INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY (IHSS)

SERVICE PROVIDER SIX-MONTHLY AND ANNUAL REPORT

SERVICE PROVIDER	ACL IHSS Consortium
CONTRACT REGION	Northern and Southern Metropolitan Contract Regions of NSW
REPORTING PERIOD	1 July 2008 – 31 December 2008

Six monthly reports are to be submitted to the department no later than 1 February or 1 March (or the nearest business day thereafter) depending on specific contact requirements. Refer to contract clause 8.2 for items to be addressed in the six monthly report.

Annual reports are to be submitted to the department no later than two or three months after the end of each financial year depending on specific contact requirements. Refer to contract clause 8.3 for items to be addressed in the annual report.

Extensions to reporting deadlines

- In extenuating circumstances, extensions to reporting deadlines *may* be granted
- This must be negotiated with the relevant IHSS Contract Manager at least one week prior to the deadline.
- Extensions to deadlines will usually *not* exceed four weeks.

1. STATISTICAL OVERVIEW

Referrals received during current reporting period

SUB CLASS	BAND 1 (1 to 2)	BAND 2 (3 to 6)	BAND 3 (7 to 11)	BAND 4 (12 and greater)	TOTAL
200	63	94	14	NIL	171
202	132	145	16	NIL	293
204	10	14	3	NIL	27
TOTAL	205	253	33	NIL	491

(These referral figures include referrals received by ACL and the client transferred out after arrival. These referral figures do not include referrals received by ACL but cases which were re-referred elsewhere prior to arrival.)

Main areas of settlement within the contract region (during this reporting period)

1	Liverpool
2	Fairfield
3	Mt Druitt

Main ethnic groups represented within the contract region (in this reporting period)

(ACL has used ethnicity as reported in HEMS referrals for this analysis)

1	North Metro: Iraqi	South Metro: Iraqi
2	North Metro: Hazara (Afghani)	South Metro: African (NFD)
3	North Metro: African (NFD)	South Metro: Chaldean (Iraq)

2. ANNUAL WORK PLAN

Please provide a brief overview of progress on implementing the agreed annual work plan, including implementation of QA recommendations and any Risk Management Plan updates.

Notes:
Implementation of QA recommendations has been delayed as the Consortium has not yet received the final QA report from DIAC. In the body of this report, each section that refers to the QA recommendations will have N/A in response.

Responses to the recommendation in the national STTC review are located in the STTC section of the template.

The updated Risk Management Plan was provided to the Department in June 2008. There have been no amendments in this reporting period. The Risk Management Plan will be formally reviewed and updated by the Consortium prior to the lodgement of the 2009/2010 Annual Plan in June 2009.

2.1 ACL progress on annual work plan:

- Improve case management through the provision of greater support for Case Coordinators provided by Team Leaders.

Following shifts in roles and responsibilities within the IHSS management team, Case Coordinator Team Leaders are now better placed to provide supervision and mentoring for Case Coordinators, resulting in improvements in case management and service delivery for clients. For details on initiatives in this area of the program, please see Section 4.1.2 beginning on page 27 of this report.

- Finalise database development and roll out access to and data entry from Consortium partners.

For this reporting period, database developments or enhancements and the roll-out of the database to Consortium partners was delayed due to work on the database required by DIAC National Office IT officers. This work was substantially related to security concerns. As of early January 2009, the ACL IHSS database will be re-located to another server behind ACL's firewall, resulting in security of the system equivalent to requirements for the Department of Defence and meeting DIAC's requirements. In addition, for the introduction of the first of a series of HEMS new releases in December 2008, rescripting, testing and monitoring was required to ensure that, post-release, data integrity was maintained.

- Review and refine exiting procedures to minimise delays in timely exits of IHSS clients.

An Exit Coordinator and a team of bi-lingual Caseworkers have been conducting exit interviews, client and Proposer satisfaction surveys and preparing all paperwork for clients and referrals throughout this reporting period. This additional support has boosted the capacity to exit clients in a timely manner. The Exit Coordinator has worked collaboratively with the Operations Manager regarding any cases beyond 12 months to ensure that outstanding cases are dealt with.

During this reporting period, the dual handling of case files (paper-based files and database files) was phased out. For most of this reporting period, the Exit Coordinator and bi-lingual Caseworkers assisting with exits have been processing and recording exit outcomes in paper-based files. In the coming period January to June 2009, the Exit team of workers will amend their processes to account for electronic files only. This will include the responsibility to enter exit data directly into the database as each family has been interviewed and referred to post-IHSS services.

As a component of ACL's continuous improvement program, all IHSS policies and procedures, including those related to exiting IHSS clients, are being reviewed and refined, as appropriate. Amended procedures for exiting, as described above, will be captured in this review.

- Review procedures for conducting client satisfaction surveys in order to improve the response rate and the accuracy of the information gathered from clients.

As a component of ACL's continuous improvement program, all IHSS policies and procedures, including those related to client satisfaction surveys, are being reviewed and refined, as appropriate. This project is on-going over several months.

With a dedicated team of people working on exit processes, the response rate has been very high, determined by the proportion of clients in the period exited "without contact" (3.5% of 551 cases). All clients and Proposers who were contacted provided feedback to ACL.

In addition, the accuracy of information is ensured through the use of bi-lingual Caseworkers or TIS interpreters for clients with low levels of English language skills.

- Develop alternative case file documentation for clients granted on-shore 202 visas where there is no Proposer to more accurately reflect service provision to this client group.

This will be addressed in the second half of the program year, as it will be captured in the review of all IHSS policies and procedures.

- Consolidate the relationships with mainstream services, settlement service providers, community organisations and ethnic community groups to build the knowledge of the ACL IHSS provision in the sector.

Please see other sections in this report related to collaborative relationships (pps 32 - 34) and ACARS activities (Section 4.6 beginning on pg 67).

In the Annual Plan, ACL outlined proposed training activities for the year 2008/09. The delivery of training in this reporting period was mainly focused on internal staff training. This was substantially the result of a recruitment drive for Caseworkers (new client groups – Bhutanese and Rohingya – and the high number of arrivals from Iraq and therefore the need to increase the pool of Caseworkers who could assist these clients. Summary tables of the training delivered during this reporting period are included in this report as Attachment J.

2.2 Resolve FM progress on annual work plan:

There are two areas for improvement related to the accommodation services which were identified in the ACL IHSS Consortium Annual Plan 2008-2009. The progress on this item is as follows:

- Maintain availability of long term accommodation in light of shortfalls in rental accommodation.

RFM continue to work with a number of agents in the majority of suburbs selected by clients. Some agents send their rental lists prior to their rental properties being advertised for lease to minimise competition. These lists allow RFM to review which affordable properties match a client's LTA preferences. If a match occurs the agent is advised and an RFM Property Officer shows the client the property. If the client is happy with the property then RFM submits an application on their behalf. Other agents who do not provide rental lists work with RFM by being more sympathetic in their approval of IHSS clients for their rental properties. It should be noted that there are a number of agents who will not accept refugees as tenants. These agents prefer prospective tenants to be in full time employment.

During this period we have had discussions with agents in two areas where rents are lower than most other Sydney settlement areas, namely the Campbelltown area and the Penrith area. We have had our Property Officers visit every agent in Campbelltown to discuss the IHSS program and the possibility of properties being leased to our client base. When allowed, these Property Officers met with the property manager and other times with only the receptionist. They introduced themselves and explained the IHSS program, the support refugees receive from the Consortium, how these clients are better tenants than others tenants and the reason why Australia is helping

these people. Some agent responses were good, some were happy to know about RFM but not refugees, and others were not interested at all. Overall the response was not very positive. It should be noted that the Bhutanese arrivals wanted to live in Campbelltown, where their links live, but after 10 applications were submitted and none were accepted, RFM decided not to pursue this area further.

In the Penrith area, RFM staff have met with a number of agents and are endeavouring to meet with more to see if it is possible to set up any alliances for future arrivals. RFM would like to secure some more STA properties in this area which may assist in the future relationship with agents.

Staff also continue to do courtesy visits to agents to ensure our relationship continues as it has in the past.

RFM did not lobby any state and local government departments this reporting period, as when this was done in the previous reporting period, no action resulted. RFM wrote to The Hon Tanya Plibersek MP - Federal Minister for Housing, The Hon Jenny Macklin MP – Minister for Families, Housing, Community Services and Indigenous Affairs, the Federal Treasurer and The State Treasurer. Even though the correspondence was acknowledged, no-one had any solutions, especially in the short term.

RFM continues to actively seek alternative stable accommodation options, particularly for single clients, however the majority of clients want either houses or units. RFM has spent some time with Housing NSW reviewing the availability of bedsitters in various suburbs. The waiting list for this type of accommodation is much shorter than other public housing. However, the majority of clients are not interested in this type of accommodation due to the waiting period (perceived as a delay in their settlement process) as well as not being able to view the property beforehand. RFM has searched for available rooms to rent but this process is much harder as a number of existing tenants are more interested in sharing with people who work rather than those that are on benefit payments.

Discussions have been held with Housing NSW policy staff on relaxing the current limit on the number of people per bedrooms but they are not likely to shift on this requirement. Housing NSW have found that, when they allow more people per bedroom, shortly after the lease commences these clients approach Housing NSW saying they are experiencing hardship due to overcrowding and want Priority Housing. RFM will not pursue this matter any further with Housing NSW.

RFM continually reviews staffing levels to ensure adequate Property Officers are available to assist clients to find suitable LTA properties in this current tight rental market. Experience shows that this issue of finding suitable accommodation is more related to affordability based on the income clients receive, not the tightness of the vacancy rates (though cost is linked to availability). RFM have employed an Assistant Property Officer during this period to allow the Property Officers more time to meet and visit agents so when an application is submitted by RFM for a client, it has a greater chance of acceptance.

- Manage client expectations in regard to suitable and affordable long-term accommodation in the current Sydney residential rental property market.

Develop LTA Assessment sheet for use at initial discussions with clients about their LTA preferences. This item has not been completed. This item will be completed in February 2009.

Implement use of LTA Assessment sheet in initial discussions. This item has not been completed. This item will commence from 1 March 2009.

Include sample properties sourced from the internet as discussion points in initial meetings, demonstrating the range of properties in Sydney correlated with rental prices. This item, although related to the above two items, has been in use prior to this reporting period for clients who set unrealistic requirements for their LTA. It is mainly used to demonstrate current property weekly rental prices. Sometimes after the client views this information they alter their requirements set and

other times they will not alter their requirements. RFM staff respect the choice made by the client and work with whatever parameters they provide.

Amend procedures to reflect use of LTA Assessment sheet and supplementary materials. This item will be completed in February 2009.

Continue to use case conferences with RFM, ACL and clients to revise LTA Assessment sheet when client expectations exceed property availability. This item has not been undertaken. This item will commence 1 March 2009 when the LTA Assessment sheet is in operation.

Identify key community leaders to initiate discussions regarding likely accommodation outcomes for new clients from their community in the current property market. This item has not been completed. RFM will seek a contact list of key community leaders from ACL in order to progress this activity.

2.3 STARTTS progress on annual work plan:

- Continue to ensure that STARTTS has the capacity to provide timely services to 100% of Refugee and Special Humanitarian entrant arrivals referred to the STTTC (Early Intervention Program).

    - Maintain established processes with ACL CCIR to facilitate timely referrals of newly arrived refugees and special humanitarian entrants for assessment. The target set is for referrals to be received at 4 weeks after arrival or when settled in permanent accommodation, whichever is the earlier. The strategies that will continue to be implemented include:

        - working with ACL management to ensure the referral targets are met

          STARTTS and ACL staff have continued to work closely to ensure timely referrals of newly-arrived Refugee and SHP entrants to STTTC. The processes outlined in the previous six-monthly report have continued. STARTTS STTTC Administrative Officer checks referrals received against arrival lists on a monthly basis to ensure that all newly arrived Refugees have access to on-arrival assessment with STARTTS counsellors. Where an entrant family has not been referred, STARTTS Database and Evaluation officer checks with ACL whether that entrant family requires a referral to STARTTS. The final result in this period has been 100% of referrals for Refugees who wished to access STTTC.

          With regards to SHP entrants families, as described in the previous report, STARTTS and ACL had worked together to set targets for an incremental increase of referrals of SHP entrants to STTTC, with the goal of achieving 100% of SHP entrants who wish to access STTTC referred by December 2008. This plan has been revised and is discussed in section 4.4.

Below follow tables which provide statistical data with regards to receipt of referrals at STARTTS for July - December 2008

Duration between date of arrival and Referral date		
	Entrant families referred by ACL	Percentage of total entrant families referred by ACL
<=28 days	222	51%
29-42 days	128	29%
more than 6 weeks	85	20%
Total	435	100%

Refugee		
Duration between date of arrival and Referral date	Number of families	Percentage of total Refugee referrals
<=28 days	77	34%
29-42 days	105	46%
more than 6 weeks	46	20%
Total	228	100%
SHP		
Duration between date of arrival and Referral date	Number of families	Percentage of total SHP referrals
<=28 days	136	70%
29-42 days	21	11%
more than 6 weeks	37	19%
Total	194	100%
TPV & PV 866		
Duration between date of arrival and Referral date	Number of families	Percentage of total TPV & PV 866 referrals
<=28 days	9	69%
29-42 days	2	15%
more than 6 weeks	2	15%
Total	13	100%

- monitor internal procedures to ensure timely action as per targets set (see areas for improvement)

  The EIP Coordinator and EIP Team Leaders receive monthly reports which allow them to review statistics indicating allocation patterns of newly referred clients for assessment and correspondingly implement strategies to manage the allocation list. Given the fluctuating pattern of entrant arrivals which results in peak periods of referrals to STARTTS, STTTC instituted assessment clinics where multiple assessments were commenced on particular days. This is a development in the existing STTTC program to improve accessibility of services to clients in circumstances where there are a large number of clients waiting for assessment and uptake of services. The Assessment Team of counsellors was activated when STTTC was alerted by IHSS Case Coordination to the arrival of large numbers of entrants. ACL have been supportive of this process and have allocated the resources necessary to enable the assessment clinics to occur. This process has resulted in a 20% reduction in the average waiting period for services despite the fact that STTTC has been understaffed during this period

  As reported at contract management meetings, there have been significant difficulties with existing vacancies within STTTC being recruited to. This resulted delay in recruitment has impacted greatly on STARTTS capacity to meet the demand for STTTC services in this period. A further recruitment drive is being finalised and further positions for additional counsellors being advertised at the time of writing of this report in order to enhance STTTC's capacity to deliver timely assessments to newly referred clients.

- providing training for newly recruited ACL staff and volunteers to provided them with the understanding of both the psychosocial needs of newly arrived refugees and STARTTS services

  STARTTS staff continued to provide training for newly recruited Consortium staff and volunteers as requested by Consortium partners. Details of the training sessions run during the period can be provided if required.

- Maintain referral pathways for services and stakeholders external to IHSS to ensure that clients receive services as issues arise.

  STARTTS also continues to maintain relationships with a wide range of agencies external to the Consortium who are potential external referral sources for clients. Of the total number of families (442) referred during this period only 7 entrant families were referred in the first instance by agencies or individuals other than ACL. This figure does not include subsequent (secondary) referrals by other agencies to STARTTS, that is, where ACL has previously made the initial referral. For example, referrals are sometimes made that may identify specific issues of concern for existing clients and children and adolescents may be referred by schools where the entrant family has already been referred for assessment. Keeping these referral pathways open is particularly valuable for working in conjunction with other agencies and it allows newly arrived entrants to be referred for the entirety of the 12 month period post arrival. STARTTS also is mindful of the possibility that entrants who may not be wish to be referred or may not require counselling soon after arrival should still have access to the service by being able to self-refer or be referred by family or friends.

