ACL IHSS Consortium
Report for period
1 October 2005 – 31 January 2006

Integrated Humanitarian Settlement Strategy
Northern and Southern Metropolitan Sydney Regions

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Background

This is the first contract report for the ACL IHSS Consortium in the 2005-2010 Contract period. The ACL Consortium comprises:

- ACL, delivering *Case Coordination Information and Referrals*, *On Arrival Reception and Assistance* and *Advocacy and Community Awareness Raising;*
- Mission Australia delivering *Volunteer Coordination* services;
- Resolve FM delivering *Accommodation Services;* and
- STARTTS, delivering *Short-term Trauma and Counselling* services.

The report covers the delivery of the Integrated Humanitarian Settlement Strategy (IHSS) in both the Northern and Southern Metropolitan regions of Sydney. The report covers the first four months delivery of the contracts, which commenced on 1 October 2005.

1. Progress in Implementation of the Annual Work Plan from Contract Commencement to 31 January 2006

During this initial phase of contract delivery the ACL IHSS Consortium's primary objective has been to put in place and deliver the new, integrated IHSS model to clients that is, meeting the needs of new and transitioning Entrants.

The secondary objective, namely promoting the IHSS and marketing the Consortium profile and IHSS service delivery within the wider community, has also been progressed.

The achievement of both objectives has been impacted by a number of circumstances which are outlined in **Section 2** of the Report.

Operational Plan

Location

The Consortium has centralised the management of *Case Coordination Information and Referrals*, *On Arrival Reception and Assistance* and *Advocacy and Community Awareness Raising* services at its Auburn centre. It has also established regional offices in Newcastle and Wollongong. In Newcastle ACL is co-located within the Ethnic Communities Council and with Mission Australia in Wollongong.

For the management of *Volunteer Coordination* services Mission Australia is co-located at ACL's premises in Auburn and Parramatta. Mission also makes use of the Mission Australia's offices in Newcastle.

For the management of *Accommodation Services* Resolve FM are located in Auburn and Newcastle.

For *Short-Term Torture and Trauma Counselling Services* STARTTS has a number of Sydney metropolitan offices and is also located in Newcastle and Wollongong.

Resources
All ACL Consortium staff have all been provided with workstations, computers (networked), email and telephony (fixed and mobile) and have access to meeting rooms, libraries, kitchens etc.

Staffing:
Case Coordination Information and Referrals; On Arrival Reception and Assistance; and *Advocacy and Community Awareness Raising* services.

ACL has utilised between 26 and 30 effective full-time staff. Staff positions include:

- Manager, IHSS
- Operational Administrator, IHSS
- Promotion and Training Coordinator, IHSS
- 7 Case Coordinators (full-time)
- 42 Caseworkers (full-time and casual)
- Administrative Officer, IHSS x 2 (includes a temporary position)

In addition to the above staff, ACL has employed a consultant to develop IHSS policies and procedures and to assist with additional training. ACL has also assigned an internal manager to conduct a review of refugee entrant families in the program again IHSS Contract output specifications[1].

Accommodation Services
Resolve FM has utilised 11 full-time staff.. Staff positions include:

- Regional Manager
- State Manager
- Property Officers x 9

Volunteer Services
Mission Australia has utilised 4 full-time staff. Staff positions include:

- Migrant and Refugee Services Manager
- 2 Volunteer Coordinators
- Administrative Officer

Mission Australia is currently recruiting a part-time Volunteer Coordinator for Sydney and for Newcastle.

Mission Australia AMEP Home Tutor Scheme administrative staff provided training and support to volunteer coordination staff over the October-December 2005 period.

[1] This is outlined in more detail at **Section 3**.

Short-Term Torture and Trauma Counselling Services STARTTS has utilised nineteen people (17 effective full-time staff) in the delivery of *Short Term Torture and Trauma Counselling* services. Staff positions include:

- Coordinator
- 2 team leaders
- 1 training officer
- 1 client information data and evaluation officer
- 1 data entry operator
- 2 adolescent and family counsellors
- 11 generalist counsellors

Interface between Consortium partners

ACL as Lead Agency held formal IHSS Consortium meetings in October, November and December 2005.

