Response to the Discussion Paper

Integrated Humanitarian Settlement Strategy: Helping refugees and humanitarian entrants settle in Australia

July 2009

Background

The Settlement Council of Australia (SCOA) welcomes the opportunity to contribute to the discussion paper on the Integrated Humanitarian Settlement Strategy (IHSS) program.

SCOA is the national peak body representing settlement agencies across Australia. We operate as a formal network, bringing together a wide range of migrant and settlement support agencies at a national level, with the vision to create cohesion amongst our members and to improve collaborative and strategic planning processes for the settlement sector. We also provide a credible and informed source of knowledge and advice on migrant issues, settlement planning, service delivery and related matters to inform Government and a range of other stakeholders. The Council has national representation with membership from all states and territories.

SCOA's membership includes both current IHSS contract holders and non-IHSS service providers, and this response is based on consultation with both groups.

Introduction

The Integrated Humanitarian Settlement Strategy (IHSS) program plays a vital role as an initial on-arrival support program, assisting newly arrived refugees and humanitarian entrants to settle in Australia. The services that newly arrived people receive during this period provide support and orientation at a critical time in their lives, and help to form the basis for their new lives in Australia. For this reason, SCOA believes it is essential that the IHSS program is delivered by service providers who have a thorough understanding of settlement issues, and a strong track record in providing culturally sensitive, client-focused programs to newly arrived communities.

Furthermore, it is essential that DIAC recognises and values the specialism and expertise upon which effective settlement services need to be based. Such expertise is built upon a variety of experiences, including:

- A strong track record in delivering multicultural services
- A thorough understanding and respect for cultural differences
- Experience in assisting staff and organisations to develop cultural competencies
- Extensive experience in promoting Access and Equity

Organisations delivering IHSS services should be thoroughly grounded in each of these areas. Over the next few months, SCOA will be focusing on benchmarking, developing quality standards and determining best practice in settlement service provision, and this will play a significant role in clarifying the unique skills and knowledge which form the foundation of specialised, high quality settlement support.

Delivering high quality IHSS services involves far more than providing information and referral, and linking clients to other services. Seeing IHSS as primarily an information and referral service promotes a "tick box" approach, and also over simplifies the high level of skill required in delivering effective settlement casework. More emphasis should be placed upon the development of "settlement life skills", based on a client-focused, competency-based approach to adult learning, rather than a "tick box" approach to information delivery.

Whilst on the surface the two approaches may appear to deliver the same outcomes, there are significant differences between them. Using the example of teaching a newly arrived client to catch the bus, the "tick box" approach might involve taking the person to buy their bus ticket, showing them the local bus stop and pointing the bus out to them, and then recording that the client now knows how to take the bus.

On the other hand, using a competency-based approach to developing settlement life skills, a worker would find out what the client already knows about catching the bus, any problems or hurdles they may face in catching the bus, assist the person to develop their skills in reading place names, timetables etc, and ensure that the person is able to replicate the experience of catching a bus on their own, to different places and so on.

Similarly, more emphasis is needed to ensure that IHSS services actively encourage and promote the IHSS principles of "promoting humanitarian entrants' competence and to discourage dependence", and involving humanitarian entrants in "making choices and decisions". This can be achieved in part by ensuring that IHSS services use a strengths-based approach, which start from a position of recognising and building on the strengths and skills of the client, as opposed to a deficit model which treats the client as a victim and fails to recognise the vast range of skills they have amassed in order to cope and survive with a wide range of challenging life experiences.

Concerns have been raised recently about plans to include 866 visa holders in the IHSS program. Currently there is no "window" period alerting services to upcoming arrivals, which creates an unexpected and unplanned workload for IHSS service providers. Services to 866 visa holders need to be better co-ordinated and thought through. Greater recognition is needed of resourcing issues, such as the fact that a high proportion of 866 visa holders are young and single, and this can create an additional burden for housing provision, for example.