- Work with Case Coordination services to facilitate 100% referrals of Special Humanitarian Program entrants, consistent with recommendation from National Review of STTC services

  - Continue to provide information sessions on STARTTS services for Proposers and SHP entrants of new and emerging communities. These sessions would be conducted in close cooperation with IHSS partners and other settlement service providers as appropriate (e.g. AMEP colleges, MRCs)

    STARTTS staff continue to provide information on the STTTC program through information sessions on an as requested basis. In the six month period covered by this contract information very few sessions were run. The main purpose of these sessions was to provide information to Proposers and entrants about the nature of STTTC services and support and as there is a staged plan being implemented to increase automatic referral of SHP entrants through CCIR, this information is provided at the initial contact with the entrant family.

    In this period, SHP entrants made up 45% of principal applicants referred in July-December 08. Out of 368 families assessed during the period, 52% were from the Special Humanitarian Program and out of the 153 entrants retained for counselling, 46% were SHP entrants. In terms of the SHP Referral Implementation Plan (discussed in detail in section 4.4.1 below) the current target of 65% of SHP arrivals being referred will be met.

  - Continue to distribute the STARTTS brochure “A New Beginning” which provides an explanation of counselling and EIP services specifically written for Proposers and Special Humanitarian entrants.

    The STARTTS brochure “A New Beginning” which provides an explanation of counselling and STARTTS services is specifically written for Proposers and SHP entrants. The brochure is provided in Proposer packs by ACL CCIR and is distributed by STARTTS at community consultations. STTTC counsellors also send this information out to SHP entrants when organising a first appointment. STARTTS will continue to monitor the need

for translation of this brochure into other community languages.

- Maintain referral pathways for services and stakeholders external to the Consortium to ensure that multiple pathways for accessing services are available, particularly for Special Humanitarian Program entrants and their families.

  The importance of Refugee and SHP entrants having access to STTTC services for the 12 month period post-arrival has been highlighted above. Staff employed in STTTC and PASSTT(Programmes to Assist Services for Survivors of Torture and Trauma) funded services at STARTTS attend a range of meetings and issues based groups that provide opportunity to establish relationship with agencies external to the Consortium and to promote STARTTS services. STTTC counsellors continue to reinforce that newly arrived entrants have access to counselling through IHSS funded program for the 12 post arrival period. A list of these meetings can be provided if required.

- Continue to monitor STTTC service standards and further enhance quality of STTTC

  - Maintain on-going quality improvement initiatives: STARTTS has developed a Quality Improvement Plan in line with the implementation of FASSTT National Standards for Torture and Trauma services in 2006-7. The on-going commitment to this Plan has resulted in increased hours in the STARTTS Policy Officer's employment and the establishment of a Project Officer position specifically for evaluation.

    The input from the Policy Officer has resulted in STARTTS contributing to several policy submissions over this period including input into the DIAC Access and Equity Report 2006-2008, and a submission to the Review of AMEP

    The Project Officer (Evaluation) was responsible for managing the initial stage of the Client Feedback Pilot and continues to have input into this process. In addition, STARTTS has developed a draft evaluation manual based on a participatory approach to community development evaluation. The manual is designed to be a simple and accessible resource for staff to assist in the evaluation of individual work/projects, with a broader aim of contributing to an organisational culture of evaluation. The manual has been piloted on three projects and is currently being revised based on lessons learned, in partnership with an external evaluation consultant. It is anticipated that in March 2009 trainings will be delivered to all STARTTS staff on how to use the evaluation manual.

    As reported in the Annual Report for 2007-2008, the process of self assessment against National Torture and Trauma standards was completed in early 2007. The next stage for STARTTS STTTC was planned for late 2008 and early 2009. As a result of the November 2008 Ministerial approval for STARTTS to become an Affiliated Health Organisation and move from being part of SSWAHS, the focus of the latter part of 2008 has been on ensuring STARTTS has the required systems and policies in place to effect this major transition. Quality improvement initiatives will be looked at in detail once this transition becomes effective.

  - Survey client satisfaction. A client feedback instrument will be piloted, reviewed and evaluated in the period July – December 2008.

    The STTTC client feedback procedure was implemented to evaluate client satisfaction with the service in line with contractual requirements. It utilises a standardised quantitative survey, the Client Satisfaction Questionnaire (CSQ-8) with an additional two questions relevant to STTTC key performance indicators. The CSQ-8+2 was initially piloted on a selected group (n=40) of Arabic speaking-participants from both refugee and SHP entrant groups to evaluate its usefulness, ease of application and most effective form of delivery. The initial pilot of the CSQ8+2 demonstrated that the questionnaire is a useful tool for measuring client satisfaction with EIP services in both mail and phone trials and it was

received well by participants. The individual questions were understood across translation, with few queries and no confusion expressed by clients. The findings of the pilot indicated that if either phone or mail is used as the sole means of delivery of the client feedback questionnaire, neither was a robust enough mechanism to maintain a sustainable and reliable client feedback procedure for the EIP. This indicated that clients should be requested to complete the CSQ+2 in a more direct and immediate way.

As a result, the second phase of the pilot, which was implemented from mid-October to December 2008 trialled the self-completion of the CSQ8+2 by the clients at the end of the final session. The CSQ8+2 instrument is currently provided to clients in either English or Arabic. If a client is not literate in either of these languages, then an interpreter is being utilised to translate the feedback questionnaire verbally to the client. Delivery of the CSQ8+2 by either phone or mail is utilised when clients fail to attend a final session. It is expected that these methods combined will be the most practical and efficient form of delivery for both clients and staff. Translations in Dari, Farsi, Swahili, Burmese and Karen are underway and are expected to be received by end January 2009. Results from the Client Feedback Pilot Phase 2 are provided below in section 4.4.2

- Continue to develop culturally consonant counselling practices to better fit the client's world view and enhance their awareness of the impact of trauma through:

i. STARTTS professional development events.

Professional development is a core priority for all STARTTS staff. From July to December 2008 STTTC staff participated in STARTTS' internal professional development program. Sessions were held on the following topics:

24-25 July 2008: Trauma and Chronic Pain: The Integration of Biofeedback, Hypnosis and Mindfulness in Psychotherapy (Tom Naser – New Zealand)

19-20 August 2008: Love or Trauma: How our responses to proximity and touch are mediated by natural neural mechanisms (Dr Stephen Porges, Amber Gray, Dr Sue Carter – USA)

21-23 August 2008The Body as Voice Part II: Kinaesthetic and Non-Verbal Approaches to Working with Severe Trauma (Amber Gray – USA)

In addition, all counsellors are required to prepare clinical presentations at least once per year that facilitate discussion on issues that are relevant to newly arrived refugee and humanitarian entrants. STARTTS clinical Master classes (open to practitioners from a range of agencies) were offered on the following subjects:

The following Clinical Master Classes were held at STARTTS and attended by STTTC staff:

- 23 July 2008: Trauma and Chronic Pain: New Insights into Working with Pain and Trauma using a Psycho-physiological Approach, Tom Naser – New Zealand
- 18 August 2008: The Polyvagal Theory: A New Perspective of the Relation between the Nervous System and Behaviour, Dr Stephen Porges and Amber Gray – United States
- 24 November 2008: An Interfaith Night: Trauma, Healing and Faith (Yishai Shalif and Rachel Paran – Israel

ii. The employment of bi-cultural counsellors who bring their cultural knowledge and expertise to the organisation.

Currently counsellors working within STTTC include bicultural counsellors from Assyrian, North Sudanese, and Congolese and Karen communities. STARTTS STTTC regularly

consults with counsellors working in PASSTT funded programs which includes staff from the former Yugoslavia, Southern Sudan, Somalia and Iraq.

iii. It is expected that analysis of Client Feedback will contribute to the process of evaluating clinical service provision

At this stage the Client Feedback Procedure is in the initial stages of being implemented and at present the data being collated is quantitative in nature. In the next six-monthly period, focus groups will be run with STTTC clients where more detailed qualitative information about the program will be sought. This feedback process will assist in identifying areas of practice which are working well and areas where changes may need to occur.

Within the context of STARTTS ongoing community consultation processes, STTTC counsellors will participate in all consultations relevant to current refugee communities. Through this process, in the period of this plan, the STTTC service will:

- develop a relationship with relevant community leaders, in existing and emerging communities
- identify needs of newly arrived refugees
- promote STTTC services and
- gather information and community recommendations that will enhance STTTC service provision

In this period, consultations which STTTC staff participated in were held with the Burundian community and with Assyrian Youth. Reports from these consultations and associated recommendations are still being written. Further, counsellors were involved in supporting the Mandaean community with organising a Social Justice camp, being part of the Congolese Cultural Day Organising Committee, and with supporting a Karen National Youth Conference and well as a Karen Community Leaders retreat.

Ensure that clients can be discharged from STTC services within timeframes consistent with contractual obligations

- Monitor time lag between date of arrival and date of referral to STARTTS to ensure that referrals are received at 4 weeks after arrival or move to LTA, whichever is earlier.

  Reports are regularly provided to ACL CCIR which provide feedback on average time period between date of arrival and date of referral to STTTC for Refugees and SHP entrant families.

- Produce monthly reports to monitor the number of clients discharged from STTC services

  ACL are provided with monthly discharge lists of entrants families who have completed contact with STTTC

- Produce fortnightly reports to identify all current clients who have reached 10 months from date of arrival

  The Database and Evaluation Officer circulates fortnightly lists which alert counsellors and team leaders to clients who are reaching the period where planning for discharge needs to occur. Counsellors at this point make a plan for discharge (which may include referral to PASSTT-funded counselling) or may seek DIAC's permission to retain the client for additional sessions within STTTC

- Use fortnightly reports (above) to plan exiting strategies (discharge, referral to PASSTT services, short extension request to remain in IHSS)

  The above strategies have assisted in reminding counsellors to exit clients within the 12 month period or to seek permission for an extension if there are critical circumstances which require a client to remain within STTTC for an additional period. Below are the details for client retention within STTTC for this six-month period:

Duration (days)	Number of clients	Percentage
0-180 (0-6 months)	232	65%
181- 300 (7-10 months)	49	14%
301-365 (11 -12 months)	61	17%
Over 1 year	14	4%
Total	**356**	**100%**

2.4 Mission Australia progress on annual work plan:

- Volunteers are appropriately trained and supported:

Conduct a Volunteer Feedback Survey to ensure feedback from volunteers is sought and analysed - to be completed in 2009

Conduct a volunteer phone audit to ensure currency and accuracy of the local database. It also provides an opportunity for staff to speak to volunteers. - to be completed in 2009

Conduct volunteer induction in both contract regions to ensure that volunteers understand how the IHSS model operates and their role, rights and responsibilities within that model. The induction will also provide volunteers with relevant information about, and induction into Mission Australia policies and procedures as well as relevant information on the needs of clients and appropriate strategies to meet these needs. To date:

Dates	Region	Volunteers attended
19/7/08 (Supplementary Mission Australia session)	Sydney	5
11/10/08, 18/10/08	Wollongong	8

Conduct on-going needs-based workshops for volunteers in order to provide the most suitable ongoing training for volunteers. To date:

Date	Region	Topic	Volunteers attended
19/7/08	Wollongong	Basic communication workshop	5
16/8/08	Sydney	Introduction to the legal system in NSW	16

Organise end of year celebrations in Sydney, Newcastle and Wollongong to foster support through socialising with fellow tutors and to provide an opportunity for Mission Australia to formally thank volunteers. This activity has been completed. The Newcastle Volunteer lunch was held on 29 November 2008, the Wollongong Volunteer lunch was held on 6 December 2008 and the Sydney Volunteer lunch was held on 13 December 2009

Provide recognition and acknowledgement to volunteers through significant events such as Refugee Week / Volunteer Week - To be completed in 2009

Publish VCU newsletter “Volunteer Voice” quarterly to provide support and information to volunteers and to enhance the profile of the VCU. The July to Sept 2008 edition has been published. The October to December edition will be published in January 2009.

Contribute to the ACL IHSS newsletter to update and inform key stakeholders of VCU activity. The VCU has contributed to all editions of the ACL IHSS newsletter.

Review the Mission Australia OH&S Risk Management Action Plan as it relates to staff and volunteers - To be completed in 2009.

Ensure OH&S information is distributed to volunteers. OH&S information is disseminated to volunteers in the newsletters and at training

- Ensure that volunteers have defined and meaningful roles within a quality accountable management framework

Systematically update and improve service Policies and Procedures. This is an on-going activity. To date, the VCU has created a generic VCU email address for referrals from ACL. This will streamline the referral process by having one centralised address for all referrals.

Procedures have been updated to include a process for seeking Entrant satisfaction with volunteers. A client survey is now administered by a Volunteer Coordinator when the client exits the VCU.

- Ensure that the management framework provides clients with timely and effective support and assistance

Conduct a Client Satisfaction Survey to ensure feedback from clients is sought and analysed. Client satisfaction data is collected throughout the year as clients exit the VCU. The final report is aggregated and submitted in June 2009.

Conduct a Client Record audit to assess compliance with legal and regulatory requirements for record keeping - To be completed in 2009. The last Client Record audit was completed in May 2008

Review the Complaints Handling process to ensure that complaints are being dealt with fairly, confidentially and in a timely manner - To be completed in 2009.

3. ISSUES DURING REPORTING PERIOD

Please provide a brief overview of 3-5 issues which have arisen during the reporting period. Has any action been taken to address these issues?

1. Satisfying KPI 8 - entrants are located in longer term stable accommodation within 6-10 weeks of arrival

Resolve FM will continue to have difficulty in achieving the KPI of placing entrants into longer term stable accommodation no matter what time frame is placed on us. There are a number of issues beyond Resolve FM's control that will continue to impact on the delivery of this KPI. Briefly these issues are:-

A In-Kind Accommodation Services

The introduction of the in-kind accommodation services on 1 March 2008 where refugees do not pay rent for the first four weeks after arrival has been well received by all clients. However, this change has had a significant impact on Resolve FM service delivery as we cannot show many clients any rental properties during this 4 week period as clients cannot afford any rental properties.

Once the in-kind accommodation service period expires and the client commences paying rent for their STA then the client will start receiving rent assistance from Centrelink. This rent assistance increases their total benefits such that they have an income high enough to start viewing and submitting applications for rental properties. Resolve FM cannot take clients to view properties before this time as applications need to contain proof of actual income and applications must be submitted shortly after the property is viewed, as rental properties are let shortly after viewing.

Hence income statements from Centrelink showing a client's receipt of rent assistance only becomes available six weeks after a client's arrival in Australia. This change has affected the majority of our clients.

B High number of Single Refugee Arrivals

There has been an increasing trend of single clients arriving into our Regions. This increase has resulted in a far higher workload for Resolve FM in trying to source and secure longer term accommodation for this client group. It also impacts greatly on Resolve FM's service cost as we have to provide a significantly higher number of STA properties for initial accommodation for this client group. This increase is due to only allowing one person per bedroom. With the tightening rental market clients are staying in STA for greater periods meaning more STA properties are required for the new arrivals.

The table below shows the increase in single refugee arrivals. Over each of these six month periods it can be seen that for the period July 2006 to December 2006 singles represented 22.5% of the total refugee arrivals. This figure has increased in each six months period to as high as 47.0% (more than double of the July 2006 to December 2006 period) of the refugee arrivals in the first half of 2008 and fell back to 26.7% during the last six months of 2008. Even though the 47.0% refugee arrivals occurred during the first 6 months of 2008 they were still being settled in the last six months of 2008.

It should also be noted that during the last six months of 2008 the percentage of couples that arrived was nearly twice the percentage of arrivals of the first 6 months of 2008.