Since Contract commencement, ACL and Resolve FM have met on a weekly basis and more recently on a fortnightly basis. Regular meetings take place between ACL and Mission Australia. ACL and STARTTS are currently meeting on refining initial referral processes. A number of other ongoing meetings between staff working at the same level have been held, for example, between Case Coordinator and Property Officer staff and monthly between Case Coordinator and STARTTS staff as well as general staff meetings.

Since February, in response to ongoing media allegations senior officers of the Consortium have held a weekly teleconference.

Community Awareness Raising and Advocacy Plan

ACL has planned for and worked on building and consolidating relationships with community organisations, service provider agencies and government agencies directly and indirectly related to settlement service provision for humanitarian Entrants.

ACL staff have met with various community agencies to promote the IHSS and share information (Refer **Attachment A**).

In November 2005 the Operational Administrator, IHSS attended a series of meetings with Migrant Resource Centres, CSSS workers and other agencies to assist with planning and development of referral protocols for exiting IHSS clients (Refer **Attachment B**).

An ACL IHSS Consortium brochure was finalised in March and has been forwarded to DIMA prior to being printed. An ACL IHSS Consortium service information booklet for relevant community stakeholders was released on 6 March 2006 and will be modified for refugee Entrants to include relevant languages and the development of a DVD.

In the September 2005 Annual Work Plan ACL advised that it would:

- Provide a Promotion and Training Plan to DIMA within the first two months of IHSS service delivery, and
- Provide a *Directory of Service Providers* in each local government area within the Northern and Southern Metropolitan regions to DIMA within the first 3 months of IHSS service delivery.

The provision of the Promotion and Training Plan and the *Directory of Service Providers* has been delayed as resources have been deployed to higher priority matters related to increased Entrant arrivals, the related employment and training of additional staff and dealing with an ongoing campaign of allegations regarding performance. ACL will provide these items by 15 April 2006.

ACL is in the process of developing an *Engaging the Communities* strategy for roll-out from March – December 2006.

Proposer Capacity

ACL has sought to improve the capacity of Proposers to support Entrants through:

- Refining the DIMA Proposer assessment tool to ensure effective pre-arrival assessment of the capacity of the Proposer to support the Entrant
- Ensuring accurate records are maintained
- Providing support for the Proposer as required and liaison with DIMA where a Proposer is clearly unable to provide support
- Maintaining contact with the proposer before the arrival of the Entrant
- Assessing Proposer or Entrant need for support after the arrival of the Entrant and providing ongoing follow up.

A number of issues are emerging in relation to Proposers and these are addressed in **Section 2**.

Training for staff

Consortium staff have participated in a range of staff training activities to ensure IHSS output specifications, KPI's and Performance Stands are met (Refer **Attachment C** for a list of training provided to date). A number of IHSS policies and procedures have been developed and this process is ongoing. (Refer **Attachment D**)

2. Any issues which have arisen in that period and areas which need to be addressed

Issues which have arisen 1 October 2005 – 31 January 2006

Transitioning Entrants
The ACL IHSS Consortium has delivered IHSS services to a very high number of Transitioning clients who arrived in Australia pre-1 October 2005. For the period the Consortium has worked with over 300 Transitioning Entrants.

The majority of transitioning client files from Anglicare and Settlement Services International were handed over to ACL in the week prior to contract commencement on 1 October 2005. However, post contract commencement transitioning client files continued to be received and in some cases were not received at all until ACL became aware of cases through individual entrant needs being raised, usually as a complaint. In these cases ACL staff have spent considerable time requesting files from the previous providers, delays which have not assisted the meeting of client's needs.

Referral Numbers
The ACL Consortium received almost double the forecast number of refugee Entrants in October, November and December. These included a very high number of single Entrants. This situation, combined with the high number of Transitioning Entrants, placed pressure on the Consortium at the commencement of a new Contract and impacted on all areas of IHSS service delivery.

On 5 September 2005, ACL was advised by DIMA that for the full 2005-2006 year it was anticipated that there would be 1,050 refugee Entrants. Also, that for the nine-month period 1 October 2005 until 30 June 2006, the number of refugee Entrants was anticipated to be 520.

