ACL IHSS CONSORTIUM ANNUAL REPORT

Northern and Southern Metropolitan Contract Regions of NSW

1 October, 2005 –30 June, 2006

Please note that the following section of the report covers the period 1 February – 30 June, 2006 and supplements the six-monthly report provided previously for the period 1 October 2005 – 31 January 2006.

This corresponds with Section 8.3 Annual Report, subsection (a) in the ACL IHSS Consortium Agreement.

Snapshot of humanitarian entrants assisted by the ACL IHSS Consortium 1 October 2005 – 30 June 2006

Refugees	SHPs	TPVs	Transiting Refugees	Transitioning Refugees	Transitioning SHPs
265 families	483 families	21 families	244 families	105 families	257 families
827 people	1665 people		842 people		

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

Case co-ordination, information and referrals:

- Procedures for completing, and format of case files have been reviewed and improved, and case notes and descriptors made consistent.
- Case coordination plan form has been improved to expand on range of services notated and to make it more “user-friendly”.
- Assessment interview form has been improved by simplifying and streamlining the questions.
- ACL IHSS database has been developed and will be implemented across the Consortium in the coming months to significantly streamline case coordination.
- Referral processes and forms have been amended to improve flow of information and response times
- Caseworkers have had extensive training on policies and procedures and on the provision of information and advice to clients
- Case coordinator staffing has been increased to meeting higher than forecast demand and to ensure appropriate levels of support in finalising all transitioning clients and the high number of clients assisted in 2005-2006. Staffing levels will continue to be regularly monitored and reviewed.

On-arrival reception and assistance:

- There has been an increase in the pool of caseworkers who provide on-arrival assistance. This step has been taken in order to ensure that ACL has sufficient caseworkers available with the right mix of skills, knowledge and characteristics, such as language background, gender, and appropriate social/political background.
- The caseworker pool is constantly monitored to ensure the “best service delivery fit” for clients.
- Consortium has provided suggestions to DIMA on program improvements, .e. g. medical protocols
- Updated medical protocols have been developed and disseminated by DIMA. Case coordinators and caseworkers have been trained in these new protocols to ensure appropriate medical responses.
- Warm clothing is being provided on arrival during this winter period.

- Short-term accommodation properties have been provided with a folder of print-based information and pictograms to assist with the first few days in the country.

Accommodation services:

Significant progress has been made in implementing the 2005-2006 Annual Work Plan. In summary the achievements are as follows:-

1. The implementation of the accommodation services was completed in the short transition-in time available. This implementation included the set-up of a portfolio of two and three bedroom properties in Mt Druitt, Blacktown, Auburn, Fairfield and Liverpool areas, setting up an office in Auburn in close proximity with other Consortium members and establishing the associated business specific systems for this contract.

2. Establishment of a short list of real estate agents in the more common suburbs where entrants are likely to select their longer-term accommodation. This short list will be extended in the ongoing years of the contract.

3. All staff has been recruited to deliver the accommodation services. Staff cover the areas of management, property and accounting. This staff base has been stable over the last six months.

4. Training of staff has progressed. Training for staff has been targeted to specific areas only as all staff employed to work on this contract already had the necessary skills in their relevant area of expertise, e.g. property management and accounting. Staff training has been focused on the delivery required for the accommodation services and better understanding of refugees and their cultural needs.

5. Setting up business systems to allow monitoring of the service delivery and tracking of KPI targets. By using these business systems corrective action can be undertaken, if required, to ensure targets are still met.

Short-term torture and trauma counselling services:

The Integrated Humanitarian Settlement Strategy (IHSS) service provision environment within the Consortium involved a change in the way referrals are made to STARTTS, with the majority of refugee clients being referred by case coordinators. The focus of the past nine months since the commencement of the contract has been to ensure that successful implementation of the new model occurred with minimum disruption for clients. This was crucial to guarantee newly arriving refugees the opportunity, early on in the settlement procedure, to identify and manage the impact of traumatic experiences. In addition, STARTTS emphasised to all service providers that newly arrived refugees may present with a need for psycho-social and psychological support at various points in the throughout the 12 month post-arrival period and remain eligible for short-term torture and trauma counselling.

Volunteer co-ordination:

The Mission Australia Volunteer Coordination Unit has effectively developed a Volunteer framework that focuses on a coordinated approach to the delivery of volunteer services to newly arrived humanitarian entrants. The framework not only formally acknowledges the work carried out by the CRSS and CSR groups in the past but also incorporates their expertise into the new framework The Volunteer Framework specifically outlines the roles, responsibilities and limitations of the role of the volunteer while offering initial training, ongoing access to training, OH&S induction for their role as volunteers, payment for out of pocket expenses and a commitment from Mission Australia to provide insurance cover while undertaking volunteer activities.

The framework adheres to the holistic approach that governs and dictates the policies and procedures of the Consortium in delivery of IHSS services. This approach incorporates initial consultation with the client about their need for services, including a volunteer, and allows the volunteer an opportunity to discuss the ongoing needs of the client with relevant Consortium staff. This coordinated and open approach to service delivery not only empowers and encourages the client to make independent decisions but also enables the volunteer to feedback into the Consortium suggestions, based on their experience and understanding of the Australian community, that would improve service provision.

Staffing
1 Team Leader / Volunteer Coordinator
2 Volunteer Coordinators
1 part time Coordinator in Newcastle
1 full time Administrative Officer
1 part time casual Administrative Assistant
1 Migrant and Refugee Services Manager

Activities undertaken October 1, 2005 – June 30, 2006

- Developed a Volunteer Framework
- Developed policies and procedures to support the volunteer framework
- Developed relevant forms and documents relating to specific procedures
- Developed a framework for conducting training for volunteers
- Delivered training to over 159 volunteers
- Matched 91.6% of all client referrals
- Developed and implemented procedures to reimburse volunteers for out of pocket expenses
- Developed a local database to track volunteer activity
- Contributed to and participated in end of year celebrations for IHSS volunteers
- Developed a resource kit for volunteers
- Participated in an external Client Record Audit through Mission Australia
- Developed and published the “ Volunteer Voice” newsletter
- Developed a Volunteer Satisfaction Survey

- Developed a comprehensive OH&S policy for volunteers
- Developed relationships with community organisations in Sydney, Newcastle and Wollongong. Organisations which the Volunteer Coordination Unit have liaised/worked with include:
    - Auburn Migrant Resource Centre
    - Auburn Interagency
    - Auburn Community Development Network
    - African Communities Council
    - African Support Network
    - Iraqi Women's Association
    - Afghani Women's Association
    - Information and Cultural Exchange (ICE)
    - Wollongong Interagency
    - Wollongong Refugee Support Forum
    - Newcastle Refugee Support Network
    - Migrant Resource Centre of Newcastle and the Hunter Region
    - Radio TIN
    - Liaison with Newcastle Centrelink

2. Describe any issues which have arisen during the reporting period (1 February 2006 – 30 June 2006) and areas which need to be addressed.

Case co-ordination, information and referrals:

- The high number of transitioning clients (over 300) who arrived in Australia before 1 October, 2005 has continued to place pressure on the Consortium.
- Referral of TPV/PPVs with multiple needs over and above referral to short term torture and trauma counselling. These clients present with health issues (such as depression), terminal and other illnesses and other social/behavioural issues related to the loss of previous networks and relationships.
- The ongoing complex and varied level of client need, for example, high level trauma, domestic violence, marriage breakdown, health issues, mental health issues continues to have a direct effect on case coordination. This requires extensive knowledge of other services to ensure appropriate responses to multiple needs. This also impacts on the length of time clients remain in the IHSS as they deal with their many issues, the level of stable settlement they are able to achieve during this period, and their ongoing needs which will need attention post-IHSS.

Accommodation services:

1. Refugees are placed under an additional stress as in the majority of cases they vacate our short-term accommodation properties owing rent and utilities. This debt is due to rent and utilities always being paid in arrears. On commencing the lease for their long-term accommodation, refugees have to contend with paying not only their ongoing costs for this new property but also their rent arrears.

2. We have had a number of arrivals who have rejected our short term accommodation and stayed with their relatives. They remain with their relatives for many months, despite efforts to secure longer-term properties for them. Some of these clients have advised that they wish to stay with their relatives for up to three months before they start looking for a property of their own. This decision impacts on the contract KPI's. We have found that lengthy stays with relatives can cause friction and breakdown in the extended family unit.

3. Securing longer-term housing for single entrants is proving more difficult as the rental market tightens. 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. Higher rentals and far fewer properties are seeing singles remaining in our short term accommodation for longer periods due to the rental and utility subsidies provided.

4. Resolve FM report that a significant number of clients seem to have mental health issues and that this number appears much greater than in past contracts. It would be helpful to receive advice in relation to any arrivals or current clients who are experiencing any mental health issues which may impact on their capacity to enter into a Tenancy Agreement, understand their obligations in doing so and also their interaction with property officers. Perhaps the health manifests should include a specific notification of clients with mental health issues and referral to appropriate medical services within a prescribed timeframe.

5. We are still experiencing some issues in obtaining Rentstart Plus (namely 4 weeks bond and 2 weeks rent) from some of the Department of Housing suburban offices. This problem occurs if changes are made to Department of Housing front desk staff. Meetings with Area Managers of Department of Housing are being arranged to further inform them of Resolve's role under the IHSS program. We are also discussing with the Department of Housing the availability of receiving a “letter of introduction” for our property officers to use at Rentstart appointments to expedite the process and minimise any problems.

6. A number of entrants are rejecting the short term accommodation provided and are choosing to live with their relatives or links. When the entrant moves in with their relative or link they are in breach of the relative or link’s lease, especially when they stay for many weeks and sometimes months. Leases for rental properties specify the number of people that can occupy the property. This breach is sufficient to evict not only the relative or link’s family from the property, but also the entrant and their family. This same situation applies to the SHP entrants when they arrive in Australia.

7. There are numerous examples where relatives are insisting on helping the entrants regarding their accommodation and 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.