Flexibility is another key element to the delivery of IHSS services across Australia. There is no “one size fits all” solution, especially when it comes to finding solutions to complex issues such as housing and health service provision. It is important to learn from innovative approaches to IHSS service delivery from the current and previous contracts, and explore ways that these models can be replicated and/or adapted.

Much of the success of IHSS service delivery hinges on effective partnerships and good inter-agency relationships. Unfortunately, this is not always compatible with the competitive tendering process. Increased efforts are needed to develop a culture that recognises and rewards positive examples of partnership and collaboration in the delivery of settlement services, and that invests resources in the time and energy needed to produce effective partnership working. There are good examples of this in other parts of the world. In the European Union, for example, some funding programs provide financial support to small groups of agencies, in order for them to explore opportunities for working in partnership together. This model recognises both the time and resources involved in establishing and maintaining effective partnership working. Such examples should be explored by DIAC in order to develop high quality partnerships and consortia.

The following section of this paper outlines SCOA’s response to the specific questions raised in the discussion paper.

Question 1: How can the objectives of the IHSS Program be better defined?

Generally the objectives of the IHSS program are clear and appropriate. However, more clarity is needed around the definitions of some of the terms used. Definitions of the term "successful settlement", for example, vary considerably and this can make it difficult to assess success. Similarly, it is important to recognise and state that the time period covered by the IHSS program is only the starting point to the settlement process for the vast majority of refugees and humanitarian entrants.

There is also a need for clearer referencing with regards to the entitlements of clients with regard to the various visa categories.

Question 2: How could the overarching service delivery model be improved?

The current model based on a suite of services delivered through a co-ordinated case management approach is, overall, appropriate. However, SCOA supports a push for greater accountability for IHSS providers to achieve increased integration and settlement outcomes for clients. This requires a shift in emphasis away from an approach based on simply linking and referring clients to mainstream services, towards a much greater recognition and emphasis on the specialist role of settlement case co-ordination / management, and the unique set of skills and cultural competencies that this requires.

Such a shift in emphasis should focus on the development of "settlement life skills", developed through a range of education and support services which are client-focused, use a competency-based approach based on sound adult learning principles, and which start from a position of recognising and building on the strengths and skills of the client, as opposed to a deficit model which treats the client as a victim and fails to recognise the vast range of skills they have amassed in order to cope and survive with a wide range of challenging life experiences.

Flexibility is essential, taking into account varying geographies, demographics, economies of scale and so on. Consequently, a variety of models will be needed to deliver appropriate services across the country.

A greater understanding of, and recognition for, the resources required for IHSS providers to carry out their capacity-building role with mainstream government and non-government services around effectively working with refugees and humanitarian entrants. This involves considerable resources in order to train and support these services to develop cultural competencies, Access and Equity, work with interpreters and so on.

Youth-specific assessments should be used for newly arrived young people, recognising that young people are a separate and distinct group from children, with their own distinct support needs during the initial settlement period.

In regions where IHSS is delivered by a consortium, it is vital to ensure that effective and streamlined referrals occur between the partner organisations, as well as appropriate referrals being made to services outside of the partnership.

Some SCOA members have also suggested encouraging IHSS service providers to work with the mainstream media, in order to promote "good news" stories about settlement and new and emerging communities.

Question 3: Which IHSS principles should be changed? Are their principles which should be added?

Overall the principles for IHSS are appropriate. Nonetheless, clearer definitions are needed for a number of the terms used - such as "successful settlement", "integration", "acculturation" and "social inclusion".

Wherever possible, the principles need to be tied to measurable benchmarks, and linked to Australia's obligations and commitments to international treaties and conventions.

As stated earlier, flexible service models are needed, rather than assuming a "one size fits all" approach. These models should clearly identify how they will meet the client needs, overcome particular regional issues and barriers and so on.

Some additional principles need to be added to the existing principles. These are:

- The right for IHSS clients to access interpreters, in order to have a full understanding of information provided to them
- The right to confidentiality, and an explanation of any exceptions to confidentiality, such as child protection issues, mandatory reporting etc
- The right to an adequate and appropriate complaints process for IHSS clients
- The right of young people to have their issues, needs and rights respected and assessed in addition to the overall assessment of the family's needs. SCOA recommends that DIAC work closely with the National Multicultural Youth Advocacy Network (NMYAN) to develop youth-specific assessment tools.

