



Case Management Guidelines

Humanitarian Settlement Program

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1. Introduction

The Humanitarian Settlement Program (HSP) assists Clients to build the skills and knowledge they need to become self-reliant and active members of our society.

Case management is a crucial element of the HSP, underpinning its delivery to ensure that Clients are provided with the support they require in a timely and coordinated way.

Within the context of the HSP, case management is the process of working collaboratively with Clients to assess their needs, and deliver a tailored package of HSP Services to address those needs, through the implementation of an individualised case management plan.

The purpose of the HSP Case Management Guidelines (the Guidelines) is to outline the HSP Case Management Framework to be applied by Service Providers and provide guidance on the HSP Services that may be delivered under each of its six stages. The Guidelines are relevant to all Service Provider staff involved in the delivery of HSP Services to Clients.

Through their application, the Guidelines aim to create shared understanding and consistency in approach, while allowing flexibility to respond to diverse Client needs and local settings.

The Guidelines do not represent changes to the contractual agreement between the Department and Service Providers but rather seek to mitigate any ambiguities in the interpretation of the HSP Contract.

1.1 HSP Guidelines

This document forms one part of the HSP Guidelines. Table 1 provides an outline of each component of the HSP Guidelines.

Table 1: HSP Guidelines

Title	Description
HSP Overview	An overview of the HSP including what its objectives are, how it is delivered, the services that are available and who is eligible to receive them.
HSP Case Management Guidelines	Outlines the HSP Case Management Framework and guides Case Managers and other Service Provider personnel on the delivery of HSP Services.
HSP Orientation Guidelines	Outlines the HSP Orientation Curriculum Framework and provides guidance on key teaching, learning and assessment principles.
HSP Orientation Facilitators' Resource Kit	Provides examples of lesson plans, participant learning activities and resources to support Facilitators in their delivery of HSP Orientation.
HSP Administration Guidelines	Information and guidance for Service Providers on service coordination, reporting and other administrative and program-level requirements.
HSP System Task Cards	Outlines HSP System functionality and includes step-by-step instructions to assist users to complete specific tasks.

1.2 Terminology

Guidance on terminology specific to the Guidelines is outlined below.

(a) Service payment points

Throughout the Guidelines, service payment points are labelled using the reference ID (e.g. F01) outlined in the HSP Contract.

(b) Service Provider personnel

The Guidelines refer specifically to the Case Manager where HSP Services must be delivered by the Case Manager and cannot be performed by other Service Provider personnel.

The Guidelines refer to the Service Provider where HSP Services can be delivered by other Service Provider personnel such as case workers and bi-cultural workers.

(c) Clients, Cases, Groups

The Guidelines refer to Clients, Cases and Groups:

- A Client – is a person who is referred by the Department to the Service Provider through the HSP System and is eligible for HSP Services.
- A Case – may comprise a single Client, or a couple or family who are part of the same visa grant.
- A Group – may be comprised of part of, or all of, a Case, determined by the date of arrival in Australia.

For the purposes of the Guidelines, where a Service is delivered to an individual, that individual is referred to as a Client. Where a claim for Service payment is made at the Case or Group level it is specified as such.

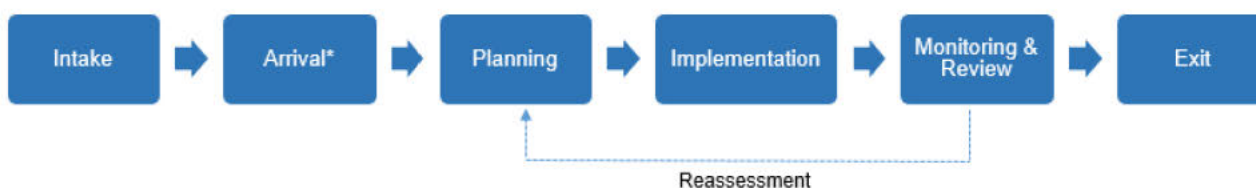
(d) HSP Services

HSP Services refer to Settlement Services outlined in the HSP Contract.

1.3 HSP Case Management Framework

The HSP Case Management Framework is based on established best practice standards in case management adapted to reflect the characteristics of the HSP. The HSP Case Management Framework incorporates six core stages:

Figure 1: Stages of the HSP Case Management Framework



*Only applicable to Clients who enter the HSP as a Humanitarian Program referral

Although it is displayed as a linear process, in practice, the stages of the HSP Case Management Framework may overlap.

1.4 Service Delivery Principles

The following HSP Service Delivery Principles underpin the HSP Case Management Framework:

- **Client-centred** – outcome goals and activities are tailored to each Client's needs and personal circumstances.
- **Respect** – Clients are individuals who have the inherent right of respect for their human worth and dignity.
- **Client participation** – Clients are active participants in the case management process.
- **Flexibility** – HSP Services are delivered in a way that suits the individual Client needs and are varied according to the changing needs of the Client. This tailored case management approach identifies the need for, and gives priority to, early intervention strategies as required.
- **Children and young people** – the best interests of children and young people are considered a priority.
- **Quality and continuity of care** – HSP Services are delivered in an orderly and uninterrupted manner so that Clients are satisfied with both the interpersonal aspects of care and the coordination of the care they receive.

- **Sustainable Client settlement outcomes** – HSP Services must focus on achieving sustainable Client settlement outcomes by developing Client skills and competency, supporting realistic expectations, and transitioning Clients to independence, other settlement services and mainstream service systems.

1.5 Role of the Case Manager

The Case Manager role is critical to the successful implementation of the HSP Case Management Framework.

The Case Manager builds a trusting working relationship with Clients to encourage their strong participation in the HSP and support early intervention in emerging issues.

The following HSP Service Delivery Principles relate to the role of the Case Manager:

- **A central point of contact** – the Client has one Case Manager who is the central point of contact and assumes overall responsibility for the management of the delivery of HSP Services.
- **Regular engagement** – Case Managers must regularly engage with Clients to build rapport, and to identify and address changing Client needs.
- **Life strengths approach** – each individual has strengths that must be the focus of the interaction between the Case Manager and the Client. The delivery of HSP Services must draw upon Client strengths, with the aim of assisting Clients to participate fully and independently in the Australian economy and society.
- **Collaboration** – Case Managers must work collaboratively with community service providers and professionals involved with a Client to ensure the best possible settlement outcomes for each Client. They must communicate effectively, and work transparently, cooperatively and professionally with any other case managers or professionals who interact with the Client (such as jobactive or AMEP).

1.6 Case Manager skills and qualifications

Case Managers must have the necessary and appropriate registrations, accreditations, qualifications, skills, training and experience to deliver HSP Services. Case Managers must have, as 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).

For Specialised and Intensive Services (Tier 3 Clients), Case Managers must have, as a minimum, one of the following qualifications (or an equivalent alternate qualification):

- Bachelor of Social Work, or
- Bachelor of Psychological Services.

1.7 Client characteristics

Clients are likely to have experienced high levels of poverty, severe trauma, and suffer the health impacts arising from persecution, discrimination, displacement, nutritional deprivation and inadequate medical care.

Homesickness, culture shock, a sense of social dislocation, and language barriers can also affect the ease with which Clients settle in Australia.

Many Clients will have spent long periods of time in refugee camps or other precarious living conditions before coming to Australia. Clients may have no experience of renting a home or other aspects of life in Australia which are considered fundamental to successful settlement.

Many Clients will have to establish new support networks in a community which may not understand their culture or experiences.

1.7.1 Special considerations

Some Clients will have additional vulnerabilities which Case Managers will need to consider throughout the case management process. These Client groups include:

(a) Children and young people

Children and young people are often viewed as more readily able to adapt to Australian life than adults. However, they face the same resettlement stresses and can carry a greater degree of responsibility for family members during the resettlement transition period. Children and young people may struggle to fit into the mainstream education system or find suitable employment. These factors leave humanitarian children and youth at risk of encountering settlement difficulties.

(b) Unaccompanied Humanitarian Minors

For Clients who are Unaccompanied Humanitarian Minors (UHMs), Service Providers must work in collaboration with other stakeholders that may also be providing services or support to the Client (e.g. state or territory child welfare agency or custodian). This is to ensure a UHM's care, welfare and settlement needs are being met at all times.

