ACL IHSS CONSORTIUM SIX-MONTHLY REPORT

Northern and Southern Metropolitan Contract Regions of NSW

1 July, 2006 – 31 December, 2006

Contract reference(s): Clause 8.2 of Agreement; RFT Part 1, Clause 5.15.3
Prepared and submitted: 1 February, 2007

1. Describe progress made in implementing the Annual Work Plan for this reporting period.

The ACL IHSS Consortium Annual Plan 2006 – 2007 identifies a number of objectives and proposed activities to achieve those objectives. These have been identified for each of the Consortium partners in relation to their role within the overall delivery of IHSS services in the two contract regions. The following information is provided in relation to the progress made by each Consortium partner in achieving identified objectives.

ACL

1. Newcastle

- Newcastle office and staffing: Due to changes within the ECC in Newcastle, ACL has moved to new premises in Darby Street in Newcastle, very near to the previous office. This move occurred at the end of this reporting period and steps are currently being taken to advise all stakeholders of the new address (same telephone number) and revisions are being made to publicity materials to reflect new contact details. Additional administrative staff were employed in the Newcastle office during this reporting period and the premises are staffed 5 days per week.

- Encouraging clients to visit the ACL offices: This is an ongoing activity. Clients will be advised of the change of address.

- Working with the ECC - as a regional peak body for ethnic communities, the Hunter ECC provides referrals to the ACL Case Coordinator, and where appropriate, ACL is able to refer clients and client representatives such as volunteers to services provided by the ECC, particularly in relation to their Children's Services unit that operates an (educational) Toy Library and related support services. The development of this relationship has been assisted by the co-location of the two agencies within the ECC offices. The ECC has also been a valuable source of information for (ethnic) community contacts across the region.

- Mapping of services – based on publicly available information from State and Federal government websites, NSW ECC Directory, attendance lists from various interagencies (Hunter Refugee Support Network, Hunter Centrelink Multicultural Forum and Multicultural Interagency Network - upper Hunter) and on the ground liaison with specific workers, a list of specific agencies with direct responsibilities for refugee and migrant services has been prepared. This was followed up with face-to-face meetings in order to bring about
  a) understanding of the scope of IHSS, more collaborative working relationships and client referrals; and
  b) a greater understanding on ACL's behalf of who is best placed to provide complimentary settlement support and community integration services.

  Relationships have also been established with the Newcastle Multicultural Neighbourhood Centre which provides ESL and Job Network Outreach services for newly arrived residents, social groups and job clubs. Specific links have also been made with Hunter TAFE's AMEP Coordinator. Information on IHSS client profiles and characteristics has been provided to assist the reach performance of the Hunter AMEP Provider. All IHSS clients are referred to the AMEP. There have also been a number of ad hoc forums held in relation to refugee health in the Hunter that ACL staff have attended and provided key IHSS data in order to inform broadly the service planning needs of agencies, in this case those concerned with the delivery of health and allied services.

- Key forums in Newcastle and Hunter for interagency networking are the Hunter Refugee Support Network that meets bi-monthly and the Hunter Centrelink Multicultural Forum. This is a quarterly meeting but has only met once in the past six months. The Case Coordinator and the Manager Community Relations attend these forums. Membership of these forums reflects the interactive nature of the settlement work carried out across the area. ACL often provides statistical information not readily available to many Hunter based groups as a way to demonstrate openness and transparency in what we do and to assist them in their own planning and decision making. Feedback is also provided to the Hunter Refugee Support Network, mainly in the form of statistical reports and impending policy changes, from the Sydney based NSW Refugee Support Network.

- Newcastle IHSS Community Advisory Panel: This was put on hold until an accurate mapping of organisations and existing forums was completed, in order to clarify the possible complementary role that such a Panel might play in the Newcastle settlement sector.
- ACL's promotional resources in Newcastle: This is an ongoing activity, as occasions arise in this region. The ACL IHSS brochure, for example, was included in participants' packs at the Community Relations Commission's African Settlement Forum in Newcastle in August 2006.
- Support has been provided to the Newcastle Case Coordinator and Caseworkers in terms of supervision and training. There will be additional support for Newcastle staff in the coming six months, as a Caseworker Team Leader has been recently appointed and two Case Coordinator Team Leaders will be appointed in January 2007.

2. *ACL Database*

Develop work is still ongoing on a database that will interface with HEMS to streamline workflow and produce a range of reports to assist planning and improve service delivery. Trials have been undertaken and refinements made in the programming of the database. Trials will continue within ACL before the database is released to Consortium partners. The database will then be available to all members of the Consortium to be used for referral and reporting purposes.

3. *Reporting*

With the employment last June of a full-time, dedicated data operator, the monthly reporting and invoicing systems within the Consortium have been more structured and streamlined during this reporting period. This is an area of operations which will continue to be scrutinised for opportunities for improvement.

4. *Special Humanitarian Program (SHP)*

In the Annual Plan, ACL committed to act upon any relevant recommendations that may arise from the DIMA initiated study on SHP Proposers and entrants. While the research report was distributed and considered by the Consortium, the implementation of any recommendations has largely been superceded by the more recent IDC Taskforce Discussion Paper, ***Measures to Improve Settlement Outcomes for Humanitarian Entrants***, which has sought input from stakeholders on improvements to the SHP program.

A Proposer Information session for prospective Proposers from African source countries was conducted in Parramatta during this reporting period. There is a similar session planned for Fairfield in February or early March this year and an offer has been made to conduct one in the Illawarra region. ACL has offered to conduct these sessions throughout the contract regions. These are organised wherever there is sufficient interest and demand.

ACL will also continue to look at ways to encourage SHP entrants to access STARTTS services.

5. *Entrant Information*

As the DIMA DVD for entrants from African source countries is still under development, ACL has not progressed the development of an IHSS DVD. Once the DIMA DVD is released, ACL will review the development of an IHSS DVD for other humanitarian entrants.

In the interim, the extensive information packages which are prepared for both Refugees and Proposers have been revised, expanded and updated.

6. *Interpreters*

ACL has encouraged Caseworkers to seek NAATI accreditation as interpreters and promoted the opportunities available for them to pursue this.

Resolve FM

Significant progress has been made in implementing the 2006-2007 Annual Work Plan. In summary the major achievements are as follows:-

- **To continue to provide the entrant with safe, secure and suitable short term accommodation on arrival to match the family size.**

  All STA properties have been pre-approved by DIMA.

  Upon receipt of the referral an appropriate STA property is located to match the family makeup, location of the community group and address of the link identified. Should a STA property not be available to satisfy the latter two requirements then the closest available property is selected.

  Cleaners are engaged to clean every property once a client vacates. Annual cleans are carried out. Sometimes annual cleans are performed earlier due to the state of the STA property after the client vacates.

  Each STA property is checked on average 3 days prior to the entrant's arrival to ensure the property is clean and operational. This check forms the basis of the condition report.

- **To continue to assist the entrant to secure their own appropriate and stable accommodation as soon as possible after arrival.**

  Resolve FM continues to work within the constraints set by the refugee in sourcing a suitable longer-term accommodation as soon a possible after arrival. A number of available properties are shown to the refugee who chooses the best available property. In just about all instances property numbers are far greater than the specified 3 properties, with staff sometimes arranging and showing up to 45 properties before a client is accepted or accepts a property.

  No pressure is applied for the refugee to accept any property.

- **To continue to satisfy the accommodation services KPIs.**

  Resolve FM has set up a database system and information maintained in this system, along with surveys, is used to monitor on a daily basis the delivery of the accommodation services to ensure KPIs are satisfied. Further details are provided in Section 3.

- **To continue to be a proactive team member in this Consortium**

  Resolve FM continues to communicate regularly with all members of the Consortium to ensure all information is readily dispersed. Resolve FM attends internal meetings as well as external community meetings. The external meetings are used to explain the workings and achievements of the accommodation services to assist in lifting the profile of the IHSS program.

  To assist the understanding of other Consortium members on accommodation services we have conducted a half-day training session for Case Coordinators and Caseworkers. Training was provided on all facets of property management ranging from how to lease a property, resolving disputes and how to address maintenance issues as they arise.

- **Review the entrant's referral and seek clarification if required.**

  Constant communication is held with other Consortium partners seeking clarification, if required, to ensure the entrant experiences no stress after arrival.

- **Review the suitability of the contents of the food package provided to clients.**

  Even though the food component of the food parcel is standard, Resolve FM has modified the contents to better suit the clients. Sanitary napkins are provided for any female member over 11 years old. Oven cleaner has been replaced with aerosol fly spray. The cash component of the food parcel allows the entrant to

purchase culturally sensitive food to complement the food parcel provided. Clients are happy with this arrangement as it allows them choice to purchase food they require.

- **Deliver the food parcel, short term accommodation keys and cash as programmed.**

  All of these items are delivered to the STA property or ACL office in accordance with policies set up in the Consortium, normally the day prior to arrival so as the food is as fresh as possible.

- **Conduct regular audits of all short term properties to ensure the property, chattels and furniture are maintained at an acceptable standard**

  Furniture and chattels are inspected and checked operationally every time a client occupies and vacates a STA property. When occupying a STA property a new property condition report is conducted on the property's fabric, furniture and chattels to ensure its condition and operation satisfies the family make up.

  Should chattels be found to be missing then the property is re-stocked. Furniture is repaired or replaced as the need arises.

  Maintenance repairs identified are notified to the agent. The senior property officer is responsible for following up any maintenance issue raised through to completion should problems occur. In some instances the agent has trouble getting the landlord to complete the repairs. Refer section 3 for details.

  When a client vacates a property, an outgoing inspection is conducted and any issues identified are addressed.

- **Proactively identify any maintenance issues for all short term properties and manage the repairs.**

  These inspections are carried out every time there is a client change in the STA property. Refer item above. This inspection minimises any inconvenience to the client while they occupy the STA property.

- **Manage all rent and utilities payments for the short term properties and notify the entrant if in arrears.**

  Internal systems have been set up to closely monitor rent and utilities payments due from the clients. When issues occur the client is notified as is the allocated Property Officer and Case Coordinator so action can be taken immediately. It should be noted that a lot of issues still occur due to payment being paid in arrears.

- **Discuss with the entrant their requirements for long term accommodation and then provide the full service to allow settlement into long term accommodation.**

  Feedback on the entrant's longer-term accommodation requirements is sourced from both the Property Officers' discussions with the client and ACL discussions with the client. We find receiving information from both avenues assists us in quickly determining the specification required to allow us to progress in looking for available rental properties.

- **To further develop a relationship with real estate agents.**

  We have reviewed all real estate agents in the Sydney rental market and compiled a list of 72 preferred agents in areas where refugees normally live. With this target group we sent out details of what we do as part of the IHSS program and requested a time to meet with each agent. So far, we have met with six real estate agents. Of the six agents who attended meetings, all but one agent were interested in working with us. Our aim is to have a shortlist of twenty agents who are happy to work closely with us.

  We have identified a number of real estate agents who have assisted us in gaining application approvals and made special mention in the ACL IHSS newsletter. This newsletter has been sent to all 72 agents to promote what some of their colleges have done in assisting us in approving private rental

properties for clients. We have also targeted a number of agents and sent company Christmas cards signed by all staff in the office so they feel part of our business.

As a result of this program, a number of agents now send us rental lists prior to properties appearing in their office window. This has greatly assisted in sourcing properties in the tight Sydney market.

We feel this work has also helped reduce the amount of discrimination in the marketplace for refugees.

- **To further develop a relationship with various Government Departments including Centrelink and the Department of Housing and with Tenants Advice and Advocacy Groups.**

  Resolve FM has met and held discussions numerous times with Centrelink, Centrepay, Department of Housing and Tenants Advice and Advocacy Groups.

  Resolve FM has submitted an application to gain access to Centrelink's main computer system for income confirmation of clients. This application is currently held up as it requires Parliamentary approval prior to be actioned.

