ACL IHSS CONSORTIUM SIX-MONTHLY REPORT

Northern and Southern Metropolitan Contract Regions of NSW

1 July, 2007 – 31 December, 2007

Contract reference(s): Clause 8.2 of Agreement; RFT Part 1, Clause 5.15.3
Prepared and submitted: 1 February, 2008

Snapshot of humanitarian entrants assisted by the ACL IHSS Consortium 1 July 2007 – 31 December 2007

Refugees	Special Humanitarian Program Entrants	Transiting Refugees
135 Families	224 Families	224 Families
458 People	699 People	825 People

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

ACL

1. Links between ACL and external service providers

- Maintain links with key government service providers such as Centrelink, the Department of Health and Aging, the Office of Fair Trading, the Department of Education and Training, NSW Department of Health, NSW Refugee Health Service.

  ACL has interactions with some government service providers on a regular basis (e.g. Centrelink, NSW DET, NSW Refugee Health Service) and other service providers are contacted as needs arise with particular clients. In this reporting period, ACL has:

  - Liaised with the Catholic Education Office (Sydney Diocese)
  - Attended Office of Fair Trading seminars
  - Liaised with Department of Housing
  - Hosted a visit from Natalie Howson, General Manager, Families, Seniors, Rural and Community (including Multicultural Services), Centrelink
  - Met with Mitchell Smith and Marisa Salem from NSW Refugee Health Service to review interactions between the organisations and to seek out additional opportunities for collaboration
  - Engaged NSW Refugee Health Service to deliver training to IHSS staff on infectious diseases
  - Met with NSW DET, Western Region representative to discuss school enrolments and other related issues
  - Worked intensively with the Department of Community Services (DoCS) with a particular complex case
  - Worked extensively with government service providers in Newcastle to coordinate services for the Mauritanian caseload (in particular, Centrelink and Refugee Health)
  - Worked collaboratively with the Office of Fair Trading - Launch of Tenancy video and MoU on tenancy and consumer issues and curriculum development within the AMEP, targeting the information needs of newly arrived refugees and SHPs.
  - Worked collaboratively on the HIV AIDS Launch. This was the culmination of a joint project with Family Planning NSW to target newly arrived refugees who have been previously denied access to information regarding HIV and AIDS. This will be integrated within ACL's AMEP.
  - Initiated work on Penrith settlement services (IHSS and AMEP) development to address the increasing settlement needs further west in Sydney, driven by housing affordability in the main. This has involved the establishment of a range of cooperative relationships with local agencies to increase awareness of settlement needs of refugees and to form collaborative working relationships. The first step will involve provision of AMEP community classes, and subject to demand, consideration of establishment of a small Penrith ACL office. The location of AMEP classes is a known settlement driver, geographically speaking.
  - Participated in the NSW Shelter NESB Housing Forum – focus on refugees, training of settlement workers and advocacy on housing access.

  ACL has also used the production of some key resources such as "Operation RoadSafe" DVD and the ACL/FPA "HIV/AIDS" educational DVD but more specifically, their launch at very public events, to promote community and mainstream agency awareness of both the AMEP and the IHSS, irrespective of which program has primary responsibility.

- Maintain links with key community-based service providers such as disability groups, tenancy advocacy groups, transport groups, domestic violence support services

  Information of these services is held in a central location for easy access by all staff who may need to liaise or refer to these kinds of organisations. Approaches to these organisations are made on a case-by-case basis, dependent upon the individual circumstances of the family in need.

- Expand the range of organisations ACL works cooperatively with through attendance at relevant network and interagency meetings in all areas within ACL's IHSS contract.

  Interagency meetings are, for the most part, attended by the Manager IHSS, the Manager Community Relations or the Promotion and Training Coordinator. In Newcastle and the Illawarra, the local Case Coordinator attends network meetings. The network meetings which have been attended on a regular basis throughout this reporting period are listed below:

Sydney:

- ACL IHSS Community Advisory Panel (ICAP)
- Refugee Support Network (RSN)
- Auburn Humanitarian Network
- Auburn Migrant Interagency
- Fairfield Migrant Interagency
- Fairfield Emerging Communities Action Plan (FECAP)
- Blacktown/Mt Druitt Migrant Interagency
- Blacktown Emerging Communities Action Plan (BECAP)
- Refugee Health Improvement Network (RHIN)
- Liverpool Refugee & Humanitarian Network
- Liverpool Migrant Interagency
- Penrith Migrant Interagency
- NESB Housing Taskforce (NSW Department of Housing)
- Centrelink Regional Multicultural Advisory Councils (RMAC) – convened by LGA area
- St. George Multicultural Network
- Macarthur Migrant Interagency
- Canterbury-Bankstown Migrant Interagency
- Canterbury-Bankstown Refugee Forum (an advisory group convened by the Canterbury-Bankstown MRC)
- Northern Sydney SGP Services Forum

Newcastle

- Hunter Refugee Support Network
- Hunter Centrelink Multicultural Forum
- Refugee Health Management
- African Settlement Needs workshop (held every 6 months)
- Housing Working Party
- AMEP Consultative and Planning meetings

- ACL and Northern Settlement Services are running bi-monthly "Welcome to Newcastle" sessions for newly-arrived refugees with the aim of clarifying IHSS and SGP-funded services in the region. Included in these sessions are often representatives from a range of mainstream services in Newcastle, such as Centrelink, Police, health services, Fire Brigades and education providers.