For the four month period 1 October 2005 until 31 January 2006, the Consortium received 478 refugee Entrants

- 46% of the total anticipated for the full 2005-2006 year, and
- 92% of refugee Entrants anticipated for the nine-month period 1 October 2005 until 30 June 2006.

In the four-month period 1 October 2005 – 31 January 2006, the ACL IHSS Consortium received 65 single Entrants. On one day alone, 3 November 2006, the Consortium received 26 Entrant families, 21 of whom were single Entrants.

Staffing
To ensure a depth of relevant settlement experience in staffing the ACL Consortium has employed a high number of staff that worked for previous IHSS providers, Anglicare and Settlement Services International. These staff members have experienced a cultural change both in working with a new IHSS model where Case Coordinators are responsible for coordinating and integrating all IHSS service delivery, and in working for ACL in a structured, accountable and professional environment.

Areas of cultural workplace change for staff have related to:

- Change in roles and responsibilities
- Meaningful record keeping for all Entrants
- File management
- Computer literacy
- Provision of a coordinated case management approach for each entrant family with supervisory responsibility and not a totally hands on approach
- Time management
- Organisational skills
- Accountability in relation to payroll forms, petty cash, security, OH&S etc

Intensive training has been provided for all staff to address the above needs.

Accommodation
The ACL IHSS Consortium contract was signed at the end of August 2005, which provided Resolve FM with a one-month period in which to source required short-term accommodation. In addition there was excessive demand[2] for short-term accommodation for the following reasons: Firstly, a high number of Transitioning Entrants remained in DIMA short-term accommodation as at 1 October 2005. Many of these Entrants had been in short-term accommodation for a period of two months or more, as a minimal number of Entrants arrived in September. Secondly, a high number of refugee Entrants (including single refugee Entrants) were received by the Consortium. As a result, Resolve FM drew upon existing DIMA short-term accommodation. There have been difficulties in transitioning out of short-term accommodation properties previously leased by DIMA and the process has been protracted. [Refer **Section 8**]

Provision of Initial Accommodation
The two critical issues impacting on the implementation of the contract have been staffing and the sourcing and fitting out of sufficient places of accommodation. The delay in signing the IHSS contract meant that Resolve had to reduce their planned Implementation Program from four months to 22 working days.

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[2] The impact on accommodation services for the new IHSS service provider of large numbers of single entrant families was foreshadowed in NSW State specific Referral Factors (25 May 2005) to the Central Referral Unit

"…problems sourcing timely long term accommodation for singles. We can accept singles but would prefer that they are of the same sex, same religion, and same ethnicity so that they can be housed together.

If we were to receive a large number of singles, on top of the referrals we have already received, it could potentially have a significant impact on on-arrival accommodation availability therefore increasing the number of on-arrival accommodation properties that will be occupied at 30 September 2005."

At the time the contract was signed Resolve was well positioned to accommodate the 18 families that they had been advised were to arrive during the month of October as they had 24 properties on their books. However the projected number of entrant families rose to 37 for the first of October from the beginning of October and the subsequent 30 days 76 families were anticipated. This meant that Resolve FM were suddenly faced with a critical staffing shortage which they addressed by borrowing staff from other contracts, bring in staff from interstate and running duplicate training programs. Added casual staff were particularly required to prepare required documentation, food packages, and food allowances when 27 families arrived on one day on the 3rd November.

The shortage of properties available on the rental market at the time of the contract initiation was also an issue but Resolve FM solved this by taking over the leases on a number of properties that DIMA were leasing under the previous contract.

Resolve FM undertook a variation to their contract to take over the responsibility of all transitioning clients from the previous IHSS. This involved 191 SHP Entrant families and 102 refugee families.

Some issues that Resolve FM have encountered are the misconception that rent is free for the first four weeks and that some clients are taking up what they believe is an option to stop rent payments from their Centrelink accounts. Also of concern have been attempts by the previous IHSS provider to interfere with the delivery of service in the Newcastle area have added some stress to the client group in that region.

Provision of food

When the contract commenced clients were issued with $20 in cash, a $10 local phone card, a $10 international phone card, a food package to last two days and a food voucher to provide food for the Entrant for the rest of the week or until the Centrelink payments began. The food voucher has now been replaced by a cash food allowance which gives the Entrant more flexibility in their choice of food purchases. An additional component, sanitary napkins, has been added to the food package since the beginning of the contract.

