



SCOA Submission to the Evaluation of the Humanitarian Settlement Services and Complex Case Support Programmes

The Settlement Council of Australia (SCOA) submission to the Humanitarian Settlement Services (HSS) and Complex Case Support programmes evaluation is informed by direct consultation with our members - the over 80 settlement agencies working directly in providing practical support to recently arrived refugees across Australia. SCOA conducted specific consultations with HSS providers, settlement agencies and regional service providers.

The scope of the review is very broad, with considerable constraints on responding given the short time-frame. SCOA welcomes the opportunity presented by the evaluation and is also conscious of the need to provide a considered response. There are a range of important evaluations occurring concurrently or in close succession in the settlement area, including one on the AMEP and SEE programs, the humanitarian and migration programs, visa fees review and the 400 series visa review.

At a broad program level SCOA received consistent positive feedback on the operation and outcomes of the two programs. Both the HSS and the CCS Program have been developed and refined over a period of years, and the positive outcomes of the programs reflect the iterative improvements that have been implemented in successive contracts. The settlement sector has developed considerable expertise and experience in delivering successful settlement programs to recently arrived refugees through the HSS and CCS Programs.

From a program level it is important to remember that the HSS and CCS Programs are designed and oriented around people who need time to heal as their settlement takes place. Early focus on aspects such as employment and education, while important, are more effective in supporting long term sustainable settlement if addressed after initial needs and orientation are addressed. Settlement support and settlement programs are a key place newly arrived refugees can build trust, which occurs best in an environment without pressure. Clients need safety first as they are coming from traumatic refugee situations with a wide range of contexts, situations and need. There is a risk if people are rapidly engaged with longer term services of people unknowingly burying issues which are best addressed in the initial stages.

Feedback from SCOA members and the sector indicates that both programs are working well for clients. They are professional services, which cover the initial settlement needs of clients and where needed the intensive support offered within the CCS is an effective tool. Areas of improvement and refinement have been identified, which will be expanded on in this submission. Regional areas are considered separately as there are specific challenges, opportunities and constraints that impact on regional settlement.

The consultation discussion document and the questions were both specific and broad, with both detailed and conceptual questions on the two programs. Of necessity the direct consultations SCOA held were narrower in focus.

Key questions SCOA focused on in our consultations:

1. How well do the programmes provide a foundation for clients to achieve positive, long term settlement outcomes, in particular English language, educational, and employment outcomes?
2. What opportunities exist for improving connections and client pathways between the HSS and the CCS programmes, other settlement services and activities and relevant mainstream programmes?
3. How well do the programmes meet their objectives – namely, the initial settlement needs and the specialised and intensive needs of clients?
4. How can red tape be reduced to improve programme efficiency and reduce costs/administrative burdens borne by clients, service providers and the Australian community?

The SCOA response is framed around:

- Strengths of the HSS and CCS Programs
- Areas that can be built on in HSS and CCS Programs
- Synergies and strengths between the programs
- Regional settlement issues
- Other program areas that connect with HSS and CCS
- Opportunities to reduce red tape

Strengths of the HSS and CCS Programs:

SCOA consultations indicated that the HSS and CCS Programs are progressing well nationally, providing consistent necessary support to recently arrived refugees. The breadth of support provided by the HSS program is noteworthy. The cohort of clients is rapidly changing and their needs are being successfully met, demonstrating significant flexibility in agency service provision.

HSS provides a strong suite of services flexibly designed around the initial orientation needs of refugees. CCS is needed and is proving effective, where clients present with complex needs. HSS was never designed to provide complex support, and the two programs need to work in coordination.

HSS works best for clients without complex issues and is not necessarily needed for the full 12 months allocated if there are no complex issues presenting. It is an effective program which needs to maintain its focus on initial resettlement. However the program has developed the experience and proven its flexibility to accommodate a diversity of client needs including needs that are more complex than others.

Respondents spoke about the different aspects of the program and the benefit each area provided for clients such as the orientation program.

The HSS contract requirements around coordination, particularly the local area coordination meetings have been effective.

Non-HSS settlement agencies in some areas have built strong links with the HSS program – including people in general community development activities. This has been effective. HSS is well-structured in the way it connects and links to other service providers.

CCS is very effective at turning people's lives around. It was clear in the discussion that the positive impact for clients had been important at the time, and could also be viewed as an early intervention investment. Where clients can be supported to make a smooth transition to Australia, clients are able to contribute back to community earlier rather than later – with significant positive flow on effects in terms of community participation and employment.

CCS time frames for eligibility and program entry are necessarily more flexible and varied than the HSS program. Settlement is not a linear process, families and clients progress through many stages in their settlement journey and it is vital that a service such as CCS exists to provide support should issues arise after a few years necessitating intensive support.

