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

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Overview

4. Future direction of the IHSS program

Transition to successful settlement occurs over an extended period of time. The speed with which this occurs will vary for individuals, depending on many factors, but it is likely that most entrants will transition through 3 stages, focusing in turn on (i) physical and mental well being, (ii) social and economic participation, then (iii) economic security. *Diagram 1* outlines these stages.

Diagram 1: Enhanced IHSS Settlement Services Model mapped against stages of settlement

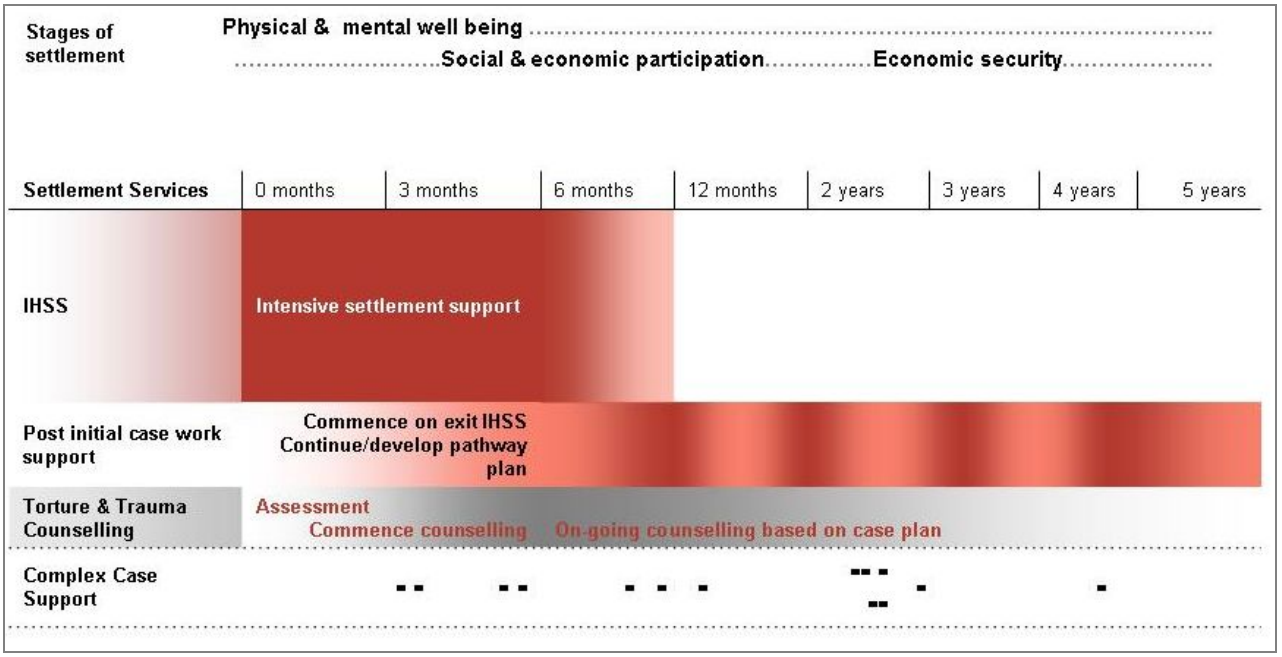

Diagram 1 also maps IHSS and other types of settlement interventions against the transitional stages of the settlement process. It suggests an enhanced Integrated Humanitarian Settlement Strategy (IHSS) that combines a mix of interventions over a longer settlement time frame, i.e. intensive case management during the initial phase + issues specific (and/or place based) case work or complex case support available over a longer time frame based on need + short term trauma counselling that can be delivered in a more timely manner according to need. Refer to comments under Question 2 for discussion of how this model could work.

The role of IHSS as it currently stands is to assist humanitarian entrants during the initial phase of their settlement. The program provides intensive case management services and support to address the immediate and urgent settlement needs of new arrivals. It is important not to overload clients (or the program) in the first stage when entrants are extremely vulnerable. The program acknowledges that entrants have different capacities and therefore require different lengths of time in the program and different levels of support to reach basic levels of settlement competence.

Additional needs will evolve as clients become familiar with their new environment and have their urgent needs addressed. Many higher order needs will not become apparent until after the initial stage when entrants have exited the current IHSS program. While it is important for entrants to achieve autonomy and control over their lives, an integrated service model where various providers work together to provide planned and coordinated intervention points will make it easier for clients to access support if and when they need it. Where entrants have very limited capacity to manage their settlement beyond the initial phase they will be transitioned to a local place based provider in a systematic and supported way.