(c) Women

Women may be particularly vulnerable and face barriers to full economic or social participation based on cultural or family related factors or other pre-arrival experiences. This includes Woman at Risk (subclass 204) visa holders; a category of visa established to prioritise the protection of refugee women and their dependents who are in particularly vulnerable situations (e.g. in danger of victimisation, harassment or serious abuse because of their gender and living without the protection of a male relative).

1.8 Interpreting

Clients must be given the opportunity to communicate their needs in the language of their choice. It is essential that information is communicated accurately to Clients and that cultural sensitivities and confidentiality are taken into account at all times.

When discussing issues that are technical or sensitive, such as health, legal or tenancy matters, a professional National Accreditation Authority for Translators and Interpreters (NAATI) credentialed interpreter must be used. It is not appropriate for family members, particularly children, to interpret in these situations.

Alternative arrangements must only be made where all options for professional interpreting services (including telephone interpreting) have been exhausted.

In some circumstances it is appropriate to call on bilingual workers or volunteers to act as an interpreter. Examples include social or informal settings and making appointments where complex or technical language is not required.

1.9 HSP System

The Department operates a web-based system (the HSP System) to manage Client referrals to the HSP, share Client travel information, record HSP Services delivered to Clients, and make payments to Service Providers.

The HSP System is the principal means of communication with the Department. It should be used by Service Providers when requesting, clarifying or updating information specific to Clients.

HSP System Task Cards are available to assist Service Providers to navigate the HSP System. The Guidelines refer to the HSP System Task Cards where relevant.

The HSP System does not provide detailed case management functionality. Service Providers will need to manage their own independent systems and processes for case management purposes.

To request access to the HSP System, Service Provider staff must complete a User Access Request Form available from GovTEAMS (see 1.10).

1.10 GovTEAMS

GovTEAMS is an Australian Government online access controlled communications platform that supports collaboration across government entities and their stakeholders.

From GovTEAMS, Service Providers can access HSP Guidelines, forms and other useful information relevant to the delivery of the HSP. Service Providers should check GovTEAMS regularly to obtain up-to-date information about the HSP.

To request access to GovTEAMS, Service Provider staff should email

s. 47E(d)

1.11 Privacy

Service Providers and Case Managers are responsible for protecting Clients' personal information, in accordance with the HSP Contract, the *Privacy Act 1988* (Privacy Act), the Australian Privacy Principles (APP) and other relevant legislation and policies. This includes requirements relating to:

- the open and transparent management of personal information
- how personal information can be used and disclosed
- maintaining the quality of personal information
- keeping personal information secure
- the right for individuals to access and correct their personal information.

HSP APP5 Privacy Notice and Consent Form

In order to fulfil the Department's obligations under the Privacy Act and APP, the Service Provider must, in the initial stages of service delivery:

- provide to the Client the HSP APP5 Privacy Notice, and
- request the Client sign the HSP Consent Form.

Where a Client is under 18 years of age, a parent or guardian can sign on their behalf. If the Client provides their consent, but their signature cannot be obtained, their verbal consent should be recorded on the form. Service Providers should explain to Clients that consent may be required in order for HSP Services to be effectively delivered to them or referrals made on their behalf.

The APP5 Privacy Notice and Consent Form are available in multiple languages from GovTEAMS.

1.12 Updates

The Guidelines will be periodically reviewed and updated by the Department. Service Providers will be notified of changes.

2. Intake

The Intake stage of the HSP Case Management Framework involves the Department referring Clients to a Service Provider. For Clients resettling in Australia from overseas, the Intake stage includes the Service Provider preparing for their arrival.

Service Providers must only deliver HSP Services to Clients who have been referred to them by the Department. Australian citizens are not eligible to receive HSP Services.

All Clients are referred to Service Providers through the HSP System.

There are two categories of referrals under the HSP:

- Humanitarian Program referrals (see 2.1)
- Specialised and Intensive Services (SIS) referrals (see 2.2).

2.1 Humanitarian Program referrals

A Humanitarian Program referral is initiated by the Department for a person located overseas to resettle in Australia under the Humanitarian Program and receive HSP Services on their arrival.

The size and make-up of Australia's annual Humanitarian Program is determined by the Minister for Immigration, Citizenship and Multicultural Affairs. Visa applications under the offshore component of the Humanitarian Program are processed offshore by Home Affairs overseas posts (Home Affairs Post).

Clients who enter the HSP as a Humanitarian Program referral will hold one of the following categories of permanent visa:

- **Refugee** – for people who are experiencing persecution in their home country, who are typically outside their home country, and are in need of resettlement. Categories include the Refugee (subclass 200), In-country Special Humanitarian (subclass 201), Emergency Rescue (subclass 203) and Woman at Risk (subclass 204) visa subclasses.
- **Special Humanitarian Program (SHP)** – for people outside their home country who are subject to substantial discrimination amounting to gross violation of human rights in their home country, and have an eligible Proposer. Applications for entry under the SHP must be supported by a Proposer who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation operating in Australia. The SHP category consists of the SHP (subclass 202) visa subclass.

Once a visa has been granted, Home Affairs Post ensures that all relevant Client details are available in the HSP System. This includes:

- biographical data
- details of associated parties (e.g. onshore links, Proposers, other related HSP Cases) including whether the Client intends to reside with their onshore link or Proposer
- education and employment information and preferred language.

Home Affairs Post then refers the Client through the HSP System to the Department to determine the location in Australia where they will settle.

Referral factors

As outlined overleaf, the Department considers a range of factors when determining a Client's settlement location. Once the settlement location is determined, the Department will refer the Case to the Service Provider through the HSP System outlining the location for settlement within the relevant Contract Region.

SHP Clients

SHP Clients are settled in the same location as their Proposer. The Department has no latitude to determine the settlement location for these Clients unless there are exceptional circumstances (e.g. the Proposer may reside in a remote location where complementary settlement services are unavailable).

Onshore links

Onshore links are family members or friends known to a Refugee Client. Refugee Clients are generally settled near their declared onshore link due to the social support that can be provided and the positive effect this has on a Client achieving their settlement outcomes. Settling Clients close to their links also reduces the likelihood that they will relocate from their initial settlement location. Onshore links do not formally propose or sponsor Clients and have no obligation to support a Client in Australia. The Department will not apply this policy if the decision would lead to poor outcomes for vulnerable clients, i.e. clients with severe health conditions or disabilities that cannot be met in a particular location, and Unaccompanied Humanitarian Minors (UHMs).

Related Cases

Related Cases involve family members or friends that have indicated to Home Affairs Post that they wish to be settled in the same location. The Department will generally settle Related Cases in the same location. Related Cases involving friends may not be settled in the same location where there is a high demand for settlement and mainstream services.

Unlinked Clients

Clients without a Proposer or onshore link will be considered for settlement in a regional HSP settlement location. For more information on regional settlement locations, refer to the HSP Overview.

Multiple Cases

Where the Department needs to settle a new cohort of Clients that have not historically been part of Australia's Humanitarian Program, the Department will engage with Service Providers to determine the most appropriate settlement location. New cohorts may be managed in groups of multiple Cases (approximately five to eight Cases) so that all Cases arrive and settle at the same time, ensuring a critical mass of settlers is established in the settlement location in a short period of time. The Department will liaise with the Service Provider to ascertain the maximum number of group arrivals that can be managed at any one time.

Unaccompanied Humanitarian Minors

The determination of the settlement location for UHMs is done in consultation with Home Affairs' UHM and Guardianship Section to avoid service duplication with the UHM program.

Emergency Rescue Cases

Emergency Rescue (subclass 203) visa holders face an immediate threat to their life or personal security in their home country. When Home Affairs Post identify an Emergency Rescue case, the Department will determine a suitable settlement location as a matter of urgency. The Department will engage with the potential Service Provider before making a referral to ensure it has the capacity to settle the Client at short notice.

2.1.1 Pre-Arrival Assessment (I01)

Immediate Deliverables – Pre-arrival to Australia

A Client has a Pre-Arrival Assessment in place prior to their arrival
A Client has suitable accommodation on-arrival

The Case Manager must conduct a Pre-Arrival Assessment (PAA) for all Clients who enter the HSP as a Humanitarian Program referral, prior to their arrival in Australia. Clients who enter the HSP as a SIS referral are not eligible for a PAA.

The purpose of the PAA is to determine the needs of each Client on their arrival in Australia and undertake preparatory arrangements for the delivery of HSP Services.