Question 4: What different accommodation models could effectively be used to house refugees and humanitarian entrants on arrival?

Housing is clearly a critical and complex issue for refugees and humanitarian entrants, just as it is for the broader Australian community. It is important to encourage and recognise the need for specialised, flexible and multi-faceted approaches and models which promote targeted responses for different communities, as well as recognising considerable differences in local and regional issues and needs, with regard to housing.

Finding suitable and sustainable housing is vital in achieving successful settlement. It is important to "normalise" the housing experience of newly arrived refugees and humanitarian entrants as early as possible, in order to avoid multiple failures in the housing market later on.

Concern has been raised in some states that IHSS providers have not initiated public housing or social housing applications for their clients, and have not established strong relationships with social / community housing providers. This has created additional housing related stress for clients once they have exited IHSS.

It is also important to recognise the specific housing needs of particular groups, such as single people, young adults and large families. Each of these groups may need different accommodation models to other IHSS clients.

Question 5: What benefits do you see in the provision of initial group or cluster accommodation? Which entrant groups could this model of accommodation best target?

With regard to the prospect of reintroducing cluster housing, there are quite divergent views amongst SCOAs members. Cluster housing is not seen as the best first option for most new arrivals. There are strong concerns that cluster housing is likely to foster dependence, produce negative responses in the broader community to refugees and humanitarian entrants, and have a, "ghetto-ising" effect on people housed in this way. This contradicts the stated values of IHSS, which include principles based around encouraging competence and independence.

Similarly, there are concern that cluster housing "replaces one camp situation with another", and is unlikely to help refugees and humanitarian entrants to enter the private rental market once they have left cluster housing and/or the IHSS program.

Despite these concerns, there is recognition amongst some SCOA members that some IHSS client groups may benefit from cluster housing. The model may suit single people, for example, due to the significant lack of suitable and affordable

housing for single people. Similarly, some feel that cluster housing would reduce isolation and facilitate peer support for some clients.

Any use of cluster housing must be based solely on providing the best possible outcomes for the client, and not because it is the easiest option for service providers.

Question 6: For what period of time should entrants be delivered accommodation services under the IHSS program?

Once again, a flexible approach is required, and should be based on assessing the needs of individual clients and families, rather than applying a "one size fits all" approach, Six months is sufficient time for clients from some communities, such as those coming who are used to more "westernised" styles of accommodation. However, there are many groups for whom 12 months or more of accommodation support would be appropriate. Those likely to need accommodation services for a longer period include:

- Those coming from rural and remote areas
- Those coming from long-term camp situations
- Single parents and their children

"The Brisbane Consortia was in part formed by the experience of the Community Housing Provider (4walls) managing a range of social housing programs with a grossly disproportionate number of refugees (more than 50%) on the social housing waitlist, most of whom had been in the country for less than 2 years. These households requiring assistance were in serious housing stress having experienced multiple tenancy failures since their initial resettlement; a direct result of a poor housing model." (MDA, Brisbane).

During the period of accommodation support, effective tenancy training and support is essential to ensure later success in the housing market.

There is strong support for the current practice of providing cover for the first four weeks of rent.

Question 7: What improvements can be made to the current package of essential household goods?

SCOA members report that there is generally a high level of satisfaction with the current package of household goods provided for IHSS clients. There are some suggestions for minor adjustments based on cultural needs (e.g. rice cookers),

climate (fans and/or heaters) and safety (TV stands). Similarly, providing a DVD player would enable clients to watch settlement information in their own language (when available).

It is vital that IHSS clients are provided with appropriate education around the safe use of household appliances.

Clarity is needed both for clients and service providers around rights and responsibilities for maintaining, moving and storing household goods.

Wherever possible, service providers should ensure consistency in the type and quality of appliances provided, in order to reduce any negative comparisons between clients.