Assistance with Documentation

Resolve FM developed a licence agreement in consultation with Centrelink, Canberra DIMA office, NSW DIMA office and the Department of Family and Community Services. This agreement was submitted to DIMA for approval. DIMA have just requested further amendments be made and as soon as these are finalised the documents will be translated. Resolve have not received any complaints regarding tenancy agreements or property condition reports and are trialling surveys to capture more feedback. The documents continue to be modified in response to new situations and client responses.

Longer Term Accommodation

Longer-term accommodation is difficult to find currently as there is a shortage of rental properties on the market. This is particularly acute in Fairfield. There are often problems securing properties for refugees with no income or rental history. Resolve FM have formed alliances with real estate agencies in key areas to assist them to locate properties. They are also supporting the clients by providing them with letters of guarantee that the clients will keep the properties clean and pay their rent on time.

Resolve FM have found that the expectations of the type of property clients can afford is unrealistic and that this is an issue that possibly could be addressed in pre-embarkation training.

Household Goods Package
Resolve FM provide the Entrants with all new furniture, bedding and other accompaniments, often providing the package within two days of the request. Some Entrants have an expectation that Resolve will also supply household goods for family members who are not included in the MPMS number, but apart from this issue the clients have a high level of satisfaction with this service.

Tenancy Training
Tenancy training has been successful for the clients surveyed. Only 22% of Entrants have thus far been surveyed as the survey tool has only recently been developed but 94% of those who responded were satisfied with this service. Resolve FM have found that clients groups with very different cultural experiences, such as some groups from Africa need extra support with tenancy training and the training needs to be repeated several times to ensure that they have a good understanding of their obligations and rights as tenants.

Networking
In November Resolve FM relocated their office from Penrith to Auburn to be closer to the other Consortium partners and the main client group activity. They also established an office in Newcastle before the commencement of the contract. A trained Property Officer works there as required, depending on the number of Entrants referred, but is also supported by the Sydney office. Resolve FM operate out of the Auburn office to service the Wollongong area.

Contract Management
The IHSS Contract for the Rural NSW region was not signed until mid-October, which meant DIMA was not in a position to actively promote the new model of IHSS service delivery in the lead up to contract commencement. The lack of promotion and information available has been a major factor in community and settlement agency resistance to the new model and the ACL's Consortium's delivery. In Wollongong, for example, ACL IHSS Consortium attendance at a Wollongong Council settlement service provider forum was refused as this forum had not received formal advice that the Consortium was now the provider in Wollongong and the Shoalhaven area.

There have also been instances where individuals involved in provision under the previous contracts have retained their DIMA endorsed ID badges and/or continued to engage with clients and provide them with information that is contrary to the new model. This has resulted in confusion for clients and the community and obstructed the ACL Consortium's engagement with Entrants.

During the first two months the Consortium commenced Contract delivery there were a number of staffing changes in DIMA NSW. This meant communication with a number of different staff changing positions. DIMA NSW staffing arrangements were not firmed up until late December 2005, early January 2006.

The Contract commenced with no DIMA database to support Consortium reporting and management systems. The Consortium has been required to report on entrant activities on electronic excel spreadsheets to be incorporated into the HEMS (Humanitarian Entrant Management System) database in future. Electronic spreadsheet reporting is based on a 12-digit MPMS number for each refugee entrant family. To ensure data is timely, accurate, and with minimal margin for error, ACL has had to put in place additional resources and time to create a back up reporting and management system for all Consortium partners (except STARTTS). This system includes the Principal Applicant's name in addition to the 12-digit MPMS number for each entrant family. Data is then transferred to DIMA electronic reporting spreadsheets. This system also provides an immediate reference link to the Case Coordinator and case file.

In December 2005, the Consortium requested that DIMA include the Principal Applicant's name into the HEMS database but were informed that although the HEMS database would not be available until April or possibly June, DIMA IT personnel had advised that the inclusion of the Principal Applicant's name was not possible in this timeframe.

The Consortium are currently developing an online database for all partners in order to streamline reporting and management processes in addition to providing an invaluable planning tool and a variety of reports.