The internal processes within CCS were highlighted as a positive aspect of the program. Conducting a needs assessment with the client is process which builds on client's strengths and facilitates the joint development of a comprehensive case plan. Yet the CCS will need to accommodate faster responses to emergency requirements that quite often need addressing even before a request for CCS is made.

Positive case studies of the impact of CCS on client lives were shared. Two were of particular note. One where a client was effectively homeless and in a very difficult situation. Following the intervention of CCS services finding accommodation and getting his life back on track, the client has returned to English classes, completed education programs at TAFE and is now married. Another positive example of the impact of CCS stories was shared where a family was in danger of having their children removed. Through the intervention of CCS services the family issues have been resolved and one of the children is now deputy school captain.

Providers and the settlement sector also spoke about the need to have a collaborative approach to CCS with the Department. The referral process is complex and providers have found it is important to engage early to facilitate approval of referrals into the program. This was highlighted as a positive in some areas of Australia but not all. Given the complexity of the application process and the pressures on HSS case management providers do not wish to waste time preparing applications which are not likely to be approved.

Areas that can be built on in HSS and CCS Programs:

The expectations on both HSS and CCS programs are high. The level of complexity and the variety in clients coming through both programs is also high. This combination can put pressure on the programs to provide a range of services well beyond those initially envisaged, or contracted for. This is particularly true for HSS services, which are not designed to, but very often address complex needs without the required resources. It is also important to consider the impact of pre-arrival trauma on clients and their settlement journey. Education and employment is a natural focus for providers, clients and for Government, however these issues are most effectively addressed when client's initial settlement needs and health issues have been addressed.

Respondents recommended the connections between HSS and CCS are strengthened, with referrals to CCS recommended by HSS providers if clients present with indicators of vulnerability. This issue also relates to the time allocated to clients within the HSS – it is considered ineffective to provide services on a timeline (i.e. remaining in HSS for the full 12 months) when it is clear a client is likely to require more intensive support.

The HSS program can be tailored to client needs, with a needs based approach embedded into program design, however the program is not designed as a fully tailored individual service. The KPIs within the HSS contract are tight and the program and services are naturally oriented towards them.

The HSS program engagement with mainstream services is facilitated through the local area coordination meetings which in the main are effective. Respondents did report however particular problems in engaging with disability services. Agencies experienced significant delays when referring clients into disability services and challenges in getting appropriate equipment for clients (such as wheelchairs or shower chairs). A general problem was also identified where mainstream agencies referred clients back to HSS, particularly true where mainstream agencies were not well equipped or culturally aware. It can be confusing for clients and creates an environment which inhibits the building of trust and rapport which is needed to effectively support clients.

Within the HSS program there were elements of direct program feedback in relation to the orientation program, specifically that:

- flexibility around commencement would be beneficial
- inclusion of a competency assessment element would reduce overlap and improve targeting of orientation support
- clarity is needed around the definition of orientation and when it begins from a contractual perspective

Feedback from members around supporting clients with intensive needs indicated:

- insufficient resources and time within HSS to support intensive needs
- Flexibility for more vulnerable groups (women at risk, trauma, disability) support beyond 12 months is required
- capacity for further monitoring beyond the initial 12 month time frame would be ideal

The nature of the client cohorts in the program means there will always be outlier cases beyond the norm. The HSS program structure influences the capacity for flexibility as clients exit the program.

The referral process for clients entering HSS can be improved – there are issues around accuracy needed to assist in planning for new clients arriving i.e.-client group and health issues. Historically there have been times when very short notice has been given, but agencies reported seeing improvements in this area. Case history inclusion is recommended so agencies and service providers are better able to prepare for client arrival. This would be cost effective as it would reduce some of the intensive work required upon arrival and would reduce red tape within the program.

Steady flow of arrivals would translate to cost reductions and service improvements. In some areas agencies are given indicative numbers for the year but receive no arrivals, or all the clients arrive at the same times. The cyclical nature of dealing with peaks and troughs of client referrals is familiar to agencies, but it does have an impact on the management of the program.

Within the CCS program the initial assessment is a crucial touchpoint. This allows providers to correctly identify client needs and coordinate service allocation and coordination. Awareness of the program is low in some areas, complicated and exacerbated by the complexity of the referral form.

Acceptance into the program is not consistent across Australia. NSW has a low acceptance rate, proving to be problematic for both agencies and clients. The referral process and variability of acceptance levels leads to low referrals. Staff can be reluctant to refer to CCS because of the time it takes and the pressures of doing intensive casework prior to the client being referred into the program.

In some cases there is confusion about when a case is complex or not. This impacts whether the case is considered eligible for CCS or not. Moving forward greater clarity about when and who can approve individual client's entry into CCS would be beneficial.

Within both programs client links to family and community are important to supporting settlement emotionally and socially. Generally refugee and humanitarian entrant links form an important ongoing support to settlement, however there are cases where proposers are themselves recently arrived in Australia. This potentially impacts their capacity to provide support.