4.1. IHSS objectives, service model and principles

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

It is important to have realistic objectives for the IHSS program. IHSS services represent the first phase of a longer settlement process. Objectives of the IHSS program should be framed by the settlement needs relevant to this particular phase, acknowledging that other needs may emerge and need to be addressed through other services later in the settlement process.

The transitional phases of settlement are described in *4. Future direction of the IHSS program, Diagram 1: Enhanced IHSS Settlement Services Model* above. IHSS services need to address physical & mental well being issues faced by new arrivals (first phase) as a matter of priority and facilitate pathways to social participation (second phase). Progression through the second and third phases (economic participation & well being) is frequently achieved beyond the current IHSS time frame. Entrants will, however, be linked to other services in their IHSS period that can start to build the foundation for these later stages.

Measures currently set out in the IHSS contract which could be better defined to describe steps critical to initial settlement are:

1. Needs analysis leading to a long term settlement plan
   - at exit from the IHSS all clients would have a settlement plan and understand the settlement process and how to carry it forward
2. Key referrals addressing physical and mental wellbeing; basic competencies to self manage
   - Housing and HGP – settled in long term accommodation, basic tenancy and home management skills
   - Financial services – bank account, Centrelink registration, Tax File Number
   - Health referrals – client has health assessment and is linked into the health system for services as required; acquires basic health literacy, e.g. capacity to manage medication, keep appointments
   - Education – clients are linked into education systems; children are settled in school, referral to AMEP
   - STTC – clients are assessed and linked into counselling as needed
   - Legal – clients have basic understanding of critical laws and systems
3. Social connectedness
   - Navigation of public transport, orientation around local community
   - Links to client's (self identified) cultural community as appropriate
   - Links to local or other communities of interest as appropriate

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

Linkages between the initial and post initial settlement support services can be strengthened to provide a seamless suite of interventions that clients can access at various points along their settlement journey.

- One way to do this would be to disaggregate the case work component of the SGP program, bundle this in with IHSS services and formalise this arrangement in the same contract. This option would extend the 'integrated strategy' beyond the initial phase of settlement (refer *4. Future direction of the IHSS program, Diagram 1: Enhanced IHSS Settlement Services Model*).
- Another strategy could be to request all providers tendering for IHSS services for demonstrated strategies to link initial and post-initial settlement services through formal linkages with other providers/agencies.

Either of these options would provide an enhanced IHSS settlement service model that coordinates all services which assist individual clients to plan and manage their settlement process: IHSS intensive case management, short term trauma counselling, SGP needs based case work and Complex Case Support. A Consortium approach to delivering this range of services would ensure that all partner agencies had access to the expertise and networks of the different providers/agencies in the consortium.

Enhanced IHSS settlement services model *(see 4. Future direction of the IHSS program, Diagram 1)*

Components of the service would include IHSS services as currently performed with the addition of post initial settlement case support and complex case support for the small percentage of clients still with high needs at exit from the IHSS. The model would include:

1. Initial settlement services (current IHSS)
   - Intensive case coordination, information and referral
   - On arrival reception and assistance
   - Accommodation services
2. Post initial case support and capacity building (currently one component of SGP)
   - Less intensive transitional support and/or needs based complex case work which continues and/or develops settlement pathway plan established in initial case management
3. On going (initial and post-initial) settlement services

   These components of the enhanced model would be delivered in a co-ordinated and planned way across all providers of initial and post-initial stages of settlement and would include:
   - Volunteer coordination
   - Advocacy and raising community awareness
   - Planned cycle of settlement information responsive to the evolving needs of clients
4. Specialist services – based on client need
   - Short term trauma counselling
   - Complex case support

Benefits for clients

- Coordinated short term and long term settlement pathway plans
- Intensive time-based case management during the initial phase of settlement and facilitated access to less intensive needs-based support over the next stages of settlement, for clients who need transitional support or who may experience crisis points later in their settlement
- Access to a rolling cycle of settlement information planned over a 5 year period
- Provision of short term torture and trauma counselling that acknowledges that different individuals will need the service at varying points in their settlement

