occur</li> <li>• Provide regular and routine feedback to Service Providers regarding their performance (both positive and negative)</li> <li>• Prepared to challenge and effectively address underperformance, difficult or controversial issues.</li> <li>• Develop an issues register for monitoring, reporting, managing and. If relevant, escalating issues and risks</li> </ul>

<b>CORE CAPABILITY 5</b>	
<b>Communicates with influence</b>	
Contributes to the evolution and development of the HSS Program and the Settlement Sector through communicating and applying the lessons and experiences of the contract management role within DIAC, and as appropriate, to all stakeholders.	
<b>Critical Competencies</b>	
<ul style="list-style-type: none"> <li>Facilitates innovation and shares 'best practice' through feedback within DIAC and communication to Service Providers and stakeholders</li> <li>Through communication; guide, encourage and persuade the application of proven solutions or improvements</li> <li>Active engagement in ongoing improvement activities identifying areas for program improvement</li> </ul>	
<b>Supporting Competencies</b>	
<ul style="list-style-type: none"> <li>Development of Service Provider and team capability</li> <li>Ability to actively monitor and manage Contract performance, quality and compliance with Contract terms and conditions</li> <li>Capacity to establish trust, encourage cooperation and recognise mutual aims through effective oral and written communication</li> <li>Ability to make evidence-based and consistent decisions, in line with policy</li> </ul>	
<b>Attributes</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>Strives for service excellence and committed to and aware of the need for continuous improvement and action</li> <li>A positive attitude approach to solving problems, achieving goals and overcoming challenges</li> <li>Is prepared to challenge and address difficult or controversial issues</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>Subject Matter Knowledge, i.e. Contract and PPMs</li> <li>Provide specialist expertise in issues management and performance monitoring and delivery</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>Strong subject matter skills, i.e. Contract and PPMs</li> <li>Strong communication, negotiation, facilitation and team-building abilities</li> <li>Experienced in negotiating to achieve and maintain the necessary level of improvement</li> <li>Effective influencing/management skills</li> </ul>
<b>Behaviours</b>	<ul style="list-style-type: none"> <li>Thinks strategically</li> <li>Have a positive approach to solving problems</li> <li>Leads discussion, appreciates diverse viewpoint and encourages</li> </ul>

	<p>mutual cooperation to address issues</p> <ul style="list-style-type: none"><li>• Develop an issues register for monitoring and managing issues and risks</li><li>• Demonstrates a commitment to personal development</li></ul>
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<b>CORE CAPABILITY 6</b>	
<b>Achieves results</b>	
Plans, coordinates and effectively manages and controls the key tasks of the contract management role including facilitating, co-ordinating and, as appropriate, leading others and project managing complex tasks.	
<b>Critical Competencies</b>	
<ul style="list-style-type: none"> <li>• Guide, coordinate, facilitate and initiate action to achieve day to day Contract outcomes</li> <li>• Foster communication through both regular structured and informal communication forums between the Contract Manager and Service Provider</li> <li>• Assess and reassess emerging solutions and define plans to achieve outcomes</li> </ul>	
<b>Supporting Competencies</b>	
<ul style="list-style-type: none"> <li>• Provide specialist expertise in facilitation, liaison and coordination, project and strategic planning and delivery</li> <li>• Plans, directs, coordinates, and manages the various contracting functions, including: <ul style="list-style-type: none"> <li>○ Contract administration; managing tasks and consultation with stakeholders</li> <li>○ Monitoring compliance with Contract conditions</li> <li>○ Identification of milestone and key deliverables/outcomes</li> <li>○ Identify the roles and responsibilities of Contract participants</li> <li>○ Effective financial management and monitoring</li> <li>○ Monitoring of risks</li> <li>○ Contract performance</li> </ul> </li> </ul>	
<b>Attributes</b>	
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>• Motivate and lead people who may not be under the direct control of the Contract Manager</li> <li>• Energetic and able to handle stress</li> <li>• 'Can do' attitude</li> <li>• Strives for service excellence</li> <li>• Willingness to critically review current practices</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Project Management knowledge and competence</li> <li>• Subject Matter Knowledge, i.e. Contract and PPMs</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Ability to plan use of time, and to react to change in a flexible way</li> <li>• Capacity to work under pressure</li> <li>• Establish relationships to get tasks done in a timely way</li> <li>• Prioritising and working independently</li> </ul>

<b>Behaviours</b>	<ul style="list-style-type: none"><li>• Use skills available to get the best possible result</li><li>• Shows judgement, intelligence and common sense</li><li>• Takes responsibility for managing work projects including assigning work, setting priorities, and monitoring workflow and standards. to achieve results</li><li>• Demonstrates a commitment to personal development and applies and builds professional expertise</li><li>• Appropriate record keeping</li></ul>
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## Appendix 9 - Contract Management Education and Training Framework

### Background

The lack of training provided to support HSS Contract Managers to develop capability and knowledge in Contract Management was a consistent issue raised during consultations with the DIAC Executive and staff. The skills, competencies and experience of DIAC staff vary greatly across the Service Delivery Network; the requirement for both generic contract management training and training specific to the HSS program has broad appeal. Furthermore, consultations with DIAC staff revealed the gaps in training and knowledge have weakened the confidence of DIAC staff to assertively manage Contracts to deliver successful outcomes.

The Review recommends a formal training solution be developed as a matter of priority, to specifically meet the needs of HSS Contract Managers to practice concepts and techniques of planning and managing a Contract. This solution requires tailoring of a generic Contract Management Course to incorporate elements of Financial Management and development of interpersonal skills to build sustainable relationships. Enabling Contract Managers to develop a comprehensive foundation and the key skills required for effective contract management.

In addition, Contract Managers should undertake the one day core and foundation learning courses offered by DIAC; Intercultural Effectiveness and Introduction to Interview Skills training. Contract Managers should also undertake relevant client contact training courses, such as; Personal Safety and Awareness and De-escalation and Harm Minimisation delivered locally within DIAC.

In order to achieve a nationally recognised qualification such as a Diploma in Government (Contract Management), the formal training should be delivered by a specialist management training organisation, tailored and could also address issues such as Recognition of Prior Learning (RPL).

It is proposed that DIAC sufficiently resource, develop and deliver improved training for Contract Managers specific to the delivery of the HSS program. Training should be delivered to Contract Managers as soon as possible following appointment and critical elements identified and refreshed on an annual basis. It is proposed that training incorporate face-to-face training delivered using HSS case scenarios and an ongoing mentoring program.

### Part 1 - Generic Contract Management training

#### a) Philosophy and approach to Contract Management

- Understand the Contract and the primary objectives of the Contract
- Interpreting and implementing the terms and conditions of the Contract
- Contract management planning
- Understanding of the performance measures
- Stakeholder engagement
- Encourage continuous improvement
- Negotiation
- Clear and allocated roles and responsibilities (confirm the Service Provider understands their contractual obligations)
- Awareness of potential risks and strategies for the reduction and control of risks
- Managing performance issues

#### b) Financial Management obligations

#### c) Relationship Management

## Part 2 - HSS Specific Contract Management Training Framework

### a) Overview

Aligned with the schedule of contract management capabilities and competencies at appendix 8 this Framework is designed to provide face to face and/or web based training for HSS Contract Managers. It is designed to be provided in twelve (12) modules each model is assumed to be of around 3-4 hours duration (including comfort and refreshment breaks), across four (4) major Subject Areas (SA) with a range of Subject Topics within the context of each SA.