Synergies and strengths between the programs:

The HSS and CCS programs can and do work together well in most cases. HSS is supported by the more adaptive and intensive approach of CCS. Clarity between both programs around who and how referral pathways operate would lead to greater synergies and compatibility.

The CCS program acknowledges that the settlement timeframe is not linear and cannot be translated into arbitrary timespans. As such the CCS program fills an important niche within the settlement services landscape.

Regional settlement issues:

Regional settlement agencies within the SCOA consultations identified a range of specific issues. The referral boomerang effect occurs regularly, where providers refer clients to mainstream agencies only to have them quickly return because they did not receive assistance. The referral boomerang effect also impacts CCS as clients may have built trust with the initial provider and be reluctant to build a new relationship with the CCS provider. It was recommended by some respondents that CCS should sit with HSS providers in regional areas to improve programs viability. This may also need to be the case in some metropolitan programs as it would maximise resources and provide better coordination and flexibility for quick responses to client needs.

In the regional areas the links to the CCS program were not as strong as in the metropolitan areas, as there was a greater disconnect with HSS services which flowed through. Regional CCS providers also had significant issues with viability. Lack of clarity and understanding between the two programs was also reported.

Regional areas have specific and significant pressures in terms of arrival numbers and client flow. When client numbers are cut it can lead to direct cuts in agency workforce. This then has an impact on agency viability and capacity in the longer term. Regional settlement is broadly supported as beneficial but requires a minimum flow level to maintain services in regional areas. It is difficult to recommend community development approaches to areas without a larger cohort to work with.

The service provider in Wagga Wagga for example has resolved this issue in an effective way. The provider put in a submission to be designated region which receives Women at Risk clients, a few families at a time. This facilitates service provision, enables stronger links with the local government area and related agencies and has contributed to building infrastructure support for that cohort.

Regional areas need a focus on long-term creative solutions. If settlement is not looked at as a long term issue, secondary settlement and movement to metropolitan areas occurs, potentially doubling the resources required.

Regional areas are also expecting to be impacted by the potential reintroduction of TPVs. Agencies are not funded to provide support for TPV cases but based on historical knowledge are expecting that they will be called on to provide support.

Other program areas and services that connect with HSS and CCS:

Feedback and discussion included program areas that connect with and relate to HSS and CCS, but which are not directly included in the two programs. Some case issues relate to issues with mainstream providers being 'slow & sluggish', and do not relate to the provision of settlement services. Additionally, while English language and employment are important

to clients and agencies alike these are areas which require specialist services (as provided for by AMEP and JSAs). AMEP classes are not necessarily tailored to prepare clients to be 'job ready'. The link between JSAs and settlement services also needs to be strengthened.

Continuous mainstream services education is needed about refugees and humanitarian entrants to make them feel able and capable to work with the cohort. This is a mainstream access & equity issue which impacts on both programs. It was reported mainstream services may not have the cultural awareness or capacity to assist refugees.

An interesting question which was explored in discussion was the difference between referrals and client outcomes. Agencies are only required to do a referral, providing access to services but it is unclear if this leads to good settlement outcomes. Perhaps DSS might review outcomes for clients assessing whether they have been multiple requests for the same client over a period of time.

Waitlist periods for mainstream services were also mentioned as an area of concern.

While HSS and CCS are integrated programs within themselves, greater connection to local and state government needs to be fostered in order to strengthen mainstream links and long term social inclusion.

Opportunities to reduce red tape:

Agencies were keen to discuss opportunities to reduce red tape. The reporting and quality assurance framework in the HSS has grown in complexity and burden and there were consistent and strong calls for a reduction in administrative burden in the HSS program. A partnership approach to risk management was recommended which focussed more on client outcomes than compliance, acknowledging the tender process and ongoing delivery of agencies within the HSS program.

Simple effective solutions were also suggested such as reducing reporting from quarterly to biannually, and simplified reporting on client milestones.

Services need to be flexible, which also flows through to how they are administered and managed. The administrative burden in the HSS contracts is particularly high. Service providers felt they were being 'policed' by multiple contract managers which is not conducive to the needs of the program, and how providers manage the 'needs based' approach within HSS. Providers reported an increase in audits and an increase in contract managers going through small, time consuming detail. Additionally in some states the number of service panel members dictate that providers have very few referrals, hence are managing a program on an ad-hoc basis.

Within CCS the case management templates are also very long increasing work with the clients to obtain their sign off on the plan.

Summary:

The HSS and CCS programs provide necessary support for the complex needs of newly arrived refugees and humanitarian entrants. In most areas the programs are well aligned

and work well together. Through consultations opportunities for program refinement, red tape reduction and greater synergy have been identified.

The programs have particular strengths in dealing with complex needs and changing cohorts of refugees. Ensuring this strength is echoed in the mainstream programs and services that settlement providers interact with on a regular basis will foster social inclusion and greater settlement outcomes for recently arrived refugees.