Question 8: How can IHSS service providers best build and maintain effective working relationships with other community service providers and government agencies?

IHSS service providers have an important role in helping newly-arrived refugees and humanitarian entrants to understand and access the wide range of community service providers and government agencies in Australia. All potential IHSS providers should be able to demonstrate a strong track record in high quality service delivery directly related to the settlement of refugees and humanitarian entrants, and be held in positive regard by relevant service providers in their region(s).

The active involvement of IHSS contract holders / consortium members in key inter-agency networks is also essential. Some SCOA members have recommended that IHSS providers should be responsible for co-ordinating regular meetings of key service providers. This is already done in some IHSS regions, such as those in South Australia. Similarly, MOUs with key service agencies have proven to provide a good basis for inter-agency working. In South Australia, “the development of MOUs with key service agencies has provided another important avenue through which MRCSA has built good working relationships and ensured more streamlined referral processes. MOUs have been negotiated with STTARS, the Migrant Health Service, Families SA...TAFE, Workskill etc” (MRCSA).

Decisions about the granting of IHSS contracts need to be fair, consistent and transparent, in order for service providers to have a high level of respect for the decisions made, and as a result, service providers are more likely to work effectively together to meet the settlement needs of newly-arrived refugees and humanitarian entrants.

The KPI’s for IHSS should state that IHSS service providers must support and promote clients to access an expansive range of services. There should be an

emphasis on referring clients to SGP services, but referral to other key services is also essential. Referrals from IHSS to SGP services are working well in some states but not in others. More consistency is needed in this area. Also, clarity is needed about what the term “referral” means, and how this will be measured within the IHSS program.

Greater recognition is needed for the considerable time spent by IHSS providers and other settlement service providers in building the capacity of mainstream agencies to work effectively with new arrivals. This includes cultural support, Access and Equity, and supporting the development of cultural competencies. All of these things are vital in order to ensure that new arrivals receive respectful and relevant services from mainstream agencies, in order to assist them with their settlement in Australia.

It is also recommended that appropriate case conferencing model be used when referring IHSS clients with complex needs to other agencies.

Question 9: What core information should be provided to humanitarian entrants shortly after arrival? In what timeframe should this be provided?

The delivery of all information during IHSS needs to be based upon core competencies for “settlement life skills”, using a skills-based learning approach which is built on an understanding of adult learning styles, cultural and individual differences, and which regular checks and reviews the learning outcomes with the client.

It is important not to overload clients during the initial six month period of arrival and settlement in Australia. Information provision should be limited to essential information only during this period. It is important to recognise that people absorb information based on a “hierarchy of needs”, according to Maslow’s theory. Any information delivered at this time that does not fit within this “hierarchy of need” is unlikely to be absorbed and therefore will not be useful.

In keeping with this, there should be a focus on key issues for initial settlement. This should include cultural and local orientation, safety issues, employment, negotiating the education system, essential health services, basic consumer information, and perhaps some basic legal information. This should be delivered through a combination of group sessions and individual support, provided by skilled case co-ordinators / managers. There should also be targeted information for different groups – e.g. men, women and youth.

Some flexibility is required with regard to the time frames for information delivery. This should be based on an assessment of the needs of the individual client and what is most important for them, rather than on the needs of the service provider.

Initial information provision should reinforce the key messages from the AUSCO training, and these messages should be repeated shortly after arrival. However, more awareness is needed by IHSS providers of what is covered in the AUSCO training (and vice versa) to ensure synchronicity. The AUSCO training needs to be regularly reviewed and updated to ensure its relevance.

Question 10: What client benefits would be achieved from the provision of initial information in the areas of family relationships and cultural transition issues?

This may be beneficial and appropriate, but must be in line with the "hierarchy of needs" outlined above, in order to ensure that clients are not overloaded with information during the initial settlement period. Such information should be kept at a fairly simple level at this stage, to avoid overloading clients with information.