Band	Family Size	2006	2007		2008	
		Period Jul06 to Dec06	Period Jan07 to Jun07	Period Jul07 to Dec07	Period Jan08 toJun08	Period Jul08 to Dec08
1	1	22.5%	27.5%	32.0%	47.0%	26.7%
	2	10.2%	10.8%	8.8%	8.6%	15.8%

C High number of arrivals from one country of birth

From the commencement of this contract, and in particular for the majority of 2008 – namely May through to September - a very high percentage of the arrivals were from one country of origin. For this later period, the country of birth was Iraq. With such a high number of arrivals from one country of origin, the majority of clients choose to settle in one or possibly two suburbs. This settlement pattern places a high strain on affordable properties in this suburb resulting in significant rent increases.

An example is the high number of Iraqi clients that have settled in the Liverpool local Government Area (LGA) which has resulted in weekly rent increases of 20% over the past 12 months with a 9.1% increase in weekly rents occurring in the September quarter alone – the same period when the majority of the Iraqi and Iraqi LEE clients arrived. In fact, the Liverpool LGA had the highest September quarter increase than any other LGA in all of Sydney, Wollongong and Newcastle.

The second most popular settlement suburb is Fairfield. This LGA had a weekly rent increase of 18.9% over the past 12 months. Similarly, Auburn had 20% and Blacktown had 17.7% increases over the past 12 months. (refer Housing NSW Issue 85 – Rent and Sales Report – Table 4. Weekly Rents for New Bonds –Greater Metropolitan Region – Flats/Units – September Quarter 2008).

Shortly there will be no affordable rental properties for future clients on Centrelink benefits in these LGA where clients prefer to settle.

D Affordability of Longer Term Accommodation

The ongoing increase of rents for rental properties in the Sydney Region has meant that affordable properties for our clients in a number of suburbs have disappeared forever. Also for some family bands sizes affordable rental properties have disappeared altogether no matter which suburb is chosen. For example, for single clients there are no affordable rental properties if they do not want to share. Also, affordable properties for couples who want 2 bedroom properties have almost but disappeared as well as singles that choose to share their longer term accommodation with other single clients.

The table below indicates the maximum affordable (i.e. 50% of income) weekly rent each single client type who elects not to share can afford to pay for their longer term accommodation. Column A indicates the maximum affordable weekly rent during the in-kind service period. Column B indicates the maximum affordable weekly rent after the in-kind service period expires. For example, a single client receiving Newstart benefits can only afford to pay $112.33 per week for rent during the in-kind service period. After the in-kind service period has expired the client can only afford to pay $139.88.

Clients Not Sharing LTA	"A" Maximum affordable weekly rent during the In-Kind Service Period	"B" Maximum affordable weekly rent after the In-Kind Service Period
<21 years old (Youth Allowance)	$88.85	$116.40
> 21 years old (Newstart)	$112.33	$139.88

The next table below indicates the maximum affordable (i.e. 50% of income) weekly rent each client type can afford to pay for their longer term accommodation if they share with someone on the same benefit. Column A indicates the maximum affordable weekly rent each client can afford during the in-kind service period. Column B indicates the maximum affordable weekly rent each client can afford after the in-kind service period has expired. Column C indicates the total maximum affordable weekly rent two clients can afford after the in-kind service has expired.

As an example two singles over 21 years can afford $224.66 per week rent during the in-kind service period and $261.38 after the in-kind service period has expired. Similarly, a couple can afford $202.70 per week rent during the in-kind service period and $228.65 after the in-kind service period has expired.

Clients Sharing LTA	"A" Maximum affordable weekly rent during the In-Kind Service Period	"B" Maximum affordable weekly rent after the In-Kind Service Period	"C" Total Maximum affordable weekly Rent for 2 Clients sharing after In-Kind Service Period
<21 years old (Youth Allowance)	$88.85	$107.22	$214.44
> 21 years old (Newstart)	$112.33	$130.69	$261.38
Couple (Newstart)	$202.70	$228.65	$228.65

When one considers the weekly rents for one and two bedroom properties (refer table below) in the most common suburbs that clients choose to live then only singles who choose to share with other singles have affordable rental properties, albeit in some suburbs only. For the other client groups indicated, including couples who request two bedroom properties, they cannot afford to live in Sydney. If the current rent rises continue to occur then it is predicted that even singles who share will not be able to find affordable properties in Sydney by the end of 2009.

Suburb	1 Bedroom Property (per week)	2 Bedroom Unit (per week)	2 Bedroom House (per week)
Fairfield	$200	$270	$280
Liverpool	$190	$260	$280
Auburn	$220	$280	$300
Blacktown	$180	$270	$300
Mt Druitt	$175	$240	$260

RFM has endeavoured to try to utilise Housing NSW bedsitters for single clients; however, single clients are reluctant to submit an application as they want to view the property first. This request is not possible to satisfy. Also clients do not want to go on a waiting list unless they are told how long they will have to wait. Again Resolve FM cannot answer their query.

Note: We utilise the 50% income rule for affordability as this is the guideline used by Housing NSW. Apart from placing clients under severe rental stress if we exceed the 50% guideline we will not receive the Housing NSW Rentstart. This Rentstart is used to pay the 4 weeks bond and the 2 weeks advanced rent required when a lease is signed for their longer term property. If Rentstart is not used then the client will have to find this money before the lease can be signed. It is estimated that since the contract started in October 2005 the NSW Government has paid $4.9million for bond and advanced rent for clients in our Regions.

One of the other many conditions that needs to be satisfied for the receipt of Rentstart is matching of the number of bedrooms in the rental property to the family size. Housing NSW stipulates that a maximum of two people per bedroom is required to meet the Rentstart guidelines.

Resolve FM has not mentioned in the above the difficulty of sourcing and securing LTA for larger families.

E No Limitation on the Client's choice of LTA Options.

Clients do not recognise the limit that has been placed on Service Providers regarding the number of LTA housing options to be shown to them. The Agreement with the ACL IHSS Consortium specifies quite clearly that the service provider will "show the entrant up to three long term housing options."

Housing NSW places a limit of offering only two properties to anyone who is eligible for public housing. Should a prospective public housing client reject both properties offered then they go to the bottom of the list and have to wait many years until they receive an offer again.

Because our clients do not recognise this limitation, which they see as endless, then they place a number of requirements on us which we must satisfy. These requirements can include the maximum rent to be paid, the suburb, the type of accommodation, the proximity to services, the type of property construction, the type of internal fittings – including a combination of each of these components – right through to when the client is ready for Resolve FM to commence the sourcing process.

The non existence on the limit of housing options delays the total initial settlement process for the client.

F Declaration of Debt when submitting an Application for Tenancy

While IHSS clients are in short-term, on-arrival properties, they pay rent to the Service Provider

in arrears, as is determined by IHSS arrangements. In the private rental market, all renters pay their rent in advance. When applying for longer-term properties, it appears that IHSS clients are disadvantaged because they will carry a debt forward into their new rental arrangements when others applying for the same property have no debt going forward. This IHSS requirement for the payment of rent in arrears greatly impacts on real estate agents' acceptance of our client's application(s) for tenancy.

In the application for tenancy form to agents Resolve FM has to declare if the client is in debt to another landlord or agent. IHSS clients have a debt when they vacate their STA property. Also, Resolve FM has to include a copy of the tariff card when submitting the application for tenancy. This tariff card clearly shows the arrears owed.

In addition, Resolve FM has to sign a declaration with the application for tenancy that "the client is not paying off any previous rental debt." As a company, under the Trades Practices Act we have to be honest in all dealings. RFM can be fined for providing false and misleading information. RFM believe that a number of our applications submitted are rejected by the agent due to the client being in debt and paying off a previous rental debt. RFM are not actually told by the agent the cause of their rejection of the client's application but believe this to be the case.

G Clients withdraw their Application for Tenancy once Approved for a Rental Property.

There are a number of instances where clients after viewing a rental property, instructing Resolve FM to submit an application for tenancy and receiving the agent's approval then withdraw their application.

This action seriously damages the relationship with the affected agent. The agent has spent time reviewing all applications received, selected a suitable tenant, made a recommendation to the landlord and gained approval. Once the client withdraws their application the agent then has to notify the landlord. This notification places the agent in a bad light as the landlord has lost income and the process of letting the property has to recommence. The agent has also lost management fees.

The application for tenancy clearly states that by submitting an application for a property then if approved the applicant will proceed with the signing of the Residential Tenancy Agreement. RFM staff state this information to the client when they instruct us to submit an application for a rental property.

RFM now have a number of agents that will not work with us, particularly in the Bankstown area, no matter how much we apologise for the inconvenience caused. This action seriously affects future clients who want to live in these suburbs as it reduces the number of agents that are willing to work with us and our clients.

H Agents requiring payment of a Reservation Fee

In many instances once acceptance of an application for tenancy occurs a reservation fee must be lodged within 24 hours of receipt of the approval. This reservation fee removes the rental property from the market while the successful applicant makes arrangement for obtaining the bond and 2 weeks rent in advance. No other person can then apply for the property. The reservation fee is equivalent to one weeks rent.

This reservation fee is allowed under the Residential Tenancies Regulation 1995 [NSW]. It was not utilised much until about 12 months ago when the rental market became very tight.

Clients have difficulty in sourcing this one weeks rent. There are times where Resolve FM has stopped the direct debit deductions for the STA property they occupy so the client has the additional funds to pay this reservation fee. However this stopping of the client's deductions for rent places the client even further in debt with Resolve FM.

2. Timeframe remaining for clients to repay debt

Under this Agreement all clients pay their rent and utilities in arrears. When they vacate our STA property they have a debt. Sometimes this debt is increased if any of their direct debit deductions are rejected and/or they cause damage to the STA property.

Currently there are only 39 fortnights left to finalise the debt before the contract expires on 30 June 2010. As the number of fortnights reduces with the approaching of 30 June 2010 the repayment amount of the debt will increase. It may increase to the extent that it places financial stress on the client.

3. DIAC requests for specialist appointments on arrival or within short periods after arrival:

This is not a new issue arising in this period; however it is raised here as the requests have become increasingly frequent.

Due to common referral processes in NSW, it will not always be possible for ACL to arrange an appointment with a specialist for a client immediately after arrival. In most instances to date, ACL has been able to meet these requests, but it is never a foregone conclusion that this will be possible. In some instances, it has been sheer good luck (such as the Proposer who was a doctor) rather than on any astute planning on our part.

It is ACL's intention, always, to attempt to meet this request from the department. However, in instances when it is not possible to book an appointment within the timeframe stipulated by DIAC, ACL will put in a HEMS note to this effect and request further instructions from the Department.

Further, should DIAC deem that urgent follow-up with a specialist is required, ACL suggests that using the current Health Manifest protocols to alert a Service Provider of this medical requirement would be an improvement on providing the advice in a HEMS note.

4. Funding for medical escorts for SHP clients

While this is not a large problem in terms of the number of cases affected, there have been inconsistencies in the Department's response to SHP clients who require a medical escort for their journey to Australia.

There are two issues which, if not resolved, have the potential to put a client's health at risk. First is the financial burden placed on a Proposer to fund the travel and accommodation of a medical escort. For most Proposers, funding the travel of the entrant family can create financial hardship. To be asked to fund the additional costs of the medical escort is a high imposte. A client who might benefit from a medical escort, then, may travel unassisted in cases where the Proposer is unable to raise the funds for the medical escort.

Secondly, the capacity of the Proposer to act immediately following the flight on medical issues arising (presuming that the client has managed the long-haul travel without further difficulty) is variable. It is clearly in the client's best interests to have medical support during travel and until they are handed over to medical assistance in Australia.

From a Service Provider's perspective, it is clear that in cases where a medical escort is warranted, the most effective response would be for the Department to provide this assistance through IOM, as is currently done for refugee clients.

5. Increasingly aged cohort and concomitant health problems

This is noted only as a trend in this reporting period. ACL has noted the increase in elderly arrivals which has necessitated multiple referrals for follow up on a range of physical health, dental and optical issues. There is a paucity of free dental and optical services available to clients and these services are already oversubscribed. It can sometimes take an hour on the phone just to book a dental appointment at the moment.

ACL will continue to monitor this aspect of service delivery and advise DIAC should there be problems accessing mainstream services for this client group.

4. SERVICE PROVIDER PERFORMANCE

Summary Table

Ref	KPI	Target %	Result	Met/Not met	Action Plan (if warranted)
4.1.1	Needs assessments and case coordination plans	**100**	100% for refugees 67% for SHPs	Not met	
4.1.2	Delivery of services and referrals	**75**	94.7%	Met	
4.1.2 b	Transfers	**100**	100%	Met	
4.1.3	Proposer support	**75**	99.3%	Met	
4.1.4	Assistance in delivering community networks	**75**	97.5%	Met	
4.1.5	Development of collaborative relationships	**STO satisfaction**		Met	
4.2.1	On arrival reception, assistance and transport	**75**	98.8%	Met	
4.2.2	Orientation	**75**	96.8%	Met	
4.2.3	Emergency medical and/or clothing needs	**100**	100%	Met	
4.3.1	Initial accommodation satisfaction	**75**	92%	Met	
4.3.1 b	Initial accommodation meets contractual requirements	**100**	100%	Met	
4.3.2	Provision of food	**75**	92%	Met	
4.3.3	Tenancy agreement	**75**	98%	Met	
4.3.3 b	Assistance to complete property condition report	**75**	96%	Met	
4.3.3 c	Assistance with understanding documentation	**75**	100%	Met	

Ref	KPI	Target %	Result	Met/Not met	Action Plan (if warranted)
4.3.3 d	Eviction proceedings	**100**	N/A		Does not apply in this reporting period
4.3.4	Established in longer-term accommodation within 4 weeks	**75**	70.6% within 10 weeks	Not met	
4.3.4 b	Longer-term accommodation satisfaction	**75**	94%	Met	
4.3.4 c	Support to find longer-term accommodation	**75**	100%	Met	
4.3.5	Household Goods Assistance	**100**	96% 98%	Not met	
4.3.6	Tenancy training	**75**	100%	Met	
4.3.6 b	Rental reference	**75**	100%	Met	
4.3.7	Networking/ Established in longer-term accommodation within 4 weeks	**DO NOT ASSESS (SAME AS 4.3.4)**			
4.3.7 b	Networking/ Longer-term accommodation satisfaction	**DO NOT ASSESS (SAME AS 4.3.4b)**			
4.4.1	Assessment of STTC needs	**100**	100%	Met	
4.4.2	Satisfaction with STTC	**75**	93.2%	Met	
4.4.3	Advocacy and training on torture and trauma issues	**STO satisfaction**		Met	
4.5.1	Entrant satisfaction with volunteers	**75**	N/A		Survey will be conducted in early 2009 and reported in the Annual Report for 2008/09
4.5.1 b	Volunteer satisfaction	**75**	N/A		Survey will be conducted in early 2009 and reported in the Annual Report for 2008/09
4.6.1	Advocacy and community awareness raising services	**STO satisfaction**		Met	

4.1 CASE COORDINATION, INFORMATION AND REFERRALS

EXPECTED OUTCOMES

- entrants have the knowledge, skills and support to begin to build their lives as part of the Australian community; and
- effective coordination in the delivery of IHSS services that ensures that entrants receive appropriate referrals and continuity of services without duplication or gaps in service delivery.

4.1.1 Needs assessments and case coordination plans

KPI

- extent to which entrants and proposers are assessed for IHSS service delivery and case coordination plans are developed.

