

Summary of evaluation of HSS service delivery model

Background

Settlement Services International (SSI) is contracted by the Department of Social Services (DSS) to deliver the Humanitarian Settlement Services (HSS) program to refugees and other humanitarian entrants in the Sydney region and parts of western NSW. HSS provides tailored support to refugees, typically for between six and 12 months after arrival, to strengthen social and economic participation, promote independence and equip refugees with the skills and knowledge they need to start a new life in Australia.

SSI is the largest provider of HSS in NSW and is the umbrella organisation of 11 Migrant Resource Centres (MRCs) in NSW. SSI delivers HSS through a decentralised service delivery model with staff co-located at nine of these MRCs. The logic behind the model is that case managers are located in the communities close to where their clients live. This allows case managers to develop relationships with, and knowledge about, communities and local services, enabling them to assist their clients to build stronger links with local services and community networks.

In 2015, SSI contracted the Centre for Health Services Development (CHSD), Australian Health Services Research Institute, University of Wollongong, to conduct an independent evaluation of SSI's HSS service delivery model. The aim of the evaluation was to build the evidence base for the model and how it contributes to settlement outcomes.

Methods

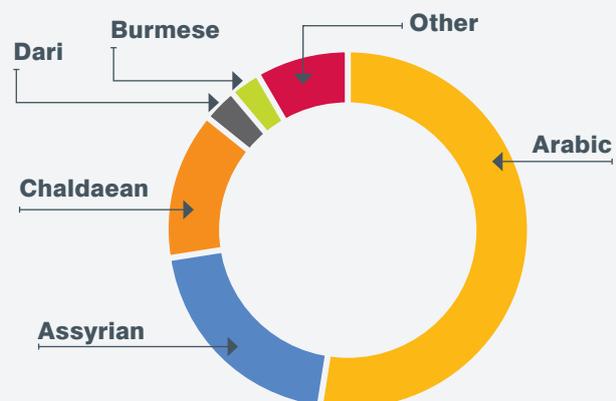
Data was mainly collected through a survey of former SSI clients. The survey included questions taken from the Building a New Life in Australia (BNLA) survey, a large longitudinal study of refugees, and included items from the Personal Wellbeing Index (PWI), a survey that has been assessing life satisfaction among Australians since 2001. The BNLA questions allowed for comparisons of outcomes of former HSS clients of SSI with refugees who participated in the BNLA study, and the PWI items allowed for comparisons with the broader Australian community.

A random sample of refugee clients who had exited HSS between July 2013 and June 2015 were invited to participate in the survey by SSI Bilingual Guides whose language skills were matched to the sample profile.

The survey data was supplemented through focus groups with former clients and SSI staff, and interviews with stakeholders from SSI, MRCs and external partners.