It is important to link these two themes – i.e. family relationships ⟷ cultural transition - and to discuss and explore the impact that each has on the other.

Question 11: Should the department do more to encourage IHSS service providers to use state refugee health services, where they exist?

SCOA recommends comprehensive health screening for all new arrivals shortly after arrival. This should include screening for dental care needs. We believe that all appropriate health services should be used, in order to achieve timely and appropriate health care. Some IHSS providers have invested considerable time and energy in developing strong links with both public and private health service providers, which has included things like training GPs to work effectively with, and understand the needs of new and emerging communities. Promoting the use of all appropriate health services may also help to ensure that refugees and humanitarian entrants are not marginalised in the health care they receive.

Wherever possible, IHSS clients should also have access to Refugee Health Services (RHS). However, it is important to recognise the differences in the services offered by RHS from state to state and region to region. Some have very long waiting periods, for example. All RHS need to be adequately and appropriately resourced in order to provide a range of suitable services.

SCOA members also mentioned concern about a range of health service provision issues, including:

- **Catch-up immunisation** is not currently available in all states
- **Interpreters** are not being utilised sufficiently by hospitals or Community Health Services. Greater promotion and obligation to use interpreters is required
- There is a **lack of bulk billing services** for GPs in many areas
- There are low **levels of awareness** among health professions of health issues specific to refugee intake groups and this education is not provided within an integrated, medical focussed, education framework.
- Many families have **complex health needs** - particularly large, single parent households
- **Improved access to integrated support** to access health services beyond the IHSS phase of settlement is essential
- Many refugee families cannot access private **dental services** and wait for many months in significant pain to access public services
- Settlement in **rural and regional areas** where families cannot access appropriate health services places these people at a high risk
- There is a patchwork of **client health information** (or often no health information) that individuals bring on arrival or maintain during settlement. This can impede effective and efficient health service delivery.

Question 12: How could information about preventative health measures be best delivered?

Effective partnerships between IHSS providers and key health prevention services are needed to ensure sound, relevant and up-to-date health information for refugees and humanitarian entrants. A wide range of information should be available in a variety of formats so that people can access them in ways that suit their learning style, literacy levels and so on. These should be available at times of need or readiness by the client.

It is important to reinforce key messages in a variety of places, for example women's support groups, youth groups etc. Such programs should be adequately supported and resourced to do this, and ideally should employ, train and develop the capacity of members of refugee communities to deliver health education and prevention information.

Most preventative health information is best delivered after the initial settlement period, as per Maslow's "hierarchy of needs" (see Q9).

Question 13: Should all entrants be referred to a STTC provider for an initial assessment of their counselling needs shortly after arrival?

There are varying opinions about the need for all newly arrived clients to access STTC. Some SCOA members suggest that each person should have an initial short assessment during the early period of their involvement with IHSS, whilst others suggest that STTC should be provided on a "needs only" basis. Nonetheless, all new arrivals should have access to STTC.

Several SCOA members stated that not all refugees and humanitarian entrants want or need STTC. However, this needs to be balanced with the fact that people are not always aware of their own mental and emotional health needs and issues. Responding to alerts and emergencies involving STTC needs to be built into the service standards for IHSS.

As mentioned earlier, a clearer definition is needed of what DIAC means by "referral" – is this simply providing information about the availability of a service, or should this refer to an individual-specific referral for assessment?

Question 14: How should STTC be structured to ensure that interventions are provided in the most optimal and timely manner

The current requirement for referrals to STTC to occur directly after arrival, with assessment occurring within two weeks, is seen by many SCOA members as unnecessary. Many feel that this should be based on need and related to a broader assessment of overall priorities for each client / family, involving a more holistic approach to needs, including an assessment of mental health needs generally.

It is important to learn from and build upon existing examples of what is currently working well within IHSS provision models, with regard to STTC services. Under the current contract arrangements, STTC is being provided by a range of IHSS providers, using different methodologies. There is more than one way to provide this service, and it does not require a specific service provider. With this in mind, the yearly Quality Assurance review should also examine the quality of the counselling, and not just measure whether or not clients are referred to STTC and whether they are seen within a certain amount of time frame.