Wollongong

- Illawarra Refugee Issues Forum (convened by ACL)
- Illawarra Migrant Services Network
- Reference Group meeting (convened by Wollongong City Council)

In this reporting period, the Promotions and Training Coordinator also attended:

- Culturally and Linguistically Diverse Communities Forum – Baulkham Hills/Holroyd/Parramatta MRC – November 2007
- Refugee Council of Australia Refugee Intake Consultations – November 2007

In addition, ACL was an active participant in the DIAC-convened IHSS/SGP Forum in December 2007. This was a unique opportunity to have a team from ACL IHSS and many of the SGP-funded organisations in one place to discuss a number of issues regarding the overlap of our work. The two main issues for discussion on the day were exiting processes and procedures (IHSS contractual obligations as well as ACL processes and procedures) and opportunities for collaboration between ACL and SGP-funded organisations while clients are still within the IHSS. The workshop format for the latter topic provided a positive, brainstorming session which focused attention on client needs and opportunities for more comprehensive service delivery to meet those needs.

- Ensure key external service providers are represented at the quarterly ACL IHSS Community Advisory Panel (ICAP) meetings.

In this reporting period, ICAP meetings were held on August 23 and November 22. New participants in this period include Susan Vogels and Bintu Kamara from Blacktown MRC and Patricia Pous from MECA. For the first ICAP meeting in 2008, individual SGP-funded organisations, who do not usually attend ICAP meetings, will be specifically invited to attend.

The Manager, IHSS, visited staff at the Baulkham Hills, Holroyd, Parramatta MRC and Blacktown MRC to discuss improvements in cooperative work and both MRCs were specifically invited to send a representative to ICAP meetings.

Attendance at ICAP meetings was also promoted informally at the DIAC SGP/IHSS Forum held in early December 2007. These meetings were identified as a regular mechanism for external service providers to raise issues or to provide feedback to the ACL IHSS Consortium. All participants at the Forum will be added to the ICAP distribution list and to the IHSS Newsletter distribution list (if they are not already on these).

2. *Enhanced case management*

- Implement regular monthly case supervision sessions for all Case Coordinators with their Team Leader.

  In this reporting period, there has been a combination of formal and informal supervision by Team Leaders. The number and frequency of formal supervision sessions has been significantly affected by the ill health and subsequent resignation of one Team Leader.

  However, there has been a significant increase in accountability of Case Coordinators since the introduction of the Case Coordinator Team Leader positions several months ago. Active case list spreadsheets have been developed to assist with the monitoring of each case for each Case Coordinator. There are agreed mechanisms for the identification of the readiness for exit for each case and for the management of exit processes and procedures. Team leaders have actively supported Case Coordinators with complex cases and intervened with additional actions where required, including case conferencing.

- Maintain regular fortnightly staff meetings to address issues arising in case management and to enhance problem-solving processes, particularly for complex cases.

  These are held fortnightly on Wednesday mornings. They sometimes include presentations from external service providers who want to explain their services to our coordination staff (see item below).

- Expand training opportunities for Case Coordinators and Caseworkers, encompassing both skills development and information sessions from external service providers.

  During this reporting period, there were presentations to staff meetings from two ECLOs (ECLO in full?) from Western Sydney and from representatives from the range of Red Cross programs. These meetings were a combination of information exchange about their programs and IHSS service delivery as well as opportunities to explore and plan for greater collaboration between workers in each of the services.
  From time to time, Case Coordinator Team Leaders attend workshops/seminars/conferences relevant to the work in IHSS. When this occurs, information is disseminated to the IHSS team, as appropriate depending upon the nature of the information. During this reporting period, Team Leaders attended:
  - Working with Young Women at Risk (Strategies for engagement and purposeful intervention) run by Family Worker Training & Development Programme
  - Safe Families Workshop and resource "Safe Families Kit", a session and resource designed to promote awareness about domestic violence amongst CALD communities run by VAW (NSW Strategy to reduce violence against women)
  - THINK SMART – Consumer Rights Seminar, Office of Fair Trading – seminar focusing particularly on credit traps and tenancy issues.

  Details of the formal training presentations delivered during this reporting period are presented in the table below:

