INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY (IHSS)

SERVICE PROVIDER SIX-MONTHLY AND ANNUAL REPORT

SERVICE PROVIDER	ACL IHSS Consortium
CONTRACT REGION	Northern Metropolitan and Southern Metropolitan regions of NSW
REPORTING PERIOD	1 July 2009 – 30 June 2010

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

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

Extensions to reporting deadlines

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

1. STATISTICAL OVERVIEW

Referrals received during current reporting period

SUB CLASS	BAND 1 (1 to 2)	BAND 2 (3 to 6)	BAND 3 (7 to 11)	BAND 4 (12 and greater)	TOTAL
200	111	149	26	2	288
201	5	4	0	0	9
202	216	193	24	0	433
203	0	0	0	0	0
204	23	19	4	0	46
851	0	0	0	0	0
866	550	31	2	0	583
TOTAL	905	369	56	2	1359

Main areas of settlement within the contract region

1	Auburn
2	Fairfield
3	Liverpool

Main ethnic groups represented within the contract region

1	Iraqi
2	Afghan Hazara
3	Sri Lankan Tamil

2. ANNUAL WORK PLAN

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

ACL

1. Service delivery to Protection visa holders

- Liaise with and provide feedback to NSW STO on issues arising with service delivery.

  With the proportion of Protection visa holder clients well over 50% of the full-service cohort of clients, the existing protocols and communication processes have covered the requirements for discussing issues of service delivery to this cohort of clients. The key issues in relation to service provision continue to be short lead time to respond and put services in place and the on-going issue of mobility and frequent transferring of clients. Associated with the issue of mobility is the level of client dissatisfaction amongst transfer clients who perceive that they are disadvantaged compared to their Sydney-referred counterparts who are receiving full IHSS services from the Consortium. While there have been many discussions between the Department and ACL and a number of initiatives put in place to manage the situation, there are no easy answers to any of these issues, due to visa granting protocols for asylum seekers and due to the rights of a permanent resident to re-locate anywhere in Australia.

  Existing protocols and communication processes (referred above) include the following range of interactions between the Department and the ACL IHSS Consortium and ACL as the Lead Agency in the Consortium.

  The Manager, IHSS and Manager IHSS Operations (to September 2009) and subsequently the Assistant Manager, IHSS met monthly with DIAC Contract Managers, in addition to the quarterly Contract Management meetings.

  There is daily email/telephone contact between DIAC officers and ACL IHSS management.

  Incident reports are prepared and forwarded to the Department when there are any critical incidents involving clients.

  Individual cases are discussed as issues arise and plans are put in place for service delivery strategies to deal with issues as they arise.

  ACL has provided many case updates for current IHSS clients when further information is required to assess a CCS referral.

  ACL, through the manager Community Relations and the Manager, IHSS, have strengthened relationships with community leaders from the predominant Protection visa holder communities in order to ensure that issues arising regarding settlement services for these clients are brought to ACL's attention and DIAC's attention, as appropriate.

- Establish appropriate protocols if/when further implementation advice is received from DIAC.

  The single significant amendment to processes and procedures during this reporting period has been for ACL to accommodate twice-weekly arrival groups of clients travelling from Christmas Island. Although the pattern of communication regarding these arrivals is not always consistent due to factors beyond the control of NSW STO and the ACL IHSS Consortium, there has been a weekly process in place for advice to come to the

Consortium and for action to be taken by Consortium partners; in particular, ACL and RFM in the first instance.

- Negotiate alternative protocols with Resolve FM for Protection visa holders requiring accommodation services on short notice.

  The development of alternative protocols has not been necessary during this reporting period, except to include RFM in the weekly negotiations regarding the Consortium's capacity to receive Christmas Island clients each week. RFM has expanded their stock of STA properties and have been able to consistently respond to requests for STA on short notice.

- Liaise with key stakeholders in delivery of services (DIAC Case Resolution, Australian Red Cross) to ensure seamless delivery of services.

  ACL IHSS management participated in a meeting early in this program year with Red Cross program managers and DIAC staff from IHSS, Case Resolution and Case Management. The meeting included fruitful discussion about roles and responsibilities pre- and post-visa grant and provided all participants with a better understanding of processes and procedures which impact variously on the range of those present at the meeting.

  There has been no requirement to liaise directly with DIAC Case Resolution staff as all IHSS referrals at the time of visa grant are arranged by IHSS Contract Managers. Case Resolution staff attend the Asylum Seekers Interagency meetings from time to time. This meeting is also attended by the Manager, IHSS, to ensure that Asylum Seeker agencies understand the referral protocols and the parameters of support provided to asylum seekers who have been successful in their application for a Protection visa.

  Red Cross and ACL staff have agreed protocols in place for any clients who transition between their programs and ACL IHSS.

- Liaise with key stakeholders in Asylum Seeker sector to facilitate cooperative and collaborative strategies to assist IHSS-eligible clients post-visa grant in a timely manner.

  The Manager, IHSS attends the Asylum Seeker Interagency meetings and the ASI Working Group (Health, Welfare and Housing) meetings on a bi-monthly basis.

  As a result, on-going working relationships have developed with the Asylum Seeker Centre, the Jesuit Refugee Service, the House of Welcome and St Vincent de Paul Society refugee program in particular.

2. *IHSS database (AID)*

- Progress the Project Plan for staged IHSS database enhancements with ACL IMT.

  Project brief was drafted based on:

  - feedback provided by Mission Australia,
  - existing capacity within AID for STARTTS to enter initial session, assessment complete and subsequent session details and
  - RFM to enter tenancy training, check-in, STA and LTA details and HGA.

Further feedback was required from both STARTTS and RFM to finalise this brief to complete development of the project plan. STARTTS provided some initial suggestions, but then did not finalise these as they did not wish to pursue the enhanced rollout.

- Conduct meeting with each Consortium partner regarding database access and data entry requirements.

  A meeting was conducted with MA and details were finalised. Initial discussions were held with STARTTS, but no further progress was achieved. Discussions were held with RFM during the initial roll-out, however RFM declined to progress this.

- Finalise permissions and access restrictions to ensure appropriate confidentiality.

  This was completed as a part of initial rollout to Consortium Partners.

- Develop customised training/reference manuals for each partner which reflect their database usage.

  This was also completed as a part of initial rollout to Consortium Partners. Version 2 was drafted, based on initial plans for enhanced rollout, but not completed as enhanced rollout was not completed and details were not known.

- Train designated Consortium partner staff regarding database use.

  This was completed as a part of initial rollout to Consortium Partners. Further training would have been provided for an enhanced rollout should this have taken place.

- Run trials and checks on data capture and accuracy.

  This was not commenced, as data entry did not commence.

- Enhance database reporting capabilities, based on expanded usage.

  No changes were required to enable reporting capabilities – the content and nature of the reports would have changed due to partner data entry. New reports have not been generated from the database but ACL continues to produce monthly reports as a mechanism for monitoring the breadth, depth and timeliness of service delivery to IHSS clients.

- Investigate the use of the database to provide invoicing information to the Consortium.

  This did not proceed as the enhanced roll out to partners did not proceed.

3. *Relationships*

- Continue to actively foster positive working relationships with key mainstream service providers, in particular, social housing providers, mental health services and agencies assisting the elderly.

  Social housing providers: Throughout the program year, ACL has assisted clients wishing to register for public housing, including assistance to gather suitable evidence for a Priority Housing application. ACL Case Coordinators have advocated for clients with community housing providers, especially specialist providers such as the Women's Housing Company or providers with housing stock in geographic locations suitable for IHSS clients (Hume, Argyle, Affordable Housing, Mission Australia Housing, Garrigal). In April 2010, Housing NSW introduced a new system for housing assistance called Housing Pathways. Under the new system, a client needs to complete a single application form to apply for housing owned by Housing NSW or community housing providers. A single state-wide waiting list, called the NSW Housing Register, has been created by

combining all clients on existing lists. This has significantly reduced the work required to make multiple housing applications on behalf of a family. This has reduced the need for ACL to engage on a regular basis with Housing NSW and community housing providers, except to advocate for individual families on the waiting list. ACL has liaised closely with Housing NSW offices in Liverpool, Fairfield and Parramatta to secure housing for IHSS clients.

ACL has also worked closely this year with NESH, a housing provider offering housing and support for female head of household families. NESH has provided this service to a number of families facing a housing crisis during this reporting period.

ACL has also worked closely with housing providers to source suitable and affordable housing for young people on Centrelink Youth Allowance. For example, ACL linked one young man to the Marist Youth Care Program after he had a falling out with his Proposer and was unable to continue residing with her family. They were able to source suitable accommodation for him through Affordable Community Housing, where he now lives on his own.

ACL and Resolve FM have had numerous discussions with Housing NSW in an effort to secure vacant bedsitting room properties for STA for IHSS clients. By the end of this reporting period there were no Housing NSW properties being used and it appears that this will not progress during the term of the current IHSS contract.

Mental health services: Transcultural Mental Health is the key service provider in this area of support services but they only engage with clients in instances when the client agrees to a referral for a mental health assessment. Given the social stigma attached to mental illness, clients are reluctant to agree to this regardless of difficulties they may be experiencing.

If a client struggling with mental health issues becomes a risk to self or others, police can get involved or crisis mental health services through Community Mental Health teams.

A small number of clients have been hospitalised in mental health wards during this reporting period.

Other key mainstream service providers:

Centrelink: ACL works closely with the Fairfield and Campsie Refugee Units within Centrelink and with Multicultural Service Officers (MSOs) in Centrelink offices in close proximity to clients' property locations. Confirmation of arrival and initial appointment referral protocols are well established and work smoothly. Centrelink and ACL Case Coordination staff have had a number of meetings during this reporting period to introduce new staff and to discuss policy changes and program initiatives of relevance to IHSS clients. Both parties have found these face-to-face meetings valuable.

ACL supports Centrelink initiatives, such as the Sydney Multicultural Community Conference in October 2009 and the launch of the new multi-lingual publication in March 2010.

NSW Department of Education and Training: At an operational level, there is constant interaction with primary and high schools in the locations where clients live. High school-aged young people are generally enrolled at their closest Intensive English Centre (IEC), where they receive excellent language learning opportunities prior to entering the mainstream high school. There is no IEC in Newcastle but there is a local high school which has put in place additional resources to support refugee young people.

The introduction of an 11-page enrolment form has caused some difficulties for clients to understand and complete. In addition, new students wanting to enrol must be subject to a risk assessment which investigates any special requirements which might be needed. These new processes have prolonged the process of enrolment but are out of ACL's control.

At a program management level, ACL works closely and collaboratively with the Multicultural Programs Unit within the Department. Staff in this unit have been proactive in seeking solutions where ACL has had difficulty enrolling students, particularly those with disabilities or special needs. The Manager, IHSS attended a meeting of IEC counsellors and head teachers to discuss these enrolment issues and a new protocol was agreed going forward in order to minimise any disruption to the enrolment process or the start of schooling.

Representatives from the Department regularly attend ICAP meetings and have provided feedback that the IHSS reports tabled at the meetings have greatly assisted in their planning processes.

NSW Refugee Health Service/health practitioners: All health matters are a priority in service delivery to IHSS clients. All clients are routinely linked/referred to a Refugee Health Service clinic or a GP within the first week of arrival. Sydney affords ACL the opportunity to link most clients to a GP who speaks the client's first language (L1). Given the on-going reluctance of health practitioners to use interpreters with IHSS clients, the link to an L1 GP ensures that clients are able to adequately discuss health matters/describe symptoms leading to a faster and relevant health outcome.

A representative from the NSW Refugee Health Service regularly attends ICAP meetings and there is telephone and email contact if/when any issues arise in regard to particular clients or in regard to any protocols in place between the two organisations.

ACL and the NSW Refugee Health Service have been collaboratively developing a DVD on accessing health services in NSW for use in IHSS and the AMEP.

ACL regularly participates in and contributes to the Refugee Health Improvement Network (RHIN).

Community Services (an agency of the Department of Human Services): There are three main interactions with Community Services.

ACL reports any child protection concerns to Community Services. Community Services have revised their response protocols and it has been ACL's experience that many such referrals are not picked up and activated by Community Services based on their new triage processes. Community Services describes this as "increasing the threshold for reporting children and young people to Community Services from "risk of harm" to "risk of significant harm"". Under the "Keep Them Safe: a shared approach to child wellbeing" initiative families, communities, government agencies and non-government agencies are encouraged to work together to support children and young people. However, with IHSS cases which do not meet the criteria of "risk of significant harm", there are no clear alternative for ACL to seek intervention assistance.

Unaccompanied Humanitarian Minors (UHMs): The number of UHM referrals into ACL's contract regions has increased during this reporting period. ACL met with DIAC and Community Services to discuss collaboration in regard to the assistance provided by ACL and Community Services to UHMs.

ACL most commonly works with Community Services in regard to families who need parenting support. Referrals to their early intervention program, Brighter Futures, are quite common and ACL Case Coordinators collaborate with Brighter Futures Caseworkers on a case by case basis. While the program is funded by Community Services, some programs are delivered by community-based organisations funded to deliver the program.

Housing NSW: See Social housing providers above (pg 5).

Please see section 4.1.5 Development of Collaborative Relationships (pp 41-44) of this report for further details on collaborative working relationships with mainstream providers.

- Continue to build on relationships with settlement service providers and community organisations (generalist and ethno-specific) through active engagement at network and SSPF meetings and through on-going dialogue for the purposes of exiting and referring IHSS clients to these organisations.

ACL attends and reports to key network interagency meetings such as Hunter Refugee Network (HRN), the Refugee Support Network (RSN) in Sydney and the Illawarra Refugee Issues Forum (IRIF). In addition, ACL attends approximately 70% of all of the interagency meetings held in the two contract regions. There are some LGA areas in Sydney in which there are very few or no IHSS clients residing. In these particular areas, ACL has stopped attending monthly meetings but has advised that someone will attend at any time should there be issues arising or information to be shared.

There have been a number of settlement sector agencies with which ACL has actively collaborated to provide clients with the range of services which they need to assist in their settlement. These include, but are not limited to, Fairfield MRC, Auburn Diversity Services, the Iranian Community Organisation and the Assyrian Resource Centre. These agencies have agreed to concurrent service delivery for IHSS clients where they offer a program which is outside the parameters of IHSS.

ACL routinely attends SSPF meetings, generally represented by several staff members. These meetings ensure that ACL staff have a comprehensive understanding of the settlement sector and their service delivery concerns, provides an opportunity for accessing presentations they might not otherwise see and to network informally with SGP workers. In addition, where there are vacancies in training planned for SGP workers by DIAC, ACL has been invited to send staff members to join the training program. This too has assisted in better connections and understanding between the IHSS and SGP sectors of the settlement community of workers.

The agencies with which ACL liaises in relation to exit referrals reflect the geographic location of the clients at exit, the nature of their on-going requirements and any expressed preferences/existing relationships which might assist in the transition process. For example, ACL is aware that there are a number of Karen clients have expressed a desire to be referred to Fairfield MRC rather than The Hills, Holroyd, Parramatta MRC simply because the train line to Fairfield is direct and to travel to Parramatta from Guildford/Yennora requires changing train lines. It is not uncommon for a family to be referred to their closest MRC (or equivalent) and an ethno-specific agency upon exit, as these two support services are able to offer complimentary services for the client family. For details of exit suburbs, please see section 4.1.5 Development of Collaborative Relationships (pp 41-44).

Other involvement/contributions to the settlement sector:

ACL participated in and presented a paper to the *Poverty: Whose Responsibility? Poverty, Integration and Social Inclusion* conference held in July 2009.

Settlement Council of Australia (SCoA): ACL attended the inaugural SCoA conference and subsequently applied for membership in this peak body. ACL was advised that it does not meet membership requirements. ACL attended the SCoA AGM to contribute to debate on constitutional change which might enable ACL and like organisations to gain membership.

Training Package initiative: ACL is working in partnership with Multicultural Development Association (MDA) in Brisbane, AMES Victoria and Margaret Piper and Associates on a project to develop learning and assessment materials for two new units of competency in the Community Services Training Package. These units relate directly to the skills and knowledge required to work effectively with refugee clients.

The new units are:

- CHCSW401A: Work effectively with forced migrants

- CHCSW402A: Undertake bi-cultural work with forced migrants in Australia

In the conduct of this project, the Steering Committee membership has included: Peter Templeton (DIAC), Tracy Worral (QPASTT), Geraldine Duncan (UNSW), Meta Vurel/Andrew Cummings (SCoA) in addition to representatives from each of the partner organisations – Margaret Piper (MPA), Susan Chou Allender (AMES Victoria), Mitra Khakbaz (MDA) and Jill Gillespie (ACL). The composition of the Steering Committee is intended to include a range of representatives in the sector and each member is expected to widely distribute materials and consult with colleagues to ensure an outcome useful for and acceptable to the settlement sector.

Draft Trainer Manuals, Participant Handbooks and Assessment materials are with the Steering Committee. Draft materials will be trialled in July/August 2010 and assessment materials will be validated in the same period.

Please see section 4.1.5 Development of Collaborative Relationships (pp 41-44) of this report for further details on collaborative working relationships with community and settlement sector providers.

- Maintain engagement with key stakeholders in satellite regions of Newcastle and Wollongong.

ACL Case Coordinators responsible for regional programs report to the key network meetings in Wollongong and Newcastle. The Manager, IHSS has also been attending the Refugee Network meeting (Newcastle) and the Illawarra Refugee Issues Forum (Wollongong) during this reporting period. ACL convenes the IRIF meeting on a bi-monthly basis. This is chaired by ACL's Manager, Community Relations. These network meetings are well attended and comprise representatives of all of the key community and settlement sector agencies and government departments assisting migrants and refugees in the region.

ACL and Resolve FM delivered presentations to the Regional Advisory Group of the Community Relations Commission in Newcastle in November 2009 to provide information on IHSS services in general and accommodation services provided to clients in Newcastle in particular. This meeting was attended by representatives from a number of community sector and government departments.

ACL collaborated with Illawarra Multicultural Services on preparing a response to adverse media coverage of the circumstances of an Ethiopian family in STA in Wollongong. ACL also consulted with IMS regarding existing communities in Wollongong and potential for resettling Christmas Island clients in the Illawarra.

At a local level, the ACL Case Coordinators in Newcastle and Wollongong have regular and on-going interactions with all the key stakeholders in their region in the process of providing settlement assistance to clients. In these two regional areas, the Case Coordinators conduct face-to-face handovers for all IHSS clients exiting the program to Northern Settlement Services or to Illawarra Multicultural Services.

- Ensure that Consortium protocols are implemented effectively in relation to issues or complaints raised by external organisations.

Complaints or issues arising in service delivery come to ACL in a number of ways.

DIAC's IHSS Contract Managers provide advice to ACL if a complaint is received through the Global Feedback Unit. This is usually conveyed to ACL via email and an investigation is conducted and a report provided back to the Department by the due date set by DIAC.

DIAC's IHSS Contract Managers provide feedback to ACL when issues in service delivery are reported to the Department through client contact visits. Again, this feedback is provided in writing by email and ACL provides a response in a timely manner.

DIAC's IHSS Contract Managers have, from time to time, been approached by external organisations (principally MRCs) regarding a client who has approached them for services which ought to have been provided by IHSS. In the first instance, the external organisation is asked to contact ACL directly to ascertain what support has been/is being provided for the family. This exchange of information in some instances has resulted in collaborative support for the family and in other instances resulted in a referral of the client by the MRC to CCS for further assistance for the family.

