Prior to initiating a Case split in the HSP System, the Service Provider must update the relevant Client records in the HSP System and process any outstanding claims.

When undertaking a Case split through the HSP System, the Service Provider must update the address details of the split Cases. If one of the Cases is moving to a new Contract Region, the Case will be referred to the relevant Service Provider through the HSP System once the new address (or closest settlement location, as a minimum) is entered.

Once the Case split in the HSP System is complete, the original Case is closed and new HSP Cases are created with adjusted Band size. The new Cases will record the HSP Services delivered for each Client.

Associated HSP System task card:

- Splitting a Case

8.4 Critical incident reporting

The objectives of critical incident reporting are:

- to ensure that services delivered under the HSP do not result in harm to Clients

- to inform senior management within the Department (and/or Ministers) of Critical Incidents and the Service Provider's response, and

- to allow the Department to analyse trends and adjust the policy and program settings as necessary.

A critical incident in the HSP is any actual or threatened major incident (or series of) that occurs in connection with the HSP which results in, or has the potential to result in:

- serious injury or death of a Client and/or

- jeopardising the reputation of settlement programs and/or the Australian Government.

A critical incident may include:

- allegation or report of criminal activity, incarceration, violent behaviour, hospitalisation, neglect or abuse of children by a Client

- inappropriate behaviour by the Service Provider's personnel towards a Client, or

- incidents of racist behaviour towards a Client.

Case Managers should exercise their professional judgement and knowledge of the particular circumstances of the Client when determining whether the incident meets the above criteria. If there is any doubt, Service Providers should err on the side of caution and report to the Department.

Service Providers are responsible for preventing, responding to, and managing all incidents. Service Providers must have in place internal management and reporting arrangements to ensure that all incidents (not just Critical Incidents) are recorded, and that actions are taken to respond to them and prevent such incidents from happening again.

To enable the Department to make improvements to policy and program settings, Service Providers are encouraged to report trends in non-critical incidents (such as family violence) to the Department. Service Providers can report non-critical incidents to the Department through six-monthly reports. Service Providers should also take appropriate action to address non-critical incidents through standard case management practices.

8.4.1 Critical Incident Management

If a Critical Incident occurs, the Service Provider is responsible for:

- responding to the immediate needs of Clients, staff and volunteers, and taking any remedial action necessary to re-establish a safe environment

- reporting the incident in the HSP System by sending a Task to HSP NATO Policy (Task Type = CIR), completing the Critical Incident Template (available from GovTEAMS) and attaching it to the Client record, within 24 hours of the event (or sooner depending on the severity of the incident)

- HSP NATO Policy will then review and escalate if necessary.

Whilst the Department acknowledges that not all information may be available within the 24 hour period, it is important that the incident is recorded in the HSP System within this timeframe and additional information can be provided as it becomes available.

8.5 Service Cap Increase requests

Where a Service Provider has delivered the maximum number of instances of a Service to a Client, it may deliver additional instances of that Service (referred to as a Service Cap Increase) in exceptional circumstances where:

- there is a demonstrated Client need

- the need cannot be met by the delivery of another available HSP Service including Orientation or coordinated support through Case Management, and

- there are no suitable free services available through government programs or other channels (e.g. non-government organisations, community groups, volunteers, church groups etc).

To seek approval for reimbursement of Services delivered above the maximum number of instances, the Service Provider should submit a Service Cap Increase (SCI) request in the HSP System.

The Service Provider must include the following information in the SCI request:

- details of the Client's need and an explanation of why the previous instances of the Service did not achieve the associated Immediate Deliverable or Foundation Outcome

- reasons why referrals, social/community supports or volunteer mechanisms could not be used to support the Client to meet their need

- details of why suitable free services available through government programs or other channels cannot be accessed, and

- details of what the delivery of the additional Service instance involves.

Supporting documentation may be uploaded in the 'Attachments' screen of the Case record and must be referenced in the claim request.