Initially, DIMA NSW forwarded referral information by fax, however, this was streamlined soon after Contract commencement and DIMA NSW now sends referral information electronically through email to a specified Consortium mailbox. This initiative has been welcomed by the Consortium.

Health Manifests

ACL has raised a number of concerns with the quality and level of information contained in IOM health manifests and the appropriate medical protocols Consortium staff are required to follow, given that ACL staff are not required to be, and are not medically trained. In addition to this not all IOM health manifests are available to Case Coordinator and Caseworker staff as some medical information can be restricted. This raises concerns for the occupational health and safety of Consortium staff and the ramifications of staff being unwittingly exposed to medical risk or being accountable for making some type of medical assessment.

ACL has made a number of recommendations to DIMA to improve IOM health manifest information and management of cases where clients require medical assistance.

The Consortium recommends that:

- Appropriate medical protocols be developed for managing the arrival of Entrants under medical alert;
- At least two weeks notice of the arrival of clients with serious health problems be given. This would enable ACL to discuss the most appropriate assistance with the local GP and the relevant Refugee Health Service.
- Copies of medical files be faxed or emailed to a secure ACL number/address rather than relying on the entrant to provide the file on arrival.
- The health manifest be changed to include;
  - Notification of the seriousness of the medical condition and the action required, i.e. definition of cases that require immediate attention on arrival, those that must be followed up within 24 hours, those that require attention within the first week and/or will require ongoing follow-up.
  - Any specialist medical or dental treatment that may be required. If this is notified well in advance it may be possible to organise a specialist appointment for soon after arrival.
  - A more complete medical history of current and related problems.
  - A more complete health history of the family.
  - Pre-screening notes.
  - Immunisation certificates.
- IHSS providers be provided with workshops presented by IOM/DIMA medical staff on the following topics:
  - The pre-departure screening procedures.
  - The more common types of illnesses that clients from Africa suffer from and their presenting symptoms.

The Consortium is also seeking advice on a protocol to follow when staff believe the entrant family requires medical assistance and the family refuses such assistance.

Allegations of Poor Performance

Prior to and following contract commencement on 1 October 2005, the ACL IHSS Consortium has experienced a high level of negative comment about ACL IHSS Consortium delivery. The majority of such comment and at times negative interference in contract delivery is centred in Newcastle.

As early as August 2005, prior to contract commencement, the Federal Member for Newcastle raised concerns about ACL's model of delivery and the Hunter Migrant Resource Centre wrote to the Minister with inaccurate information about preparations ACL had made about IHSS service delivery in Newcastle. ACL responded to both issues.

Since December 2005 allegations about poor performance and inaccurate factual reports have appeared in a number of newspapers. The Federal MP for Newcastle, Sharon Grierson, has also raised untested complaints in the Parliament and Senator Hurley has raised questions in the senate.

ACL has taken all allegations extremely seriously and has expended considerable time, energy and resources in addressing all allegations.

In December 2005 ACL's Group Managing Director engaged Richard Fiora of the legal firm Banki Haddock Fiora to undertake an inquiry into these allegations. The terms of reference for the inquiry were to inquire into, having regard to ACL's contractual obligations to DIMA:

- whether ACL is accommodating refugees in unsuitable accommodation and providing inadequate assistance for families and individuals in need;
- whether ACL is making assistance and support under its IHSS program conditional on the exchange and completion of specific documentation, in particular accommodation leases;
- whether ACL has devoted sufficient staff to its IHSS program;
- whether ACL is using inexperienced and culturally inappropriate staff in providing its IHSS services;
- whether in providing its IHSS services, ACL has engaged sufficiently with experienced volunteers and an established volunteer network;
- whether ACL's current systems for managing its IHSS program are adequate or in need of change;
- whether allegations of poor performance by ACL in the following IHSS cases are justified:

  Kamara family;

  Gbdeah family;

  Dafalla family; and

- the specific case management issues involving the Ntiranyibagira family including the matter of the death of their two-year old son, Richard Niyonsaba.

The Fiora Report was completed in February and was provided to DIMA on 14 February 2006. (The full report is at **Attachment E**.)

In general terms Fiora was satisfied that ACL has properly conducted and managed its IHHS program in accordance with the IHSS service principles.