In conducting the PAA, the Case Manager must consider the Client's needs in relation to the following issues:

- travel arrangements (see 2.1.1(a))
- pre-arrival health assessments (see 2.1.1(b))
- travel escorts (see 2.1.1(c))
- the capacity of the Client's Proposer to provide settlement support (see 2.1.1 – SHP Clients)
- Immediate On-Arrival Services (see 3.1)
- Immediate Post-Arrival Services (see 3.2).

Client information relevant to the PAA is available to the Service Provider in the HSP System following referral. Prior to the Client's arrival, the Service Provider is expected to monitor the HSP System for any updates to Client information and adjust the PAA where necessary.

SHP Clients

For SHP Clients, the Case Manager will need to obtain additional information from the Proposer to complete the PAA.

Proposers are responsible for Clients' travel to Australia. Proposers are informed of their role to assist in providing settlement support to the Client at the time of visa application. This may include meeting Clients at the airport, providing accommodation on arrival, assisting the Client to find permanent accommodation and introducing the Client to relevant services.

Service Providers should encourage Proposers to assist where they can, as learning from a relative or friend can be an effective way for a Client to become familiar with their new environment. The Service Provider must not deliver HSP Services to a Client that they receive from their Proposer, but should fill any identified service gaps.

As part of the PAA, the Case Manager must contact the Proposer (where possible, in person) to:

- determine their capacity to provide settlement support to the Client
- determine whether they will be arranging health appointments (see 2.1.1(b) – Providing a Client's HAP ID to medical practitioners in Australia)
- confirm their address and whether the Client will be residing with them
- obtain the Client's travel arrangements to determine if the Client requires transit assistance (see 2.1.1 – SHP Clients requiring transit assistance).

The Case Manager should provide advice to the Proposer on:

- issues they may face in assisting Clients to settle in Australia
- understanding realistic expectations in relation to assisting Clients
- how they can assist Clients to access services. For example:
 - providing the Health Information Card (available from GovTEAMS) and explaining its contents
 - providing information on the Health Undertaking process (if applicable).

The Case Manager must not disclose a Client's personal health information to a Proposer, unless they have the express written consent of the Client.

Contact information for the Proposer is available through the HSP System. If contact information is not provided, or the Proposer cannot be reached, the Service Provider should contact HSP NATO Referrals via a Task in the HSP System. HSP NATO Referrals will send a Task to the Home Affairs Post requesting the Proposer's contact details.

In circumstances where a Proposer is under 18 years old, a responsible adult who assisted the Proposer to complete and lodge the sponsorship application should undertake the Proposer's responsibilities on the minor's behalf.

SHP Clients requiring transit assistance

Where a PAA identifies that a SHP Client requires transit assistance, the Service Provider conducting the PAA must:

- obtain the Client's travel details from the Proposer
- input the travel details into the Import Travel Spreadsheet Template as per the instructions contained in 'Factsheet – Importing SHP Client travel details to the HSP System' (available from GovTEAMS), and
- email the template to s. 47E(d)

On receipt of the template, the Department's HSP Referrals team will upload the travel details to the HSP System. A transit case will then be created in the HSP System and referred to the Service Provider in the transit location.

If the Service Provider in the Client's final destination becomes aware of any changes to the Client's itinerary prior to travel occurring, it must complete a new Import Travel spreadsheet template.

Where changes to the Client's itinerary occur within 24 hours of scheduled arrival, the Service Provider should also notify the transit Service Provider.

Claiming instructions:

Reference ID: I01

Claim point: On completion of Pre-Arrival Assessment (PAA)

Basis of claim: Per Case, according to Band Size

Maximum no. of instances: 1

Other: To allow for any updates to travel, health and Proposer information, the PAA should be claimed no earlier than two days prior to the Case's arrival in Australia.

Associated HSP System task card:

- Claiming a Pre-Arrival Assessment
- Recording the scheduled arrival date of a SHP Client
- Importing the travel details of SHP Clients who require transit assistance

(a) Travel arrangements

Travel for Refugee Clients is arranged by the International Organization for Migration (IOM) on behalf of the Department.

Should a Proposer approach the Service Provider about financial assistance with booking travel for a SHP Client, the Service Provider may advise the Proposer of the availability of IOM's No Interest Loan Scheme (NILS). Further information regarding NILS is available from the IOM Australia website.

Arrival Window

When a Refugee Client is referred to the Service Provider, the HSP System populates an Arrival Window of four to ten weeks from the date of referral, and a notification is sent to Home Affairs Post and IOM with the relevant details. IOM is responsible for booking travel for Refugee Clients within the Arrival Window. The minimum length of four weeks is to allow appropriate lead time for offshore processes to take place (e.g. additional health clearances and Australian Cultural Orientation (AUSCO) classes). No Arrival Windows are generated for SHP Clients as the Proposer is responsible for all travel arrangements.

As far as practicable, IOM will arrange travel for Clients to arrive at their final destination between Monday and Thursday, avoiding public holidays.

There may be emergency cases where Clients are required to travel with less than two weeks' notice (e.g. Emergency Rescue (subclass 203) visa). The Department will engage with the potential Service Provider prior to making the referral to ensure it has the capacity to settle the Case at short notice.

Generally, SHP Clients arrive sooner than Refugee Clients (on average five weeks after the date of referral).

Monitoring Arrival Windows

The Service Provider is expected to monitor the HSP System in relation to a Client's scheduled travel. If travel has not been booked at the commencement of the Arrival Window, and there has been no advice on travel delays, the Service Provider should notify HSP NATO Referrals via a Task in the HSP System. HSP NATO Referrals will follow-up with IOM.

Adjustment to Arrival Window

The Arrival Window may need to be adjusted due to extenuating circumstances (e.g. delays in exit arrangements, Client health, flight availability, political unrest or natural disasters). The Service Provider will be notified of any adjustment to the Arrival Window through the HSP System.

In exceptional circumstances, the Service Provider can request an adjustment to the Arrival Window, through the HSP System (e.g. capacity issues during peak referral periods). The Service Provider should make such requests before travel is booked, due to the additional costs incurred for travel cancellations.

While the Department will consider such requests, it is important to note there can be adverse implications for Clients if they cannot travel soon after being granted a visa, including placing them at prolonged or unnecessary risk. Additionally, if Clients do not arrive before their visa entry expiry date, Clients may be required to undergo new health checks and other clearances, causing further delays and additional costs.

If the Service Provider cannot receive the Client within the Arrival Window, the Department may re-refer the Client to another Contract Region.

Associated HSP System task card:

- Requesting an adjustment to an Arrival Window

Travel bookings

When travel has been booked for a Refugee Client, the details are available in the HSP System. The Service Provider can monitor scheduled arrivals using filters available on the Case list screen of the HSP System.

The HSP System will generate notifications to the Service Provider when travel:

- is booked, and the Client is scheduled to arrive within two days
- is updated, and the Client was scheduled to arrive within two days
- is cancelled or postponed and new travel has not been booked.

Associated HSP System task card:

- Travel

(b) Health

An essential part of the PAA is identifying and planning for the management of a Client's on-arrival health needs.

Clients undergo a number of health checks before they arrive in Australia. This allows Clients to be assessed against the health requirements of Migration Legislation (i.e. to assess public health risks) and ensures Clients are fit-to-fly prior to departure. Table 2 provides an outline of Client health checks.

Health checks are conducted by offshore physicians on behalf of the Department and recorded in Department's Health Assessment Portal (HAP).

Table 2: Health checks

Immigration Medical Examination (IME) <i>Pre visa grant</i>	<ul style="list-style-type: none"> • Mandatory health examination undertaken as part of a Client's visa application. • Involves a general medical examination that may include a chest x-ray to screen for Tuberculosis, a HIV test, Hepatitis B test and any other additional tests as determined by the offshore physician. • Also includes an assessment of medical resettlement needs (e.g. mobility restrictions).
Departure Health Check (DHC) <i>Post visa grant</i>	<ul style="list-style-type: none"> • Voluntary health check undertaken within 72 hours prior to a Client's confirmed departure for Australia. • Offered in most places where humanitarian visa holders depart to Australia. • Involves a clinical consultation and physical examination (following review of the Client's medical history), including a mental health screening and update of medical resettlement needs if required. • If a Client is not well enough to travel, departure is delayed and the Client is treated until they are assessed as being fit-to-fly.