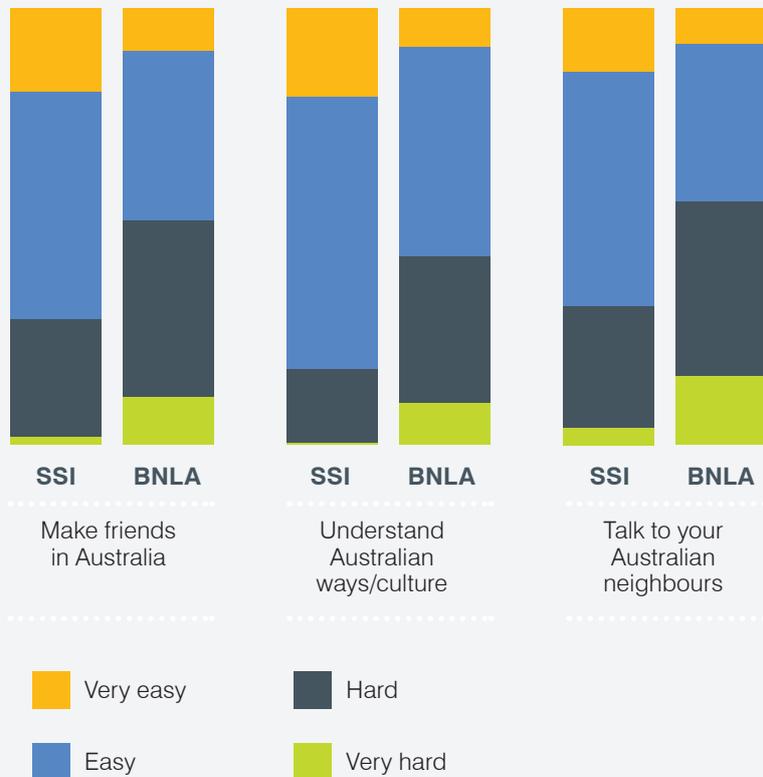
The Results

Almost three-quarters of survey respondents (N= 236) were born in Iraq and Syria. Just over half were female and most respondents had children living with them. About two-thirds completed the survey in a language other than English.



Community Integration

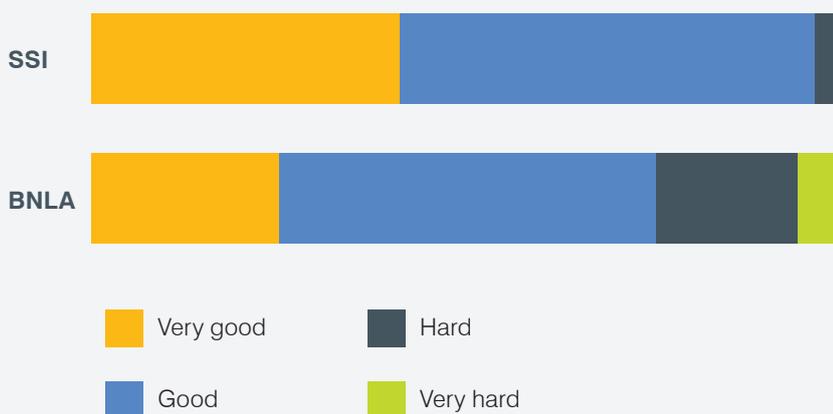
Integration into Australian society



Helping refugees to achieve high levels of social participation appears to be a particular strength of the SSI HSS service delivery model. Former SSI clients reported higher levels of support and comfort from their ethnic and religious communities and other community groups than the BNLA comparison group. They also reported that it was easier for them to make friends in Australia, to understand Australian ways and culture, and to engage with their Australian neighbours than the BNLA group.

More than two-thirds of former SSI clients had PWI scores in the highest range for satisfaction with feeling part of the community and reported higher PWD scores for personal safety and future security than the Australian public, indicating they have a powerful sense of belonging, safety and security.

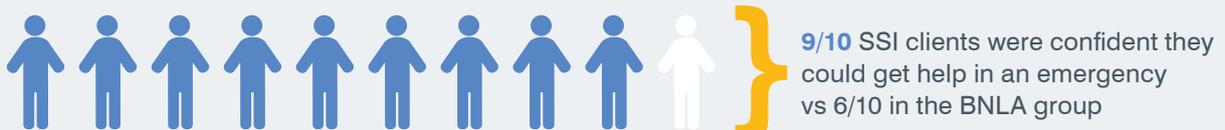
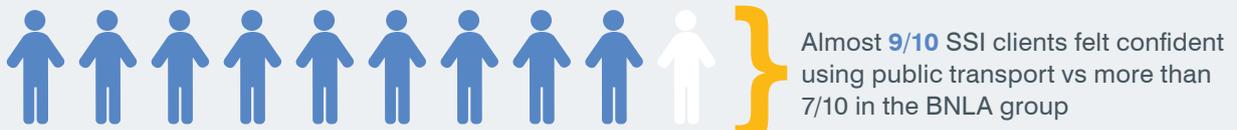
Overall experience of settling in Australia



Almost all former HSS clients of SSI rated their experiences of settlement in Australia so far as 'good' or 'very good'; much higher than the BNLA comparison group.