Benefits for service providers

- Extending the post initial case work component of the current SGP to 5 years aligned with the IHSS cycle will provide greater stability for providers of this service and facilitate joint (cross-provider) client pathway planning and coordination of services throughout the settlement life cycle
- In thin markets, e.g. rural/regional areas or small States, alignment of the funding cycle will allow providers to combine resources to provide a sustainable service

Consortium arrangements

- SGP currently funds a mix of case work and capacity building projects. The component of the SGP budget that funds case work could be disaggregated and bundled with the IHSS allocation (as has been done in the recent Job Services Australia contract) to cover the post initial case support as an additional discrete service in the enhanced IHSS model. Service providers funded to deliver SGP case work would be in a formal consortium arrangement with IHSS and CCS providers.
- SGP would continue to operate as a discretionary grants program allocating 1-3 year project funding to address local place-based settlement or needs of specific target groups identified through an annual needs analysis process (similar to the Innovation Fund in Job Services Australia).
- IHSS providers involved in case management should be Complex Case Support compliant so they automatically qualify to be on the CCS approved panel of providers.

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

The core IHSS principles adequately reflect the intent and direction of the IHSS and assist service providers to ensure that they hold the respect and dignity of individuals as paramount.

AMES does not propose any changes or additions. However it is worth noting that a consistent standard of service across Australia (*Services to humanitarian entrants are delivered to a consistent standard across Australia*), while a just and highly desirable principle, can in practice be difficult to implement when some clients settle in small rural towns and others settle in major metropolitan locations.

4.2. Securing affordable accommodation and providing household goods

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

Securing accommodation for clients is a critical element of the IHSS program. Physical safety and shelter are integral to the successful settlement of refugees and humanitarian entrants. An integrated humanitarian settlement strategy must provide an integrated response to all linked needs of newly arrived refugees and humanitarian entrants.

It is AMES experience that the model of putting new arrivals straight into their own long term accommodation continues to be the best model, particularly given that refugees have lived 'in transit' and under insecure and unsafe conditions for extended periods of their lives. It is also AMES experience that working in a formal consortium arrangement with a specialist accommodation provider and a supplier of household goods has been the most effective way of managing the complex issues of accommodation.

There is no denying that providing timely and affordable housing for refugee arrivals has become the most challenging aspect of the Integrated Humanitarian Settlement Strategy. The decline in rental vacancy rates combined with significant rent increases over the past three years has meant that housing affordability is now at its lowest level in 22 years (REIV, June 2008). This issue is not unique to refugees settling in metropolitan Melbourne; it reflects a national crisis that is likely to worsen as the unemployment rate rises and adds to the demand for low cost housing.

Whereas AMES was settling 95% of arrivals directly into their own long term accommodation at the start of the contract, this was achieved for less than 20% of clients in 2008. While the situation has been progressively improving over 2009, the tight accommodation market has nevertheless underscored the need to have an expanded range of Initial Accommodation options to back up the Long Term strategy.

Accommodation models that could effectively be used to secure housing for refugee and humanitarian entrants include:

- Portfolio of Initial Accommodation properties in locations close to client communities
- Managed on-arrival cluster accommodation
- Seeding new communities in affordable areas – metropolitan and rural & regional
- Arrangements with Community and/or Public Housing providers
  - This is currently not a viable option in Victoria because of the long waiting list for public housing
  - The new funding injected into public and community housing as part of the Federal Government's *Nation Building Investment – Social and Defence Homes* provides an opportune time for the Commonwealth to work together with State authorities to open up access to Community Housing for IHSS clients, i.e. to include refugees as one of the priority groups for new housing stock; this would circumvent any perception of newly arrived refugees being given priority over others on long waiting lists for existing stock.
  - The next Commonwealth/State Housing agreement also provides an opportunity to prioritise particular groups for public and community housing. In Victoria the segmented waiting list for public/community housing means that IHSS clients (deemed to be in secure private rentals sourced by AMES, and therefore not at immediate risk of homelessness) are low priority for public housing. Account needs to be taken of the refugee experience of no stable housing prior to arrival in Australia and no rental history.

The difficulties of sourcing affordable accommodation are sometimes exacerbated by unrealistic client expectations. The requirement in the current contract that clients be offered three accommodation alternatives is out of step with market reality and compounds the difficulty of managing client expectations.

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?