8. There are a growing number of negative responses being received from agents and landlords when applying for long-term accommodation for entrants. A number of reasons exist and include:

    - Decrease in the number of public housing properties
    - Decrease in number of affordable rental housing
    - Lower vacancy rates in private rentals putting upward pressure on rents.
    - No Government strategy on future housing policy
    - Public housing system encourages people to stay unemployed as higher income may lead to public housing being withdrawn
    - Pressure on SHP entrants to re-pay airfares increases the possibility of indebtedness and potential housing poverty.
    - Inadequacy of Commonwealth Rent Assistance – not tied into real rental costs and the same amount is received by recipients whether they rent a 3 bedroom property in Sydney for $300 per week or in Broken Hill for $150 per week.
    - Unsubstantiated fears and misconceptions of agents/landlords as to entrant’s ability to look after properties or pay rent.
    - Discrimination based on income level/Centrelink benefits
    - Discrimination based on ethnicity and/or religion.

Advocacy and community awareness-raising services:

The prime issue arising in this area, which is being addressed on an ongoing basis, is community knowledge and understanding of the new IHSS service delivery model. There are several reasons why community members have either unclear or outdated understandings of the program. These include:

- Inaccurate information provided at pre-embarkation
- Knowledge of the previous IHSS service delivery model which has been changed under the new contract
- Word-of-mouth networks which perpetuate this misinformation.

This issue is being addressed on several fronts, including addressing forums, seminars and meeting with individual service providers and community groups. This is being conducted by both ACL and DIMA in an effort to clarify the new model of service delivery and will continue to be an issue for the next few months. Eventually, as the conduct of service delivery progresses, the understanding of the IHSS will be more widespread and will require less effort in promulgating the new model.

In addition, small and emerging communities are still establishing themselves in Australia and the level of support and emerging settlement issues are still unfolding. In raising awareness in the community at large about new entrants, there is only fledgling information that can be provided about the nature of these groups and their settlement needs.

Volunteer co-ordination:

- ***Federal Police supplying the VCU office with incorrect Police Check forms resulting in delays in processing.***
  VCU staff requested all volunteers to complete another form either by coming into at the VCU office at Auburn or VCU staff delivering the form to their residence personally.

- ***Delay in Police Checks being approved by the Federal Police in a timely manner***
  Worked closely with DIMA and ACL to ensure a 48 hour turn around by Federal Police.

- ***Lack of female volunteers in Sydney to match with female entrants***
  Existing female volunteers were asked to volunteer with multiple families.

  The VCU ran an advertising campaign targeting female volunteers and was able to recruit a large number of females for the next training.

- ***Lack of volunteers from ethnic groups represented in the emerging client population***
  The VCU was able to match some clients with experienced volunteers from the CSR groups. Although many of these volunteers were not from the same ethnic background as their client, their experience in volunteering with IHSS clients made them a valuable resource.

The VCU ran a very successful advertising campaign targeting volunteers from communities represented in the client population and was able to recruit appropriate volunteers.

- ***Engaging and retaining trained volunteers in Newcastle and Wollongong***
  The VCU has 49 trained volunteers in Newcastle and 24 in Wollongong. Lower entrant family numbers and therefore lower referrals for volunteers in both regions has resulted in most of the volunteers not being matched with clients after completion of their volunteer training. As well, with the new model of IHSS service delivery, caseworkers deliver the bulk of early settlement services, whereas in Newcastle under the previous contract, most IHSS services were delivered by volunteers.

  The VCU has maintained contact with volunteers in Newcastle through the newsletter and a workshop. A part time Assistant Coordinator has been employed to maintain constant contact with the clients and volunteers and to maintain a presence in the region by attending key meetings. An end of year celebration will be held in Newcastle for all volunteers.

  VCU staff regularly attends interagency meetings in Wollongong. Workshops will be conducted in the 2006 – 2007 financial year in Wollongong. An end of year celebration will be held for all volunteers.

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 MPMS numbers (Case ID numbers provided by DIMA):

Northern Metropolitan

- 12782
- 14045
- 17225

Southern Metropolitan

- 20896
- 20927
- 12604

Provided as Attachments A & 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 MPMS numbers (Case ID numbers provided by DIMA):

Northern Metropolitan

- 11747
- 12458
- 12795

Southern Metropolitan

- 11450
- 10502
- 11614

Provided as attachments C & 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 MPMS numbers (Case ID numbers provided by DIMA):

Northern Metropolitan

- 13669
- 13879
- 19817

Southern Metropolitan

- 15210
- 19641
- 18776

Provided as attachments E & 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.

In March 2006, ACL conducted an internal review of service delivery. 39 clients/families were interviewed, focusing on both the quantum of services delivered and their satisfaction with the quality of those services.

The questionnaire was divided into 3 components: on-arrival reception and assistance, services within the first 48 hours after arrival and other subsequent services. The questionnaire did not ask clients to rate the quality of service delivery overall;

In relation to client satisfaction, the data revealed the following:

- Satisfaction with on-arrival reception and assistance services 86%
- Satisfaction with services delivered within the first 48 hours after arrival: 85%
- Satisfaction with additional services: 81%

Client satisfaction with service delivery is also sought as a component of the exiting process. Exit interviews are conducted by a case coordinator (not the who has been responsible for the family) and clients are also asked to rate service delivery.

Findings on client exits show:

- Satisfaction with the on-arrival and reception services 90%
- Satisfaction with services provided within the first 48 hours of arrival 98.5%
- Satisfaction with additional services 95.5%

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		

Pre-embarkation program:

In relation to accommodation, a number of issues have arisen which has caused difficulty and stress to the entrant on arrival. These issues appear to relate to the information given at pre-embarkation. Recent examples are:-

1. A client who arrived 4 November 2005 has interpreted the standard form letter issued by the Australian Embassy Cairo as excluding him from having to pay rent on short term accommodation. He claims the sentence advising that "accommodation has been arranged for you on arrival" means he does not have to pay for rent and utilities.

2. Various clients have stated over the months that they were told that anything up to the first 13 weeks of short term accommodation was completely rent free. We endeavour to alter this mindset where it exists. In some instances we have provided extracts from the IHSS contract to convince the entrant this perception is not true.

3. Entrants are given a false impression of the type of housing they will be able to live in following arrival. The pictures of houses used in the pre-embarkation videos are providing misleading information for all areas of Australia, in particular the Sydney basin. Not all clients will be able to lease a large, modern brick home for several reasons, including affordability, location and family size. In one case, a client insisted on a new brick home, and in another case, a client had a very restricted area he wished to live in, a low budget and high expectations of what the family could secure for that budget.

4. Entrants from African countries who have held positions at various levels in the church in their homeland have come to Australia with the perception that as their church community back home supported them financially then Australia will provide the same support. Hence they believe that they do not have to pay rent and utilities in leased properties. Correcting this thinking has caused serious issues with the entrant.

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 survey of a random sample of 5% of Proposers was conducted to determine their level of satisfaction with the support they have received from the Consortium.

ACL commissioned a consultant to conduct the survey by telephone in the Proposer's first language and the interviews suggest that their level of satisfaction is very high.

- Satisfaction with the information that the case coordinator gave them 100%
- Satisfaction with the assistance they received from case coordinators in resolving problems 100%
- Overall satisfaction with the service 100%

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.

ACL internal review (March 2006) assessed client satisfaction in this area:

81% of interviewees expressed satisfaction with assistance to develop community networks.

Client feedback from exit interviews indicates 97.8% satisfaction with the assistance they received to develop community networks.

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.

ACL has developed relationships with key organisations in the sector and continues to work collaboratively with them.

ACL IHSS staff meet regularly with other DIMA-funded settlement services and mainstream agencies through Interagency and network meetings.

- Refugee Support Network – Sydney and Newcastle
- Auburn Humanitarian Network
- African Support Network (ACL hosts this network)
- Refugee Health Improvement Network
- Blacktown Interagency
- Fairfield Interagency
- Penrith Migrant Interagency
- Liverpool Migrant and Refugee Network Group
- Fairfield Emerging Communities Action Partnership
- Macarthur Migrant Interagency
- Regional Multicultural Advisory Committees (RMACs – Centrelink-convened)
- Quarterly Multicultural Advisory Forum meetings
- Refugee Issues Working Group (DIMA-convened)
- Illawarra Refugee Issues Forum
- Fairfield Immigrant and Refugee Women's Network
- NSW DET AMEP Consortium (representatives attend ICAP meeting and ACL attends DET Consortium meetings)

ACL has provided briefing sessions for AMEP staff in ACL Colleges and the Manager, IHSS has met with key managers in the NSW DET AMEP Consortium.

In addition, the Consortium interacts with other IHSS service providers around Australia in relation to transiting clients and clients transferring into or out of NSW.

Transits

In ACL's IHSS procedures, there is a requirement to advise the service provider at the final destination if there are any changes in flight/arrival details resulting from any problems arising at Sydney airport. This is done, then, as a matter of course.

When there was a communication problem with getting information to the appropriate organisation in Melbourne, both parties exchanged emergency mobile telephone numbers to ensure that contact could be made in a timely matter.

Transfers
In the course of dealing with transfers into and out of NSW, the Consortium has worked with most other services providers across Australia.

Inter-region communications and negotiations in the early stages of the contract were cumbersome and difficult and resulted in some states, in delays in service delivery for clients transferring interstate.

With the implementation of new guidelines and protocols from DIMA regarding transfers, most of the previous problems have been eliminated.

As soon as we are aware that a Consortium client will be leaving our contract area, the Consortium prepares the requisite paperwork outlining services provided to the client by the Consortium. There is a single point of contact for these processes within the Consortium, ensuring that documents are prepared and forwarded in a timely manner.

The Consortium has experienced some delays, from time to time, in receiving documentation from other service providers about services already delivered. Consortium staff deal with this by making telephone contact directly with the provider concerned and making requests for the appropriately completed documentation. It is not common to receive early notification about transfers; however, from experience, it is apparent that service providers do not always know when a client decides to move to another IHSS region.

