



**Australian Government**  
**Department of Immigration and Citizenship**

**Independent Review of HSS Performance Measures and Contract Management**

**Department's Initial Response**

Reference Number	Recommendation	Department's initial response
1.	Immediately update and reassess the risk profiles (including risks to client experiences and outcomes) relating to each Contract Region and the relevant Provider/s and initiate a proactive dialogue to progressively and jointly address each significant risk, including managing a more realistic approach to the provision of accommodation in specifically nominated Contract Regions.	Agreed. The Department will commence work on this recommendation immediately. Implementation is expected to be completed in the medium term.
2.	Based on the assessed Service Provider risk profiles, and associated DIAC and Service Provider dialogue, ensure that the Annual Work Plans (AWP) and Risk Management Plans (RMPs) from early to mid 2012 adequately address risks around client experiences and outcomes. Ensure that the AWP and RMP are discussed at the relevant quarterly HSS contract management meeting and that, where appropriate, visibility of issues affecting client experiences and outcomes are raised at LAC meetings. In this instance, ensuring quarterly HSS contract management meetings are scheduled prior to quarterly LAC meetings to facilitate the dissemination of this information.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
3.	Create and utilise a Provider Risk Profile and performance management database linked to the relevant Provider's RMP, to assist Contract Managers to work actively and cooperatively with each Provider to achieve improved performance.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the long term.
4.	Clarify the purpose and the focus of the quarterly HSS contract management meetings (and necessary follow-up meetings) to ensure that DIAC and the Provider address mutually agreed agendas which address both cooperative (including problem solving of mutual issues) and compliance matters at each meeting.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.
5.	Consistent with the Provider Risk Profiles (above) ensure that in selected Regions appropriate senior officers representing the Global Manager or National Office executives either regularly attend such meetings and/or specific purpose issues based follow-up meetings.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.

**Key**

Short term–0-3 months Medium term–3-6 months Long term–6-18 months



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6.	Consistent with documenting cooperative and compliance issues at quarterly contract management meetings, together with the analysis of trends and issues arising from the regular updating of Provider Risk Profiles, develop within the terms of the HSS Contract and implement a protocol (including written notification to the Provider) that clearly articulates to a Service Provider that a contractual issue or set of issues has, in the first instance, been referred for legal interpretation as a first step in a any possible breach process procedure that DIAC may invoke.	Agreed in-principle. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
7.	Clearly articulate, through Memorandum of Understanding (MOU) or contract variation as necessary, the shared requirements between the Case Management Service Provider and the Accommodation Service Provider where these services are delivered through separate contracts in a single Contract Region.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
8.	Clarify Accommodation services requirements with regard to rent settings (particularly in regard to affordability in tight housing markets) the charging of fees for utilities and client reimbursement for repairs (see Accommodation Recommendations below).	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
9.	Adjust the oversight in the Contract with respect of Accommodation only Service Providers to include a cancellation fee for 'non-arrivals' based on an agreed fee that reasonably compensates for costs incurred.	Agreed. The Department will work with HSS Providers to implement this recommendation. Subject to successful negotiation with Service Providers, implementation is expected to be completed in the short term.
10.	In respect of utility fees and client repair costs, an agreed and documented arrangement should be developed for each Contract Region based on a mutual problem solving exercise to address these issues with regard to overall DIAC Contract and policy requirements but also local circumstances and conditions (see Accommodation Recommendations below) to ensure both parties are clear about what the rules and processes are under the Contract in each Region.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
11.	Finalise the HSS Policy and Procedure Manual (PPM) by 30 November 2011 including, as appropriate, Recommendations arising from this Review and provide a timetable for the subsequent revision process for the next edition. In this process assess opportunities to minimise and possibly reduce the current administrative burden on Service Providers.	<b>Agreed. Complete – A final set of the HSS PPMs were released to HSS Providers on 19/10/2011. The PPMs are a living document and will be continuously updated to reflect changes to policy and the recommendations of the Review.</b>