The modules are intended to be built around the HSS Contract, the HSS Policy and Procedures Manual and the, currently in preparation, DIAC Contract Management Manual. In addition, a set of notes covering all the modules would be available (around 30-40 pages) together with short case studies, examples and scenarios.

The Review notes that the HSS training course conducted in January 2011 was attended by all Contract Managers and according to feedback was well-regarded. The resources developed and utilised for this training course with some reformatting could inform some of the topics below.

The SA's are:

1. Contract Essentials and Supporting Infrastructure
2. Core Management, Facilitation and Coordination
3. Relationship Management and Program Evolution and Development
4. Evaluation and Assurance

The Review proposes the training methodology consists of:

- Scenario's involving case studies and examples
- Class and individual exercises
- Group discussion and reflection
- Role playing; assuming the roles of client, Service Provider, Contract Manager, active and passive stakeholder
- A minimal amount of presentations/lectures
- Individual and or group assessment of course outcomes

The Review suggests the following material contains the basis of a detailed brief to assist with the development and sourcing of the contract management training program. Further that the group of DIAC personnel (David Dedenczuk, Michael Mays, Barnaby Smith, Adrian McCabe and Nicholas Taylor) who assisted the Review with the development of this Training Framework continue to be utilised as an advisory group to the eventual provider.

b) Program Content

<b>SA 1. Contract Essentials and Supporting Infrastructure</b>	
<b>Module 1. The HSS Contract</b>	
<i>Topic/s:</i>	HSS Contractual Requirements and key clauses <ul style="list-style-type: none"> <li>• Interpreting and implementing the terms and conditions of the Contract</li> <li>• How to lay the foundations for compliance action and issue a breach notice?</li> <li>• Dispute Resolution</li> </ul>
	HSS Principles and Objectives
	Services Schedule <ul style="list-style-type: none"> <li>• Case management (and subordinate services – transit, essential registrations etc.)</li> <li>• Accommodation</li> <li>• Local Area Coordination</li> <li>• Volunteer Program</li> <li>• Orientation</li> </ul>
<b>Module 2: Governance Framework and operating environment</b>	
<i>Topic/s:</i>	Ethics: Awareness, consideration and application of the Public Service Act 1999, APS Values and APS Code of Conduct, FMA Act and the Commonwealth Procurement Guidelines
	Legislative and accountability requirements: Understand and apply relevant CEI, CFOIs and ANAO requirements
	Understanding of delegated authority
	Settlement sector background and issues
	Political and public sensitivities
<b>Module 3: Policy and Procedures Manual and supporting tools</b>	
<i>Topic/s:</i>	Applying the PPM's to day to day situations <ul style="list-style-type: none"> <li>• Guidelines</li> <li>• DIAC tools and templates <ul style="list-style-type: none"> <li>○ Case Management Plan template</li> <li>○ Needs Assessment template</li> <li>○ Mental Health Screening tool</li> <li>○ Youth Sub-plans</li> <li>○ Facilitators Guide - Orientation</li> </ul> </li> </ul>
	Identifying and monitoring service milestones
	HEMS

<b>SA 2. Core Management, Facilitation and Coordination</b>	
<b>Module 1. Roles and Responsibilities</b>	
<i>Topic/s:</i>	<p>Roles and Responsibilities of the Contract Manager</p> <ul style="list-style-type: none"> <li>• Reporting</li> <li>• Planning (Annual Work Plan, Contract meetings, Conferences)</li> <li>• Finance Policies and Procedures (e.g. how to verify a complex invoice, Service Payment Points, Duplication)</li> </ul>
	<p>Definition and awareness of the role of Contract Managers, State and Territory Office Management, National Office sections and the Global Manager</p> <ul style="list-style-type: none"> <li>• Escalation protocols (e.g. what issues to escalate)</li> <li>• Interaction between DIAC sections</li> </ul>
<b>Module 2: Client Referral process</b>	
<i>Topic/s:</i>	Role of HEMS
	Quality of the Referral
	Communication with Service Providers
	Service Provider capacity and management of capacity issues
<b>Module 3: Coordination and achievement of critical tasks</b>	
<i>Topic/s:</i>	Time management
	Identifying and juggling priorities (e.g. Referrals and Client incident reporting)
	Application of project management capabilities
	Awareness and linkage to other DIAC programs

<b>SA 3. Relationship Management and Program Evolution and Development</b>	
<b>Module 1. Stakeholder engagement</b>	
<b>Topic/s:</b>	Building and maintaining effective relationships
	Participation in corporate dialogue (e.g. provision of anticipated client trends to Service Providers) <ul style="list-style-type: none"> <li>• Keeping local stakeholders up to date on DIAC policy and strategy thinking</li> <li>• Involvement in LAC's</li> </ul>
<b>Module 2: Effective communication</b>	
<b>Topic/s:</b>	Effective written and oral communication skills (role playing)
	Informal communication requirements
	Preparing for meetings <ul style="list-style-type: none"> <li>• Quarterly Contract Management Meetings</li> <li>• Internal weekly teleconference</li> </ul>
	Performance Discussions (e.g. how to have a difficult conversation)
<b>Module 3: Assisting Service Providers to evolve and develop service delivery models</b>	
<b>Topic/s:</b>	Improving process efficiency and effectiveness (e.g. accommodation issues)
	Facilitating feedback to DIAC on systemic impediments to program evolution and development

<b>SA 4. Evaluation and Assurance</b>	
<b>Module 1. Quality Assurance and Performance Management processes</b>	
<i>Topic/s:</i>	Defining and communicating DIAC requirements
	Alerting Providers to emerging sensitive issues
	Conducting or involvement in Client Contract visits
	Client Contract visit reporting
	Continuous improvement
<b>Module 2: Managing Contract Risk</b>	
<i>Topic/s:</i>	Defining the Contract risk
	Regular monitoring and evaluation of the Service Provider provided Risk Management Plan
	Reduction and control of risk
	Assurance mapping
<b>Module 3: Undertaking research and analysis</b>	
<i>Topic/s:</i>	Reporting <ul style="list-style-type: none"> <li>• HEMS reporting</li> <li>• KPIs</li> <li>• how to assess and analyse a Service provider's Six-monthly Performance Report</li> <li>• Preparing a summary of the Six-monthly Performance Report</li> </ul>
	Issues Management

The Department needs to place this in the context of the work level standards. A reappraisal of the existing levels might be required in light of the proposed contract management competencies and capabilities proposed at Appendix 8. Through the global management structure, also consider options around the Contract Manager role and supervisory roles, e.g. why the supervisor has to be in the same State or Territory as the Contract Manager.