Independence

Compared with the BNLA comparison group, former SSI clients were more confident in most of the essential tasks of daily life measured in the survey. Former SSI clients reported less confidence than the BNLA group in knowing how to look for a job, and similar levels of confidence in knowing how to use bank services and access government benefits.



Housing

Similar to the BNLA group, almost all former SSI clients were in private rented accommodation and both groups reported high levels of satisfaction with the number of rooms in their home. However, SSI clients were much more likely than the BNLA comparison group to have high levels of satisfaction with other critical aspects of housing quality.



Education, Employment and English

HSS case managers support clients to access appropriate education and employment pathways to enhance longer-term outcomes. Former SSI clients were much more likely to report that they were in, or had attempted, study and training, indicating active engagement in preparing for employment.

Newly-arrived refugees, like other new entrants to the labour market, are often in casual and insecure work in the early stages of settlement. Former SSI clients were less likely than the BNLA comparison group to report having paid work in the week prior to the survey or having done any paid work since arrival in Australia. At least part of the difference in employment may be due to the former SSI clients' higher rate of participation in education and training.

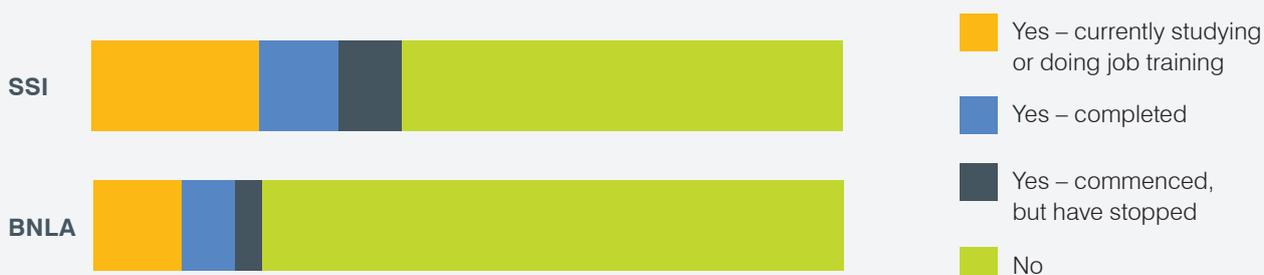
Similarly, a much lower proportion of former SSI clients reported looking for paid work compared to the BNLA group. Unsurprisingly, most respondents in both groups found it hard to get a job in Australia, but these difficulties were much less prevalent among former SSI clients.

Taken together, this data may be explained in part by the fact that the SSI survey sample had a much higher proportion of females, who may be less likely to be actively seeking employment due to family and caring commitments.

As expected, respondents in both groups struggled to find employment, but among those who had worked, a little under half of each group reported that they had worked for six months or more, indicating a positive pathway towards more stable and secure employment.

The most common barriers to finding employment nominated by former SSI clients and the BNLA group were their limited English language proficiency and lack of Australian work experience.

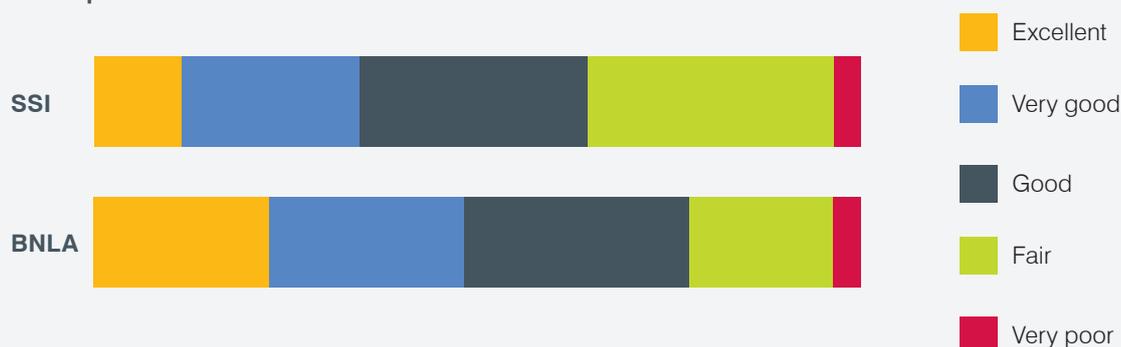
Engaged in training or study (other than English language training)