STANDARD

- needs assessments and case coordination plans are established consistent with the specifications for **100% of clients**.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

How many refugee needs assessments were conducted?	231
How many SHP needs assessments were conducted?	304
How many proposer needs assessments were conducted?	295
How many refugee case coordination plans were established?	217
How many SHP case coordination plans were established?	295
Were all needs assessments and case coordination plans completed within the first week of arrival?	Yes for refugees No for SHPs

Comments:
There are a number of reasons why the initial needs assessment and case coordination plan are not completed for SHP clients within the first week of arrival. They include:

- ACL is unable to contact the Proposer in a timely manner pre-arrival because contact details are out-of-date;
- Contact is made with the Proposer but ACL is not advised when the family arrives;
- The initial capacity assessment with the Proposer is carried out pre-arrival but the needs assessment interview with both the Proposer and the client is delayed;
- Medical appointments are followed up on arrival, as a matter of priority, ahead of the needs assessment;

• For clients who receive 202 visas granted on-shore, there is no Proposer and ACL is not always able to make an assessment appointment during the time that the client is being assisted by the Red Cross.	
Were there any instances where needs assessments and/or case coordination plans were not established?	Yes
Comments: ACL has been unable to contact 2 Proposers for Case IDs: 37971 41306	
Have 3 sample needs assessments and case coordination plans been provided to the department, as requested by the IHSS Contract Manager?	**Yes**
Comments: *Please see the following Attachments:* *A for Refugee Case Coordination Plans and Needs Assessments – Northern Metropolitan Region* *B for Refugee Case Coordination Plans and Needs Assessments – Southern Metropolitan Region* *C for SHP Case Coordination Plans and Needs Assessments – Northern Metropolitan Region* *D for SHP Case Coordination Plans and Needs Assessments – Southern Metropolitan Region*	

4.1.1 NEEDS ASSESSMENTS/CASE COORDINATION PLANS	
Method/s used to determine KPI result of needs assessments and case coordination plans are established consistent with the specifications for **100% of clients**.	**Result** **100% for Refugee clients** **67% for SHP clients**
Methodology: Using IHSS database, a report was produced to identify any case for which there was no needs assessment or case coordination plan and to identify any lag between the date of arrival and the dates of the CC plan and needs assessment. It should be added, however, that the case coordination plan is a document which is expanded upon during the time a client is in the IHSS, as some needs and required services are not apparent within the first week after arrival.	Results: 100% for refugee clients 67% for SHP clients
Comments: *use information above to determine whether standard met*	

4.1.2 Coordinated delivery of services and provision of referrals

KPI

- extent to which clients are satisfied with the scope, timeliness and effectiveness of service delivery.

STANDARD

- **75% of entrants** are satisfied with the scope, timeliness and effectiveness of service delivery; and
- **all** transfers are notified to the department.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

Were all entrants assisted to register with Centrelink and Medicare within 2 working days of arrival?	**No**
Comments: Centrelink appointments for refugee clients are booked pre-arrival and the capacity at the Refugee Unit in Fairfield sometimes affects the date of the first appointment. In particular, when clients arrive on a Thursday or Friday or when many families arrive all on the same day, it seems that there can be delays in timely appointments. In a few cases, refugee clients cancelled their booked Centrelink appointments, primarily due to health matters which required follow-up. Of the 117 refugee cases where the Centrelink appointment was not within 2 working days, 15 were conducted within 3 days, 68 were conducted within 4 days, 27 were conducted within 5 days and 3 were conducted within 6 days. Where a Proposer has committed to assist an SHP client with initial services such as bank, Centrelink and Medicare, then the timing of such assistance is in the control of the Proposer. The Proposer is advised about advising Centrelink on the day of arrival that the family has, in fact, arrived as scheduled. Proposers are also advised of the urgency and the sequence of activities to be undertaken in the first week after arrival. If Proposers do not advise the Case Coordinator that these activities have been completed, the Case Coordinator will contact the Proposer repeatedly until the Proposer is able to report that all key services have been accomplished.	
Were all entrants assisted to open a bank account within 1 week of arrival?	**Yes**
Comments: Opening a bank account is usually completed prior to the Centrelink appointment so that Centrelink can ensure payments are made in a timely manner to the designated accounts for family members.	
Have 3 samples of exit interview documentation been provided to the department, as requested by the IHSS Contract Manager?	**Yes**
Comments: *Please see Attachment E for exit interview documentation for the Northern Metropolitan Region and Attachment F for exit interview documentation for the Southern Metropolitan Region.*	

Provide a brief overview of the general approach and any new initiatives to coordinating and monitoring services and referrals for refugees since the last report:

The general approach to coordinating and monitoring service delivery to IHSS clients remains unchanged since the last reporting period.

In this reporting period, there has been some re-organisation of roles and responsibilities within the IHSS Management team, resulting in greater capacity within the Case Coordinator Team Leader role to focus on formal supervision and informal mentoring of Case Coordinators. The results of this shift in focus have been:

- improved monitoring and management of IHSS client families;
- improved needs assessment skills, resulting in well-targeted referrals;
- increased referrals to mainstream services;
- greater contact with mainstream and community sector service providers, resulting in stronger relationships and greater understanding of client needs in the sector;
- more proactive case management strategies, resulting in more planned/strategic interventions to meet client needs;
- earlier identification of complex needs, resulting in early intervention and therefore minimising crisis intervention;
- improved mechanisms for allocating new referrals based on Active Case lists and capacity to assist new families; and
- more timely case finalisation and exiting, enabling clients to access SGP-funding programs as the next phase of their settlement journey.

Provide a brief overview of the general approach and any new initiatives to coordinating and monitoring services and referrals for SHPs since the last report:

Please see initiatives reported above, as coordinating and monitoring service delivery is essentially the same for both refugee and SHP clients. However, in addition to the approaches mentioned above, SHP Coordinators also use their Active Case List spreadsheet to track their contact with Proposers by detailing their last date of contact and their date due for the next contact. All SHP Coordinators aim for monthly contact with Proposers to ensure that client needs are being met by the Proposer or that ACL is advised in a timely manner that additional assistance is required.

Provide a brief overview of feedback received on pre-embarkation training and/or information received by entrants since the last report:

Of 192 clients who were asked about their pre-embarkation training, 26 reported not having had access to training prior to travelling to Australia.

Of those respondents who did receive training, the responses were overwhelmingly positive. Comments include:

- It was helpful to know that there are people to assist and support and there is financial assistance from Centrelink;
- The orientation was good because it exposed things that the entrant did not know;
- Because 90% of what we were told about Australia is correct;
- It was very helpful, told us how to get in the bus, the train and about whether as well;
- It was helpful to know about Australian public transport, banks, rights and culture;
- Yes, told us you can go to school and find a job and your life is getting better;
- Helped the family to understand Australian's rights and responsibilities;
- The training was very helpful for me because I knew a lot about Australia before coming;
- Very helpful – they taught us how to live in Australia, different rules and to have respect for all cultures.

There were a small number of unfavourable comments which related to the language in which the training was conducted. Clients speaking Pular claimed that the trainers did not speak Pular which made it difficult to understand. One client commented that the training was conducted in Dari rather than Farsi, making it difficult to understand. One client claimed it was not really helpful because it was only about kangaroos while a small number of other clients simply said that it was not very

helpful but did not elaborate. For detailed feedback received during this reporting period, please see Attachment G.

4.1.2 DELIVERY OF SERVICES AND PROVISION OF REFERRALS	
Method/s used to determine KPI result of **75% of entrants** are satisfied with the scope, timeliness and effectiveness of service delivery	**Result 94.7%** **(average of satisfaction percentages across 6 questions)**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. 192 refugee cases were exited in this reporting period. 189 exit surveys were conducted. 3 families were unable to be contacted at the time of exit. For a summary of survey results, please see Attachment H.	Results: There are 6 CCIR questions in the exit survey: 1. Needs assessment: 97.9% of respondents are satisfied. (N = 188). 0.53% of respondents said that this question does not apply (N=1). 2. Initial referrals (Bank, Medicare, Centrelink): 98.4% of respondents are satisfied. (N = 186).1.59% of respondents said that this question does not apply (N=3). 3. Referral to STARTTS – outcomes of counselling: 97.2% of respondents are satisfied. (N = 177). 6.35% of respondents said that this question does not apply (N=12). 4. Referral to STARTTS – timeliness: 95.1% of respondents for whom this question applies are satisfied. (N = 164) 13.2% of respondents said this question does not apply (N = 25) 5. Assistance with medical/dental needs: 95.8% of respondents for whom this question applies are satisfied (N = 167) 11.6% of respondents said this question does not apply (N = 22) 6. Referral to MA for volunteer support: 83.8% of respondents for whom this question applies are satisfied. (N = 74). 60.8% of respondents said that this question does not apply (N = 115)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on any instances of clients who were not satisfied* The survey forms are unchanged from the last reporting period.	

4.1.2 b TRANSFERS	
How many transfers occurred during the reporting period?	**31**
Was the department notified of all transfers as soon as service provider was aware?	**Yes**
Was the KPI standard of notifying the department satisfied for **all** transfers?	**Met**
Comments: As per transfer guidance and proforma issued by the Department in June 2006.	

4.1.3 Proposer support

KPI
- extent to which proposers are satisfied with the level of support received.

STANDARD
- **75% of proposers** report that they are satisfied with the level of support received.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

Was information and guidance provided to proposers relating to: • issues they may encounter in assisting entrants to settle? • realistic expectations in assisting entrants to settle? • how they can assist entrants to access services such as Centrelink, Medicare, AMEP, childcare etc?	**Yes**
Comments: Initial discussions with Proposers commence with a telephone call following the receipt of the referral through HEMS. A comprehensive information pack is posted to the Proposer, containing a raft of information on government and community sector services related to settlement needs. Further discussions regarding support for SHP families are conducted at the time when the ACL Case Coordinator negotiates with the Proposer to determine his/her capacity to assist with settlement services. After arrival, the Proposer and client family attend a meeting with the Case Coordinator for the dual purposes of conducting a needs assessment for the new family and to determine if the circumstances of the Proposer have changed since discussions were held about capacity to assist. Finally, the Case Coordinators remains in touch with Proposers as the family settles and further information, advice and/or assistance is provided as required.	

Common areas in which proposers required assistance/support?

1	Assistance sourcing and securing LTA – reflects Sydney rental property market conditions
2	Caseworker assistance with service delivery, as many Proposers are studying or working and have insufficient time during working hours to assist clients to access services.
3	Caseworker assistance to follow up with medical appointments, due to Proposer commitments (see point above).

4.1.3 PROPOSER SUPPORT	
Method/s used to determine KPI result of **75% of proposers** report that they are satisfied with the level of support received.	**Result 99.35%** **(average of satisfaction percentages for four questions)**
Methodology: A Proposer satisfaction survey is conducted at the same time that an SHP client is exited from the IHSS. While there were 359 SHP families exited in this reporting period, ACL conducted 290 Proposer satisfaction surveys. The difference (69) between exit figures and surveys analysed is accounted for by the following contexts: • 47 SHP exits were for clients granted a 202 visa on-shore and there was, therefore, no Proposer. • 20 Proposers were not able to be contacted at the time of exit. • One Proposer refused to be interviewed. • One case was a split family (2 cases exited, 1 Proposer). To a summary of the survey findings, please see Attachment I.	Result: Of the six questions asked of Proposers, 4 relate directly to their satisfaction with service delivery. **Information from Case Coordinator:** 99.6% of respondents for whom this question applies (N=289) are satisfied/very satisfied. 0.34% of respondents said this question does not apply (N=1) **Problem-solving assistance from the Case Coordinator:** 99.6% of respondents for whom this question applies (N=281) are satisfied/very satisfied. 3.1% of respondents said this question does not apply (N=9) **Accommodation assistance from RFM:** 100%% of respondents for whom this question applies (N=8) are satisfied/very satisfied. 97% of respondents said this question does not apply (N=282) **Overall support from ACL:** 98.2% of respondents for whom this question applies (N=289) are satisfied/very satisfied. 0.34% of respondents said this question does not apply (N=1)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The forms used to collect feedback are unchanged since the last reporting period.	

4.1.4 Assistance in developing community networks

KPI
- extent to which entrants are satisfied with the assistance provided.

STANDARD
- **75% of entrants** report that they are satisfied with the level of support received.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please list common community networks to which entrants were introduced?

1	The most common link made is to community leaders/ethno-specific associations which assist with linking clients to services and embracing new arrivals into community social activities. Some communities have sub-groups such as the Sudanese and Mandaean Women's groups. Communities with strong links to new arrivals include: Tibetans, Bhutanese, Karen, Mandaean, Assyrian, Hazara, Liberian, Iranian.
2	Youth groups/organisations, sporting organisations, holiday programs
3	Generic support organisations which assist with all new arrivals regardless of ethnicity, such as Penola House in Newcastle, run by Sister Betty.

What other guidance and practical assistance was provided to help entrants adjust to life in Australia?

1	An important component in orientation provided at the time of re-location to LTA is the orientation provided to LGA services available to clients. This includes showing the location of organisations and explaining services available from organisations. This orientation includes locating mainstream services such as health centres, police stations, supermarkets and community and Council services such as libraries, swimming pools, playgroups, women's groups and so on.
2	Clients are assisted to locate and learn to travel to relevant places of worship.
3	Clients are linked to a range of charity organisations which can assist with material goods and often emergency relief in the form of assistance with paying bills.

4.1.4 ASSISTANCE IN DEVELOPING COMMUNITY NETWORKS	
Method/s used to determine KPI result of **75% of entrants** report that they are satisfied with the level of support received.	**Result 97.5%** **(average of satisfaction percentages across 3 questions)**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: 3 survey questions relate to networks 1. Assistance to enrol children in school: 100% of respondents for whom this question applies are satisfied (N = 86). 55.4%% of respondents said this question does not apply (N = 103) 2. Assistance to enrol in English classes: 100% of respondents for whom this question applies are satisfied (N = 179). 5.3% of respondents said that this question does not apply (N = 10) 3. Learning about the community with a volunteer: 92.4% of respondents for whom this question applies are satisfied (N = 66). 64.5% of respondents said that this question does not apply (N = 122)

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received

The geographic location of the organisations with which clients are linked on exit does not match the list of LTA suburbs on page 2 of this report. Exiting clients for this reporting period may have re-located to LTA *prior* to 1 July 2008, whereas the LTA suburbs listed on page 2 reflect the location of LTA properties for those clients who re-located *during* this reporting period. The trend appears to be away from Auburn and into Liverpool. This trend, if it is sustained, will be apparent in the report for the period 1 January – 30 June 2009.

For the 551 cases exited in this reporting period, clients were linked with organisations in the following areas:

Refugee clients:		***SHP clients:***	
Fairfield	20%	Fairfield	21%
Auburn	13%	Auburn	16%
Blacktown	12%	Canterbury/Bankstown	13%
Liverpool & Parramatta	11%	Liverpool	10%
Illawarra	10%	Northern Beaches	9%

4.1.5 Development of collaborative relationships

KPI
- extent to which the service provider is able to establish collaborative relationships.

STANDARD
- department is satisfied with the extent of relationships established by the service provider.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

What activities have you undertaken to establish and maintain collaborative relationships with providers such as AMEP/ SGP/Centrelink/Medicare/Job Network and other stakeholders since the last report?

1	There has been a cohort of clients in this reporting period who are elderly and require a range of support services from organisations dealing with aged service programs and transport and mobility aids. For example, in recent months, ACL has accessed programs/support from: NSW Department of Transport – Taxi Transport Subsidy Scheme; Aged Care Assessment Team; Community Transport Services; NSW Department of Ageing, Disability and Home Care; Program of Appliances for Disabled People (PADP) – NSW Health; and Multicultural Disability Advocacy Agency (MDAA)
2	AMEP: The Promotion and Training Coordinators created a specific-purpose IHSS presentation for AMEP providers. They conducted two information and awareness-raising sessions for AMEP providers at the ACL AMEP College in Cabramatta on 1 October 2008 and UWS English Language Centre on 27 October 2008. Several sessions were negotiated and booked to be delivered at sites in the Sydney region for the NSW DET AMEP Consortium. However, due to an internal re-structure, these sessions were not delivered in this reporting period. The Promotion and Training Coordinators have liaised with appropriate staff in the new structure and it is anticipated that the planned sessions will now be delivered in the period January – June 2009.
3	In this reporting period, there have been a number of opportunities to broaden and strengthen the relationship between IHSS and the settlement sector. These include the following: • close work with MigrantLink regarding service delivery for Tibetan clients and involvement in the Northern Beaches Refugee and Humanitarian Entrants Working Group. • attendance for the first time and going forward at the Settlement Service Providers' Forum (SSPF) convened by DIAC. • presentation to and participation in the IHSS/SGP workshop convened by DIAC. • Agency contact by the Exit Coordinator to assist with targeting exit referrals appropriately. • guest speakers from the sector invited to attend IHSS Team meetings to discuss programs and referrals, such as the Melkite Welfare Association • attendance at sector events, such as the RCoA Forum and Annual General Meeting, the Auburn MRC launch of the Muslim Males Project Report, official opening of Anglicare Migrant and Refugee Services department.