  Resolve FM has modified our internal systems to better suit Centrepay's computer system so rent and utilities payments are deducted from client's payments correctly to suit contract conditions. Centrepay cannot handle the three step rent and utilities payments specified in the contract. We have developed internal systems to alleviate this problem to complement the Centrepay system. This change has significantly reduced the errors resulting in deductions by Centrepay.

  The majority of discussions with Department of Housing (DOH) were held in the last reporting period to streamline Rentstart Plus payments to the clients. However we have noticed that whenever staff changes occur in their branch offices we have to justify Rentstart Plus for our clients. We now have on hand a range of information to help with our justification when DOH staff changes occur.

  Several meetings were held with the Southern Sydney Tenants Advice and Advocacy Group (SSTAA) to overcome their concerns with the licence agreement suitability in satisfying the contract and contravening the NSW Tenancy Act. We developed a number of solutions which satisfied the contract, the SSTAA and still fulfilled the requirements of the Tenancy Act. This revised document was sent to DIMA for approval on 30 August 2006. We are using the original document until we receive approval from DIMA for this new document.

- **To assist the other Consortium members in liaising with Community Groups**

  Resolve FM has been proactive in attending and reporting at a number of community meetings including ICAP, RSN, IRIF to name a few. Resolve FM also provides any information required to the lead Consortium partner for response to Ministerials, press and other publicity which requires a response.

- **To further develop relationships with utilities companies**

  Resolve FM has held discussions with service providers and has been successful in achieving the following outcomes for clients who hold a pension or health card for electricity connections:

  - $112.00 off bill for new accounts
  - 3% off bill if paid on time for the life of the account
  - No bond or contract to be signed
  - Connection fee of only $26.00

- **Work with ACL in providing information on HEMS database requirements so greater efficiency and information results when information is extracted or added to this database.**

Resolve FM and ACL have developed a number of systems to assist in delivering the services. These systems allow all concerned to have knowledge of the client prior to arrival so the accommodation services are delivered with minimal fuss. A specialised spreadsheet is emailed between both partners on regular intervals, sometimes many times in the one day to ensure up-to-date communication is available to both parties at all times.

- **Increase the cross training of all staff to ensure service delivery is not affected when any staff member is away from work.**

A number of internal training sessions have been held with staff to ensure no role is single point critical. Refresher courses are conducted as well to ensure greater understanding results. Some of the courses conducted are:-

Training	Attendees
Property Condition Report	Property Officers
Rent Calculator	Account staff & Property Officers
LTA Paperwork to ACL	Property Officers
Tenancy Training	Property Officers
Case File Setup	Property Officers
Centrelink Deduction Forms	Property Officers
Tariff Card	Accounts & Property Officers
Accounting Procedures	Accounts & Property Officers

- **Continue to improve information recording in case files so prompt answering of queries occur.**

QA audits are conducted of property officer's case files to ensure all necessary documentation is completed and filed correctly. The QA audits are quite detailed and cover not only the operational components of the contract but also the financial. The improvement is noticeable and allows prompt answering of any queries received. The audit has resulted in identifying some further training needs and this training has been undertaken as indicated above.

In addition, Resolve FM has developed a detailed database for each client. This database is used to manage all facets of accommodation services for every client. With the use of case files and the database nearly all queries received can be answered as requested. It should be noted that all property managers use this database to manage their service delivery for their respective clients.

- **Continue to improve operational support to staff in Newcastle.**

Significant time has been spent in providing training to the Newcastle staff. Training has been conducted both by phone, logging into the Newcastle staff member's computer as well as staff visiting the office assisting with any issues that exist. Simpler operational procedures have been developed to assist staff in Newcastle.

NSW STARTTS

- To ensure that referral processes between partners result in 100% referrals for refugee clients and increase the number of Special Humanitarian Program (SHP) referrals to STARTTS.

  The strategies implemented include:

  - training of ACL and Consortium partners and volunteers (Please see Attachment N – STARTTS Training Delivery and refer to page 43 in this report).
  - STARTTS continues to maintain referral pathways external to the consortium in order to ensure that entrants are able to access STARTTS services for the 12 month period post arrival. Approximately 18% of all referrals in this period are from agencies or individuals external to the Consortium. (Please see Attachment M, Table 1: Referral Sources)
  - Regular meetings between STARTTS counsellors and ACL case coordinators have resulted in more detailed referral information received by STARTTS as well as more liaison facilitating meeting Refugee and SHP entrants settlement needs. These meetings, together with a (Consortium initiated) half-day workshop which focussed on developing a cohesive understanding of the Consortium model (attended by relevant Consortium staff) have resulted in greater cooperation and understanding of each services types role and responsibilities.
  - The standard agreed within the Consortium is that all refugee entrants are referred when they are placed in permanent accommodation or within 6 weeks of arrival whichever occurs first. STARTTS administrative staff check 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 within this specified period.
  - STARTTS continues to provide information sessions for Proposers and SHP entrants. These have been provided for the ACL AMEP Consortium at Macquarie Community College, and Parramatta ACL every second term and will start at Auburn ACL this year. STARTTS counsellors give information to students and take any appropriate referrals.
  - Further, the STARTTS brochure “A New Beginning” which provides an explanation of counselling and STARTTS services specifically written for Proposers and Special Humanitarian entrants has been reviewed and reprinted in a more easily distributable format. This brochure will be translated into community languages.
  - STARTTS and ACL have discussed service provision in line with recommendations that arose from the DIMA-initiated study on SHP Proposers and entrants. As a result, there has been greater liaison and cooperation in addressing the settlement needs of this group of clients resulting in an increased number of referrals of SHP entrants. (Please see Attachment M, Table 2: Visa Categories) This increase in referrals is illustrative of the greater number of SHP entrants settling in NSW
  - Systems to monitor STARTTS internal procedures that ensure timely action to meet the needs of referred Refugee and SHP entrants have been reviewed and updated. This includes processes that cover contacting clients after receipt of referral, allocation of referrals, review of clinical interventions and discharge of clients. Further, the STARTTS STTTC database that will interface with the ACL database is being updated to streamline workflow and produce a range of reports to assist planning and improve service delivery.

- To deliver culturally appropriate assessment and short term counselling services to newly-arrived refugees and Special Humanitarian Program entrants.
    - As reported in the Annual Plan, STARTTS continues to explore alternative, innovative approaches in working with torture and trauma survivors and evaluate and review cultural appropriateness of current clinical practice. This is done through a variety of means, including STARTTS professional development events (clinical Master classes, clinical presentations, and staff development days), the employment of bi-cultural trainees who bring their cultural knowledge and expertise to the organisation, the review of clinical resources, and ongoing community consultations.
    - The R-CAT (Refugee Comprehensive Assessment Tool) is in the process of being reviewed and updated.
    - Work towards establishing a STARTTS short-term torture and trauma counselling clinical resource folder specifically focusing on short term intervention strategies for working with torture and trauma survivors continues.
    - STARTTS staff continue to attend forums such as the Refugee Support Network, the Refugee Health Improvement Network and the Illawarra Refugees Issues Forum where the needs of newly arrived refugees are discussed
    - STARTTS counsellors continue to ensure that clients are informed and active in making decisions regarding their treatment and monitor assessment outcomes and clinical goal outcomes of all clients. As reported in the Annual Plan, one of the means of evaluation of our services is through discussion between the counsellor and client regarding the achievement of assessment outcomes and of clinical goals with the client at the completion of these stages.
    - Examples of innovative programs which have been piloted in the last 6 months include:
        a) A Drumming group for Southern Sudanese. This group provides an opportunity to bring the sections of the Southern Sudanese community together as a whole. A Steering Committee has been established and is are working towards a cultural day to be held in early 2007.
        b) In the Northern Metropolitan Region, several information and assessment groups have been held with the Dari/Farsi, Dinka, and Burmese communities. The aim is two-fold: to both provide a group setting which is often a more comfortable and safe environment for certain cultures; and to be able to meet the contractual time frames for initial assessment sessions when there are large numbers of referrals. When group attendees request counselling, the counsellor facilitating the group provides follow up sessions.
        c) Child and Adolescent counsellors have facilitated story telling groups and art groups.
- To continue to improve the responsiveness of STARTTS staff to the needs of newly-arrived humanitarian entrants from new and emerging refugee communities through continued training.
    - STARTTS continues to support staff so that they can perform their role of counsellor most effectively for the client and with minimum stress on the counsellor's own personal well-being. The strategies outlined in the Annual Plan have been implemented and include:
        - Regular Clinical supervision
        - Clinical presentations
        - Journal Club
        - Annual performance management meetings
        - EIP team meetings
        - Staff development activities

- To consult with refugee communities in order to continue to develop culturally consistent counselling practices to better fit the client's world view and enhance their awareness of the impact of trauma
    - Within the context of STARTTS ongoing community consultation processes, STTTC counsellors have participated in all consultations relevant to newly arriving refugee communities. Their role was to develop a relationship between STARTTS STTTC service and relevant communities, identify needs of newly arrived refugees, promote STTTC services and gather information that will enhance STTTC service provision
    - Community consultations were held with Mandaean, Sierra Leonean, Hazara, and South Sudanese communities in this period. While formal reports are yet to be presented with recommendations for further action, issues raised at the consultations include the following:
        - concern for family overseas
        - high levels of family conflict
        - High levels of trauma (Mandaean community consultation)
        - Unemployment and difficulties with recognition of overseas qualifications
        - Community fragmentation – need for effective and sustainable community structures
        - Stigma associated with the word "trauma" and recommendations for changing the way these issues are addressed (South Sudanese consultation)

  Communities were keen to address the issue of counselling practice through relevant STARTTS systems and once consultation reports are written there will be follow-up with individual communities in order to examine and consider further their suggestions. Through this process of feedback, recommendations will effect change in STARTTS' counselling and community education/health promotion practices.

- To provide quality assurance by implementing the FASSTT national standards for torture and trauma services and by continuing to monitor outcomes for clients.
    - STARTTS commenced a self-assessment process as part of the implementation of FASSTT National Standards for Torture and Trauma services in the 2006-7 financial year. There are a number of components to the standards framework. The first is the **principles** that establish the groundwork for how services are provided. The principles are very broad and are intended to capture the underlying values that define quality service provision. At the FASSTT national Conference in December 2005, the second component of **service standards**, which support the principles by interpreting what agencies should be striving to achieve in specific areas of service delivery and management were debated and finalised. Since the Conference, a process is being put in place to measure the performance of services against each standard to assess overall quality. Services will be completing **self-assessment** as a means of refining standards and gathering **evidence** that can be used to assess the performance of an individual agency against the standard.
    - This strategy has been agreed on by all FASSTT service agencies to continue to enhance the standard of service delivery of torture and trauma services across Australia.
    - Please see the clinical goals and assessment goals section (under Key Performance Indicators) to view how STARTTS monitors outcomes for clients.

- To improve the responsiveness of mainstream health and allied health professionals to understand the needs of newly-arrived refugees through the provision of training and consultancy.
    - Please see Attachment N – STARTTS Training Delivery and refer to page 43 in this report which demonstrate how STARTTS is meeting its targets in providing training for improving the responsiveness of mainstream health and allied health and counselling service providers working with humanitarian entrants.
    - The training database was updated and considerably enhanced and a policy on Training Intake and Allocations has been completed. This should continue to stream line the process of responding to training requests in a timely and efficient manner whilst also improving capacity for data analysis in order to produce a range of reports to assist in planning and service delivery.
    - The development of a Strategic Plan (Training) for 2006- 2007.
    - The emphasis has been on establishing relationships with health and allied health stakeholders to develop a schedule of training programmes that are fully tailored to their specific needs in terms of content, duration and scheduling. This is an ongoing task. STARTTS training has been included in the annual calendars of the Education and Workforce Development Units for both SSWAHS (Sydney South West Area Health Services) and WSAHS (Western Sydney Area Health Services). Ongoing negotiations with DoCS Learning and Development Unit have resulted in a three hour module being marketed throughout the State for DoCS staff.
    - STARTTS staff have received ongoing support covering skills development, resource development and logistical support, with the intention that the training function be mainstreamed throughout the organisation. In addition, several staff members have completed, or are in the process of completing the nationally accredited Certificate IV in Training and Assessment.