There are divergent views amongst SCOA's members regarding whether or not STTC should be removed from the current (single) IHSS contract, and instead be delivered as a separate and distinct service component. Some support this proposal, while others fear that this may erode the existing consortium approach, which contractually binds members to share information in order to better assist clients.

Whilst there are a range of views about how STTC should be delivered, all SCOA members agree that STTC requires a high level of expertise and qualifications, along with a thorough understanding of both the psychological and cross-cultural issues affecting refugees and humanitarian entrants.

Contracts for IHSS need to be flexible enough to allow clients to exit certain elements of IHSS support whilst still accessing others. This is particularly true for those clients who are still engaged in STTC, but have otherwise completed the IHSS support period.

Question 15: How can we best target volunteers and provide them with meaningful and satisfying engagement within the IHSS Program?

There are many issues to consider with regard to the use of volunteers in IHSS. Firstly, it is important to identify and clarify the roles that are appropriate to be undertaken by volunteers, as distinct from paid professionals. Where they are used, volunteers must be suitably recruited, trained, supported, valued and rewarded. Volunteer programs should be linked to pathways for accreditation, work experience and paid employment wherever possible.

Training for volunteers should include specialist information, such as:

- Cross cultural training
- Information on working with survivors of torture and trauma
- Avoiding over-reliance and rescuing

Information should be delivered by a range of guest speakers; be interesting and interactive; and strongly promote an understanding that volunteering with refugees and humanitarian entrants involves a two way exchange of understanding and enrichment, based on community development principles.

It is important to recognise the need for flexible approaches with regard to IHSS volunteering. Volunteering is still largely a “middle class” activity, which means it is much easier for services based in middle class communities to recruit volunteers than it is for services in more working class area. For this reason, some SCOA members have suggested that the requirement to engage volunteers be taken out of the IHSS contract.

There is some concern that a reliance on volunteers can be damaging, both for clients and service providers. Volunteers can be unreliable, transient etc. Furthermore, volunteers need to be suitably screened in order to ensure that they fully respect the principles and values of IHSS. Some members have shared stories of volunteers turning up with bibles to the homes of Islamic people, for example.

Some SCOA members have suggested extending the volunteer aspect of IHSS beyond the initial six month period, in order to assist the client and the volunteer in building meaningful and supportive relationships with each other. Whilst some emphasise the importance of volunteers in helping new arrivals with their local and cultural orientation, others point out the need to involve more volunteers from new and emerging communities.

Question 16: How can regional settlement be better sustained to reduce the incidence of secondary movement shortly after arrival? Would this also encourage internal migration and secondary movement to regional areas?

Many things are needed in order to facilitate successful regional settlement. Available and affordable accommodation and a range of appropriate employment opportunities are vital elements of any successful settlement, including regional settlement. The service delivery models for IHSS in regional areas must be adequately resources, and staff must receive appropriate training and support, in order to increase the likelihood of success and overcome any obstacles.

Settlement in regional areas needs to be carefully planned and negotiated with a range of services, in order to ensure successful settlement. Good local support from a range of stakeholders is vital, as is the availability of a range of relevant services. A significant investment of time and financial resources is needed, in order to raise awareness and educate the broader local community, including support for mainstream service providers.

It is important to provide good quality information about the background, needs and experiences of the new arrivals to stakeholders and service providers, and to carefully consider which refugee communities are most likely to successfully resettle in a particular regional area, considering things such as employment options, appropriate faith communities, climate, geography and so on.

There needs to be a willingness from all parties to deal with challenges and obstacles in an open, constructive and collaborative way. Wherever possible, DIAC should engage the clients themselves in discussions about any intention to locate people in regional areas, in order to avoid the unnecessary wasting of resources that occurs when people leave regional areas to return to larger cities shortly after arrival.

Substantial numbers from a particular ethnic community are also needed, in order to provide a “critical mass”, and to ensure appropriate peer support structures.