DIAC's CCS Contract Managers may request a summary of IHSS service in instances when they receive a CCS referral from an external organisation citing client issues unattended to. This request is by email and ACL provides a summary of services extracted from the IHSS database. ACL also identifies any other issues with the family that we are aware of. While this is not a formal complaint, there is a perception that the client's settlement needs are not being met by ACL's IHSS delivery.

There is a standing agenda item for each ICAP meeting, which is attended by settlement and community sector agencies and representatives from key government departments. During this reporting period, no issues or complaints have been made at any ICAP meeting.

A written complaint was sent to Resolve FM from Sister Elizabeth Brown of Penola House regarding the level of housing assistance provided to IHSS clients in Newcastle. Resolve FM provided a written response to the letter, but both Resolve FM and ACL prepared and delivered a presentation to the Regional Advisory Group of the Community Relations Commission in Newcastle and both ACL and Resolve FM program managers attended the Hunter Refugee Network meeting to provide further information about assistance with STA, LTA and HGA and to respond to all questions and issues raised by participants. ACL and Resolve FM managers continue to attend these meetings regularly.

Consortium partners report regularly to the Hunter Refugee Network meeting, the Refugee Support Network, the Illawarra Refugee Issues Forum and at each ICAP meeting. Most external organisations with which the Consortium's service delivery and any contextual issues which have had an impact on service delivery or client satisfaction with service delivery. For this reason, any individual issues related to a particular family will be raised with ACL informally by telephone and dealt with by the Case Coordinator or the Team leader responsible for the family, which accords with the complaints protocols.

- Maintain ICAP quarterly meetings to ensure opportunities for feedback to the ACL IHSS Consortium on service delivery issues.

  ICAP meetings were held in August 2009, November 2009, February 2010 and May 2010.

- Perform bi-annual reviews of ICAP membership and attendance patterns to ensure that all relevant organisations are provided an opportunity to participate and invite new organisations, as appropriate.

  The distribution list for the ICAP meetings was reviewed in December 2009 and again in June 2010. With the change in naming and contact details for a number of former MRCs, the contact list for existing members was also reviewed and updated.

- Consolidate community consultation processes to ensure that community leaders have an opportunity to meet regularly with ACL to provide information and advice on community needs related to IHSS service delivery.

  During this reporting period, ACL consulted with the following communities:

  - Congolese
  - Tamil

- Hazara
- Assyrian
- Iraqi Shi'ite
- Ethiopian community leader at the time of adverse media coverage of Ethiopian families residing in STA in Wollongong.

In addition to the formal consultation meetings, ACL has supported communities through attendance at community events, such as, for example, the Australian Karen Organisation's (AKO) Karen New Year and Refugee Week events, Horn of Africa Relief and Development Agency's (HARDA) research publication launch and Refugee Week event, the Association of Bhutanese in Australia's (ABA) events to celebrate one year of settlement in Sydney and an event to launch their web site and to celebrate the participation of a community member in the Football United participation in Football For Hope event in South Africa, the annual Festival of Tibet.

ACL also assists communities and agencies in the sector through a sponsorship program. Some examples of initiatives during this reporting period include:

1) Community Radio sponsorships to: Assyrian Community Radio, Sudanese Community Radio, Sierra Leone Community Radio and Nepalese Speaking Community Radio. Capacity building objectives are met by provision of additional sponsorship to enable provision of training in a spare studio at Radio 2000 FM at Burwood. Training assistance is provided in the areas of (live) program production, structuring of radio segments, operating studio equipment and non-live radio program segment production. The training has been accessed by the Sudanese radio group and the Nepalese/Bhutanese radio group. The training has also included a mentoring component by an experienced Journalist. Sponsorship of four community radio programs is targeted at small and emerging communities and enables these communities to present settlement related information that is relevant to their needs, to break down social isolation by provision of first language programs and to promote the positive aspects of their own parent culture within the Australian context.

2) Australian Afghan Hassanian Youth Association and FM Kateb Association
As a key emerging refugee community, ACL has supported Hazara capacity building in a number of ways in order to facilitate self-reliance and community capacity to develop and offer their own support programs. ACL has facilitated the AAHYA to register and establish themselves as a Community Language School with the Community Languages Association, giving them access to group insurance for public liability and access to public schools to run their own community language school. ACL has also assisted reps from AAHYA to visit Asylum seekers in detention in order to provide information about processing matters, location choice for settlement and community links. In relation to FM Kateb Association, ACL has donated classroom furniture to enable increased capacity to offer community support programs such as homework assistance for youth and Dari language school. ACL has also assisted with provision of local government regulatory information that has helped with gaining approval for the establishment of a Hazara Community Centre in Lidcombe.

3) SCARF (Wollongong)
Provision of ACL sponsorship for a Learner Driver program, "L2P", has enabled a volunteer community organisation to expand its refugee Learner Driver program to include basic auto maintenance, in addition to classroom based tuition supported by donated copies of the ACL produced Operation Roadsafe DVD. SCARF. ACL agreed that newly-arrived refugees in the Illawarra area would be targeted for inclusion in the program. SCARF have recruited mainstream community volunteers to assist in their program (eg: Mechanics shop owner), with participants introduced to them throughout the program, giving confidence to newly arrived refugees in the area of personal transport and vehicle use and ownership.

Response to 2009 QA recommendations:

Most of the responses to QA recommendations made in 2009 appear in this report in the section to which the recommendation applies. The following recommendation does not fit into the reporting template as a component of CCIR, OARA or ACARS, so is addressed in this section of the report.

2009 QA recommendation: That ACL continues to improve its database to allow Consortium partners to enter milestones/service information directly into the database

As further development, enhancement and roll out of the database was an integral part of the 2009/2010 Annual Plan, details of progress in responding to this recommendation are included in Section 2 IHSS database above (pp 4 – 5).

ACL's areas for improvement identified in the Annual Plan 2009/2010:

1. Continuous improvement in communication protocols between Consortium partners:

There was one high level Consortium meeting during this reporting period. The second one planned for February/March 2010 was deferred due to the release of the RFT for the HSS. The third one, which is usually convened to review the draft Annual Plan, did not proceed, as the Consortium was not required to prepare an Annual Plan in 2010.

Consortium Managers' meetings and bi-lateral meetings schedules between partners have been slightly altered due to the RFT for HSS but these have subsequently returned to the normal pattern.

In addition, there is almost daily telephone and email contact at the program management level between ACL, RFM and STARTTS on an on-going basis.

At an operational level, ACL and STARTTS Team Leaders and ACL Case Coordinators and STARTTS counsellors meet regularly to discuss any issues arising with clients or with the protocols between the two organisations. ACL has initiated a database report which identifies cases 10 months or more in the program without STARTTS discharge or RFM accommodation milestone. These reports are forwarded so that both organisations can review the cases and put in place a plan to complete service delivery in a timely manner.

In regards to improvements due to access to the IHSS database, the initial rollout to Consortium partners was completed. RFM, STARTTS and MA can gain instant access to case information, such as documents, contact phone numbers and addresses.

In addition and not mentioned in the Annual Plan, ACL and Resolve FM have instigated email protocols related to DIAC advice on the twice-weekly groups of Christmas Island clients coming to Sydney. There is an agreed distribution list and information is communicated between the partners as soon as it is received from DIAC.

2. Continuous improvement in exiting processes and documentation

The Exiting process was reviewed, and both the documentation and processes were simplified:

- the types of letters were reduced;
- additional information fields were added for Case Coordinators to pass on necessary information to the exiting team for consideration for inclusion in the post-IHSS referral and
- the client satisfaction survey was merged with the exiting interview to be less confusing for the client. (See Attachment A for copies of the new documents and templates).

3. Monitoring follow up on client Health Undertakings

This is currently monitored through case note reports where there is a Health Undertaking. ACL runs monthly database

reports to identify cases with Health Undertakings and to assist with follow up. There are some cases where clients either have been assisted by a Caseworker to attend a follow up appointment or the Case Coordinator has been able to check that the client has completed follow-up. However, in the majority of cases, the Case Coordinator still is not advised by the client when an appointment has been made. This has been and continues to be a barrier to providing assistance to clients to meet their obligations under the Undertaking.

Resolve FM:

Resolve FM has applied strategies related to service delivery area to achieve our goals. The activities that underpin the 2009/2010 objectives are outlined below:

1. To improve service delivery to Protection visa holders

- Liaise with the lead Consortium partner immediately any issue arises with service delivery

  Resolve FM and ACL have established robust and effective communication protocols whereby if any issues are brought to Resolve FM's attention, they will be immediately attended to. Depending on the nature of the issue, Resolve FM would initiate an investigation and develop a plan to address the issue raised, or prepare an improvement plan if it is a common issue for other clients too. A proper detailed response is prepared and submitted to ACL. This process could also be followed by formal meetings, if required. Some examples could be provided on request to show how Resolve FM has responded to some issues during the last year.

- Establish appropriate protocols if/when further implementation advice is received from the lead Consortium partner

  Resolve FM has established the protocols where we will assess a requirement of any requested changes or variations to provided services, discuss with ACL any concerns and practicality, and develop a plan and procedures to implement them.

- Negotiate alternative protocols with lead Consortium partner for Protection visa holders requiring accommodation services at short notice

  Resolve FM and ACL have successfully implemented communication protocols to deal with short notice arrivals and spikes in the number of arrivals. Resolve FM have procedures in place to liaise with the lead Consortium partner for cases referred with a late notification. Resolve FM has structured their resources so that it will be able to allocate and mobilise in a short period of time to attend to information received and provide the required services, and importantly to minimise any inconvenience to clients. Resolve FM has implemented some initiatives to deal with both short notice and high number of arrivals such as: the online shopping, where food and household items can be ordered online at short notice and delivered a following day, and agreements with serviced apartment providers to accommodate clients at a short notice if all STA properties are already occupied. In the event when clients arrive unannounced (rarely) or clients transfer in from other states outside of business hours, the ACL and resolve FM liaise closely to find a suitable, short-term solution. Resolve FM will then provide a more permanent STA accommodation the next working day.

- Liaise with keys stake holders in delivery of services (Australian Red Cross) to ensure seamless delivery of services

  When clients are referred by DIAC through ACL to provide services, which were initially supported by other organisations such as Australian Red Cross, Resolve FM will allocate the appropriate STA accommodation and assist where required to relocate any furniture items into a temporary storage until suitable LTA can be sourced and secured for these clients.

2. To utilise the IHSS database and its reporting capabilities

- Conduct meetings with the lead Consortium partner regarding IHSS database access and data entry requirements

  There have been numerous meetings held with Resolve FM and ACL regarding training for IHSS database access and data entry. This included:-

  - Preliminary review by manager with ACL.
  - More advanced training was held shortly after initial training session.
  - Currently accounts use database for Case ID entries to client's name, banking details for direct debits, paperwork uploaded from Case Coordinators, milestone achieved for invoicing, transfers, all of which assists correct reporting for DIAC.

- Work with the lead Consortium partner on the training of relevant staff on the use of the IHSS database

  The following staff attended a training session at ACL's Mary Street office: Garry Hogan, Catherine Williams, Raki Welangoda, Leanne Carlow, Mark Fleming, and Brenton Wickman.

- Assist the lead Consortium partner in developing the access levels such that client confidentiality is maintained

  Access levels were already put in place prior to Resolve FM having access to database. Client confidentiality has been maintained since the contact started back in 2005.

- Work with the lead Consortium partner during trials on the training database to ensure data capture and accuracy is achieved

  Still working closely with ACL to finalise activities related to this objective.

- Provide input to the relevant sections of the training manual that are is specifically related to our data fields

  Resolve FM has provided feedback initially on the data fields within the database which mostly related to uploading paperwork for clients.

- Enter data into relevant accessible fields of the IHSS database in a timely manner

  Still working closely with ACL to finalise activities related to this objective.

- Provide feedback on enhancements to the IHSS database which add value to tracking and reporting of entrant services

  Resolve FM provided some feedback regarding login and password problems as they arose at the initial stage of implementation. There was also difficulty uploading client documents but ACL resolved these problems once reported.

3. To further consolidate the relationships with mainstream services, community organisations, ethnic community groups and real estate agents to build the knowledge of the ACL Consortium provision in the sector.

- Continue to actively foster working relationships with key mainstream service providers, in particular real estate agents, Housing NSW and social housing providers.

  Resolve FM and ACL have engaged the Department of Housing and Hume Community Housing in a series of meetings and conducted lengthy discussions about the IHSS program and any opportunities to lease their properties for a STA accommodation for our clients. With a contract finish scheduled for 30 June, there was reluctance to proceed prior to the new HSS contract. In light of the fact that the contract now has been extended to the end of January 2011, Resolve FM is now in a position to arrange leases of bedsitters from Hume Community Housing.

- Continue to build on relationships with community organisations through active engagement at network meetings.

  Resolve FM has attending all meetings, which have been planned for the year on the IHSS meeting and reporting calendar and any other meetings, which were arranged through the year. The following meetings were attended by Resolve FM for last year:
  - Refugee Support Network Sydney
  - IHSS Community Advisory Panel Meeting Sydney
  - Attending Department of Housing affordability meetings

  Resolve FM has compiled detailed reports for each meeting and provided copies to all service providers. The reports contain necessary information to brief participating organisations of delivered services, issues and improvement initiatives.

- Maintain engagement with key stakeholders in satellite regions of Newcastle and Wollongong.

  Resolve FM has attending all meetings, which have been planned for the year on the IHSS meeting and reporting calendar and any other meetings, which were arranged through the year. The following meetings were attended by Resolve FM for last year:
  - Refugee Support Network Newcastle
  - Hunter Regional Advisory Council
  - Illawarra Refugee Issues Forum Wollongong

  Resolve FM has compiled detailed reports for each meeting and provided copies to all service providers. The reports contain necessary information to brief participating organisations of delivered services, issues and improvement initiatives.

- Meet with community leaders to promote the IHSS program and explain current trends within the property rental market

  With ACL's assistance Resolve FM has had a meeting with Bala Vigneswaran, who is the Tamil Community leader based in Blacktown and Mount Druitt and who is heavily involved in providing help to Tamil clients. This has helped Resolve FM to establish a good relationship with this community organisation and improve the provided services to Tamil clients.

- Ensure that Consortium protocols are implemented effectively in relation to issues or complaints raised by external organisations or individuals.

  Resolve FM has established protocols to deal with any raised complaints, which could be brought to Resolve FM's attention directly or through ACL. Resolve FM continues to work on those issues or complaints until a detailed response is provided and finalised.

- Provide information to ICAP meetings to ensure opportunities for information exchange exists between IHSS service providers and other service providers.

  Resolve FM provides a detailed report at IHSS Community Advisory Panel meetings which illustrates the number of families housed since contract started to date then goes through in detail statistical data of averages collected to give concise data at meetings. The report also goes through the percentages for surveys collected from clients between the reporting period and detailed information regarding important data collected regarding the rental market which has been commented at numerous meetings to be at some use to Consortium partners. The report also provides statistical data for main geographic areas where IHSS clients settle, including a full break down of the five top settlement areas for client settlement.

- Contribute articles to the Consortium newsletters so community groups are aware of work achieved by the Consortium

  Resolve FM provides information for ACL's IHSS newsletter which reflects on the goals and achievements, including any successes of the ACL IHSS Consortium and clients. The newsletter also

reflects on activities across the two contract regions of north and south which includes Sydney, Newcastle and Wollongong.

Response to 2009 QA recommendations:

Please see the table below for further information of the follow up on QA recommendations from 2009:

Summary – recommendations for 2009 QA review

The recommendations for performance improvements are:

QA module	Recommendations	Priority	Comment	Completion Date
Accommodation Services	***Recommends that ACL/Resolve FM***			
	Allows flexibility to entrants in their choice of HGA for LTA	Medium	The agreement specifies households to be in possession of a specific list of HGA items. The Agreement specifies the HGA items supplied are subject to a needs assessment. Flexibility in choice is provided on a number of items where the client can purchas	01/10/2005
	implements a virtual voucher system or another process for single entrants sharing accommodation, that puts on hold HGA items not required when they are sharing accommodation. The expiry date of the voucher or that used in an equivalent process cannot be	High	The agreement specifies the service provider must ensure, by supplying and installing as necessary, that all households in longer term accommodation are in possession of a specified list of items. There is no requirement for the service provider to provi	01/10/2005
	implements a documentation process to support instances when the virtual voucher is used, including entrant endorsements to acknowledge receipt of the remaining HGA items	High	The agreement specifies the service provider must ensure, by supplying and installing as necessary, that all households in longer term accommodation are in possession of a specified list of items. There is no requirement for the service provider to provi	01/10/2005
	develops and documents procedures for IKS disbursements for accommodation	High	Documentation and procedures in place since 28/2/08. Document defaults to provision of accommodation in-kind services. Refer CS-FR-AGDA-001, CS-FR-AGDA-002, CS-FR-AGDA-002A, CS-FR-AGDA-013, CR-FR-AGDA-032	28/02/2008
	ensures entrants are aware of their eligibility for IKS for accommodation, including utility costs, for the first four weeks	High	Documentation and procedures in place since 28/2/08. Document defaults to provision of accommodation in-kind services. Refer CS-FR-AGDA-013, CR-FR-AGDA-032, CS-FR-AGDA-008, CS-PO-AGDA-005	28/02/2008
	establishes and documents procedures for using appropriate interpreters when ACL bilingual caseworkers are not available to assist with the translation or explanation of tenancy agreements	High	Staff have contact details of Associated Translators & Linguists and TIS. The procedure CS-PO-AGDA-038 was developed and implemented. Both organisations have our credit details setup. Reminder will be reissued to staff. Staff also complete CS-FR-AGDA-	27/04/2009
	develops documents and implements pre-eviction procedures, and incorporates them into tenancy training.	Medium	Clients are explained at check-in the basis eviction may occur, ie non payment of rent or damage to property. Eviction procedures are in place once we receive writtem approval from DIAC that they will grant eviction if a breach of the licence agreement i	30/11/2009
Client Contact Visit	***Recommends that ACL/Resolve FM:***			
	ensures eligible entrants are receiving IKS accommodation assistance for the first four weeks and documents the process in case files	High	Documentation and procedures in place since 28/2/08. Document defaults to provision of accommodation in-kind services. Refer CS-FR-AGDA-001, CS-FR-AGDA-002, CS-FR-AGDA-002A, CS-FR-AGDA-013, CR-FR-AGDA-032, CS-FR-AGDA-008, CS-PO-AGDA-006, CS-PO-AGDA-005	28/02/2008
	ensures entrants are aware of their eligibility for IKS for accommodation and utilities for the first four weeks	High	Documentation and procedures in place since 28/2/08. Document defaults to provision of accommodation in-kind services. Refer CS-FR-AGDA-013, CR-FR-AGDA-032, CS-FR-AGDA-008, CS-PO-AGDA-005	28/02/2008
	incorporates information about the different lease agreements in the later tenancy training that is provided to entrants when LTA is found.	High	Agent is responsible under the Residential Tenancy Act to explain to the client the lease documents. Resolve FM is present if invited by the client to ensure this process occurs. ACL case worker attends as well.	30/06/2009
	provides entrants with sufficient food to last one week consistant with contractual requirements.	High	The food parcel given to clients is sufficient to cover any family size to singles, 2 - 5 people, 6+ people and 9+people. The food voucher allows freedom for any client to purchase any type of cultural food required. Both combined food and cash easily cov	01/10/2005
Review of Case	***Recommends that ACL/Resolve FM:***			
	implements a tabulated filing system for accommodation services case files to facilitate documentation consistency	High	Already have a procedure developed. CS-PO-AGDA-006. Will conduct periodic review to ensure staff are utilising this procedure.	30/06/2009
	ensures adequate documentation of IKS for accommodation and utility payments in all case files, including the itemisation of the dollar amount disbursed	High	Documentation and procedures in place since 28/2/08. Document defaults to provision of accommodation in-kind services. Refer CS-FR-AGDA-001, CS-FR-AGDA-002, CS-FR-AGDA-002A, CS-FR-AGDA-013, CR-FR-AGDA-032, CS-FR-AGDA-008, CS-PO-AGDA-006, CS-PO-AGDA-005	28/02/2008
	implements a HGA template that specifies items received by entrants	High	Already have a picking slip developed since contract commenced 1/10/05	01/10/2005
	ensures the HGA template is endorsed by both the entrant and Resolve FM on receipt of HGA.	High	Entrant has been signing off receipt of HGA since 1/10/05. Will arrange for Resolve FM or their representative to sign at receipt of HGA.	30/06/2009

Resolve FM's areas for improvement identified in the Annual Plan 2009/2010:

1. Overcome the shortfall of available long term accommodation for single clients in the rental market, especially with the predicted growth of on-shore visa approvals.