There has been frequent contact between AMES Victoria and the ACL Consortium, as the two largest providers of IHSS services. The positive relationship continues to be enhanced as we work together to ensure a smooth transition for clients from one service to another.

Meetings
The Consortium has been approached by a service provider in Brisbane to meet to exchange information about service delivery. The meeting was organised but at the last minute, the Queensland provider was not able to attend.

A provider from Townsville has approached the Consortium for a similar meeting, which is scheduled for September 2006, which is outside this reporting period.

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.

ACL internal review (March 2006) assessed client satisfaction in this area:
86% of interviewees expressed satisfaction with reception and transport to accommodation.

Client feedback from exit interviews:

- Satisfaction with reception and transport to accommodation 85.5%

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.

ACL internal review (March 2006) assessed client satisfaction in this area:
86% of interviewees expressed satisfaction with their orientation to accommodation facilities.

Client feedback from exit interviews:

- Satisfaction with their orientation to accommodation facilities 82%

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.

ACL internal review (March 2006) assessed client satisfaction in this area:
86% of interviewees expressed satisfaction with the provision of emergency medical attention and/or clothing/footwear.

Client feedback from exit interviews:

- Satisfaction with the provision of emergency medical attention and/or clothing and footwear 100%

Accommodation Services (AS)

Two voluntary surveys are conducted with the entrants within the first month of arrival. The first survey is conducted when the check-in is completed for our short-term accommodation. This survey relates to the standard of short term accommodation provided along with the necessary furniture and chattels included.

The overall score of all entrants surveyed for all questions completed was 93%. A graph of the monthly scores for the 2005/2006 period as well as the average score for each of the eight questions for the report period is included in Attachment G.

The second survey is conducted at the conclusion of the tenancy training. This survey relates to the adequacy of training provided for care of the tenancy as well as consideration of other tenants.

The overall score of all entrants surveyed for all questions completed was 97%. A graph of the monthly scores for the 2005/2006 period as well as the average score for each of the eight questions for the report period is included in Attachment H

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 on 24 of the 42 family arrivals (i.e. 57%) who occupied our short term accommodation on their satisfaction levels with the standard of accommodation provided and an average score of 97% was given.

It has been noted that there has been a growing trend of families moving in with relatives or links on arrival. For the first quarter, namely Oct 04 to Feb 06, there were 23% of arrivals who moved in with their relatives or links. For this period the percentage is 44.7%

All initial accommodation satisfies the contractual specification due to DIMA initial approval of accommodation used.

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 on 24 of the 42 family arrivals (i.e. 57%) who occupied our short term accommodation on their satisfaction levels with the standard of food provided and an average score of 89% was given. It has been noted that a majority of families have a number of friends/relatives visit 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. The change of providing cash instead of food vouchers has proved positive to the entrants.

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 on 24 of the 42 family arrivals (i.e. 57%) 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 90% was given. The property condition report forms part of tenancy agreement and as such had the same score as 90%.

It should be noted that the tenancy agreement satisfies the contract but contradicts NSW legislation. Two examples are - the rent changes after the first 4 weeks of arrival contradict the residential Tenancies Act 1987 [NSW] as need to provide six weeks notice for each rent change. Also the on-selling of electricity is in contradiction of the Electricity Supply Act 1995 [NSW].

The Southern Sydney Tenants Advice & Advocacy Service sought to lobby DIMA so Resolve FM has held meetings with representatives of this service to try to sort out this problem amicably. Resolve FM has rewritten the Tenancy Agreement and passed onto this Service for review. They have suggested a few changes but are happy with the process being undertaken. Once accepted by this Service we will pass onto DIMA for acceptance.

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.

There are no specific questions in our surveys related to entrants satisfaction levels with the assistance they receive in relation to understanding and dealing with documentation associated with Longer-Term Accommodation. It is intended to add a question related to this subject to the survey. We have received no complaints in relation to this subject.

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 41.3%. 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 short-term accommodation 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 staff and agents.

4. A number of entrants have received prior advice what they can afford for the rent being paid. Their expectations are they can afford a new 3 bedroom house for $120 per week.

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 wanted 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.

9. We even have entrants who say they use our short-term properties as postal addresses only, even though they are living there, and hence they will not move or pay any rent or utilities. One entrant family under this category took 218 days to finally move to LTA.

A comparison was made of time taken for those entrants who reject our short-term accommodation and, those who accept our short-term accommodation, to move into longer term accommodation. It was found that 33.3% of entrants that accept our short-term accommodation move out within 4 weeks. The reason the number is so low is due to the reasons indicated above. It was also found that entrants who reject our short-term accommodation and move into long-term accommodation within 4 weeks have a higher success rate of 51.2%. Possibly higher than those families who accept our accommodation as the families where these entrants live want them out due to the restricted living space with so many people living in the one house.

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. The only additional comment is with the tightening of the Sydney rental market the real estate agents are highly selective of applicants. We have a high number of applications rejected.

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 notified.

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 on 37 of the 76 family arrivals (i.e. 49%) on their satisfaction levels with the tenancy training and an average score of 96.5% was given.

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,

1. We have established good working relationships with several agents in Wollongong who have readily assisted and accepted applications from refugee clients of various ethnic groups & family sizes - single entrants to a family of 9. These agents have been thanked in the IHSS newsletter and have been added to the mailing list for the newsletter to keep them 'in the loop' during periods where we may not have families to house in the Wollongong area.

2. A spreadsheet of agents to be targeted in the next planning year has been set up. An introductory letter will be sent to the relevant agents with invitations to meet and further explain the IHSS program and housing issues we come up against when re-settling clients. It is hoped that the majority of agents we meet with will be more receptive to accepting new entrants and those that continue to have a negative view will be avoided.

3. We have held training sessions for case co-ordinators and case workers on tenancy issues relating to securing long-term accommodation so they have a better understanding of how to assist clients once they have moved into their own accommodation. Further training sessions on this subject will be held later this year.

4. Community housing associations will be contacted with a view to setting up meetings as they can sometimes be a valuable source of housing for clients who are more difficult to accommodate. The Consortium will attend the NESB Housing Taskforce Workshops and other community forums which look into housing issues with new entrants.

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.

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. Provided by NSW STARTTS as Attachment I (Northern Metropolitan) and J (Southern Metropolitan)

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.

The following processes for ensuring clients' access to STARTTS short-term torture and trauma counselling support during the settlement process and in a timely manner were implemented in this contract period:

- **100% referral rate of refugee entrants** - Procedures are in place to ensure that 100% of Refugee Entrants are being referred to STARTTS for assessment at four weeks post-arrival or when settled into permanent accommodation (whichever occurs first.

- **Clients referred by external agencies –** STARTTS maintains referral pathways for external organisations to ensure that entrants can access short-term torture and trauma counselling services for the 12 month period post arrival. Currently, approximately a quarter of all referrals are received from external agencies. A proportion of these referrals will also have been referred by ACL at an earler time. – currently the STARTTS database facility is not able to maintain a record of "duplicated" referrals received. The system identifies the initial referral source only. STARTTS will review this system once the ACL IHSS Consortium database comes online. Also, some external referrals are SHP entrants who were not able to be contacted by the Consortium for various reasons such as change of address of the Proposer or transfer interstate. STARTTS counsellors provide the details of the principal applicant to ACL once the client presents at the first appointment in order for eligibility for IHSS to be confirmed.

- **TPV holders**- ACL are provided with very limited background information about TPV clients by DIMA, which hampers appropriate intervention strategies. Discussions are occurring with DIMA to investigate the possibility of increasing the level of information obtained in order to assist STARTTS both with contacting the referred entrant and determining the urgency of the case.

- **Ways of promoting understanding of STARTTS to Special Humanitarian Program (SHP) entrants** - Discussions with ACL to identify the most effective means of accessing this client group. STARTTS continues the work it has been doing over the pasts several years, of implementing strategies to access Special Humanitarian Program (SHP) entrants who arrive through the Proposer Support scheme. Many of these clients are referred by services external to the IHSS, including proposers, and essential services such as schools and Centrelink. These SHP entrants require multiple and complex strategies in order for them to access STARTTS service and for them then to take up the offer of assessment and counselling. These include collaborative approaches such as the following:

    - **Combined ACL/ STARTTS information sessions** are held to facilitate STARTTS' capacity to increase refugee communities' awareness of trauma issues and thus encouraging SHP entrants to access STARTTS services

    - **Department of Education (DET) and Schools administered by the Catholic Dioceses:** An internal initiative is under way to develop strategic and integrated approach to working with schools both through training provided and the co-facilitation of groups with school counsellors.

    - **Ethno-specific consultations and contact:** STARTTS continues to meet with representatives of communities and to provide information and support in a range of formats including holding community consultations.

    - An active distribution of the **EIP brochure "A New Beginning"** to proposers and Special Humanitarian entrants which provides an explanation of short-term torture and trauma services. This brochure will be translated into community languages.

    - **AMEP providers:** Provision of information sessions regarding STARTTS short-term torture and trauma counselling services for newly arrived entrants attending English classes at Colleges. This is an effective strategy for reaching newly arrived entrants and has been implemented within Colleges which are part of the ACL AMEP Consortium. Discussions regarding the provision of information sessions have commenced with the Department of Education and Training (DET) AMEP Consortium.

Allocation of referrals

All clients and referral sources are sent a letter within forty-eight hours of receipt of referral. This letter is currently sent in English only but translations are being commissioned so that the information is available in the client's first language. The client is sent information about STARTTS asked to contact STARTTS in order to discuss how the service can support them. When a referred entrant contacts STARTTS in response to the initial letter, they are allocated to a counsellor within 7 working days. STARTTS measures timely access to assessment and counselling services using the following criteria:

1. length of time from date referral received to date allocated to counsellor:
2. length of time from date of allocation to date of counsellor's first attempt at contact
3. length of time from date of first attempted contact to date of first assessment session

The table below provides data re the timeliness of response, giving both the mean and median in days for each one of the above criteria for the 182 families where assessment was completed during the period 1 February-30 June 2006.