	• participation in a multi-sector planning group for an Iraqi Refugee Forum to be held in February 2009.

4.1.5 COLLABORATIVE RELATIONSHIPS	
Method/s used to determine KPI result department is satisfied with the extent of relationships established by the service provider.	**Result (met/not met)** **Met**
Methodology: Review level and extent of interactions with key stakeholders in the reporting period. Collaborative relationships with a broad range of government and community sector organisations are essential if the Consortium is to be in a position to provide efficient and effective settlement services to all clients in this program (July – December 2008: 662 cases, 2194 people). Collaboration occurs at a program management level (involving personnel such as the General Manager, Government Programs, Manager, IHSS, Manager, Community Relations and Promotion and Training Coordinators) and at a service delivery level (involving the Operations Manager, Case Coordinator Team Leaders and Case Coordinators). At an operational level, case management strategies require daily contact with key stakeholders such as Medicare, Centrelink, banks and health professionals and frequent interactions with a wide range of providers of services related to mental health, domestic violence, emergency accommodation, schools, school counsellors, AMEP providers and so on. ACL continues to participate in a range of government and settlement sector forums, such as the NSW DET Refugee Student Support Group, the Refugee Health Improvement Network and the Multicultural Advisory Forum. These are detailed in the ACARS section of this report. In addition, ACL continues to have regular meetings with NSW Refugee Health Service and Centrelink on both operational (at least bi-annually) and individual project matters. A key project has been the development of a DVD on accessing the health system for refugees, developed from an existing RHS paper based resource. In this reporting period, ACL has begun developing a relationship with EWON (Energy and Water Ombudsmen NSW) to broker a relationship with Integral Energy (and perhaps other energy and water	Results: Met

providers in the future). Representatives from EWON attended an IHSS Team meeting to discuss their role and explore mechanisms for IHSS clients to access their services and opportunities for future collaboration. Also during this reporting period, a stronger, more collaborative relationship with the Centre for Refugee Research at UNSW has been developed. ACL: • participated in consultation and report-back sessions regarding UNHCR Geneva consultations; • attended the Rohingya Forum organised with and on behalf of the community; • hosted a visit by research staff to an IHSS Team meeting regarding their research project on Women at Risk • was interviewed (Manager, IHSS) for the research project; • will participate in the research project in 2009 For more detail on related activities, please see ACARS activities (Section 4.6 beginning on pg 67).	

Comments:
Service provider should rate own performance, and explain how they made the rating
STO contract manager will report back whether they agree with rating
The rating proposed by ACL is related to both the level of effort put into developing and maintaining collaborative relationships and the resulting, on-going, supportive relationships that ACL IHSS now has with key government and community sector stakeholders. The Manager, IHSS, the Manager, Community Relations and two part-time Promotion and Training Coordinators all have responsibility for working on fostering and maintaining these positive relationships.

4.2 ON ARRIVAL RECEPTION AND ASSISTANCE

EXPECTED OUTCOME

- refugees are met on arrival, taken to accommodation and provided with sufficient information and assistance, including emergency assistance, to be able to function in their new environment.

4.2.1 Refugees are met on arrival and taken to accommodation

KPI

- All refugees are met at point of arrival and provided immediate assistance in either continuing their travel or locating appropriated accommodation.

STANDARD

- **75%** of refugees are satisfied with the assistance provided.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

How many refugees were met at the airport and either assisted with transit, or assisted with transport to initial accommodation?	**272**
Of those transiting, how many required overnight accommodation?	**13**
How many SHPs were met on arrival and assisted with transport to initial accommodation?	**2**
Were there any instances of refugees *not* being met at the airport and assisted with transport to initial accommodation?	**No**
Comments: 104 refugee families rejected the STA accommodation booked for them on arrival. These families are transported to their accommodation by their links who attend at the airport on the client's request. Each refugee family which rejects STA accommodation signs a "Decline STA" form at the airport. In most cases, the ACL Caseworker will also travel to the link's property to ensure that the family arrives safely.	

4.2.1 ON ARRIVAL RECEPTION, IMMEDIATE ASSISTANCE AND TRANSPORTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance provided.	**Result 98.8%** **(average of satisfaction percentages across 2 questions)**
Methodology: At exit, all clients are surveyed by an independent	Results: 2 questions on the survey apply to this KPI

worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Airport reception and checking immediate needs: 98.9% of respondent for whom this question applies are satisfied (N = 177) Transportation to accommodation: 98.8% of respondents for whom this question applies are satisfied (N = 173) 8.5% of respondents said this question does not apply (N = 16).
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey forms are unchanged since the last reporting period.	

4.2.2 Orientation

KPI
- extent to which refugees are capable of confidently and safely utilising the accommodation and its facilities.

STANDARD
- **75%** of refugees are satisfied with the assistance and information provided.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

Were all refugees provided with information/demonstrations on how to utilise accommodation and its facilities?	**Yes**
Comments: This applies to the 125 refugee families who accepted STA accommodation provided by Resolve FM. The 104 refugee families who rejected STA are oriented to facilities by the link family who is housing them in the short-term.	
How many SHPs were provided with information/demonstrations on how to utilise accommodation and its facilities? As a percentage of all SHP arrivals?	**2** 0.67% of SHP arrivals
Comments: This applies to the 2 SHP families for whom Resolve FM provided STA accommodation on arrival.	
Were all refugees provided with $20 phone card or provided with a loaned mobile phone and $20 phone credit?	**Yes**
Comments:	
Were all refugees provided with information on what to do in the case of an emergency?	**Yes**
Comments: This is a standard orientation activity and is directly linked with the demonstration/training on using the mobile phone, which is pre-programmed with 000 for emergency calls.	
Were all refugees provided with the Case Coordinator's contact number (or equivalent) in case of an emergency?	**Yes**
Comments: The primary and secondary Caseworkers' mobile phone numbers are pre-programmed into the mobile phone, which is lent to clients for their first month after arrival.	

4.2.2 ORIENTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance and information provided	**Result 96.8%** **(average of satisfaction percentages across 3 questions)**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: 3 survey questions apply to this KPI 1. Assistance with signing documents and care of property: 97.4% of respondents who received this service were satisfied. (N = 115) 39.1% of respondents said this question does not apply. (N = 74) 2. Information/demonstrations on how to utilise accommodation and facilities: 97.4% of respondents who received this service were satisfied. (N = 114) 39.7% of respondents said that this question does not apply. (N = 75) 3. Tenancy training to assist with understanding of responsibilities: 95.6% of respondents who received this service were satisfied. (N = 160) 15.3% of respondents said that this question does not apply. (N = 29)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey tool is unchanged since the last reporting period.	

4.2.3 Provision of emergency medical attention and/or clothing/footwear

KPI
- extent to which refugees have emergency requirements/needs met after arrival.

STANDARD
- **100%** of refugees have emergency requirements/needs met within 24 hours of arrival.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

How many refugees required emergency health or clothing assistance on arrival?	***Health*** Arrivals: 2 Transit clients: 5 ***Clothing/footwear*** 78

Were these needs addressed?	**Yes**
Comments: In addition to emergency clothing/footwear provided on arrival, where the need exists for additional (not emergency) clothing and footwear, clients are linked with charity/second-hand clothing outlets and local, inexpensive retail shops to secure additional needs. The 2 families who required health assistance within 24 hours of arrival reported above do not include any families arriving with a red or a general alert.	
Were all red alerts addressed within 24 hours of arrival?	**Yes**
Comments:	
Were all general alerts addressed with 72 hours of arrival?	**Yes**
Comments:	
Were all entrants assisted to fulfil health undertaking requirements?	**Yes**
Comments:	

Provide a brief overview of how health alerts/health undertakings are monitored including new initiatives to ensure all requirements and timeframes were met in the reporting period

Case Coordinators are all well versed in protocols surrounding red alerts, general alerts, health undertakings and the provision of health manifests to medical practitioners. All Case Coordinators were advised when revised protocols were introduced for Health Undertakings (email as well as telephone notifications).

In the cases of red or general alerts, Case Coordinator Team Leaders are advised by Case Coordinators and the Team Leaders work collaboratively with the Case Coordinators to ensure that both requirements and timeframes are met.

Where medical escorts assist red alert clients, ACL provides feedback to the department on the assistance provided by the medical escort.

4.2.3 EMERGENCY MEDICAL AND/OR CLOTHING/FOOTWEAR	
Method/s used to determine KPI result **100%** of refugees have emergency requirements/needs met within 24 hours of arrival	**Result 100%**
Methodology: Monitor Red and General Alerts for timely response Assess requirements at the time of pre-arrival planning and at the airport on arrival. Conducted by Case Coordinators pre-arrival and Caseworkers conduct on-arrival assessment as per ACL policies and procedures. At initial assessment interview, Case Coordinators assess any further requirement for additional medical/clothing/footwear requirements and make appropriate referrals. Clients are linked to charity and second-hand clothing outlets as well as inexpensive	Results: 100%

retail outlets in cases where additional clothing/footwear is required. Emergency clothing/footwear: ACL exit survey provides indicative data regarding client satisfaction with this component of service for clients exited in this reporting period. This is not a reflection of the cohort who received the service during this reporting period. For summary of survey results, please see Attachment H.	94.5% of respondents who received this service were satisfied (N = 72) 61.9% of respondents said this question does not apply (N=117).
Comments: *Use information above to determine whether standard met*	

4.3 ACCOMMODATION SERVICES

EXPECTED OUTCOME

- entrants have appropriate accommodation available on arrival, and if this is not suitable for the longer-term, that secure, stable, affordable and appropriate longer-term accommodation is found for them as soon as possible.

4.3.1 Provision of initial accommodation (where applicable)

KPI

- extent to which entrants are accommodated in initial accommodation that meets the standard requirements.

STANDARD

- **75%** of entrants are satisfied with the standard of initial accommodation provided; and
- **100%** of initial accommodation arrangements meet the contractual specifications.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

How many refugees were assisted with initial accommodation?	**229 arrivals (238 referrals)**
Comments: This total figure includes all refugee families, regardless of whether they accepted RFM STA accommodation or not. RFM allocates and prepares an on-arrival property for all families pre-arrival. They also purchase food packages and arrange for food cash to be available. Hence, all families who arrived in this reporting period are deemed to have been assisted with initial accommodation.	
How many SHPs were assisted with initial accommodation?	**3**
Comments: One of the three SHP families for whom STA accommodation was arranged and prepared declined STA on arrival.	
Was the initial accommodation used approved by DIAC contract manager? (ie meet the contractual requirements)	**Yes**
Comments:	

For all entrants assisted with accommodation, did the service provider:

Cover the cost of the first four weeks of accommodation?	**No**
Collect fair market rent and full cost of utilities after week four?	**No**
Comments:	

The cost of the first 4 weeks of accommodation (in-kind support) applies for refugees only. For SHP clients RFM covered the cost of the first week of accommodation, and then charged 30% of income or fair market rent for weeks 2, 3 and 4, whichever is the lower and then fair market rent after week 4.

RFM continued to subsidise the fair market rent and full cost of utilities for a number of clients after week 4, as with the increased standard of STA accommodation required by DIAC, clients could not afford the fair market rent and utilities for accommodation in our Regions. Examples of clients are single clients, single parents with one child and sometimes couples, depending on the STA property occupied.

4.3.1 INITIAL ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of initial accommodation provided; and	**Result 92%**
Methodology: Survey conducted at check-in	Results: 92% of clients are satisfied
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and the survey results are included in this report as Attachment K. There were a range of comments received from clients which prevented RFM achieving 100% satisfaction level. Some of the comments recorded on the survey forms were:- "Will be better if there is a washing dryer and an internet access." "wanted rice cooker, green vegetables, spices, washing soap and warm clothes." "No big pots, teapot too small, no food canisters, only 1 bathroom. Not happy with property overall. If you are preparing to receive African families, try to prepare African food as most food found in Australia is not delicious and sweatable."	

4.3.1 b INITIAL ACCOMMODATION MEETS CONTRACTUAL REQUIREMENTS	
Method/s used to determine KPI result **100%** of initial accommodation arrangements meet the contractual specifications	**Result 100%**
Methodology: All properties used for initial accommodation are approved by DIAC prior to leasing by RFM. DIAC also conducts STA property inspections and recommendations from these are acted upon by RFM	Results: 100%
Comments: *Use information above to determine whether standard met*	

4.3.2 Provision of food

KPI
- extent to which entrants have adequate supplies of appropriate food until such time as income support is received.

STANDARD
- **75%** of entrants are satisfied with the standard of food provided.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

Were all entrants accommodated in initial accommodation provided with an initial food package?	**No**
Comments: Food was not provided to SHP clients accommodated in initial accommodation.	

Provide a brief overview of how you ensure that food provided to entrants is culturally and religiously appropriate, including new initiatives in the reporting period

DIAC has pre-approved the contents of the food package. All ongoing changes to the food package recommended by DIAC have been implemented. The initial food package, intended to provide food for the first couple of days, is supplemented by a cash component. Clients are able to purchase culturally appropriate food for the remainder of the week with the cash provided.

Provide a brief overview of how you ensure that food provided is consistent with the family size and is sufficient for the first week *(or until income support is received)*

The contents of the food package are adjusted according to family size to ensure sufficiency. There is also a cash component, which is also adjusted by family size.

4.3.2 PROVISION OF FOOD	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of food provided	**Result 92%**
Methodology: Survey conducted at check-in	Results: 92%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on	

2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment K.

There were a range of comments received from clients which prevented RFM achieving 100% satisfaction level. Some of the comments recorded on the survey forms were:-

"Need some fish paste and more rice"

"A rice cooker, rice, Asian food."

"They were happy with everything they found in the house, but the food is not enough for them."
(Note: A misunderstanding existed with a number of clients regarding the cash they received on arrival. These clients were not aware that the cash formed part of the food package. The case workers have been instructed to mention to the client that the cash received forms part of the food package. This misunderstanding appears to have ceased).

4.3.3 Provision of/assistance with documentation

KPI

- extent to which an appropriate and acceptable tenancy agreement is explained, understood and signed by entrants using initial accommodation;
- extent to which an appropriate and acceptable property condition report is explained, understood and signed by entrants in initial accommodation;
- extent to which the department's contract manager is consulted prior to the commencement of any eviction proceedings in relation to entrants in initial accommodation; and
- extent to which entrants are provided with the assistance they need to understand and deal with documents in relation to longer-term accommodation.

STANDARD

- **75%** of entrants are satisfied with the standard of their tenancy agreement in terms of each of understanding and fairness;
- **75%** of entrants are satisfied with the assistance they received in relation to the completion of their property condition report;
- the department's contract manager is consulted in **100%** of cases prior to the commencement of any eviction proceedings; and
- **75%** of entrants are happy with the assistance they received in relation to understanding and dealing with documentation associated with longer-term accommodation.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

A Deed of Variation, dated 20 July 2006 exists between ACL and Resolve FM for ACL to provide interpreter services as required by Resolve FM to assist in the delivery of accommodation services. Where ACL does not have the required language then TIS are used. There have been instances where TIS cannot deliver the service when contacted due to availability of interpreters on their books for the language required.