ACL IHSS TRAINING: 01 July – 21 December 07

Date	Time & Location	Type of Training	Trainer	For:
11 July 2007	10 – 11:30 am at ACL Auburn	Managing your money	Maria Naidoo ACL	Case Coordinators and Case Workers
12 July 2007	10:30 am-1:30 pm in Newcastle	Ethics and Conflict of interest	Alysious Kamara	Case Workers
13 July 2007	2-5 pm ACL Auburn	Writing Case notes	Denita Seta, Alysious Kamara	Case Workers
16 July 2007	10:30 am – 12:30pm at ACL Auburn	Vicarious Trauma and Self Care	Gordana Hol-Radicic from STARTTS	Case Coordinators and Team Leaders
24 August 2007	10 am -1pm at ACL Auburn	Tenancy rights	Lyn Wotton NSW Office of Fair Trading	Case Coordinators
13 & 18 Sep 2007	9 am – 12:30 pm	Performance Management	Elizabeth Warnock	Case Coordinators and Team Leaders
26 Sep 2007	10 am -1pm at ACL Auburn	Infectious diseases and OH&S in the context of IHSS work	Diana Milosevic, Ruth Skelton, Ruth Buttsworth from NSW Refugee Health Service	Case Coordinators and Case Workers
10 Oct 2007	9-4pm ACL Auburn	Introduction to Working with Survivors of Torture and Trauma	Gamal Dawlatly and Jo French from STARTTS	Case Workers
16 Oct 2007	10 am – 1 pm ACL Auburn	Recognising and responding to Domestic Violence	Rukhshana Sarwar from Immigrants Women's Speak out Association	Case Workers and Case Coordinators
16 Nov 2007	1-4pm ACL Auburn	Communication Skills	Sejla Tukelija from STARTTS	Case Workers

Other training initiatives:

- Identification of compulsory, highly recommended and option training for IHSS staff and frequency of "refresher" courses for the compulsory topics (not yet completed)
- Annual(?) training needs analysis for IHSS staff (to be undertaken in January 2008).

- Maintain de-briefing sessions for Case Coordinators and Caseworkers with STARTTS to avoid vicarious trauma and/or burnout.

  These continue to be run on a regular basis for both Case Coordinators and Caseworkers. If required, 1:1 de-briefing sessions are available for staff. The Caseworker sessions will likely be split into two sessions due to the regular participation of large numbers of Caseworkers.

- Improve processes for gathering information on client satisfaction with IHSS service delivery to inform improvements in case management.

  Client satisfaction as a contract KPI, as opposed to service delivery milestones, is a vexed aspect in terms of gathering data and reporting on it. Client satisfaction is entirely subjective; some clients are satisfied with any small level of support while other clients have expectations which a service provider could never meet within the parameters of IHSS.

There needs to be a range of strategies for gathering data on client satisfaction so that the information assists with improving case management as well as fulfilling reporting requirements to the Department. With this in mind, it is also important to gather data while clients are still receiving services as well as at the time of their exit from the IHSS.

Currently, client satisfaction information while a client is still current is predominantly externally-driven; that is, indictors of satisfaction come from:

- Clients (requests for assistance to their Case Coordinator),
- Consortium partners (sometimes gaps in service provision mentioned to others but not ACL),
- External service providers (when a client approaches them for assistance which may or may not be within the parameters of IHSS),
- Community/link persons who are assisting clients (people who advocate on a client's behalf for services)
- Informal complaints (recently predominantly about the Sydney property market and the delays in moving into LTA),
- Formal complaints usually made to the Department.

All of these feedback mechanisms provide opportunities to review the appropriateness of service delivery according to client needs and the parameters of IHSS provision. There is an automatic feedback loop in each of these situations, as responses have to be considered and acted upon by all relevant parties. Even negative complaints that are forwarded to the Department provide an opportunity to scrutinise service delivery, regardless of whether the complaint is justified or not.

In addition, with the initiative from National Office to conduct a national quality assurance review, there has been more formal feedback to the ACL IHSS Consortium on any issues arising in service delivery which might impact on client satisfaction with the services they are receiving. An integral component of this national review and on-going QA management by DIAC is Client Contact Visits (CCVs). 105 visits to families who are clients of the ACL IHSS Consortium are conducted each year by NSW DIAC staff. Arrangements are made by the Department and interpreters are arranged by the Department. These arrangements ensure that clients may provide honest feedback because it is given to a third party. NSW DIAC staff have been assiduous in providing feedback from these client contact visits, whether it be positive or negative. ACL staff take this feedback on board. Any service delivery issues are followed up immediately. Any issues raised which have broader implications for case management can be considered at Case Coordinator team meetings. The outcomes of these visits would also be recorded within DIAC protocols.

The most formal mechanism for ascertaining client feedback is implemented at exit when the Principal Applicant in refugee families and/or? the Proposer of Special Humanitarian Program clients are interviewed. The exit interview is conducted by a Case Coordinator who has had no involvement with the case in order to encourage clients to provide honest feedback without fear of offending a staff member who has been assisting them in their settlement. This data is analysed using a software tool which captures a rating on satisfaction with services delivered as well as any comments made by those interviewed.

In the coming months, this data gathering and analysis will be integrated into the ACL IHSS database, which means that the tools currently used for this purpose will be reviewed and revised if required.

3. *Improved communication, case management and reporting within the Consortium*

- Roll out of the ACL database within ACL.

  Completed. All Case Coordinators are currently using the database. The Systems team is working with the database designers on the final, minor de-bugging of the database. After there has been three months of use without problems, the dual systems of database and hard copy files will be discontinued.

- Roll out of ACL database (including training initiatives and database documentation) with Consortium partners.

  The database designers are currently working on permissions in preparation for the roll out of the database for Consortium partners. This is expected to occur in the second half of the contract year.

- Maintain current quarterly and monthly meeting schedules.