Activities to address this during the reporting period include:

- New relationships with estate agents were established and existing relationships are strengthened
- Alternative accommodation options for single clients were submitted to DIAC for consideration as compliant with requirements
- Meetings were held with a Tamil community leader in Blacktown to discuss strategies in better servicing these single clients
- Information sessions were held to explain to singles regarding the property market and their HGA requirements
- Meetings were held with Housing NSW, including community housing regarding the use of bedsitters as STA properties for single clients.

2. Prepare documentation for Transition Out of contract.

- Suggestions for program improvements have been passed to ACL to forward to DIAC throughout the period since the Annual Plan.
- Clients who have been in the program 8 months or more were contacted and followed up for LTA and HGA requirements
- Case files that are open are followed up on a regular basis and progress is recorded, as appropriate.
- Information regarding client financial matters is updated and tabled at regular ACL/DIAC meetings and tabled in detail on any progresses made.
- The register of client files to be returned to DIAC is still a work in progress
- As the existing contract has been extended beyond this reporting period, Resolve FM has not taken any steps yet to finalise arrangements for currently leased STA properties in preparation for return to market.

In addition to these areas above which were identified in the Annual Plan, Resolve FM has introduced some additional improvements to enhance service delivery:

- Client food packages are ordered online, streamlining the process for this.
- Processes for preparing client "check-in packs" – all of the documents necessary for the check-in process at STA – have been streamlined to avoid duplication of information.
- The number of STA properties has been increased: Sydney has 78 properties with plans to expand to 85; Wollongong has 2 STA properties; Newcastle has 1 STA property with plans to expand to 4.
- Resolve FM has increased staffing levels and now employs 7 permanent staff and 8 casual staff.

STARTTS:

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

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

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

STARTTS has continued to work closely with ACL staff to ensure timely referral to STTTC of newly-arrived Refugee and SHP entrants, and PV 866 holders. STARTTS STTTC Administrative Officer checked referrals received against arrival lists on a monthly basis to ensure that all newly-arrived Refugees had access to on-arrival assessment with STARTTS counsellors. STARTTS Database and Evaluation Officer checks with ACL whether entrant families which have not been referred require a referral to STARTTS. (See Attachment B for detail of client referral timeframes by visa sub-class in relation to this area).

Client data provided by ACL for this reporting period indicates that 100% of refugees wishing to access STARTTS services were referred by ACL.

STARTTS and ACL have worked, as noted in earlier reports, to achieve a target of 100% of SHP referrals to STTTC services by June 2009. ACL has advised that 452 SHP families arrived in the period 1 July 2009 to 30 June 2010. In the same reporting period, 404 of these families were referred to STARTTS. Some arrivals in late May/June 2010 may have been referred to STARTTS in July 2010 (thus not included in the referral total for the program year). The protocols for referring clients at approximately 4 weeks after arrival (except for urgent referrals) mean that there is no simple calculation which can confirm the exact percentage of SHP referrals for a given period.

STARTTS also meet on a regular basis with ACL to review service processes and targets: STARTTS CEO and EIP Coordinator attend quarterly Contract Management meetings; STARTTS EIP Coordinator also attends monthly Consortium Managers meetings, and bilateral meetings with ACL IHSS Manager to review and address matters specific to delivery of STTTC services; EIP and ACL Team Leaders meet on a bi-monthly basis to review strategies and address identified areas; and EIP Team Leaders and counsellors maintain daily email and phone communication with ACL Team Leaders and Case Co-ordinators in relation to specific clients.

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

STARTTS has continued to use the centralised allocation process reported in the January-June 2009 report, as it provides greater flexibility in responding to changes in settlement and referral patterns. STARTTS' database has been further enhanced to identify family size and composition more closely, which has supported more targeted allocation in relation to counsellor caseloads. Changes in client settlement patterns have been addressed through development of outreach services. STARTTS has responded to significant increases in Western Sydney, for example, through increased allocation of counsellors to outreach locations in Blacktown, Mt Druitt and Penrith; expansion and refurbishment of STARTTS' Liverpool office during this reporting year has increased effective service capacity.

A significant increase in the number of clients waiting longer for assessment than appropriate during this period resulted from a combination of factors: a sustained increase in IHSS program numbers, including a significant increase in 866 visa subclass holders referred from Christmas Island; increased SHP referrals for STTTC services, following agreement to increase the target of referrals to 100%; and a flow on effect from Area Health recruiting restrictions in 2008/09 which had resulted in a growing waiting list at the start of this reporting period. A small percentage (3.71%) of the 1159 clients allocated during the reporting year were allocated within 5 days of referral as urgent

clients, generally on the advice of ACL Case Coordinators; this in turn impacted on waiting times for non-urgent client referrals.

Strategies put in place by STARTTS to address this increase included recruitment, allocation of new counsellors to the assessment process for the first 3-4 months of their employment with STARTTS, and development of the group screening process (which also supported communities for which group work was a more appropriate method than individual assessment/counselling. These strategies have had a positive impact on waiting times, with a five per cent reduction in the number of clients waiting for more than 45 days. STARTTS anticipates that there will be a continued reduction in waiting time as the strategies take further effect.

Area Health recruitment policies allowed for three new counsellors to be recruited in August 2009, and once STARTTS was entirely in a position to recruit in its own right, a further six counsellors commenced working in the EIP in February 2010. STARTTS also engaged part-time contract counsellors towards the end of the reporting period to undertake client assessments. STARTTS created a third EIP team, based at Carramar, to support delivery of STTTC services in Carramar, Fairfield, and surrounding suburbs.

Six group screenings were run from December 2009 to June 2010, with a focus on Iraqi and Hazara clients; a group screening session will be run with Tamil clients in July 2010. Group screenings have been positively received by participating clients, and client outcomes are generally in line with those for clients who have undertaken individual assessment.

The EIP Coordinator has met fortnightly with EIP Team Leaders to review timely service delivery: key agenda items include EIP program-wide strategies to ensure timely action, as well as specific client issues as appropriate.

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

Eight (8) sessions were provided to IHSS Consortium partners during the year: sessions were held in Newcastle, Auburn, Wollongong and Carramar, in order to support Consortium partners working across the Metro North and South contract areas. Core Concepts training was run for newly-recruited ACL staff; Accidental Counsellor training was attended by both recently-recruited, and longer-term ACL staff; this training was particularly relevant given the sustained level of IHSS intake and 866 visa subclass holders throughout the program year). STARTTS developed a training module specifically tailored to ACL staff. Feedback from ACL staff and management was uniformly positive.

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

STARTTS continued to develop and maintain relationships with a wide range of relevant service providers across both Metro North and Metro South Regions during this year, to develop and maintain effective referral pathways both to STARTTS, and from STARTTS to other services for client exiting from STTTC services. Participation of EIP staff (Coordinator, Team Leaders and counsellors) in networks which focus on newly and recently-arrived clients supported relationships, and a wider understanding of EIP services and client counselling needs. The EIP Coordinator chaired NSW Refugee Support Network meetings during 2009/2010, and EIP Team Leaders attended

the meetings to present the EIP IHSS bi-monthly report and participate in discussion and networking; reports were presented at the IHSS Community Advisory Panel (ICAP) meetings, either by the EIP Coordinator or an EIP counsellor; EIP Team Leaders attended meetings of the NSW Refugee Health Improvement Network; and EIP staff attended and contributed to peak regional networks such as the Illawarra Refugee Issues Forum and the Hunter Refugee Network on a regular basis. Participation by EIP and other STARTTS staff members in a range of relevant mainstream interagencies, such as Centrelink's Multicultural Advisory Forum and SESIAHS Area-Wide Refugee Health Coordination Group, supported both wider awareness of need, and development of collaborative responses to identified needs.

2. *To continue to monitor STTTC service standards and further enhance quality of STTTC*

- Implementation of the National Standards for FASSTT torture and trauma services to follow STARTTS recognition as an Affiliated Health Organisation (AHO) and the allocation of resources to this project. The plan identifies activities to take place over 2009 to address areas in STTTC by which the standards compliance can be achieved

  STARTTS continued to check practice against standards as part of the change of governance process. STARTTS Strategic Plan 2009-2012 identifies a number of areas of focus, and is used as the central point for development. Further to National Standards, FASSTT is working towards accreditation, with development by member agencies of an accreditation process.

- In order to ascertain the level of satisfaction of our clients with the services that they receive, as well as the client satisfaction survey being implemented and delivered in appropriate languages, between 4-6 focus groups with clients will be run in this 12 month period.

  <u>Client Satisfaction Questionnaire</u>

  The Client Satisfaction Questionnaire (CSQ-8+2), was used during this reporting period across all client groups in the Metropolitan Region, and was provided in English, Arabic, Burmese, Dari, Farsi, Karen and Swahili. STARTTS standard procedure to ensure as high a return rate as possible is for the questionnaire to be provided at the final session; where clients fail to attend the final session, it is to be delivered by mail or telephone. There was a 31% increase in assessments completed and a 36% increase in clients counselled during this year, compared to the previous year. The return rate for assessment only clients during this reporting period was 25.3%, and for counselling clients was 35.9%: return rates for 2008, whilst higher, were taken from a smaller client base.

  <u>Focus groups</u>

  Focus group consultations were run in September 2009 with key community groups – Assyrian, Iraqi, Karen, Mandaean and Sudanese - which represented a large proportion of the EIP client base at that time. Key findings included participant feedback that the STTTC counselling played a critical role in their settlement and recovery from trauma; the impact which settlement issues have on client's capacity to take up counselling; discrepancies between pre-settlement information and the client's experiences after arrival; the benefits of a longer timeframe before referral to the Early Intervention Program, in order to ensure clients have more time to address basic settlement issues; challenges presented for clients by the limited time period for the EIP; the benefits that provision of more detailed background information about clients at the time of referral would have for allocation of EIP counsellors appropriate to the client's needs; the importance of responding to cultural needs in provision of services – for example, a cultural preference by Karen community members for group work rather than individual; the social isolation experienced by clients; and communication with, and access to, STARTTS.

- Continue to distribute the STARTTS brochure "A New Beginning" which provides an explanation of counselling and EIP services specifically written for Proposers and Special Humanitarian entrants. This brochure has been translated into community languages - Arabic, Dari/Farsi and Karen. STARTTS will continue to monitor the need for translation of this brochure into other community languages.

A revised STARTTS EIP brochure was produced and distributed during this reporting period; the brochure provided updated information, responded to feedback about its content and layout, and incorporated a referral form for self-referral, and referral by agencies other than Consortium partners. A further print run was produced in April/May 2010 to meet the demand for the brochures. The brochures are available at STARTTS Carramar, Auburn and Liverpool offices for use by EIP counsellors working with clients, and for wider distribution to other service providers to support broader awareness of the EIP and client needs; copies are also provided to ACL for inclusion in their information kits to clients and their Proposers.

3. *To consolidate and improve procedures for gathering client satisfaction data*

- Review data from client satisfaction surveys and take appropriate action based on results.

  Client satisfaction surveys are collated and analysed on a regular basis. Client feedback through questionnaires over the past year has generally been very positive, and has not indicated that any particular area of concern has required action.

- Review the format and process used to collect client satisfaction data and modify accordingly as required.

  As noted in (2) above, STARTTS monitors the return rate on a regular basis, and responds to any decrease, through follow up with relevant EIP staff about the required procedures.

- Conduct client focus groups as per 2. above.

  See (2) above for a report on the focus groups.

4. *To continue to develop culturally consonant counselling practices to better fit the client's world view and enhance their awareness of the impact of trauma*

- This is done through a variety of means:

  i. STARTTS professional development events. Details of these are provided in STARTTS Staff Training Plan.

     Professional Development is a core priority for all STARTTS staff. STTTTC staff participated in STARTTS' internal professional development program during this reporting year, attending the following sessions:

     - *Clinical Practice and new developments in Treatment* – STARTTS, Carramar, 22/23 October 2009
     - *Use of Dialectal Behaviour Therapy in Complex PTSD* – Peter King, 29/30 October 2009
     - *FASSTT National Conference* – Melbourne, 17-20 February 2010
     - *Frontiers of Trauma Treatment* : *The Role of Attention, Memory, Arousal Modulation and the Therapeutic Relationship*– Professor Bessell Van der Kolk, Sydney, 22nd and 23rd March 2010
     - *Law for non-lawyers* – PIAC, STARTTS, 23rd April 2010

     STARTTS runs a program of Clinical Evenings each year which are open to practitioners from a range of agencies: STARTTS' use of Psychevisual has extended access to these clinical

evenings through providing live online access. Clinical evenings often address the practical application of developments in clinical practice to cross-cultural settings such as STARTTS. EIP counsellors attended clinical training on the following topics:

- *Complex Trauma and Dialectal Behaviour Therapy in Complex PTSD* – Peter King, 28 October 2009
- *Clinical supervision for health professionals* – Daphne Hewson, 27 November 2009
- *Transference in Supervising Trauma Work* – Daphne Hewson, 17 March 2010
- *A Sensory-Emotional Approach to Understanding and Treating Trauma and Pain* – Mark Grant, 17 May 2010

Individual counsellors also attended a range of training sessions relevant to their particular areas, including:

- *Keep them Safe (DOCS child protection training)* – DOCS, TAFE, November 2009
- *Core Concepts* – STARTTS, 4 March 2010
- *TOVA (Test of Variables of Attention) training* – Moshe Perl, Sydney, 18 March 2010
- *Team of Life* - STARTTS, 24 May 2010
- *Father Inclusiveness and Family Services* – Cabramatta, Uniting Care-Burnside, 15 April 2010
- *Suicide Prevention Workshop* – Wesley Life Force, 22 April 2010.

STARTTS is also trialling the use of Multi-CASI, a system for psychometric testing, as a further enhancement to counselling.

All new STARTTS EIP counsellors are provided with an extensive orientation to the organisation, and to the Early Intervention Program. This orientation includes attending Core Concepts training, as well as compulsory sessions in areas such as Child Protection.

STARTTS undertakes continuous monitoring of the effectiveness of its services, and provides ongoing support for its counsellors, through weekly clinical and fortnightly administrative supervision.

All STARTTS counsellors are required to prepare clinical presentations, at least once a year, which support discussion on issues relevant to newly-arrived refugee and humanitarian entrants.

ii. The employment of bi-cultural counsellors who bring their cultural knowledge and expertise to the organisation. Currently counsellors working within STTTC come from a wide range of communities; the most relevant to current arrivals include bicultural counsellors from Assyrian, Congolese, Iranian, Karen, Sudanese and Sri Lankan communities.

iii. Analysis of client feedback (satisfaction survey and focus groups) will contribute to the process of evaluating clinical service provision.

STARTTS developed its group screening process in response to focus group feedback which indicated that it would be a more culturally appropriate form of assessment for some community groups than individual sessions. Mandaean/Chaldean feedback indicated a greater willingness to attend more sessions for counselling.

iv. Through STARTTS ongoing community consultation processes. STTTC counsellors will participate in all consultations relevant to newly arriving refugee communities. In the period of this plan, consultations are planned with several communities in metropolitan Sydney.

Community consultations attended by EIP counsellors included Mandaean forums held in Liverpool. EIP staff attended both the planning meetings for the Karen Health Forum in Liverpool, and the forum itself. STARTTS counsellors and staff also participated in wider consultations to ensure better services outcomes overall.

The knowledge and recommendations from this process will inform counselling work with clients in the Rural IHSS Region. Through STARTTS community consultation processes in both Metropolitan Sydney IHSS Regions, STTTC counsellors will have the opportunity to gather information that will enhance STTTC service provision. Further, counsellors will develop a relationship with relevant community leaders in both emerging and existing refugee communities and be able to promote STTTC services

5. To ensure that clients can be discharged from STTC services within timeframes consistent with contractual obligations

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

  Reports were regularly provided to ACL CCIR which gave feedback on average time period between date of referral to STTTC for refugee, SHP and Protection Visa clients.

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

  ACL are provided with monthly discharge lists of entrant families who have completed contact with STTTC. Discharge data is also reported in the reports which STARTTS prepares on a regular basis for internal use (including a bi-monthly report to management), and for external use, including quarterly reports to DIAC, and bi-monthly reports to the IHSS Community Advisory Panel (ICAP), NSW Refugee Support Network, and Illawarra Refugee Issues Forum.

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

  STARTTS' Database and Evaluation Officer circulates fortnightly lists which alert counsellors and Team Leaders to clients who are reaching the point where planning for discharge is required. Counsellors discuss these cases with Team Leaders to formulate the plan for discharge, or a request for extension, as appropriate. STARTTS has sought to keep requests for extension to a minimum during this reporting period.

  In early 2010 STARTTS also trialled the development and use of a report on clients at or beyond the 9 month mark in the IHSS service, to provide an additional tool for identifying discharge planning need.

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

  STARTTS has used these strategies to remind counsellors of the importance of exiting clients within the appropriate timeframe, or to seek an extension of time for the client to continue to receive STTTC services. The

length of time which some clients have waited for assessment after referral has contributed to some extent to the length of time before they are discharged from STTTC services. The following table indicates client retention within the EIP for principal applicants discharged during this reporting period.

Duration (days)	Number of Clients	Percentage
0-180 (0-6 months)	313	38%
181- 300 (7-10 months)	258	31%
301-365 (11 -12 months)	247	30%
More than 1 year	10	1%
Total	**828**	**100%**

6. *To negotiate with ACL regarding data requirements and confidentiality issues and work with ACL towards roll-out of the ACL/IHSS database and use by STARTTS STTTC staff*

- Negotiate with ACL regarding database access and data entry requirements

  STARTTS negotiated with ACL on access and data requirements at several stages during this reporting year. Key areas discussed included ensuring data validity in relation to changes in client addresses, processes for updating IHSS/ACL database entries, and the possibility of developing a process of data transfer from STARTTS' database to the IHSS/ACL database which would maximise data validity and minimise double handling of data.

  The importance of STARTTS maintaining its own internal database and the validation methods linked to it, coupled with the amendments required of the AID for data transfer to occur, meant that STARTTS could not proceed to directly enter details of assessment and counselling sessions. STARTTS continues, however, to utilise the IHSS database on a very frequent basis to support the provision of effective data.

- Negotiate with ACL regarding permission and access restrictions for database users from all Consortium partners to ensure appropriate levels of confidentiality

  STARTTS negotiated with ACL in relation to permission and access restrictions, to ensure appropriate levels of confidentiality. Access to the IHSS/ACL database is restricted to the EIP Coordinator, Team Leaders and Data Management Team members, in order to maximise data validity. Management of database information within STARTTS is centralised within the EIP data management team, in order to ensure consistent use and updating of information.