Health information in the HSP System

After a visa is granted, the IME information in HAP that is relevant to the delivery of settlement services is populated in the Client's health record in the HSP System. The Client health record is updated with further information if a DHC is completed.

Medical indicators

Medical indicators are used to alert Service Providers to Clients with serious medical conditions that require medical attention on arrival in Australia. Two types of medical indicators are used in the HSP System:

- **Potential Medical Issue (PMI)** – triggered when the IME indicates the Client has a serious medical condition, possibly requiring medical follow-up immediately on arrival. The medical issue is classified as 'potential' as it may be resolved by the time the Client arrives in Australia.
- **Critical Medical Issue (CMI)** – triggered when a DHC confirms the Client still has the serious medical condition that was identified at the IME, or a new serious medical condition requiring either urgent on-arrival medical support or other types of additional medical support. Clients with a CMI may be accompanied on their journey to Australia by a travel escort and require a medical appointment within 24 or 72 hours of arrival.

Confirmation on whether a Client's PMI becomes a CMI is not always possible, given DHCs are not mandatory. In such cases, Service Providers must act on the information provided in the PMI.

Prior to referring a Client with a PMI or CMI to a Service Provider, the Department will extract health reports from HAP, including additional details from the IME or DHC, and attach them to the Client record in the HSP System. Service Providers should review these reports to arrange appropriate on-arrival settlement support.

Associated HSP System task card:

- Health

Health Undertaking

A Health Undertaking is an agreement signed by a Client with a significant health condition to seek medical treatment upon arrival in Australia. The need for a Health Undertaking is determined by a Medical Officer of the Commonwealth in order for the Client to meet the health requirement of their humanitarian visa.

Health Undertakings are primarily designed to help ensure that Clients with a significant health condition that may pose a public health risk are followed up by onshore health providers, when necessary. This mainly relates to Clients who might be at increased risk of developing active tuberculosis, although Clients with some other medical conditions (e.g. HIV, Hepatitis B or C, Syphilis, or Hansen's Disease), may also require follow up.

In signing the Health Undertaking, the Client agrees to contact Home Affairs' Health Undertaking Service within four weeks of their arrival in Australia, attend an appointment with a health authority clinic for a follow-up health examination, and undergo any course of treatment or investigation that the health clinic directs.

Where a Client has a Health Undertaking, it is flagged on their health record in the HSP System.

Providing a Client's HAP ID to medical practitioners in Australia

Medical practitioners in Australia may access a reduced version of HAP (known as HAPLite) via the internet when a Client is referred to them by a Service Provider. HAPLite health records are accessed using the Client's HAP ID.

When the Service Provider refers a Client for a health appointment they must provide the Client's HAP ID to the medical practitioner. This applies for all Clients, including those with a PMI or CMI.

The Service Provider should provide the Client's HAP ID soon after the Client's referral. This allows medical practitioners to triage cases and prepare for any necessary medical support prior to the Client's arrival. Service Providers must also advise the medical practitioner when a DHC has been completed for the Client. This allows medical practitioners to review any updated health information in HAPLite prior to the Client's health appointment.

For SHP Clients, if the Proposer has agreed to arrange health appointments, Service Providers should provide the Proposer with:

- the Client's HAP ID and request it be passed on to the medical practitioner
- a copy of the 'Frequently Asked Questions: Health Assessment Portal (HAP) for Refugee Clinics and General Practitioners (GPs)' document (available from GovTEAMS).

Medical practitioners may contact Service Providers regarding HAPLite access. Service Providers should refer them to the HAPLite Organisation Administrator in their state. If medical practitioners do not know the contact details of their Administrator, they may email s. 47E(d)

From time to time, the Department may contact Service Providers to confirm that a medical practitioner with HAPLite access is being referred HSP Clients for onshore health appointments and/or medical follow-up.

(c) Travel escorts

The role of travel escorts is to accompany and support Clients with high needs from their point of departure overseas to their final destination in Australia. There are two types of travel escorts:

- medical escorts
- operational escorts.

IOM is responsible for arranging travel escort services following approval by Home Affairs. IOM will arrange accommodation for travel escorts for the duration of their stay in Australia and is responsible for all of the travel escort's expenses.

Medical escorts

Medical escorts accompany Clients with high medical needs to provide any medical assistance that is required during travel. Medical escorts remains with the Client until hand-over to an appropriately qualified medical practitioner in Australia.

The Service Provider is responsible for facilitating the hand-over of the Client from the medical escort to the medical practitioner.

If the Client's hand-over to the medical practitioner is on the day after arrival, IOM will arrange for the medical escort to stay overnight in the same accommodation or nearby to the Client in order to provide medical support and monitoring. However, it should be noted that medical escorts are unable to provide medical treatment after arrival in Australia due to licensing restrictions.

For Clients with a transit leg in Australia, the medical escort is responsible for decisions regarding whether a Client requires immediate medical intervention (e.g. direct transfer to hospital) or whether medical intervention can occur once the Client arrives at their final destination.

If the medical escort determines that immediate medical assistance at the point of transit is required, it may be necessary for the Service Provider to provide overnight accommodation for the Client and accompanying family members (see 3.1.1(b) – Critical medical issues).

If a Client is arriving with a medical escort, the escort's name, language proficiency and global roaming phone number is recorded in the Client Critical Medical Issue screen in the HSP System. To assist IOM make arrangements for the escort, the Service Provider is required to provide the following details in the Critical Medical Issue screen:

- medical appointments
- on-arrival accommodation
- on-arrival arrangements.

For Clients with a transit leg, the transit Service Provider is required to provide details of the Client's transit arrangements in the Critical Medical Issue screen.

The Service Provider may provide feedback to Home Affairs regarding the performance of medical escorts by emailing s. 47E(d). The email should be titled 'Feedback on Medical Escort - HAP ID [insert Client's HAP ID]'.

Operational escorts

Operational escorts accompany Clients with high needs who require support during their travel to Australia, but not specific medical assistance. The need may be related to age, language difficulties, significant background hardship, or unfamiliarity with urban environments.

Operational escorts remain with the Client until hand-over to the Service Provider.

Multiple escorts may be required for a group. This may be necessary when a large group of Clients are travelling together, but its members have different final destinations.

Where IOM has provided the operational escort's name, it will be recorded in the Travel screen on the Client record in the HSP System.

Travel escorts for SHP Clients

Proposers are responsible for the cost of travel escorts for SHP Clients. Should a Proposer approach the Service Provider about financial assistance for the cost of a travel escort, the Service Provider may advise the Proposer of IOM's No-Interest Loan Scheme (NILS). Further information regarding NILS is available from the IOM Australia website.

(d) Change of settlement location before the Client has arrived

It may be necessary for a Client's referral to a settlement location to be changed prior to their arrival in Australia. For example, where:

- the Client identifies or confirms a previously unidentified onshore link located in a different settlement location
- an onshore link or Proposer has moved to a new settlement location
- a health need arises that cannot be met in the original settlement location
- the Service Provider advises it is unable to settle the Client due to capacity issues (e.g. accommodation shortages)
- there was a Departmental error in making the initial referral.

If the Service Provider believes that a Client should be referred to a new settlement location for any of the above reasons, and the Client has not yet arrived in Australia, it should send a Task to HSP NATO Referrals on the HSP System. The Task should detail the reason for the re-referral.

Requests to re-refer a Client will not impact on a Service Provider's Annual Indicative Referral Level.

Processing a change of settlement location pre-arrival

If travel is not yet booked, or if travel is booked and is more than seven days from the Client's scheduled travel, the Department will process the change of settlement location as a re-referral in the HSP System.

If travel is booked, and is within seven days of the Case's scheduled travel, the Department will process the change of settlement location as a transfer in the HSP System. This allows the initial Service Provider (and/or transit Service Provider, if applicable) to claim a cancellation payment (see 2.1.1(f)).

For guidance regarding a change of settlement location after a Client has arrived in Australia, see 8.1.

(e) Changes or delays to scheduled travel

Clients may experience travel delays en-route to Australia, for example due to failing to board their departing flight, rescheduling of connecting flight or bad weather affecting flights. Service Providers should be sufficiently flexible to unavoidable changes to arrival times.

HSP NATO Referrals will inform the Service Provider if it becomes aware of offshore issues that may delay Client travel.