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12.	Agree to and confirm by 30 November 2011 an agreed set of capabilities and competencies for HSS contract management staff specifically linked to the HSS Contract and revised Risk Management Framework (see above) as well as DIAC and Commonwealth Government procurement requirements and guidelines. The contract training (see below) is to be based on these capabilities and competencies. A proposed set of capabilities and competencies is at Appendix 8.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.
13.	Provide contract management training (an outline of elements to be included in the training can be found at Appendix 9). Provide training and development in contract management that is both generic (general philosophy and good practice) and tailored to the HSS Contract, to the appropriate tertiary level (e.g. a nationally recognised qualification e.g. Diploma in Government (Contract Management)), to all State and Territory Office Contract Managers. The training package be developed and sourced before 31 December 2011, with the training program implementation to commence in the first quarter of 2012. Ensure any staff who subsequently begin in an HSS contract management role commence the training within two months.	Agreed. The Department considers this recommendation consists of two elements. The Department will shortly commence work on the development of a training package which will be rolled-out to departmental staff in the medium term.
14.	The Global Manager supported by appropriate DIAC corporate resources assess the competencies of State and Territory Office management staff who are supervising HSS Contract Managers and, as necessary, develop personal development plans to align with required capabilities including knowledge of HSS Contract and business, problem solving, staff supervision, complaint management, and relationship management.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.
15.	Strengthen and focus the regular teleconference forum between National Office and the Service Delivery Network, toward issue identification, problem solving, and timely follow up (issue minutes and action items within five working days from teleconferences) ensuring issues arising are included in the proposed Issues Register (see below under Issues Management) and are visible to the Program Leadership Group (PLG) (see Organisational Structure).	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.
16.	Review current arrangements in respect to the provision of financial management training and assistance to improve the services available from within DIAC to HSS contract management staff particularly in relation to the processing of Provider invoices. At the same time review the current arrangements in respect of standing orders within the financial expenditure framework which frequently require time-consuming adjustment to enable invoice processing to proceed.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.

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17.	Through the Organisational Structure Recommendations below, clarify the roles of the senior executives in respect of responsibility and accountability for overall contract management.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.
18.	As well as improving the timing and management of referrals DIAC to accept a more facilitative role in supporting Service Providers in procuring and securing accommodation particularly when this occurs in stressed urban housing markets. In particular, explicitly acknowledge this issue and advise Providers that in future DIAC will work not only more cooperatively with them in respect of accommodation issues (e.g. pre-approval of STA and clarity in setting utilities charges) but also place further safeguards around accommodation standards on Providers.	Agreed in-principle, subject to further exploration and financial implications.
19.	Reinvigorate DIAC's pre-approval process for Short-term Accommodation (STA) properties and the adoption of a nationally consistent approach to this. The requirements for STA properties listed at Schedule 2 paragraph 147 (All Services Contracts) and Schedule 2 paragraph 60 (Accommodation only Contracts) should form the framework against which STA properties are assessed and approved. DIAC staff responsible for assessing STA properties against the requirements stipulated in the Contracts should also make an assessment and a general comment on the condition of the property.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
20.	Policy 4.4 (Short-term Accommodation) of the HSS PPM should be revised to allow Service Providers to house clients in hotel/motel/cabin accommodation for periods longer than three weeks in the event of an extreme surge of client arrivals/referrals, following presentation of a business case from the Service Provider.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the short term.
21.	Accommodation should be a standing agenda item at each formal quarterly contract management meeting. Copies of Property Condition Reports for Long-term Accommodation (LTA) should be made available as part of the proposed revised QA process. From time to time DIAC Contract Managers should conduct inspections (subject to client consent) of the quality of clients' LTA having due regard to the legislation governing notice periods for inspections in each State and Territory.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the short term.
22.	DIAC Contract Managers should have due regard to the quality of any household goods provided through the Basic Household Goods (BHG) package during Client Contact Visits (CCVs) but not to an extent this detracts from the proposed key focus of the CCVs (see Quality Assurance recommendations below).	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.