- Provide input as relevant to ensure the database training/reference manuals are relevant to STARTTS users

  Feedback was provided by STARTTS EIP staff through training sessions, follow up discussion, and regular meetings between STARTTS and ACL, including Consortium Managers meetings, Team Leader meetings, and Counsellor/Case Coordinator meetings.

- Ensure relevant STARTTS staff participate in training to use the database

  STARTTS EIP Manager and Auburn Team Leader participated in initial training; the new EIP Coordinator, Data Manager, EIP Intake Officer, and Admin Officer attended subsequent training in November 2009.

- Participate in trials and checks on data capture and accuracy.

  Data capture and accuracy has been monitored on a regular basis, including checking of referrals coming from agencies other than ACL or other Consortium members.

- Review communications and means by which information is transmitted between ACL and STARTTS prior to implementation of the database to ensure accurate and timely transmission of data and minimise environmental impact where practical.

  Changes identified through review of communications, and implemented during this year include:

  - Consistent use of emails rather than faxes to transmit client service data, as more STARTTS staff came online;
  - Creation of a single form to advise ACL Case Coordinators of changing status of EIP clients (assessment completed, re-allocation, discharge, etc). These changes were put in place after discussion with, and feedback from, ACL Team Leaders.
- Update STARTTS STTTC policies and procedures manual as procedures are modified.

  STARTTS policies and procedures manual was updated as these procedures were modified.

STARTTS' areas for improvement identified in the Annual Plan 2009/2010:

1. Time taken between ACL referral to STARTTS being received and first appointment being offered.

   Please see "monitor internal procedures to ensure timely action as per targets set" on page 18 of this report. Also see Section 4.4.1 for details of actions taken to address this in response to QA recommendations (pg 67 of this report).

2. Ongoing refinement of protocols between STARTTS and ACL in regard to client services and meeting contractual obligations.

   Please see "working with ACL management to ensure referral targets are met" on page 17 of the report.

3. Pilot direct referral pathway from STARTTS to the Mission Australia Volunteer Coordination Unit.

   This process has been monitored and reviewed. Eleven referrals were made to the MA VCU and all clients were matched with a volunteer. STARTTS and Mission Australia have agreed to continue to use this referral pathway.

Mission Australia:

1. To improve internal processes relating to data collection and communication with clients:

- Review and refine procedures for conducting and gathering data for the Client Satisfaction Survey.

  Procedures have been refined to improve methods of gathering data for the Client Satisfaction Survey. Each client is contacted by a Volunteer Coordinator when the volunteer submits the Exit and Evaluation form. Initial contact is made by phone, using TIS where needed. If the client is unavailable, the Volunteer Coordinator will try again. If contact is unable to be made after 3 attempts, the client will be posted a survey.

  46 out of 98 new clients completed the client survey in 2009 / 2010, giving a response rate of 47%.

- Refine internal procedures for Volunteer Coordinators to contact IHSS Volunteer Coordination Unit clients following initial volunteer – client match.

  Procedures have been reviewed. Volunteer Coordinators phone the client after the volunteer has made the first visit. Each client is called two or three times, using the Translating and Interpreting Service (TIS) when required. Staff ensure that if a client is not contactable the first time, subsequent phone calls are made at different times during the day. The new Volunteer Coordinator for Sydney/Wollongong and the Administrative Officer attended training on "Working with interpreters" to ensure they had effective skills to use TIS.

- Work with ACL to enhance access to current client information through the ACL database.

  Volunteer Coordinators contact the client after the volunteer has made the first visit. All VCU staff attended initial and follow up ACL database training and have access to up to date client information on the ACL database. The Volunteer Coordinators access the database to check client details if unable to contact the client.

- Develop a Client Pack to inform IHSS clients of the services provided by IHSS volunteers.

  Client brochure has been developed. Volunteers are asked to give this to clients on the first visit.

2. To monitor processes which provide clients with timely and effective volunteer support and assistance:

- Offer additional volunteer support to IHSS clients within the ACL IHSS Consortium by providing referral pathways between STARTTS Early Intervention Programme and the Mission Australia, Volunteer Coordination Unit. This process will be trialled for a period of six months and reviewed at mid point and at completion of the 6 month trial period.

  STARTTS referred 11 clients to the VCU in 2009 / 2010. All referrals have been matched with a volunteer. The referral and matching process has been successful and referrals will continue in 2010 / 2011.

- Monitor client referrals of single male Protection visa holders and recruit additional male volunteers as needed.

  Ongoing updates have been provided to DIAC during the year on referrals of single male clients exiting from Christmas Island and the challenges the VCU has faced in providing male volunteers for these clients. The VCU has employed a number of successful strategies during the year to support the large number of male clients from Christmas Island and has matched 100% of all referrals. In March 2010, the VCU conducted additional volunteer induction and was successful in recruiting 21 new male volunteers from the relevant communities. The VCU currently has enough male volunteers to meet the needs of the clients but will continue to monitor referral numbers of male clients in 2010 / 2011.

Mission Australia's areas for improvement identified in the Annual Plan 2009/2010:

1. Increase the number of client referrals to the VCU

   Completed - resulted in an increase of 11 client referrals from STARTTS or 10 % of all referrals to the VCU in 2009 / 2010.

2. Volunteer Coordinators are finding it difficult to contact IHSS VCU clients after the initial match is confirmed between the volunteer and the client.

   This continues to be an issue for Volunteer Coordinators especially with the large number of male clients from Christmas Island who appear to be very mobile and have been difficult to contact. Coordinators are reporting that this cohort does not return phone calls and it is difficult to match them with a volunteer as they do not return phone calls.

3. ISSUES DURING REPORTING PERIOD

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

Mobility of Protection visa holder clients
The significant and sustained trend toward Protection visa holder clients has presented issues for all Consortium partners. Issues for STTTC services relate to the high level of mobility of many clients; the significant lack of stability in terms of their accommodation and even city/state of residence which impacts negatively on their capacity to take up and utilise counselling; and the focus of clients on securing employment in order to bring their families to Australia, which distracts them from taking up counselling.

Accommodation affordability - Increased numbers of Protection visa holders, predominantly single clients
The number of Protection visa holders has increased significantly since the contract commenced, and especially in the last twelve months. It is becoming more and more difficult to source LTA for this client group, as there are very few or no affordable rental properties for single clients in the current rental market.

Resolve FM consults with single clients in an attempt to pair them with other IHSS single clients and or explain to them that sharing together with a friend or a family member will increase their chances of securing long term accommodation in the rental market (including sharing the cost of rent, utilities etc).

The average single client can only afford up to $160-$170 per week on rent which is 50% of the weekly income. If they choose to share with a second person they can afford up to $300 per week, depending on the benefits from Centrelink.

In the past twelve months the number of Protection visa holders referred under the IHSS program was 498. The table below shows the number of Protection visa holders referred in this reporting period.

Month	Number	Percentage of arrivals referred to RFM
July 09	29	36%
August 09	17	33%
September 09	42	63%
October 09	34	59%
November 09	14	44%
December 09	47	70%
January 10	60	71%
February 10	65	58%
March 10	72	64%
April 10	56	50%
May 10	45	40%
June 10	59	53%

Saturation of LTA settlement areas

The number of affordable properties available for entrants has significantly declined since the contract commenced. In the main suburbs where clients have chosen to settle, there has been a negative effect on the rental market vacancy levels. Most of the clients choose to move to their long term accommodation in the same 18 suburbs in the Sydney area.

The table below illustrates the main LTA settlement areas. These have all been affected by a downturn in affordable rental properties.

Postcode	Suburb	Total No. of Families Settled	Percentage Settled
2165	Fairfield	162	16.89%
2170	Liverpool	143	14.91%

2144	Auburn	107	11.16%
2148	Blacktown	52	5.42%
2160	Merrylands	35	3.65%
2770	Mount Druitt	33	3.44%
2145	Girraween / Greystanes / Mays Hill / Pemulwuy / Pendle Hill / Wentworthville / Westmead	29	3.02%
2176	Abbotsbury / Bossley Park / Edensor Park / Greenfield Park / Prairewood / St Johns Park / Wakeley	27	2.82%
2150	Parramatta	24	2.50%
2161	Guildford	24	2.50%
2141	Berala / Lidcombe	23	2.40%
2164	Smithfield / Wetherill Park / WoodPark	22	2.29%
2142	Granville	18	1.88%
2195	Lakemba / Wiley Park	17	1.77%
2196	Punchbowl / Roseland	17	1.77%
2166	Cabramatta / Canley Heights / Lansvale	16	1.67%
2163	Carramar / Landsdowne / Villawood	12	1.25%
2162	Chester Hill / Sefton	10	1.04%

Client's repaying debts

As the contract has been extended until early next year, clients may be placed under financial stress while repaying their debts owed to Resolve FM. Monies owning to resolve FM may have arisen due to missed STA rent payments, damage to STA properties or merely the timing of vacating the STA property in the rent payment cycle. In order to make instalments affordable, the instalments negotiated with clients to repay these debts do not conclude until after the contract end date.

Clients may be required to repay this debt by the expiry of the contract, which may place clients under financial stress in paying off their debt while also paying for their long term accommodation property.

Clients making disadvantageous choices – risk of homelessness

IHSS clients have put themselves at risk of homelessness through poor decision-making and with disregard to information and advice provided by ACL and Resolve FM. For example:

- Mobile protection visa holders who "sofa surf" rather than commit to signing a lease
- Proposers and link families who welcome new arrivals into their home, putting their own lease at risk through overcrowding and breach of their lease conditions (which identifies the number of people who will live in the premises). This decision is taken to save on rent and is seen by some clients as a potential lever into public housing through overcrowding.
- Many clients of all categories who believe that placing themselves in Housing NSW's emergency accommodation will "force" the department to place them in public/social housing
- Clients who refuse to abide by the conditions of emergency accommodation services; that is, conducting an active search for a sustainable housing solution while in emergency accommodation
- Single clients who steadfastly refuse to share accommodation with others in a property market context in which affordable housing for single Centrelink beneficiaries is scarce.
- Clients who refuse accommodation assistance when their LTA property has been sold and they have received an eviction notice.

4. SERVICE PROVIDER PERFORMANCE

Summary Table

Ref	KPI	Target %	Result	Met/Not met	Action Plan (if warranted)
4.1.1	Needs assessments and case coordination plans	**100**	84.8%	Not met	
4.1.2	Delivery of services and referrals	**75**	98.6%	Met	
4.1.2 b	Transfers	**100**	100%	Met	
4.1.3	Proposer support	**75**	99%	Met	
4.1.4	Assistance in delivering community networks	**75**	98%	Met	
4.1.5	Development of collaborative relationships	**STO satisfaction**		Met	
4.2.1	On arrival reception, assistance and transport	**75**	100%	Met	
4.2.2	Orientation	**75**	99%	Met	
4.2.3	Emergency medical and/or clothing needs	**100**	100%	Met	
4.3.1	Initial accommodation satisfaction	**75**	90.3%	Met	
4.3.1 b	Initial accommodation meets contractual requirements	**100**	100%	Met	
4.3.2	Provision of food	**75**	92.4%	Met	
4.3.3	Tenancy agreement	**75**	98.7%	Met	
4.3.3 b	Assistance to complete property condition report	**75**	99.2%	Met	
4.3.3 c	Assistance with understanding documentation	**75**	97.3%	Met	
4.3.3 d	Eviction proceedings	**100**	N/A	N/A	Does not apply in this period

4.3.4	Established in longer-term accommodation within 6 - 10 weeks	**75**	59.3%	Not met	
4.3.4 b	Longer-term accommodation satisfaction	**75**	86.3%	Met	
4.3.4 c	Support to find longer-term accommodation	**75**	92%	Met	
4.3.5	Household Goods Assistance	**100**	90.1%	Not met	
4.3.6	Tenancy training	**75**	98.7%	Met	
4.3.6 b	Rental reference	**75**	94.8%	Met	
4.3.7	Networking/ Established in longer-term accommodation within 4 weeks	**DO NOT ASSESS (SAME AS 4.3.4)**			
4.3.7 b	Networking/ Longer-term accommodation satisfaction	**DO NOT ASSESS (SAME AS 4.3.4b)**			
4.4.1	Assessment of STTC needs	**100**	100%	Met	
4.4.2	Satisfaction with STTC	**75**	92.1%	Met	
4.4.3	Advocacy and training on torture and trauma issues	**STO satisfaction**		Met	
4.5.1	Entrant satisfaction with volunteers	**75**	87%	Met	
4.5.1 b	Volunteer satisfaction	**75**	73%	Not met	See comments in Section 4.1.1b related to Volunteer Survey
4.6.1	Advocacy and community awareness raising services	**STO satisfaction**		Met	

4.1 CASE COORDINATION, INFORMATION AND REFERRALS

EXPECTED OUTCOMES

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

4.1.1 Needs assessments and case coordination plans

KPI

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

STANDARD

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

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

N/A

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

How many refugee needs assessments were conducted?	762
How many SHP needs assessments were conducted?	449
How many proposer needs assessments were conducted?	449
How many refugee case coordination plans were established?	759
How many SHP case coordination plans were established?	449
Were all needs assessments and case coordination plans completed within the first week of arrival?	No

Comments:

3 refugee cases – two of these were transfers into ACL's region and one case was assessed at 8 days after arrival.

61 Protection visa cases – of these, 50 cases were interviewed within 2 weeks after arrival. 7 of the remaining 29 were uncontactable for some period after arrival and were interviewed as soon as ACL established contact.

The 2009/10 program year was the first full program year of providing IHSS services to protection visa holders. Their mobility between IHSS contract regions has been an issue in relation to providing timely services to this cohort.

120 SHP cases – of these, 81 were interviewed within 2 weeks of arrival and 14 were interviewed more than one month after arrival. In several cases, ACL had to seek DIAC assistance, through HEMS notes, to find current contact details for

Proposers.	
Were there any instances where needs assessments and/or case coordination plans were not established?	Yes
Comments: There was one case for who a Case Coordination Plan was developed but a needs assessment was not conducted. Despite repeated efforts on the part of the Case Coordinator, the client was continuously moving around outside Sydney looking for employment. The client, to ACL's knowledge, has not settled elsewhere and therefore cannot be transferred to another contract region at this stage.	
Have 3 sample needs assessments and case coordination plans been provided to the department, as requested by the IHSS Contract Manager?	Yes
Comments: Please see the following attachments: C for Refugee Case Coordination Plans and Needs Assessments – Northern Metropolitan Region D for Refugee Case Coordination Plans and Needs Assessments – Southern Metropolitan Region E for SHP Case Coordination Plans and Needs Assessments – Northern Metropolitan Region F for SHP Case Coordination Plans and Needs Assessments – Southern Metropolitan Region	

4.1.1 NEEDS ASSESSMENTS/CASE COORDINATION PLANS	
Method/s used to determine KPI result of needs assessments and case coordination plans are established consistent with the specifications for **100% of clients**.	**Result 84.8%**
Methodology: Of 1211 needs assessment interviews conducted and Case Coordination Plans developed, 184 were not achieved within the first week of arrival. The result is calculated as a proportion.	Results: 84.8%
Comments: *use information above to determine whether standard met*	

4.1.2 Coordinated delivery of services and provision of referrals

KPI

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

STANDARD

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

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

2009 recommendation:

That ACL [and STARTTS] continues to work toward reducing the timeframes between referral and initial sessions for non-urgent cases – *Please see STARTTS response to this recommendation at pg 67 of this report.*

That ACL ensures HEMS information is checked thoroughly for each case (including SHPs for Proposers to follow up on)

ACL has a full-time staff member reviewing HEMS daily. HEMS updates, including HEMS notes, are auto-emailed to the relevant Case Coordinator. This is followed up with a reminder from the HEMS Operator. Optimal follow up with cases is reviewed by the Case Coordinator Team Leader through monthly supervision with each Case Coordinator.

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

Were all entrants assisted to register with Centrelink and Medicare within 2 working days of arrival?	No
Comments: ACL books all initial appointments through a generic Centrelink Refugee Unit email address. ACL accepts the first available appointment, which might not fall within 2 working days of arrival. Despite occasional delays, ACL consistently advises Centrelink of the arrival date and clients are entitled to payments effective from the date of arrival.	
Were all entrants assisted to open a bank account within 1 week of arrival?	Yes
Comments:	
Have 3 samples of exit interview documentation been provided to the department, as requested by the IHSS Contract Manager?	Yes
Comments: Please see Attachment G for exit interview documentation for the Northern Metropolitan Region and Attachment H for exit interview documentation for the Southern Metropolitan Region.	

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

There are a range of strategies in place to coordinate and monitor service delivery to clients. These include:

- One full-time person monitoring HEMS.
- 4 Team Leaders, with the Assistant Manager, monitoring referrals and allocation of cases to Case Coordinators.

- Allocation of new cases is done at least twice weekly and, in some instances, daily.
- Weekly meetings of Team Leaders and Assistant Manager to monitor referrals, allocations and exits.
- Refinement and improvement of the IHSS database capabilities to capture relevant data for monitoring and reporting purposes.
- Monthly database reports on key aspects of service delivery. New reports include monitoring follow up on Health Undertakings, red and yellow health alerts and cases not referred to STARTTS after one month.
- Follow up by Systems Coordinator with Case Coordinators on the timeliness of key service delivery outcomes.
- A spreadsheet is created each month of all cases 10 months or more in IHSS without accommodation services milestone or discharge from torture and trauma counselling services. These are forwarded to Consortium partners for response and action, as appropriate.

In addition, the planning and preparation protocols to ensure adequate human and physical resources are available have been extended to include:

- Monthly supervision across the team (ie Operations Manager with all administrative staff, Case Coordinator Team Leaders with their team members, the Assistant Manager with the Case Coordinator Team Leaders, the Manager, IHSS with the General Manager, Government Programs).
- Team meetings – Team Leaders with their team members, including Caseworker Team Leader with Caseworkers, Operation Manager with administrative staff.
- IHSS Management Team meets at least monthly and, depending upon issues arising at the time, often fortnightly.

The increase in the monitoring processes has largely been driven by the shift in the cohort of clients serviced through IHSS. With the predominance of Protection visa holder clients in the current program, the timelines between referral and the commencement of service delivery have been vastly reduced, requiring a very fast response time.

The number of Case Coordinators supervised by a Team Leader has been reduced in order to increase the support for Case Coordinators (there are now 3 teams of Case Coordinators providing services to refugee and Protection visa holder clients). This is the level of review at which any cases suitable for additional payments within IHSS or referral to Complex Case Support Program would be identified and escalated to the management team for action, as appropriate.

Additional staff have also been recruited at the Case Coordinator and Caseworker levels to ensure adequate staffing which maintains efficient and effective service delivery to clients.

De-briefing is provided for all staff on the front line of service delivery to avoid vicarious trauma.

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

Please see section above.

Management and administrative support for the program is structured to support program delivery as a whole and the approaches and initiatives listed above apply across the entire IHSS team, which now numbers well over 120 people.

While ACL has identified 1 Team Leader who supervises the Case Coordinators responsible for SHP clients, all of the planning and monitoring processes apply across all areas of service delivery. SHP Case Coordinators maintain a minimum of monthly contact (where there are no emerging issues) and provide assistance to SHP clients in instances where the Proposer is unable to do so.

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

Feedback on the pre-embarkation training is sought from clients at the time of exit and clients are asked about what training/information they received and what they found most helpful.

Within the 578 exit interviews conducted in this reporting period, 522 clients offered a response to these questions.