Initial group or cluster accommodation would provide an opportunity for:

- delivery of a group orientation programs addressing priority on-arrival settlement information. Further settlement information (including information about local services) would be provided when entrants are settled in their final settlement destinations
- critical registrations for Australia-wide services – some could be done in bulk at the facility (Refer Question 9 for details)

Entrant groups who would benefit from initial group or cluster accommodation are singles and groups who have lived for extended periods in non-urban refugee camps and may lack basic household management skills. The current referral of Permanent Protection Visa holders from Christmas Island in groups and on short notice can also be most efficiently managed through this arrangement. Benefits include:

- easing the transition to private accommodation
- allowing entrants to feel more comfortable in group situations similar to pre-arrival arrangements
- provide time to address some initial settlement issues as a group
- time for PPV entrants to track links and make decisions about where they want to settle

It is important to note, at the same time, that there are inherent difficulties with this initial accommodation model (refer to the 2003 Review of Settlement Services) that will need to be managed carefully.

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

AMES recommends that accommodation support be provided as long as a case is open. Entrants should be in long term accommodation and able to manage their tenancy when they are exited from the program. In the majority of cases this can be achieved within a 6 month period. A small number of high need cases will require accommodation support for a longer period. This may include support in securing new accommodation at the end of a six month lease or on-going tenancy training/support for clients who for a variety of reasons (no or low literacy, little support from community members/family) struggle with negotiating the tenancy market.

In some cases, a crisis may cause clients who have exited IHSS to lose their accommodation. Under the model proposed in *4. Future direction of the IHSS program (Diagram 1: Enhanced IHSS Settlement Services Model)* of this discussion paper, longer term support can be provided under Stage 2 (SGP case work) or in some cases, Complex Case Support. As part of a formal consortium arrangement with IHSS providers, agencies providing SGP case work and/or CCS would be able to draw on the accommodation expertise and networks within the IHSS consortium.

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

AMES agrees that the current household package is broadly sufficient. In our experience the most commonly requested items above the standard package are microwaves and DVD players. AMES also concurs with the requirement for the goods to be of a consistent standard.

A number of minor adjustments are proposed. Firstly the consortium recommends that all items be matched to the family size – for example sofas, tables and chairs. Secondly it is important to supply appliances that are energy efficient. Thirdly, it is recommended that a small amount of the package be discretionary to account for cultural or specialist (prams, disability) requirements.

Provision of In-Kind support needs to be more flexible. In most cases it is relevant for clients to receive this support in the first month after arrival (for example, if they go directly into long term accommodation or into AMES initial accommodation). However, some people choose to live with links for a period upon arrival – they will require the support when they move into their own accommodation.

While not cost neutral, AMES recommends that provision of In-Kind support be for all visa types, not only refugees. SHP clients are equally disadvantaged on arrival and are under considerable financial strain to pay back airfares. Providing assistance with their fist month's rent would ease this financial burden and reduce the reliance on proposers for accommodation. Reducing the likelihood of overcrowding in proposers' homes may in turn reduce the risk of family breakdown that can result from the high level of stress placed on people and resources and avoid the consequent social and financial costs to government.

4.3. Delivering effective referrals and information

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

Strong working relationships are most effectively built and maintained through networking and regular communication at state wide and local levels across all levels of management and service delivery. In Victoria Local Settlement Planning Committees operate in most IHSS settlement locations and facilitate joint planning, service coordination and exchange of information.

The model proposed in *4. Future direction of the IHSS program, Diagram 1: Enhanced IHSS Settlement Services Model* would require providers to work effectively with other settlement services providers through strengthened formal delivery relationships. It would also broaden the collective referral relationships with other providers and government agencies shared across these organisations.

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

IHSS should be about assisting entrants develop core settlement competencies; during the initial settlement phase the competencies should focus on managing issues to provide physical and mental well being. Competencies include a mix of skills and basic conceptual understandings.

It is not enough for the tender to require the provision of core areas of information that can simply be ticked off a list. It also needs to examine how such information needs to be provided so that entrants actually 'receive' and process the information and are able to use it to make sense of their new lives. How much new information can be absorbed at a time when everything is strange, confusing and urgent? How can new concepts be introduced through an unfamiliar language? How are cultural gaps in understanding to be bridged?

What constitutes 'core information' may differ from client to client depending on their specific circumstances. As part of the needs assessment and development of a case plan, case managers have to make a professional judgment about the core information that each entrant needs, how much they can take in and how the information can be most effectively conveyed.