TABLE 1: Timeliness of Allocation/contact processes

	Mean (in days)	Median (in days)
Length of time between Referral date and allocation date	14.37	10
Length of time between allocation and first attempt at contact.	6.76	4
Duration between first attempt at contact and first assessment session.	20.77	13

There have been up to 6 occasions within each criterion that have been identified as “uncharacteristic” instances and they have been excluded when calculating the above statistics. Data is being collected to better understand these “uncharacteristic” delays in allocations. Reasons could be as simple as an incorrect postal address or a client’s indecision about accessing STARTTS services. To have included these occurrences would have provided a less than 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 and action taken to address any issues.

In addition, there have been other significant issues which have impacted on the ability of counsellors to see clients referred in the current contract period. These include both the number of clients referred to STARTTS in the last months of the previous contract period, the level of intervention required for these clients and the ongoing issue of access to interpreters. It is, therefore, difficult to give a clear picture of issues relating only to entrants under the current contract. However, preliminary analysis shows that from the 248 families who have completed assessment since 1 October 2006, 119 clients (48%) have been retained for counselling intervention. It appears from the initial anecdotal data gathered, that the increase in complexity of issues that clients present with has resulted in both an increase in the number of clients being retained for counselling interventions and in the number of sessions being required for short term intervention. This will continue to be monitored and a clearer picture and analysis provided in the next report.

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.

The tables below provide information on:

1. Families who completed assessment during the period 1 February-30 June 2006.
2. 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.

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 February-30 June 2006. This takes two forms:

(i) General Client Goals Relating to Early Intervention Assessment

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 182 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; therefore Goal 1.3 will only be relevant for a percentage of clients. The majority of clients however, may require support and psycho-education concerning the impact of past experiences (Goal 1.2) and take away with them a greater understanding of the resettlement process (Goal 1.4).

TABLE 2: GENERAL GOALS ACHIEVED ON ASSESSED CLIENTS (182 clients)

FROM 1 FEBRUARY 2006 TO 30 JUNE 2006

Assessment Goals	Goal Achieved
In discussion with client:	
1.1 How to contact relevant health services.	109
1.2 Understanding how past experiences affect life.	180
1.3 Manage daily effects of psychological symptom.	99
1.4 Understanding the resettlement process.	179
At completion of assessment:	
1.5 Was the client able to participate in decisions about help needed	182
1.6 Has settlement been assisted by contact with the service?	170

(ii) Clinical Goals Review (on discharge)

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

In the majority of cases, it is anticipated that a maximum of five goals are chosen for each client, although in most cases three goals or less will be selected. In this period for the 22 clients where short-term intervention has been completed, the following pertains:

For 6 clients: 1 goal was established
For 2 clients: 2 goals were established
For 7 clients: 3 goals were established
For 3 clients: 4 goals were established
For 2 clients: 5 goals were established
For 1 client: 6 goals were established
For 1 client: 7 goals were established

TABLE 3: CLINICAL GOAL OUTCOMES

	Number of clients whom reported:		
Goal Description	**Minimal Achievement**	**Moderate Achievement**	**Significant Achievement**
Manage traumatic stress symptoms	6	6	2
Manage anxiety symptoms other than traumatic stress symptoms	0	10	2
Manage anger/aggressive behaviour	1	2	
Manage depression	1	1	1
Manage psychosomatic symptoms	0	2	0
Manage psychological symptoms other than above	2	1	0
Manage grief reaction	0	2	1
Address social isolation by fostering networks which are meaningful to the client	0	6	1
Linking or case management required when involving services addressing treatment of a psychiatric disorder	0	1	0
Strengthening family functioning	5	7	2
Supportive counselling in relation to settlement and health needs	2	9	1

Clinical goals are reviewed upon discharge from the service. At the conclusion of the counselling process, the counsellor and client together rate the degree of achievement attained for each one of the goals on the case plan, using a scale from minimal to significant achievement. 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. On average, for each clinical goal, approximately 80% of clients believed at the end of the intervention, that a moderate to significant achievement had been made for that specific goal.

As mentioned above, it should be noted that counsellors continue to observe increasing complexity and range of symptoms in clients assisted by STARTTS short-term torture and trauma counselling.

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.

Overview of advocacy and training activities for Health and Allied Health Professionals

In order to provide an accurate picture of STARTTS training against the annual plan, this section covers the entire reporting period. STARTTS commenced delivering training under the current IHSS contract in October 2005. A transition process occurred from previously delivering NSW-wide generic training under the former IHSS contract toward delivering training which specifically targets health and allied health professionals in the narrower catchments' of Northern Metropolitan and Southern Metropolitan Sydney Regions. This created new priorities for training which have required significant networking and the establishment of new contacts, particularly among health and allied health services.

Over the previous five years (June 2000-June 2005), the majority of training (70 %) delivered by STARTTS was for general mainstream services, such as Centrelink, Dept. of Housing and NSW Police. Accordingly, since the commencement of this contract in October 2005, STARTTS has been intensively networking with and promoting training among health and allied health services, particularly in areas such as Fairfield, Liverpool, Blacktown, Mt Druitt, and Auburn where there are higher numbers of newly arrived refugees settling.

The training promotion strategy is directed at securing STARTTS' training events on the annual calendars of key health and allied health service providers in the catchment areas. To this end, STARTTS has built relationships with various service providers and tailored training modules to their specific needs. Significant gains have been made in the last six months. For instance, STARTTS is working with the NSW Department of Community Services (DoCS) in partnership with their Learning and Development Branch. A tailored package is being developed that will be delivered across DoCS Service Centres. Similar work has been undertaken with the NSW Health Care Interpreter Service where a specific module has been developed for HCIS interpreters which will be trialled in August 2006. In addition, an annual commitment to participate in an eighteen hours of Refugee Health training for hospital staff within Western Sydney Area Health Service (WSAHS) has been made. A specific module for General Practitioners is also being developed and will be trialled on 31 August in Wollongong.

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 specific migrant and refugee network/interagency meetings.

A number of STARTTS counsellors continue work with teachers and school counsellors in schools, to work more effectively with refugee children both in metropolitan Sydney and regional centres.

Training delivered
Since the commencement of the new IHSS contract, significant progress has been made in terms of STARTTS provision of training for the identified target group of health and allied health professional. During the period October 2005-June 2006, STARTTS has delivered 133 hours of training to health and allied health professionals. In addition, as per the agreement to provide training for consortium partners, 46 hours have been delivered to Consortium case coordinators/caseworkers, accommodation officers and volunteers.

STARTTS has made significant gains in terms of accessing the target group of health and allied health professionals over the past eight month period, while ensuring Consortium partners receive appropriate ongoing training on the needs of IHSS clients. In relation to STARTTS' overall training delivered during this period: 59% was delivered to health and allied health staff, 20% to Consortium members, whereas only 21% (48 hours) to generalised services. These figures demonstrate the success in promotion of STARTTS training to health/allied health professionals.

Table One below shows the 47 STARTTS' training sessions delivered across the selected target groups. The highest number of training sessions has been to IHSS Consortium partners and school counsellors.

Table 1: Summary of training sessions delivered October 05-June 06 in relation to Annual EIP Training Plan (October 05-Jun 06)

Service Type	Sessions delivered	Area	Target Oct05-June06	Ongoing liaison and training dates for 2006-07
Hospitals	3	Liverpool, St George, Sydney Uni nurses	4	Contacts initiated with Fairfield and Auburn Hospitals - 25, 26, 27 July 2006 Auburn, Cumberland and Nepean Hospitals(WSAHS)
General Practitioners	2		3	30/8/06 Wollongong
Health Interpreter Services	0		4	15/8/06 Cumberland Hospital, WSAHS
Community Health Centres	2	Merrylands, Mt Druitt	5	- 27/7/06 Fairfield CHC, 14/8/06 Merrylands CHC, 22/9/06 Nepean, 16/11/06 SSWAHS
Women's Health Centres	0		4	
Baby Health Services	0		2	
AMEP providers - Counsellors	2	Parramatta, Metro Sydney	3	
School Counsellors	11	Bankstown, Chester Hill, Fairfield, Greystanes, Hebersham, Hunter, Kogarah, Mt Druitt, Parramatta	6	
TAFE Counsellors	2	Illawarra, Randwick	2	
Centrelink – Psychologists and Social Workers	4	Blacktown, Cabramatta, Fairfield, Liverpool	2	
Dental Services	1	North Shore	2	
Sexual Assault Services	1	Cabramatta	3	23/8/06 Kogarah
Domestic Violence Services	1	Bonnyrigg	3	
PSP Counsellors	0		2	
DOCS	2	Fairfield	6	
IHSS Services	12	Newcastle, metro Sydney, Wollongong	As needed	
Other (counselling, mental health and psych services)	4	Auburn, Campbelltown, Randwick, Parramatta	3	

Participant evaluations and feedback
STARTTS' training delivered during the period has variously ranged from one to twelve hours (2 days) duration per session. STARTTS do not administer evaluation sheets when conducting training/information sessions of less than three hours duration. Typically, training to hospital based and medically trained health services is less than three hours. For instance, all three hospital sessions conducted were respectively of one hour duration. A few organizations, including IHSS consortium partners, utilised their own evaluation forms and therefore feedback for those trainings is not included. On other occasions training participants did not complete training evaluation forms. The completion rate of evaluation forms continues to be monitored in order to improve return rates.

From September 2006 this gap in evaluation will be addressed via the use of a post-training questionnaire within two weeks after the training event was delivered. This questionnaire will be administered over the telephone to all services that have requested training from STARTTS, regardless of the duration of the training provided. This will ensure STARTTS can measure the impact of information sessions and training events which are less than three hours duration. It will also provide a means of measuring post-training workplace impact.

Table Two below shows the quantitative feedback from 120 completed evaluations for various trainings conducted. On a Likert Scale of 1 to 4 (1 strongly disagree, 2 disagree, 3 agree, 4 strongly agree), nearly all participants agreed or strongly agreed that the training was relevant to their work.