The access to training/information varied from 5 days AUSCO training (including presentation, DVD and handouts) to no training or information provided at all. The reasons given for no training at all included:

- Not available at a particular location
- Not enough time
- "Over age" (84 years old)

The majority participated in a 5-day AUSCO session, with the majority also saying that the training was a good preparation for their arrival.

Positive comments included:

- It was all helpful, especially information about law and culture in Australia.
- Information about living under Australian law and within Australian culture.
- It was all helpful, especially information about law and culture in Australia.
- The information was helpful, but it was some difference between the things that we learned with the real life in here.
- To be told that Australia is a peaceful country, and that people live in harmony with others. Also that help is always available from ACL and Migrant Resource Centres. Information about the way of life in Australia, about managing money and managing a bank account.
- How to find seat on the plane to travel to Australia, and how to budget my money once I arrived in Australia.

One of the few negative comments included:

- Not very much. I could not really understand the presentation and the information on the handouts was poor quality. I could not understand the presenter because she had no English and had a strong Lebanese dialect in Arabic. She did not seem to know anything about Australia. I researched about Australia by myself over the internet.

Please see Attachment I for a summary table of the pre-embarkation feedback to ACL.

4.1.2 DELIVERY OF SERVICES AND PROVISION OF REFERRALS	
Method/s used to determine KPI result of **75% of entrants** are satisfied with the scope, timeliness and effectiveness of service delivery	**Result 98.6%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. 599 refugee cases were exited in this reporting period. 578 exit surveys were conducted. Of the remaining 21 cases: • 17 families were unable to be contacted at the time of exit.	Results: There are 6 CCIR questions in the exit survey: 1. Needs assessment: 99% of respondents are satisfied/very satisfied. (N = 561). 2. Initial referrals (Bank, Medicare, Centrelink): 100% of respondents for whom this question applies are satisfied. (N = 517). 60 respondents said that this question does not apply and 1 respondent was not satisfied with this service. 3. Referral to STARTTS – outcomes of counselling: 97%

• 2 cases were for a baby • 1 case was a face-to-face handover and • 1 P/A declined to be interviewed. For a summary of survey results, please see Attachment J.	of respondents for whom this question applies are satisfied. (N = 329). 239 respondents said that this question does not apply and 10 respondents were not satisfied. 4. Referral to STARTTS – timeliness: 98% of respondents for whom this question applies are satisfied. (N = 538). 5.5% of respondents said this question does not apply (N = 30) and 10 respondents are not satisfied. 5. Assistance with medical/dental needs: 100% of respondents for whom this question applies are satisfied (N = 517). 11% of respondents said this question does not apply (N = 60). 1 respondent is not satisfied. 6. Referral to MA for volunteer support: 98% of respondents for whom this question applies are satisfied. (N = 113). 80% of respondents said that this question does not apply (N = 463). 2 respondents are not satisfied.
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on any instances of clients who were not satisfied* Exit processes and procedures, including client satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009. All the revised documentation for these processes is included in this report at Attachment A.	

4.1.2 b TRANSFERS	
How many transfers occurred during the reporting period?	213 transfers in 130 transfers out
Was the department notified of all transfers as soon as service provider was aware?	Yes
Was the KPI standard of notifying the department satisfied for **all** transfers?	Met
Comments:	

4.1.3 Proposer support

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

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

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

N/A

Please complete the following:

Was information and guidance provided to proposers relating to: • issues they may encounter in assisting entrants to settle? • realistic expectations in assisting entrants to settle? • how they can assist entrants to access services such as Centrelink, Medicare, AMEP, childcare etc?	Yes
Comments:	

Common areas in which proposers required assistance/support?

1	Assistance with sourcing and securing an LTA property for the entrant family
2	Organising initial Centrelink appointment and escorting clients to appointments (STARTTS or medical and medical-related appointments).
3	STA accommodation on arrival for the entrant family

4.1.3 PROPOSER SUPPORT	
Method/s used to determine KPI result of **75% of proposers** report that they are satisfied with the level of support received.	**Result 99%**
Methodology: A Proposer satisfaction survey is conducted at the same time that an SHP client is exited from the IHSS. While there were 618 SHP families exited in this reporting period, ACL conducted 541 Proposer satisfaction surveys. The difference (77) between exit figures and surveys analysed is accounted for by the following contexts: • 27 SHP exits were for clients granted a 202 visa on-shore and there was,	Result: 99% of Proposers are satisfied/very satisfied with the level of support received. Two of the four questions asked of Proposers relate directly to their satisfaction with service delivery. **Information from Case Coordinator:** 99% of respondents for whom this question applies (N=536) are satisfied/very satisfied. 1 Proposer was not satisfied with information supplied.

therefore, no Proposer. • 49 Proposers were not able to be contacted at the time of exit. • 1 SHP client transferred interstate To a summary of the survey findings, please see Attachment K.	**Problem-solving assistance from the Case Coordinator:** 99% of respondents for whom this question applies (N=540) are satisfied/very satisfied. 1% of respondents (N=7) were not satisfied with support to solve problems. 1 respondent said this question does not apply. In addition, Proposers were asked about the Proposer Information Pack and the HGA for clients. **Proposer Information Pack:** 99% of respondents said they received the Information Pack (N=537). 4 respondents said they did not receive this information. **HGA assistance from RFM:** 97% of respondents said that the entrant family received an HGA package from Resolve FM (N=523). 3% of respondents said that this was not provided (N=18).
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Exit processes and procedures, including Proposer satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009. All the revised documentation for these processes is included in this report at Attachment A.	

4.1.4 Assistance in developing community networks

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

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

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

N/A

Please list common community networks to which entrants were introduced?

1	Ethno-specific organisations/agencies
2	Places of worship
3	Youth services, including those linked to sporting associations

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

1	Introduction to local area and services – at STA and again at LTA location. Includes local services such as libraries, recreation facilities.
2	Homework help centres/women's and men's groups
3	On a case-by case basis, clients are introduced to practical assistance based on needs. This includes but is not limited to: medical-related assistance (cancer support groups, epilepsy association), legal assistance (Legal Aid, Police, court and DV assistance services), family services (counselling support, parenting support, financial counselling services) and charitable organisations (material relief, furniture and clothing assistance, food packages). All of these services assist IHSS clients to adjust to their new country, culture and material circumstances.

4.1.4 ASSISTANCE IN DEVELOPING COMMUNITY NETWORKS	
Method/s used to determine KPI result of **75% of entrants** report that they are satisfied with the level of support received.	**Result 98%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated.	Results: 3 survey questions relate to networks 1. Assistance to enrol children in school and/or adults in English language/training programs: 99% of respondents for whom this question applies are satisfied (N = 528).

For a summary of survey results, please see Attachment J.	8%% of respondents said this question does not apply (N = 47) 2. Assistance to link with community/religious organisations: 97% of respondents for whom this question applies are satisfied (N = 252). 56% of respondents said that this question does not apply (N = 323). 3 respondents were not satisfied. 3. Learning about the community with a volunteer: 98% of respondents for whom this question applies are satisfied. (N = 113). 80% of respondents said that this question does not apply (N = 463). 2 respondents are not satisfied

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

Many clients are linked into sector agencies prior to exit, where those agencies have programs and support staff offering services not provided within IHSS. Then, as exit, they are formally referred to generalist and ethno-specific agencies for further support after IHSS.

The geographic location of the organisations with which clients are linked on exit does not match the list of LTA suburbs on page 2 of this report. Exiting clients for this reporting period may have re-located to LTA *prior* to 1 July 2009, whereas the LTA suburbs listed on page 2 reflect the location of LTA properties for those clients who re-located *during* this reporting period. The trend appears to be into both Auburn and Liverpool in this reporting period.

For the 717 cases exited in this reporting period, clients were linked with organisations in the following main areas:

Refugee clients:		***SHP clients***	
Fairfield	32%	Fairfield	29%
Liverpool	21%	Liverpool	21%
Auburn	10%	Auburn	13%
Blacktown	9%	Canterbury/Bankstown	11%
Mt Druitt	5%	Parramatta	8%

Exit processes and procedures, including client satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009.

All the revised documentation for these processes is included in this report at Attachment A.

4.1.5 Development of collaborative relationships

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

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

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

N/A

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

1	IHSS presentation by the Manager IHSS to NSW AMES senior managers (Sept 09) - ACL completed a series of presentation to all Colleges in the ACL AMEP Consortium in the last reporting period but was unable to schedule a similar event with the NSW DET AMEP Consortium. ACL continues to assist clients to register and enrol with their AMEP-provider of choice in a timely manner after arrival. ACL and AMEP providers frequent the same sector meetings and have on-going opportunities to exchange information on programs and any issues arising between agencies.
2	Centrelink Refugee Unit and Multicultural Services Officer staff have continued to have regular contact throughout this program year. Their have been three joint meetings this year related to staffing and policy changes affecting clients and the working relationship between Centrelink and ACL. ACL has supported Centrelink initiatives, such as their community conference and the launch of their new multi-lingual resource.
3	SGP/settlement sector relationships: SSPF – ACL staff continue to attend SSPF meetings. ACL allocates a number of staff members to attend each meeting, on a rotating basis, in order to increase the opportunity for face-to-face interactions between staff in the two sectors. IHSS staff benefit from hearing issues currently faced by the SGP-funded sector and have an opportunity to contribute an IHSS perspective to discussions at hand. SCoA AGM – ACL has maintained an interest in SCoA initiatives and attended the first Annual general Meeting of SCoA held in Sydney. SCoA's criteria for membership exclude ACL from joining but ACL is hopeful that constitutional change may enable membership and greater participation in the future. SCoA involvement in Training package initiative: For details of this Training Package initiative, please see Section 2, pp 8-9 of this report. ACL and project partners have strongly encouraged representation by SCoA on the Project Steering Committee and

	widespread distribution of draft materials to ensure that the content and presentation of information will be well received by the sector at the conclusion of the project work. ACL has remained actively engaged with SGP agencies in the Fairfield area of Sydney and attended the FMRC 30 yr celebration. ACL also actively participates in FECAP, FMI, and other sector groups in the area. Auburn Diversity Services (ADSi) – ACL has been actively engaged with staff and proactively encouraging appropriate referrals and access to complimentary programs offered to IHSS clients at ADSi. The Manager IHSS has attended staff meetings to outline IHSS services and CCS opportunities for clients with complex needs. For further details about ACL's participation in network and sector meetings, please see Section 4.6 Advocacy and Community Awareness Raising Services, beginning on page 84 of this report.
4	In addition to IHSS referrals to SGP services and networking activities, ACL has collaborated with the Hills Holroyd Parramatta MRC and the UNSW Centre for Refugee Research to support an important research project into domestic violence across a number of refugee communities. ACL provided referrals and facilitated introductions to a range of community leaders from the target communities (Afghan, Iraqi, Tamil, Sierra Leone and Congolese/Central African). ACL also provided structured access to it's own diverse IHSS workforce to the Researchers

4.1.5 COLLABORATIVE RELATIONSHIPS	
Method/s used to determine KPI result department is satisfied with the extent of relationships established by the service provider.	**Result** **Met**
Methodology: Review level and extent of interactions with key stakeholders in the reporting period. Collaborative relationships with a broad range of government and community sector organisations are essential if the Consortium is to be in a position to provide efficient and effective settlement services to all clients in this program (July 2009 – June 2010: 1274 cases, 3163 people). Collaboration occurs at a program management level (involving personnel such as the General Manager, Government Programs, Manager, IHSS, Manager, Community Relations and Promotion and Training Coordinators) and at a service delivery level (involving the Operations Manager, Case Coordinator Team Leaders and Case Coordinators). During this reporting period, Case Coordinators have worked closely with: • Kelly's Cottage (medium-term supported housing) • NESH (supported housing for non-English speaking	Results: Met

women and children) • Strength to Strength (family relationship counseling service) • Sexual Health clinic – Parramatta • Migrant Women's Speakout (Domestic violence support service) • Auburn Diversity Service's Women' • Vision Australia • Brighter Futures (early intervention program of Community Services) • Mission Australia housing for homeless persons	

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

Additional initiatives related to this aspect of ACL's IHSS collaboration:

1. Consolidation of working relationships with Community Services by: participation in the NSW Ethnic Affairs Advisory Group and provision of information regarding IHSS and settlement profiles, provision of Induction Training for new Community Services Multicultural Caseworkers.

This has resulted in:

- Improved State Community Services understanding of the scope of IHSS and SGP service provision,
- ACL access to relevant information on Child Protection and related welfare matters
- Improved local Community Services Centre communication with ACL IHSS
- Renewal of Community Services participation in regional forums such as IRIF, facilitated by ACL as IRIF Convenor

In relation to the Community Services Advisory Committee in the Illawarra region, ACL worked with the Multicultural Programs Unit to develop Terms of Reference, recommendations on the spread of suggested participants (including contact names and details). This work complimented ACL's involvement with the Community Services Multicultural Caseworker program rollout in that region and others

2. Identified/responded to areas of collaboration with SGP services, including being an active member of a Research Project Reference Group with HHP MRC and UNSW CRR.

This has resulted in the reinforcement of existing strong relationships between ACL IHSS and MRCs, in this case HHPMRC, maintenance of open communication channels and sharing of information and community contacts between organisations for the betterment of overall service delivery.

3. Identified/responded to areas of collaboration with NSW DET, a provider of key settlement services in the form of Intensive English Centres and student welfare responses. ACL has collaborated with local Community Information Officers (CIOs) and DET Regional Equity Coordinators to establish a Community Consultative Committee in an area with the highest rate of humanitarian settlement in NSW.

This has resulted in a much-improved understanding of the scope of IHSS service delivery and where its limitations commence within local schools, improved communication to ascertain individual family eligibility for settlement support and alternative referral options. Linkage initiated by ACL between DET and NSW Refugee Health Service regarding nutritional requirements of refugee students and local school-based responses such as Breakfast Clubs and a Parent's café.

In more general terms, ACL's provision of timely settlement information assists DET to ensure adequate educational resources are in place and areas for program development. DET Community Information Officers and Regional Equity Coordinators are our key collaborators in this regard.

The Manager, IHSS has also met with the IEC counsellors from the Sydney area to negotiate improved protocols for

enrolment of students with high needs or disabilities. This has resulted in smoother processes for ensuring that all students are enrolled in a timely manner and in the best educational environment for their needs.

Please also see Section 4.6 Advocacy and Community Awareness Raising Services section in this report, beginning on page 84, which also provides detail on activities aimed at developing collaborative networks.

The rating proposed by ACL is related to both the level of effort put into developing and maintaining collaborative relationships and the resulting, on-going, supportive relationships that ACL IHSS now has with key government and community sector stakeholders. The Manager, IHSS, the Manager, Community Relations and two part-time Promotion and Training Coordinators all have responsibility for working on fostering and maintaining these positive relationships.

4.2 ON ARRIVAL RECEPTION AND ASSISTANCE

EXPECTED OUTCOME

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

4.2.1 Refugees are met on arrival and taken to accommodation

KPI

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

STANDARD

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

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

2009 recommendation:

That ACL/Resolve FM ensures entrants are kept fully informed of what is going to happen to them after they leave the airport

ACL has used regular Caseworker training opportunities to reinforce the message that clients are to have clear explanations regarding the next step in their journey, whether it be to transit to their final destination or to be accompanied to their STA location in Sydney.

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

How many refugees were met at the airport and either assisted with transit, or assisted with transport to initial accommodation?	1034 (464 transits, 299 refugees, 271 866s)
Of those transiting, how many required overnight accommodation?	26
How many SHPs were met on arrival and assisted with transport to initial accommodation?	7
Were there any instances of refugees *not* being met at the airport and assisted with transport to initial accommodation?	Yes
Comments: In 6 refugee cases, clients were not met at the airport and assisted with transport to initial accommodation: • 2 clients arrived earlier than the travel details provided to ACL by DIAC • 1 case the client's mother greeted the client and provided transport. The Caseworker met them both at the link's premises.	

- 1 case was a no show and ACL was not provided updated travel details. The link met the family at the airport and provided transport.
- 1 case was a transfer and the Sydney link provided this service.
- 1 case ACL received transfer advice after the client had arrived.

4.2.1 ON ARRIVAL RECEPTION, IMMEDIATE ASSISTANCE AND TRANSPORTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance provided.	**Result 100%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment J.	Results: 4 questions on the survey apply to this KPI 1. Airport reception: 100% of respondents for whom this question applies are satisfied (N = 487). 15.6% of respondents said that this question does not apply (N = 90). 1 respondent was not satisfied with this service. 2. Transportation to accommodation: 100% of respondents for whom this question applies are satisfied (N = 465). 19.5% of respondents said this question does not apply (N = 113). 3. Meeting emergency medical needs: 100% of respondents for whom this question applies are satisfied (N = 30). 93% of respondents said that this question does not apply (N = 548). 4. Meeting emergency clothing needs: 100% of respondents for whom this question applies are satisfied (N = 59). 90% of respondents said that this question does not apply (N = 519).
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Exit processes and procedures, including client satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009. All the revised documentation for these processes is included in this report at Attachment A.	

4.2.2 Orientation

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

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

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

N/A

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

Were all refugees provided with information/demonstrations on how to utilise accommodation and its facilities?	Yes
Comments: All those who accepted an IHSS STA property and, in some cases, a Caseworker provided orientation to the facilities at the link's premises.	
How many SHPs were provided with information/demonstrations on how to utilise accommodation and its facilities? As a percentage of all SHP arrivals?	14 3% of SHP arrivals
Comments:	
Were all refugees provided with $20 phone card or provided with a loaned mobile phone and $20 phone credit?	No
Comments: 723 out of a possible 779 refugee/866 clients received a mobile phone and phone card. Of the remaining 56 clients: • 52 clients reported that they did not need these, • 2 were transfer clients who received this service prior to coming to Sydney, • 1 was a split case and • 1 UHM client was accommodated with a carer and reportedly did not need this service. In addition, 3 SHP clients and 1 transit client were provided with a phone card to meet their requirements.	
Were all refugees provided with information on what to do in the case of an emergency?	Yes
Comments:	
Were all refugees provided with the Case Coordinator's contact number (or equivalent) in case of an emergency?	Yes
Comments:	

4.2.2 ORIENTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance and information provided	**Result 99%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment J.	Results: 3 survey questions apply to this KPI 1. Assistance with signing documents and care of property: 99% of respondents who received this service were satisfied. (N = 287) 50% of respondents said this question does not apply. (N = 289). 2 respondents were not satisfied with this service. 2. Information/demonstrations on how to utilise accommodation and facilities: 99% of respondents who received this service were satisfied. (N = 313) 45% of respondents said that this question does not apply. (N = 260). 5 respondents were not satisfied with this service. 3. Tenancy training to assist with understanding of responsibilities: 99% of respondents who received this service were satisfied. (N = 312). 45% of respondents said that this question does not apply. (N = 260). 6 respondents were not satisfied with this service.
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Exit processes and procedures, including client satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009. All the revised documentation for these processes is included in this report at Attachment A.	

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

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

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

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

2009 recommendation:

That ACL ensures a case note is made when entrants with health undertakings are informed of their obligation to contact the Department of Health/are informed of the toll free number on arrival.

ACL Case Coordinator staff contact the Health Undertaking Service on behalf of all clients.

The client's obligation in relation to the Health Undertaking is discussed at the initial assessment interview and the client is advised that they may be required to attend a follow-up appointment. They are asked to advise ACL if/when they are contacted by letter so that ACL can assist them to attend any appointment.

A case note is entered in the client file on the database when this obligation is explained and the date is also entered.