The Department will consider the following additional factors when assessing a SCI request:

- time the Client has been in the HSP

- Client's Tier

- Client's Orientation competency

- Case composition and family supports (e.g. Proposers, declared onshore links)

- the number of instances the Service has been claimed

- any previous SCI rejections for the same Service

- any relevant flags on the Client's HSP record (e.g. Critical Medical Issue).

The Department will not approve SCI requests that create a level of dependency for the Client by the provision of unsustainable, ongoing supports.

The Department will approve or reject the claim for the additional Service within five working days of receiving a request.

Associated HSP System task card:
- Submitting a Service Cap Increase request

8.6 Death of a Client

In circumstances of the death of a Client, the Service Provider must contact HSP NATO Policy via a Task in the HSP System as soon as possible. Before doing so, the Service Provider should ensure all outstanding claims against the Client have been processed. HSP NATO Policy will change the Client's status to 'Deceased' to exit the Client in the HSP System.

The Department does not have any involvement in assisting with repatriation, funeral costs or administration for deceased Clients.

State or territory police have the responsibility of notifying a deceased Client's next of kin regardless of the cause of death. Where the next of kin resides outside Australia, police will notify the relevant Diplomatic Missions through the appropriate channel.

Disclosing personal information to a third party

Service Providers may receive requests from a third party (e.g. police, coroner) to provide details of a deceased Client. In this situation, Service Providers should advise the requesting party to contact Home Affairs.

Service Providers must not access, use or disclose this information with respect to varying state and territory regulations around next of kin, the *Privacy Act 1988* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth) and the *Migration Act 1958* (Cth).

Attachment A – Guidelines for Accommodation Standards and Conditions

The Service Provider must ensure that all accommodation it provides or arranges for Clients meets (at the date Clients enter into accommodation) the following standards and conditions:

- is in good repair and condition, clean and fit for purpose
- complies with all applicable building regulations and the Building Code of Australia
- complies with the relevant state or territory occupational health and safety standards and residential tenancy laws
- is accessible by public transport to local shops, schools
- is an affordable percentage of a Client's income depending on the Contract Region they reside in
- meets personal security needs
- meets varying Client needs, including disability, family size and composition
- be appropriately zoned for residential occupancy
- be weatherproof and structurally sound (no significant dampness, mould or rot)
- be secure (with functional locks on doors and windows)
- have functioning smoke detectors
- be clean and in good repair (both internal and external areas)
- be free of vermin infestation
- have functioning bathrooms, toilets and laundries (including a flushable toilet connected to a wastewater management system, a functioning basin, a functioning bath or shower, be connected to a hot and cold water supply and have ventilation via a window or mechanical exhaust)
- have cooking facilities (including a functioning stovetop, functioning oven and a sink connected to a hot and cold water supply)
- have electricity and where applicable, heating and/or cooling (including a mains electricity supply, safe wiring and unbroken power points)
- have window coverings for privacy in bedrooms and living area
- have sufficient ventilation relative to the size of property.

In addition, some state regulations also require all accommodation to have specific features, such as hardwired smoke detectors, pool fencing (where relevant) and energy efficiency measures. Service Providers must be aware of their local regulations and implement as required.

Attachment B – Client reporting

The Department requires Service Providers to report on a Client's progress at key points in their HSP journey. This reporting assists the Department to measure the success of the HSP in helping Clients build the necessary skills and knowledge they need to become self-reliant and active members of the Australian community.

Reporting consists of:

- Data Exchange (DEX) Standard Client Outcomes Reporting (SCORE) using a five point rating scale across 13 outcome domains (see SCORE rating table overleaf)
- Responses to questions on topics including Employment, English language and SETS.

Instructions

Service Providers must use an excel spreadsheet (template available from GovTEAMS) to record Client reporting.

One spreadsheet is required for each Client and must be updated at the following stages of service provision:

1. **Establishment of case management plan** – when the Client's case management plan is established, complete Tab 1 by populating DEX SCORES for each outcome, using the DEX Reporting guidelines included in the instructions tab of the spreadsheet.