Aspect evaluated	Number of respondents	Percentage
Content (The content was relevant to my job)	total: 120	
Strongly agree	75	63%
Agree	36	30%
Disagree	6	5%
Strongly disagree	3	2%
Results (I will be able to use what I learned in this training)	total: 117	
Strongly agree	68	58%
Agree	43	37%
Disagree	5	4%
Strongly disagree	1	
Design (The level of the training was appropriate)	total: 120	
Strongly agree	74	62%
Agree	39	33%
Disagree	5	4%
Strongly disagree	2	1%
Delivery (The trainer was well prepared)	total: 115	
Strongly agree	94	82%
Agree	17	15%
Disagree	3	3%
Strongly disagree	1	

Table Two: Summary of Likert Scale responses to evaluation statements after training sessions

Qualitative feedback was also collected from participants on the same evaluation forms. Confirming the quantitative findings, they stated the benefits of the training and demonstrate the diversity of participants who attend STARTTS training. Some representative responses to the question '**What was most valuable about this training?'** from various health and allied health participants were:

> 'Awareness of the services/facilities available for potential referral for future clients … Increased awareness of issues facing refugees.' **Psychologist**
>
> 'I now understand what is involved in treating refugees from intake to referral onwards.' **Psychologist**
>
> 'Presenter was able to explain information very well. Good use of audiovisual equipment.' **Sexual Assault Counsellor**
>
> 'Open discussion and stimulation of issues related to refugee trauma' **Counsellor**
>
> 'Very informative in an area I had little knowledge of. Would like to do more training.' **TAFE Counsellor**
>
> 'The presenters were dedicated, passionate and professional in their delivery.' **TAFE Counsellor**
>
> 'History of UNHCR and what is a refugee and their experiences' **Parent/Infant Therapist**
>
> 'Historical and current national and world perspective' **Problem Gambling Counsellor**
>
> 'It helped me to expand my knowledge and also to acknowledge the relevance of my current skills/training.' **Child Support Worker**
>
> 'Interactive learning and encouraging our thoughts on things.' **Nursing Unit Manager**
>
> 'The content and method of the training was very good. Group work and three examples was excellent.' **School Counsellor**
>
> 'The refugee experience, framework for working with torture and trauma survivors, self care …' **Registrar**

Table of training session delivered is included as Attachment K

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 activities undertaken by ACL and other Consortium partners listed in the section below (DIMA settlement services and mainstream agencies) are a combination of advocacy, community awareness raising and regional planning. The specific activities listed below have a particular emphasis on advocacy/community awareness raising.

- ACL has presented and participated in Community Relations Commission forum on settlement needs of African entrants in the Newcastle area.
- ACL has delivered a presentation to an African Proposer Information session convened by Baulkham Hills, Holroyd Parramatta MRC (with Centrelink and STARTTS).
- ACL has delivered a presentation to a Proposer Information session for the Sabean Mandean community (with Centrelink and STARTTS).
- ACL has conducted two evening information sessions for community leaders.
- ACL has presented on the IHSS to staff at Fairfield Hospital and Cabramatta Community Health Centre.
- ACL has presented an overview of the new IHSS model to interested members of the Refugee Support Network in Sydney (May 2006).
- ACL has held discussions with volunteer groups and individuals in the Hunter region who are not currently engaged with the Mission Australia IHSS volunteer group regarding changes in the DIMA model and opportunities for participation.
- ACL has delivered an IHSS presentation as a component of community service training for The Smith Family.
- ACL has delivered Cultural Awareness training and an IHSS overview to TAFE counsellors.
- ACL has appointed a Community Relations Manager for the IHSS and the AMEP

There are regular and on-going interactions with health-care professionals in relation to the health needs of entrant families. In particular, ACL has been advocating the use of interpreters for GP and specialist consultations (including caseworkers taking the brochure for the Doctors Priority Line) and the use of the new (introduced in May) Medicare item number for GPs conducting health assessments for refugees.

Mapping exercises of community groups in the Sydney and Newcastle regions have been undertaken to inform further development of the community awareness raising plan of activities.

ACL produces an ACL IHSS Consortium Newsletter for all interested stakeholders, with a wide distribution. This has been produced quarterly but will become bi-monthly.

ACL convenes a quarterly meeting of the IHSS Community Advisory Panel (ICAP), which provides an opportunity for community members and service providers to receive information of IHSS initiatives and development and to feed back information to the ACL IHSS Consortium on issues arising in the community which are affecting the quality of service delivery for clients. The first meeting of the ICAP for the Newcastle region is scheduled for September 2006.

Members of Parliament

Senior managers of ACL have met with many Government and Opposition Federal and State Members of Parliament. State Members have included those in the Hunter region of NSW. The purpose of these meetings was to explain the new IHSS model of service delivery and the role of the ACL IHSS Consortium in the Northern and Southern Metropolitan regions of Sydney. At meetings with the NSW Minister for Health and the NSW Minister for Community Services, discussions were held in relation to health services for humanitarian entrants and strategies for the Consortium to work with the community services sector in relation to issues such as domestic violence.

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		

Agencies have been invited to contribute to training sessions for ACL IHSS staff on a needs basis – to promote their services, to inform, to negotiate collaborative working partnerships. Agencies that ACL has been working with include:

- Refugee Council of Australia (particularly in relation to planning for Refugee Week activities)
- Relationships Australia/Anglicare regarding counselling services for refugees
- Mercy Refugee Service
- NSW Refugee Health Service (currently re-negotiating a Memorandum of Understanding between the two organisations)
- Department of Community Services (on-going liaison regarding client needs)
- Department of Housing (information sessions for their staff, training for IHSS staff on changes in procedures)
- Department of Fair Trading (particularly in regard to renting information)
- Department of Education and Training (presentation to Community Information Officers, Refugee Students' Support Group, liaison with Intensive English Centre Coordinators and school counsellors)
- Centrelink (in relation to any issues arising for service delivery to clients, liaison with the African Liaison Unit, discussions regarding the implementation of the centralised Refugee Unit, liaison with Centrelink social workers and Mental Health Unit)
- NSW Fire Brigade – liaison with Resolve FM and training for IHSS staff regarding the implementation of compulsory fire alarms in properties.
- Commonwealth Bank – regarding streamlining banking processes and special services for refugee clients.
- Shelter – participation in the NESB Housing Taskforce
- Ethnic Communities Council – ACL participates in the Migrant Employment Training Taskforce convened by the ECC.S

MRCs/MSAs

ACL convened a consultation meeting in May 2006 with Sydney-based MRCs regarding exit protocols and suitable information to be provided on exit to assist MRCs to work with each family exiting the IHSS.

ACL has negotiated monthly exit ceremonies with Blacktown, Parramatta, Auburn and Fairfield MRCs, while clients exiting in the Liverpool and Wollongong areas are escorted by an ACL caseworker to the MRC for an orientation session. In Newcastle, a morning or afternoon tea is held as a formal recognition of the completion of IHSS services and the opportunity to further settlement needs post-IHSS.

ACL has regular and on-going interactions with MRCs regarding client needs, referring client requests back to ACL and any issues arising in communities which surface at MRCs.

ACL worked collaboratively with Illawarra Multicultural Services in planning and implementing a promotional bus tour in May 2006 for potential clients interested in settling in the Illawarra.

ACL has participated in a consultative meeting with CSSS/SGP workers on IHSS and post-IHSS issues arising for clients (DIMA-convened).

ACL contributed to an Anglicare-hosted meeting of the South Sudanese Workers Group.

ACL participates in the Liverpool MRC's African Women's Support Project Advisory Committee

Post-IHSS imperatives

While the IHSS provides services for the initial moths after arrival and can assist in preparing clients for their long-term settlement in Australia, there are three key areas in which refugees and SHP entrants require on-going support and assistance.

Housing – as detailed below as a gap in services, clients need on-going support in navigating the Sydney property market.
Health – many clients have long-term health issues which require sustained support long after they exit from IHSS.
Finances – While ACL has developed some budgeting materials to assist clients when they first arrive, they require much more in-depth information and advice on being a critical consumer (particularly in areas such as mobile phones), budgeting, credit pitfalls

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}.

The revised plan was submitted to DIMA with the Annual Plan 2006/2007 in July 2006.

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.

Provided as Attachment L (Northern Metropolitan) and M (Southern Metropolitan)

The following section of this report refers to 8.3 Annual Report (b), (c), (d) and (e) of the ACL IHSS Consortium Agreement.

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

The timeframe specified in Clause 8.4 of the Agreement, i.e. 31 August, does not accord with Section 3.19 of the Corporations Act 2001, which specifies the time for lodgement to be within 4 months after the end of the financial year. The current timeframe is not achievable for the Consortium. DIMA has agreed to an extension to 30 September 2006 for this year. ACL will be seeking a Contract Variation for future years.

2. 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.

Results of Volunteer Survey, August 2006

1. Purpose of the survey

When the Consortium's Volunteer Coordination Unit (VCU) was established, its stated objectives were to use volunteers to:

- connect entrants with the community eg. introduce them to local ethnic groups, religious institutions, and cultural, sport, leisure and community-based organisations.
- assist entrants with community living skills such as the use of the public transport system, use of street directories and familiarisation with local shops and services.
- provide information on and link entrants with government agencies and relevant private organisations.

The main purpose of this survey was to determine the extent to which those objectives are being achieved. The survey questionnaire was designed to gather information on the length and duration of the volunteers' visits, the nature of the activities carried out during the visits and the volunteers' opinions on whether the clients have benefited from their visits.

In addition the survey requested volunteers' views on the adequacy of the training and support provided by the VCU. The volunteers were also asked for their suggestions on how to improve the quality of the service.