  The ACL IHSS Consortium Quarterly Review meetings are held in the month following the end of each quarter. They are attended by service delivery managers and their managers. Each Consortium partner reports on activity for the quarter and at each meeting there is an opportunity to discuss all issues arising which may affect service delivery in the quarter ahead. All Consortium partners have an opportunity to contribute to the items on the agenda for each meeting. Formal written reports are tabled by each partner.

  Consortium meetings of service delivery managers are scheduled monthly. It was agreed recently that in the months where there is a formal Quarterly Review meeting, service delivery managers would not meet unless there was a particular issue arising which needs to be dealt with by all partners. This would result in having 8 meetings per year in lieu of twelve.

  The Manager, IHSS prepares a detailed calendar each year with all of the Consortium meetings and reporting requirements and deadlines. This calendar includes key network meetings such as the Refugee Support Network and the Illawarra Refugee Issues Forum at which the Consortium reports formally.

- Maintain opportunities for bi-lateral and consortium-wide problem-solving.

  Bi-lateral meetings between ACL and each Consortium partner are negotiated in terms of both frequency and duration. Currently, ACL and STARTTS meet fortnightly and meetings with Resolve FM and Mission Australia are monthly. Generally meeting schedules are negotiated at the beginning of each year. However, given the unpredictability of the IHSS program and the peaks and troughs in arrivals, there is great flexibility with these bi-lateral meeting dates and times.

  Any Consortium partner may request that ACL convene a bi-lateral meeting at service delivery or senior level.

  In addition to scheduled meetings, there is extensive email and telephone exchanges between Consortium partners as issues arise in service delivery, ensuring ample opportunities for bi-lateral and consortium-wide problem solving.

- Review and enhance referral and information-sharing mechanisms between Consortium partners.

  There is a myriad of referral and information sharing mechanisms in place between Consortium partners. Each of these was designed for a specific purpose. For example, there is an accommodation spreadsheet which circulates between ACL and Resolve FM regarding short-term accommodation properties for new arrivals. There are spreadsheets between ACL and STARTTS regarding discharged clients. There are fax protocols between ACL and STARTTS for referrals. There are referral forms between ACL and Mission Australia (MA) for referring clients to volunteer services (ACL and MA are co-located in Sydney and Newcastle). Any changes or improvements to these documents or processes are usually negotiated at bi-lateral meetings.

  The roll out of the database to Consortium partners (expected to occur in the second half of the contract year) will significantly enhance the sharing of information and, for the most part, eliminate the need for the above-mentioned spreadsheets and referral forms. Case information and service delivery information will be available through the database to all partners, in line with agreed permissions which protect client confidentiality.

In addition to the above, Consortium partners contribute on a regular basis to the initial induction and training of MA volunteers. Please see below for training sessions in this reporting period:

Date	Time & Location	Type of Training / Topic	Trainer	For:
14 July 2007	10 am in Wollongong	Introduction to Volunteer Support - IHSS	Volunteer Coordinator - MA	Mission Australia Volunteers
21 July 2007	10 am -1pm in Wollongong	Cross Cultural Awareness Training & Adult Learning Principles Accommodation Services	Jill Gillespie ACL Cathy Williams RFM	Mission Australia Volunteers
21 July 2007	1:30-4:30 pm Wollongong	Introduction to Working with Survivors of Torture and Trauma	Louise Worthington STARTTS	Mission Australia Volunteers
18 August 2007	10 am in Newcastle	Introduction to Volunteer Support - IHSS	Volunteer Coordinator - MA	Mission Australia Volunteers
25 August 2007	10 am -1pm in Newcastle	Cross Cultural Awareness Training & Adult Learning Principles Accommodation Services	Weislawa Rynkiewicz ACL Cathy Williams RFM	Mission Australia Volunteers
25 August 2007	1:30-4:30 pm in Newcastle	Introduction to Working with Survivors of Torture and Trauma	Karen Gandy STARTTS	Mission Australia Volunteers

4. Consolidated relationships with community and settlement sector organisations

- Ensure regular attendance at Interagency and other relevant network meetings.

  For a complete list of interagency and other network meetings, please see item 1 on pgs 4 and 5.

- Review and enhance exit processes and procedures to ensure that exited clients are linked with the most relevant post-IHSS service providers.

  There are a range of strategies in place to gather data about the diversity of programs in the settlement sector that might be suitable for IHSS clients when they exit.

  - ACL staff, through attendance at interagency and other network meetings, gather information on the range of services available to clients (while in IHSS or for the time of exit).
  - At each ICAP meeting, there is an opportunity for service providers to update information on programs they offer.
  - Case Coordinator Team Leaders keep published information on all SGP-funded projects.
  - Case Coordinator Team Leaders are contacting service providers to ask for up-to-date details on all services provided, regardless of the source of funding. There are kept in a central location for easy access by Coordinators and Team Leaders.
  - As an integral part of case supervision, discussions between the Case Coordinator and Team Leader about the most suitable post-IHSS service provider will be held when they agree that the family is ready to exit.

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

  All ACL ICAP meetings were held as scheduled during this reporting period. By consensus, the meeting dates were changed from the traditional quarterly dates. Participants asked that January and December meetings be eliminated due to other work and leave commitments. There are still four meetings throughout the year but they are now held in February, May, August and November. A representative of DIAC State Office attends these meetings.