2. **Formal review/s** – when a formal review is conducted, complete Tab 2 of the Client's original spreadsheet by recording their responses to the Employment and English language questions. DEX SCORES must also be recorded for the Client.

3. **Exit** – as part of the exit interview, complete Tab 3 of the Client's spreadsheet by recording their responses to the Employment, English language and SETS questions. DEX SCORES must also be recorded for the Client.

At each stage, the Service Provider must save the updated version of the spreadsheet and attach it to the Client record in the HSP System.

SCORE rating table

It should be noted that the HSP Foundation Outcomes do not directly correlate to the highest SCORE rating for each SCORE outcome domain. Therefore, it is possible that Clients may exit the HSP having met their Foundation Outcomes, but not achieving the highest SCORE rating.

SCORE outcome domain	1 No progress in achieving outcome	2	3	4	5 Outcome fully achieved
Housing	Significant negative impact of poor housing on independence, participation and wellbeing e.g. 'rough sleeping'	Moderate negative impact of poor housing on independence, participation and wel being e.g. living in severe overcrowding; or at significant risk of tenancy failure	Progress towards housing stability to support independence, participation and wel being e.g. supported transitional housing	Adequate short-term housing stability to support independence, participation and wel being e.g. supported transitional housing	Adequate ongoing housing stability to support independence, participation and wellbeing e.g. stable private rental or social housing
Physical health	Significant negative impact of poor physical health on independence, participation and wellbeing	Moderate negative impact of poor physical health on independence, participation and wel being	Progress towards improving physical health to support independence, participation and wel being	Sustained initial improvements in physical health to support independence, participation and wel being	Adequate ongoing physical health to support independence, participation and wellbeing
Mental health and wellbeing	Significant negative impact of poor mental health, wellbeing and self-care on independence, participation and wellbeing	Moderate negative impact of poor mental health, wel being and self-care on independence, participation and wel being	Progress towards improving mental health, wellbeing and self-care to support independence, participation and wel being	Adequate short-term mental health, wellbeing and self-care to support independence, participation and wel being	Adequate ongoing mental health, wellbeing and self-care to support independence, participation and wellbeing
Justice	Significant negative impact of poor understanding of Australia's legal system on independence, participation and wellbeing	Moderate negative impact of poor understanding of Australia's legal system on independence, participation and wel being	Progress towards improving understanding of Australia's legal system independence, participation and wel being	Adequate short-term understanding of Australia's legal system to support independence, participation and wel being	Adequate ongoing understanding of Australia's legal system to support independence, participation and wellbeing
Age-appropriate development	Significant negative impact of poor age-appropriate development on independence, participation and wellbeing	Moderate negative impact of poor age-appropriate development on independence, participation and wel being	Progress towards improving age-appropriate development to support independence, participation and wel being	Adequate short-term age-appropriate development to support independence, participation and wel being	Adequate ongoing age-appropriate development to support independence, participation and wellbeing