### **Part 3 – On-going Training and Development**

Aside from briefings and as necessary formal training to update on policy and procedural changes most on-going training and development is 'on the job'. Elements of which involve effective staff supervision, mentoring and a possible community of practice (e.g. working through complex case examples and exploring possible solutions). The effectiveness of this method could be further enhanced by creating a virtual community on the DIAC intranet to provide Contract Managers and supervisors with a mechanism for sharing experiences, case scenarios and practical and workable solutions.

It is the responsibility of the Global Manager reporting to the Program Leadership Group to ensure on-going training and development is occurring.



## Appendix 10 - Revised Framework for Client Contact Visits

### Background

Client Contact Visits (CCVs) form a valuable component of the broader quality assurance framework for the HSS Program. They provide a mechanism for real time quality control and for assessing the achievement of the program's core objectives at an individual client level. CCVs also provide a counterpoint to service provider self-reporting, enabling comparisons between the self-reflections of service providers and the service experience of clients.

A proportion of the CCV program should be targeted based on objective client risk factors. CCV activity should also be more reflective of the settlement locations within a contract region and more closely targeted to locations where the Department has particular concerns about service delivery. All CCV visits should be conducted independently of the relevant service provider.

A certain proportion of CCVs could be conducted at key phases in the client's initial settlement period (e.g. on arrival and post exit, with the remainder dedicated to visiting clients at the three, six or nine month marks).

### The Objectives of the CCV program

While KPIs, contractual obligations and other inputs will guide the design of the CCV program, they should not be the sole or key drivers of the program. The objectives of the CCV program should be to:

- Assess and validate the achievement of program outcomes at a client level
- Provide a mechanism for real time feedback both to the department and its service providers from the client's perspective
- Provide a mechanism to identify and implement program and service delivery improvements, and
- Allow the department to have confidence in the delivery of services.

### CCV annual targets

The following considerations should guide the development and targeting of CCV activity:

- CCV activity should be targeted to known client risk factors or exceptions (such as clients who have been exited from the program early, who have been in short term accommodation for longer than 12 weeks, who had complex pre-arrival needs etc)
- CCV activity should be targeted to known service provider risk factors
- CCV planning should ensure a representative sample of ethnicities, visa classes, band sizes and the particular locations that clients settle within a contract region
- CCV activity should be phased to ensure identified key phases in the settlement process
- CCV visits should be linked to the client file checks that are conducted through the annual QA review, thus adding greater meaning to that activity.

### CCV Templates

In line with the revised objectives for the CCV program, the CCV templates need to have a greater focus on assessing how the clients are settling and what progress they are making in achieving the core competencies required for life beyond the HSS. The following considerations should guide the redevelopment of CCV templates:

- *Questions should focus on assessing client knowledge and skills.* Open questions, such as 'where do you do your shopping, how do you get around, how often do you use public transport' will solicit an understanding of how clients are settling and their growing level of independence.
- *Questions should be tied to the core competencies and associated client outcomes.* For example, DIAC officers should be asking clients where their local Centrelink office/GP is located, how they

make appointments, how they get there, whether they use interpreters and whether they attend these appointments independently or are escorted by their case managers. In essence what is being sought is an indication of the extent to which clients are developing competencies in relation to finding information and accessing services.

- *Questions should focus both on systemic outcomes and life outcomes for clients.* For example, the CCVs should be used to explore what makes clients 'happy and unhappy', what concerns they have, what preoccupies them most. If the clients are 'unhappy', officers should explore what the client is concerned about, what they are doing about these concerns, who is helping them resolve these issues and so on. The aim here should be about assessing the client's resilience, aspirations, self-agency and ability to harness the support they need to achieve their goals.
- *Consideration should be given to providing indicative questions to demonstrate how officers could gain a deeper understanding of client settlement rather than a 'script' of set questions.* Prescribed questions lead to a "tick a box" approach. What should be sought is a broader and more personalised picture of how clients are settling.
- CCV reports should be captured largely in summary format rather than simply an itemised account of answers to set questions. The person conducting the interview should be asked to make an assessment of how the individual or family is going, the impact the HSS provider has had on their lives and gaps and opportunities for further work/client engagement.

#### **Post CCV evaluation and follow-up**

It is important to institute a structured debriefing process to accompany CCV visits. When contract managers return to the office, they should as a group present their findings to the state/territory settlement manager. This would give contract managers the opportunity to share experiences, compare strategies, identify common issues and improve practices. Where barriers are identified, the group should discuss the underlying causes (such as lack of client resilience, lack of appropriate support services, problems with program settings etc) and agree on appropriate follow up actions. This debriefing process should provide for structured feedback to contract managers, a level of assurance that their work has meaning and a clear set of actions to follow up on their findings.

#### **National CCV reporting**

Greater emphasis needs to be placed on gathering qualitative information relating to the outcomes of CCV activity. In particular, each state and territory should provide a consolidated report which includes both quantitative data on CCV activity and a qualitative analysis on what this activity is saying at a program level. Key focuses of this analysis could include:

- Settlement outcomes of clients and key settlement barriers
- Service provider performance and service delivery issues
- Program settings
- Client and program risk factors
- Priorities for future CCV and QA activity

## Appendix 11 - Options for Improving Referrals from Immigration Detention Centres to HSS

### Objective and Background

There is a clear need for better quality referrals from Immigration Detention Centres to HSS Service Providers. While on the surface it appears client-centred to move clients quickly out of detention once their Protection visa is granted, the haste in which client discharge information is collated, the brevity of the referral notification to the HSS Service Provider (e.g. less than 24 hrs up to two days), plus the short notice provided to any 'links' the client may have, compromises the ability of Service Providers (and links) to conduct pre-arrival planning and organise appropriate accommodation.

At the same time, it is understood that clients need to exit detention facilities quickly once their Protection visa is granted as they become, at that point, permanent residents of Australia, with all the benefits, entitlements, and mutual obligations that come with this status. The options below attempt to address both the need to release clients from detention at the earliest opportunity following their visa grant, *and* the need to inject a client-focus into referral processes to enable better quality discharge information, appropriate support to be available to the client on release, and sufficient notice of client arrivals to enable HSS Service Providers to conduct better pre-arrival planning.

The current process (or cycle) of referral of clients from detention centres is suitable for a 'steady state' of client releases from detention (e.g. up to 80 clients per week) but in reality releases are as likely to be 'surge and swell' as 'steady state'. Service Providers have articulated the need for the following in relation to improved referrals from detention:

- arrival forecasting
- releases from the Christmas Island Immigration Detention Centre on Tuesdays (instead of Thursdays), and
- a minimum seven calendar day's notice for all client referrals.

In the interests of better service provision to clients and improved corporate dialogue, these three objectives should be incorporated in any improvements made to detention release procedures and client referrals. Two options for improved processes, incorporating these objectives, are provided below.