  There is a standing agenda item regarding feedback to the IHSS Consortium on service delivery issues.

- Initiate an ACL IHSS Consortium Community Consultation Forum as a mechanism for community leaders to meet regularly with Consortium partners and provide information and advice on community needs related to IHSS service delivery.

  This will be addressed in the second half of the contract year. There has been initial consultation with key community leaders regarding their preference for ethno-specific consultation mechanisms or a meeting of all key community leaders representative of client groups currently in the IHSS.

5. ACL's areas for improvement identified in the 2007/2008 Annual Plan:

Timeliness of referrals to STARTTS:

Currently, this is monitored through case supervision, informal feedback from STARTTS staff and using the refugee accommodation spreadsheet. The spreadsheet is forwarded on a monthly basis to the database person in STARTTS. He checks to ensure that referrals have been received for all refugee clients at four weeks after arrival, which is the agreed period between STARTTS and ACL (unless an urgent referral is appropriate). To date, these monitoring mechanisms are ensuring that clients are referred in a timely manner.

In the coming months, the database will generate reminders to Case Coordinators to refer to STARTTS.

Also in coming months, there will be an increase in direct referrals to STARTTS of SHP clients, as per the agreed implementation plan.

Revise client satisfaction tools:

This will be tacked in the second half of the contract year. Any changes in the tools will need to be implemented at the beginning of a six-monthly period to ensure the integrity of the data and the analysis tool. With the employment of a Systems Coordinator for IHSS, a greater focus on this and other data management issues will ensure improvements and efficiencies in data management and analysis.

Any initiatives in this area of work will be integrated into the database so that all reports can be generated from a single source.

Review and revise exit procedures:

Work in this area is on-going.

With the closure of the Exit Team, which was a temporary initiative to assist with a backlog of exits to be processed, the exiting process and procedures have been in constant review in order to achieve efficiencies in terms of the administrative processes while maintaining the best possible client outcomes in terms of the timeliness and appropriacy of the exit itself.

As mentioned above, information gathering and updating is an ongoing activity to ensure that ACL has information to hand to make the best decision for referral upon exit.

Mechanisms for checking discharge from both MA volunteer services and from STARTTS prior to exit are currently being reviewed with a view to streamlining these processes.

Improved case management of 202 cases:

Initiatives to improve the case management of 202 cases were put in place following discussions with NSW STO earlier in the year. Mechanisms are in place, through a spreadsheet, for ACL to request updated Proposer details when a case Coordinator has been unable to contact a Proposer using the contact details provided by DIAC in the referral.

Each case Coordinator who works with 202 cases also has a current cases spreadsheet, designed with a filter, which tracks the frequency of contact. Each Case Coordinator endeavours to make contact on a monthly basis. The spreadsheet can be sorted to identify which families need to be contacted by what date. The level of contact is monitored by Case Coordinator Team Leaders as a part of case supervision.

Resolve FM:

Significant progress has been made in implementing the 2007–2008 Annual Work Plan for the provision of accommodation services for the Integrated Humanitarian Settlement Strategy and related Services in the Northern and Southern Metropolitan Contract Regions of NSW so as a cohesive service delivery results between all Consortium partners to the benefit of all entrants.

All entrants seem happy with their LTA secured. Below are some Burmese entrants who have settled in Wollongong over past months. A number of entrants have asked us to take photos of their family outside their LTA. We have even framed some of their photos and presented to them as a gift. One family wanted an additional photo with the property officer who helped them finding their LTA in the photo so they could send the photo overseas to their relatives.

Nulak Family

Cho Pae Family

Ma Du & Lawrence Lawrence

The following activities were undertaken to achieve the objectives set out in the Annual Plan. In summary:-

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

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

  The relationship between Resolve FM and the entrant begins prior to arrival when the client's referral information is received. The activities that follow after receipt of the referral are in accordance with the Contract Quality Plan which details the policies, methods, documentation and controls used by Resolve FM (RFM) to achieve its service delivery and quality objectives for this contract.

  RFM continues to undertake an initial risk assessment of the client and the other family members prior to the arrival date. This risk assessment has been updated and considers seven areas of assessment to determine if any special needs exist which should be considered for the client while they are being housed in STA. Examples of areas considered are "are they a Visa 204 client?" - to ensure a female property officer has been allocated. We note recently that Visa class 204 are now being allocated to single male clients so RFM is now paying particular attention to this question.

  Another area considered is "Does the client have a health undertaking?" This information is required as some clients have mobility problems and the allocation of a single level STA property would better suit their needs rather than a two level property.

  If information is not available on the referral we seek clarification from other consortium partners to try to ensure the entrant experiences minimal stress or hardship after arrival.

  Resolve FM and ACL still continue to issue a specialised spreadsheet detailing client details between both partners on regular intervals, sometimes many times in the one day to ensure up-to-date communication is available to both parties at all times.

- Allocating a short term property to the match the family size taking into consideration of the suburb where links are located.

  The referral contains valuable information on the family make up, links and relatives details.

  From the information provided we match the STA property size (i.e. number of bedrooms) to the family size.

  We also try to select an available STA property that is as close as possible to the links. We have STA properties in the most common areas where clients select their LTA namely, Auburn, Liverpool, Fairfield, Blacktown and Mt Druitt.