- To ensure that training materials are both current and relevant to the needs of new and emerging communities.
    - A Training Advisory Committee has been established to "promote the excellence of STARTTS training by ensuring that training resource development and delivery fully reflect the expertise, knowledge, and principles of the organisation." Specifically, the role of the committee is to advise on the development and review of training materials.
    - The priority for the past 6 months in resource development has been the review and enhancement of the standard modules that are presented in the "Introduction to Working with Torture and Trauma Survivors Training Package". In addition, a training module has been developed focusing on the issues of aging refugees. This will continue to be developed further. As a result of consultations with the African Workers Network (AWN), a training package is to be developed in collaboration with the AWN that addresses the specific issues of working with newly arrived refugees from the African communities. There remain a number of areas (as highlighted by feedback/evaluations received) that require further research and development of materials. Primarily, these relate to a desire to learn more about specific refugee communities. Developing this information is an identified priority.

- STARTTS' strategies to contribute to improving the responsiveness of the consortium to humanitarian entrants continue to include:
    - Presentations at information sessions organised by ACL.
    - The information pamphlet produced for Proposers "A New Beginning" to be translated into community languages.
    - Innovative use of radio and ethnic print media to promote STARTTS services.
    - Working with other essential services (e.g. schools, Centrelink) to ensure that Special Humanitarian entrants are aware of STARTTS services.

- STARTTS continues to liaise with representatives of the NSW Department of Education and Training (DET) and the relevant Catholic Dioceses to assist school counsellors and teaching staff to work most effectively with refugee children. This will involve regular training and consultation sessions. Schools with which relationships have been established and maintained in the past 6 months include:

  Evans IEC;
  Lewisham IEC;
  Holroyd IEC;
  Seven Hills Public School;
  Marsden IEC;
  Auburn North Public School;
  Chester Hill IEC;
  St Clementines Catholic High School (Newcastle).

- STARTTS has continued to participate in and contribute to all relevant refugee network meetings and forums including RIWG (Refugee Issues Working Group), 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.

- STARTTS continues to respond to community demand 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 at a range of community locations.

Mission Australia

1. *Client services*

- An external audit of Client Records was conducted in June 2006. A review is due in 2007.
- The Annual Volunteer Feedback Survey will be conducted in first quarter of 2007.
- The complaints handling process has been reviewed to ensure that complaints are dealt with fairly, confidentially and in a timely manner. A Complaints Register is maintained on site.
- An audit of volunteer files, checking for Prohibited Employment Declarations and Police Checks, was conducted in June 2006 as part of Client Record Audit. A review will be conducted in first quarter of 2007.
- The 3 Volunteer Coordinators in Sydney and the Assistant Coordinator in Newcastle maintain regular contact with active volunteers via phone, email, workshops and the VCU newsletter. Opportunity to maintain contact with volunteers also arises as active volunteers regularly visit the unit in Auburn to discuss their clients or to claim reimbursement for out of pocket expenses.
- Volunteer induction: The VCU trained 159 volunteers between January 2006 and June 2006. The majority of these volunteers expressed interest in continuing with the VCU in the 2006 – 2007 financial year.

  The VCU conducted one (1) Induction in Sydney. Female volunteers and volunteers from groups not represented in the existing group of trained volunteers were specifically targeted. 32 participants attended the Induction.

  No Induction sessions were conducted in Wollongong or Newcastle in the July – December 2006 period as activity levels have been low and there is an existing surplus of trained volunteers
- Volunteer Coordinators have reviewed and revised the contents of the Induction program. The contents have been updated to include comprehensive notes about OH&S and the role of the volunteer.

  Course delivery has become more interactive with the introduction of a DVD and guest speakers.

  Course material and handouts have been reformatted to cater for varying literacy levels of participants in the training.
- Engaging volunteers who were active in the previous IHSS contract period: This is ongoing. The VCU has made contact with all CSR groups under the previous IHSS model. Several volunteers from CSR groups in Sydney and Newcastle attended the initial Information Sessions in 2005 and subsequently joined Mission Australia as IHSS volunteers.
- Conducting on-going needs-based workshops for volunteers in order to provide the most suitable ongoing training for volunteers: 4 workshops were conducted between July 2006 – December 2006:

Sydney, 22nd July, 2006: Anti- Discrimination	22 participants
Sydney, 14 October 2006: Financial Awareness	24 participants
Wollongong, 28 October 2006: Financial Awareness / Taxation	8 participants
Newcastle, 23 September 2006: Conflict Resolution	12 participants.

- Organising 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:

  Sydney, 18 November 2006: Held at Pacific International Suites, Parramatta. This was attended by more than 35 volunteers and all VCU staff. A 3-course buffet lunch and entertainment were provided. Volunteers were awarded certificates of recognition for outstanding efforts to volunteering with IHSS. Door prizes and 5 raffle tickets drawn. Several volunteers expressed their appreciation and enjoyment of the day.

  Newcastle, 16 December 2006:Held at the Crowne Plaza, Newcastle. This was attended by 9 volunteers and VCU staff. A buffet lunch was provided. All volunteers who attended the lunch were awarded a Certificate of Appreciation.

  Wollongong, December 2006: All active volunteers (4) in Wollongong were posted a gift certificate valued at $25 and a Certificate of Appreciation to thank them for their contribution in 2006.

  Gifts for clients. – December 2006: Through Mission Australia's Corporate Partners, in excess of $4200 in gifts, and movie / book vouchers were donated to IHSS, VCU clients. Due to the large volume of gifts and vouchers received, VCU staff asked volunteers in Sydney and Newcastle to distribute the gifts to their clients and client families. Several families received a gift for each person in the family. Feedback from volunteers indicates that the families were very appreciative of the gifts.

  The corporate partner was not identified on the gift. All gifts were from individual staff of Mission Australia's corporate partners.

2. Business Processes

- Staff Performance Reviews have commenced and will be completed in 2007.
- October 25 2006: An external audit of VCU business procedures was conducted by the Mission Australia, National Business Review Manager. No major recommendations requiring changes to existing procedures were made.
- Local procedures have been developed and forwarded to Mission Australia State Office for formatting. They will be reviewed and updated on an ongoing basis.
- October 2006: "Volunteer Voice" was published and posted to all volunteers on the VCU volunteer database in Sydney, Newcastle and Wollongong
- VCU staff and volunteers have contributed to each edition of the ACL IHSS newsletter, as well as 2 contributions in 2006 to the Mission Australia Community Services newsletter that is distributed to all NSW Mission Australia staff.
- Procedures for claiming out of pocket expenses have been streamlined. The number of forms volunteers are required to sign for reimbursement have been reduced. A Car Kilometre Expense Claim form has been introduced to allow volunteers further flexibility in claiming reimbursements.

3. Occupational Health and Safety

- The Risk Management Action Plan as it relates to staff and volunteers has been reviewed.
- Review and update OH&S policy for volunteers – the policy has been reviewed and updated.
- OH&S information distributed to volunteers has been reviewed. The last 2 editions of the VCU newsletter, Volunteer Voice", have included an OH&S competition to reinforce the importance of OH&S in volunteering activity. Prizes for each competition were claimed by volunteers.

- The Mission Australia annual Workplace Violence Checklist has been completed. The record is maintained in the OH&S folder on site.

4. Community Awareness and Advocacy

- The VCU Coordinators and Service Manager attended several key meetings and participated in events organised by the following community organisations and stakeholders:

  Auburn MRC ; Parramatta MRC; Newcastle and Hunter Region MRC; Centrelink Auburn; Merrylands Police;

  Auburn Humanitarian Interagency; African Support Network; Refuge Support Network; Illawarra Refugee

  Issues Forum, IHSS Community Advisory Panel, AMEP Community Advisory Panel, Legal Aid, ICE, Mercy

  Refugee Service, Anglicare – Humanitarian Counselling Services

- The VCU has made contact with all CSR groups under the previous IHSS model. Several volunteers from CSR groups in Sydney and Newcastle attended the initial information Sessions in 2005 and subsequently joined Mission Australia as IHSS volunteers.
- VCU staff met with management and staff of the following Mission Australia Community and Employment Services:

  Newly Arrived Youth Support Services – Cabramatta/ Fairfield

  Newcastle / Hunter Rural and Regional Office

  Home Tutor Scheme and Enhancement Program

  Reconnect – Granville

  National Compliance and Quality Unit

  The Big Heart Enterprise – Wollongong

  AMEP Counselling Service

  Auburn Employment Service

  Mission Australia National Volunteering Unit

- The VCU has published and distributed the VCU newsletter "Volunteer Voice" to all active volunteers in Sydney, Wollongong and Newcastle.
- Organise relevant and needs- based workshops to engage and inform volunteers:

  4 workshops conducted July 2006 – December 2006:

  Sydney. 22nd July, 2006: Anti- Discrimination. 22 participants

  Sydney 14 October 2006: Financial Awareness. 24 participants

  Wollongong 28 October 2006: Financial Awareness / Taxation. 8 participants

  Newcastle. 23 September 2006: Conflict Resolution. 12 participants.

5. Resources

- Staffing:

  The Mission Australia VCU team consists of:
  1 x full time Team Leader
  1 x full time Volunteer Coordinator
  1 x part time Volunteer Coordinator
  1 x part time Assistant Volunteer Coordinator (Newcastle).
  The Service Manager continues to have responsibility for 3 migrant and refugee services.

- Training and promotions resources

  The VCU Administrative Officer has developed an initial Resource Kit to inform volunteers of services offered in suburbs most represented in the VCU client population. It is being trialled at present and will be reviewed and revised in the year.

  VCU staff have trialled and reviewed the Resource Kit.

  The initial aim of this project was to provide volunteers with a list of possible community agencies in the suburbs where their clients reside. It was envisaged that this would provide volunteers, especially those who did not reside in the same area as their clients, with a list of possible services to which they could connect their clients.

  A kit was developed for the areas of Auburn and Blacktown.

  Feedback from volunteers and staff indicated that the kit was not a useful resource due to the following reasons:
  1. It did not offer detailed explanation of the types of services offered by each organisation listed, thus requiring volunteers to make inquiries about the services offered.
  2. The majority of volunteers relied on personal experience, community networks or word of mouth to connect their clients to appropriate agencies.
  3. The majority of clients accessed many of the listed agencies in post IHSS services.
  4. Updating of the information in the kit was administratively cumbersome, given the minimal use of the resource.

  While the kit will no longer be given to each volunteer, it will be available as a resource for staff and volunteers at the office.

- Infrastructure

  The VCU has purchased a laptop, data projector and screen to allow for more flexibility and mobility in conducting Induction and workshops for volunteers.

2. Describe any issues which have arisen during the reporting period and areas which need to be addressed.

Issues arising in this reporting period:

- Case complexity: The complexity of cases continues to impact on service delivery, particularly in relation to the time spent on case coordination and liaison with mainstream providers and additional demands for casework support to assist clients to deal with a range of issues arising that are affecting their settlement processes.

- Centrelink-related issues: At the initial interview, Centrelink staff are applying online for a Tax File Number for the client who will be receiving the Family Tax Benefit. Despite arrangements between Centrelink and the Australian Tax Office, the TFN is not being issued in a timely manner. This delays the calculation of the FTB and therefore the total family income. This has two effects: rent in short-term accommodation cannot be charged in relation to total family income and long-term accommodation cannot be sourced until total family income is verified by a Centrelink Income Statement.

  Secondly, there is now a requirement for clients to attend a Job Capacity Assessment (JCA) interview almost immediately after the initial Centrelink interview. Little information is provided to clients about this process, nor the implications of non-compliance (that they could "incur a participation failure" which would impact on their Centrelink benefits). There is also, therefore, an additional requirement for casework support to assist clients to attend these interviews soon after arrival.

- With an increasing proportion of clients taking up short-term torture and trauma counselling, the discharge rate of clients accessing counselling services has negatively impacted on the exiting processes for clients who have received all other IHSS services. While explanations for the high uptake of counselling services are readily available, the requirement for counselling sessions to have been completed prior to IHSS exit could be said to have disadvantaged clients who might otherwise have begun to access additional, post-IHSS services.