### Option 1 – Early notification option

In this option information on clients who are likely to be granted a Protection visa (i.e. whose names appear on the submissions sent to the Minister) will be provided to relevant HSS Service Providers as 'tentative referrals' immediately after the Minister lifts the bar to allow visa application but in advance of the actual grant. This will allow for more comprehensive client-related data collection within detention – particularly client health information which needs to be collected from the contracted detention health provider – and a longer notice period to HSS Providers thus buying them more time to arrange suitable accommodation and conduct other essential pre-arrival planning. The process to be followed is detailed below.

- Settlement-related information will be actively sought from clients at key points of their stay in detention including the entry interview, the Refugee Status Assessment interview, and again at the point of visa grant.
- Interviewers will attempt to discern at these points if the client has any family or friends ('links') in Australia, what their preferred settlement destination is (if known), any health needs, their immediate goals, etc.
- All information collected from clients during their time in Immigration Detention to be recorded in a single system (CCMDS portal) as it collected.

- 'Tentative client' referral lists, along with as much preliminary information is available about client needs, are provided to relevant HSS Service Providers on Mondays and Wednesdays immediately after the Minister has signed.

#### **Benefits**

- This option provides more time to make client-centred placement decisions (thus potentially reducing the incidence of secondary movement and interruption to service support plans).
- There is more time to collect client's health discharge information from IHMS resulting in better management of client health risks and continuity of client care.
- Service Providers are provided with a minimum of seven calendar day's notice of client arrivals.

#### **Risks**

- Client's information is released to HSS Service Providers before the Protection visa is granted to the client. In some cases the release may not eventuate (occasionally the grant is delayed or cancelled due to a change in security or other checks, or ill-health) resulting in an incorrect referral to the Service Provider – however the likelihood of this is relatively low.
- Clients for whom settlement information is released, and their links, will have a high expectation of a visa grant.

#### **Option 2 – Single weekly submission cycle (and early notification)**

In this option, DIAC will forward one submission per week to the Minister's office recommending Protection visa grants (i.e. on Mondays) and the Minister will sign submissions on the same day or Tuesday of each week. HSS Service Providers will be provided client referral information immediately after signing.

#### **Benefits**

- This option has all the benefits of Option 1 plus the additional benefits detailed below.
- All clients (whether exiting from Christmas Island or mainland Detention Centres) will arrive at their final destination within normal business hours and well prior to the weekend (eliminating the current poor-practice situation where Christmas Island clients arrive at their final destination late on Fridays with no funds from Centrelink or Medicare cover).
- HSS Service Providers know client names and details at the beginning of the week for all cases arriving seven days later.

#### **Risks**

- As per option 1.

## Appendix 12 - HSS Reporting and Accountability Framework

### 1. Reporting and Accountability Mechanisms

#### Service Provider

- Six monthly reports
  - Activity
  - KPIs
  - Issues
- HEMS client based activity inputs (referrals, case load)
- Monthly invoices – activity based cost recovery (priced items in contract and service payment points)
- Annual Plan
- Risk Management Plan
- Transition Plan
- Incident reports
  - Client and/or incident based
  - Resolution/action
- Quarterly Provider/HSS meetings
- Responses to Ad Hoc inquiries
- LAC and Minutes
  - Operational
  - Strategy
  - Feedback
  - Program in action
- Quality Assurance
  - CCV
  - Desktop
  - Other Audits

#### State and Territory Offices (STO)

- Weekly telephone hook-up (Global Manager) / Contract Section
  - Minutes
- Management meetings (STO/Provider)
- Ad Hoc telephone etc contact with Provider
- Review and assessment of reporting from Provider

#### National Office

- Program reports
- Management mechanisms (e.g. Program Leadership Group)
- Regular Briefs/Reports (Senate/Cabinet)
- Annual Contract Management Conference
- Annual Service Provider Conference

#### Executive Management

- Program Reports (e.g. Monthly Statistical Snapshot)
- Quality Assurance Reports
- Regular Briefs/Reports (Senate/Cabinet)
- Monthly Financial Report
- Quarterly Budget Review
- Internal and External Audit and Reviews
- Management Initiated Reviews
- DIAC Corporate Plan

Plus ad hoc inquiries/reports

- DIAC Business Plans (Division, Program and Branch etc)
- DIAC Risk Management Plans/Framework
- DIAC QA Plans/Framework
- DIAC Annual Report
- DIAC Budget Statistics (PBS)

## 2. Reporting Data Requirements

### Program Management Reporting requirements

- number of clients and cases who entered into and exited the program and current HSS caseload at month end
- extent of (and reasons for) secondary relocation of clients or cases
- the number of transits by Contract Region
- exception reporting including early exits and length of time in Short Term Accommodation (STA) that exceeds the provisions laid out in the contract.
- Analysis of current HSS issues including key and sensitive issues in the Issues Register.

### Operational Management Reporting requirements

- Client arrival forecast (number of clients anticipated)
- HSS client count, including the number of clients and cases who entered into and exited the program during any given time period
- Average time spent in HSS
- The number of transits by Contract Region
- Distribution of clients by Contract Region
- Caseload characteristics (language, ethnicity, age, gender, case composition, visa subclass, health)
- Breakdown of HSS caseload by: offshore arrivals, IMA arrivals, onshore protection, community detention, UHMs
- Secondary movements within the program
- Average time spent in STA
- Budget expenditure by Service Provider and DIAC resourcing of the program

### Operational Reporting requirements

- active case lists
- visa entry expiry
- scheduled arrivals
- grouped Case arrivals
- arrival windows
- referrals to Contract Regions and Service Providers
- transit services
- information on client 'links'
- case composition and characteristics
- service delivery by date and overdue flags
- duplicate service details
- number late preferred arrival window by time elapsed
- overdue Post referrals
- KPI related parameters, and
- overdue KPI milestones.

## 3. Systems Support

The Humanitarian Entrants Management System (HEMS) is an online system created to support the IHSS/HSS programs to manage client referrals and to facilitate the sharing of client information amongst relevant DIAC staff and between Contract Managers and HSS Service Providers. The HEMS database although not specifically designed to be a reporting tool does provide some reporting capacity to support the program.

HEMS links to Immigration Records Information System (IRIS) for the purpose of obtaining client data for client processed offshore. There is currently no automation between HEMS and the onshore client data system Integrated Client Services Environment (ICSE).

#### **4. Coordination, Analysis and Data Integrity**

Under the guidance of the Program Leadership Group (PLG) assurance is available that:

- reporting and data collection is timely and of the appropriate quality.
- appropriate data integrity processes are in place including clarity of business owners for particular tools, processes and reports.
- business analysis leading to management improvements and policy development takes place to priorities determined by the PLG and that data collection supports these priorities.

## Appendix 13 - HSS Program Context, Services and Activities

### Humanitarian Program

This Program realises Australia's obligation under the 1951 Convention Relating to the Status of Refugees to provide asylum to refugees in Australia. Australia also offers resettlement for people outside the country who are in great humanitarian need. The Humanitarian Program for 2010-11 was set at 13 750 places, including 6000 refugee places and 7750 other Humanitarian places for the offshore Global Special Humanitarian Program (SHP) and onshore protection needs. For 2011-12 the Program is set at 14 750 places including 7000 refugee places (including 1000 places for UNHCR referred refugees from Malaysia as part of the Australia-Malaysia transfer arrangement) and 7750 others (SHP and onshore protection).