Learning from the feedback and evaluations of previous regional settlement - such as in Shepparton and Mt Gambier - is essential in order to inform new models and approaches to regional settlement.

Question 17: What benefits could be gained in establishing additional contract areas in non-metropolitan regions – particularly in existing settlement regions with good infrastructure and local services?

With regard to the IHSS contract regions, there are widely divergent views across SCOA's membership as to whether changes to the current contract regions would be positive or not. Feedback varies from state to state, depending on the perceived success of the current IHSS provision, geographical and population sizes, economies of scale and so on.

Some SCOA members suggest that smaller regions would be beneficial, perhaps in line with the current SGP boundaries. Those who recommend smaller contract regions state that smaller regions would promote closer partnership working and increase the likelihood that existing inter-agency co-operation would be utilised and enhanced.

Others suggest that smaller regions may make the contracts more difficult to manage, due to decreasing economies of scale. Similarly, larger regions may promote a centralised approach to service planning and delivery, and make it easier for IHSS clients to move within a city or region, without having to change IHSS provider.

Concerns have been raised about the boundaries for some of the current contract regions, such as the Hunter, which are seen as artificial and arbitrary.

Concern has also been raised that not all areas of the country are covered by an IHSS region, e.g. Central Queensland. This has created difficulties in negotiating services and support for IHSS clients wishing to move to these areas.

Question 18: How could the IHSS metropolitan contract regions be restructured in light of changing demographics and the availability of affordable housing?

Again, there are widely divergent views from across our membership, from state to state etc. Several members have commented that metropolitan regions should be reduced in size to provide more localised services and build on local knowledge and experience. However, other members have argued strongly for maintaining the larger contract areas that currently exist. Larger contract regions make it easier for clients to move across the same city whilst maintaining the same IHSS provider, for example.

In Melbourne, there are suggestions to divide the city into two (North and West; South and East) or four (north, south, east, west) regions. Similarly, in Canberra it has been suggested that the IHSS boundaries should match those used for the SGP program, and divide the city into north and south. Alternatively, in Brisbane the IHSS providers feel the contract regions are suitable and appropriate, and in Adelaide there is support for one contract region.

Question 19: To what extent do you consider proposers would benefit from early face-to-face assessment of their capacity to assist SHP entrants and onward referral to build their capacity?

There is support amongst some SCOA members for assessing the SHP proposers' ability to support applicants, along with concerns that the current telephone interviews are insufficient, or in many cases do not happen at all. Some SHP proposers are still dealing with their own settlement issues, and are unable to provide suitable support to those who arrive into their care. Greater support for proposers would help alleviate this.

Some IHSS providers already provide this type of support for SHP proposers. In South Australia, for example, MRCSA interviews nearly all the SHP proposers prior to the new entrants' arrival, and a follow up case plan interview is conducted within three days of arrival. This has proven a successful model, and has led to increased engagement of proposers.

Question 20: Do you think regular monitoring of the capacity of proposer to provide settlement services, and staggered assessment of SHP entrants settlement needs, will reduce the relative vulnerability of these groups.

There is strong support for a comprehensive review of proposers' capacity to support new arrivals prior to SHP arrival. Similarly, an on-arrival assessment of the settlement needs of SHP proposers along with the entrant would be beneficial. There is also support for a staged review of settlement assistance delivered to SHP entrants by proposers, in order to identify whether settlement outcomes are being achieved through the current arrangements.

Question 21: Will making proposers more aware of their responsibilities and the support available help to ensure SHP entrants are adequately supported in their initial settlement phase? What other initiatives could the department explore to better support proposers?

SCOA supports DIAC's efforts to develop a range of information products aimed at more effectively informing proposers about their responsibilities, along with other information about settlement generally. Where these efforts are already in place, this has worked well to date.

Some have suggested that attendance at an information session provided by IHSS providers for potential SHP proposers should be made a compulsory requirement, prior to applying to be a proposer. It has also been suggested that transit and/or on arrival assistance be provided to SHPs whenever this would be useful.