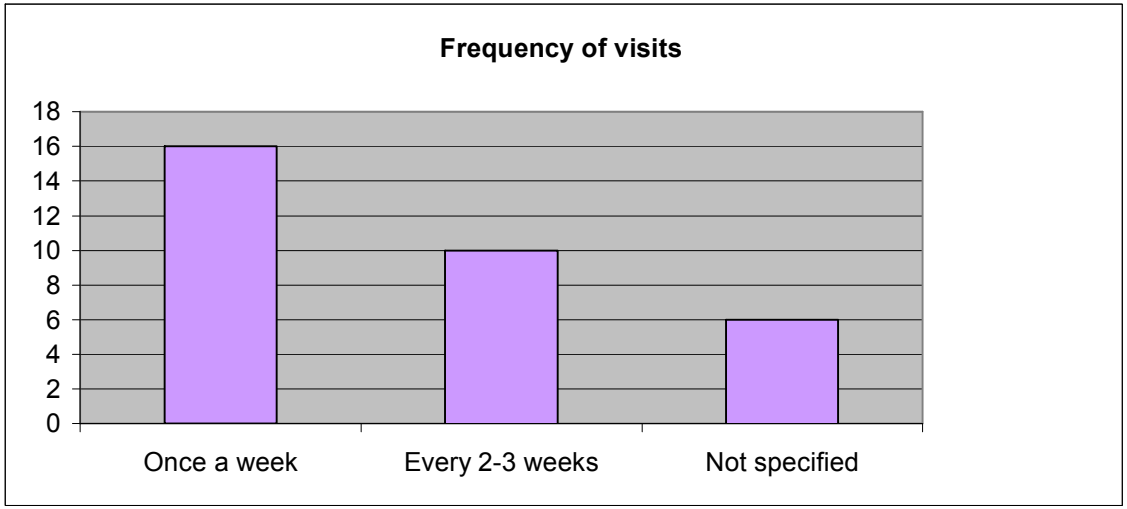
2. Number of respondents

Questionnaires were mailed to 56 volunteers, all of whom had been matched with one or more migrant families. A total of 32 questionnaires were returned, giving a response rate of 57%. Of the 32 who responded, 16 were male and 16 were female.

The results of the survey are given below and on the following pages.

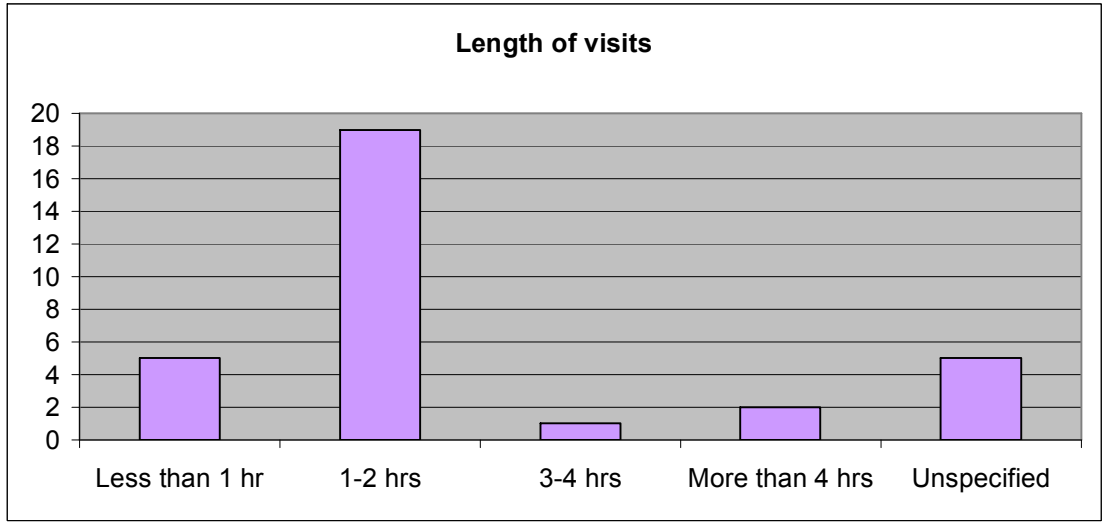
Question 1 - How often do you visit your client?

Once a week	16
Every 2-3 weeks	10
Not specified	6

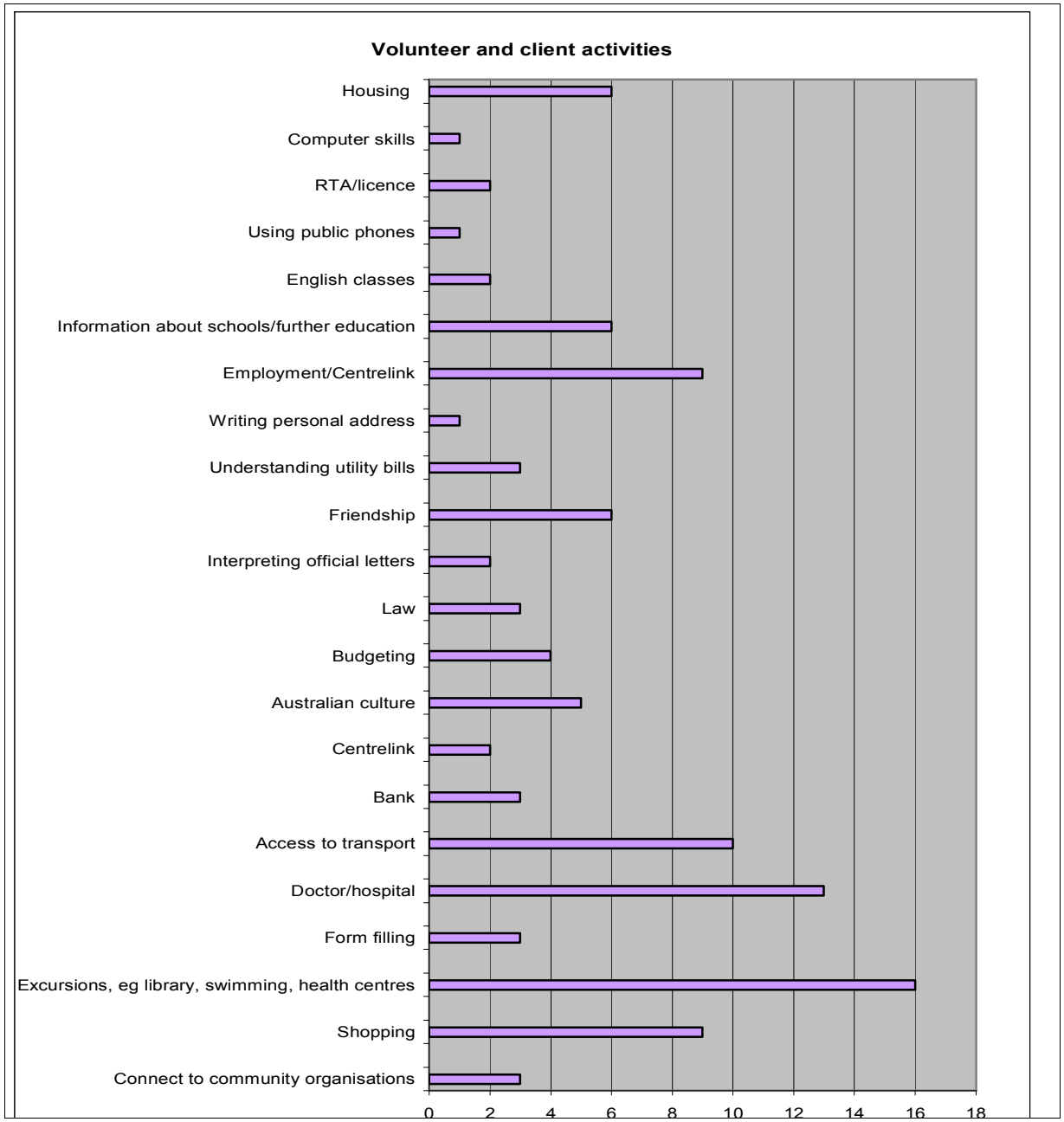


Question 2 - How long are your visits?

Less than 1 hr	5
1-2 hrs	19
3-4 hrs	1
More than 4 hrs	2
Unspecified	5

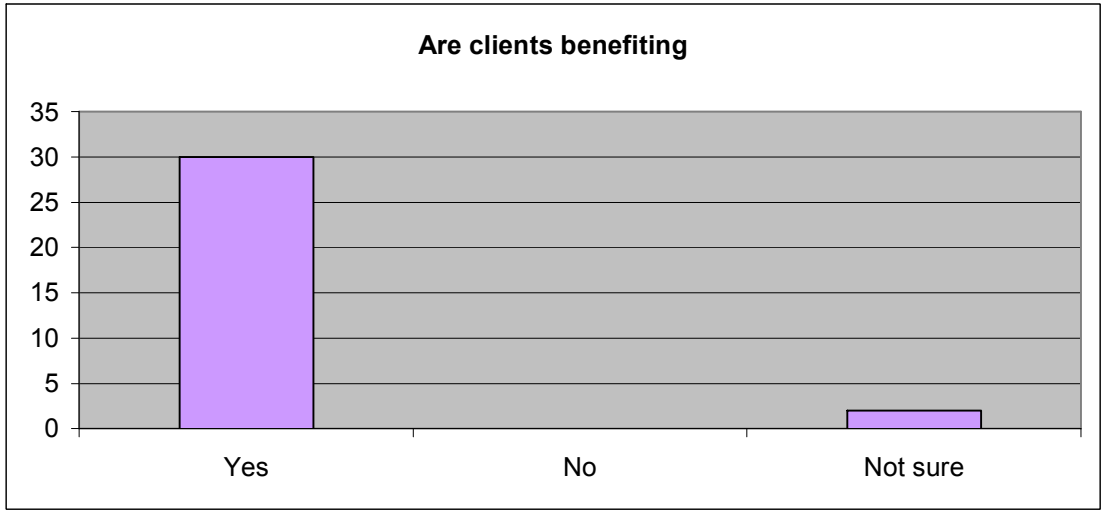


Question 3 – Describe some activities you have completed with your client	
Connect to community organisations	3
Shopping	9
Excursions, eg library, swimming, health centres	16
Form filling	3
Doctor/hospital	13
Access to transport	10
Bank	3
Centrelink	2
Australian culture	5
Budgeting	4
Law	3
Interpreting official letters	2
Friendship	6
Understanding utility bills	3
Writing personal address	1
Employment/Centrelink	9
Provide information about schools/further education	6
English classes	2
Using public phones	1
RTA/licence	2
Computer skills	1
Housing	6


Volunteer and client activities
Housing
Computer skills
RTA/licence
Using public phones
English classes
Information about schools/further education
Employment/Centrelink
Writing personal address
Understanding utility bills
Friendship
Interpreting official letters
Law
Budgeting
Australian culture
Centrelink
Bank
Access to transport
Doctor/hospital
Form filling
Excursions, eg library, swimming, health centres
Shopping
Connect to community organisations
0
2
4
6
8
10
12
14
16
18

Question 4 - Do you feel that the client is benefiting from the visits?