  Should a STA property not be available to satisfy the later requirement then the closest available property is selected.

Arrival numbers regularly fluctuate significantly. When a high number of arrivals occurs we utilise service type apartments to supplement our leased STA. A focus is made to move clients housed in this type of accommodation into LTA as quickly as possible.

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

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

Monitoring of the suitability of the food package has continued over this period. No major changes have occurred as the results of our surveys indicate that clients are happy with the contents and make-up provided. Clients have indicated their satisfaction with the cash component of the food parcel as it allows them the choice in purchasing culturally sensitive food for the remainder of the first week's food parcel provided.

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

The condition of these STA properties is constantly being monitored to ensure they are fit for purpose. A number of changes have been made to the 24 STA properties and are detailed in Section 3.

We thank DIAC for their prompt response on approving changes to STA properties as with the tight rental market we require fast approval to allow us to submit property rental applications before some else rents the property.

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

Each STA property is checked on average 3 days prior to the entrant's arrival to ensure the property is clean and operational. This check forms the basis of developing the condition report used as part of the licence agreement for the next arrival allocated. This condition report contains details on the properties fabric, furniture and chattels to ensure its condition and operation satisfies the family make up. A detailed procedure sheet is used during the inspection to check both the static and dynamic components of the property.

The furniture and chattels are inspected and checked operationally every time a client occupies and vacates a STA property. Should chattels be found to be missing, then the property is restocked. Furniture is repaired or replaced as the need arises.

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

Nominated suppliers will be engaged to assist in the service delivery of specific services not performed in-house. Examples include cleaning of our STA and furniture delivery. Internal processes that have been set up to monitor the delivery of specific services to satisfy the contract KPI's as well as internal KPI's.

- Proactively identifying any maintenance issues for all short term properties and manage the repairs carried out by agents, landlords and strata managers.

  Maintenance repairs identified when setting up the initial condition report or when checking the condition report when a client vacates are notified to the agent. The senior property officer is responsible for following up any maintenance issues through to completion should problems occur.

  This inspection for identifying any possible maintenance issues minimises any inconvenience to the client while they occupy an STA property.

  In a number of instances the agent has trouble getting the landlord or strata to complete the repairs. Resolve FM has no control on when the repairs are completed but continually follow up with the agent concerned.

  There are instances where RFM receive calls from other Consortium partners or clients on issues which require repair. The same above methodology is adopted in arranging and completing any legitimate repair requests received.

  Refer Section 3 for further details.

- Managing all rent and utilities payments for the short term properties and notify the entrant if in arrears greater than two weeks.

  A number of internal systems have been set up to closely monitor rent and utilities payments due from the clients.

  Daily reports received from Centrepay identify when a client has been set up on their system, or when a client cancels their Centrepay or when a client's payment has been altered. These reports are used as tool to monitor client's payments. The only deficiency with these reports is they do not specify when a payment will be made.

  In addition, weekly reviews of client's tariff cards are undertaken with reports issued to the relevant property officers for those clients that are in arrears. When this situation occurs the allocated property officer notifies the client and the respective case co-ordinator so action can be taken immediately to minimise the ongoing debt. In most cases the clients recognise the debt and a repayment arrangement is set up.

  It should be noted that a lot of issues still occur regarding receipt of payment from Centrepay, which RFM has no control over. RFM still experiences a number of clients whose forms are not processed by Centrepay even after a confirmation receipt has been received. Also delays with payment of the family tax benefits still occur.

  It should be noted that the contract requires rent and utility payments to be paid in arrears. All these factors impact on the amount of debt a client has when they vacate our STA property

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

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

Feedback on the entrant's longer-term accommodation requirements is sourced from both the property officers' discussions with the client, through the case worker in a number of cases and also ACL's discussions with the client. RFM has found that receiving information from both avenues assists in quickly determining the specification required to allow RFM to progress in looking for available rental properties. The majority of clients place limitations on the speedy delivery of this service when applied to the current rental market.

Resolve FM however continues to work within the constraints set by the client in sourcing a suitable longer-term accommodation as soon a possible after arrival. A number of available properties are shown to the refugee who chooses the best available property for RFM to submit an application. RFM shows no further properties until a response is received from the agent on the success or not of the application. In just about all instances properties shown are far greater than the specified three properties, sometimes RFM arranges and shows up to 45 properties before a client is accepted or accepts a property.

No pressure is applied for the refugee to accept any property. The recognition of allowing the client to have a choice is always applied by the property officers.

Over the last six months it has been noticed that clients are still placing tighter restrictions on Resolve FM for their longer term properties even with the tightening of the property market. Some of the major restrictions are:

Specific areas in only one suburb where a client is prepared to live

Limit placed on number of bedrooms which is not acceptable to either the agent or Department of Housing

Client places limit on rent they are prepared to pay, which does not reflect the current market

Relatives have a major input on the quality and newness of the property which are beyond the clients affordability means of the client

Request specific streets in a suburb

A single client who does not want to share

Trendy suburbs where a client cannot afford the rent payable

Higher class suburbs where acceptance by agents is negligible

Clients requiring a 5 bedroom house but none are available in the suburb selected

Clients do not want to move as they are waiting on DIAC's approval of other family members to come to Australia

Some family members have travelled overseas so RFM cannot commence sourcing and securing LTA until they return

All these limitations place severe restrictions on moving a client into their LTA due to the tight rental market and the high increase in rents over the past six months within the 28 days after arrival.

