Consultation Questions

SESSIONS 1 & 2: TUESDAY 16 JULY and WEDNESDAY 17 JULY 2024

1. Pre arrival needs assessments

Service Providers currently complete a desktop Pre-Arrival Assessment for each Case. In planning the design of the new program, we are giving consideration to enhancing this element to ensure key information is captured and relayed to providers prior to Client arrival to allow for better planning of services that focus not just on needs but also on the Client's skills and aspirations'.

- The Department is considering making the contact details of clients available to providers prior to their arrival in order to capture information as part of the pre-arrival assessment?
- What information should be captured in the pre-arrival process? Should questions about employment and educational background be included at this stage, or post-arrival?
- Should providers have discretion as to which elements of the assessment are conducted pre-arrival and which elements are conducted on-arrival? Or should there be some consistent information that is always gathered pre-arrival where possible?
- During a pre-arrival assessment, it could become apparent that a different settlement location would be more suitable for the client. What is the most effective way to manage this situation?
- If providers will be contacting clients while offshore, will they need to have regular contact with relevant offshore providers (e.g. the Cultural Orientation Provider)?
- Clients may disclose highly distressing events and risks during the pre-arrival process – for example, they could disclose domestic violence. Is knowing this information without having resources to address issues pre-arrival problematic?
- It is proposed to refocus the AUSCO program on travel preparedness and essential information required upon initial arrival in Australia.
- Are there any format or delivery method changes that could increase the effectiveness of AUSCO?
  - Would it be beneficial to give the AUSCO provider a timeframe for delivery and a specified budget with the flexibility to use those hours and budget as deemed appropriate to meet the client's needs?

2. Basic Household Goods (BHG)

At present onshore service providers are required to supply clients with a range of goods to assist them to establish their initial place of residence in Australia. The full list of Goods to be supplied are defined and must be provided based on client need and appropriateness for their accommodation.

The Department is considering moving to a model where the BHG list is separated into two categories. The first category will cover particularly essential items (e.g. fridge, washing machine) and there will be a default assumption that these items will be supplied – a reason must be provided if they are not supplied. In the second category, clients/service providers will have choice of goods up to a specified dollar value.

- Which items should be in the first category, where there is a default assumption for supplying them?
- Are there any other ways clients can be given a greater role in the selection of goods to be supplied (allowing for client choice and self- agency in process/decision making)?
- How could providers reassure the department that the management and provision of BHG is managed with a view to ensuring cost effective provision of goods?
- Would a template be useful in administering BHG and ensuring some level of national consistency?

3. Economic Participation

Currently Service Providers must play a leading role in sharing information and coordinating between HSP, AMEP, SEE program and Workforce Australia, including close engagement with local employment services providers.

- Are there any changes to the service model that would enhance the ability to collaborate with refugee focused social enterprises, other employment services, or employers?
- Assuming a similar level of overall service-intensity to the current program, what kinds of employment-related assistance should be provided within the HISP?
- What is feasible for a HISP case manager to put in place to support their clients in engaging in economic participation?
- Is it reasonable to expect that an economic participation plan can be created for each HISP client within their Case Management Plan?
- Aside from standard referrals to Workforce Australia, AMEP/other education, what will assist clients to engage in economic participation within their first 12 months in Australia?

4. Health

At present onshore service providers are required to support clients to attend initial medical appointments and educate clients regarding the Australian and local health systems as part of an overall Orientation program. The Orientation component on health can be delivered by service provider staff who may have minimal or no health qualifications.

- One of the key improvements we are keen to explore to incorporate into the new Humanitarian Integration and Settlement Program, is whether it would be beneficial to have health professionals participate in the delivery of the health components of orientation provided onshore to new arrivals. This would ensure that key information around all aspects of health and wellbeing are incorporated into the delivery of the information.

  - If so, would refugee health nurses be the appropriate professional?

  - Would an alternate option be to ensure that the health information of the orientation program be designed by the refugee health sector? (unless this already happens)

5. Flexibility

Through the consultations process, the issue around providing flexibility in service delivery was raised consistently. The following questions seek sector views on how flexibility could be applied in a practical way to service delivery.

- There will be some 'essential' supports to be provided to all clients. For example: housing, Basic, Household Goods (BHG), health, English language, essential registrations.
  - Are there other supports which should be considered essential?
- Should there be structure within the flexible approach to ensure consistency?
  - Should there be a full list of possible supports with providers to only provide those supports?
  - Should there be capacity to provide 'non-standard' supports?
  - How could the department monitor this part of the program without creating administratively burdensome requirements for the providers and ensuring the program remains within budget?

6. Funding

Under the current program there are 36 payment points. These payments are for a range of services and supports delivered to individual clients as well as to fund the provider in respect of the costs incurred in maintaining the base infrastructure required to deliver the program.

Note to Participants: *Responses to the questions below are requested at a general level only to ascertain improvements if any to the funding model used for the Program. Any individual or organisation providing a response to this question should not provide pricing information relevant to its organisation.*

- The Department is looking to re-balance the proportion of funding that is ongoing, and the proportion which is paid on a fee-for-service basis. What should the ongoing funding cover?
- If the ongoing funding was to include a coordination role, what should be the focus of that role? For example, volunteer coordination, housing, health, employment, or a combination?
- What should the fee-for-service element cover?
- Are there any other critical changes to the funding model that you consider will support effective and efficient delivery of services and contract management?

7. The workforce
Currently Case Managers must have at a minimum, one of the following qualifications (or an equivalent alternate qualification):

- *Diploma of Community Services (Case Management); or*
- *Bachelor of Applied Sciences (Community Services).*

- Should there be a minimum level of qualification required to provide support to clients generally?
- What are the critical professional development and training needs of the HISP workforce? Are there key gaps that need to be addressed?
- Would a national community of practice or other opportunities for peer learning be beneficial?

8. Reporting
At present service providers are required to produce a range of documentation types to evidence services supplied to clients as well as improvement of client capacity.

- To what extent do the following changes create resource efficiencies:
  - Removing requirements to supply documentary evidence (e.g. invoices), and instead requiring that these be made available as required for quality assurance processes
- Are there issues to be considered with regard to the timing and number of requests for information?
- How should the attainment of individual client outcomes be measured, evidenced and reported on?
- Would templates (e.g. for pre-arrival assessments, case management plans, etc) be preferred as a mechanism for ensuring standardised reporting?
  - If templates are not the preferred option how could the department ensure reporting is standardised and consistent across providers?