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23.	Service Provider Case Managers must maintain regular contact with clients in their early settlement period and use these opportunities to observe and/or obtain feedback on the quality of the housing and escalate as appropriate concerns around housing conditions. Case Managers should also use these opportunities to assess how well the messages delivered through the Orientation Program, with regard to rights and responsibilities in rental accommodation, are being absorbed by the client.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
24.	DIAC to give consideration to varying the indicative measure of affordable housing, as stipulated in HSS Contracts, from 30 per cent to 40 per cent. Feedback on this proposed change should be sought from Service Providers and relevant housing authorities prior to any final decision on Contract variation. DIAC may also choose to canvass the views of the above on the option of the Contract remaining silent on this matter (and this not providing an indicative measure of housing affordability).	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
25.	DIAC Contract Managers should reinforce the spirit of the Contract requirements with regard to the provision of BHG packages to clients – stressing the principles of flexible delivery and assessed household and individual client need. The HSS policy area should be mindful that requests were made during Review consultations for further clarity on BHG packages catering to large families and single people – the latter often living in shared accommodation arrangements.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the short term.
26.	Urgently rectify the current situation, where as a consequence of resource decisions and inadequate business planning, virtually no current management data is automatically available on operations under the new HSS Contract.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
27.	That the previous IHSS Monthly Statistical Report be replicated for the HSS program and that reporting functionality be automated and available on request generally (but particularly for the HSS Monthly Statistical Report).	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the long term.
28.	The Global Manager, in conjunction with the PLG, review and assess the current overall HSS reporting arrangements, particularly in respect of the volume and detail of reporting, with a view to, if possible, minimising the volume and detail of reporting and maximising its value and follow-up.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.

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29.	That DIAC's internal six-monthly reporting template (State and Territory Offices summary) be reformatted to include the Contract Manager's analysis and assessment of Provider performance over the period (relative to the picture painted in the Service Provider's report) and to link issues in the report to the Provider's RMP.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.
30.	That reports within the Humanitarian Entrant Management System (HEMS) referral facility (Crystal SQL) are updated to include the new HSS Contract Regions and separate service provision within each region.	Agreed in-principle, subject to further exploration and financial implications.
31.	That high level analysis is undertaken on HSS data to provide information on program trends and key information on client characteristics for consideration by the PLG.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
32.	Commence immediately the development of a reporting capability in HEMS and other relevant IT systems to ensure the ready availability of data (i.e. within seven days of the relevant period), for the relevant purposes, as detailed in Section 4 Discussion and Conclusions (4.8.4).	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
33.	Enhance organisational strategy and streamlining organisational structure to support HSS operations, both in a day to day sense and in developing forward looking business planning and strategy development.	Agreed in-principle. The Department will further examine this recommendation as part of an assessment of its overall organisational strategy.
34.	The initial structural priority being to realign HSS policy, strategy, operations, and contract management in an end to end business line under DIAC's First Assistant Secretary (CSM), while consolidating, clarifying and enhancing the Global Manager role within this particular business line. The realignment of the Global Manager role should apply to all DIAC settlement programs across the CSM Division under the leadership of the First Assistant Secretary (CSM).	Agreed in-principle. The Department will further examine this recommendation as part of an assessment of its overall organisational strategy.
35.	That the HSS Program Management Section within Refugee Support Branch report directly to the Global Manager, providing an end to end business line for all operational aspects of the HSS program.	Agreed in-principle. The Department will further examine this recommendation as part of an assessment of its overall organisational strategy.

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36.	<p>That the Global Manager role be clarified and enhanced within the HSS program. Priority activities to enhance the Global Manager (CSM) role include:</p> <ul style="list-style-type: none"> <li>• providing leadership on the ground in client service management and business operations for the HSS program</li> <li>• convening and chairing contract management teleconferences, providing the interface between policy and operations and streamlining communication between the service delivery network and policy staff. Ensuring the agenda and deliberations are visible to the network (minutes with action items and supporting papers, as appropriate, to be circulated within five working days) and to report to the PLG on the outcomes of this process</li> <li>• identifying the effectiveness of settlement services on the ground level and reporting to policy on the strengths and weaknesses of settlement services and the on ground alignment of these services</li> <li>• responsibility for the management, delivery, efficiency and integrity of all HSS operational issues, escalation and instructions</li> <li>• key escalation between the service delivery network and policy areas</li> <li>• providing policy and program management areas with one point of contact to obtain whole-of-program feedback</li> <li>• training and capability development of staff</li> <li>• responsibility for operational resource allocation</li> <li>• consultation point for any policy changes by the Policy and Program Management Group.</li> </ul>	<p>Agreed in-principle. The Department will further examine this recommendation as part of an assessment of its overall organisational strategy.</p>
37.	<p>That, consistent with the above role and activities of the Global Manager within the proposed realigned structure, the roles of First Assistant Secretary (CSM) and Assistant Secretary (Refugee Support Branch) be focussed (in the case of the First Assistant Secretary) on overall program leadership, coordination and integration of settlement service delivery, and facilitation of improved Provider and stakeholder relations. In addition, overall responsibility and accountability for progress in achieving the HSS program improvements sought from the Review's recommendations and other related initiatives. In the case of the Assistant Secretary, the focus is on a stronger policy, strategy and business development role.</p>	<p>Agreed in-principle. The Department will further examine this recommendation as part of an assessment of its overall organisational strategy.</p>