Initial accommodation – please complete the following:

Is a tenancy agreement in place for initial accommodation and has this been approved by the department?	**Yes**
Comments:	
Are entrants assisted to complete a property condition report for initial accommodation?	**Yes**
Comments:	
Were there any evictions from initial accommodation?	**No**
If so was the DIAC contract manager notified?	**N/A**
Comments:	

Longer-term accommodation – were entrants assisted to:

Make applications, enter into a lease, and complete property condition reports for longer-term rental properties?	**Yes**
Comments: Some clients had relatives assist them with these tasks and did not take up the offer of assistance from RFM.	

4.3.3 PROVISION OF ASSISTANCE WITH TENANCY AGREEMENT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of their tenancy agreement in terms of each of understanding and fairness	**Result 98%**
Methodology: Survey Conducted at Check-in	Results: 98%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment K.	

4.3.3 b PROVISION OF ASSISTANCE WITH PROPERTY CONDITION REPORT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the assistance they received in relation to the completion of their property condition report	**Result 96%**
Methodology: Survey conducted at Check-in	Results: 96%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment K.	

4.3.3 c PROVISION OF ASSISTANCE TO UNDERSTAND DOCUMENTATION	
Method/s used to determine KPI result **75%** of entrants are happy with the assistance they received in relation to understanding and dealing with documentation associated with longer-term accommodation	**Result 100%**
Methodology: Survey conducted after relocated to LTA	Results: 100%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment L.	

4.3.3 d EVICTION PROCEEDINGS	
Method/s used to determine KPI result the department's contract manager is consulted in **100%** of cases prior to the commencement of any eviction proceedings	**Result %** **Does not apply**
Methodology: RFM procedures require that staff not commence eviction proceedings without prior approval from DIAC contract manager(s).	Results: Does not apply for this reporting period.
Comments: *Use information above to determine whether standard met* No clients have been evicted since the commencement of the contract.	

4.3.4 Longer-term accommodation

KPI

- extent to which entrants are able to find and lease appropriate and affordable longer-term accommodation.

STANDARD

- **75%** of entrants are:
  - located in longer-term stable accommodation within **6-10 weeks** of arrival;
  - satisfied with their longer-term accommodation; and
  - satisfied with the level of support they receive in relation to longer-term accommodation.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

How many refugees were assisted to secure longer-term accommodation?	240
How many SHPs were assisted to secure longer-term accommodation?	12
What was the average time taken to locate entrants in longer-term accommodation?	62.9 Days
Comments:	
Were entrants supported in negotiations with real estate or other agents?	**Yes**
Comments:	
Were eligible entrants assisted to obtain Government rental and/or utility bond assistance for their longer-term accommodation?	**Yes**
Comments:	
Where relevant, were entrants assisted with moving possessions from initial to longer-term accommodation?	**Yes**
Comments:	
Were entrants assisted to connect utilities to their longer-term accommodation?	**Yes**
Comments:	

4.3.4 LONGER-TERM ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are located in longer-term stable accommodation within **6-10 weeks** of arrival	**Result 70.6%** **within 10 weeks**
Methodology: RFM Database	Results: 70.6% within 10 weeks
Comments: *provide figures and information to determine whether standard met, include narrative bout why additional*	

time may be required
The client's right of choice are paramount in sourcing and securing LTA. There are many times where RFM just cannot meet their instructions. In addition, the tight rental property market impacts on delivery of this KPI.

Note: This figure includes clients with complex case management issues such as marriage relationship issues, domestic violence, health issues, clients who have travelled overseas while still staying in STA. Also included are clients who are waiting until relatives are approved for refugee visas and to arrive from overseas before they want to move to LTA.

Issues which affect the achievement of this KPI have been regularly reported to the Department through six-monthly reports, Annual Reports and contract management reports.

4.3.4 b LONGER-TERM ACCOMMODATION SATISFACTION	
Method/s used to determine KPI result **75%** of entrants are satisfied with their longer-term accommodation	**Result 94%**
Methodology: Survey when relocated from STA to LTA.	Results: 94%

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received

Affordable properties for our clients (who are on Centrelink benefits) are at the very low quality end of the rental market. Many clients do not appreciate the changes that have occurred to rental prices in the property rental market and expect near new or newly refurbished properties, which are unaffordable to them.

This expectation impacts on their satisfaction level.

Clients choose their LTA property from a number of choices. Clients have usually submitted several applications before one gets approved. While they may have aspired to a "better" property, they are usually glad to be approved and to be moving into a longer-term property after many weeks in STA.

In some cases, landlords are not prepared to do any repairs to a rental property at the start of the LTA lease even though they have previously agreed to do them. This change in agreement upsets the client.

Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment L.

There were some comments received from clients which prevented RFM achieving 100% satisfaction level for example:-

"TV too small, no DVD player, no TV stand, no coffee table, only 1 sofa for a family of 9".

4.3.4 c SUPPORT TO FIND LONGER-TERM ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are satisfied with the level of support they receive in relation to longer-term accommodation	**Result 100%**
Methodology: Survey when relocate from STA to LTA	Results: 100%

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received

Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment L.

4.3.5 Assistance with basic household goods

KPI
- entrants' assessed needs are met within the overall budget and on time.

STANDARD
- **100%** of entrants receive goods of a satisfactory standard in a timeframe which meets their requirements.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

Rather than deliver all HGA items to clients and then allow them to offset any items not required to pay for upgrades, RFM now conducts a needs analysis as specified in the RFT.

Entrants continue to be asked to sign for delivery of HGA on the delivery picking slip. This document is kept on a separate file.

Please complete the following:

Were household goods packages delivered on time (upon moving into longer-term accommodation)	**Yes**
Comments:	
Was assistance provided to assemble/install household goods packages?	**Yes**
Comments:	

Provide an overview of how the service provider ensures that household goods items are supplied to entrants in reasonable condition and according to contract specifications, including any new initiatives in the reporting period.
(ie. mattresses and linen are new, all necessary items are provided per household/person)

The entire HGA package consists of new products with 12 months warranty.

4.3.5 BASIC HOUSEHOLD GOODS	
Method/s used to determine KPI result **100%** of entrants receive goods of a satisfactory standard in a timeframe which meets their requirements.	**Result 96% and 98% respectively**
Methodology: Surveys conducted when moved into their LTA	Results: 96% and 98% respectively
Comments: *use information provided above to identify whether standard met* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment L.	

4.3.6 Tenancy training

KPI
- extent to which entrants are in possession of good household management skills at the end of the training program.

STANDARD
- **75%** of entrants are satisfied with the tenancy training provided; and
- **75%** of entrants are provided with a reference to assist them to secure longer-term accommodation.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

How many entrants received tenancy training?	178
Comments:	
How many of the entrants who received tenancy training were provided with a reference?	147
Comments: A reference is usually provided at the time the clients are sourcing and securing their LTA property. The difference between the first and second figures above is because the remaining entrants have not chosen a suitable LTA yet.	

4.3.6 TENANCY TRAINING	
Method/s used to determine KPI result **75%** of entrants are satisfied with the tenancy training provided	**Result 100%**
Methodology: Survey is conducted at the completion of tenancy training	Results: 100%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment K.	
4.3.6 b RENTAL REFERENCE	
Method/s used to determine KPI result **75%** of entrants are provided with a reference to assist them to secure longer-term accommodation	**Result 100%**

Methodology:	Results:
Survey is completed when the client relocates from STA to LTA	100%

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received

All LTA applications have a covering letter which forms the client's reference. This reference is tailored to match the client. If a client does not keep the property clean and tidy then this aspect is not mentioned in the reference letter. Similarly, if the client is behind in rent then no mention is made on how well the client is paying rent.

Following earlier discussions with DIAC, RFM tabled new survey forms at the contract meeting held on 2/6/08 with the view to commence using these forms from 1/7/08. DIAC approval was received on 26/8/08 so the new forms commenced use on 1/9/08. The old survey forms were used up until 1/9/08. The new survey tool and survey results are included in this report as Attachment L.

4.4 SHORT-TERM TORTURE AND TRAUMA COUNSELLING SERVICES

EXPECTED OUTCOMES

- entrants are able to access torture and trauma counselling; and
- entrants' health issues arising from their experience of torture and trauma are understood by other medical services and health professionals.

4.4.1 Assessment of the psychological needs of entrants

KPI

- extent to which entrants are able to access the counselling support that they need in a timely manner.

STANDARD

- **100%** of entrants report that they have had the opportunity to access appropriate short-term torture counselling services.

Provide a brief overview of progress on implementing recommendations from the Short-Term Torture and Trauma Evaluation or from QA reviews(where relevant):

ACL/STARTTS Implementation Plan for achieving 100% referrals for SHP clients:
As reported in the previous six-monthly report, STARTTS and ACL planned for increasing the number of referrals of SHP entrants to STTC services over the 2008 calendar year until the target of referral of 100% SHP arrivals was achieved in the July-December 2008 period. Achieving 100% of referrals of SHP entrants had obvious implications for STARTTS staff resources and infrastructure, including STARTTS' ability to recruit additional counsellors (considering the current market)

Initial Implementation Plan (September 2007)

	Target set for Referral to STTC	**Target achieved**
Stage 1: October - December 2007	Up to 15% SHP arrivals	47%
Stage 2: January-June 2008:	Up to 50% SHP arrivals	65% SHP arrivals
Stage 3: July- December 2008	Up to 100% SHP arrivals (revised to 65% after consultation with DIAC)	

Targets for the three stages in the initial Implementation plan are shown above and it must be noted that targets were exceeded for the first two stages of the Implementation Plan. However, one of the effects of exceeding the set target in the second stage in particular was the difficulty in meeting timeliness of service provision targets, primarily due to recruitment issues at STARTTS.

As a result of these delays in recruitment, the current STARTTS STTTC staffing level overall has not expanded sufficiently to meet the increased demand that referral of 100% Special Humanitarian Program entrants to the service will bring. To progress the referral of SHP arrivals to STTTC at the rate that was set in the initial Implementation Plan would continue to result in referred entrants waiting for STTTC services for extended periods of time. Therefore STARTTS put forward a revision of the initial plan.

This plan was agreed to by DIAC contract managers and is underway. From July to December 2008 the total number of SHP families' arrivals was 287 (figure provided by ACL).

Out of these 287 families STTTC have received 166 SHP families' referrals giving a percentage of approximately 58%. To achieve the 65% target, ACL will refer an additional 20 SHP referrals to STTTC by the end of January 2008.

Please complete the following: ***(include subclasses such as 204 in refugee numbers)***

Were all entrants offered a referral to short-term torture and trauma counselling?	Yes
Comments:	
How long after referral to short-term torture and trauma services was an initial assessment held?	Mean: 50.24 days Median: 48 days

Comments:

STARTTS measures timely access to assessment and counselling services in the following ways:

- length of time from date referral received to date allocated to counsellor:
- length of time from date of allocation to date of counsellor's first attempt at contact
- length of time from date of first attempted contact to date of first assessment session
- length of time from referral date and date of first session

The table below provides both the mean and median in days for each one of the above criteria for the families where assessment was completed during the period 1 July – 31 December, 2008.

	Length of time between Referral date and allocation date (in days)	Length of time between allocation and first attempt at contact (in days)	Length of time between first attempt at contact and first assessment session.	Length of time between Date of Referral and date of initial assessment session.
Mean	35.70	1.39	13.16	50.24
Median	35.00	1.00	10.00	48.00

As shown in the table above, the median for clients being contacted by STARTTS (whose assessments were completed during the reporting period), is 1 day after referral and the average time is 1.39 days and improvement of 51% from the last reporting period.

Both the time taken to allocate clients after referral and length of time between first attempt at contact and first assessment session has improved by over 20% in comparison with the previous reporting period. The target set for this period in the Areas of Improvement section in the Annual Plan was to increase by 15% the meeting of STARTTS' internal targets for allocation and first appointment being offered.

The reason for the delay in the area of date of referral to allocation (target 10 days) has primarily been due to STTTC being understaffed for the entirety of this six month period. However, as in previous periods the length of time between referral and first appointment varies also according to client readiness for appointments and availability of interpreters. In addition, the peaks and troughs in arrivals impacting on the number of clients referred in a month does further impact on the statistics measuring this length of time. STTTC is currently actively recruiting for counsellors and it is planned to increase the team by a further 2-4 positions.

4.4.1 ASSESSMENT OF NEEDS	
Method/s used to determine KPI result **100%** of entrants report that they have had the opportunity to access appropriate short-term torture counselling services.	**Result 100%**
Methodology: All clients are informed about STARTTS services at their needs assessment interview with their ACL Case Coordinator, which is held within 48 hours of arrival. 100% of refugee arrivals are directly referred to STARTTS for assessment. Direct ACL referrals of SHP clients are increasing according to the implementation plan and by June 2009, all SHP clients will be directly referred by ACL Case Coordinators The ACL client satisfaction survey administered at exit has one question which relates to accessing STARTTS services in a timely manner. Please see Attachment H for a summary of the survey findings.	Results: 100% have been informed and offered the opportunity to access STARTTS services 95.1% of refugee clients for whom this question applies are satisfied (N = 164). 13.2% of clients said that this question does not apply (N = 25)
Comments: *use information provided above to determine whether standard is met*	

4.4.2 Detailed case plan of interventions

KPI
- extent to which the counselling sessions provided meet the needs of entrants.

STANDARD
- **75%** of entrants are satisfied with the service provided.

Provide a brief overview of progress on implementing recommendations from the Short-Term Torture and Trauma Evaluation (where relevant):

N/A

Provide a brief overview of the process establishing and implementing a case plan which will meet the needs of the entrant.

This processed is unchanged in this reporting period. STARTTS has a clear conceptual framework to inform counselling intervention practice. STTTC counsellors use the Refugee Comprehensive Assessment Tool (R-CAT) that provides a comprehensive individual and/or family psychosocial assessment to allow short term counselling interventions and referrals to appropriate services. The reasons for the referral are discussed to establish the clients understanding of the assessment and why they were referred. Confidentiality, and the limitations of confidentiality are clarified until the counsellor is satisfied the client understands the concept. An overview of the assessment process and STARTTS services are provided and the person's consent to continue is sought. A range of needs is identified as a result of the assessment process and these are reviewed with the client at the end of an assessment session. Needs that can be addressed in the short-term are distinguished from needs to be addressed in the longer term. The client and counsellor discuss goals and priorities and the counselling plan is negotiated. All further contact, sessions and referrals are negotiated with the client.

In terms of intervention, STARTTS practitioners use, and continue to develop, a variety of treatment modalities within a psychosocial framework, which addresses the physical, psychological, emotional, social, cultural, linguistic, ethnic and gender issues. STARTTS uses a client and family centred approach, which facilitates the involvement of clients in decision-making and supports informed consent for treatment.

4.4.2 ASSESSMENT OF NEEDS	
Method/s used to determine KPI result **75%** of entrants are satisfied with the service provided.	**Result:** **93.2%** **(average of percentages across 10 questions in pilot tool)**
Methodology: Client feedback questionnaire 68 entrant families who were discharged after completion of assessment and 59 counselling clients were eligible to have the Client satisfaction survey administered between 13th October to 31st December 2008. The CSQ8+2 was only administered to 95 of	Results: Please see table of results below.

those eligible as in this stage of the Client Feedback Pilot the questionnaire was not given to those entrants who only attended one session of assessment. Further, as this is a new process within STTTC there have been occasions where counsellors did forget to administer the form to clients. Out of the 95 entrants (P/A and counselling clients) who where administered the questionnaire, only 52 returned responses to STTC. The results are analysed below.	