- In this reporting period, there has been a decline in referrals to both Newcastle and Wollongong. This is largely due to the high proportion of referrals where the clients have a link to others located in Sydney. The impact of low numbers of arrivals in these two areas is felt in terms of resourcing, both within and outside IHSS service delivery. For example, specialist health services in Newcastle who work with refugee families made a specific enquiry about new referrals because they needed to review their staffing levels and availability of their services. Whenever possible, unlinked families have been referred to Newcastle or Wollongong.

- Medical interpreters: The reluctance of medical practitioners in the private sector to use qualified medical interpreters is an ongoing issue which affects access to medical services by IHSS clients. Wherever possible, clients are linked to GPs who speak their first language and who are located in the geographic area where clients live. However, this is not always possible. In addition, access to specialists is affected similarly and there are limited opportunities to choose a specialist with appropriate language skills.

- In this reporting period, there were some additional, one-off demands on resourcing, such as:
  - preparation and provision of information to DIMA for the Senate Estimates Committee hearings, including the development of a Sensitive Case register
  - consultation for and preparation of a detailed response to the IDC Taskforce Discussion Paper
  - assistance provided to NSW Refugee Health Service to identify and assist some clients for polio immunisation

- Management of Newcastle and Wollongong volunteer operations from Sydney: A part-time Assistant Volunteer Coordinator is still employed in Newcastle. The Coordinator maintains contact with active volunteers in Newcastle and meets regularly with the ACL Case Coordinator to discuss client referrals. The position is based and supported by the Mission Australia Rural and Regional site in Newcastle. It is expected that the position will relocate to the designated ACL site in a share arrangement in early 2007. Due to the uncertain level of service activity in Newcastle, management of client records and files are still managed from Sydney. It is expected that administration of the Newcastle region will be streamlined when the position moves to the ACL site and the VCU has a designated office.

  Operations in Wollongong are still being managed from Sydney as service activity continues to be low.

- Engaging Trained Volunteers in Newcastle and Wollongong: This continues to be an ongoing issue for the unit. Despite putting a number of strategies in place to maintain interest in volunteering, some volunteers are disappointed at the lack of opportunity to work with IHSS refugee families in the initial settlement period. Volunteers in Newcastle and Wollongong have been directed to post IHSS services.

- Lack of information about where entrants are coming from in the next financial year*:* This issue has been resolved. The ACL IHSS Manager forwards relevant data from DIMA of Expected Humanitarian Entrants to the VCU Service Manager.

- Refugees are still being placed under additional financial stress as in the majority of cases they vacate short-term accommodation properties owing rent and utilities. This debt is due to rent and utilities always being paid in arrears. The refugee on commencing the lease for their longer term accommodation has to contend with paying not only their ongoing costs for their longer-term accommodation but also their rent arrears. The majority of clients are very embarrassed in being in debt to others which makes discussions on repayment plans difficult. They cannot understand that they have done the right thing but still be in debt.

- We are experiencing greater delay in the approval of the Centrelink Family Tax benefits for refugees since the inception of Centrelink Refugees Unit at Fairfield. This delay affects a number of areas of the client's settlement. Firstly, it affects their rent and utilities payments due which causes the client to fall further into arrears. It should be noted that Centrepay will not deduct any amounts due from back payments so the client will always be in arrears.

  Secondly, the delay in approval of the family tax benefits is impacting on the receipt of the clients income statements required when submitting applications for rental properties to agents when properties do become available. Many clients cannot have applications submitted as income cannot be justified resulting in them losing selected properties.

  Thirdly, it prevents the receipt of Rentstart Plus benefits as we cannot demonstrate to the NSW Department of Housing the total income received by the client and family.

  We understand this delay is caused by the approval of the tax file number with the ATO.

- As detailed fully in Section 3 – Accommodation Services of this report, the shortage of rental properties in the greater Sydney area has led to significant increases in property rents. This increase has led to the absence of low cost accommodation for the lower income tenants, namely those tenants that rely heavily on Centrelink benefits. It is becoming extremely difficult to obtain affordable housing for refugees. One solution is for Centrelink to increase the amount of rent assistance to offset the increases being experienced.

- The NSW Department of Housing are now enforcing more and more the suitability of rental properties to match the family unit size. The Department of Housing will not grant Rentstart Plus to applicants if the number of bedrooms in the rental property selected does not match their requirements for the family size specified on the lease. We are working within their guidelines but sometimes experience problems when relatives get involved and instruct us to lease a certain size property which is unsuitable for the client family. When cases arise we explain to the family that even though the agent may approve this situation the Department of Housing will not if Rentstart Plus is required.

- The Department of Housing is very particular in obtaining current income and bank statements when applying for Rentstart Plus. By current we mean that the bank statement cannot be older than one week and for income statements no older than two weeks. We have at times gained acceptance of income statements up to one month old but this depends on the operator at the Department of Housing office. Hence access to up-to-date income statements is paramount.

  Centrelink will not issue us directly with statements so we have applied for access to their online income confirmation service. This approval is taking some time as Parliament must approve our company to have access. We are dependent on Centrelink managing the submission to Parliament. So far no date has been received as to when we will have this service available to us. Delays experienced in obtaining these income statements means in most cases that rental properties applied for are lost.

- DIMA are issuing to us a number of approvals to provide short term accommodation for SHP clients where the Proposer cannot provide accommodation. This approval is causing us to seek serviced apartments to house these clients. Under the contract we only need to provide 24 short term properties. All costs incurred for serviced apartments will be charged back to DIMA.

  In some instances the SHP client is located into one of our STA properties.

  In both cases the Proposer is responsible for moving the SHP client out of the serviced apartment or our STA property. We have no control of this process. We have instances where the Proposer is now stating that it is too hard to find a property and as such their client will stay in the serviced apartment or STA property for another 12 months.

- Securing longer-term housing for single entrants in the current tight rental market is proving more difficult. Most single entrants can only afford up to $135 per week in rent, however the majority of 1 bedroom properties available now start at $150 per week. Just about all singles prefer their own rental accommodation and are not interested in sharing, the common way to rent in Australia. Higher rentals and far fewer properties are seeing singles remaining in our short term accommodation for longer periods.

- There are a number of cases where relatives are insisting on helping the entrants regarding their accommodation. They are telling us what rent the client will accept as well as where they want to live without having any current knowledge of the rental market. In addition, the relative is instructing us not to assist in certain areas of accommodation support. One example is with checking of longer-term accommodation condition reports. Problems may arise when the entrant decides to vacate and the condition report has not been checked properly. We are however working in with the relatives as much as possible so as not to place any undue stress on the client.

- Some of the clients that arrive have disabilities. In a number of instances we are not advised on the referral. There is no property that has been designed to suit clients with disabilities. All properties have steps, and no installed disability features in toilet and shower areas. Sourcing accommodation options for clients with disabilities is extremely difficult to impossible.

- A number of refugees are still cancelling rent and utilities deductions. Some provide the reason that they believe they should not have to pay rent and the Australian Government should be paying for this service as they brought them into this country. We continue to explain to the clients that under the IHSS program there are concessions in paying rent for the first 4 weeks after arrival but then they must pay market rent. Whenever they stop deductions then rent and utility arrears arise.

- There are a number of factors that have impinged upon STARTTS capacity to provide services in this period, related to recruitment difficulties and staff leave as well the high levels of complex trauma in entrant families (discussed in other sections of this report), which has increased the number of families who receive counselling after initial assessment and increased the duration of their involvement with STARTTS. This is currently being addressed through increasing level of staffing in both Regions.

- Newly arrived refugees and special humanitarian program entrants continue to be referred to STARTTS from services external to the Consortium for counselling, and it remains important to keep these referral pathways open. These referrals at times are made after the clients have been exited from IHSS services however they may not have yet accessed STARTTS services.

  It is essential that all newly arrived refugees continue to have access to STARTTS counselling services for the duration of the twelve month period post-arrival. However, this has administrative implications for the Consortium in terms of files being re-opened and it is unclear what level of service ACL Case Coordinators will need to provide, if indeed any. These issues have been raised with DIMA at the last contract management meeting. The delay in eligibility being determined for these clients has implications for STARTTS financially. Further, if these referrals are not accepted and allocated until verification from DIMA (currently a significant delay), there are critical implications in terms of duty of care.

- TPV-holder clients are presenting with multiple issues and complex trauma. Counsellors are reporting that the TPV clients groups are discussing their trauma experience of being in detention centres - some for many years and this has affected their self-worth and self-esteem and impacting on their ability to settle. Most of these clients have not previously accessed counselling. On occasion referrals for are made from community organisations and STARTTS has been informed that as a general rule TPV-holders should be referred through ACL in order to be eligible for IHSS services. The issue has been raised with DIMA as to the level of information that needs be obtained from the externally referred TPV-holder in order to determine eligibility. Again it would be crucial for this eligibility to be determined speedily as there are implications in terms of duty of care.

- The fact that exiting STARTTS services is mandatory under the current contract in order for an entrant family to be discharged from the IHSS remains a major issue for the Consortium partners and for post-IHSS services. This has been brought to DIMA's attention at contract management meetings and by community services at network/interagency meetings.

- Lack of NAATI Accredited Interpreters for new and emerging communities continues to be an ongoing issue. The following strategies implemented to address this issue include:

  - Identifying potential community members to undertake necessary training to be able to work as interpreters.
  - Consulting with community leaders on how best to find solutions for this difficulty.

  STARTTS continues to employ sessional contract interpreters and use TIS telephone interpreters if available in another state.

Areas which need to be addressed:

- Rate of exit: The majority of clients have remained for almost twelve months in the IHSS due to a range of factors in the first year of operation. This is being addressed through the employment of additional staff to facilitate the exit process.
- Case supervision: There will be an increase in the level of case supervision in the coming period, which will streamline case managements processes and enhance the capacity to exit clients appropriately.
- Increase the cross training of staff within each individual Consortium organisation, where possible, to ensure service delivery is not affected when any staff member is away from work. Also consider employment of sessional staff, (especially an issue in the regional centres of Wollongong and Newcastle) to meet fluctuating needs.
- STARTTS continues to explore alternate options such as home visits to ensure services are accessible to new arrivals. As stated above this includes the ongoing review of outreach locations in the light of changes in the settlement patterns of our client group.
- The period between July–December 2006 has been one of both consolidation and ongoing development for the STARTTS Training Programme. In August 2006, a new Training Officer was appointed. This followed the resignation of the previous incumbent in March 2006 and a period of four months during which the position was only filled on a casual basis to a maximum of 16 hours per week. This provided a setback both to meeting training targets and forward planning which has started to be overcome in the last 3 months.

  The focus over these next 6 months therefore will be to further develop training planning processes, policies, and systems to support the training function, to standardise training programmes and materials and to market STARTTS Training to the Health and Allied Health target group. It is anticipated that development of new materials will take on a greater priority for the coming six months of this contract year.
- There appears to be an issue of bias amongst real estate operators in the Newcastle area against new entrants arriving from the Sudan, which is causing problems for sourcing both short-term and long-term accommodation. Further liaison may be required with operators in the region and alternative arrangements may need to be considered regarding initial housing of these entrants.

3. - Performance against the output specifications and KPIs; AND

- The extent to which clients were satisfied with the services they received as indicated by client feedback mechanisms.

Case Co-ordination, Information and Referrals (CCIR)

Item:	Contract reference(s):	KPI:	Performance standard:
Samples of needs assessments and case co-ordination plans for entrants (3 cases per contract region to be identified by DIMA)	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xvi**	**The extent to which Entrants … are assessed for IHSS service delivery and case coordination plans are developed.**	**Assessments and plans are established consistent with the specifications for 100% of clients.**

Please provide needs assessments and case co-ordination plans for entrants with the following Case ID numbers:

Metro North
- 21341
- 21655
- 22795

Metro South
- 21569
- 22151
- 22664

These are provided as Attachments A and B.