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38.	<p>In line with the above, the Refugee Support Branch more actively develop key policies with a particular initial focus on the key areas of:</p> <ul style="list-style-type: none"> <li>• Accommodation management and policy</li> <li>• Models and/or forms of STA</li> <li>• Changes in client cohort and impact on program</li> <li>• Regional settlement policy</li> <li>• Enhancing HSS referral process</li> <li>• Secondary movement and transfer arrangements</li> <li>• Transits and reception arrangements, and</li> <li>• Effective client exit processes.</li> </ul>	<p>Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.</p>
39.	<p>That a section be established within Refugee Support Branch to implement the recommendations of this Review, and consider and coordinate responses to the recommendations in the various audits resulting from the Ernst &amp; Young Report. The Director of this team should report to the Assistant Secretary (Refugee Support Branch).</p>	<p><b>Agreed. Complete – a Taskforce has been established within Refugee Support Branch to implement the recommendations of this Review.</b></p>
40.	<p>That the PLG chaired by the First Assistant Secretary (CSM) has a greater focus on HSS to actively address policy and operations, QA, issues management, exception reporting and escalation and ensure its agenda and deliberations are visible to the network (minutes, with action items and supporting papers, as appropriate, circulated within five working days, etc). Also regular monitoring of the implementation of the Review's recommendations and related initiatives.</p>	<p>Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.</p>
41.	<p>That an improved data analysis, and business strategy development capability, in and around the HSS, consistent with settlement-wide data, be established to support overall program management capacity and in particular the functions of the PLG and key executives such as the First Assistant Secretary (CSM), Global Manager (CSM) and the Assistant Secretary (Refugee Support Branch).</p>	<p>Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the long term.</p>
42.	<p>That business planning remains robust in regard to initiatives that are aligned to the HSS program – such as initiatives with Unaccompanied Humanitarian Minors (UHM) – in particular given the structural changes in the organisation that resulted in these program areas being located in another area of DIAC. With the structural changes, conscious effort will need to be made to ensure necessary ongoing dialogue.</p>	<p>Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.</p>

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43.	That DIAC establish and monitor a clear process for the consideration and follow-up of QA program reports, including nominating a SES officer with responsibility for facilitating consideration of the report at executive level and, as necessary, pursuing action arising from the reports.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
44.	Prepare and conduct a national communication campaign on the HSS program's Objectives and scope, and its alignment with other DIAC settlement services. As part of this campaign make improvements to HSS publicity materials in particular the HSS section of the DIAC website.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
45.	Improve the quality, content and frequency of corporate dialogue (e.g. the broader context of HSS, anticipated trends and numbers) particularly around expected intake numbers and cohort demographics, including publishing a regular bulletin on arrival trends and providing briefings to relevant peak bodies.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
46.	Initiate measures to enable proper planning, including contingency planning, to allow adequate notice about client flows - in particular 'surges' - and commit to an ongoing dialogue with Service Providers with regard to arrival forecasting.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
47.	Define more clearly the mutual obligations and relationships (including client referrals from HSS) between DIAC Providers across the Settlement area including HSS, Settlement Grants Program (SGP) and Complex Case Support (CCS) and monitor ongoing effectiveness through existing DIAC contract mechanisms including regular reporting, Key Performance Indicators (KPIs) reporting, LAC meetings and QA processes.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
48.	Enumerate more clearly DIAC obligations, requirements, expectations and potential opportunities of the LAC processes and ensure DIAC is able to resource appropriate LAC activities especially in Contract Regions where a range of medium to high risks and/or opportunities exist. Focus the LAC agenda structure on operational, strategic and feedback items.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
49.	Foreshadow at the Provider Annual Conference, scheduled for late October 2011, the intention to hold the 2012 Annual Conference to coincide with an initial evaluation of HSS and report on progress with implementing recommendations of this Review.	<b>Agreed. Complete – The Provider Annual Conference was held 25-27 October 2011, where it was foreshadowed that the 2012 Annual Conference will coincide with an initial evaluation of HSS and progress with the implementation of this Review's recommendations will be reported to the Conference.</b>