In 2010-11 the Humanitarian Program focused on three priority regions – Africa, Asia and the Middle East (including South West Asia). The program was fully delivered with 13 799 visas granted under the Program comprising:

- 5998 offshore Refugee visa grants
- 2973 offshore Special Humanitarian Program grants
- 4818 onshore Protection visa grants, and
- 10 others.

A major impact on the HSS has been the growth in 2009-10 and 2010-11 (and projected growth in 2011-12) in the numbers of Irregular Maritime Arrivals (IMAs) who, after having their asylum claims assessed, are granted a Protection visa. Numbers of these clients have increased from 1043 in 2008-9 to 5627 in 2009-10 and 2717 in 2010-11). If a Protection visa is granted following assessment of asylum claims, IMA arrivals are released from the detention environment and become eligible for services under the HSS program.

### Client Eligibility

Clients holding the following visas are eligible for HSS:

- Refugee category (subclass 200, 201, 203 and 204) visas
- Global Special Humanitarian (subclass 202) visa
- Protection (subclass 866) visa.

### DIAC's Settlement Services Framework

Many of the on-arrival and longer-term needs of migrants (such as employment, education and health care) are shared with the wider Australian community; and Government policy requires that agencies delivering these services to the wider community are also responsible for ensuring their services are accessible to migrants and refugees. Notwithstanding, DIAC provides additional and complementary support to new arrivals through the Migration and Humanitarian programs. Since late 2009, the Department has worked to better articulate a framework or logic around its suite of settlement services. This work has involved strengthening the cooperation and integration of its various programs. The key programs within DIAC's settlement framework are the:

- Australian Cultural Orientation Program – delivered offshore
- Humanitarian Settlement Services Program
- Settlement Grants Program
- Adult Migrant English Program
- Complex Case Support, and
- Translating and Interpreting Service



The settlement framework recognises that settlement is a long – perhaps even a lifetime – process, with different support needs at different phases of the settlement journey. Many humanitarian entrants destined for Australia begin their settlement journey prior to arrival in Australia. The AUSCO program, delivered to many refugees living in refugee camps offshore, arguably marks the beginning of the settlement journey and DIAC's settlement programs. Humanitarian entrants are provided with far more intensive support than general migrants in recognition of the additional challenges they face due to their pre-embarkation experiences. Refugees who arrive in Australia through the offshore Humanitarian Program may have experienced high levels of poverty and significant trauma. They are likely to have spent long periods living in refugee camps, may have low levels of education and literacy, and suffer the health impacts arising from inadequate medical care.

Many of the above characteristics also exist for clients granted Protection visas onshore, although broadly speaking there can be some different characteristics. Protection visa clients tend to be single males, literate in their own languages and with higher levels of education. They are likely to have recent experience of living in urban areas so the culture shock can be less than experienced by those arriving from refugee camps. Many of these clients have a clear immediate goal to sponsor their family still living offshore in unsafe circumstances. The challenge for all new settlers, regardless of visa category or background, is one of adjustment to a new society, system of government, new laws, changed environment, loss of family, social and employment networks, and the familiarity of 'home'. New arrivals may experience homesickness, culture shock and a sense of dislocation. At the same time, the early arrival period can be an exciting time, with new arrivals enjoying a sense of personal safety and recognising the new opportunities available to them.

The period of adjustment takes time and there are a myriad of factors that affect each client's particular settlement into Australia and their capacity and personal timeframes to adjust to their new environment.

The broad goals of DIAC's settlement programs are to help new arrivals adjust to life in Australia in the early settlement period, with a focus on introducing clients to Australian cultural, social and legal norms; connecting clients with the local community and mainstream services; and developing English language skills. Effectively, the programs have a broad social inclusion objective. While the objectives of settlement programs are consistent for all clients, in an environment where there is growing pressure on resources, DIAC has developed an increased emphasis on early intervention, by targeting services to the first five years after arrival, and targeting services to groups with the highest needs (refugees).

### **Humanitarian Settlement Services (HSS) Program**

The HSS program of the Department of Immigration and Citizenship provides intensive support to newly arrived humanitarian clients on arrival and throughout their initial settlement period. Operating since April 2011 it replaced the Integrated Humanitarian Settlement Services program which ran from 2005 to 2011.

Services are outsourced to contractors, usually (but not always) not for profit providers, who provide coordinated case management and procure directly or indirectly accommodation, household goods and other services for clients. There are currently eighteen HSS Providers in 24 Regions across Australia.

As appropriate, HSS clients with very high or complex needs may be referred from HSS via DIAC to the Complex Case Support program (where services may be provided simultaneously with the HSS) and, upon exit from HSS, may be referred directly by their HSS provider to services delivered under the Settlement Grants Program (SGP). Some HSS clients of their own volition or through subsequent contact within the settlement services sector also directly access SGP services. Some organisations provide both HSS and SGP services and in some regions also Complex Case Services. In a number of instances over the evolution of HSS-type services the outcome of competitive tender processes has meant that some providers no longer manage HSS contracts but still deliver other DIAC Settlement Programs.

The HSS program is delivered through a case management model, with services tailored to individual needs, with an explicit sensibility to attend to the specific needs of young people. The overarching objectives of the program are to provide tailored on-arrival support, to equip clients with the skills and knowledge they will need to independently access services beyond the initial settlement period, and to lay the foundations for participation in the social and economic life of Australia.

HSS services must be delivered in accordance with a set of Principles (see Appendix 2) which enshrine culturally sensitive service delivery; flexible, tailored services; respect for clients and recognition of their strengths; and collaboration with other agencies. Clients remain in the program generally for around six months but the period can be longer, depending on the client and their pace of adjustment. The program offers its most intensive interventions in the first few weeks after arrival with a range of practical activities, and thereafter more generalised support including orientation and capacity-building activities.

### **Case Management Model**

Case management overarches all services and coordinates the delivery of services to clients under the program. HSS Providers are required to assess and identify client needs and deliver a tailored package of services to meet those needs. Case Management Plans are developed for each single client and family based on a comprehensive needs assessment. There is a requirement for Service Providers to develop 'youth sub-plans' for young people within families to ensure there is due attention to their individual needs, as well as the broader family needs. Having a needs-based case management model of service delivery recognises that not all clients will require all the services that are available through the program. Case management coordinates the delivery of services to clients including airport reception and transit assistance; property induction and initial food provision; assisting clients to register with Centrelink, Medicare, banks, schools and an Adult Migrant English Program (AMEP) provider; and assists clients to meet their health needs and attend health assessments. Case Management Plans also connect clients with other settlement, community and youth programs. Clients are assisted to participate in their local communities through connection to local social, recreational and sporting organisations.

For those who are sponsored through the SHP program, HSS Case Managers are required liaise with the clients' sponsor (or proposer), and provide direct support to the new arrival when the proposer is assessed as needing assistance to meet their support obligations.