> *"Our observations are that overall the IHSS services are being provided professionally, competently and conscientiously and with a very high emphasis on the well-being and satisfaction of entrant families.*
>
> *On investigation we were able to readily ascertain that many of the complaints and allegations which were brought to our attention had no factual basis."*

The Report made eleven recommendations for improvement to the Consortium's delivery of the IHSS and we have adopted all recommendations.

Newcastle

Following contract commencement to date, groups involved in the previous arrangements and disaffected individuals have continued to interfere with and sought to undermine ACL IHSS Consortium delivery in Newcastle. Much of the activity has come from a small number of vocal volunteers. As ACL has developed relationships with various settlement service providers in Newcastle, it has become increasingly evident that previously volunteers from Community Support for Refugee groups provided a very large portion of IHSS service delivery to refugee Entrants in Newcastle and that the level of involvement with Entrants was well above the current contract requirements.

Prior to Christmas 2005, the ACL IHSS Consortium had settled a total of 24 refugees in Newcastle, contrasted with a total of 428 refugees elsewhere in the Northern and Southern Metropolitan Sydney regions. The level of reaction to Consortium delivery in Newcastle has been out of proportion to refugees actually settled. The majority of allegations have been found to have no basis in fact. In the few instances were complaints were justified the Consortium has rectified the situation and made improvements to its operations.

ACL has attended all relevant settlement forums in Newcastle and at times the participation of staff in such forums has been quite difficult.

Advocacy and Community Awareness Raising

For the first four months of contract commencement, a high proportion of resources have been deployed to providing training for staff to prepare them for their roles in this area and to developing information materials.

A number of meetings with relevant stakeholders has taken place (Refer **Attachments A and B**).

Community perception and understanding of the new model of IHSS service delivery has meant that people working in the sector and previously settled refugees have differing expectations about what IHSS service delivery provides. ACL has sought to address this through the production of an information booklet, which provides details about IHSS service delivery under the new 2005-2010 contract. ACL will seek to develop a range of user-friendly promotional materials to ensure the Consortium promotes a clear and consistent understanding of the IHSS. DIMA is also going to produce a national IHSS information booklet and both parties are keen to ensure an integrated approach.

Risk Management

The Consortium has identified the need to further develop risk management processes, particularly in relation to health manifest medical alerts. Recently ACL conducted an IHSS risk management workshop in order to comprehensively address all risk areas in delivery of IHSS services.

One such area has been identified in relation to Entrants dialling 000 in an emergency. The Contract requirement was to provide refugee Entrants in short-term accommodation with access to a telephone landline from which to dial 000 in an emergency as well as providing a $20 telephone card. However, the majority of Entrants from African source countries are not familiar with landlines and often not literate in their first language. Dialling 000 in an emergency is high risk for this refugee client group and using a telephone card requires a refugee Entrant to access a public telephone. This client group are more familiar with mobile telephones and therefore, since January the ACL IHSS Consortium has been providing pre-programmed mobile telephones to entrant families in short-term accommodation for a period of one month. Mobile telephones are pre-programmed with the Caseworker's number, a back-up Caseworker number, the Translating and Interpreting service number and the 000 number.

Volunteer Coordination

Recruitment of Mission Australia volunteer coordination staff took place once the Principal Agreement with DIMA was signed at the end of August.

Mission Australia engaged with a number of volunteers from Community Support for Refugee groups and followed this up with training sessions. As a number of volunteers had previously had Federal Police checks the matter of DIMA releasing these was raised as with DIMA in late October and November. However, all police checks were subsequently required to be repeated. The Consortium acknowledges that there were delays on Mission Australia's part in finalising the checks.

In addition the training, matching and placement of volunteers with refugee Entrant families has been slow. By the end of January 78 volunteers had attended training sessions (54 in Newcastle and 24 in Sydney). To compensate for the delays in getting volunteers into the field ACL employed additional caseworkers.

Building links/relationships in Newcastle and Wollongong
There are a number of factors influencing placement of refugee Entrants in Newcastle and Wollongong.

State Specific Referral Factors as at 25 May 2005 given to the Central Referral Unit advised that Wollongong and Newcastle could accept cases without a link to a family or friend. Since commencing the Contract the Consortium has placed families that it was advised had no community or family links in Wollongong. Subsequently it is emerged that most of the families settled in Wollongong do have links in Sydney and they have been moving out of Wollongong.