Health and Wellbeing

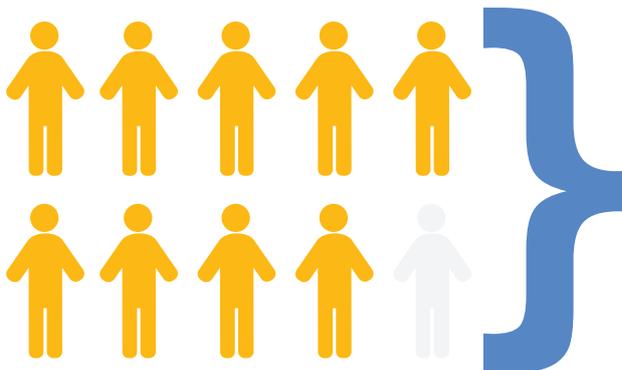
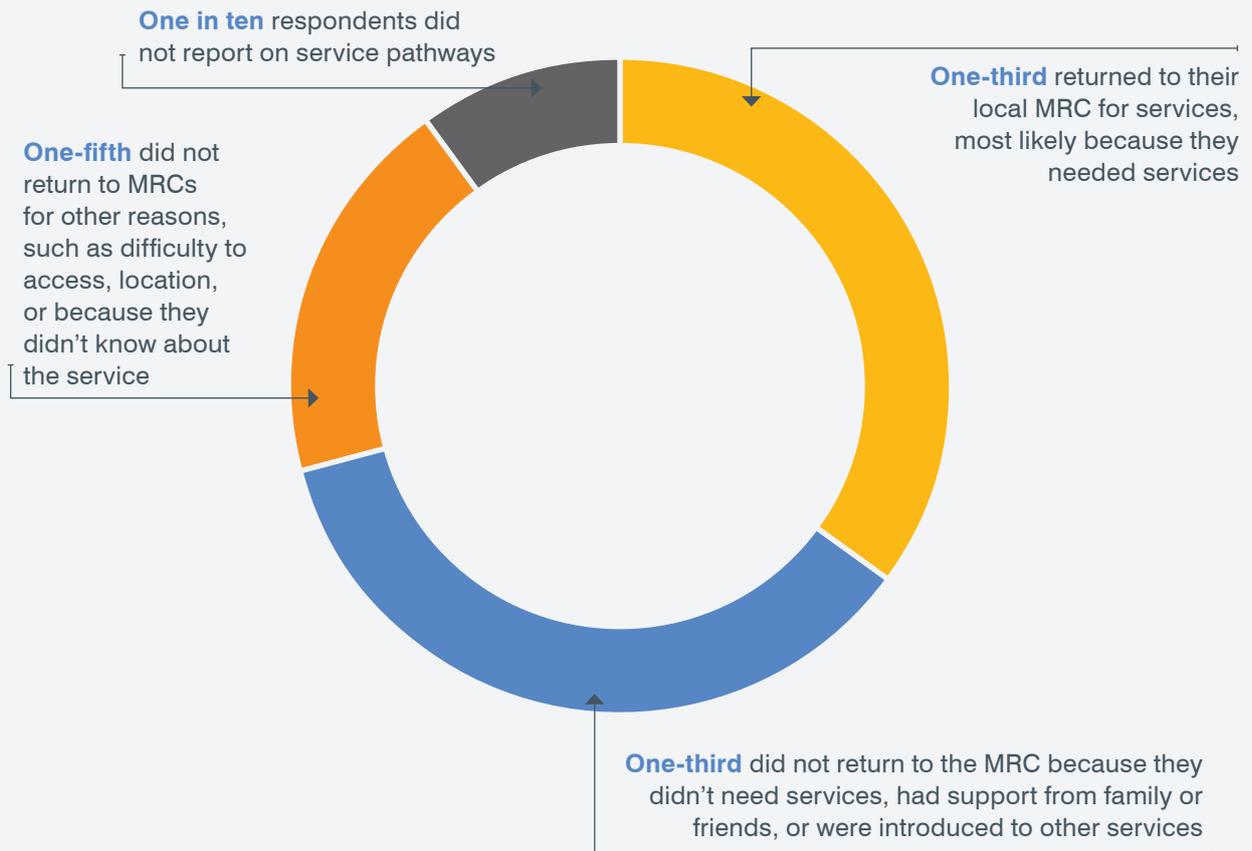
HSS case managers ensure that clients know how to access health services and provide appropriate referrals as needed. Former SSI clients reported poorer physical and psychological health, on average, than the BNLA comparison group, across a range of measures. However, the vast majority of both groups reported fairly high levels of health and wellbeing. This suggests that while most refugees have adapted reasonably well, there is a minority who are struggling. The difference in the gender profile of the former SSI clients and the BNLA group may explain the differences between the two groups, with women generally reporting poorer health than men. On average, former SSI clients reported lower PWI satisfaction scores for health than the Australian public.