(f) Cancellations

Occasionally, Clients do not travel to Australia as expected. Reasons may include:

- a medical condition that affects the scheduled departure
- cancellation due to death of a family member
- unavailability of travel escorts
- re-referral to a new settlement location prior to arrival.

Cancellation (less than one calendar weeks' notice) (C01)

Where cancellation occurs with less than one calendar weeks' notice, the Service Provider is eligible to claim a cancellation payment.

Claiming instructions:

Reference ID: C01

Claim point: Notification from Department of cancellation

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Other: If a Pre-Arrival Assessment (I01) has been claimed, it must be withdrawn in the HSP System before C01 is claimed.

Associated HSP System task card:

- Claiming for Services

Cancellation of transit assistance with accommodation, with less than 48 hours' notice (C03)

Where a cancellation relating to transit assistance with accommodation (see 3.1.1(b)) occurs with less than 48 hours' notice, the Service Provider is eligible to claim a cancellation payment.

Claiming instructions:

Reference ID: C03

Claim point: Notification from Department of cancellation

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Other: Where a transiting Service Provider becomes the final destination Service Provider it is unable to claim for transit cancellation.

Associated HSP System task card:

- Claiming for Services

Cancellation of transit assistance without accommodation with less than 24 hours' notice (C02)

Where a cancellation relating to transit assistance without accommodation (see 3.1.1(a)) occurs with less than 24 hours' notice, the Service Provider is eligible to claim a cancellation payment.

Claiming instructions:

Reference ID: C02

Claim point: Notification from Department of cancellation

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Other: Where a transiting Service Provider becomes the final destination Service Provider, it is unable to claim for transit cancellation.

Associated HSP System task card:

- Claiming for Services

2.2 Specialised and Intensive Services referrals

A Specialised and Intensive Services (SIS) referral may be initiated by any individual or organisation for a person to receive SIS under the HSP. SIS referrals may be either internal or external to the HSP.

2.2.1 Internal SIS referrals

An internal SIS referral relates to an existing HSP Client and can only be initiated by the Client's HSP Service Provider. For further guidance, see 4.1.3(a) – Requesting approval to classify a Client as Tier 3.

2.2.2 External SIS referrals

An external SIS referral may be initiated by any organisation or individual (i.e. it is not limited to HSP Service Providers) using the SIS Referral Form available from the Department's website.

On receipt of a complete SIS Referral Form, the Department will assess the person's eligibility and provide a decision to the referrer within two business days.

People approved for SIS will hold one of the following visas:

- Refugee (subclass 200, 201, 203 and 204)
- Global Special Humanitarian (subclass 202)
- Protection (subclass 866)
- Temporary Protection (subclass 785), Temporary Humanitarian Stay (subclass 449), Temporary Humanitarian Concern (subclass 786), and Safe Haven Enterprise (subclass 790).

At the Department's discretion, holders of other visa subclasses may be approved for SIS in exceptional circumstances.

People approved for SIS will also have been assessed by the Department as meeting the criteria for Tier 3 in accordance with the Guidelines for Client Tiering (see Attachment C).

(a) Processing external SIS referrals involving new HSP Clients

Where a person is approved for SIS, and they are not an existing HSP Client, the Department will refer them to the Service Provider in the relevant Contract Region in the HSP System. Information available in the HSP System will include the Client's:

- biographical data
- contact details
- SIS Referral Form.

Prior to referral, the Department will record the Client's classification as Tier 3 in the HSP System.

(b) Processing external SIS referrals involving existing HSP Clients

Where an external SIS referral is approved, and the person is an existing HSP Client, the Department will reclassify the Client as Tier 3 in the HSP System. A notification will be sent to the HSP Service Provider informing them of the new external SIS referral.

Where an external SIS referral is rejected, and the person is an existing HSP Client, a notification will be sent to the referrer informing them of this decision.

3. Arrival

The Arrival stage of the HSP Case Management Framework ensures that Clients who enter the HSP as a Humanitarian Program referral are provided with the practical support they need when they first arrive in Australia.

As part of this stage, and on a needs basis, the Service Provider must provide Clients who enter the HSP as a Humanitarian Program referral with:

- Immediate On-Arrival Services
- Immediate Post-Arrival Services.

Subject to Departmental approval, Clients who enter the HSP as a SIS referral may also receive Immediate On-Arrival or Post-Arrival Services, on a needs basis. Service Providers should seek Departmental approval by submitting a Service Cap Increase request for the relevant service/s (see 8.5).

3.1 Immediate On-Arrival Services

Immediate Deliverables – On-arrival (within 12 hours)

A Client is met and welcomed on-arrival to Australia

A Client's immediate cultural and religious, nutritional, hygiene, clothing and footwear needs are met

A Client is transported to suitable accommodation

A Client knows what to do in an emergency situation

A Client's immediate health needs are met

3.1.1 Transit assistance (I02, I03)

On the journey from overseas to their settlement location in Australia, Clients may require assistance to transit through one or more Contract Regions.

Service Providers required to provide transit assistance to Clients will be referred a transit case by the Department through the HSP System.

(a) Transit assistance without accommodation (I02)

The Service Provider must provide transit assistance to Clients requiring help with their connecting flights or onward travel arrangements. This may include:

- assistance to clear customs and quarantine
- emergency medical assistance
- assistance to check-in and board flights
- provision of food/refreshments
- provision of baby care items
- provision of emergency clothing/footwear
- arrangement of transport.

The transiting Service Provider must contact the final destination Service Provider directly by phone if there are changes to travel arrangements or any other requirements not previously known (e.g. non-urgent medical issues or additional language requirements).

Claiming instructions:

Reference ID: I02

Claim point: Provision of transit assistance without accommodation

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

(b) Transit assistance with accommodation (I03)

If Clients will be in transit for more than eight hours between their arrival in Australia and their onward travel, the Service Provider must provide accommodation. The accommodation must:

- be at, or close to, the transit airport
- be a minimum of two-and-a-half star hotel rating
- have adequate beds for all Clients.

For UHMs, or minors travelling alone, the minor must not be placed in shared accommodation with adult Clients unless the adult is the UHM's recognised carer.

The Service Provider must transport Clients and their luggage to their accommodation and then return the Clients and their luggage to the airport (or other departure point) in time to make their connecting travel.

Transport

All transportation provided or arranged by the Service Provider must comply with state or territory motor vehicle and licensing standards. This includes baby seats and child restraints, where required.

Medical issues

The Service Provider must assist Clients to access appropriate medical services during transit, should they be required.

If a major medical incident such as hospitalisation occurs, the Service Provider must contact the final destination Service Provider directly by phone. For UHMs, the Service Provider must also inform the Home Affairs' UHM and Guardianship Section by emailing s. 47E(d) Minor medical issues can be relayed to the final destination Service Provider when the Client arrives at their final destination.

Where flights are missed due to medical needs of the Client at the transit destination, the Service Provider must, as soon as possible, contact the final destination Service Provider about the delay directly by phone. In addition, the transit Service Provider must contact HSP NATO Referrals via a Task in the HSP System. HSP NATO Referrals will contact IOM to re-book and pay for new flights, and advise of the Service Provider of the new flight details.

In the circumstances of a medical emergency requiring accommodation at the point of transit, the Service Provider must provide accommodation as per the standards set out at 3.1.1(b).

If a Client experiences difficulty accessing health services because they do not have a Medicare card, the Service Provider should complete and provide a Medicare Eligibility Letter (available from GovTEAMS) to the healthcare provider.

The Service Provider should note that the Medicare Eligibility Letter does not replace the requirement to register Clients with Medicare.

Clients with a Critical Medical Issue

Where a Client has a Critical Medical Issue, they are likely to be traveling with a medical escort who is responsible for providing medical care and support to the Client during their travel to Australia (see also 2.1.1(c) – Medical escorts).

If immediate medical assistance at the point of transit is required, then it may be necessary for the Service Provider to provide accommodation for the Client as per the standards set out at 3.1.1(b). IOM is responsible for the accommodation costs of the medical escort.

Missed flights

Where Clients miss their connecting flights due to flight delay, the airline operator is expected to manage any missed connection arrangements and cover any incurred expenses.