It is important that the amount and depth of information is reinforced and progressively increased over a longer period of time. This allows entrants to make sense of information as their understanding of systems increases and they are in a position to make informed choices. The settlement transitions noted in *4. Future direction of the IHSS program, Diagram 1: Enhanced IHSS Settlement Services Model* – Physical and mental well being; Social and economic participation; Economic security - provide some markers of the need for increasing complexity and depth of information.

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

Addressing issues around family relationships and cultural transition is very important for the successful settlement of some groups of new arrivals. Clients benefit from being prepared for family/cultural situations that may arise during their transition to life in Australia, where systems and practices may be different from those previously experienced. They also benefit from being informed of the support services available if issues arise – so that they are not solely reliant on information provided from within their communities.

One critical area of cultural transition involves the different expectations and different rates of transition to a new socio-cultural environment that can cause tensions between young people and older family members. Initial and on-going information on the laws surrounding, for example, rights and responsibilities, gender roles, family violence and juvenile justice, and on realistic educational/employment pathways available to young people can help mitigate intergenerational misunderstandings and keep families together. Sessions should involve whole families, especially adolescents and young adults as well as their parents/guardians.

Information may assist but in no way can guarantee smooth cultural transitions in areas that are strongly influenced by long held cultural practices and beliefs. These broader cultural and social factors cannot all be addressed within the IHSS. There is also a fine balance to be achieved in respecting individuals within IHSS principles and developing understanding of legal rights and accepted cultural frameworks within Australian society.

4.4. Improving on-arrival health services

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

Yes, through the tender the Department should ask providers to demonstrate strategies for linking to health and all other refugee services offered by the State. Many IHSS entrants have suffered extreme hardship and arrive with complex health needs. It is critical that providers maximise use of all possible resources for the benefit of entrants. Coordination between IHSS and the Refugee Health Nurse service in Victoria is an example of how resources provided by different levels of government can be optimised.

Through Commonwealth/State discussions the Department should continue to support the expansion of refugee health services.

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

Information on preventative health measures is best delivered by health professionals – usually GPs or in group sessions with Refugee Health Nurses. A model used in Melbourne has been very successful. Refugee Health Nurses organise and conduct a program of different health information sessions. These are conducted for groups at a number of clinics and provided in the language of the refugee communities.

Programs for young people and for other groups with specific needs would be very useful additions to existing programs.

4.5. Short-term torture and trauma counselling

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

All clients should be assessed by an STTC provider to determine if they require STTC services. Assessment for referral to STTC should be on-going and referrals made at the point when the case coordinator deems appropriate for the individual client. This may not be immediately after arrival.

IHSS case coordinators need to undertake on-going training and support delivered by the STTC provider, to be able to make an initial assessment and identify clients needing immediate STTC.

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

To ensure that interventions are provided in the most optimal and timely manner:

- All clients should be referred to the STTC provider for assessment and a STTC plan developed within the timeframe of the current IHSS program.
- The program of counselling, based on the STTC plan, should be able to be competed even after a client has exited IHSS so as not to impede the client's progression to a less intensive settlement program.
- HEMS should have the capacity to allow STTC providers to invoice for the balance of sessions within the scope of the STTC plan even after clients have formally exited IHSS and been referred to SGP
- Clients requiring assistance beyond the scope of the STTC plan will need to be referred to long term torture and trauma counselling.

The enhanced model in *4. Future direction of the IHSS program, Diagram 1: Enhanced IHSS Settlement Services Model* will facilitate timely STTC provision by extending the tenure of the service to encompass the SGP case work component, not currently invoiced through HEMS.

As noted in the Discussion Paper and confirmed by AMES experience, this timeframe works well for clients as most are preoccupied with immediate settlement issues in the first few months after arrival, and only ready to deal with STT issues once they have dealt with their immediate needs.

4.6. Engaging volunteers

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

As noted in the Discussion Paper volunteers can play an important role in providing support and assistance to humanitarian entrants.

AMES strongly supports the capacity to include a volunteer service in the IHSS contract. We recommend that where a provider chooses to include a volunteer service that infrastructure required be described in the tender and reflected in the price. Where providers for a variety of reasons are not able to include this service such infrastructure would obviously not be included.