Agencies in Wollongong are keen to receive Entrant families into the area. One of the factors has been the city's history in accepting refugees. From 1998 Wollongong experienced reasonably large flows of refugee Entrants from the former Yugoslavia however, this flow has slowed considerably. To ensure that Wollongong receives refugee Entrants that will remain in the region ACL is in discussion with representatives from the Sabian Mandean community with a view to settlement in Wollongong for this group of refugees.

In Newcastle, ACL is co-located with the Ethnic Communities Council. ACL has met with the Newcastle Refugee Health Clinic on a number of occasions. They appear to be severely under-resourced and are operating services on a volunteer basis. As a result ACL has proposed a financial and in-kind sponsorship to support the Clinic's operation and ensure that IHSS client's health needs are being met.

In both Wollongong and Newcastle Consortium staff have regularly attended all settlement forums and provided information about IHSS delivery.

Proposer Issues
In working with Proposers ACL has become aware of a number of issues in Newcastle that we would like to bring to DIMA's attention. At this stage we are unaware whether the issues are more widespread.

(i) Individual Proposers appear to be sponsoring large numbers of families, e.g. up to ten families. We are concerned that these Proposers may not have the resources or capability to support such a large number of families. In some cases that we have become aware of Entrant families are not receiving an appropriate level of support and may not be receiving advice about their entitlements.
(ii) A number of Proposers have operated under the previous settlement arrangements and are continuing to provide incorrect information to Entrants despite correct information and training being provided by the Consortium
(iii) We are unaware of a 'vetting' process that assesses Proposers to ensure that that they are capable of providing the support required for Entrants. Based on our experience we would recommend that DIMA put in place such a process and disseminate that information to IHSS providers.

Areas which need to be addressed

IHSS Reporting and Management systems

- Online availability of the HEMS database [***with DIMA for action***]

- Inclusion of the Principal Applicant's name in the HEMS database [***with DIMA action***]

- Creation of an online database to improve reporting and management systems [***with Consortium action***]

Inter-Service Provider Transfers [*with DIMA for action*]

A high degree of dissatisfaction is being experienced by the Consortium with the process, time and resources spent on negotiating inter-service provider transfers.

In January 2006 the Consortium outlined its concerns to DIMA. In summary: If an entrant leaves a Service Provider to move interstate (in most cases) or intrastate, the Service Provider is expected to continue to enter dates of service delivery data on HEMS and invoice DIMA. The original Service Provider and the new Service Provider are then expected to:

- Negotiate prices for all services delivered via emails and/or telephone conversations
- Agree for the new Service Provider to report on dates of services delivered so that the original Service Provider can enter data on HEMS spreadsheets in the future

The issues the ACL IHSS Consortium has with this process are:

- Prices provided in each Service Providers price schedule as per their contract with DIMA are commercially sensitive and should not be exchanged between Service Providers. This also has ramifications for future tendering processes.
- Prices will also differ from Service Provider to Service Provider depending on what pricing model they have used and the varying costs of goods and services in the different states.
- Some service delivery may not occur until 12 months down the track, particularly for short term torture and trauma counselling. This means that the original Service Provider is still involved in HEMS data entry etcetera for an entrant who is really with another Service Provider.
- To date, the processes involved for transferring Entrants have taken up a fair amount of administrative resources and time as well as being protracted.

Case Coordination Information and Referrals [*with Consortium for action*]

Within this area of IHSS service delivery, ACL is working in the following areas to improve service delivery:

- Standardisation of case note reporting and record keeping
- Supplementary documentation to assist with reporting and record keeping
- Improved communication between Case Coordinators and Caseworkers
- Regular debriefing on case management of families and caseload
- Training on policies and procedures to ensure accountability
- Improvement in health manifests notification
- Ongoing staff training
- Improved communication protocols between Consortium and other settlement service provider agencies

Volunteer Coordination [*with Consortium for action*]
As acknowledged placement of volunteers with refugee entrant families has been slow. This is being rectified within the Consortium and we will see a marked improvement within the next reporting period.