Samples of needs assessments and plans of assistance for Proposers (3 cases per contract region, to be identified by DIMA)	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xvi and xx**	**The extent to which [Entrants and] Proposers are assessed for IHSS service delivery and case coordination plans are developed.**	**Assessments and plans are established consistent with the specifications for 100% of clients.**

Please provide needs assessments and plans of assistance for proposers of entrants with the following Case ID numbers:

Metro North
- 14187
- 14702
- 21070

Metro South
- 19637
- 24172
- 24597

These are provided as Attachments C and D.

Samples of exit interviews for entrants (3 cases per contract region, to be identified by DIMA)	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xix**		

Please provide exit interview documentation for entrants with the following Case ID numbers:

Metro North
- 12067
- 15713
- 16969

Metro South
- 10861
- 10672
- 16023

These are provided as Attachments E and F.

Client feedback re CCIR services	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xviii**	**The extent to which clients are satisfied with the scope, timeliness and effectiveness of service delivery.**	**75% of Entrants are satisfied with the scope, timeliness and effectiveness of service delivery.**

Client satisfaction with IHSS service delivery by the ACL IHSS Consortium is measured on client exit from the program through a client satisfaction survey instrument. The questions are framed so that they reflect the chronological order in which clients received services. In analysing the data for this report, therefore, the questions were re-grouped to reflect the contract areas on which we need to report. In some cases, one question overlapped more than one reporting area.

Results of the survey related to Case Coordination Information and Referral:

There are 5 questions which relate to CCIR and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	**Question 2**	**Question 3**	**Question 4**	**Question 5**
Percentage of clients satisfied with service delivery	97.26%	100%	87.67%	76.71%	64.38% (31.51% did not respond)
Average score out of 5	4.8	4.9	4.7	4.4	4.5

Further details and analysis of the survey are provided at Attachment G.

Feedback from provider and entrants on any pre-embarkation training and information received by entrant and the impact of this on entrants' ability to cope with new environment	**Clause 8.2(e) of Agreement; Schedule 3 of Agreement; RFT Part 1, Clause 5.6.16 and Attachment E, page xviii**		

The following feedback is forwarded with the aim of improving the breadth, depth and accuracy of information provided to entrants prior to travel to Australia. It is anecdotal in nature and may not represent programs run through varied posts.

Gaps in information provided:

- Geographic information about Australia – it has been reported that little information is provided about the geographic location of destinations in Australia and the distances between major centres, so entrants do not have a clear view of where they are travelling to.

Misinformation which might be considered misleading:

- Reception on arrival in Australia – it has been reported that entrants are advised that, at each transit, they will be met by someone with an IOM sign with their name on it. When they arrive at their final destination, in this case Sydney, entrants are confused when an ACL Caseworker is there to meet and greet them and there is no-one representing IOM at the airport. This has led to mistrust of the Service provider even before there is an opportunity to establish a relationship with the new entrants.

- Paying bills – some entrants are reporting that they have been advised that the Service Provider will pay all of their initial bills, such as telephone, electricity and gas. They are also told that they will receive phone cards on arrival. This may not be a consistent practice by all Service Providers and leads entrants to feel unsupported if they do not receive exactly what they have told overseas are their entitlements.

Topics which require a strong focus in pre-embarkation programs:

- Budgeting – this is an ongoing issue with entrants and needs a strong focus in the orientation program. The cost of living in Australia seems to catch people by surprise and some entrants begin sending money overseas and then find that they are unable to pay their bills and rent in Australia. While it is acknowledged that the cost of living will vary according to the destination for the family, better information about managing money is required before arrival. This can then be reinforced with families after they arrive by the Service Provider.

Feedback from Proposers on support provided	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xx**	**The extent to which Proposers are satisfied with the level of support received.**	**75% of Proposers report that they are satisfied with the level of support received.**

A client satisfaction survey is conducted with Proposers on exit from the IHSS. There are questions regarding the range of services provided, as well as questions about their satisfaction with the services provided.

During this reporting period, 54 surveys were conducted. Proposers were given a three-point scale to rate their satisfaction with services: not satisfied, satisfied and very satisfied.

Question	Not satisfied	Satisfied	Very satisfied	Answer not given
Were you satisfied with the information that the Case Coordinator gave to you?	-	78%	22%	-
Were you satisfied with assistance that the Case Coordinator was able to give you with any problems you had helping your entrant/family?	4%	70%	22%	4%
Overall, were you happy with the support you received from ACL?	-	54%	44%	2%

Client feedback on assistance provided to develop community networks	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxi**	**The extent to which entrants are satisfied with the assistance provided.**	**75% of entrants report that they are satisfied with the level of support received.**

Client satisfaction with IHSS service delivery by the ACL IHSS Consortium is measured on client exit from the program through a client satisfaction survey instrument. The questions are framed so that they reflect the chronological order in which clients received services. In analysing the data for this report, therefore, the questions were re-grouped to reflect the contract areas on which we need to report. In some cases, one question overlapped more than one reporting area.

Results of the survey related to assistance provided to develop community networks:

There are 3 relevant questions and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	**Question 2**	**Question 3**
Percentage of clients satisfied with service delivery	52.05% (45.2% did not respond)	91.78%	64.38% (31.51% did not respond)
Average score out of 5	4.7	4.8	4.5

Further details and analysis of the survey are provided at Attachment G.

Report on the development and maintenance of collaborative relationships with other providers	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxi**	**The extent to which the SP is able to establish collaborative relationships.**	**DIMA is satisfied with the extent of relationships established by the SP.**

The ACL IHSS Consortium has developed and maintained relationships with a wide range of other providers as an integral component of service delivery. These ongoing relationships encourage and facilitate access by Entrants to the services they require.

***AMEP Service providers*:** In the contract regions managed by the Consortium, there are three AMEP providers. Relationships with these providers are maintained on two levels.

At the program management level, there are a range of opportunities for interactions between the ACL IHSS Consortium and AMEP providers. AMEP providers are regularly invited to attend the quarterly IHSS Community Advisory Panel (ICAP) meetings, at which they are offered an opportunity to provide feedback to the Consortium on any issues arising in relation to IHSS clients accessing AMEP programs. AMEP providers and IHSS staff are members of several interactive forums where there are opportunities for discussion of any issues arising (such as the Illawarra Refugee Issues Forum, the Refugee Support Network (Sydney and Newcastle), the Refugee Issues Working Group and several LGA-related Interagency meetings. ACL staff also maintain one-to-one relationships with AMEP providers on a more informal basis so that any issues arising may be discussed and resolved as they come up.

At the service delivery level, Case Coordinators in ACL allocate Caseworkers to accompany Entrants to assist them to enrol in the AMEP program closest to where they live.

Refugee support services: As mentioned above, ACL IHSS Consortium staff participate in a wide range of refugee networks which operate in the regions within which the Consortium delivers services. Attendance at these network meetings serve the dual purpose of providing information about IHSS service delivery and receiving feedback from organisations in the field about issues they are aware of through their interactions with refugees and humanitarian entrants.

Organisations providing community-based support for refugees and humanitarian entrants regularly advise the Consortium of the range of programs offered so that ACL may make appropriate referrals to their programs. This has included presentations from some organisations to IHSS team meetings; for example, Relationships Australia, Anglicare, HARK.

Specific and ongoing interactions between the Consortium and MRCs/MSAs have been established for the purposes to exiting and referring IHSS clients to post-IHSS services. Referral processes and information requirements have been discussed and negotiated and continue to be improved. There are monthly exit ceremonies at participating MRCs, which provide a joint event which signifies a milestone for clients in their settlement process.

In addition, the Promotions and Training Coordinator at ACL has delivered a range of presentations to interagency meetings and SGP workers.

Mainstream services: As with the AMEP providers, relationships between the Consortium and mainstream providers are maintained at both management and operational levels. Management interactions tend to focus on the big picture – policy changes or significant procedural changes which will affect the way either organisation will conduct their business. At the operational level, casework support is provided to clients to assist them to access services.

Examples of collaboration/interaction between the Consortium and mainstream service providers in this reporting period include:

- Centrelink briefing on policy changes.
- Centrelink discussions on protocols and procedures for the set-up and operation of the new Refugee Unit based at Fairfield.
- NSW Department of Education and Training information exchange regarding Intensive English Centres, roles of Community Information Officers, new DET enrolment procedures.
- NSW DET discussions regarding enrolment problems created when there are inaccuracies about personal details in official documents.
- Collaboration with NSW Refugee Health for polio immunisations.
- Cooperation with NSW Refugee Health in supporting entrants to get medical interpreters for their appointments.
- Presentation to GPs in Wollongong on working with refugee clients, presentation to Fairfield Multicultural Health Team meeting
- Collaboration with Transcultural Mental Health to ensure adequate and appropriate care for particular clients with mental health problems.
- Liaison with the NSW Department of Aging, Disability and Home Care to negotiate appropriate case management support for particular clients in need.
- Liaison with the Office of Fair Trading for relevant information on tenancy issues for clients.
- Interactions with NSW Police and local courts in relation to support for clients in domestic violence situations.

ACL has also supported/participated in a number of events sponsored by both refugee support services and mainstream service providers. Examples of some of these which occurred during this reporting period include:

- "Journey of the Spirit" exhibition sponsored by the Baulkham Hills/Holroyd/Parramatta MRC
- Launch of the film "Darkness over Paradise"
- Centrelink "Big Forum"
- RCoA Refugee Week Launch at the Maritime Museum
- Refugee Week event "Paths to Resettlement" sponsored by the Migrant Services Network
- Launch of the NSW Refugee Health DVD and research report, also during Refugee Week
- "Think Smart" conference – the Department of Fair Trading
- RCoA intake consultations

Housing continues to be a resource that is in critically short supply (see Accommodation Services section of this report, pp 34 & 35). ACL has been active in networking with mainstream agencies such as Shelter NSW, Tenancy Advice services and Department of Housing officers in order to create a higher level of awareness of the housing needs of refugees and humanitarian entrants into NSW. ACL has regularly attended the NESB Housing Taskforce (convened by Shelter NSW) and also provides a free venue for this group. ACL has also advocated for inclusion in the newly revamped NSW Department of Housing Multicultural Advisory Forum (an invitation-only meeting) which is the peak advisory mechanism in the Department for analysing need and providing program advice to the DoH Director General; this advocacy has been accepted and ACL IHSS will be represented from 2007 onwards.

Relationships have been established with Local Governments in key refugee settlement areas such as Auburn, Parramatta and Blacktown, particularly with their community development and social planning staff members. By contributing information to LGA social plans, refugee and SHP entrant settlement issues become integrated into infrastructure and other planning initiatives in key areas of Sydney. From this process are opportunities for specific project funding through mechanisms such as the NSW Community Builders Area Assistance Scheme, administered by DoCS.

ACL also attends Centrelink-convened meetings of Job Network providers (PAGES) in the Liverpool area, where the Job Network providers are also LLNP providers.

Parental responsibility and child protection: Entrants in the current intake of IHSS clients are presenting with many and complex issues which have a significant impact on their process of settlement. The stressors within these family units are significant and can and do cause, in many cases, family upheaval which may result in DoCS interventions. There is a need for further engagement between ACL and DoCS caseworkers regarding the circumstances and recent history of some of the IHSS clients currently entering NSW. There is also a need to ensure that, as part of the orientation after arrival, clients are made aware of Australian attitudes and legislation which can impact on the family. This is especially an issue when entrants have cultural norms and expectations that any family issues or difficulties will be dealt with through extended family and community conflict resolution mechanisms, rather than by “intervention” from external authorities. ACL has recently been invited to participate on the NSW DoCS Ethnic Affairs Advisory Committee.

If/when settlement patterns are influenced by affordable housing locations, ACL will continue to seek out and foster collaborative working relationships with organisations in other areas within the contract regions.