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50.	DIAC to undertake an evaluation of HSS service delivery outcomes and management (including progress with implementation of the Review's recommendations) in and around June 2012 under the direction of a Steering Committee which includes external independent and stakeholder membership. Results of the evaluation to be available for the 2012 Service Provider Annual Conference.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
51.	At an appropriate time, DIAC undertake a review of its overall Settlement Strategy and Framework, particularly with a view to assessing the capacity of its programs to respond to changing client characteristics and need, and emerging policy considerations.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the short term.
52.	Harness and harvest Provider knowledge and skills through a process of improvement of Provider based client assessment and case management tools and immediately improve internal DIAC processes and outcomes around client placements and referrals.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
53.	Urgently describe and map the key DIAC activities around placement decisions and client referrals identifying quality requirements, desired outputs and internal checks and balances. Based on this, define obligations within DIAC between e.g. Settlement and Detention and establish appropriate management and monitoring systems and processes to improve placement and referral quality.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the short term.
54.	Develop informed client centred processes around release from detention to achieve a better balance between the priority of immediate release from detention and the quality of placement decisions and referrals to Providers which currently risks compromising the quality of client experience in this initial early settlement phase (Appendix 11 will provide options for consideration).	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
55.	As an initial step in best practice referrals from DIAC, commence immediately providing Service Providers with individual client contact details and/or providing new visa recipients eligible for HSS services with details of their HSS Provider within the text of the covering advice issued with the visa.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
56.	Revise the objectives of the CCVs so that they align with the Principles and Objectives of the HSS by focussing on a set of largely qualitative questions which provide informed evidence of the extent of engagement and coping of clients with day to day life in Australia.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.

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57.	Link the results of each CCV to Provider experience including gathering of Provider documented data to 'flesh out' the context of the CCV feedback and engage Providers and subsequently LAC members in dialogue directly around the results of the CCV and related Provider data (see Appendix 10).	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
58.	Commence and support a working group of professionals and appropriate Provider staff to review and develop informed case management and assessment tools with mandatory core elements but which enable DIAC to accredit selected Provider tools and processes which enhance and build on these mandatory elements.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
59.	Assign a DIAC staff member, with the appropriate professional expertise, to ensure the ongoing oversight of the quality of the client centred tools provided by DIAC (e.g. the Case Management Plan template, the Needs Assessment template and the Mental Health Screening Tool) and any refinement or enhancement of those tools.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the long term.
60.	Revise the HSS QA Framework along the lines outlined at 4.7.5 and include processes to provide for external involvement of both stakeholders and independent professionals and to ensure more effective follow-up of QA outcomes.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
61.	Identify a dedicated core three person QA team within HSS to develop a more client-centred QA Framework with a specific focus on 'real time' data collection and, as an initial priority, reengineer the CCVs (as recommended above).	Agreed in-principle. To be considered as part of the Department's current resource capacity.
62.	Once HEMS reporting capability is enhanced ensure continued liaison with DIAC's Performance Management and Reporting area and actively participate in its goal for DIAC-wide reporting.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the long term.
63.	Ensure from DIAC's Audit and Review Panel there are appropriate consultants with human services management expertise available to undertake QA reviews on specific subjects as required. Ensure that, in the event this area of professional expertise is not available from members of the Panel, the HSS business area is entitled to direct source this expertise outside the panel processes. (This ability to bypass the DIAC requirement to only contract with consultants or organisations on its internal panels, when the required expertise is not available on those panels, is also to apply in the case of training consultants.)	Agreed in-principle. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the long term.