Yes	30
No	0
Not sure	2

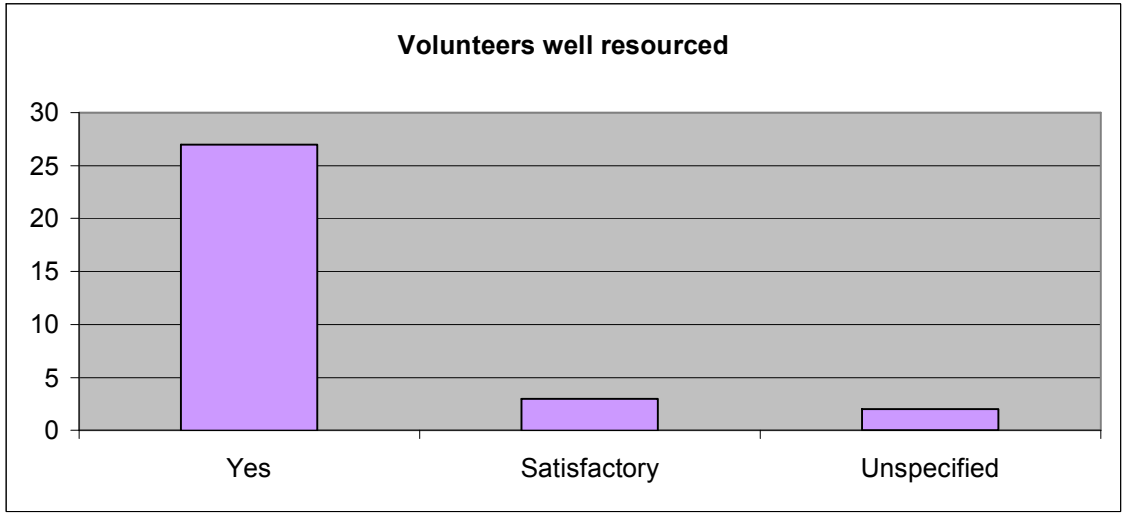


Question 5 - Are you satisfied with the training and support from VCU?

Yes	30
Not really	1
No	1

Question 6 - Are volunteers well resourced?

Yes	27
Satisfactory	3
Unspecified	2



Question 7 – Do you have any suggestions for the improvement of the service?

Suggestions from the volunteers are incorporated in Section 4, ‘Strategies for improving the service’.

3. Analysis of findings

Frequency and duration of visits

Out of the 32 respondents, 16 (50%) visited their clients once a week, while 10 (31%) visited their clients every 2-3 weeks. Most of the visits were of 1-2 hours' duration, while 3 volunteers spent 3 or more hours with their clients. Only 5 reported spending less than an hour on their visits.

Details of activities

The volunteers undertook a diverse range of activities and in so doing helped fulfil the aims of the service. The survey found that 16 of the volunteers reported taking their clients on excursions to places such as the library and health centres. Trips to the doctor or hospital were reported by 13 volunteers, while 10 of them reported assisting the clients to access public transport. Nine volunteers reported having gone shopping with their clients. The activities described above fall within the objective of 'assisting the entrant with community living skills'.

Other activities undertaken frequently were visits to Centrelink and assistance with housing issues. These activities relate to the objective of linking entrants 'with government agencies and relevant private organisations'.

Five volunteers reported introducing the clients to Australian culture and 3 reported having made efforts to 'connect entrants with community-based organisations'.

Whether clients are benefiting

There was an overwhelmingly positive response to this question. Out of the 32 respondents, 30 (94%) believed that the clients benefited from the visits. Two of the volunteers were not sure. One of these reported that her client had a large family support group and perhaps did not need support from outside the family as she was often not at home when the volunteer visited. The other case was that of an entrant who had been in the country for four months before the volunteer visited her. The volunteer believed that the client felt she already knew enough about life in Australia by the time the volunteer visited.

Satisfaction with training and support from VCU

There was a high level of satisfaction with the training and support provided, with 30 out of the 32 volunteers giving a positive response. However, in four cases the 'Yes' responses were qualified with comments to the effect that additional training would be helpful.

One volunteer commented that it would be helpful if volunteers could be provided with a checklist of the types of assistance the client had already received from the Consortium caseworker. Another suggested that VCU provide volunteers with pamphlets from agencies that could help the clients.

One of the two volunteers who were not satisfied with the support received indicated that contacting the VCU required her to make a long-distance or mobile phone call. She suggested that a phone card be provided to volunteers. The other volunteer felt that there should be more training.

Volunteers feeling well resourced

Twenty four (75%) of the volunteers reported that they felt well resourced. The majority of those who did not feel well resourced did not explain why. Two of the volunteers commented that they should be given more information about the clients' situation and needs.

4. Strategies for improving the service

It is clear from the responses received that the majority of VCU volunteers are performing the tasks required of them and are thereby providing the assistance needed by the clients in the initial period of adjustment to life in Australia. There are, however, some aspects of the service that may need to be reviewed and amended to improve the quality of the assistance provided to the clients.

A number of suggestions were received in response to Question 7, 'Do you have any suggestions for improvement of the service?' These ranged from more training and workshops to more input from caseworkers. Some of the suggestions are included in the following list of strategies to be put in place by the VCU to improve the quality of the service:

- Schedule more workshops
- Disseminate brochures/pamphlets of relevant community organisations at training and workshops
- Ensure that all active volunteers receive the VCU newsletter, *Volunteer Voice*
- Add a 'Community Information' section to the VCU newsletter to inform volunteers of possible community links and information for their clients
- Provide volunteers with a list of claimable out of pocket expenses. This list would include the purchase of a phone card for up to $20 for volunteers to contact their clients and the VCU office
- Provide volunteers with a list of possible activities that can be undertaken with their clients
- Explore avenues for obtaining greater input from caseworkers regarding assistance provided by ACL to the client
- Ensure that any information from a volunteer regarding a client is passed on to the relevant Consortium member and feedback is provided to the volunteer.

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

For any issues that arose during the 2005-2006 contract year, a comprehensive range of strategies have been implemented to address these and a range of future strategies are outlined in the 2006-2007 ACL IHHS Consortium Annual Plan and in the 2006-2007 ACL IHSS Consortium Risk Management Plan.

Within the Consortium:

Any issues which arise within the Consortium related to service delivery are addressed as they arise, through Consortium Managers' meetings and regular bi-lateral meetings between the partners.

ACL has also developed and implemented a range of policies and procedures for service delivery and has provided training to staff.

ACL is developing an IHSS database which will streamline case coordination across the Consortium.

Misinformation at pre-embarkation

Please see previous section (pg 12) of the report for details on these.

Interactions with other refugee service providers

In the early stages of the program, there was insufficient information about the new IHSS model for service delivery and how the ACL IHSS Consortium would deliver under the new contract.

Consortium staff ensure regular contact with a range of other service providers in the sector through:

- Attendance at meetings such as the Refugee Support Network, the Illawarra Refugee Issues Forum, the Newcastle Refugee Support Network
- Attendance at regional Interagency meetings
- Attendance at health-related network meetings
- Consultations regarding aspects of cooperation for service delivery, such as consulting with MRCs about exit processes and hand-over of clients to post-IHSS services
- Production and distribution of the IHSS Newsletter
- The IHSS Community Advisory Panel (ICAP) meetings, with a Newcastle ICAP scheduled for September 2006.

Interactions with other IHSS service providers

There are two main areas in which issues have arisen in relation to other IHSS service providers:

Transiting clients, where the travel arrangements change (often at the last minute)

Clients transferring from one IHSS region to another.

In the first instance, local solutions have been found – simple strategies such as exchanging mobile telephone numbers so that last minute changes can be conveyed to the "other" service provider.

In terms of transferring clients, DIMA has made improvements to processes and procedures for communication between the "sending" service provider and the "receiving" service provider. These improvements have both clarified and simplified the process and reduced time delays in providing services to clients.

Issues arising that require DIMA attention

Proposer/Entrant relationships

Breakdown of the relationship between Proposers and their entrant families. To date, DIMA has considered, case by case, additional support for 202 entrants who are not being supported by their Proposer. Anecdotally, this seems to be something that happens frequently due to a range of factors in the Proposers life as much as anything that has happened to the family. Proposers who work full-time, for example, are unable to provide sufficient links to essential services (Medicare, Centrelink and the bank), provide assistance for medical issues or foster/enable social links for the entrant family. In addition, accommodating the new arrivals is often problematic for Proposers, particularly if the new family is large.

Transiting clients with 202 visa subclass

Transiting 202s have no support at their transit stop, except if a caseworker happens to be at the airport for a refugee family. Given the volume of traffic at Sydney airport and the concomitant frequent delays, many transit client miss connecting flights. While this is a problem for transit refugees, it is a much greater problem for transit 202s, who could potentially be left to their own devices to await their next connection – possibly overnight.

HEMS database

Revision/improvement to HEMS database – regular feedback has been given to DIMA regarding problems with HEMS. It is not "user-friendly" and does not have sufficient flexibility to reflect the complexity of service delivery.

Referral of TPVs/PPVs

There are three issues of concern regarding these clients which impact on the quality and timeliness of service delivery. The first is the last-minute timing of the referral received by ACL from DIMA. The referral is typically received late on the day of release and frequently on a Friday

afternoon, which causes delays in making referrals for short-term torture and trauma counselling services. This is particularly an issue when the client has been receiving counselling while in detention and requires continuity of service upon release.