On Arrival Reception and Assistance (OARA)

Item:	Contract reference(s):	KPI:	Performance standard:
Client feedback on reception and transport to accommodation	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxii**	**All refugees are met at point of arrival and provided immediate assistance in either continuing their travel or locating appropriate accommodation.**	**75% of refugees are satisfied with the assistance provided.**

Client satisfaction with IHSS service delivery by the ACL IHSS Consortium is measured on client exit from the program through a client satisfaction survey instrument. The questions are framed so that they reflect the chronological order in which clients received services. In analysing the data for this report, therefore, the questions were re-grouped to reflect the contract areas on which we need to report. In some cases, one question overlapped more than one reporting area.

Results of the survey related to reception and transport to accommodation:

There are 3 relevant questions and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	**Question 2**	**Question 3**
Percentage of clients satisfied with service delivery	97.26%	90.41%	89.04%
Average score out of 5	4.8	4.9	4.8

Further details and analysis of the survey are provided at Attachment G.

Client feedback on orientation to accommodation facilities	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxii**	**The extent to which refugees are capable of confidently and safely utilising the accommodation and its facilities.**	**75% of Refugees are satisfied with the assistance and information provided.**

Client satisfaction with IHSS service delivery by the ACL IHSS Consortium is measured on client exit from the program through a client satisfaction survey instrument. The questions are framed so that they reflect the chronological order in which clients received services. In analysing the data for this report, therefore, the questions were re-grouped to reflect the contract areas on which we need to report. In some cases, one question overlapped more than one reporting area.

Results of the survey related to orientation to accommodation facilities:

There are 3 relevant questions and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	Question 2	Question 3
Percentage of clients satisfied with service delivery	91.78%	89.04%	87.67%
Average score out of 5	4.7	4.8	4.5

Further details and analysis of the survey are provided at Attachment G.

Client feedback on provision of emergency medical attention and/or clothing/footwear	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxiii**	**The extent to which refugees have emergency requirements / needs met after arrival.**	**100% of refugees have emergency requirements / needs met within 24 hours of arrival.**

Client satisfaction with IHSS service delivery by the ACL IHSS Consortium is measured on client exit from the program through a client satisfaction survey instrument. The questions are framed so that they reflect the chronological order in which clients received services. In analysing the data for this report, therefore, the questions were re-grouped to reflect the contract areas on which we need to report. In some cases, one question overlapped more than one reporting area.

There is only one survey question which relates to the provision of emergency medical attention and/or clothing/footwear. Of the 73 total respondents, 43 did not respond to this question because it was not applicable to them. Of the 30 who did rate this aspect of service delivery, 25 (83.33%) were satisfied with the service, with an average score of 4.1 out of a possible 5.

Further details and analysis of the survey are provided at Attachment G.

Accommodation Services (AS)

Item:	Contract reference(s):	KPI:	Performance standard:
Client feedback on any initial accommodation provided	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxiv**	**The extent to which entrants are accommodated in accommodation that meets the standard requirements.**	▪ **75% of entrants are satisfied with the standard of accommodation provided** ▪ **100% of Initial Accommodation arrangements meet contractual specifications.**

Surveys have been carried out with 64 of the 105 family arrivals (i.e. 61%) who occupied our short term accommodation on their satisfaction levels with the standard of accommodation provided and an average score of 95.5% was given (Please see Attachment H)

A number of arrivals are moving in with relatives or links on arrival. For this period the percentage is 46%

All initial accommodation satisfies the contractual specification due to DIMA initial approval of accommodation used. In December 2006 15/64 Castlereagh St Liverpool was returned to the market and replaced with 3/81 Castlereagh St Liverpool. DIMA have approved this change.

Client feedback on provision of initial supply of food	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxvi**	**The extent to which entrants have adequate supplies of appropriate food until such time as income support is received.**	**75% of entrants are satisfied with the standard of food provided.**

Surveys have been carried out with 64 of the 105 family arrivals (i.e. 61%) who occupied our short term accommodation on their satisfaction levels with the standard of food provided and an average score of 92% was given (Please see Attachment H). A number of families still have a number of friends/relatives visiting, which places a strain on the initial supply of food. At check-in mention is made that the food supplied is for their benefit but some cultures recognise the need to share food. Some clients do not realise that the cash forms part of the food package which has affected the score of the satisfaction levels.

Client feedback on assistance with tenancy documentation	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxvii**	▪ **The extent to which an appropriate and acceptable tenancy agreement is explained, understood and signed by entrants using Initial Accommodation.** ▪ **The extent to which an appropriate and acceptable property condition report is explained, understood and signed by entrants in Initial Accommodation.** ▪ **The extent to which DIMA's contract manager is consulted prior to the commencement of any eviction proceedings in relation to entrants in Initial Accommodation.** ▪ **The extent to which entrants are provided with the assistance they need to understand and deal with documents in relation to Longer-Term Accommodation.**	▪ **75% of entrants are satisfied with the standard of their tenancy agreement in terms of ease of understanding and fairness.** ▪ **75% of entrants are satisfied with the assistance they received in relation to the completion of their property condition report.** ▪ **DIMA's Contract Manager is consulted in 100% of cases prior to the commencement of any eviction proceedings.** ▪ **75% of entrants are happy with the assistance they received in relation to understanding and dealing with documentation associated with Longer-Term Accommodation.**

Surveys have been carried out with 64 of the 105 family arrivals (i.e. 61%) who occupied our short term accommodation on their satisfaction levels with the standard of their tenancy agreement in terms of ease of understanding and fairness and an average score of 96% was given (Please see Attachment H). The property condition report forms part of tenancy agreement and as such had the same score as 96%.

The tenancy agreement satisfies the contract but contradicts NSW Tenancy legislation. Should a dispute arise the tenant will be at an advantage. A new agreement was written in liaison with the Southern Sydney Tenants Advice & Advocacy Service. This group were happy with the new agreement when completed. The new agreement was sent to DIMA on 30/8/06 for approval to use. No response received from DIMA so the original agreement is still being used.

Even though serious breaches of the Tenancy Agreement has occurred, e.g. no rent or utilities being paid by some entrants for the short term accommodation, no evictions has been undertaken.

Client feedback on assistance with finding longer-term accommodation	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxviii**	**The extent to which entrants are able to find and lease appropriate and affordable Longer-Term Accommodation.**	**75% of entrants are:** ▪ **located in longer-term stable accommodation within 4 weeks of arrival.** ▪ **satisfied with their Longer-Term Accommodation.** ▪ **satisfied with the level of support they receive in relation to longer-term accommodation.**

This KPI has not been met for this period. The number of entrants located in longer-term stable accommodation within 4 weeks of arrival is 52.8%. The average days of clients moving to their longer-term accommodation from date of arrival is 38.2 days. (Please see Attachment I). There are a number of reasons for not achieving this target but can be grouped as follows:-

1. Vacating the high number of singles and single parents received from our STA is difficult as their rent is heavily subsidised even after the 4 week period.

2. A number of entrants were extremely selective on the street where they wanted their property and in some case the property construction.

3. A number of families keep changing their mind on where they want to live which causes undue stress on both Resolve FM staff and agents.

4. A number of entrants have received wrong advice on the type of property they can afford for the rent being paid. This impacts on trying to move them to their longer-term accommodation.

5. Relatives, friends or links have a high input on telling the families where they should live. This confuses the entrant and delays settlement significantly.

6. Some suburbs selected by entrants have a high application rejection rate by agents.

7. A number of entrants want to share accommodation with friends and as such had to wait till their friend's lease expires so they could relocate together.

8. A large number of entrants have a preconception that they will obtain priority housing with Department of Housing so will not vacate until all avenues are explored and declined.

In addition:

1. The Real Estate Institute of Australia (REIA) continues to report that rental vacancy rates have hit their lowest levels since records began. The REIA is now reporting that rental vacancies are at critical levels in the Sydney area. The level of available properties for rent released by the REIA has fallen to 1.7% in September 2006. From this lowest level on record, rental vacancy rates fell yet again to1.5% in October 2006. This availability is well under the previous lowest recorded figure of 1.9% in 2000 and far below the average of 2.1%. A rental vacancy level of 3% is the normal low.

2. The rental vacancy rates are expected to continue to fall due to the recent round of interest rate increases. This fall will continue due to homeowners try to dump their mortgage by selling up after the recent interest rise and then entering the rental market. In addition, investors are leaving the market and investing their money in superannuation where the return is higher and government charges are far less, e.g. stamp duty.

3. These low rental vacancy rates and higher interest rates are having the following effects:-

- Some rental properties have had three rent increases this year alone. This increase equates to rents jumping by 40% or more in some areas of Sydney, including Auburn. In Auburn, for two bedroom units the rent rose by 16% to $268 which is now the median rent. The Auburn area had higher rises than the rest of the Inner West, St George and Hills districts.
- The rental property shortage is pushing up rents and resulting in any affordable properties for refugees being at the low end of the market where many maintenance repair items are required. The NSW Department of Housing figures show median rents have increased on average by $20/week compared to last year.
- Some tenants are now offering to put down deposits even before inspecting a property.
- A number of tenants are being forced to participate in Dutch auctions in real estate offices or on site. This shortage has resulted in a number of families turning up at once to view properties seriously limiting the acceptance of our clients. It is now typical when showing a property to a client that between 10 and up to 30 families are in attendance to inspect the property. In some instances our client has offered $10/week above the rent advertised as well as having a relative go guarantor and they still miss out.
- There is numerous times where we are filling out applications for a property only to find the property has already been leased, even before we can even complete the application form.
- A number of landlords are not interested in carrying out maintenance repairs as they know the property will be rented anyway. This philosophy applies to having maintenance attended to when in a rented property.

- With the current change in mix of refugee country of origin we are finding a greater preference for houses rather than units. Houses are in shorter supply than units.
- There is a marked shortage of properties for larger families.

- Current problem suburbs where properties are not available and where refugees normally settle are:-

Suburb	Property Type	Bedrooms
All Fairfield area	Units and houses	2 and 3
Auburn	Houses	3 and upwards
Mt Druitt	Houses	3 and upwards
Blacktown	Houses	4 and upwards
Blacktown	Houses and units	1

Service provider report on assistance provided to entrants in relation to longer-term accommodation	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxviii**	**The extent to which entrants are able to find and lease appropriate and affordable Longer-Term Accommodation.**	**75% of entrants are:** ▪ **located in longer-term stable accommodation within 4 weeks of arrival.** ▪ **satisfied with their Longer-Term Accommodation.** ▪ **satisfied with the level of support they receive in relation to longer-term accommodation.**

The results of this KPI have been included in the KPI above.

We have had a number of clients who have had written undertaking of Agents/Landlords on having maintenance issues repaired if they sign the lease only to find once the lease is signed the agent/landlord reneges on the agreement and the client is left with a property with serious maintenance issues.

We are currently acting on behalf of one client at the Registrar Consumer Trader and Tenancy Tribunal to cancel their lease without penalty as the agent/landlord are not undertaking the repairs as previously agreed.

Client feedback on provision of Household Goods Assistance	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxix**	**Entrants' assessed needs are met within overall budget and on time.**	**100% of entrants receive goods of a satisfactory standard in a timeframe which meets their requirements.**

All entrants receive brand new household goods assistance package normally within two days of the order being placed. No complaints have been received on the quality or delay in delivery. A small number of the goods delivered have manufacturing problems and are replaced without question when we are notified. Details of these issues are included in the quarterly reports to DIMA.

Clients are provided with the option to upgrade a number of furniture items prior to their HGA being delivered. Upgrade items available include larger fridges, larger dining tables and additional chairs, additional beds or double beds instead of single beds, additional lounges and larger televisions. A number of entrants have taken up the option of upgrading furniture items, in particular SHPs.

Resolve FM has noted that clients have difficulty in using some of the HGA furniture items delivered, in particular the washing machine and TV. Even though manufacturer's manuals are supplied the language barrier makes comprehension difficult. Resolve FM has developed plain English instructions and had them translated into Arabic and Dinka. The furniture order forms have been modified to include a field on language spoken. When either of these two languages are identified then the translated instructions are provided at time of delivery of the HGA package.