### **Accommodation Services**

The Accommodation service provides clients with accommodation either in long-term accommodation, or in short-term housing arrangements before sourcing long-term accommodation. Accommodation services may also include the provision of a Basic Household Goods package to help clients to establish their new residence in Australia.

### **Structured Onshore Orientation Program**

The onshore Orientation program is available to all clients aged 15 and over and focuses on delivering competency based outcomes. Orientation sessions are tailored to individual client needs and learning capacities, within a National Orientation Framework. The framework set out critical skills and knowledge clients need to live and function independently in Australian society, and to continue their settlement journey beyond the HSS.

### **Completion of Services**

HSS is focused on humanitarian clients reaching sustainable and measurable settlement outcomes that will stand them in good stead for their settlement journey. Exit from the HSS program is based on clients achieving a number of defined settlement outcomes. These include:

- residing in long-term accommodation (generally a lease of at least six-months in duration)
- being linked to the required services identified in their Case Management Plan school age children are enrolled and attending school, and

- ensuring clients have understood the critical messages of the Orientation program and have the skills and knowledge to independently access services.

It is generally expected these settlement outcomes will be reached between six to 12 months of the client's arrival.

## Appendix 14 - Tables and Diagrams

Table 1 HSS Service Providers

State/Territory	Contract Region	Service Provider
ACT	ACT and Surrounds	Migrant and Refugee Settlement Services
NSW	Central and South West Sydney	Settlement Services International – All Services (excluding Accommodation Services)
		Resolve FM – Accommodation Services only
	North West Sydney and Western NSW	Settlement Services International – All Services (excluding Accommodation Services)
		Resolve FM– Accommodation Services only
	Illawarra	Navitas Consortium
	Hunter	Navitas Consortium
	North Coast	Anglicare North Coast
Riverina	The Trustees of the Society of St Vincent de Paul (NSW) Consortium	
NT	Northern Territory	Melaleuca Refugee Centre
QLD	Brisbane and Central Coast Queensland	Multicultural Development Association
	Far North Queensland	Centacare Cairns
	North and West Queensland	Townsville Multicultural Support Group
	South East Queensland	ACCES Services
	South West Queensland	Multicultural Development Association
SA	Northern Adelaide and South Australia	Migrant Resource Centre of South Australia Consortium
	Southern Adelaide and South Australia	Migrant Resource Centre of South Australia Consortium
TAS	Northern Tasmania	Migrant Resource Centre Northern Tasmania
	Southern Tasmania	Centacare Tasmania
VIC	North East Melbourne	AMES Consortium
	Northern Victoria	AMES Consortium
	South East Melbourne and Gippsland	AMES Consortium
	South West Victoria	AMES Consortium
	West and Inner Melbourne	AMES Consortium
WA	Northern Perth and Western Australia	PVS Workfind – All Services (excluding Accommodation Services)
		Multicultural Services Centre of WA – Accommodation Services only
	Southern Perth and Western Australia	Communicare

Figure 1 Humanitarian Program Visa Grants by category 2004–05 to 2010–11

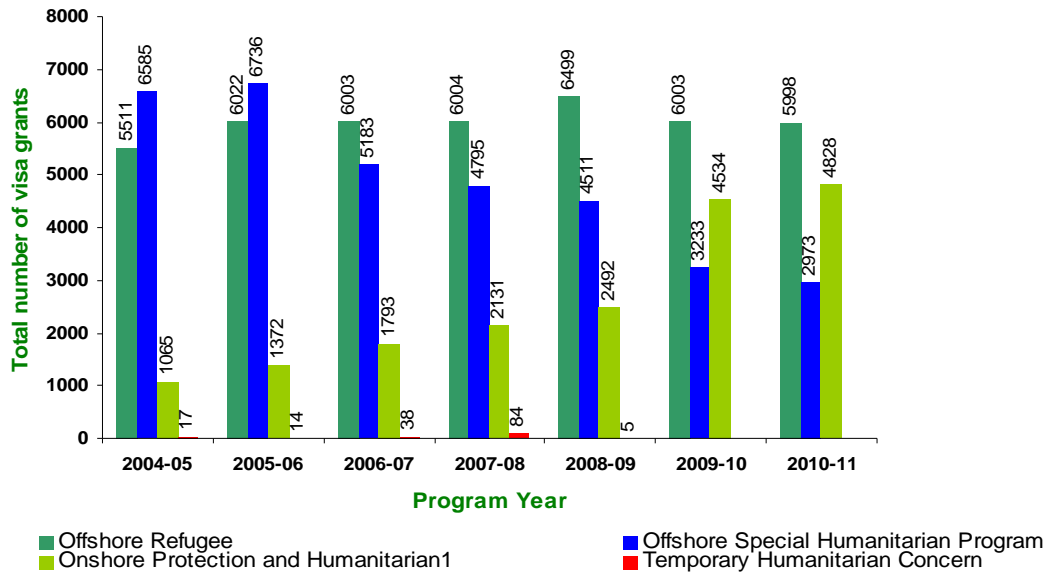
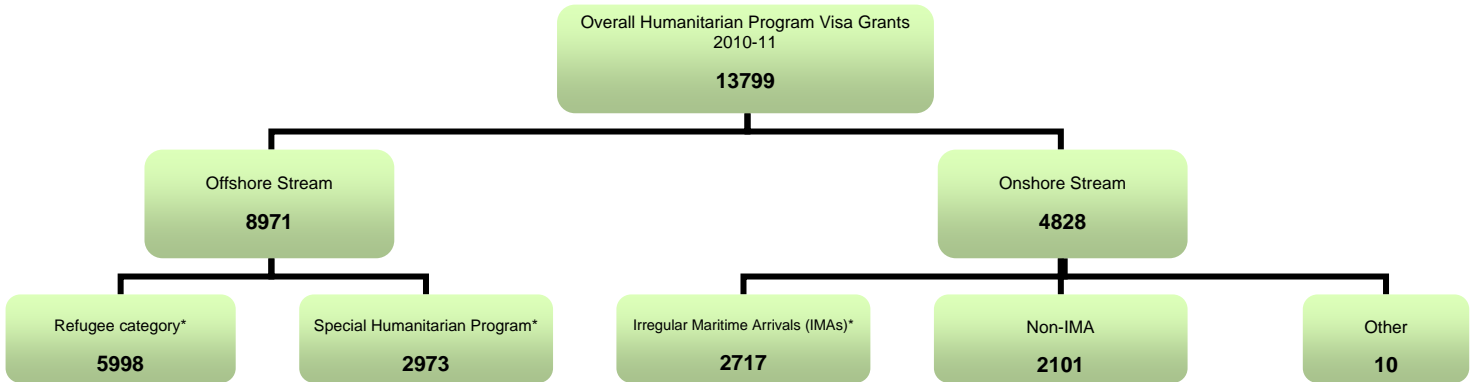


Table 2 Humanitarian Program Visa Grants by Category 2006–07 to 2010–11

Category	2006-07	2007-08	2008-09	2009-10	2010-11
Offshore Refugee	6003	6004	6499	6003	5998
Offshore Special Humanitarian Program	5183	4795	4511	3233	2973
Onshore Protection and Humanitarian	1793	2131	2492	4534	4828
Temporary Humanitarian Concern	38	84	5	-	-
<b>TOTAL</b>	<b>13017</b>	<b>13014</b>	<b>13507</b>	<b>13770</b>	<b>13799</b>

Source: Humanitarian Branch, Department of Immigration and Citizenship, August 2011

Figure 2 Breakdown of Humanitarian Program Visa Grants 2010-11



Source: Humanitarian Branch, Department of Immigration and Citizenship, August 2011

\* The majority of these arrivals will be referred to an HSS Provider for services under the program.