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

How many refugees required emergency health or clothing assistance on arrival?	41 cases required emergency clothing/footwear 2 cases required emergency medical attention on arrival 1 transit family required emergency medical attention
Were these needs addressed?	Yes
Comments: An additional 13 families required additional clothing after arrival and were linked to charities or low-cost retail outlets.	
Were all red alerts addressed within 24 hours of arrival?	Yes
Comments:	
Were all general alerts addressed with 72 hours of arrival?	Yes
Comments:	
Were all entrants assisted to fulfil health undertaking requirements?	Yes
Comments: ACL records show 173 cases which had Health Undertakings during this program year. Of all cases directly referred to ACL, ACL Case Coordinators contacted the HUS to advise the access code and the client's address. Some clients transferred out of ACL's region before a follow-up appointment was scheduled. 15 clients were assisted by an ACL Caseworker to attend the follow-up appointment but that figure does not reflect the overall attendance of clients at a chest clinic appointment. Some clients would have been assisted to attend a follow-up appointment by links or Proposers 9 cases with Health Undertakings transferred into ACL's regions. Follow-up was required with the original SP to determine if further follow-up was required in NSW. ACL has previously reported the difficulties in assisting clients to attend appointments. ACL is not advised when an appointment is booked and, if the client does not advise ACL, there is no opportunity to assist.	

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

ACL Case Coordinators are all well versed in protocols surrounding red alerts, general alerts, health undertakings and the provision of health manifests to medical practitioners.

The usual protocol for ***Health Undertakings*** is as follows:

- ACL Case Coordinators make initial contact with HUS by telephone or email on behalf of all clients.
- At the pre-arrival interview with Proposers, information is provided regarding the Health Undertaking (if this information is available at that time) and the obligation to participate in the follow up appointment after the family arrives is explained. The processes involved (i.e. the letter which will be sent within weeks after arrival) is also explained to the Proposer and they are asked to respond to the letter when it arrives.
- At the initial assessment interview, the requirements to comply with the Health Undertaking are explained (a second time for Proposers and first time for refugee clients) and the Case Coordinator advises that contact has been made on their behalf and that the family can expect a letter advising of a follow up appointment. Refugee families are asked to advise their Caseworker when the letter arrives so that ACL can provide assistance to attend the appointment, if required.

In all cases for which ACL receives information about an appointment for a refugee client, a Caseworker has been provided to assist with attending. Currently, there is no tracking mechanism in place to identify if a Caseworker was allocated to assist all 76 families or when a Proposer has assisted with Health Undertaking follow up.

In this reporting period, ACL has developed a database report to be run monthly to confirm that action has been taken and to monitor the timeliness of the response. This report is sent to the IHSS management, including Team Leaders, for follow up during supervision sessions with Case Coordinators.

ACL is still experiencing difficulty is getting advice regarding follow-up arrangements for clients. It is still the case that, if the client does not advise ACL of the receipt of the letter and the date of the appointment, ACL is not able to assist them to attend.

For ***red and general alerts***, the protocol is as follows:

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

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

In this reporting period, ACL has added a new monthly report from the IHSS database to assist with monitoring the service delivery and timeliness of services for red and general alert clients.

4.2.3 EMERGENCY MEDICAL AND/OR CLOTHING/FOOTWEAR	
Method/s used to determine KPI result **100%** of refugees have emergency requirements/needs met within 24 hours of arrival	**Result 100%**
Methodology: Monitor Red and General Alerts for timely response	Results: 100%

Assess requirements at the time of pre-arrival planning and at the airport on arrival. Conducted by Case Coordinators pre-arrival and Caseworkers conduct on-arrival assessment as per ACL policies and procedures.	100% Meeting emergency medical needs: 100% of respondents for whom this question applies are satisfied (N = 30). 93% of respondents said that this question does not apply (N = 548).
At initial assessment interview, Case Coordinators assess any further requirement for additional medical/clothing/footwear requirements and make appropriate referrals. Clients are linked to charity and second-hand clothing outlets as well as inexpensive retail outlets in cases where additional clothing/footwear is required. In this reporting period, 14 families were assisted in this way.	
Emergency clothing/footwear: ACL exit survey provides indicative data regarding client satisfaction with this component of service for clients exited in this reporting period. This is not a reflection of the cohort who received the service during this reporting period. For summary of survey results, please see Attachment J.	Meeting emergency clothing needs: 100% of respondents for whom this question applies are satisfied (N = 59). 90% of respondents said that this question does not apply (N = 519).

Comments:
Use information above to determine whether standard met

Exit processes and procedures, including client satisfaction surveys, were revised at the end of the 2008/2009 program year with a view to implementing these revised procedures on 1 July 2009.

All the revised documentation for these processes is included in this report at Attachment A.

4.3 ACCOMMODATION SERVICES

EXPECTED OUTCOME

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

4.3.1 Provision of initial accommodation (where applicable)

KPI

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

STANDARD

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

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

2009 recommendations:

That RFM develops and documents procedures of IKS disbursements for accommodation

That RFM ensures entrants are aware of their eligibility for IKS for accommodation, including utility costs, for the first four weeks.

That RFM ensures all eligible entrants receive IKS accommodation assistance for the first four weeks and documents the process in case files

That RFM develops documents and implements pre-eviction procedures, and incorporates them into tenancy training

Please see Section 2 of this report (pg 16) for response to these recommendations.

Please complete the following:

How many refugees were assisted with initial accommodation?	908
Comments: This total figure includes all refugee families, regardless of whether they accepted Resolve FM STA accommodation or not. As Resolve FM does not know whether a refugee will live with a link or relative prior to arrival then Resolve FM allocates and prepares an on-arrival property for all families pre-arrival. They also purchase food packages and arrange for food cash to be available. Hence, all families who arrived in this reporting period are deemed to have been assisted with initial accommodation.	
How many SHPs were assisted with initial accommodation?	28
Comments:	
Was the initial accommodation used approved by DIAC contract manager? (ie meet the contractual requirements)	Yes

Comments:

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

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

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

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

4.3.1 INITIAL ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of initial accommodation provided; and	**Result 90.3%**
Methodology: Survey conducted at check-in.	Results: 90.3% of clients are satisfied

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

Three hundred and twenty five surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment M.

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

"Beds not set up for teenage children"

"fridge too small for a family of 3"

"kitchen small and dirty. Bathroom only one shower on Level 1"

"extra bedroom for child"

"Distance is very far from all amenities" (Staying at Waldorf Rosehill)

"Not happy with shared kitchen and common areas not clean"

"Property not as good as Christmas Island"

"Wanted STA near Doonside, Blacktown"

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

Comments:
Use information above to determine whether standard met

4.3.2 Provision of food

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

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

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

2009 recommendation:

That RFM provides entrants with sufficient food to last one week consistent with contractual requirements.

Please see Section 2 of this report (pg 16) for response to these recommendations.

Please complete the following:

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

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

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

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

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

4.3.2 PROVISION OF FOOD	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of food provided	**Result 92.4%**
Methodology:	Results:

Survey conducted at check-in.	92.4% of clients are satisfied

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

Three hundred and twenty five surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment M.

There were a range of comments received from clients which prevented Resolve FM achieving 100% satisfaction level. The majority of comments related to the refugee not realising cash forms part of the food package so a lower score was given. Some of the other comments recorded on the survey forms were:-

“Thanks, we had hoped for more vegetables. Did not realise cash forms part of food package”

“Thanks for everything, we would have hoped for more vegetables for new arrivals. Did not realise cash forms part of food package”

“Not fresh enough, didn’t like the cheese. Fridge is not big enough”

“High cholesterol, high cream butter”

“Lebanese bread is not suitable”

"Not enough vegetables were provided to cook a meal, e.g.. potatoes & onions"

"Not enough food"

"No onions, potatoes"

"Improve on the menu/food. Prefer loaf bread"

"Not enough food"

"Not stopples, eg. Meat and not enough food"

"Thought they would be more food, not happy with type of food"

"Missing some items out of food parcel"

"Make food parcel more suitable"

"Need more items such as meat and vegetables to reflect on client's culture"

"Need more items such as meat and vegetables to reflect on client's culture"

"Not enough food"

“Client is 202 Visa no food supplied”

“Client asked for cash instead of food”

4.3.3 Provision of/assistance with documentation

KPI

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

STANDARD

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

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

2009 Recommendations:

That RFM establishes and documents procedures for using appropriate interpreters when ACL bi-lingual Caseworkers are not available to assist with the translation or explanation of tenancy agreements.

Please see Section 2 of this report (pg 16) for response to these recommendations

Initial accommodation – please complete the following:

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

Longer-term accommodation – were entrants assisted to:

Make applications, enter into a lease, and complete property condition reports for longer-term rental properties?	Yes
Comments:	

Some clients had relatives assist them with these tasks and did not take up the offer for assistance from Resolve FM.

4.3.3 PROVISION OF ASSISTANCE WITH TENANCY AGREEMENT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of their tenancy agreement in terms of each of understanding and fairness	**Result 98.7%**
Methodology: Survey conducted at check-in.	Results: 98.7% of clients are satisfied
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Three hundred and twenty five surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment M.	

4.3.3 b PROVISION OF ASSISTANCE WITH PROPERTY CONDITION REPORT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the assistance they received in relation to the completion of their property condition report	**Result 99.2%**
Methodology: Survey conducted at check-in.	Results: 99.2% of clients are satisfied
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Three hundred and twenty five surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment M.	

4.3.3 c PROVISION OF ASSISTANCE TO UNDERSTAND DOCUMENTATION	
Method/s used to determine KPI result **75%** of entrants are happy with the assistance they received in relation to understanding and dealing with documentation associated with longer-term accommodation	**Result 97.3%**
Methodology: Survey conducted after relocation to LTA.	Results: 97.3% of clients are satisfied
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received*	

Sixty-six surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment N.

Refugees are asked to complete these surveys after lease signing has been completed and after they have been moved into their LTA and the furniture has been delivered. Resolve FM staff find the majority of refugees are too excited after having moved into their own LTA with new furniture and are not interested in completing LTA surveys, explaining the low survey numbers returned. Resolve FM are endeavouring to increase the number of surveys returned.

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

4.3.4 Longer-term accommodation

KPI

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

STANDARD

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

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

N/A

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

How many refugees were assisted to secure longer-term accommodation?	607
How many SHPs were assisted to secure longer-term accommodation?	22
What was the average time taken to locate entrants in longer-term accommodation?	94.28 days
Comments:	
Were entrants supported in negotiations with real estate or other agents?	Yes
Comments:	
Were eligible entrants assisted to obtain Government rental and/or utility bond assistance for their longer-term accommodation?	Yes
Comments:	
Where relevant, were entrants assisted with moving possessions from initial to longer-term accommodation?	Yes
Comments:	
Were entrants assisted to connect utilities to their longer-term accommodation?	Yes
Comments:	

4.3.4 LONGER-TERM ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are located in longer-term stable accommodation within **6-10 weeks** of arrival	**Result 59.3%**
Methodology: RFM database	Results: 59.3% of clients were accommodated in LTA within 10 weeks

Comments:
provide figures and information to determine whether standard met, include narrative bout why additional time may be required

The client's right of choice are paramount in sourcing and securing LTA. There is many times where Resolve FM just cannot meet their instructions. In addition, the tight rental property market compounded by the affordability of properties impacts on delivery of this KPI.

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

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

4.3.4 b LONGER-TERM ACCOMMODATION SATISFACTION	
Method/s used to determine KPI result **75%** of entrants are satisfied with their longer-term accommodation	**Result 86.3%**
Methodology: Survey conducted when the client is relocated from STA to LTA.	Results: 86.3%

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

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

This expectation impacts on their satisfaction level.

Clients choose their LTA property from a number of choices. Clients have usually submitted several applications before an application is approved. While clients may have aspired to a "better" property, they are usually glad to be approved and to be moving into a longer-term property after many application rejections.

In some cases, landlords are not prepared to do any repairs to a rental property at the start of the LTA lease even though they have previously agreed with the client to do them. This change in agreement upsets the client. These cases normally apply where the client has found a property for Resolve FM to apply on their behalf. Resolve FM staff are not aware of any agreements made as RFM was not involved in the initial discussions. No action can be taken as the agreement is not in writing.

Sixty-six surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment N.

Refugees are asked to complete these surveys after lease signing has been completed and after they have been moved into their LTA and the furniture has been delivered. Resolve FM staff find the majority of refugees are too excited after having moved into their own LTA with new furniture and are not interested in completing LTA surveys, explaining the low survey numbers returned. Resolve FM are endeavouring to increase the number of surveys returned.

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

"Client believes rental market and government support should be interlinked. Does not understand separate private properties for LTA"

4.3.4 c SUPPORT TO FIND LONGER-TERM ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are satisfied with the level of support they receive in relation to longer-term accommodation	**Result 92%**
Methodology: Survey conducted when the client is relocated from STA to LTA.	Results: 92%
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Sixty-six surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment N. Refugees are asked to complete these surveys after lease signing has been completed and after they have been moved into their LTA and the furniture has been delivered. Resolve FM staff find the majority of refugees are too excited after having moved into their own LTA with new furniture and are not interested in completing LTA surveys, explaining the low survey numbers returned. Resolve are endeavouring to increase the number of surveys returned.	

4.3.5 Assistance with basic household goods

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

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

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

2009 recommendations:

That RFM implements a virtual voucher system for single entrants sharing accommodation, that puts on hold HGA items not required when they are sharing accommodation. The expiry date of the voucher cannot be beyond the duration of IHSS.

That RFM implements a documentation process to support instances when the virtual voucher is used, including entrant endorsements of acknowledge receipt of the remaining HGA items.

That RFM allows flexibility to entrants in the choice of HGA for LTA

That RFM implements an HGA template that specifies items received by entrants.

That RFM ensures the HGA template is endorsed by both the entrant and Resolve FM on receipt of HGA

Please see Section 2 of this report (pg 16) for response to these recommendations.

Please complete the following:

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

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

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

4.3.5 BASIC HOUSEHOLD GOODS	
Method/s used to determine KPI result **100%** of entrants receive goods of a satisfactory standard in a timeframe which meets their requirements.	**Result 90.1%**
Methodology: Survey conducted when the client is relocated from STA to LTA.	Results: 90.1%
Comments: *use information provided above to identify whether standard met* Sixty-six surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment N. Refugees are asked to complete these surveys after lease signing has been completed and after they have been moved into their LTA and the furniture has been delivered. Resolve FM staff find the majority of refugees are too excited after having moved into their own LTA with new furniture and are not interested in completing LTA surveys, explaining the low survey numbers returned. Resolve FM are endeavouring to increase the number of surveys returned.	

4.3.6 Tenancy training

KPI

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

STANDARD

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

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

2009 recommendation:

That RFM develops documents and implements pre-eviction procedures, and incorporates them into tenancy training

That RFM incorporates information about the different types of lease agreements in later tenancy training that is provided when LTA is found

Please see Section 2 of this report (pg 16) for response to these recommendations

Please complete the following:

How many entrants received tenancy training?	325
Comments: The above number excludes clients who transfer out to other regions or reject RFM STA and live with links or relatives. Resolve FM staff endeavour to undertake tenancy training for refugees who reject STA accommodation but nearly all decline the offer. Resolve FM staff believe that the client's links are happy to show them how to care for a property in Australia. In addition, links seem to feel uncomfortable about Resolve FM coming to their property and using their equipment and furniture as part of the demonstrations.	
How many of the entrants who received tenancy training were provided with a reference?	311
Comments: A reference is usually provided at the time the clients are sourcing and securing their LTA property. The difference between the first and second figures above is because the remaining entrants have not chosen a suitable LTA as yet.	

4.3.6 TENANCY TRAINING	
Method/s used to determine KPI result **75%** of entrants are satisfied with the tenancy training provided	**Result 98.7%**
Methodology: Survey is conducted at the completion of tenancy training.	Results: 98.7%

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

Three hundred and twenty-five surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment M.

4.3.6 b RENTAL REFERENCE	
Method/s used to determine KPI result **75%** of entrants are provided with a reference to assist them to secure longer-term accommodation	**Result 94.8%**
Methodology: Survey is completed when the client relocates from STA to LTA.	Results: 94.8%

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

All LTA applications have a covering letter which forms the client's reference. This reference is tailored to match the client. If a client does not keep the property clean and tidy then this aspect is not mentioned in the reference letter. Similarly, if the client is behind in rent then no mention is made on how well the client is paying rent. Resolve FM still have difficulty in explaining to agents why rent is in arrears as this is not the Australian way for renting property.

Sixty-six surveys were returned with the average result indicated above. A copy of the survey tool and analysis of results has been included in Attachment N.

Refugees are asked to complete these surveys after lease signing has been completed and after they have been moved into their LTA and the furniture has been delivered. Resolve FM staff find the majority of refugees are too excited after having moved into their own LTA with new furniture and are not interested in completing LTA surveys, which explains the low survey numbers returned. Resolve FM are endeavouring to increase the number of surveys returned.

4.4 SHORT-TERM TORTURE AND TRAUMA COUNSELLING SERVICES

EXPECTED OUTCOMES

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

4.4.1 Assessment of the psychological needs of entrants

KPI

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

STANDARD

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

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

2009 recommendation:

That ACL [and STARTTS] continues to work toward reducing the timeframes between referral and initial sessions for non-urgent cases

Response:
Strategies undertaken by STARTTS during this reporting period to reduce the waiting times between and initial sessions for non-urgent cases include:

- **Recruitment:** a new EIP Coordinator and 9 new counsellors were recruited between August 2009 and February 2010; three part-time contractors with experience in STTC assessment, and in EIP services, were engaged in June 2010.
- **Staff allocation:** recently- counsellors recruited were allocated to undertaking assessments only during the first 3-4 months of their employment with the EIP
- **Assessment and counselling options:** a group screening process was developed to work with appropriate target communities, including Afghan, Iraqi and Tamil, to identify clients who need torture and trauma counselling, and for whom a group counselling option was appropriate.

These strategies have had a positive impact on waiting times: there has been a five per cent reduction in the number of clients waiting for more than 45 days; STARTTS achieved an overall reduction in variance between referral numbers and client allocations of 38 clients during the period January-June 2010 period.

STARTTS anticipates that there will be a continued reduction in waiting time as the strategies take further effect; the rate of the reduction may change, depending on future arrival numbers and referral rate. STARTTS will continue to identify other possible strategies to address waiting times.

The significant level of referrals during March 2010 (163 cases) which was followed by referral of 115 cases in both April and in May 2010, together with a significant increase in single unit families, and an increase in the number of family members requesting counselling, overshadowed the visible impact of strategies for some time during the first half of 2010.

Please complete the following: ***(include subclasses such as 201, 203, 204, 851 and 866 in refugee numbers)***

Were all entrants offered a referral to short-term torture and trauma counselling?	Yes
Comments:	
How long after referral to short-term torture and trauma services was an initial assessment held?	***Mean: 101 days*** ***Median: 106 days***

Comments:

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

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

The table below provides both the mean and median in days for each one of the above criteria for the families where assessment was completed during the period 1 July 09 – 30 June, 2010.