Where Clients miss a connecting flight in Australia, the transiting Service Provider must, as soon as possible, contact the final destination Service Provider directly by phone. For UHMs, the Service Provider should also inform the Home Affairs' UHM and Guardianship Section by emailing

s. 47E(d)

Cancelled flights

As a result of a flight cancellation, a Client may be required to spend a further night at the transit destination. Where this occurs, the Service Provider must provide accommodation as per the standards set out at 3.1.1(b).

Excess baggage

In the event that a Client has excess baggage, the Client is responsible for any charges levied by the carrying airline. Clients are informed of this prior to departure through the Australian Cultural Orientation (AUSCO) classes and other information provided by Home Affairs Post and IOM.

Claiming instructions:

Reference ID: I03

Claim point: Provision of transit assistance with accommodation

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.1.2 Meeting on-arrival and logistical needs (I04)

The Service Provider must meet Clients on arrival in Australia no later than the arrival time as per their travel itinerary, available through the HSP System.

The Service Provider should arrange for airside access, where possible, to allow staff to assist Clients through customs and quarantine.

The Service Provider must meet the Client's on-arrival logistical needs, which may include:

- **Cultural and religious needs** – for example, access to a prayer room or the provision of a female interpreter for a Woman at Risk Client
- **Food, clothing/footwear and personal hygiene** – for example, cold weather clothes, baby items, sanitary products
- **Transportation to accommodation** – vehicles must comply with state or territory vehicle and licensing standards and be appropriate to the Client's needs (e.g. suitable luggage space, baby seats and child restraints, wheelchair accessibility).

The Service Provider must ensure the presence of an interpreter or bilingual caseworker, or where appropriate, access to a telephone interpreter.

Claiming instructions:

Reference ID: I04

Claim point: Group has been met at the airport on arrival to Australia and logistical needs met

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.1.3 Client safety (I05, I06)**(a) Emergency services (I05)**

The Service Provider must provide to Clients, in their first language, visual aids and details of emergency services (e.g. police, fire, and ambulance) and how to contact them.

The Service Provider must also provide instructions to Clients on how they can contact their Service Provider, including after-hours arrangements.

(b) Property induction (I05)

The Service Provider must provide a property induction to Clients in their own language on arrival at their accommodation, including advising Clients if the accommodation is temporary.

The induction must include safety instructions (e.g. the use of keys and locks, operation of fire alarms, safe use of hot water, electrical and gas appliances) and an emergency evacuation plan for the accommodation.

The Service Provider must ensure that Clients have the knowledge and skills to safely utilise their accommodation and its facilities by giving explanations and practical examples on how to use, among other things:

- cooking equipment and appliances
- heating and cooling appliances
- refrigerator, washing machine and dishwasher
- household cleaning facilities.

Where Clients stay in on-arrival accommodation not sourced by the Service Provider (e.g. SHP Clients staying with their Proposer), it is the responsibility of the individual who arranged that accommodation to conduct the property induction, not the Service Provider.

(c) Interpreting services (I05)

The Service Provider must provide to Clients, in their first language, visual aids and details of how to access an interpreter. This should include an 'I need an interpreter card' (available from the Translating and Interpreting Services website), or similar product containing the contact details of an interpreting service provider.

Claiming instructions:

Reference ID: I05

Claim point: Provision of visual aids and details of emergency services, property induction and how to access an interpreter.

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

(d) Mobile phone (I06)

The Service Provider must provide a mobile phone to Clients on their arrival in Australia to allow contact with their Service Provider and emergency services.

The Service Provider will be reimbursed for associated costs up to the maximum amount as per the HSP Contract. Depending on the Client's need, this could be for the phone, SIM card and call credit. Any purchased mobile phone will remain the property of the Client.

Claiming instructions:

Reference ID: I06

Claim point: Provision of mobile phone

Basis of claim: Per Case

Maximum no. of instances: 1

Reimbursement amount: Up to a maximum amount of \$152.10 (GST exclusive)

Associated HSP System task card:

- Claiming for Services

3.1.4 Health (I07, I08)**(a) Immediate health needs (I07)**

The Service Provider must address any immediate health needs of the Client that arise within 72 hours of arrival in Australia. This may include:

- initial management of medical indicators
- unforeseen urgent health issues.

The Service Provider may be required to accompany a Client to a hospital or medical centre, or assist the Client to attend specialist medical appointments.

If a Client experiences difficulty accessing health services because they do not have a Medicare card, the Service Provider should complete a Medicare Eligibility Letter (available from GovTEAMS) and provide it to the health provider.

The Service Provider should note that the Medicare Eligibility Letter does not replace the requirement to register Clients with Medicare.

Assisting SHP Clients with immediate health needs

Proposers are responsible for assisting SHP Clients with their immediate health needs. However, where the Service Provider identifies that the Proposer does not have the capacity to address the immediate health needs of the Client, the Service Provider must fill the service gap.

Meeting medical escorts

The Service Provider must meet all Refugee Clients with a medical escort at the initial point of arrival and facilitate the handover of these Clients to a medical practitioner (see also 2.1.1(c) – Medical escorts). For SHP Clients, if the Proposer does not have the capacity to undertake this task, the Service Provider must fill the service gap.

Claiming instructions:

Reference ID: I07

Claim point: Any immediate health needs have been addressed

Basis of claim: Per Client

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

(b) Mobility aids (I08)

The Service Provider must provide mobility aids for Clients who require them on-arrival in Australia.

Service provision must be based on the mobility needs of the Client as identified by:

- pre-arrival health assessments
- other relevant information used to determine the Client's on-arrival mobility needs (e.g. information provided by the Proposer of an SHP Client).

Service Providers will be reimbursed for the cost of purchasing or hiring mobility aids up to the maximum amount as per the HSP Contract. The Client is responsible for all costs over the maximum reimbursement amount. Any purchased items will remain the property of the Client.

Mobility aids must meet relevant Australian standards and may include:

- walking sticks
- crutches
- walking frames
- non-electric wheel chairs.

Claiming instructions:

Reference ID: I08

Claim point: Provision of mobility aid

Basis of claim: Per Client

Maximum no. of instances: 1

Reimbursement amount: Up to a maximum amount of \$202.80 (GST exclusive)

Associated HSP System task card:

- Claiming for Services

3.1.5 Accommodation (I09, I10)

(a) Arranging on-arrival accommodation (I09)

The Service Provider must ensure that it provides accommodation for Clients upon their arrival in Australia in a property that meets the standards and conditions set out in Attachment A.

On-arrival accommodation is defined as temporary accommodation that Clients are placed in prior to moving into a property where they enter into an initial lease agreement (see 5.1.2).

On-arrival accommodation must be fully furnished (suitable to the family size, or the number of Clients living in the property, and local climate) with all fittings and equipment functioning properly and contain the following items as a minimum:

- beds, including mattresses with mattress protectors for each Client
- bedding (pillows, doonas or blankets) and linen (sheets, pillowcases and towels) for all Clients (these must be clean and in good condition)
- a wardrobe or set of drawers for each bedroom
- a dining table and adequate chairs for all occupants (accessible in a communal dining area for group housing arrangements) or rug (if culturally appropriate)
- lounge chairs or sofas (accessible in a communal living area for group housing arrangements)
- glassware, crockery, cutlery, and pots and pans, and cooking utensils (accessible in a communal kitchen area for group housing arrangements)
- access to a washing machine
- a refrigerator (accessible in a communal kitchen area for group housing arrangements)
- a heater or fan (depending on local climate and season) (accessible in a communal living area for group housing arrangements)
- window coverings for all windows
- cleaning equipment (including mop, broom, bucket, dustpan and broom, dish brush, tea towels and dish cloths) (accessible in a communal area for group housing arrangements)
- a clock.

On-arrival accommodation and Clients that relocate from their initial settlement location

Clients who choose to relocate from their initial settlement location after receiving on-arrival accommodation are not eligible to receive an additional instance of the Service, unless in exceptional circumstances (i.e. situations including domestic or family violence or Departmental error in making the initial referral) approved by the Department through a Service Cap Increase request (see 8.5).

Claiming instructions:

Reference ID: I09

Claim point: When Case enters on-arrival accommodation arranged by the Service Provider

Basis of claim: Per Case, according to Band size

Maximum no. of instances: 1

Other: Where Clients are placed in their initial lease agreement accommodation (F02) immediately on-arrival, the Service Provider is ineligible to claim for this Service.