Advocacy and Community Awareness Raising [*with Consortium for action*]
The Consortium has become aware that during the reporting period ethnic communities and community organisations have felt that the Consortium has not engaged with them to the extent that was expected. ACL has formed a taskforce to plan and implement an *Engaging the Communities* strategy. Margaret Piper, former Executive Director of the Refugee Council of Australia is working with ACL as part of this strategy.

Experience has shown that presentations that involve both ACL and DIMA are particularly effective.

There will continue to be a strong focus on the development of information resources such as brochures, videos/DVDs for refugee entrant families and relevant stakeholders.

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

At the end of January 2006 the majority of clients had been in the IHSS for less than 3 months.

The Consortium is about to commence a comprehensive internal review of IHSS service delivery. The review will be conducted over a 3-4 week period in March/April 2006 and will include a range of activities as follows:

Entrants in short-term accommodation (STA)
Review of all entrant case files to:

- Determine the level and quality of service delivery correlated to contract Key Performance Indicators
- Identify any gaps, oversights or mismatches in service delivery
- Recommend strategies to be implemented to improve service delivery

Case files will be reviewed in the following priority order:

- Entrants in short-term accommodation (STA) from the Sudan and Burundi
- Entrants in STA from other African source countries
- Other Entrants in STA

Interview all Entrants in short-term accommodation (STA)

- Confirm the level and quality of service delivery by all ACL IHSS Consortium partners
- Identify any unmet needs of Entrants/entrant families, which fall within IHSS contracted responsibilities
- Assess client satisfaction with service delivery.

Develop and implement Policies and Procedures

The review person will liaise with the ACL consultant writer of IHSS policies and procedures to suggest improvements to enhance the quality of service delivery. This ranges across operational areas within IHSS which affect service delivery, such as, for example, internal communications strategies, administrative systems, case management processes and promotional/community engagement strategies. To date the review of case files has provided a good source of information for the development and/or review of relevant policies and procedures.

Outcomes - Recommendations

Both the findings from the interviews and the review of the case files will provide the basis for recommendations to ACL on quality improvement strategies.

Entrants in long-term accommodation (LTA)
All of the above processes will be repeated for a random sample of Entrants in long-term accommodation.

An interview proforma and a comprehensive checklist have been prepared and will be provided to DIMA.

IHSS Community Advisory Panel (ICAP)
The Consortium had convened an IHSS Advisory Panel and the first meeting was held on 15 December 2005 for peak community and settlement service providers to provide feedback on IHSS service delivery. DIMA representatives are members of the Panel and minutes of the first meeting have been circulated. The next meeting is scheduled for 30 March 2006. It is the Consortium's intention to establish a similar Community Advisory Panel in Newcastle.

4. The impact of pre-embarkation program

Feedback processes and instruments have been discussed at meetings between ACL and DIMA, including a national approach. ACL will not be in a position to provide feedback until there is agreement with DIMA on the scope and nature of feedback mechanisms.

5. Networking to improve housing options for Entrants

Refer **Section 8**.

6. Progress against torture and trauma advocacy and training plan of activities

STARTTS Early Intervention Program (EIP) commenced delivering training under the current IHSS contract in October 2005. EIP is making a transition from previously delivering NSW-wide generic training under the former IHSS contract toward delivering training which specifically targets health, allied health and counselling professionals in a narrower catchment area of the two metropolitan Sydney regions. This means new priorities for their training that requires significant networking and the establishment of new contacts, particularly among health and allied health services.

Over the past five years 29% of STARTTS training was delivered to health, allied health and counsellors, while 70% was delivered to more generalised services which do not fit into the current EIP contractual target groups. Accordingly, STARTTS EIP is now in a strategic phase of intensively networking with and promoting their training about working with survivors of torture and trauma among health and allied health services. At present they are targeting professionals in areas of metropolitan Sydney (Fairfield, Liverpool, Blacktown, Mt Druitt, and Auburn) where there are higher numbers of refugee Entrants settled under the IHSS. Details of training delivered to date are at **Section 8**.

7.

8. Regional planning activities undertaken with other DIMA settlement service providers and mainstream agencies and any needs identified in relation to post-IHSS services

To date the Consortium has participation in relevant settlement forums but at this early stage of contract commencement more work is required in developing clear protocols for post-IHSS exit referrals with mainstream agencies. (Refer **Attachment A**)

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