Self-reported health



Referral and Service Pathways

A key dimension of the effectiveness of SSI's decentralised service delivery model was to gauge the extent to which former HSS clients accessed local service pathways. More than two-thirds of former SSI clients reported positive service pathways after exiting the HSS program, either continuing to access services at the same location or no longer requiring these services.



More than **9/10** former clients reported high levels of satisfaction with the HSS services they received from SSI

Stakeholder Feedback

Interviews with stakeholders largely confirmed the hypothesised strengths of the decentralised service delivery model including:

- ✓ Shared values between SSI and MRCs
- ✓ Commitment to 'adding value' by going beyond contractual requirements
- ✓ Co-location of SSI HSS staff and MRC staff supports access to local services and networks
- ✓ Bilingual and bicultural approach builds trust with clients
- ✓ Flexible workforce model
- ✓ Willingness to build partnerships with other service providers

AREAS FOR IMPROVEMENT

Some areas of the service delivery model could be improved. These included referral, consultation and coordination processes between SSI and the host MRCs to strengthen the effectiveness of the decentralised model. In addition, there are opportunities for SSI to move towards and support a shift to an outcomes framework in HSS, should this be implemented by DSS as recommended in an earlier national evaluation of the HSS program in 2015.

Conclusion

Former HSS clients reported a successful start to their settlement journey, particularly in the areas where SSI had the most opportunity to influence outcomes such as finding housing and building social participation, the skills and knowledge to access essential services and confidence in the essential tasks of daily life.

Overwhelmingly, former SSI clients were positive about their experiences of settlement in Australia so far and also reported very high levels of satisfaction with personal safety and feeling that they had a secure future in Australia.

More than two-thirds of former SSI clients reported positive local service pathways after exiting the HSS program, while some clients reported difficulties accessing services at the same location.

Helping clients to achieve high levels of social participation appears to be a particular strength of the SSI HSS service delivery model. Former clients reported high levels of support from their communities and other groups, were able to make social connections. The vast majority also said they felt part of the Australian community and understood Australian ways and culture.

REFERENCE:

Samsa P, Williams K, Blanchard M, Fildes D (2016) *Evaluation of SSI's Humanitarian Settlement Services service delivery model Final Report*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.