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64.	<p>Proactively engage both independent and stakeholder representation in the management and operations of the HSS QA Framework including:</p> <ul style="list-style-type: none"><li>• Input into the finalisation of the HSS QA Framework</li><li>• Participation in the CCVs</li><li>• Independent professional review of the program's tools (see above)</li><li>• Assessment of QA reports.</li></ul>	<p>Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.</p>

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65.	<p>As an initial priority, develop an effective HSS program level risk framework which is sensitive to client experiences/outcomes, Provider capabilities and performance, and locational issues. Linked to the above, develop a revised Risk Management Framework which addresses the following key elements:</p> <p><b>Client Experience and Outcomes</b></p> <ul style="list-style-type: none"> <li>• Quality of DIAC referrals and placements which significantly compromise initial Provider and client contact and relationships (e.g. health data).</li> <li>• Premature client exit from a range of HSS program activities particularly in relation to specific cohorts (e.g. single males).</li> <li>• Significant lack of understanding and/or initial response by clients to case management concept application and specific initiatives designed to assist clients.</li> <li>• Identification of need and subsequent quality and appropriateness of HSS referrals to CCS.</li> <li>• Quality of HSS exit processes particularly effectiveness and quality of referrals to other programs such as those under SGP and risk of exit to homelessness.</li> </ul> <p><b>Accommodation</b></p> <ul style="list-style-type: none"> <li>• Significant divergence between DIAC, Provider, client and stakeholder expectations around housing quality and cost.</li> <li>• Unrealistic expectations about affordability in terms of rent/income ratio in tight housing markets.</li> <li>• Quality of tenancy training and behaviour of clients as tenants in rental accommodation.</li> <li>• Distortion of longer term accommodation expectations as a result of particular models applied by Providers (e.g. temporary accommodation through community housing providers)</li> <li>• Quality of day to day maintenance and repairs and associated client/provider relationships.</li> </ul> <p><b>Relationship Management</b></p> <ul style="list-style-type: none"> <li>• Quality and clarity between HSS and other settlement providers around roles, responsibilities and expectations.</li> <li>• Quality and effectiveness of the LAC process in addressing local issues and resolving and agreeing to relationship protocols.</li> <li>• Identification and impact on HSS effectiveness of specific supporting service delivery outside HSS e.g. mental health services.</li> </ul>	<p>Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.</p>

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Reference Number	Recommendation	Department's initial response
66.	Consistent with the recommendation in the Ernst & Young Report, develop a detailed assurance map of the of risks, contingencies and controls and their related contract management approach to improve understanding of risks, contingencies, resources and potential benefits from more effective contract management and quality assurance procedures.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.
67.	Adopt a clearer philosophy of problem solving and rectification as being at the heart of timely and appropriate issues escalation and management. Early priority action in this regard is to adopt such an explicit philosophy and set up an effective management system, including an Issues Register.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
68.	Confirm a clear and consistent approach to issues management, articulating clearly the differing roles of the First Assistant Secretary (CSM), Global Manager (CSM) and State and Territory Directors, within an overriding philosophy of 'problem solving' and 'rectification'.	Agreed. The Department will work towards implementing this recommendation. Implementation is expected to be completed in the medium term.
69.	Establish an issues escalation and resolution process to more effectively manage, and ensure visibility by the PLG, of issues raised by the Minister, stakeholders, Providers, managers and staff that have a systemic impact on the program or present a medium to high risk of compromising client outcomes. Features of the process to include: <ul style="list-style-type: none"> <li>A central register (which is, as a general rule, available for viewing by all staff)</li> <li>Clear criteria for the inclusion of entries</li> <li>A business owner responsible for managing and maintaining the register (including categorising entries on a scale of urgent to low)</li> <li>Identification in the register of the lead Executive or manager responsible for resolution.</li> </ul>	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.
70.	Use critical incident reports as part of the analysis of emerging risks and ensure DIAC processes in relation to issues management including matters raised by Service Providers.	Agreed. The Department will work with HSS Providers to implement this recommendation. Implementation is expected to be completed in the medium term.

**Key**

Short term–0-3 months Medium term–3-6 months Long term–6-18 months