SCORE outcome domain	1 No progress in achieving outcome	2	3	4	5 Outcome fully achieved
Community Participation & Networking	Significant negative impact of poor community participation & networking on independence, participation and wellbeing	Moderate negative impact of poor community participation & networking on independence, participation and wel being	Progress towards improving community participation & networking to support independence, participation and wel being	Adequate short-term community participation & networking to support independence, participation and wel being	Adequate ongoing community participation & networking to support independence, participation and wellbeing
Transport	Significant negative impact of lack of transport on independence, participation and wellbeing	Moderate negative impact of lack of transport management on independence, participation and wel being	Progress towards improving ability to utilise transport to support independence, participation and wel being	Adequate short-term ability to utilise transport to support independence, participation and wel being	Adequate ongoing ability to utilise transport to support independence, participation and wellbeing
Family Functioning and Social Support	Significant negative impact of poor family and social support functioning on independence, participation and wellbeing	Moderate negative impact of poor family and social support functioning on independence, participation and wel being	Progress towards improving family and social support functioning to support independence, participation and wel being	Adequate short-term family functioning and social support to support independence, participation and wel being	Adequate ongoing family functioning and social support to support independence, participation and wellbeing
Managing Money	Significant negative impact of poor money management on independence, participation and wellbeing	Moderate negative impact of poor money management on independence, participation and wel being	Progress towards improving money management to support independence, participation and wel being	Adequate short-term money management to support independence, participation and wel being	Adequate ongoing money management to support independence, participation and wellbeing
Language Services	Significant negative impact of poor English language skills on independence, participation and wellbeing	Moderate negative impact of poor English language skills on independence, participation and wel being	Progress towards improving English language skills to support independence, participation and wel being	Adequate short-term English language skills to support independence, participation and wel being	Adequate ongoing English language skills to support independence, participation and wellbeing
Education & Training	Significant disengagement from education	Moderate disengagement from education	Actively engaged in education and/or training	Appropriate short-term engagement in education and/or training	Appropriate long-term engagement in education and/or training
Employment	Significant disengagement from the labour market	Moderate disengagement from the labour market	Actively engaged in looking for work	Appropriate short-term engagement in employment	Appropriate long-term engagement in employment
Material well-being	Significant negative impact of lack of basic material resources on independence, participation and wellbeing	Moderate negative impact of lack of basic material resources on independence, participation and wel being	Progress towards stability in meeting basic material needs to support independence, participation and wel being	Adequate short-term basic material resources to support independence, participation and wel being	Adequate ongoing basic material resources to support independence, participation and wellbeing

Many Service Providers use a diverse range of instruments and methods for measuring and assessing Client and community outcomes, often linked to organisational and sector-specific priorities. In some program areas, specific validated instruments are already used (such as Kessler 10, Outcomes Star etc).

A translation matrix has been developed to assist Service Providers in converting results from commonly used outcomes measurement tools into SCORE. The translation matrix was developed by the Australian Institute of Family Studies (AIFS) and can be found on the Data Exchange Website (under 'SCORE' on the Policy Guidance page).

It is planned in the future that the SCORE ratings for HSP Clients recorded in the HSP System will feed into the Department's DEX for standardised cross-program performance reporting. Service Providers will, over time, be able to access this data through DEX to generate reports to help inform HSP Service Delivery. To avoid future duplication of reporting outcomes, DEX SCORE ratings for HSP Clients (in relation to the HSP) should not be uploaded to DEX. However, Service Providers may continue to upload to DEX SCORE ratings for HSP Clients who access other funded programs offered by the Service Provider.

Attachment C – Guidelines for Client Tiering

Tier	Client characteristics
Tier 1 Approval by Department not required	The Client will generally present with the knowledge and skills required to settle into their new community with minimal assistance from a Service Provider. The Client will generally present with basic English language proficiency (or higher) and not be significantly impacted by: • health issues • torture or trauma experiences • culture shock or displacement concerns and will have education and/or employment experience applicable to Australia's employment environment. For example, a Client with basic English language proficiency who has some work experience, but requires some HSP Services to assist in connecting to mainstream services, orientating to Australia and navigating employment pathways.
Tier 2 Approval by Department not required	The Client may present with a range of factors impacting on their settlement in Australia such as: • high levels of pre-arrival poverty, trauma and health impacts arising from persecution, discrimination, displacement, nutritional deprivation and inadequate medical care • homesickness, culture shock and/or a sense of social dislocation affecting the ease with which they settle • protracted periods spent in refugee camps or other precarious living conditions before coming to Australia and may have no experience of renting a home • low levels of formal education • little to no English language proficiency and/or may not be literate in their own language • limited work experience, or their experience or qualifications are not recognised (or readily applicable) in Australia's employment environment For example, a Client with no English language proficiency who has been displaced and unemployed for several years. It is expected that the majority of Clients who enter the HSP as a Humanitarian Program referral will be classified as Tier 2.