	Length of time between Referral date and allocation date (in days)	*Length of time between allocation and first attempt at contact (in days)*	*Length of time between first attempt at contact and first assessment session.*	*Length of time between Date of Referral and date of initial assessment session.*
Mean	*87*	*2*	*13*	*101*
Median	*92*	*1*	*9*	*106*

- The mean for the length of time between first attempt to contact and the first assessment session decreased slightly during this reporting period, compared to the previous year (13.76 days). Significant increases in settlement numbers from specific communities, including Afghan and Iraqi, impacts on access to interpreters not only for STTTC and other IHSS services, but also for services provided by mainstream health, welfare, community and settlement agencies. STARTTS' response to referral of clients from these communities by engaging contract interpreters has supported effective and timely delivery of STTTC assessment and counselling services.
- The increase in client numbers overall, together with the staffing issues identified earlier in this report and in quarterly reports to DIAC throughout the year, has led to an increase in the mean and median for length of time between referral date and allocation/date of initial assessment session compared to the previous year.
- The factors noted in the dot point above have also been factors in the slight increase in the median for clients (whose assessments were completed during the reporting period) being contacted by STARTTS, compared with the 6 month report (January to June 2009).

Statistical analysis of this KPI has been complicated both by peaks and troughs in monthly arrivals – for example 89 referrals in February 2010 compared to 163 referrals in March 2010 - and by the introduction of twice-weekly referral of Protection Visa holders, primarily from Christmas Island.

4.4.1 ASSESSMENT OF NEEDS	
Method/s used to determine KPI result **100%** of entrants report that they have had the opportunity to access appropriate short-term torture counselling services.	**Result 100%**
Methodology: 100% of entrants are provided information about STARTTS services and referrals to STARTTS are discussed.	Results: 100%
Comments: *use information provided above to determine whether standard is met* ACL refers 100% of refugee clients to STARTTS at approximately 4 weeks after arrival. ACL's exit survey asks clients about the timeliness of STARTTS interventions and the usefulness of these for settlement. This captures data for clients exited in the reporting period, and not necessarily 100% of clients who arrived in the reporting period.	

4.4.2 Detailed case plan of interventions

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

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

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

N/A

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

This process is unchanged in this reporting period. STARTTS has a clear conceptual framework to inform counselling intervention practice. STTTC counsellors use the Refugee Comprehensive Assessment Tool (R-CAT) that provides a comprehensive individual and/or family psychosocial assessment to allow short term counselling interventions and referrals to appropriate services

1. EIP counsellors conduct a psycho –social assessment with all referred new arrivals to assess their settlement needs, physical and psychological wellbeing. STARTTS counsellors used the

2. Initial psycho-social assessment is completed after a minimum of two sessions, counsellors discuss key assessment goals (including: understanding how past experiences affect day to day living, understanding the resettlement process and clients participation in decision making process) together with clients.

3. After assessment is completed some clients engage in short term counselling (between 8 -12 sessions), where the counsellor prioritises clinical goals (including: manage traumatic stress symptoms, manage anger and aggressive behaviour, grief, and most importantly ongoing support in relation to settlement and health needs).

Within the treatment plan counsellors may identify the need for long term therapy and therefore referral to General Service's team is undertaken and handover procedures are ensured.

In some situations, plans for client discharge within a 6-month time frame are significantly altered by crises which arise during the STTTC service, and require a longer period of counselling within the EIP.

<u>Counselling</u>

Whilst the majority of counselling services are provided on an individual basis, STARTTS continued to use group interventions during this period as a strategy to support clients for whom it was a more appropriate option.

- The Assyrian women's psycho-educational group ran weekly for the first quarter, but was then put on hold, as the counsellor was on extended sick leave for some months. Planning started in June 2010 for an anger management group with Iraqi families in Fairfield in financial year 2010, in response to identified need.
- A Jungle Tracks group was run with Arabic-speaking students at Liverpool West Public School between August and December 2009.Teacher and counsellor feedback indicated that the group proved an excellent tool for Arabic speaking children from Iraq at Liverpool West Public School. Planning commenced in June 2010 for a Jungle Tracks group with kindergarten children at Liverpool West Public School; this is intended to start in the first quarter of 2010.
- A Mandaean psycho-education music therapy group commenced in September 2009, and ran to December 2009. Participants responded very positively to the group, and its activities.

- A Psycho-education and Expressive Therapies group for Arabic and Iraqi women was also run during this reporting period. This group, which was well-attended and appreciated by participants, ran primarily at STARTTS' Liverpool office; during the renovation of this office in late 2009, the group ran at the Mandaean Association's premises.
- One of STARTTS' child and adolescent counsellors participated in the Wellbeing and Expression Youth Group which was run at Liverpool Office as part of the STARTTS Community Development Project with Iraqi young people settling in Liverpool and Fairfield LGA. Eight of the twelve participants were EIP clients.
- Relevant EIP counsellors also presented papers on the Jungle Tracks group and the Mandaean Psycho-education music therapy program at the FASSTT National Conference in February 2010. These presentations were well-received by other participants, and supported a wider understanding of client needs and alternative strategies to address them.

EIP staff also participated in planning the camps conducted by STARTTS during this period, with different counsellors each attending a camp.

4.4.2 SATISFACTION WITH STTC	
Method/s used to determine KPI result **75%** of entrants are satisfied with the service provided.	**Result 92.1%**
Methodology: The Client Satisfaction Questionnaire – CSG-8+2 – is used across all client groups in Metropolitan Regions, and is provided in English, Arabic, Burmese, Dari, Farsi, Karen and Swahili. Interpreters are engaged to provide verbal translation of the questionnaire to clients who were not literate. STARTTS' procedure is to provide clients with the questionnaire at their final session; where this is not possible, delivery of the questionnaire by post or telephone is undertaken. 458 entrant families were discharged after completion of assessment, and 562 counselling clients were discharged between 1 July 2009 and 30 June 2010. This represents an increase in discharge numbers compared to 2008, when 276 assessment only clients and 327 counselling clients were discharged.	Results: 92.1% average across all questions

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

See Attachment P for a table detailing responses to the questionnaire.

Responses to all questions except Question 3 indicated levels of satisfaction between 91% and 99%. Responses to Question 3, which asks to what extent STARTTS Early Intervention Program has met client needs, showed that 69% of clients reported that almost all/most of their needs had been met. This lower level of satisfaction, considered in conjunction with the significant level of satisfaction in relation to other questions, reflects both the high level of needs faced by IHSS clients, and the fact that many of their needs are not those which can or should be addressed by STTTC services.

4.4.3 Advocacy and training

KPI

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

STANDARD

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

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

N/A

Please complete the following:

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

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

An outline of the delivery of training sessions contained in the annual plan is provided in Attachment Q.

The Training Officer commenced work in September 2009, following a recruitment process protracted by delays in Area Health Service approval; the Clinical Trainer position, which was similarly affected by Area Health Service delays, was filled in February 2010. These two recruitments supported STARTTS in delivering the training sessions.

EIP managers worked with the Training Coordinator and Training Officer to ensure that IHSS training sessions were targeted to relevant agencies and participants within the sectors identified in the 2009 plan.

Targets for a number of areas, which were identified as particularly pressing as training was rolled out during the year, were exceeded. The increasing incidence of clients exhibiting mental health issues, and requiring crisis intervention, for example, indicated the need for further training for mental health teams in the contract areas to support services to IHSS clients; nine training sessions were run, in contrast to the four sessions originally planned. Similarly, targets for AMEP and TAFE counsellors, community health, DOCS, and tertiary students were exceeded.

4.4.3 SHORT-TERM TORTURE AND TRAUMA ADVOCACY AND TRAINING	
Method/s used to determine KPI result the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.	**Result: Met**
Methodology: Monitor progress against targets in Annual Plan	Results: Met

Monitor participant evaluations to improve training initiatives and ensure activities are satisfactory.	

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

All targets for the year were met, with the exception of two sessions for sexual assault/DV workers and one GP training session.

- Sexual Assault services**:** STARTTS contacted several sexual assault services and domestic violence committees around Sydney; although targets were not met by 30 June 2010, the targets will be met by 30 September 2010.

- GPs - STARTTS presents to GPs in collaboration with the Refugee Health Service (RHS) and the GP Divisions. The RHS normally organises these events directly with the GP Division and invites STARTTS to participate when possible. Meetings were held with the RHS during this year to ensure STARTTS was involved in GP training events but it was only possible for STARTTS to participate in one of these events.

Marketing and promotion/development of modules

- The half day training package was significantly revamped and updated with a new presentation and a 6-page handout that is given to all participants of all trainings as well as other relevant materials.
- An agreement was made with the learning and development unit at Community Services (formerly DOCS) to design a tailored half day introductory package specifically for child protection workers, in consultation with their workers. This was piloted successfully and Community Services, who decided that this was a priority training for their staff, has now requested around 15 trainings be held across the state.
- A tailored training package was designed for the Centrelink Job Capacity Assessment Team who are finding it challenging to gain enough relevant trauma-related information in a one-hour interview with a client without provoking a trauma reaction or managing to contain one when it does happen. STARTTS negotiated to train all JCAT psychologists and social workers with the person responsible for professional development in the organisation. STARTTS will continue to run this workshop in late 2010 and Centrelink has requested a more clinically oriented workshop for 2010 as well.

Participant feedback

STARTTS continued to utilise participant feedback as a source of input to development of training sessions throughout the year. The Training Officer, working with EIP managers, developed a one-day Accidental Counsellor training course more specifically tailored to the needs of IHSS providers, particularly ACL staff, as identified through research and participant feedback.

The following reflect some of the positive feedback provided by participants:

- "All of the training was valuable and increased insight into torture and trauma survivors. Excellent day"
  TAFE Counsellor

- "Very practical training. I have learnt new skills"
  TAFE Counsellor

- "How to talk to the client when they tell me something problem with them. Do not make any decision and promise to the client"
  ACL Settlement Case Worker

- "Would have liked to have done this course as a part of my school counsellor training"
  School Counsellor

- "Being reminded about processes not used frequently, eg like using interpreters"

District Guidance Officer – Department of Education and Training

- "It was a great introduction to the area. I appreciated the background information and the treatment overview. I also appreciated having the training booklet/resources for future reference"
  Psychology student

- "All of it was fantastic. The videos were really powerful and gave me a much better idea of the refugee experience"
  Psychology intern

- "It helped me think about the service delivery at my workplace and how clients might potentially be re-traumatised"
  Psychologist

- "Not re-traumatising the client during the assessment – containment"
  Centrelink Job Capacity Assessment Psychologist

4.5 VOLUNTEER COORDINATION

EXPECTED OUTCOME

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

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

KPI

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

STANDARD

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

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

N/A

Please complete the following:

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

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

N/A

4.5.1 ENTRANT SATISFACTION WITH VOLUNTEERS	
Method/s used to determine KPI result **75%** of entrants are satisfied with volunteer support provided; and	**Result 87%**
Methodology: Clients who exited the VCU service between 1 July 2009 and 30 June 2010 were surveyed. 98 clients were exited in this period and 46 surveys were completed giving a	Results: 87%

response rate of 47%. Clients were either contacted by telephone or post. For clients contacted by telephone who could not speak English, TIS (Telephone Interpreting Service) was used. Surveys were posted to clients who, after two attempts could not be contacted by telephone. As the hard copy survey is not available in community languages, those who received the survey in the post received it in English.	

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

Respondents by gender

Female	21	46%
Male	23	50%
Not Stated	2	4%
Total	46	100%

Respondents by Country of Birth
35% (16) of the respondents are from Myanmar, 27% (12) from Iraq, 20% (9) from Congo; 4% (2) from Sri Lanka, 4% (2) from Togo; 2 % (1) from Somalia; 2% (1) from Liberia and 2% (1) from Uganda. 4% (2) did not state their country of origin.

Respondents by region

Sydney	16	35%
Wollongong	19	41%
Newcastle	9	20%
Not Stated	2	4%
Total	46	100%

Frequency of visits

Every week	13	28%
Every 2 weeks	20	43%
Once a month	9	20%
Not Stated	0	0%
Other	4	9%
Total	46	100%

4 (9%) respondents answered "Other" when asked about the frequency of visits. 1 stated that the volunteer only visited them 2-3 times while 1 stated that volunteer did not visit them at all. 2 stated that the frequency of visits varied and volunteers contacted them by telephone sometimes.

Length of volunteer visits

1 hour	23	50%
2 hours	15	33%
More than 2 hours	2	4%
Not stated	2	4%
Other	4	9%
Total	46	100%

4 (9%) respondents answered "Other "when asked about the length of visits. 3 stated that the length of visit varied from 0.5 hour to 1.5 hours. 1 stated that the volunteer did not visit them at all.

Activities volunteers assisted with

Clients reported that volunteers assisted with a range of activities in order to help them settle comfortably in Australia.

The most popular activity volunteers assisted with and provided information about was public transport including catching the bus and train, reading timetables and buying tickets (36 respondents). This was followed by shopping (35), then health matters such as hospitals, doctors, community health centres, baby health centres and Medicare (23), Using household appliances such as washing machine, vacuum cleaner, oven, TV, DVD, heat and air conditioner, etc. (23), and Australian law (23).

Volunteers also helped with local community services and events such as STARTTS and MRCs (22 respondents), provided assistance with education including English classes, school, university and TAFE (22), and Emergency service (21).

Other activities volunteers helped clients with included: Banks and ATMs (18 respondents); Centrelink (17); Interpreters/translators (14); Drivers license and road safety (13); Religious or cultural activities (12); youth or children services (8); Practicing and learning English (3 respondents); employment and finding a job (2), resources such as food, clothes, internet (2); children's homework and activities (2); friendship (2); accommodation or finding a house (1); Australian culture (1); reading letters (1); cooking (1) and sight seeing (1).

This demonstrated that clients are receiving assistance with community living skills; connecting with relevant organisations; and receiving support and information on a diverse range of areas.

Levels of client satisfaction and relevance of service

87% of respondents said that they were happy with their volunteer (40 out of 46). 2 (4%) clients were not happy with their volunteer while 3 (7%) were not sure. 1 (2%) respondent did not answer the question.

Positive comments about Mission Australia volunteers and the service they provide include:

"When we came to Australia we didn't know anything. The volunteer answers our questions and showed us lots of things and explain to us"

"She was a very good person. We had a close relationship with her and we wanted to have her telephone number to keep in touch but the rules didn't allow us. She was very respectful".

"She was very good and very nice. Anything that I asked about she helped with."

"He was helpful and friendly and we are now very good friends. Even though he's no longer my volunteer, he helped me a lot and gave me a lot of encouragement."

"She became very friendly with us and educated us about the services available."

"We're unable to understand English but with the help of the volunteer it has made our settlement easier."

"Helped us with library visits, documents and Medicare forms, our kids & her boy played together"

"We appreciate that a Karen person comes and assists us as we don't understand any English. The help was helpful and great"

Further help and service improvement

44% of respondents (20) said that they did not want any further help from volunteers implying that they were happy with the service they were already receiving from Mission Australia.

39% of respondents (18) said they would like additional help from their volunteer. Activities clients would like volunteers to help or provide further assistance with include:

- Driver's licence – (4 respondents)
- Learning English (3)

- Accommodation i.e. finding long term residence (3)
- Employment – find a job, preparing for an interview etc (2)
- Medical appointments (2)
- Shopping – (1)
- Winter clothing & other necessities (1)
- Using household appliances (1)
- Show places of interest (1)
- Interpretation (1)
- Centrelink – (1)
- Child-minding – (1)
- Computer skills – (1)

A number of these activities are currently outside the volunteer's responsibilities, for example transporting clients to shopping or medical appointments, finding long-term accommodation, child-minding and teaching clients English, how to find a job or how to drive.

A number of respondents gave suggestions about how Mission Australia could improve its service to them. Suggestions for service improvement include:

- *Ensure volunteers visit clients regularly to check with the client's needs;*
- *Matching clients with volunteers who can speak the same language;*
- *Extend number of visits and the duration of help;*
- *Better inform the client about accessible services, such as interpreters for medical appointments, English home tutors, available accommodations and employment assistance, etc.*

Conclusion

There is a high level of satisfaction amongst clients with regards to the volunteer service Mission Australia provides as part of the Integrated Humanitarian Settlement Strategy (IHSS). It is clear that Mission Australia's Volunteer Coordination Unit (VCU) is successfully achieving its objective of helping entrants to settle comfortably and happily into a new life in Australia. This is achieved by volunteers connecting clients with relevant organisations; assisting with community living skills; and providing support and information on a diverse range of areas such as public transport, health and education.

The VCU Client Survey template is included in this report as Attachment R.

Of the 2 clients who said that they were not happy with their volunteer one said "More visits required and assistance also" and "More health appointment assistance" and the other "That is something personal between me and ……"

It is apparent from the client survey that while clients are appreciative of the support offered by IHSS volunteers, there is a need for more assistance in areas that volunteers are either not skilled in providing or are unable to provide due to boundaries and restrictions placed upon them. Some comments from the survey:

"Help finding job, help looking for accommodation (rental) showing basic technique about applying house, communicate with real estate"

"More services and longer period ie more visits and vouchers"

"Would be good if there is help for mothers with young children"

"Connect me with agency that are funded for driving lessons"

"To help to interpret at the doctor's because I can't find an Arabic speaking doctor"

While the VCU does not encourage volunteers to go beyond the boundaries stipulated in the volunteer framework, the service will provide additional support to volunteers by providing referral information about relevant services available for IHSS clients. The service will provide a monthly Community Services Update via email regularly to all volunteers. This will be in addition to the newsletter and workshops already conducted by the service.

4.5.1 b VOLUNTEER SATISFACTION WITH VOLUNTEER COORDINATION	
Method/s used to determine KPI result **75%** of volunteers are satisfied with volunteer management arrangements.	**Result 73%**
Methodology: The purpose of the satisfaction survey is to gain feedback from volunteers about VCU service delivery and areas for improvement. It aims to measure levels of volunteer satisfaction with volunteer management arrangements. The survey has been designed to gather information on: • length and duration of the volunteers' visits • nature of the activities carried out during visits • volunteers' opinions on whether the clients have benefited from their visits • adequacy of VCU training and support for volunteers • volunteers' suggestions about how to improve the quality of the service. Questionnaires were mailed to 112 volunteers. This included volunteers who had already been matched with one or more refugee families and volunteers who had been inducted but were waiting to be matched with a refugee family. 44 questionnaires were completed giving a response rate of 39%.	Results: 73%

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

Respondents by gender

Female	30	68%
Male	14	32%
Total	44	100%

Respondents by region

Sydney	20	45%
Wollongong	13	30%
Newcastle	11	25%
Total	44	100%

Respondents matched with a client

Have had a client	37	84%
Have never had a client	7	16%
Total	44	100%

Frequency of visits

Every week	9	20.5%
Every 2 weeks	11	25%
3-4 weeks	3	7%
Once a month	5	11%
Depends on client's need	7	16%
Depends on my circumstances	2	4.5%
I have never had a client	7	16%
Total	44	100%

Length of visits

30 minutes	1	2%
1 hour	9	20.5%
2 hours	13	29.5%
1-2 hours	3	7%
More than 2 hours	7	16%
Depends on client's needs	2	4.5%
Phone contact	2	4.5%
I have never had a client	7	16%
Total	44	100%

Details of activities

Volunteers undertook a range of activities in order to assist clients settle into a new life in Australia.

The most popular activity according to this year's survey was introducing clients to public transport (25 respondents). This included explaining how to use buses and trains, how to read timetables and how to buy tickets.

The second most popular activity was assisting clients with shopping (21 respondents), then the third most popular activities were helping clients with education matters such as attending English classes, school, university and TAFE, and connecting clients with the local community service and events (both 17 respondents).

Volunteers also assisted clients by providing advice and guidance on: health matters such as Medicare, hospitals, doctors, community health services and dentists (16); religious/cultural activities (15); bank/finance matters (14); Centrelink (13); interpreters and translators such as TIS (13); community living skills such as using household appliances ie washing machine, vacuum, oven, DVD, TV, heater etc (12); Australian law (11); emergency services including dialling '000' (10); getting a driver's license and/or road safety (8); and youth services such as youth centres etc (4) and computer/internet help (3); English practices (3), Employment (2); Outings (2); Sports (1); and friendship (1).