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received

Results table

Assessment only families (20 Left-hand column**)**

Counselling clients(32 Right-hand Column**)**

1. How would you rate the quality of service you have received?	Excellent		Good		Fair		Poor		Percentage of client reporting Excellent to Fair	Total
	12	23	7	7	-	2	1	-	94%	52
2. Did you get the kind of service you wanted?	No, definitely Not		No, not really		Yes, generally		Yes, definitely		Percentage of client reporting 'yes, generally' to 'yes, definitely'	Total
	2	1	-	-	9	15	9	16	94%	52
3. To what extent has our program met your needs?	Almost all of my needs have been met		Most of my needs have been met		Only a few of my needs have been met		None of my needs have been met		Percentage of client reporting 'almost all' and 'most'	Total
	4	11	12	16	3	4	1	1	72%	52
4. If a friend were in need of similar help, would you recommend our program to him or her?	No, definitely Not		No, I don't think so		Yes, I think so		Yes, definitely		Percentage of client reporting 'yes, I think so' to 'yes, definitely'	Total
	1	-	-	-	7	8	12	24	98%	52
5. How satisfied are you with the amount of help you have received?	Quite dissatisfied		Indifferent or mildly dissatisfied		Mostly satisfied		Very satisfied		Percentage of client reporting ' satisfied' to 'very satisfied'	Total
	2	-	-	1	9	11	9	20	94%	52

6. Have the services you received helped you to deal more effectively with your problems?	Yes, they helped a great deal		Yes, they helped		No, they really didn't help		No, they seemed to make things worse		Percentage of client reporting 'yes they helped' and 'yes, they helped a great deal'	Total
	5	18	14	13	1	1	-	-	96%	52
7. In an overall, general sense, how satisfied are you with the service you have received?	Very satisfied		Mostly satisfied		Indifferent or mildly dissatisfied		Quite dissatisfied		Percentage of client reporting 'very satisfied' to 'mostly satisfied'	Total
	12	22	7	9	-	-	1	-	98%	51*
8. If you were to seek help again, would you come back to our program?	No, definitely not		No, I don't think so		Yes, I think so		Yes, definitely		Percentage of client reporting 'yes, I think so' to 'yes, definitely'	Total
	1	-	-	-	8	4	11	27	98%	51*
9. Were you able to access STARTTS help at the time you needed it?	No, definitely not		No, I don't think so		Yes, I think so		Yes, definitely		Percentage of client reporting 'yes, I think so' to 'yes, definitely'	Total
	1	-	-	1	9	6	10	24	96%	51*
10. Was the location where we saw you easy to access?	No, definitely not		No, not really		Yes, generally		Yes, definitely		Percentage of client reporting 'yes, generally' to 'yes, definitely'	Total
	-	1	1	2	6	7	13	21	92%	51*

*1 client did not answer 4 out of 10 questions

Comments:

Client Feedback instrument (CSQ8+2)
From these 95 cases where the CSQ8+2 has been either given to the client at the end of the final session or mailed out, a total of 52 feedback questionnaire were received (54%). However, 39 questionnaires which were mailed out were not returned which is not surprising given that it is well known that the return rate of questionnaires being mailed is often low. Questionnaires are usually only mailed when the entrant elects not to attend a final session and instead the last contact prior to discharge is conducted via the telephone. This issue will be monitored in the next period and alternate strategies discussed should there continue to be a large number of questionnaires mailed out to entrants with a corresponding low return rate.

The results for the questionnaires received are provided below with the overall results being highly favourable with STARTTS STTC well exceeding the required 75% level of client satisfaction.

As well as the client satisfaction survey results provided above through the CSQ8+2 instrument, STARTTS also measures client feedback through clients' achievement of identified objectives and goals within the assessment process. Assessment goal reviews were conducted with the family units who completed assessment during this period. Counsellors, through discussion with clients, establish these goals and at completion of assessment, record whether they have been achieved. Not all goals are relevant for all clients.

The table provides information on goals achieved for 368 families who completed assessment during the period 1 Jul - 31 Dec 2008

Assessment Goals	Goal Achieved
In discussion with client:	
How to contact relevant health services.	328
Understanding how past experiences can affect day today living.	317
Manage psych symptoms which interfere with carrying out daily tasks.	104
Understanding the resettlement process.	340
At completion of assessment:	
Client participation in decisions about help	365
Has settlement been assisted by contact with the service?	362

Clinical Goals Review (for clients receiving counselling after assessment)
Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment and counselling process. Clinical goals are established with clients at the end of the assessment period on the assessment/case plan form.
The table below provide information on short-term intervention cases that were **closed** during the reporting period. In this period for the 188 clients (145 families- some families more than one persons retained for counselling) where short-term intervention has been completed, the referral and assessment could have occurred prior to this reporting period.

	Number of clients who are being reported upon: 188			
Goal Description	**Minimal Achievement**	**Moderate Achievement**	**Significant Achievement**	**Percentage of clients reporting moderate to significant achievement (d) = (b+c)/(a+b+c)*100**
Goal A: Manage traumatic stress symptoms	26	75	7	76%
Goal B: Manage anxiety symptoms other than traumatic stress symptoms	12	46	25	86%
Goal C: Manage anger/aggressive behaviour	6	9	3	67%
Goal D: Manage depression	14	14	8	61%
Goal E: Manage psychosomatic symptoms	6	8	6	70%
Goal F: Manage psychological symptoms other than above	4	6	-	60%
Goal G: Manage grief reaction	17	35	7	71%
Goal H: Address social isolation by fostering networks which are meaningful to the client	10	43	23	87%
Goal I: Linking or case management required when involving services addressing treatment of a psychiatric disorder	4	3	3	60%
Goal J: Strengthening family functioning	24	38	23	72%
Goal K: Supportive counselling in relation to settlement and health needs	6	97	63	96%

4.4.3 Advocacy and training

KPI
- extent to which the department is satisfied that agreed activities have been undertaken and reported on.

STANDARD
- the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.

Provide a brief overview of progress on implementing recommendations from the Short-Term Torture and Trauma Evaluation and/or from the Quality Assurance Program (where relevant):

N/A

Please complete the following:

Has an annual plan for advocacy and training of medical and other health professionals been developed and agreed upon?	**Yes**

Provide an overview of progress on implementing activities contained in the annual plan.

Targets achieved against Annual Plan

Service Type	**Sessions Delivered Jul. 08- Dec 08**	**Area**	**Target July 08– June 09**
Hospitals	12	Parramatta, Blacktown, Auburn, Lake Macquarie, Mona Vale, Fairfield, Hunter Valley, Randwick, Cardiff, Newcastle, Westmead	4
General Practitioners	-		2
Health Interpreter Services	-		2
Community Health Centres	3	Bankstown, Fairfield, Kogarah	3
AMEP providers - Counsellors	-		2
School Counsellors	1	Strathfield	4
TAFE Counsellors	1	Newcastle	2
Centrelink – Psychologists and Social Workers	1	Merrylands	2
Dental Services	-		1
Sexual Assault Services	-		2
Domestic Violence Services	-		2

PSP Counsellors	-		2
DOCS	3	Oatley, Kings Cross, Surry Hills	4
IHSS Consortium Partners	4	Auburn, Surry Hills, Wollongong	As needed
Tertiary students in social work, psychology, welfare and/or equivalent†	12	Strathfield, Kensington, Milperra, Brookvale, Camperdown, Newcastle, Kogarah, Meadowbank	5
Other service providers involved in counselling, mental health and psychological services	2	Macarthur, Carramar	3

4.4.3 SHORT-TERM TORTURE AND TRAUMA ADVOCACY AND TRAINING	
Method/s used to determine KPI result the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.	**Result (met/not met)** **Met**
Methodology: Monitor progress against targets in Annual Plan. Monitor participant evaluations to improve training initiatives and ensure activities are satisfactory. Please see evaluation data under comments below.	Results: Met

Comments:
Service provider should rate own performance, and explain how they made the rating
STO contract manager will report back whether they agree with the rating

The human resources problems experienced by STARTTS in the last 6 months have affected our ability to deliver training sessions. The Training Coordinator started in this period and was able to ensure that a there was a greater focus given to the management and delivery of training modules. Out of the 16 target group categories: the targets have already been met in 4 categories (hospitals, community health centres, IHSS partners and tertiary students); the targets have been partially or almost met in 5 categories (school counselors, TAFE counselors, Centrelink, DOCS and other service providers doing counseling activities); However, STARTTS still needs to obtain commitment to trainings by services in the other 7 target groups (includes AMEP, GPs Domestic Violence and Sexual Assault Services). In October 2008 we began promoting the training sessions amongst agencies in these groups. It is anticipated that these targets will be met as the Training Coordinator continues to promote STARTTS training.

Participant Evaluations

STARTTS training delivered during the period has ranged from one to seven hours (1 day) duration per session. Evaluations are required for sessions of three hours duration or longer. Typically, STARTTS does not administer evaluation sheets when conducting training/information sessions of less than three hours duration; however this is left to the discretion of the individual conducting the training. When training is done in conjunction with, or under the auspices of another organisation, it is common practice for that organisation to require that participants complete their own internal evaluations; therefore separate STARTTS evaluations are not administered in such instances.

335 (of a total of 350 eligible participants) evaluations were completed amongst the EIP target groups during this period. Results to 3 questions appear in the table below: the content was relevant to my job; the content was the right level for me; and the trainer was well prepared. In all 3 questions the majority of respondents strongly agreed.

Question	Total responses	Percentage of total evaluations
The content was relevant to my job.	**317**	
(a) Answer		
Not applicable	0	0%
Strongly disagree	2	0.6%
Disagree	13	4.1%
Agree	113	35.6%
Strongly Agree	189	59.6%
The content was the right level for me.	**332**	
(a) Answer		
Not applicable	0	0%
Strongly disagree	3	0.9%
Disagree	16	4.8%
Agree	131	39.5%
Strongly Agree	182	54.8%
The trainer was well prepared.	**318**	
(a) Answer		
Not applicable	0	0%
Strongly disagree	0	0%
Disagree	1	0.3%
Agree	78	24.5%
Strongly Agree	239	75.2%

Role of Participant Feedback
STARTTS Training team have been taking the suggestions from participants seriously and have attempted to implement some of the improvements suggested. For example, STARTTS has been asked on several occasions to increase the level of audiovisual material. All training sessions of more than one hour now have an audiovisual component. At times, STARTTS trainers are asked to give less information and more activities. Each topic module in the training now includes at least one interactive activity (e.g. brainstorming, group discussion, small group work, case study, etc). All modules have now had the content updated (eg. statistics, immigration information, etc). Participants often request that more time is needed for the topic. STARTTS is limited in this respect to the amount of time that an organisation is willing to release its staff, but through good promotion and advocacy we aim to increase the majority of training sessions to between 2- 3 hours in length.

The following responses reflect some of the positive feedback received from evaluations:

- *"I got to see the truth about why these people fled…It's very touching."* (Welfare student - TAFE)
- *"I found the training informative and it confirmed what I am doing right and reminded me of the issues my clients have faced."* (Case Manager)
- *"I came in expecting a general overview and got so much more."* (Social Work Student)
- *"I feel better prepared to undertake this role."* (IHSS volunteer)
- *"Trainer gave it a different spin, made it realistic and practical for social work"* (Social work student)
- *"A wealth of knowledge by both trainers – could have spent hours discussing experiences"* (Case Manager)

4.5 VOLUNTEER COORDINATION

EXPECTED OUTCOME

- volunteers have defined and meaningful roles in the delivery of IHSS services within an accountable management framework.

4.5.1 Establishment and maintenance of a volunteer management framework, incorporating a position of volunteer coordinator

KPI

- extent to which the management framework is established and implemented in accordance with the requirements.

STANDARD

- **75%** of entrants are satisfied with volunteer support provided; and
- **75%** of volunteers are satisfied with volunteer management arrangements.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

Do you have an annual process in place for seeking volunteer feedback on volunteer management processes?	**Yes**
Do you have a process in place for seeking entrant feedback on volunteer support provided?	**Yes**

Provide a brief overview of any issues (if any) with volunteers/volunteer groups and steps taken to resolve these issues during the reporting period.

VCU volunteers continue to raise concerns about the lack of client contact through the IHSS due to low referral numbers to the VCU. This was highlighted in the December period where many volunteers did not attend the Christmas lunch as they felt that they had made no contribution towards volunteering with IHSS. This pattern is also emerging with attendance at workshops where volunteers are refusing to engage in VCU activities due to lack of client contact.

The VCU Service Manager and Team Leader have discussed strategies with the ACL IHSS Manager to increase referral numbers to the VCU. Some of the strategies include: volunteer support to be discussed at case supervision meetings at ACL, client referrals to the VCU while in STA, VCU Team Leader to attend ACL Case Coordinators meetings and the VCU to develop a brochure informing clients of VCU services.

4.5.1 ENTRANT SATISFACTION WITH VOLUNTEERS	
Method/s used to determine KPI result **75%** of entrants are satisfied with volunteer support provided; and	**Result %** **N/A for this report**
Methodology:	Results:
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received*	

4.5.1 b VOLUNTEER SATISFACTION WITH VOLUNTEER COORDINATION	
Method/s used to determine KPI result **75%** of volunteers are satisfied with volunteer management arrangements.	**Result %** **N/A for this report**
Methodology:	Results:
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received*	

4.6 ADVOCACY AND COMMUNITY AWARENESS RAISING SERVICES

EXPECTED OUTCOME

- the community at a local level, including mainstream services, has an appreciation of the issues relating to humanitarian entrants and generates support for their settlement and inclusion in the community.

4.6.1 Provision of information, training sessions, advice and consultancy services to mainstream agencies

KPI

- extent to which the department is satisfied that agreed activities have been undertaken and reported on.

STANDARD

- the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.

Provide a brief overview of progress on implementing Quality Assurance recommendations (where relevant):

N/A

Please complete the following:

Has an annual plan for advocacy and awareness activities been developed and agreed upon?	**Yes**
Has this plan been monitored and updated as required?	**Yes**
Comments:	

Provide an overview of progress on implementing activities contained in the annual plan in this reporting period.

ACL activities:
Consortium

1. Proposer Support Information Sessions
MigrantLink and Illawarra Multicultural Services (IMS) both expressed interest in collaborating on a Proposer Support Information Session for their respective regions. Despite several offers to confirm dates, neither organisation progressed the planning and delivery of sessions during this reporting period.

Sessions are planned to resume in early 2009 collaborating with DIAC, Centrelink and MRCs to deliver sessions to target groups across the contract region.

2. Presentations / Community Awareness Raising Activities for Mainstream Providers
In July, Resolve FM and ACL co-hosted an industry breakfast as a Refugee Week activity and to acknowledge and recognise the significant contribution made to settlement by proactive real estate agents.

The Promotion and Training Coordinators created a specific-purpose IHSS presentation for AMEP providers. They conducted two information and awareness-raising sessions for AMEP providers at the ACL AMEP College in Cabramatta on 1 October 2008 and UWS English Language Centre on 27 October 2008. Several sessions were negotiated and booked to be delivered at sites in the Sydney region for the NSW DET AMEP Consortium. However, due to an internal re-structure, these sessions were not delivered in this reporting period. The Promotion and Training Coordinators have liaised with appropriate staff in the new structure and it is anticipated that the planned sessions will now be delivered in the period January – June 2009.

In October, ACL IHSS hosted IOM trainers who deliver the AUSCO program in the Thai-Burma border camps. The Promotion and Training Coordinators provided the trainers with information about IHSS services and settlement issues and feedback about the effect of client expectations on service provision.

3. Reporting on IHSS program activities and participating in interagencies
The Manager, IHSS, Manager Community Relations and Promotion and Training Coordinators and Consortium Partners regularly attend forums and interagency meetings such as:

- NSW Refugee Support Network
- Hunter Refugee Support Network
- Illawarra Refugee Issues Forum
- Regional Multicultural Advisory Committees (various)
- Multicultural Advisory Forum
- Refugee Health Improvement Network
- Refugee Student Support Group
- Fairfield Emerging Communities Action Plan
- Fairfield Migrant Interagency
- Blacktown Emerging Communities Action Plan
- Canterbury Bankstown Refugee Settlement Needs Forum
- Nepean Refugee Coalition
- Penrith Multicultural Interagency
- Liverpool Humanitarian Network
- Auburn Humanitarian Network
- NSW DoCS Ethnic Affairs Advisory Committee
- NSW Department of Housing Multicultural Advisory Forum
- Shelter NSW NESB Housing Forum
- Refugee Women's Health Working Group

4. IHSS Community Advisory Panel (ICAP) Meetings
ICAP meetings continue to be conducted four times per year, in February, May, August and November. These meetings are consistently well-attended by government and settlement sector organisations.