Figure 3 DIAC Outcomes 5 and 6 and DIAC's Settlement Programs

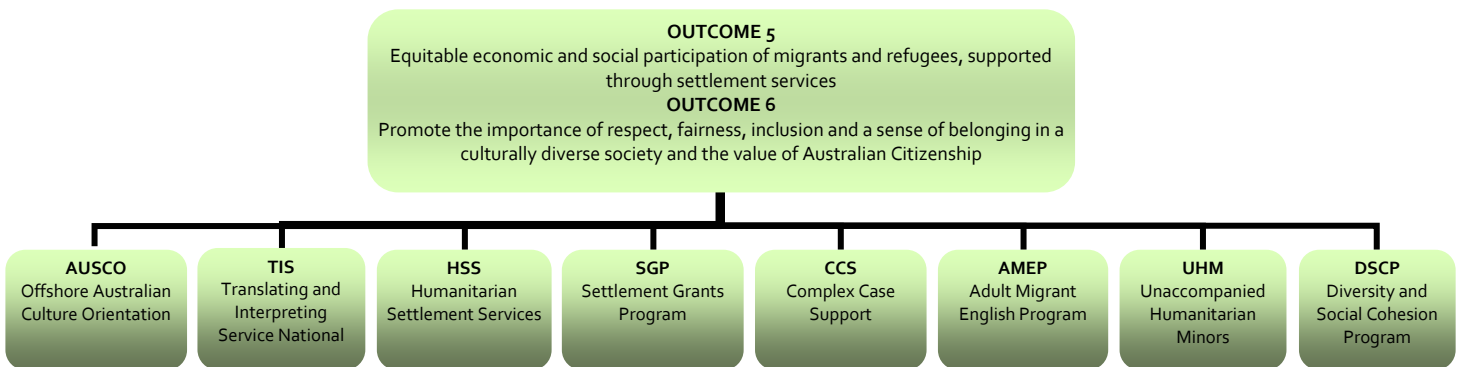


Table 3 IHSS/HSS Program Expenditure (Contract Payments to Service Providers 2005-11)

<b>Program Year</b>	<b>\$</b>
9 months expenditure Oct 2005-June 2006	\$27,427,856.00
2006-07	\$45,309,506.00
2007-08	\$43,927,488.00
2008-09	\$54,608,880.82
2009-10	\$78,872,454.78
2010-11	\$75,999,804.27
<b>2011-12*</b>	<b>\$65,641,500.00</b>

\* 2011-12 Program Budget

*Note: These figures include a very small amount of program expenditure for printing program brochures and promotional material.*

*Source: Financial Management and Operations Branch, Department of Immigration and Citizenship, August 2011*

Table 4 IHSS/HSS Client Numbers 2005-11

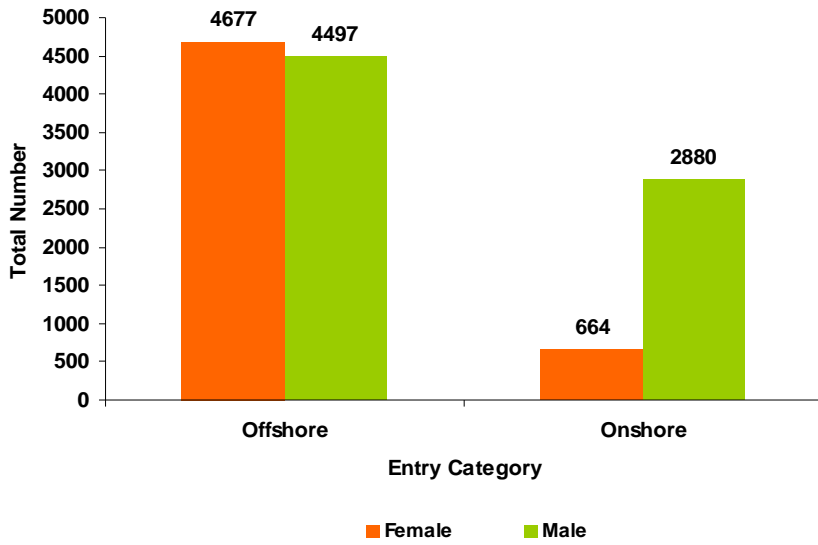
<b>Program Year</b>	<b>Clients assisted by IHSS/HSS</b>
2005-06	12036
2006-07	12307
2007-08	9682
2008-09	12035
2009-10	12578
2010-11	12718

*Source: DIAC Annual Reports, Department of Immigration and Citizenship*



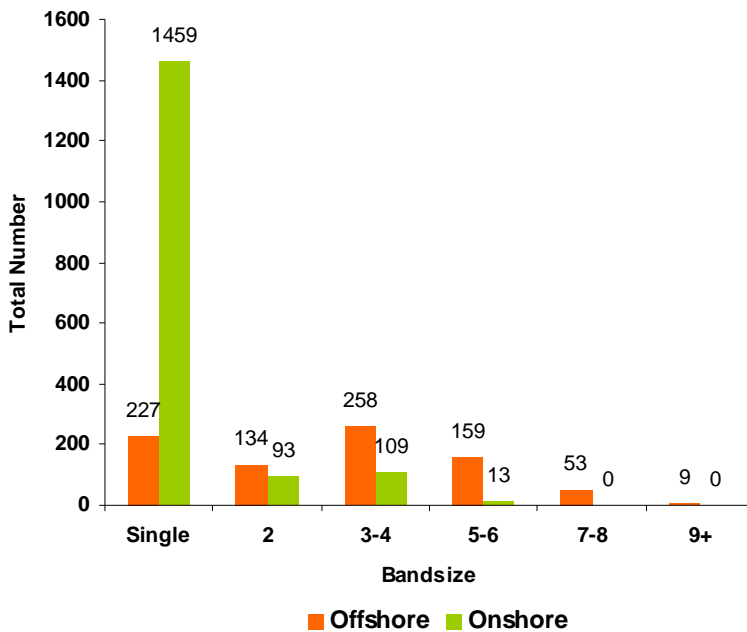


Figure 4 Composition of Entrants into IHSS/HSS Program by Gender and Stream (2010-11)



Source: HEMS, Refugee Support Branch, Department of Immigration and Citizenship, August 2011  
 Note: Data was correct at time of run date of 1 August 2011.