Secondly, the referral from DIMA provides a name and an address with next to no background information on the client. With little or no information, it is impossible to determine the urgency of the referral and does not assist in determining the appropriate responses from providers.

Finally, recent experience indicates that TPV/PPV clients, who are entitled to short-term torture and trauma counselling services only under the IHSS, are released with a multiplicity of problems and needs which need to be addressed. If there is no Ministerial intervention to grant a 202 visa upon release, these clients have no support for dealing with the massive changes in their circumstances, as many or most of their pre-existing relationships and support networks have disintegrated.

Complexity of client needs
In this report, STARTTS has identified that a high proportion of clients assessed take up counselling support and that, due to their wideranging needs, they remain in counselling for an extended period of time. These circumstances have an impact on IHSS service providers Australia-wide, as a significant proportion of clients are staying in counselling and in the IHSS for longer than the six-month average. In addition, the pressure on service providers to meet complex client needs will be felt across the board by post-IHSS service providers, as exiting clients still have a multiplicity of issues and concerns for which they need on-going and high-level support.

In addition, the number of clients with seemingly unstable mental health renders case management and delivery of services more complicated for these clients. Prior notification of any mental health issues prior to arrival, perhaps in a health manifest, would assist service providers to make appropriate referrals early and to plan appropriately for other service delivery strategies.

Volunteer Coordination
In areas such as Newcastle, there are a number of pre-existing, autonomous volunteer groups who are anxious to contribute to and participate in the IHSS in their region. The Consortium would like to explore ways in which existing volunteer groups can contribute in a defined and meaningful way within the contract requirement that all volunteers are formally attached to the contract region service provider.

Rent arrears
Resolve FM has raised a concern that clients pay rent in arrears rather than ahead and are frequently leaving short-term accommodation behind in their payments. Within existing Centrelink processes for new arrivals, there seems to be no possible strategy for avoiding this situation, which has the potential to put financial stresses on families while they are dealing with a range of other settlement issues. There are possible solutions which would involve changes to Centrelink processes and procedures which would require extensive discussions and consultations. The Consortium would like some consideration to be given to this issue by DIMA, DEWR and IHSS service providers.

Long-term accommodation issues
Once a client has moved into longer-term accommodation, there is no further service provided to them in relation to accommodation. However, the Consortium is aware that many clients have difficulties in aspects of property rental for which they are ill-equipped. For example, clients have reported that they are unable to negotiate with real estate agents regarding repairs to properties. Between fledgling English language skills and

new knowledge about how the system works (including their rights and obligations), clients feel powerless to address their accommodation issues. While the Consortium has intervened on behalf of IHSS clients, this is not a durable solution to the problem, as real estate agents are reluctant to deal with anyone other than the leasee of the property.

Possible solutions might include:

- An increased emphasis on tenancy information, advice, rights and obligations through the AMEP. As an AMEP provider, ACL has increased the focus on this area of need.
- Additional component of tenancy training within the IHSS, beyond assistance with documentation, which includes information on tenancy rights, responsibilities and advocacy.
- Information sessions by tenancy organisations for clients about to move into longer-term accommodation, conducted in their first language or delivered with an interpreter.
- Post-IHSS services could conduct projects focusing on this area of services.

Newcastle Volunteers

Mission Australia staff worked closely with ACL to develop strategies to promote volunteer coordination services in Newcastle.
These strategies included:

Convening meetings with existing volunteers from the CSR groups and other interested members of the community
Delivering Information Sessions about the new IHSS model and Volunteer Framework in Sydney, Newcastle and Wollongong.
Attending meetings of CSR groups in Newcastle.
Senior management of Mission Australia meeting with Ms Sharon Grierson in Newcastle.

Further work on engaging existing volunteer groups in Newcastle needs to be undertaken in the coming year.

Short-term torture and trauma counselling services:

Strategies that have been implemented in this period to ensure optimum service delivery and timely response to entrant needs have included:

- working with ACL management to improve the referral process
- developing and reviewing procedures with ACL and other consortium partners
- monitoring internal STARTTS procedures to ensure timely action
- training for ACL consortium partners on understanding the impact of trauma and torture on newly arrived refugees and SHP entrants
- regular meetings between STARTTS counsellors and ACL case coordinators.

Delivery of training and development for all IHSS personnel

ACL

Training delivered February – June 2006 ***(October 2005 – January 2006 has already been reported)***

Date	Time & Location	Type of Training	Trainer	For:
Saturday 04/02/06	10-4.30 Newcastle	Adult Learning Principles Cultural Awareness Training STARTTS training: Introduction to working with survivors of torture and trauma	ACL STARTTS	Mission Australia Volunteers
Monday 06/02/06	9-4pm at ACL Auburn	STARTTS training: working with survivors of torture and trauma	STARTTS	Caseworkers
8/02/06	9-4 at ACL Newcastle	STARTTS training: working with survivors of torture and trauma	STARTTS	Caseworkers
Saturday 13/05/06	10 – 3pm in Wollongong	Adult Learning Principles Cultural Awareness Training STARTTS training: Introduction to working with survivors of torture and trauma	ACL STARTTS	Mission Australia Volunteers
17/02/06	2.30-4pm at ACL Auburn	working with Centrelink Social workers	Centrelink Social Workers	Case Coordinators
18-19/02/06	9-5pm at ACL Auburn	Senior First Aid	St John Ambulance	IHSS Caseworkers and Case Coordinators
Friday 27/02/06	11-2 in Newcastle	Pay Claims, Petty Cash, Car Allowance	ACL	NEWCASTLE Caseworkers
Tuesday 28/02/06	1-4pm at ACL Auburn	"Accessing Refugee Health Services"	NSW Refugee Health Service	Caseworkers
Saturday 06/05/06	10-1 at ACL Auburn	Introduction to Volunteer Support - IHSS	Team Leader- Mission Australia	Mission Australia Volunteers
07/04/06	8.30-1pm at ACL Auburn	Managing Crises before they happen	ACL and Hawker Britton	All IHSS staff
10/03/06	10-4pm at ACL Auburn	IHSS Service Delivery PD – 1. Policies and Procedures 2. Contractual Obligations 3. Writing Case Notes 4. Mobile Phone demonstration training 5. Accommodation services-problem solving 6. Customer Service and telephone skills	ACL	IHSS Caseworkers and Case Coordinators

Date	Time & Location	Type of Training	Trainer	For:
21/04/06	9-3pm at ACL Auburn	IHSS Overview: 1. ACL Group overview 2. ACL IHSS service delivery 3. Resolve FM service delivery 4. STARTTS service delivery 5. Mission Australia service delivery Centrelink Training	ACL Resolve FM STARTTS MA Centrelink	ACL IHSS staff
19/05/06	2-4pm at ACL Auburn	Accommodation Services – Short Term Accommodation	Resolve FM	IHSS Caseworkers and Case Coordinators
02/06/06	9-3.15pm at ACL Auburn	STARTTS training: working with survivors of torture and trauma	STARTTS	Caseworkers

Ongoing training for new staff conducted by ACL Promotion and Training Coordinator:

- Induction to ACL
- Introduction to IHSS: Policies and Procedures, writing case notes, contractual obligations
- Administrative training: Pay Claims, Petty Cash and Car allowance training, intranet and email
- Practical Skills training: airport procedures, STA orientation, basic services: Medicare, Bank, Centrelink, GPs,

Resolve FM

Type of Training / Topic	Provider	Target	Frequency
IHSS Induction - Policies and Procedures - Administrative - Practical in the field - IHSS Service Principles	Resolve FM	New staff	Ongoing, as needed
ACL IHSS Consortium Overview	Resolve FM	New staff	Ongoing, as needed
Working through case studies of refugee and SHP entrants	ACL Consortium	All staff from Consortium partners	May 2006
OH&S Tool Box meetings	Resolve FM	All staff	Monthly
Operation of Rentstart Plus	Department of Housing	Managers	Annually
IHSS database training	Resolve FM	All Staff	4-6 times per year
Contract Review Meetings	Resolve FM	Managers	Monthly
Supplier OH&S Training	Resolve FM	High risk suppliers	Annually
Performance Development Program Training	Resolve FM	All staff	Six monthly
Principles of Renting Properties	Resolve FM	ACL Case Co-ord and Case workers	Six monthly
Centrelink and Centrepay Operations	Centrelink	Property Officers	Six monthly
Introduction to working with Survivors of Torture and Trauma	STARTTS	All staff	Annually
St Johns First Aid	Australian Red Cross	Selected staff	Three yearly
Course in OH&S Consultation	Courtenell	Brenton Wickman	One off
Toolbox Safety Topic – JSA and Risk Assessments	Resolve FM	All Staff	Once/ year

STARTTS

STARTTS provides, on average, eight staff development days for counselling staff each year. In the period February to June 2006, the following topics were covered:

- Movement therapy
- Child Protection (provided by DoCS)
- Working with high risk families (Provided by Burnside training unit)
- Project evaluation

In addition, staff have the opportunity to attend external training run through other organisations and are supported financially to do this. They are also provided study leave to undertake tertiary education, where relevant.

Mission Australia

- ***MA Volunteer Coordination Unit Staff***

Training to date:

Mission Australia induction training – all staff

OH&S awareness training – all staff

Manual handling – 2 staff

Mission Australia – Finance One training – 2 staff

Fire safety/fire and evacuation awareness – 2 staff

Senior First Aid Certificate – 2 staff

Certificate II in Business – Spreadsheets – 2 staff

Conflict resolution course – 1 staff

- ***MA Volunteers***

Training to date:

	Training	Number of Participants	Workshops	Number of Participants
Sydney	2	86	0	0
Newcastle	1	49	1	28
Wollongong	1	24	0	0
Total	4	*159	1	28

*The 159 trained volunteers have attended all 3 training sessions offered through Mission Australia, ACL and STARTTS and have completed all volunteering forms including the Working With Children Check, Criminal Records Check and the Volunteer Workers Agreement.