Where Clients' on-arrival accommodation becomes their initial lease agreement accommodation, the Service Provider is eligible to claim F03 (see 5.1.3).

Where Clients reside with a Proposer, link, family or friends, the Service Provider is ineligible to claim for this Service.

Associated HSP System task card:

- Claiming for Services

(b) Initial Accommodation Support (I10)

The purpose of the Initial Accommodation Support (IAS) is to ease the financial pressures Clients are likely to experience shortly after their arrival in Australia.

The Service Provider must arrange and pay the full costs for suitable accommodation, including utilities, for all Clients needing to reside in accommodation (i.e. they are not residing with their Proposer or onshore link) for their first 28 days in Australia that meets the standards and conditions set out in Attachment A.

Pro-rata IAS payments

If a Client voluntarily relocates from their initial settlement location to another Contract Region within the first 28 days of arrival in Australia, the initial Service Provider may claim a pro-rata IAS payment. This payment will be based on the amount of days the Client was in the accommodation in the initial Contract Region.

Service Providers are also entitled to receive a pro-rata IAS payment if Clients who initially settle with a Proposer or onshore link, but require separate accommodation in their initial Contract Region within the first 28 days of arrival. For example, if an SHP Client moved into accommodation arranged by the Service Provider 10 days after arrival, the Service Provider may claim a pro-rata IAS payment for the remaining 18 days.

If a Client relocates across Contract Regions due to exceptional circumstances within the first 28 days of arrival in Australia (i.e. situations including domestic or family violence or Departmental error in making the initial referral), the new Service Provider may claim a pro-rata IAS payment for the remaining IAS period.

Claiming instructions:

Reference ID: I10

Claim point: On payment of the Initial Accommodation Support costs (28 days rent and utilities)

Basis of claim: Per Case, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.1.6 On-arrival food and products (I11)

(a) Package of culturally appropriate goods (I11)

The Service Provider must arrange a package of culturally appropriate goods (including fresh food products, essential personal hygiene items, basic cleaning products, and baby products, if applicable) for the Client's arrival at their accommodation.

The Service Provider must ensure the package provided is sufficient to last seven days and be suitable to the size of the Group.

Claiming instructions:

Reference ID: I11

Claim point: On provision of all goods

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Reimbursement up to a maximum amount (GST exclusive) of:

Band 1 (single Client):	\$182.52
Band 2 (2 Clients):	\$243.36
Band 3 (3-4 Clients):	\$486.72
Band 4 (5-6 Clients):	\$730.08
Band 5 (7-8 Clients):	\$973.44
Band 6 (9 plus Clients):	\$1095.12

Associated HSP System task card:

- Claiming for Services

3.2 Immediate Post-Arrival Services

Immediate Deliverables – Post arrival

- A Client is registered with Centrelink, Medicare and bank within three days of arrival
- A Client attends critical health appointments
- A Client knows where their immediate services are
- A Client can utilise translating and interpreting services

3.2.1 Essential Registrations (I12)

Within three business days of a Client arriving in their settlement location, the Service Provider must arrange appointments, including assistance with document preparation and transport, for the Client to:

- register with Centrelink
- register with Medicare
- open a bank account with an institution registered with the Australian Prudential Regulation Authority (APRA).

(a) Essential registrations for SHP Clients

Proposers are expected to arrange essential registrations for SHP Clients. Where a Proposer is unable to complete all registrations within three business days, the Service Provider should discuss with the Proposer to address any barriers.

In circumstances where a Proposer is unable to assist with all registrations, the Service Provider must fill the service gap.

(b) ImmiCards

To assist Clients to complete essential registrations, they will need to provide appropriate identification. For most Clients this will be an ImmiCard issued by Home Affairs Post for the purposes of travelling to Australia.

Where a Client has lost their ImmiCard, or their personal details are incorrect, they can apply for a new ImmiCard through the Home Affairs website.

Claiming instructions:

Reference ID: I12

Claim point: On completion of Centrelink, Medicare and bank registrations

Basis of claim: Per Group, according to Band size

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.2.2 Health Undertaking (I13)

Within one week of a Client arriving in Australia, the Service Provider must ensure the Client is registered for any Health Undertaking. This may include following up with a Proposer of an SHP Client to ensure that they have completed the registration.

Information on how to register a Client for their Health Undertaking is available from the Home Affairs website.

Claiming instructions:

Reference ID: I13

Claim point: On registration of Client's Health Undertaking

Basis of claim: Per Client

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.2.3 Critical health needs (I14)

The Service Provider must address any health needs that arise during the period of 72 hours after a Client arrives in Australia, to when they attend their Comprehensive Health Assessment (see 5.2.2). This may include:

- management of a medical indicator
- unforeseen urgent health issues.

The Service Provider may be required to accompany a Client to a hospital or medical centre, or assist the Client to attend specialist medical appointments.

Claiming instructions:

Reference ID: I14

Claim point: Health needs that arise (from 72 hours after a Client's arrival to when they attend their Comprehensive Health Assessment) have been addressed.

Basis of claim: Per Client

Maximum no. of instances: 1

Associated HSP System task card:

- Claiming for Services

3.2.4 Settlement Services Orientation (I15)

Settlement Services is the first topic of HSP Orientation. It is categorised as an Immediate Deliverable in recognition that Clients will require some of the content covered in this topic (e.g. Orientation to local services) immediately after their arrival in Australia and prior to the establishment of their case management plan.

On a needs basis, the Service Provider must deliver the Settlement Services Orientation Topic to Clients aged 15 years and over in accordance with the HSP Orientation Guidelines (available from GovTEAMS). Clients must be supported to achieve the three Key Outcome levels of awareness, knowledge and application.

Table 3: Key Outcomes – Settlement Services Orientation Topic

Level	Key Outcomes – Settlement Services Orientation Topic
Awareness	<ul style="list-style-type: none"> • Clients are aware there are a number of government and non-government services available to them. • Clients are aware they need to make appointments in order to access most services.
Knowledge	<ul style="list-style-type: none"> • Clients know which services to go to for different needs. • Clients know that a free interpreting service is available to them. • Clients know they and their families are eligible to have up to 10 specified personal documents translated into English within the first two years of their eligible visa grant date. • Clients know why it is important to be punctual for appointments, and the consequences of being late.
Application	<ul style="list-style-type: none"> • Clients can independently make an appointment with the appropriate service (e.g. Centrelink or a doctor) by using the telephone or in person (with or without the use of an interpreter).

Claiming instructions:

Reference IDs: I15a, I15b, I15c

Claim point:

I15a: Client has achieved the 'awareness' Key Outcomes level of the Settlement Services Orientation Topic

I15b: Client has achieved the 'knowledge' Key Outcomes level of the Settlement Services Orientation Topic

I15c: Client has achieved the 'application' Key Outcomes level of the Settlement Services Orientation Topic

Basis of claim: Per Client

Maximum no. of instances: 1 per claim point

Other: A Service Provider can only claim for the achievement levels that it has assisted the Client to achieve.

Associated HSP System task card:

- Claiming for Services

4. Planning

Immediate Deliverables - Post arrival

A Client has a case management plan in place

The Planning stage of the HSP Case Management Framework involves assessing a Client's circumstances and preparing a case management plan with the Client to identify the actions, responsibilities and timeframes needed to help the Client achieve the Foundation Outcomes.

The Foundation Outcomes are grouped under the following categories:

Figure 2: Foundation Outcome categories



4.1 Case management plan (G01)

The Case Manager must develop a case management plan for each individual Client.

For Clients who enter the HSP as a Humanitarian Program referral, the Service Provider must develop a case management plan within three weeks of the Client arriving in Australia.

For Clients who enter the HSP as a SIS referral, the Service Provider must develop a case management plan within five Business Days of receiving the referral through the HSP System.

Tier 1 or Tier 2 Clients who are reclassified as Tier 3

For Tier 1 or Tier 2 Clients who are reclassified as Tier 3, the Service Provider is eligible to claim an additional instance of G01 to develop a Tier 3 case management plan reflecting the Client's new needs. This may involve an update to the Client's existing case management plan, or the development of a new case management plan.

The Tier 3 case management plan must be developed within five Business Days of the Service Provider receiving approval from the Department to reclassify the Client as Tier 3 (see also 6.2.2).