Tier	Client characteristics
Tier 3 **(Specialised and Intensive Services)** **Approval by Department is required (see 4.1.3(a))**	The Client will display an inability to independently engage with appropriate supports and will be impacted by one or more of the following: • disability: physical, intellectual or psychiatric • severe, critical, long term and/or unmanaged health needs • mental health issues that significantly impact daily life, for example: o anxiety o depression o schizophrenia o eating disorders o post-traumatic stress disorder o suicidal thoughts o risk of self-harm • risk of homelessness or housing instability, for example: o primary homelessness (e.g. sleeping rough or living in an improvised dwelling) o secondary homelessness (including staying with friends or relatives and with no other usual address, staying in specialist homelessness services) o risk of homelessness o housing that is inappropriate due to a person's disability • domestic and family violence • child and youth welfare concerns, for example: o risky or anti-social behaviour, substance abuse or disengagement from educational activities o child protection issues (e.g. physical, sexual and/or emotional abuse, neglect, underage forced marriage or other) o parenting concerns o developmental concerns • other issues as identified.

Attachment D – Basic Household Goods

Clients must be provided with the items below unless:

- already supplied at the property or

- marked as discretionary (*italics*), which can be adjusted to suit Client needs.

Category	Individual item and quantity
Whitegoods	**Washing Machine** • Minimum 5.5kg: for Bands 1-3 • Minimum 7kg: for Bands 4-6 **Refrigerator with inbuilt freezer** • Minimum 300L: for Bands 1-2 • Minimum 380L: for Bands 3-4 • Minimum 440L: for Bands 5-6
Browngoods	• Television - Minimum 56cm • Television stand • Minimum 1 (for Bands 1-3) or 2 (for Bands 4-6) portable heater/s or fan/s (depending on the climate) • DVD player • Clock
Household furniture	**Lounge set** (no futons) • Minimum 2 seat seating capacity: for Band 1 • Minimum 4 seat seating capacity: for Bands 2 • Minimum 5 seat seating capacity: for Bands 3-4 • Minimum 6 seat seating capacity: for Bands 5-6 **Table and chairs** (for indoor use) • Minimum 5 piece set (table and 4 chairs) or rug/carpet (if culturally appropriate): for Bands 1-3 • Minimum 7 piece set (table and 6 chairs) or rug/carpet: for Bands 4-6, with additional chairs per person • Study desk, chair **Bedroom furniture** • 1 bed base per Client or couple (minimum double for couples and single parents with dependants, all others–minimum single beds) • 1 mattress per Client or couple (mattress must be new and same as bed size) • 1 wardrobe and set of drawers per bedroom, clothes hangers • 1 bedside table per Client

Category	Individual item and quantity
Kitchen and dining	• *Large heavy based pot* • *Medium heavy based pot* • *Wok / fry pan* • *Chopping board* • *Large kitchen knife* • *Small kitchen knife* • *Large cooking spoons, kitchen tongs, can opener, vegetable peeler, egg flip* • *Mixing bowl* • *Kettle* • *Food storage set, canister set* • *Ovenware, bake ware, oven mitts* • *Toaster* • *Electric rice cooker or additional large heavy based pot* • *Dinner set, including dinner plates, side plates, bowls and cups/mugs* • *Cutlery set, including knives, forks, dessert spoons and teaspoons* • *Drinking glasses*
Linen	**Bedding (must be new)** • Doona / blankets (same size as mattress) per bed, appropriate to climate • Doona cover (if doona provided) or quilt cover/bedspread (if blankets provided) (same size as mattress) per bed **Linen (must be new)** • Sheet and pillow set per bed • Pillow (per person) • Mattress protector per bed • Bath towel (per person) • Hand towels • Face washers • Tea towels

Category	Individual item and quantity
Cleaning, safety and sundry items	- Vacuum cleaner - Mop, bucket - Broom - Dustpan, brush - Scrubbing brush - Dishwashing rack - Toilet brush - Dish cloths - Indoor rubbish bin - Washing basket, pegs - Iron, ironing board - Fire extinguisher/blanket - First aid kit
Baby items	- Baby cot per child under 18 months of age - Cot mattress per child under 18 months of age - Stroller / pram per child under 3 years - Additional baby items, such as change mat, baby bath, high chair Provision of baby items must be discussed with parent/s prior to supply.