Once the client's criteria set is relaxed RFM proceed to move the client into their LTA as soon as possible in accordance to the contract quality plan.

- Continuing to develop the relationship with real estate agents and explain that refugees with no rental or income history are good tenants.

RFM's relationship with agents is always changing. Changes occur for various reasons but primarily, this is due to staff changes within the real estate agency and issues that are caused by a client after they move into their LTA. RFM has had some instances where MRC's have criticised agents and the Consortium has been blamed which jeopardises future clients using these agents.

RFM still, however, continue to work with real estate agents in strengthening relationships so refugees are better accepted as part of their clientele. In some instances RFM has received better than positive responses, in particular one agent in Fairfield, one in Auburn and one in Blacktown.

RFM has stopped visiting real estate agents to explain our role under the IHSS program as we were finding that by the time a client is available to rent in their area we have to go through the whole process again.

RFM is still identifying a number of real estate agents who have assisted in gaining application approvals in the ACL IHSS Newsletter and sending copies to selected agents to promote what some of their colleges have done in assisting us in approving private rental properties for clients. RFM also writes articles in the Resolve FM quarterly newsletter and provide copies to selected agent so they are fully aware of the IHSS program and the benefits to humanitarian entrants. We even do small things like sending personalised Christmas cards to agents thanking them for the valuable assistance over the past year.

This relationship building still greatly assists RFM in sourcing and securing properties in the tight Sydney, Wollongong and Newcastle market.

- Continuing to develop relationships with various Federal and State Government Departments including Centrelink, NSW Department of Housing and Tenants Advice and Advocacy Groups.

Resolve FM continues to met or have discussions with various Government bodies to streamline the approvals resulting in more efficient operations overall. Organisations involved include Centrelink, Centrepay and Department of Housing.

In early November 2006, Resolve FM submitted an application to gain access to Centrelink's main computer system for up to date income confirmation of clients. This information will assist with rental applications with agents as well as Department of Housing Rentstart applications. The application for Centrelink Confirmation eServices was approved on 20 July 2007. RFM now utilises this system whenever required which is a great benefit for clients.

Even though Resolve FM has modified its internal systems to better suit Centrepay's computer system so rent and utilities payments are deducted from client's payments correctly in accordance to the contract conditions, problems still exist. RFM believes the problem relate to Centrelink obtaining the tax file number from

the ATO. Centrepay cannot set up the deductions until Centrelink finalise their side of the data entry into the computer system. RFM is finding that when clients have their family benefits delayed, they are also having their primary benefit delayed. Hence no rent and utilities payments are received causing these clients to have large arrear debts.

This delay in family tax approvals is affecting a high percentage of clients. RFM continues to liaise closely with representatives of Centrelink and Centrepay to try to overcome this problem. However, we have little impact on altering any of their processes due to the size of these organisations.

There have been recent experiences with Department of Housing regarding receiving the full Rentstart Plus of 4 weeks bond and 2 weeks rent for clients. Due to the tight rental market a high number of agents are now requiring one week rent as a holding deposit for the property until the lease is signed. The Department of Housing are deeming this one week rent as a sign that the client has money and as such will only pay 3 weeks bond and 2 weeks rent in advance. The client is extremely upset as in most cases they have borrowed the money to hold the property and now have an extra debt burden. RFM has had discussions with Department of Housing to try to gain an exemption for refugees. They are still reviewing.

RFM is now seeking a letter form Department of Housing which we can table at their various offices where full Rentstart will not be paid so this issue can quickly resolved. At this stage the Department of Housing is reluctant to provide this document.

There are times where Resolve FM has provided behind the scenes information to clients so they are better armed when discussing maintenance issues with their agent. Clients appear happy with this assistance. RFM does not represent them directly as we may want to reuse this agent again sometime in the future.

- Continue to develop relationships with utilities companies

  RFM continues to work closely with utility companies with minimal issues arising. Clients who hold a pension or health card are still receiving the benefits we organised with our utility supplier earlier.

3. To continue to satisfy the accommodation services KPIs by:-

- Assisting other consortium members in liaising with Community Groups to transfer information so myths are dispelled

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

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

To assist the understanding of other consortium members on accommodation services RFM conducts presentations to MA volunteers on accommodation services. The next planned presentation is during the next reporting period. This presentation will be for volunteers in Newcastle and Wollongong areas. The training will include all facets of property management ranging from how to lease a property, how to resolve disputes, to how to address maintenance issues if they arise, all in laymen terms.

- Collating data from information collected to measure satisfaction of meeting the contractual KPI's

RFM continues to use its own database system. The information maintained in this system, along with surveys, is used to monitor on a daily basis the delivery of the accommodation services to ensure KPIs are satisfied. Further details are provided in Section3.

With the use this database and client case files nearly all queries received can be answered as soon as requested. It should be noted that all property officers use this database to manage their service delivery for their respective clients allocated.