These activities helped to achieve the objectives of connecting entrants with the community, familiarisation with local shops and services and providing links with relevant organisations.

Whether clients are benefiting

22 (50%) respondents believed that clients were benefiting a lot from their visits. 11 (25%) believed clients were benefiting a little. No respondents believed that clients were not benefiting. 7 (16%) respondents have never had a client.

Comments about the benefits of volunteer visits for clients include:
"Most of time my clients feel very good when I meet him."

"When I visit them, they feel happy and ask me to come back again."

"Client has more confidence."

"They like to do shopping and I help to give a lift."

Volunteers feeling well resourced

22 out of 44 volunteers (50%) felt they were really well resourced when they visited clients and 8 (18%) felt there was a little resources. 1 respondent (2%) felt they were not resourced and 4 (9%) felt not sure about this. 7 respondents (16%) never had a client.

Comments including:

"I ask for information before I visit my clients."

"What they need to know I can provide and find out for them."

"When they don't speak English, I find it a bit hard to work out what they need."

Satisfaction with training and ongoing support from VCU

A lot	32	73%
A little	7	16%
Not at all	0	0%
Don't know	0	0%
Not Stated	5	11%
Total	44	100%

Positive comments include:

"Most of the training and workshops are helpful, all managers are helpful."

"The training supports and helps me to get the knowledge, culture, information, communication and improving and language but the best thing that is dealing with the helpful and beautiful people (Mission Australia staff)."

"The staff at IHSS are very helpful and friendly. Information through emails are helpful and regular. Thank you."

Improving the service

23 (52%) out of 44 respondents provided 31 suggestions for improving the service.

Some of the main areas for service improvement include:

- More training to update volunteers' skills and knowledge (7);
- Regular meetings for volunteers to share experiences and support each other (6);
- Broaden the service and make clients feel more welcomed (2);
- Linking volunteer to clients at an earlier stage (2);

Other suggestions included allowing volunteer to have more time with clients; organising workshops and excursions for clients; organising social activities for all volunteers and clients; providing other training programs for volunteers, such as problem solving, communications and refugee settlement/immigration issues; providing feedback and regular updates to volunteers, providing more accurate contact details of clients; allowing volunteers to work with case coordinators in helping clients; matching volunteers with clients in an earlier stage and who can speak the same language; and allowing clients to phone volunteers in arranging appointment.

Other comments

19 respondents (44%) made additional comments about the service. Some positive comments include:

"Thanks for all the staff of Mission Australia for what they offered to the refugees, I wish all the progress to this beautiful Mission in all Australia"

"I can help my clients as much as I can and I always contact with case workers and discuss about the client's need.", "Everything going smoothly."

"Peer support and sharing experiences is helpful and necessary."

Conclusion

It is clear from the responses received that the majority of VCU volunteers are performing the tasks required of them. In turn, volunteers are assisting entrants to develop independence to participate and contribute fully in the community.

The Volunteer Survey template is included in this report as Attachment S.

The service has not met the KPI target of 75% Satisfaction rating due to two main factors:

- Low number of client referrals over 2 consecutive years resulting in trained volunteers not able to be matched with a client and a general feeling of disconnection from the service due to lack of client involvement

  The VCU has reported to DIAC regularly on this issue in the last two years and has had a number of discussions with ACL regarding the low number of client referrals. One of the issues cited by ACL is that a large number of IHSS clients in the last two years have links in Sydney and do not need a volunteer service. The VCU now accepts direct referrals from STARTTS. This has increased the referral numbers by 10% in 2009 – 2010.

- Staffing issues resulting in fewer workshops conducted in 2009 – 2010.

  The VCU only has 4 frontline staff members. In 2009 the Team Leader resigned resulting in one of the Volunteer Coordinators moving into the Team Leader position. Also in 2009, one Volunteer Coordinator went on maternity leave resulting in an internal promotion for the Administrative Officer. The service recruited a new employee for the position. In 2010, one Volunteer Coordinator moved overseas resulting in a vacancy for the position.

  Recruitment for these positions have resulted in periods where the service has been short staffed. Employees in new positions have needed induction and a period of handover of duties resulting in a lower than expected number of workshops for volunteers over the year.

While there was no negative feedback in the survey and the VCU has organised a number of volunteer events during the year (including forums, workshops, end-of-year lunches, Volunteer Week celebrations and Refugee Week events), it is obvious from the comments that volunteers would like to have more training and more clients to work with.

Some comments from the survey about recommendation for improving the service:

"Creating say 2 opportunities per year to meet and share ideas and experiences, network and knowledge share with other volunteers, get ideas from others on what activities to do with clients, also an opportunity to support each other"

"By providing trainings, workshops in between to update our skills and knowledge as things life and technology ?dynamics?. Every two months, meetings to share experience"

"Organising more get together sessions, even informal if it's a question of budget - with other volunteers. Talks by refugees to talk about their experience, where they need support, Letting us know about local refugee/immigrant events. Why not organise a volunteer and refugee event where everyone gets together, it would enable clients to meet one another and develop their social networks and make new friends"

"Because I haven't had a client and so I don't have a coordination unit"

"Unable to answer this question because I have not had enough face to face contact with clients"

The VCU has already responded to the comments by volunteers by planning a workshop in Wollongong and Newcastle in September 2010 followed by a workshop in Sydney in October 2010.

4.6 ADVOCACY AND COMMUNITY AWARENESS RAISING SERVICES

EXPECTED OUTCOME

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

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

KPI

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

STANDARD

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

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

N/A

Please complete the following:

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

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

Consortium

1. Participate in interagency meetings and working groups in contract regions, including formal reporting where appropriate.

   The ACL Manager, Community Relations, Manager, IHSS and Promotion and Training Coordinators have continued to attend and participate in various refugee networks such as (but not limited to):

   - FECAP (Fairfield Emerging Communities Action Partnership)
   - FMI (Fairfield Migrant Interagency)
   - Hunter Refugee Network
   - ICAP (IHSS Community Advisory Panel – convened by ACL)
   - Illawarra Refugee Issues Forum (convened by ACL)
   - MAF (Multicultural Advisory Forum)
   - Migrant Employment and Training Taskforce
   - Mt Druitt and Blacktown Migrant Interagency
   - NSW Community Services Ethnic Affairs Advisory Group
   - NSW Community Services Southern Region Multicultural Advisory Committee
   - NSW Department of Education and Training Community Consultative Committee (South West Sydney)
   - NSW Department of Education and Training Refugee Student Support Group
   - NSW NESB Housing Taskforce
   - RHIN (Refugee Health Improvement Network)
   - RSN (Refugee Support Network)
   - Wollongong City Council Multicultural Advisory Group

   ACL is also represented on the STARTTS Communities In Cultural Transition project advisory committee, the Hills Holroyd Parramatta Cultural Footprints project and the Hills Holroyd Parramatta/Centre for Refugee Research Domestic Violence Research Project.

   The Promotion and Training Coordinators have also provided input and provided feedback during the development of a new (yet to be accredited) training package which targets those working in or seeking to work in the community sector among refugees.

2. Develop and deliver cross-Consortium training to raise awareness of each Consortium partner's changing roles and responsibilities in the delivery of services, as well as providing specialist training to empower all Consortium staff with information and knowledge about specialist issues such as property market conditions, requirements of new client groups, new or amended policy guidance from DIAC.

   ACL has provided cross-cultural awareness and adult learning principles training for new Mission Australia volunteers in Sydney, Newcastle and Wollongong during this reporting period.

   NSW STARTTS provides training for new ACL Caseworkers in "Core concepts in working with torture and

trauma survivors" and "Vicarious trauma and self care".

3. Continue to publish the IHSS Newsletter on a quarterly basis and distribute widely across the sector and to key stakeholders.

   The Newsletter has continued to be published but only 2 editions were distributed during this reporting period. This occurred largely due to prolonged delays in the marketing department finalising and implementing new design templates and artwork for the newsletter.

4. Continue to utilise the opportunities afforded by Refugee Week to promote awareness of refugee issues in the press and in communities.

   Refugee Week 2010 was marked with an event held for newly arrived refugee clients at the Muru Mittigar Aboriginal Cultural and Educational Centre, Penrith. This all-day event gave more than 100 IHSS clients the opportunity to have a highly interactive 'hands–on' experience of Aboriginal culture, practice, and history. It also presented opportunities for conversations with the Aboriginal staff at the centre helping them to gain increased understanding of the situation facing refugees trying to resettle in Australia. The event was covered by local (Penrith) media and an article appeared in the local paper in the week following.

   ACL has also consistently supported formal NSW Refugee Week celebrations and public awareness activities through sponsorship of Refugee Week launches. The event is covered by mainstream media and attended by a broad range of people representing mainstream and refugee communities.

5. Ensure Consortium representation at key Refugee Week and other community stakeholder events throughout the year.

   ACL attended:

   - launch of Refugee Week by the Refugee Council of Australia
   - Blue Mountains Refugee Support Group event
   - Australian Karen Organisation event
   - Newcastle fund-raising dinner for Refugee Week
   - Illawarra refugee week activities – diversified this year

   ACL participated in the first Settlement Council of Australia (SCOA) conference in Canberra during 2009 and subsequently attended the AGM held in Sydney.

   The Manager, Community Relations, Manager IHSS and Promotion and Training Coordinators attend community events throughout the year, such as, for example, the Congolese Independence Day celebration, the Festival of Tibet, Karen New Year, Bhutanese celebrations.

ACL

1. Continue providing Proposer Support Information Sessions to targeted groups – 2 - 4 per annum – including a session in Newcastle.

   No Proposer Support Information sessions were delivered during this reporting period.

   Efforts were made to set up two sessions targeting the Newcastle African community and the Sri Lankan in Sydney. However, neither session was ultimately delivered for two key reasons:

   - Following discussions with the interested parties – particularly in Newcastle - it was agreed that DIAC representation was key to the success of any such info sessions. When approached, DIAC were not

however willing to send staff to participate in these sessions although they had done so very successfully in the past.

- Due to the current situation with granting of increased numbers of onshore protection visas, the numbers of people successfully securing 202 visas has significantly decreased.

It was apparent that running Proposer info sessions at this time, especially in the absence of DIAC personal ran the risk of raising expectations that simply could not be met.

2. Continue providing an overview of IHSS services to AMEP providers, in particular NSW AMES and other partners in the NSW DET Consortium.

   Following on from the provision of overview presentations to ACL and Consortium AMEP colleges contact was made with NSW AMES to set up presentations with their staff. Despite numerous approaches, conversations and emails sent to AMES at various levels within the organisation we have not been successful in setting up any presentations to AMES to date. It appears highly unlikely it will happen in the near future.

3. Continue working collaboratively with DET, CEO and local newly arrived refugee youth workers to address issues of inter-generational conflict and settlement needs of all family members.

   Collaboration of a general nature has continued with DET, CEO and related workers through interagency meetings and networks but there are no significant new initiatives to report at this time.

4. Expand working relationships with DoCS, as the Department implements a significant expansion of their Multicultural Caseworker program.

   During the reporting period all ACL IHSS Case Coordinators participated in training (via interactive DVD) to update them on recent changes to law and practice regarding the care and protection of children and mandatory reporting requirements.

   It had been agreed with Community Services that this training would be followed up with a 'face to face' meeting with an appropriate Community Services staff member.

   Due to communication difficulties and staffing changes within that department this has not been done in the time frame we had anticipated. However, fruitful discussion is now happening and it is hoped that this session will take place in the very near future.

5. Collaborate with energy providers (e.g. Integral and Energy Australia) in establishing protocols to systematically waive security deposit fees for refugee and special humanitarian entrants.

   Through negotiation between the Promotion and Training Coordinator and Integral Energy, an informal agreement was reached that has facilitated the waiving of the security deposit fee for identified IHSS refugee/SHP clients setting up a new energy account.

6. Develop an awareness raising strategy to minimize energy and water costs in the home (and become aware of conservation issues) for our clients through staff education and training and possibly incentives from energy providers.

   During this period we continued working with Energy Australia putting staff (especially Caseworkers) through training sessions with Energy Australia and Dept of Environment and Conservation (NSW) education office focussing on energy efficiency in the home.

   Following on from this training, a large number of home energy conservation packs were distributed to staff and clients directly through IHSS and also through the AMEP program.

7. Establish contacts with aged care facilities and services and develop a directory of aged care and disability services and to meet the needs of entrants with these particular needs.

When following this up it was discovered that such a directory already existed in the form of 'Ageing and Disability Service Directories' compiled by the Commonwealth Care Centre and covering Bankstown, Liverpool and Fairfield LGAs.

Copies of this directory were obtained and distributed among the Case Coordinators.

8. Consolidate community consultation strategies to ensure that community leaders are afforded the opportunity to provide advice and feedback on needs and requirements of their newly-arrived community members.

   ACL focused on five key refugee communities for consultation with ACL Government Programs Senior Management Team members; these were: Iraqi Assyrian, Iraqi Shiite, Congolese, Hazara and Tamil. Our area of interest has been getting feedback that lets us know if both the AMEP and IHSS are being delivered effectively, based on community perceptions and experience. ACL is able to clarify directly with community leaders/gatekeepers regarding the scope of what is being delivered. ACL encourages both positive and critical feedback in a transparent manner to fine tune our service delivery where required or to reinforce existing best practice service delivery. Arising from these meetings, reciprocal communication channels are established that has positive influences beyond the initial consultation such as: coordinating community support for new arrivals, particularly for on-shore protection visa holders and recruitment of appropriate culture and language casual staff.

Resolve FM:

1. Work with the other members of the Consortium in providing information to community groups and attend community group meetings as required.

   RFM representatives attend ICAP, IRIF, RSN and interagency meetings to raise community awareness of the service and gather feedback of current issues to assist in bettering the delivery of accommodation services to IHSS clients.

   At these meetings we provide reports on accommodation services.

2. Promote alternative specific innovative housing models, in conjunction with the NESB Housing Taskforce and other social housing advocates such as Shelter NSW.

   Discussions were conducted regarding varieties of models and it was proven that the current model in place complies with the current legislation for tenancy laws in NSW.

3. Manage client expectations by providing more comprehensive information to community and advisory groups regarding the current rental market conditions and, in such a market, what clients might expect to find as "suitable and affordable" housing in Sydney.

   Information is provided at ICAP, IRIF, RSN and interagency meetings to raise community awareness of any updated information on the current rental market including statistics which goes into detail of the main areas in which our clients are settling on a monthly basis at community group meetings.

STARTTS:

1. Continue to build relationships with newly arrived refugee communities and relevant community organisations in Sydney, Newcastle and Wollongong to increase awareness of the work of STARTTS services through community consultations, training of FICT facilitators and running of FICT groups (open to all STARTTS clients) and attendance at humanitarian and migrant interagency meetings, including providing reports where required. An example of this work with communities is a range of promotional and capacity-building activities planned with the Mandaean Resource Centre and Mandaean community, and with the Karen community.

STARTTS continued to build relationships with newly arrived refugee communities, and community organisations in Sydney, Newcastle and Wollongong during this reporting period through:

- Community consultations with Karen and Mandaean communities; the focus groups run in September 2010 with Assyrian, Iraqi, Karen, Mandaean and Sudanese communities also provided valuable input to ongoing development of STARTTS services, including STTTC services.

- Appropriate EIP staff regularly attended relevant interagencies in Sydney, Newcastle and Wollongong (see page 7 for more detailed list).

- EIP counsellors in Sydney, Newcastle and Wollongong also worked in collaboration with relevant agencies to develop strategies to address identified service issues. The EIP counsellor in Newcastle, for example, worked with agencies, including DOCS, to address concerns around family relationships and domestic violence; in Wollongong, EIP counsellors started working with community mental health and multicultural health services to address identified issues regarding mental health among some members of the Burmese communities; one possibility being considered is the establishment of a working party to address these concerns.

- A FICT group was run in Wollongong during this reporting period with the Karen community. Planning and negotiation for a Burundian/Congolese FICT group was undertaken in this reporting period; the group is to start in July 2010. STARTTS' community development worker in Newcastle has supported a range of communities through his work on youth camps, a mentoring program, holiday activities for young people, and working with the African Communities Council on appropriate community development activities.

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

   As noted in the report on Advocacy and Training (page 72), STARTTS has worked closely with agencies which are particularly relevant to STARTTS clients to develop training packages which respond to identified training issues and trends in client needs; these include Centrelink , DOCS, and mental health services.

3. Maintain outreach locations in areas where there are significant numbers of newly-arrived refugees, and modify as required by changing patterns of initial accommodation and settlement. These outreach locations (usually at NSW Health or relevant community agency premises) serve a dual purpose by facilitating ease of access to STTTC for newly arrived refugees and developing relationships and understanding of refugee needs and STARTTS services by the host organisation. Use of space for outreach services is negotiated with the host organisation.

   STARTTS provided services through outreach locations in Bankstown, Blacktown, Campsie, Fairfield, Hornsby, Loftus Marrickville, Merrylands, Mona Vale, Mt Druitt, Penrith and Rockdale during this reporting period.

   STARTTS has used regular monitoring of client referrals to identify changing trends in settlement areas and needs, and has responded accordingly, with an increase in outreach locations in Blacktown, Mt Druitt and Penrith.

4. Continue to work closely with schools: As well as the two Child and Adolescent Counsellors working within STTTC, STARTTS Schools Liaison Officer and the Linking New Arrivals to Community Support (LiNCS) Project Officer work closely with school counsellors and run groups within the IEC setting.

   STARTTS' Child and Adolescent counsellors continued to work with a range of schools during this period; in addition t these counsellors working with individual clients in a school setting, counsellors also ran a Jungle Tracks program for students at Liverpool West Public School (see report in 4.4.2).

   STARTTS School Liaison Officer started an internal (STARTTS) Working with Children and Adolescents Interest Group in 2010 to bring together people with a particular focus on this sector. Terms of Reference were developed and a service mapping exercise undertaken in order to identify the nature and location of existing STARTTS services in this area.

5. Participate with communities, other STARTTS staff and other service providers in planning, promoting and taking part in activities during Refugee Week and other events during the year such as the International Day in Support of Victims of Torture.

   STARTTS' key activity during Refugee Week was through partnership with RCOA in the official launch of Refugee Week; this event was held on 19th June at Pitt Street Uniting Church, and included presentation of the 2010

STARTTS Refugee Humanitarian Awards, as well as screening of the 2010 Refugee Film Festival.

STARTTS staff also participated in a number of local activities, including the Auburn Refugee Week celebration, in which STARTTS counsellors were involved in preparation.

Mission Australia:

1. Liaise with the Mission Australia National Volunteering Unit to raise community awareness of the program through significant events such as Volunteer Week.

   The National Volunteering Unit has referred a number of potential volunteers to the VCU and provided additional funds to the service to conduct significant events such as Volunteer Week celebrations. The national unit has also provided IHSS volunteers with Mission Australia Certificates of Appreciation throughout the year. In 2009, two VCU volunteers were recognised for their work through the Mission Australia Celebrate Awards and an article was written about their work in the national Volunteering newsletter.

2. Liaise with the Mission Australia Marketing Unit to promote volunteering with IHSS through the Mission Australia web-site

   Ongoing. Mission Australia is undertaking a project to rebuild its website and intranet. Currently, there is no capacity on the website to include a listing for the VCU. It is expected that the new website will have more functionality and accessibility to Mission Australia services.

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