In addition to Consortium reporting and feedback on service delivery, special presentations on topics of interest to Panel members are now being organised. To date, presentations about new and emerging communities such as the Nepali –Bhutanese community, Rohingya community; and new initiatives such as DIAC's Complex Case Support have been organised.

5. Community Consultations
Community consultations have been established as a feedback mechanism for community leaders for both IHSS and AMEP programs at ACL. The following series of consultations have taken place in the July- December reporting period on aspects of service delivery in the two programs:

- 23/9/08 Afghan Hazara Community Consultation
- 25/9/08 Meeting with Rohingya community leaders regarding the establishment of a working relationship with the community, to explain the range of IHSS services and to seek advice on suitable Rohingya-speaking community members for case work.
- 23/10/08 Informal Assyrian Community Consultation with the Assyrian Community Resource Centre

- 31/10/08 follow-up consultation with the Assyrian Community Resource centre
- 26/11/08 West African Community leaders consultation

6. ACL IHSS Consortium Newsletter
The newsletter continues to be published quarterly with contributions from all Consortium Partners. It is widely distributed amongst service providers, DIAC, ACL staff and community members.

ACL

1. Linking with AMEP Providers
IHSS presentations to AMEP providers: See item 2 above.

As AMEP providers continue to offer a broader range of content options for learning (pre-vocational courses), IHSS clients are exercising their right of choice in relation the most relevant study offerings.

2. NSW Refugee Health Service
The Promotions and Training Coordinator continues to be involved in the Refugee Health Improvement Network (RHIN) as well as the Refugee Women's Health Working Group, consulting and working on collating, developing and delivering bilingual resources and training to refugee women. The objective of the group is to address the needs of refugee women in terms of their mental, physical, sexual health by involving them in the Health Information Program (HIP). The Promotion and Training Coordinator is specifically involved in the creation of a number of case studies and questionnaires to be used by bilingual educators as part of the HIP.

The ACL Manager, Community Relations has been working with NSW RHS on a Health Information DVD suitable for IHSS clients, which will be released in early 2009.

3. Refugee Students Support Group
The Promotions and Training Coordinator is working collaboratively with the Department of Education in addressing some gaps in communication and information between schools, refugee services, students and their families. One of the main issues in addressing intergenerational, family or educational problems in refugee families, are the privacy laws which inhibit communication between the service providers and the Department. Some of these issues are being addressed through this group.

4. Meeting with government
On 13/10/08, ACL AMEP and IHSS program managers met with Bruce Baird, Chair of the Refugee Resettlement Advisory Council (RRAC) regarding program delivery and issues which arise for providers in meeting client needs and requirements.

ACL also facilitates initial meetings between community leaders and local parliamentarians on service issues, community needs and possible partnerships.

5. Money Management resources:
The Promotion and Training Coordinator continues to try to source organisations and resources which might assist IHSS clients with managing on a fixed income and with basic budgeting skills. ACL has contacted Wesley Creditline and will follow up with them in early 2009. To date, most of the "budgeting" or "financial management" courses that ACL has been able to source require clients to register and sign up for multi-session workshops which may or may not cater to their initial settlement needs. Many of these require sophisticated spreadsheet skills and some understanding of financial concepts required for budgeting. This is an on-going activity to find the support which is suitable and accessible to IHSS clients.

6. Promoting the Service and providing training
Manager Community Relations met with UTS researcher, providing her with information and statistics on ACL programs. He also was a guest lecturer to Community Services students at

Granville TAFE (12/11/08)

Fewer presentations and awareness raising activities have taken place in the July to December reporting period due primarily to the large number of new case workers recruited and them having to undergo an intensive training program conducted by the Promotion and Training Coordinators.

The Promotion and Training Coordinator has provided 2 training sessions to Mission Australia Volunteers as part of their induction. Sessions on Adult learning Principles and Cross-Cultural Awareness took place in Wollongong on 11 October 2008.

7. Advocacy on behalf of clients' needs
ACL has acted as a broker between Aged Care facilities and Resolve FM regarding the negotiation of a suitable equivalent of the HGA package for clients confined to aged care facilities and unable to receive and use the usual HGA package. Under current consideration is the provision of a water chair for a stroke victim who is currently confined to bed.

Security deposit wavers for refugee clients: ACL is negotiating with Integral Energy and collaborating with EWON (Energy and Water Ombudsman, NSW) to have the security deposit waived as part of Integral Energy's hardship charter. Protocols on how that will be done and how clients will be able to benefit from this should be finalised in early 2009.

8. Community relationships, support and sponsorship
There has been a focus in this reporting period on fostering relationships with leaders in the Bhutanese, Rohingya and Tibetan communities, as the former two are relatively new to the IHSS program in NSW and the latter is a community with which ACL has increased direct involvement with and support of in the delivery of settlement services to community members.

ACL also assists a number of emerging community groups (Afghan Communities, Sierra Leone Communities, Liberian Communities and Sudanese communities) to access funding and community support programs available through state and local government, along with key Community Liaison Officers within those departments.

The ACL Manager, Community Relations has provided letters of support to the following ethno-specific organisations seeking DIAC SGP funding:

- African Australian Islamic Association
- Bhanin Association
- Chinese Australia Services Society
- United Muslim Women's Association
- South Sudanese and other marginalised areas

ACL has continued its program of sponsorship for a range of activities to support community development. Sponsorships in this reporting period include:

- NSW Refugee health DVD development and production – joint project
- African Family Day event in Parramatta Park (Federation of African Communities Council)
- Sponsorship of Sudanese radio program
- Sponsorship of Sierra Leonean radio program
- Sierra Leonean Women's information session and dinner dance
- Sponsorship of Assyrian radio programs – airtime
- HARDA Cultural night – Horn of Africa communities

9. Proactive media strategy
During this reporting period, ACL's Media and Communication Unit negotiated and achieved:

Media Releases

ACL celebrates contribution of refugees – Refugee Week – 11 June 2008

Blacktown: top suburb for refugee resettlement – 10 July, 2008
Liverpool: top suburb for resettlement – 10 July, 2008
Fairfield: top suburb for resettlement – 10 July, 2008

Media Coverage

SBS Radio World View Program – "Settling Refugees" – 13/1/09
Auburn Review Pictorial – Auburn College – 23/12/08
Parramatta Advertiser – "She feels at home" – 17/12/08
Auburn Pictorial review – "Migrant initiative – resource helps empower consumers" – 16/12/08
Fairfield City Champion – "Renters still feeling the pinch" – 15/10/08
SBS Radio Worldview Program – "Equipping Migrants" – 17/9/08
DIAC 'Our People' news segment, Episode 8– "ACL childcare" – September 2008
Blacktown Advocate – "Refugees settle well, in spite of rental shortage" – 23/7/08
Liverpool Leader – "Agents saluted" – 23/7/08
Fairfield City Champion – "Resolve helps families settle into new housing" – 23/7/08
SkillsOne Program– "How migration is helping our skills shortage" – 18/7/08
SkillsOne Program – "Sher Mu La Wee – Acute Nursing Student" – 18/7/08
SkillsOne Program – "The Lucky Country" – July 2008
SBS Radio African Program – Interview with Michael Cox – 11/7/08
Hoju Top News – July 2008

Please see Attachment M for hard copies of relevant media releases and coverage.

Resolve FM Activities:

1. RFM staff attended ICAP, IRIF, RSN and Interagency meetings to raise community awareness of the service and gather feedback of current issues to assist in bettering the delivery of accommodation services to IHSS clients. At these meetings reports are provided on accommodation services.

2. RFM attended Housing NSW Multicultural Forum meetings to raise issues related to accommodation in the greater Sydney area as well obtain upfront information on their policy changes. This meeting is made up of representatives from Migrant Resource Centres, African Workers Network, Tenants Union of NSW, Shelter NSW, MDDA, STARTTS, Refugee Council, Ethnic Communities Council, Immigrant Women's Speakout and Small and Emerging Communities.

3. RFM assisted Housing NSW to develop their Ethnic Affairs Priority Statement (EAPS) to satisfy the NSW Government Ethnic Affairs policy.

4. RFM was invited to attend the Auburn Housing Working Party to look at ways of increasing affordable rental properties in the Auburn LGA. Attendees included Tamil Women's Welfare, Affordable Community Housing, Western Sydney Community Forum, Auburn Youth Centre and Auburn Council.

5. RFM attended meetings with the Tibetan Northern Beaches Refugee and Humanitarian Entrants Working Group.

6. RFM attended as a guest at the invitation of Tensin Dundub Head of Tibetan Community to Tibetan Festival at Petersham Town Hall to celebrate Dalai Lama's Birthday.

7. RFM was invited by Ricci Bartels to attend specific meetings on housing at Fairfield MRC.

8. RFM provided training on rental accommodation to Mission Australia volunteers working in the Wollongong area.

9. RFM worked with Housing NSW branch offices to provide information to their private rental brokerage staff. RFM is circumspect concerning information provided to Housing NSW as they are a direct competitor for available affordable rental properties.

10. RFM and ACL held a “Thank You” breakfast for agents that have assisted over the past 12 months to ensure relationships continue to grow between Resolve FM and the real estate agents.

11. RFM staff attended the Medecins Sans Frontieres refugee camp set up at Olympic Park. Medecins Sans Frontieres staff present were very interested in the IHSS program as well as the part Resolve FM plays in assisting newly-arrived refugees.

12. RFM held a welcome BBQ for some of the Iraqi LEE clients who were staying at the Sydney Gateway Holiday Park at Parklea. This welcome showed the Iraqi LEE clients what a typical Aussie BBQ was like.

13. RFM staff attended the Housing Affordability Seminar at Campbelltown which allowed us to mix with a number of other community groups and Government representatives who work in similar fields.

14. RFM attended a meeting with representatives of Housing NSW at their Fairfield office on public housing with visits to a number of areas viewing bedsitters properties and the possibility of our clients securing this property type much quicker.

15. RFM attended a meeting with Bruce Baird to explain the accommodation side of the IHSS program and the difficulties working in the current Sydney rental market.

STARTTS activities:

1. **Continue to build relationships with newly arrived refugee communities and relevant community organisations in Sydney, Newcastle and Wollongong to increase awareness of the work of STARTTS services through community consultations, training of FICT facilitators and running of FICT groups (open to all STARTTS clients) and attendance at Humanitarian and migrant interagency meetings.**

Information on community consultations held during this period has been has been provided above. A preliminary meeting with Liberian leaders has been held by the STARTTS Community Services Team and progress on organising a consultation will be reported on in the next period.

FICT had a large recruitment process in Sydney and training was completed for two groups of facilitators covering all major communities relevant to newly arrived entrants. FICT was run for the African community in Wollongong for the Karen community in Sydney.

STARTTS has continued to participate in and contribute to all relevant refugee network meetings and forums including RSN (Refugee Support Network), Sydney and Newcastle, RHIN (Refugee Health Improvement Network), IRIF (Illawarra Refugee Issues Forum) as well as Local Government Area (LGA) specific migrant and refugee network/interagency meetings such as the Liverpool Migrant Interagency, Brighter Futures Program committee, Karen and Assyrian interagency meetings and the Northern Beaches Refugee & Humanitarian Entrants working group.

2. **Continue to provide training and consultancy where required to mainstream government agencies, community organisations and service providers.**

STARTTS continues to proved training and consultancy to a range of mainstream government agencies, community organisations and service providers. Training and consultancy is offered by all programs within the STARTTS portfolio, enabling the agency to provide specialised services where required.

Below is a summary of the trainings conducted by STARTTS in this period:

Region	No. Trainings	Hours	Examples of Org
Northern Metro	15	35	Blacktown Migrant Resource Centre Mt Druitt Ethnic Communities Agency St Pius Catholic High School
Southern Metro	8	14.75	Gymea Community Aid and Information Service Refugee Advocacy Casework Service Centre for Refugee Research
Rural and Regional	2	3.5	St Vincent de Paul Local Spiritual Leaders
Total	25	53.25	

3. **Maintain outreach locations in areas where there are significant numbers of newly arrived refugees. These outreach locations (usually at NSW Health or relevant community agency premises) serve a dual purpose by facilitating ease of access to STTTC for newly arrived refugees and developing relationships and understanding of refugee needs and STARTTS services by the host organisation.**

STARTTS continues to respond to community settlement patterns by conducting counselling in outreach centres as required. This assists not only in achieving access and equity outcomes in service delivery but also in establishing effective relationships with health service providers a range of community locations. In the reporting period STARTTS EIP delivered outreach services including the following locations:

a. Blacktown Community Health Centre
b. Blacktown TAFE
c. Mt Druitt Community Health Centre
d. Marrickville Community Health Centre
e. Bankstown Community Health Centre
f. Canterbury Community Health Centre
g. Rockdale Community Health centre
h. Piccadilly Community Health Centre, Wollongong
i. Assyrian Association, Fairfield
j. Fairfield ACL
k. Mona Vale Hospital
l. Newcastle TAFE

4. **Work more closely with schools: STARTTS has two recruited to two newly created positions to work with schools, with a focus on Intensive English Centres (IEC) in both the NSW State and Catholic school systems. These two positions are the Schools Liaison Officer and the Linking New Arrivals to Community Support (LiNCS) Project Officer both of whom will be working very closely with school counsellors as well as running groups within the IEC setting.**

The School Liaison project is an initiative by the STARTTS to strengthen the student welfare support offered to school personnel working with refugee children and adolescents. The project is guided by a School Liaison Officer who was engaged by STARTTS in April 2009 and whose role

includes working with the NSW Public and Catholic education systems to co-develop projects of benefit to young refugees.

A major sub-project initiated by the School Liaison Officer this year was the development and launch of *Hints for Healing*, a monthly e-zine for student welfare personnel. Intended as a clinical and practical resource for teachers and school counsellors, the online newsletter highlights issues about the refugee experience and shares theoretical concepts and practical strategies to help strengthen the resilience of both primary and secondary students.

Further, LiNCS groups in this period were run at Fairfield, Chester Hill, Miller and Lurnea.

In 2009, the work will focus on extending STARTTS' support to school districts in regional NSW and to develop programs that better facilitate the transition for students moving from Intensive English Centres (IECs) to mainstream high schools.

Mission Australia activities:

1. Develop networks with other Mission Australia Community and Employment Services.

The VCU has maintained its close links with the Mission Australia NAYSS program and the Mission Australia Big Heart Enterprise where clients can purchase affordable clothing, computers and furniture.

2. Attend ICAP, ACAP, RSN and Interagency meetings to raise community awareness of the service and gather relevant resources to inform volunteers and VCU staff of the range of services available to IHSS clients.

The Service Manager and relevant VCU staff continue to attend and report at ICAP, RSN, ACAP and IRIF meetings

3. Liaise with the Mission Australia National Volunteering Unit and the Media Relations Unit to community awareness of the program and promote volunteering with IHSS.

The VCU continues to maintain its close links with the Mission Australia, National Volunteering Unit and the Mission Australia, Corporate Volunteering Unit. These units work with the VCU to support IHSS volunteers and clients with Certificates of Appreciation for the volunteers and donation of gifts, toys and eco friendly nappies for IHSS clients.

4.6.1 ADVOCACY AND COMMUNITY AWARENESS RAISING SERVICES	
Method/s used to determine KPI result the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.	**Result (met/not met)** **Met**
Methodology: Review activities against Annual Plan	Results: Planned activities have been addressed.
Comments: *Service provider should rate own performance, and explain how they made the rating* *STO contract manager will comment whether they agree with rating*	