Client feedback on tenancy training received	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxx**	**The extent to which entrants are in possession of good household management skills at the end of the training program.**	**75% of entrants are:** ▪ **satisfied with the tenancy training provided; and** ▪ **provided with a reference to assist them secure longer-term accommodation.**

Surveys have been carried out with 96 of the 174 family arrivals (i.e. 55%) on their satisfaction levels with the tenancy training and an average score of 97% was given (Please Attachment J).

All entrants that require a reference to secure longer-term accommodation receive one. The reference can be verbal or written and is tailored to truthfully tell the actual circumstances. For example, if the entrant is behind in paying rent then no mention is made of payment of rent in the reference. Resolve FM has an internal ethical conduct policy and as such will not make false statements.

Service provider report on tenancy training, including details of references issued	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxx**	**The extent to which entrants are in possession of good household management skills at the end of the training program.**	**75% of entrants are:** ▪ **satisfied with the tenancy training provided; and** ▪ **are provided with a reference to assist them secure longer-term accommodation.**

The results of this KPI have been included in the KPI above.

Service provider report on networking activities with housing providers to improve housing options for entrants	**Clause 8.2(f) of Agreement; Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxxi**	**The extent to which the SP is able to offer appropriate and affordable Longer-Term Accommodation.**	**75% of entrants are:** ▪ **located in longer-term stable accommodation within 4 weeks of arrival; and** ▪ **satisfied with their longer-term accommodation.**

The results of this KPI have been included in the KPI on Client Feedback on assistance with finding longer-term accommodation.

In addition:

Resolve FM became a member for the NESB Housing Taskforce which is made up of a number of community groups related developing strategies to source affordable private rental properties. The Taskforce met on 9 August 2006 when a workshop was held to develop strategies.

Resolve FM have reviewed all real estate agents in the Sydney rental market and compiled a list of 72 agents in areas where refugees normally live. With this target group sent out details of what we do as part of the IHSS program and requested a time to meet. Resolve FM staff met with 6 agents. All but one agent was interested in working with us. The aim is to achieve a shortlist of twenty agents willing to work cooperatively to meet client housing requirements.

We have identified a number of real estate agents who have assisted us in gaining application approvals and made special mention in the ACL IHSS Newsletter. This newsletter has been sent to all 72 agents to promote what some of their colleges have done to assist us in approving private rental properties. We have also targeted a number of agents and sent company Christmas cards signed by all staff in the office.

As a result of this program a number of agents now send us rental lists prior to properties appearing in their office window. This has greatly assisted in sourcing properties in the tight Sydney market. It also helps reduce the amount of discrimination in the marketplace for refugees.

Discussions were held with representatives on Department of Housing regarding their changes to public housing which occurred 1/7/06. These changes covered such items as:-

- Who is eligible for public housing
- Rentstart – Helping people rent privately
- Changes to income eligibility
- Changes to tenure for public housing

It is noted that the entrant must have the ability to choose where they want to live and also the type of property construction and finer details of the property, e.g. no carpets. At the time of commencing sourcing longer term accommodation for entrants, Resolve FM explains housing options and availability of properties in the entrant. The entrant lists preferences and urgency of moving. Resolve FM then commencing their property market review of available accommodation. Resolve FM has developed liaisons with certain agents in certain suburbs and if a suburb is selected where this liaison exists then we commence discussions with the respective agents immediately.

Short-Term Torture and Trauma Counselling Services (STTCS)

Item:	Contract reference(s):	KPI:	Performance standard:
Samples of STTCS needs assessments and case plans for entrants (3 cases per contract region, to be nominated by the provider and provided in de-identified form)	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxxii**		

- Please provide de-identified needs assessments and case plans for 3 entrants of your choosing which reflect the diversity of your caseload.

For Metro North, please see Attachment K. For Metro South, please see Attachment L.

Client feedback on STTCS assessment and referral processes	**Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxxii**	**The extent to which entrants are able to access the counselling support that they need in a timely manner.**	**100% of entrants report that they have had the opportunity to access appropriate short-term torture and trauma counselling services.**

All clients and referral sources are sent out a letter within forty-eight hours of receipt of referral informing them that the referral has been received. The client is sent information about STARTTS asked to contact STARTTS in order to discuss how the service can support them. 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

The table below provides both the mean and median in days for each one of the above criteria for the 240 families where assessment was completed during the period 1 July – 31 December, 2006.

	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.
Mean	20.08	4.93	12.20
Median	6.00	26.00	45.00

There have been up to 10 occasions in each criterion that have been identified as "uncharacteristic" and excluded when calculating these figures. To have included these occurrences would have provided a less accurate picture of STARTTS' responsiveness to referred entrants. The instances where there have been long delays in any of the above indicators have been investigated with action being taken to address any issues.

There have been other significant issues that have impacted on the ability of counsellors to see clients referred in the current contract period. Analysing data from the past 15 months of the IHSS (see below), it appears that the increase in complexity of issues that clients present with has resulted in both in an increase in the number of clients being retained for counselling interventions and in the number of sessions being required for short term intervention compared to previous years, particularly in the Southern Metropolitan Region (see below):

Southern Metropolitan Region (1/10/05-31/12/06)

Average number of sessions (assessment and counselling) per counselling client	**9.13**

Northern Metropolitan Region (1/10/05-31/12/06)

Average number of sessions (assessment and counselling) per counselling client	**6.78**

Some anecdotal suggestions for this increase relate to the issues in various communities:

- North Metropolitan Region counsellors are reporting an increase in take up of clients' in particular cultural groups e.g. Iraqi, Northern Sudanese, and some Afghans. In the situation of the Iraqi's, Northern Sudanese and Afghans it is reported that many are suffering compounded trauma due to the situation in their countries being so unsettled, survivor guilt due to families being left behind and also a willingness to process trauma that they have experienced.

- In the Southern Metro region, the Assyrian-speaking counsellor reports that new arrivals informing of insufficient support from the Assyrian community and hence are more willing to engage in counselling.

- African clients from countries such as Sierra Leone and Rwanda are reporting issues such as sexual assault.

This will continue to be monitored and the potential for research will be assessed.

Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment process. This has been completed for the period 1 July - 31 December 2006. The table below provide information on families who completed assessment during the period 1 July - 31 December 2006

(i) General Client Goals Relating to Early Intervention

Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment process. These goals have been identified as being relevant to the majority clients that receive an assessment regardless of whether they elect to receive short-term intervention. Counsellors, through discussion with clients, establish these goals and at completion of assessment, record whether they have been achieved. In the current period assessment goal reviews were conducted with the 240 family units who completed assessment during this period. Not all goals are relevant for all clients. For example, not all clients will be experiencing significant psychological symptoms. The majority of clients however, may require support and psycho-education concerning the impact of past experiences and take away with them a greater understanding of the resettlement process. The table below provides information on families who completed assessment during the period 1 July – 31 December, 2006.

GENERAL GOALS ACHIEVED ON ASSESSED CLIENTS (240 refugee families)

FROM 1 July 2006 TO 31 December 2006

Assessment Goals	Goal Achieved
In discussion with client:	
How to contact relevant health services.	15
Understanding how past experiences affect life.	176
Manage psych symptom daily effects.	132
Understanding the resettlement process.	201
At completion of assessment:	
Client participation in decisions about help	206
Has settlement been assisted by contact?	183

The above statistics are showing that there are significant numbers of clients where counsellors are noting uncertainty about how clients are able to participate in the decision making process and how much settlement is being assisted by counselling. For example, counsellors are reporting Southern Sudanese clients usually engage in very short-term counselling (ceasing attending sessions soon after assessment) and often prioritising other practical issues such as housing, English classes etc, sending money to relatives. Generally counsellors have informed that many Southern Sudanese clients are not open to processing previous trauma at this time. It may be perceptions such as this which are causing counsellors to question the involvement of clients and the effectiveness of the interventions. These are both issues where further dialogue will take place within the service and with refugee communities.

Client feedback on STTCS interventions	Schedule 3 of Agreement: RFT Part 1, Attachment E, page xxxii	The extent to which counselling sessions provided meet the needs of entrants.	75% of entrants are satisfied with the service provided.

Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment and counselling process. This has been completed for the period 1 July - 31 December 2006:

(i) Clinical Goals Review (on discharge)
Clinical goals are reviewed upon discharge from the service. At case closure, the degree of achievement is rated using the same scale as that described for general goals. It is recognised that goals can change in the course of client contact but it is not possible to report at closure on a different set of goals.

Clinical goals are established with clients at the end of the assessment period on the assessment/case plan form. Below are the clinical options that have been established:

1. Manage traumatic stress symptoms
2. Manage anxiety symptoms other than traumatic stress symptoms
3. Manage anger/aggressive behaviour
4. Manage depression
5. Manage psychosomatic symptoms
6. Manage psychological symptoms other than the above
7. Manage grief reaction
8. Address social isolation by fostering networks which are meaningful to client
9. Linking or case management required when involving services addressing treatment of a psychiatric disorder
10. Strengthening family functioning
11. Supportive counselling in relation to settlement and health needs
12. Other (as per client specification)

In this period for the 153 clients where short-term intervention has been completed, the referral and assessment could have occurred prior to this reporting period. The table below provide information on short-term intervention cases that were **closed** during the reporting period. (For data collection purposes it is not known whether a client has received a short-term intervention until the case is closed and the time spent on the case totalled.)

1 July 2006 - 31 December 2006

	Number of clients who are being reported upon: 153		
Goal Description	**Minimal Achievement**	**Moderate Achievement**	**Significant Achievement**
Goal A: Manage traumatic stress symptoms	36	37	2
Goal B: Manage anxiety symptoms other than traumatic stress symptoms	14	60	14
Goal C: Manage anger/aggressive behaviour	14	8	3
Goal D: Manage depression	13	18	11
Goal E: Manage psychosomatic symptoms	19	11	1
Goal F: Manage psychological symptoms other than above	21	21	4
Goal G: Manage grief reaction	19	39	21
Goal H: Address social isolation by fostering networks which are meaningful to the client	18	44	23
Goal I: Linking or case management required when involving services addressing treatment of a psychiatric disorder	9	25	27
Goal J: Strengthening family functioning	28	45	36
Goal K: Supportive counselling in relation to settlement and health needs	12	69	56

At the conclusion of the counselling process, the counsellor and client together identify the degree of achievement attained for each one of the goals on the case plan.

As mentioned in the last report, it should be noted that counsellors continue to observe increasing complexity and range of symptoms in clients assisted by STARTTS.

Service provider report against the advocacy and training activities plan for medical services and health professionals in relation to refugee health/torture and trauma issues	**Clause 8.2(g) of Agreement; Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxxiv**	**The extent to which DIMA is satisfied that agreed activities have been undertaken and reported on.**	**DIMA satisfied that all agreed activities have been undertaken in a satisfactory manner.**

Targets achieved against Annual Plan

Service Type	**Sessions Delivered July 06- Dec. 06**	**Area**	**Target July 06 – June 07**
Hospitals	3	Cumberland, Nepean and Auburn	4
General Practitioners	2	Liverpool, Wollongong	3
Health Interpreter Services	1	Northern Metro-Parramatta	4
Community Health Centres	2	Fairfield, Merrylands	5
Women's Health Centres	0		4
Baby Health Services	0		2
AMEP providers - Counsellors	0		3
School Counsellors	0		6
TAFE Counsellors	1	Randwick	2
Centrelink – Psychologists and Social Workers	0		2
Dental Services	0		2
Sexual Assault Services	1	Southern	3
Domestic Violence Services	1	Ryde	3
PSP Counsellors			2
DOCS	1	Strawberry Hills	6
IHSS Services	2	Sydney Metro, Auburn, Blacktown; Liverpool	As needed
Other (counselling, mental health and psych services)	2	Lake Macquarie MHT; Psych. Rehab. Association	3

For details of all training sessions delivered in this reporting period, please see Attachment N – Training Delivery.

Participant Evaluation and Feedback

STARTTS training delivered during the period has variously ranged from one to 6 hours (1 day) duration per session. Evaluations are required for sessions greater than three hours. Typically, STARTTS do not administer evaluation sheets when conducting training/information sessions of less than three hours duration. It is noted that, for this reporting period, some evaluations have not been completed:

- when training is done in conjunction with, or under the auspices of, another organisation, and that other organisation requires participants to complete their internal evaluations; and
- when some staff members, particularly those new to STARTTS, have not always recognised the importance of completed evaluations. Disruptions in the management of training delivery have been a major factor contributing to the lack of evaluation data. This will be addressed as a priority in the coming year.