Providing adequate resources for infrastructure is essential to ensure clear roles for volunteers, appropriate recruitment and induction, training and on going support and follow up where there are any issues in a timely way. These measures will ensure that volunteers continue to engage actively with entrants over the longer term of settlement. The capacity to continuously review and identify where there may be new opportunities to use volunteers to value-add to existing services is also a very important function. This ensures that volunteer skills can be used effectively and that, where appropriate, an additional resource can be drawn on to respond to feedback from clients or to new opportunities to improve services identified by staff.

Given the vulnerable nature of the client group, the consortium strongly recommends that volunteer programs be well supported within an appropriate quality management framework. Without adequate training and support, there are risks to clients from possibly well meaning but inappropriate volunteer assistance and advice. Conversely, where volunteer skills are well targeted they can provide sensitive well targeted services that assist in transitioning humanitarian entrants to independence and social inclusion.

4.7. Promoting regional settlement

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?*

AMES experience in regional and rural settlement supports the department's findings that factors in successful regional settlement are: a critical mass of arrivals from the same cultural background; both affordable housing and employment in the location; local infrastructure to provide settlement and mainstream services and a welcoming local community.

Secondary movement shortly after arrival has not been an issue in Victoria. Refugee entrants have remained in their regional location, and SHP entrants are going to proposers so have strong reasons for remaining.

AMES recommends that the BIP component of the IHSS payment model be increased for regional providers in recognition of the additional advocacy and community development work that is required in these communities. Mainstream infrastructure and services to meet the needs of refugee and humanitarian entrants in regional communities are frequently less well established. More support is required to develop the receptiveness of host communities to engage with new entrants. Service delivery is therefore more challenging. Case loads are also usually small and sporadic. An increased percentage of service fees being paid in the BIP would provide reliable resources to assist in progressively building and sustaining refugee friendly services. This in turn could assist in negating the pull factor back to metropolitan centres where services and established communities can draw entrants away from regional locations.

The enhanced model (described in *Diagram 1*) which aligns the SGP component of case work with the 5 year time frame of the IHSS contract will also facilitate the appointment and tenure of skilled professionals in the program.

4.8. Defining IHSS contract regions

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?*

AMES can provide informed input only with respect to Victoria. In Victoria, distance does not present large challenges and it is advantageous to have all regional providers in one contract region so that experience can be shared and providers can be part of a wider network to share the issues and solutions that are particular to regional areas.

For example, in the AMES Settlement annual planning workshop and other consortium and sub contractor meetings, the regional group has separate workshops to share experience in delivering IHSS services in regional area. These are very beneficial in identifying issues and sharing expertise and approaches to improve services. Combining experience where there is existing settlement with good infrastructure with those areas that are more recent settlement destinations with less developed infrastructure is valuable.

Retaining Victoria as one regional contract also has the advantage of allowing resources to be allocated to providing centrally based support to regional providers in a cost effective manner. Creating additional regions would be likely to require duplication of infrastructure and management costs in this regard or alternatively, reduce the level of support that could be provided.

There may be other areas of regional Australia where establishing additional contract regions may be an advantage. Where contract regions cover vast areas some alternatives may be appropriate. This would be best informed by the experience of IHSS providers in those regions.

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

The division of Metropolitan Melbourne into two contract regions works effectively. Contract regions need to be large enough to offer flexibility in terms of accommodation options, access to services required by newly arrived entrants, to accommodate entrants moving from one suburb to another, to account for the fact that settlement patterns with a metropolitan region over the period of the IHSS contract may change significantly and to ensure sufficient volume to support comprehensive service delivery.

The current contract regions in Metropolitan Melbourne provide a sufficient geographic range of options for housing within each region. In both the Eastern and Western Regions, availability of affordable housing is being pushed onto the fringes of the city. While a small number of houses can be sourced closer to the city, this is the exception rather than the norm. If regions were decreased in size, options in some regions would be extremely limited. This would only increase the pressure on the capacity to source suitable housing in a tight rental market.

Likewise some areas are better serviced than others in terms of appropriate services – for example health services for refugees. Smaller regions would result in some more limited services within regions in some cases.

There are currently some difficulties involved in interstate transfers and these would be replicated in intra-state inter-contract transfers. Currently many clients move from one suburb to another without disruption to services. If this movement were to involve moving to another contract region services would be interrupted – resulting in a negative impact on the client's settlement. There is also a cost impact in transferring clients as the process is usually time consuming if close attention is paid to facilitating as smooth a transition as possible to another provider. A larger number of contract regions will increase the risk of these adverse impacts on clients.