Figure 5 Composition of HSS Cases by Bandsize (reporting period 4 April to 30 June 2011)



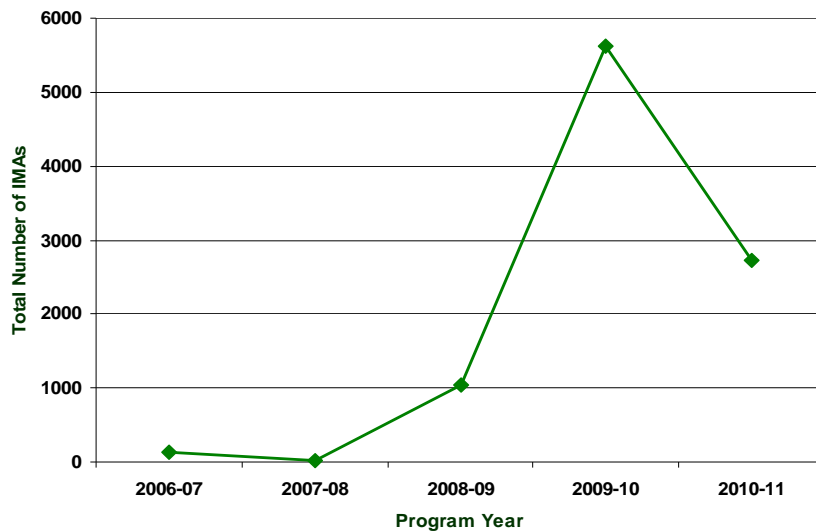
Source: HEMS, Refugee Support Branch, Department of Immigration and Citizenship, August 2011  
 Note: Data was correct at time of run date of 1 August 2011

Table 5 Irregular Maritime Arrivals 2005-11

Program Year	Irregular Maritime Arrivals
2005-06	60
2006-07	133
2007-08	25
2008-09	1043
2009-10	5627
2010-11	2717

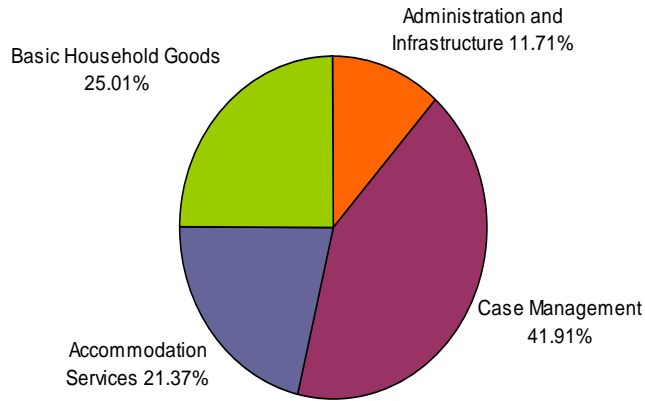
Source: Annual Report for each program year (2010-11 number provided by Humanitarian Branch)

Figure 6 Irregular Maritime Arrivals 2006 to 2011.



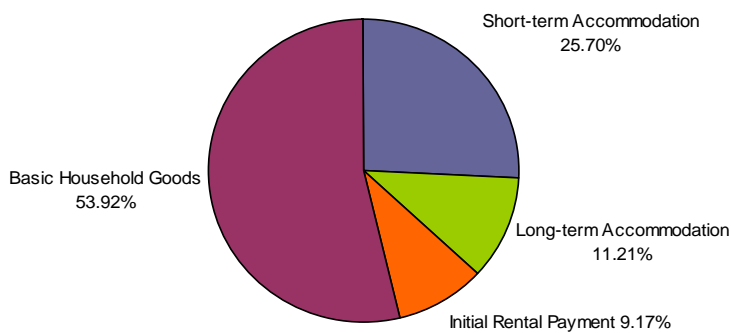
Source: Annual Report for each program year (2010-11 number provided by Humanitarian Branch)

Figure 7 Proportion of HSS Expenditure by Service Category (expenditure from Apr - Aug 2011)



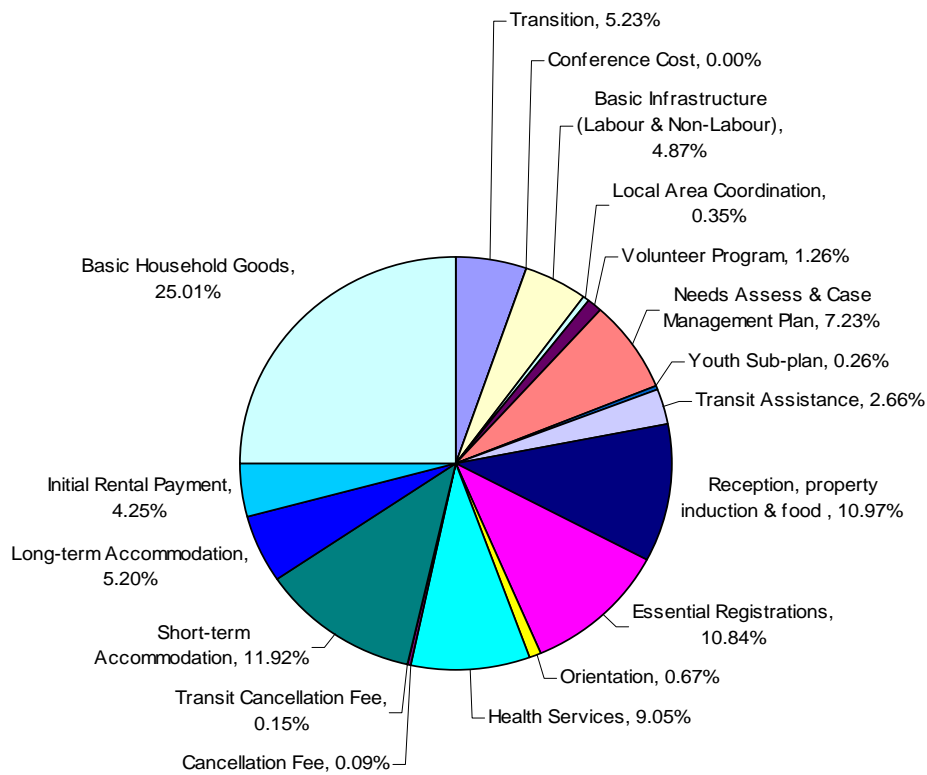
Source: Financial Management and Operations Branch, Department of Immigration and Citizenship, Aug 2011

Figure 8 Proportion of HSS Expenditure for Accommodation Services and BHG (expenditure from Apr - Aug 2011)



Source: Financial Management and Operations Branch, Department of Immigration and Citizenship, Aug 2011

Figure 9 Overall HSS Expenditure by Service Type  
(expenditure from Apr - Aug 2011)



Source: Financial Management and Operations Branch, Department of Immigration and Citizenship, Aug 2011

**Note:** As the HSS program is in its initial stage, care should be taken when interpreting Figures 7, 8 and 9, as they do not contain an end to end picture of program costs. Accommodation and Basic Household Goods are provided at the front end of a client's time in the HSS Program and Case Management Services are provided throughout, therefore it may be too early to draw any conclusions.