Evaluations received: 33

Question Text	Answer Text	Participants	%age of Total
I will be able to use what I learnt in this training.		44	
	2	1	2.3%
	3	13	29.5%
	4	30	68.2%
The content was relevant to my job.		45	
	3	9	20.0%
	4	36	80.0%
The content was the right level for me.		45	
	3	11	24.4%
	4	34	75.6%
The trainer was well prepared.		45	
	3	2	4.4%
	4	43	95.6%

In terms of the evaluations received, the most frequent suggestion for improvement identified the need for more time. Work schedules and shifts are frequently constrictive in the times that participants are available for training. Despite this, they were still requesting the full range of training topics available from STARTTS. In these situations, it is easy for STARTTS trainers to fall into the trap of attempting to give a lot of information within a short training session (e.g. 1-3 hours) in order to meet the specified needs of training clients. An effort is being made to address this at point of intake of training requests. Where an organisation is clearly not realistic about the level of detailed information they are requesting with respect to the time they are allowing for the training, alternate options are being discussed with them. Frequently, STARTTS trainers are recommending that programmes can be modularised and presented over several

weeks, if one-day training is not logistically possible. This flexibility of approach adds significantly to STARTTS' capacity to provide the depth of material stakeholders are requesting and allows for the inclusion of learning activities that enable practice of skills and integration of information.

However, this means of delivery and structure does impact on resources within STARTTS, both financially and in terms of availability of staff because of the travel involved.

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

- "*An informative and enlightening day*." (Case-worker)
- "*Learnt a lot and taken a lot with me back to the ward*" (Nurse)
- [What was most valuable to me was]…"*The benefits of professional treatment and the services available.*"(Case-worker)
- "*How to interact with survivors*" (TAFE Counsellor)
- "*Knowing what the issues are for refugees. The difficulties they experience*"
- "*An outstanding presenter*" (Volunteer service)
- [The presenter] …"*was really well prepared, interesting and communicated her knowledge well* "(TAFE counsellor)
- *"Understanding more about Post Traumatic Stress Disorder"* (counsellor)
- *"The most valuable thing was how to deal with the refugees and to take care of myself as well*."(caseworker)
- *"Understanding the behaviours that some of us in the group have experienced"* (volunteer service)
- *"I have developed at least a few skill to meet the needs of my clients as well as some tools for being a more proactive counsellor"(* counsellor)
- *"The experience of being with and learning from* [the trainers]…*two people who are truly teachers not preachers. They have walked the walk and that knowledge of the experience they've come across very well"* (Community Health)
- *"Had a lot of presentations in the past and by far this was the best" (volunteer)*

Areas for improvement

- *"Would like more specific information on how to help Sudanese refugees within the TAFE setting*" (TAFE)
- *"More time!* " (counsellor)
- "*Examples given were from one African community. Would like more in depth knowledge of other communities"*
- *"More information on the refugee demographics for our particular area.*

Advocacy and Community Awareness Raising Services (ACARS)

Item:	Contract reference(s):	KPI:	Performance standard:
Service provider report against Advocacy and Community Awareness Raising activities plan	**Clause 8.2(h) of Agreement; Schedule 3 of Agreement; RFT Part 1, Attachment E, page xxxvii**	**The extent to which DIMA is satisfied that agreed activities have been undertaken and reported on.**	**DIMA satisfied that all agreed activities have been undertaken in a satisfactory manner.**

The ACL Consortium has continued to adopt a collaborative approach to working with other settlement service providers to integrate the IHSS within the wider settlement context. We have built on relationships established in the first 9 months of the contract in a variety of ways.

- ACL participated in a Proposer Information session for African Proposers coordinated by the Baulkham Hills/Holroyd/Parramatta MRC in this reporting period. There is another session planned for February 2007, in conjunction with the Fairfield MRC. At numerous refugee network meetings, ACL has offered to contribute to information sessions in any area of Sydney, Newcastle or Wollongong if there is sufficient demand.
- ACL has continued to conduct awareness-raising sessions for mainstream service providers, such as the NSW Department of Education and Training, SGP providers, health service providers (for further details, see pages 27 - 29 in this report)
- ACL has continued to report on the IHSS program activities at forums such as the Refugee Support Network, the Refugee Issues Working Group and the Illawarra Refugee Issues Forum.
- Various ACL IHSS staff have attended interagency meetings, in some cases on an ongoing basis and in some cases by invitation when IHSS issues are on the agenda for discussion.
- IHSS Community Advisory Panel (ICAP) meetings have been held on a quarterly basis in Sydney. ICAP meetings may be initiated in Newcastle, once the results of the mapping exercises in the Newcastle area have been analysed. There are already a myriad of refugee networks in the region and the purpose and scope of a Newcastle ICAP would need to be specified and promulgated before the first meeting is scheduled.
- The ACL IHSS Consortium Newsletters published in this reporting period were disseminated in August, October and December.
- ACL IHSS staff have forged and maintained links with the AMEP service providers in ACL's contract regions to promote integrated service delivery and increase entrant uptake into the AMEP Special Preparatory Program for humanitarian entrants. This includes representatives from AMEP providers attending ICAP meetings and IHSS staff providing information sessions to AMEP staff. The Manager, IHSS was invited to contribute to the DET AMEP Hunter Area Consultative meeting in September 2006, but could not attend due to prior commitments. Contributions to this forum will be renegotiated in 2007.
- ACL continues to provide an Arabic speaking Case Coordinator located at Liverpool, where there are large numbers of Iraqi refugees and SHP entrants, one day a week.

- ACL has worked with the NSW Department of Education and Training to assist refugee children adapt to the school system. NSW DET staff have briefed Case Coordinators on new school enrolment procedures and forms. The Department and ACL worked cooperatively to resolve an enrolment problem created by inaccuracies in documentation on school-aged IHSS clients, as the need arose. Case Coordinators also liaise with school counsellors as settlement issues arise for IHSS clients. The Promotion and Training Coordinator also attends the Department's Refugee Student Support Group meetings.
- ACL continues with the program of meeting with Members of Parliament to inform them of the IHSS service and the way in which ACL is assisting humanitarian entrants under this service.
- ACL continues to liaise with organisations able to assist humanitarian entrants, such as charity organisations (for second-hand goods and assistance with paying bills), Red Cross Tracing, immigration advisory services and tenancy advocacy groups.
- ACL continues to promote the service and provide training, when requested, to community organisations and service providers.

Report on regional planning activities undertaken with other DIMA settlement service providers and mainstream agencies and any needs identified in relation to post-IHSS services	**Clause 8.2(i) of Agreement; Schedule 3 of Agreement; RFT Part 1, clause 5.15.3 and Attachment E, page xxxvii-xxxviii**		

Identified gaps/barriers to services that have been/are being addressed:

- Adequate tenancy information for newly-arrived humanitarian entrants: Fairfield MRC has received project funding to address this gap in information available by developing a DVD. Resolve FM and ACL are supporting this project by participating on the Steering Committee for the project.

- Support for women at risk: Liverpool MRC has project funding to provide support services for African Women at Risk. ACL has been supporting this project through participation on the Advisory Committee.

- Barrier to accessing health services – medical interpreters: This is a problem which is significant and not likely to be solved in the short-term. ACL has been actively promoting the free Doctors' Priority Line with GPs and specialists in private practice. ACL has been working collaboratively with NSW Refugee Health Service to encourage medical practitioners to use qualified medical interpreters. ACL also participates in the Refugee Health Improvement Network (RHIN), which is also attempting to develop effective strategies for influencing medical practitioners on this issue.

- Barrier to accessing health services – mental health services: As a direct result of client needs, ACL has been investigating processes and procedures for obtaining adequate and timely responses from the mental health service providers. Understanding the delineations of hospitals and community mental health teams, including crisis mental health teams has taken some investigation. Post-hospital care options have also had to be researched for clients who do not have family members who can assist in the long-term. Appropriate assessment strategies to access supported housing and care for clients with mental illnesses have also been investigated. It is apparent that resources for mental health services and supports are limited and stretched near capacity. This will continue to provide difficulties for clients needing to access these services.

Gaps/barriers to services which have been identified in this reporting period and which need strategies to be developed or projects initiated:

- Money management – budgeting on Centrelink benefits continues to be a problem for IHSS clients. ACL has produced some simple information and planning tools but this is an area which needs further resource development. Most available resources in this area are too complicated and therefore inaccessible for newly-arrived clients.

- Tenancy advocacy – once clients are moved into long-term accommodation, IHSS accommodation services are complete. In the current property market, landlords and agents are recalcitrant when it comes to repairing properties, as there are so many potential renters to choose from. IHSS clients have neither the language skills nor the underpinning knowledge to be their own advocates with real estate agents, particularly in relation to repairs. Further consideration needs to be given to the most appropriate referrals or resources which could assist clients in this area of their settlement.

- Immigration advice – while these services are available, it seems that the resources are not adequate to meet the demand. Family reunification is an important issue for many IHSS clients who have left family behind in their country of origin or country of asylum. Access to information about options for bringing family members to Australia is of critical importance to them. Having family overseas who may still be in danger or who require money to be sent to them have an impact on the capacity of the family in Australia to settle.

- Complex cases – high needs families: As these families complete their IHSS services and are exited to post-IHSS service providers, the management of these cases will need additional resources. While this is the subject of current consideration by the IDC Taskforce, it needs to be mentioned as a potential post-IHSS difficulty.

General

Item:	Contract reference(s):
Update on Risk Management Plan	**RFT Part 1, Clause 5.13.11**

Please outline any amendments that have been made to the Risk Management Plan during this reporting period {and provide a copy of the revised plan}.

Comment [gj1]: For Six Monthly Report only

There have been no amendments to the Risk Management Plan in this reporting period.

Item:	Contract reference(s):
Evidence of qualifications and training of torture and trauma counsellors	**RFT Part 1, Clause 5.13.5**

Please provide a statement on the qualifications and training of torture and trauma counsellors as follows:

- For new counsellors – details of qualifications held, training being undertaken and/or relevant experience;
- For existing counsellors – any additional qualification obtained or training/professional development completed during the reporting period.

There have been no new counsellors appointed in this reporting period, nor additional qualifications obtained by existing staff.

Professional development: STARTTS is committed to the continuation of internal training for all staff. Individual professional developments needs are identified and relevant skills coached through weekly clinical supervision sessions. STARTTS staff identify their ongoing training needs through regular performance management meetings and their annual Performance Appraisal with their line managers.

In this past 6 months counsellors have been trained in Group Leadership Skills, Run by Burnside Training. In addition, staff have attended professional development activities which have included:

- Regular Clinical supervision
- Clinical presentations
- Journal Club
- Clinical Master Classes which included the topics:
  - Neurofeedback and Trauma
  - Models of Adaptation to Trauma
  - Biofeedback Pain and Trauma

Over the next 12-18 months staff nominated to conduct training at STARTTS will be included in the process of acquiring the nationally accredited Certificate IV in Assessment and Workplace Training. This will ensure all training offered by STARTTS staff is overseen according to nationally set competencies held by registered training providers.

Annual Report

1. Please provide a copy of the annual audited financial statements in accordance with Clause 8.4 of the Agreement.

2. Describe any issues that arose during the year, any strategies implemented to address these and any future strategies for the next planning year.

Volunteer Co-ordination (VC)

Item:	Contract reference(s):	KPI:	Performance standard:
Volunteer feedback on satisfaction with volunteer management processes	Clause 9.5 of Agreement; Schedule 3 of Agreement; RFT Part 1, Clauses 5.10.10 and 5.15.4 and Attachment E, page xxxvi	The extent to which the management framework is established and implemented in accordance with the requirements.	75% of volunteers satisfied with: ▪ volunteer support provided; and ▪ volunteer management arrangements.