In the period of the current IHSS contract settlement patterns in Melbourne have changed significantly. In 2005 there were still relatively large numbers of clients arriving from a number of countries in Africa. A number of these entrants were settling in southern Melbourne. The increased intake from Burma more recently has resulted in a marked shift in settlement to the outer west and outer east. While two contract regions can accommodate these shifts in terms of flow on entrants to each region the impact of smaller regions may have been to reduce entrant flow to a level of business that was not viable within the need to provide a comprehensive service.

Finally, it is essential to ensure that regions are large enough to support the infrastructure and staffing required to provide a comprehensive service. AMES is of the view that reducing the size of the regions in Melbourne would compromise this fundamental requirement.

4.9. Strengthening support for SHP entrants and their proposers

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?*

AMES case coordinators currently assess proposers' capacity to assist SHP entrants in a face-to-face assessment before the entrant arrives and then continue to provide ongoing support and assessment. AMES concurs with the issues raised in the Discussion Paper with respect to the limited capacity of some proposers and notes that these understandable limitations place pressure on the IHSS providers to deliver a service that requires resource levels that are similar to Refugee Entrants.

As well as face-to-face assessment of proposers, there needs to be a component added to IHSS that directly assists to build the capacity of proposers to support SHP entrants.

Question 20 *Do you think regular monitoring of the capacity of proposers to provide settlement services, and staggered assessment of SHP entrants' settlement needs, will reduce the relative vulnerability of these groups?*

Regular monitoring of the capacity of proposers to provide settlement services and staggered assessment of SHP entrants' needs are important as components to monitor and support entrants. Where this regular monitoring identifies issues that emerge some way into the settlement process it is essential that IHSS providers can address these. Family tension or family breakdown is a not uncommon issue that arises where proposers have agreed to have the entrant or entrant family living with them. In these cases resources are allocated to find new accommodation or provide some intervention to resolve issues.

Regular monitoring and staggered assessments can only reduce the relative vulnerability of these groups if the IHSS provider has the capacity and resources to respond.

- Providers need to take responsibility for a number of referrals for all SHP entrants – these include referrals that involve completing complex forms often beyond the capability of newly arrived proposers – Centrelink registration, health referrals and Medicare registration. These are considered key referrals to manage essential settlement issues.
- Providers need to be able to work on the principle that where additional resources are required these will be allocated regardless of whether the entrant is arrived on 200 or a 202 visa. However this does place pressure on available resources. The model proposed in *Diagram 1: Enhanced IHSS Settlement Services* could provide some solutions in facilitating streamlined access to services that are either available through the current Complex Case model or resources available through SGP.

Organisations as proposers and serial proposers

There have been some issues in terms of monitoring and providing proposer support where the proposer is a community organisation. In these instances an individual in the organisation needs to be nominated as the proposer for the duration of IHSS services.

The Department should seriously re-consider approving applications by serial proposers, particularly when approvals are granted in large numbers. There is clearly little capacity for a single proposer to support multiple arrivals with their many competing demands. Victoria is currently expecting the arrival of 50 Tibetan entrants, all proposed by a single individual with no experience of supporting SHP entrants.

Rural and Regional

Experience of working with proposers, particularly in regional areas, has identified some areas where proposers are generally not able to take responsibility for tasks usually expected of them, e.g. airport pick up, and require greater support from IHSS providers.

In these instances a 'draw-down' account would assist rural providers to cover the costs of providing or purchasing services not available in rural and regional locations: transporting arrivals from airport to rural location; transport to medical treatment not available locally; driver information and education.

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?*

The proposer cannot be expected to be a case coordinator no matter how much they have been advised of their responsibilities. Ultimately the IHSS provider should be responsible for assessing the needs of the entrants and supporting the proposer throughout the settlement period.

It is clearly a significant advantage when proposers can adequately support the family. It is important to ensure that proposers understand the processes and services that underpin the initial settlement phase for SHP entrants and have the opportunity to discuss in a realistic way how much support they can actually provide in light of their other responsibilities. The fact remains that many proposers are newly arrived themselves and may still have limited English and limited resources to assist their SHP entrants.