Clients who transfer settlement location

Where a Client has a case management plan, and they transfer to a new settlement location with a different lead Service Provider, the new lead Service Provider may claim an additional instance of G01 for developing a new case management plan for the Client.

The new lead Service Provider must develop a case management plan within three weeks of the Client being transferred in the HSP System.

4.1.1 Assessment

To inform the development of the case management plan, the Case Manager should conduct a needs assessment. The purpose of the assessment is to:

- begin to build a trusting working relationship with the Client
- identify Client strengths
- understand the Client's needs and any barriers to achieving the Foundation Outcomes
- in conjunction with Orientation Facilitators, assess the Client's proficiency against, and their capacity to achieve, the Key Outcomes of Orientation (see 4.1.1 – Orientation)
- establish mutual expectations between the Case Manager and the Client regarding roles and responsibilities in the HSP
- understand the Client's individual short and long term goals (e.g. employment, education)
- identify current supports (e.g. the Proposer of an SHP Client).

Orientation

Orientation is a key component of the HSP and aims to provide Clients with the basic skills and knowledge that will allow them to independently access services and to progress their Foundation Outcomes.

Clients should commence Orientation within six weeks of arrival in Australia, except Settlement Services Orientation which must begin on-arrival (see 3.2.4). Each Orientation topic has a number of Key Outcomes written at three levels – awareness, knowledge and application. These provide a nationally consistent description of Orientation outcomes that Clients need to achieve to confidently and independently continue their settlement journey beyond the HSP. It is expected that Clients will build these skills cumulatively over the initial 12 months of the HSP.

All Clients aged 15 years and over may participate in Orientation. This includes Clients who turn 15 years old during the provision of HSP. Service Providers are not eligible to claim Orientation Services for Clients aged under 15 years.

Detailed guidance on the delivery of the Orientation component of the HSP is provided in the Orientation Guidelines (available from GovTEAMS).

4.1.2 Planning

The Case Manager should:

- use the Client's needs assessment to develop the case management plan and determine the Client's Tier
- encourage the Client to be involved in developing the case management plan and ensure that the Client understands its contents
- provide the Client with a full explanation of HSP support, including the respective roles of the Service Provider and the Department
- encourage the Client to sign the case management plan to indicate their understanding of, and agreement, to its contents

- give a copy of the case management plan to the Client and suggest they share it with other support services they may interact with
- place a copy of the case management plan on the Client's case file.

The case management plan should include:

- identified Foundation Outcomes relevant to the Client
- management of all health related needs, including referrals
- details about the HSP Services needed to help the Client achieve their Foundation Outcomes, including appropriate referral to the Settlement Engagement and Transition Support (SETS) program and other settlement support programs/services.

Clients can be referred to SETS at any point during their time in the HSP. However, services accessed by Clients under SETS must complement those available under the HSP, not duplicate them. This could include activities such as driver's licence sessions, homework centres and opportunities to practice conversing in English in small groups.

- the Key Outcome levels of Orientation that the Client needs to achieve
- responsibilities regarding implementing elements of the plan, including those of the Case Manager and the Client
- identified timeframes for the implementation of HSP Services and progress towards Foundation Outcomes
- mechanisms, including timeframes, to track progress and enable review of the plan to identify what is working and where changes to the plan are needed
- consideration of exit or transition planning for when HSP Services to the Client will end.

The HSP is a needs based program, therefore not all Clients will necessarily require assistance to meet all Foundation Outcomes. The case management plan should record only those Outcomes relevant to the Client. This will then provide the basis for tracking the Client's progress against the relevant Outcomes throughout the case management, from establishment of the case management plan, through to review, and exit.

(a) Case management plans for children and young people

For Clients aged under 15 years, the development of the case management plan should be undertaken with the Client and their parent or recognised carer.

For UHMs, Service Providers should provide all relevant stakeholders who may also be providing services to or supporting the Client (e.g. state or territory child welfare agency or custodian) with the opportunity to be involved in the development of the case management plan.

(b) Case management plans for SHP Clients

In developing a case management plan, the Case Manager should endeavour to involve the Proposer.

4.1.3 Client Tiering

Case Managers are responsible for classifying Clients who enter the HSP as a Humanitarian Program referral into a Tier. Clients must be classified into a Tier according to their level of need and the complexity of their circumstances. Guidelines for Client Tiering are provided at Attachment C.

The Case Manager is not required to classify Clients who enter the HSP as a SIS referral into a Tier. The Department classifies these Clients as Tier 3 before referring them to the Service Provider in the HSP System.

(a) Requesting approval to classify a Client as Tier 3 (internal SIS referral)

To request approval to classify a Client as Tier 3, the Service Provider must submit an SIS referral in the HSP System that includes details of the Client's:

- inability to independently engage with appropriate supports, and
- multiple and complex needs.

Supporting documentation may be uploaded in the 'Attachments' screen of the Client record and must be referenced in the Task. The Department will notify the Service Provider of its decision through the HSP System within one to two working days of receiving the request. If approved, the Department will record the Client's classification as Tier 3 in the HSP System.

Children

While the HSP has a strong focus on assessing and responding to individual need, it also requires that the best interests of children and young people be considered as a priority. In the context of classifying Tier 3 Clients, it is important to consider children as members of the family unit and recognise the inherent dependence children have on their parents.

Although a child might individually be assessed as not having multiple or complex needs, consideration must also be given to what impact a parent's complex issues may have on them. For example, a parent's complex health issues may result in the child having to take on significant caring duties and/or become socially withdrawn. In circumstances where a parent's complex issues are impacting a child, it is appropriate for the Service Provider to seek to classify the child as Tier 3.

Requesting approval for multiple Clients in a Case

If approval is being sought to classify multiple Clients in a Case as Tier 3, the Service Provider should create a Task against the Primary Client in the HSP System and specify in the 'Comments' field which other family members are included in the application and their need for SIS.

Timeframe of SIS

The delivery of SIS to Tier 3 Clients is intended to be a short-term intervention to help them access appropriate mainstream services and develop the necessary skills to manage their complex needs independently. It is expected that most Tier 3 Clients should be ready to exit the HSP (see also Part 7), or be reclassified to a lower Tier (see 6.2.2), after receiving SIS for six months. The provision of SIS to a Client for more than six months is subject to Departmental approval (see 6.1.2).

4.1.4 Client reporting

As part of developing the case management plan, the Service Provider must assess and record a Client's Data Exchange (DEX) SCORE in the HSP System. Guidance on Client reporting under the HSP is at Attachment B.

Claiming instructions:

Reference ID: G01

Claim point: On development of case management plan on entry into the HSP or reclassification to Tier 3 or transfer to a new settlement location with a different lead Service Provider.

Basis of claim: Per Client

Maximum no. of instances: Tier 1: 2

Tier 2: 2

Tier 3: 3

Associated HSP System task cards:

- Recording a Client as Tier 1 or Tier 2
- Submitting an internal SIS referral
- Submitting Client reporting

5. Implementation

The Implementation stage of the HSP Case Management Framework involves delivering the support required to help a Client achieve the Foundation Outcomes, in accordance with the case management plan.

Implementation of the case management plan will include direct service provision, service coordination and advocacy.

5.1 Housing

Foundation Outcomes - Housing

A Client is in secure and suitable accommodation

A Client can navigate the housing market to secure and maintain suitable rental accommodation

5.1.1 Housing Orientation (F01)

On a needs basis, the Service Provider must deliver the Housing Orientation Topic to Clients aged 15 years and over in accordance with the HSP Orientation Guidelines (available from GovTEAMS). Clients must be supported to achieve the three Key Outcome levels of awareness, knowledge and application.

Table 4: Key Outcomes - Housing Orientation Topic

Level	Key Outcomes – Housing Orientation Topic
Awareness	<ul style="list-style-type: none"> • Clients are aware their first accommodation is usually temporary, and they are usually responsible for locating more permanent rental accommodation.
Knowledge	<ul style="list-style-type: none"> • Clients know how to locate rental accommodation through a variety of sources. • Clients know their tenancy obligations, including property maintenance. • Clients know that landlords also have obligations, including property maintenance. • Clients know the importance of changing address with essential agencies when moving house. • Clients know the fire risks in the home and how to respond to them.
Application	<ul style="list-style-type: none"> • Clients can complete tenancy application processes (with assistance from support agencies if necessary). • Clients can connect household utilities (with assistance from support agencies if necessary).