QA audits are still conducted of property officer's case files to ensure all necessary documentation is completed and filed correctly. The QA audits are quite detailed and cover not only the operational components of the contract but also the financial. The improvement of staff performance is noticeable.

In addition, this audit has resulted in identifying modifications to some procedures currently being used as well as further internal specific training needs. This training has been undertaken as required. The next audit will be performed in the next reporting period.

One example of the modification to procedures is the changes to the initial risk assessment form to better tailor the specific service delivery to the client.

- Surveying as many clients as possible on satisfaction of short term accommodation to constantly improve the service

RFM continues to survey as may clients as possible that wish to participate on their satisfaction of our short term accommodation provided. We have even set up a white board in the office to compare the number of surveys received for each property officer so each can see how the others are performing to instil some competition in the office.

The results of these surveys are reviewed to determine if any issues require actioning. RFM has had to replace some properties this period due to problems in getting maintenance attended to. Refer Section 3.

One common problem that has occurred is the presence of cockroaches in some of RFM units. RFM ensures that units are pest controlled, including the use of cockroach bombs however the effect is minimal unless the whole block of units is treated as they come back a short time later.

Overall the results of the surveys reveal a high level of acceptance.

- Surveying as many clients as possible on satisfaction of tenancy training to constantly improve the service

  RFM continue to survey as many clients as possible that wish to participate on their satisfaction of tenancy training provided. We use the white board set up to show the number of tenancy training surveys undertaken to also record the number of tenancy training surveys received for each property officer so each can see how the others are performing to instil some competition in the office.

  The results of these surveys are reviewed to determine if any issues require actioning. In all cases RFM receives very high scores for tenancy training so little change to the process developed has occurred.

  RFM does find a number of clients do not want detailed tenancy training as they already have significant knowledge in this area. Also the males in some households do not want to be involved and only want us to show the female household members. RFM always complies with their requests. Refer to Section 3 for further details.

4. Staff Resources, Training and Development

The staffing has remained unchanged since the contract started except one property officer resigned to pursue a technical based occupation. A replacement was employed who has been fully inducted and has picked up the role quickly. This new staff member worked for a student accommodation company who place overseas students into accommodation while undertaking tertiary studies in Sydney.

The staff dedicated to this contract are both permanent and casual. The casual staff numbers and hours will fluctuate depending on variation in entrant arrival numbers. The dedicated staff are supported by our Head Office staff as required.

Staff training and development is assessed and undertaken to ensure optimum service delivery results. The progress on the training plan is detailed in Attachment J. Staff are continually cross-trained to remove single point criticality as well as foster better teamwork. Staff are extremely happy with this arrangement.

The training plan is not fixed and is subject to change depending on a number of factors including internal company policy changes and legislation changes.

5. Update on the progress of the three most significant emerging issues identified in the Plan.

An update on the progress of the three most significant emerging issues identified in delivering accommodation services under the IHSS program, namely *availability of affordable accommodation, providing choice to the client* and *controlling the amount of rent and utilities arrears* is listed in the table below. This progress is ongoing.

Areas for Improvement/ Emerging Issues	**Strategies**	**Responsibility**	**Standard**	**Progress for this Period**
1. Maintain availability of long term accommodation in view of impeding shortfalls in rental accommodation	a) Continue to work with agents in the standard areas selected by clients b) Continuously search the market for possible affordable properties for single clients c) Look at alternative accommodation options for clients with disabilities d) Continue discussions with Dept of Housing with the view to encourage them to relax their guidelines on number of bedrooms for family size. e) Continue to enforce "what is a good tenant" to entrants so future newly arrived entrants are not jeopardised.	Property Officer	Maintain possible availability of long term accommodation for newly arrived entrants	a) Agents are treated as a major client to ensure agents continue to work with RFM. Sometimes this means accepting longer delays in having maintenance items attend to. At times RFM delivers flowers, chocolates and spirits as a thank you for service they provide. b) Continual searches of the property market are undertaken to ensure all affordable properties for single clients are noted and actioned if suitable. During the next period a focus will be made on the suitability of other housing options apart from real estate. c) This strategy is one of the most difficult to progress as rental accommodation is not constructed for people with disabilities in mind. d) Being on the Dept of Housing Multicultural Forum panel allows input to voice concerns on some of the Department's policies. This is a great opportunity to meet with some of the Department heads to provide them with first hand experience. e) Ongoing quiet reminders are given to clients on presentation and how to act when visiting possible rental properties with agents. Also tenancy training and raising issues with the client when noticed is seen as all part of the training in being a good tenant.
2. Maintain clients choice of residential suburbs available to reside	a) Work with clients to try allow choice but expand suburb options if at all possible	Property Officer	Ensure newly arrived entrants are given choice on where to live	a) RFM has started to provide clients with a list of available affordable properties when visiting them which contains properties in the areas selected as well as surrounding areas. The surrounding areas are normally expanded to areas where clients do not normally settle to try to entice them to expand their selection.

	b) Allay their fears of public transport to extend opportunities of suburbs.			b) If time permits RFM shows the client the public transport available around the possible LTA being shown to try to increase the acceptance of the property. In most instances the client is not interested in using public transport due to limited funds they have.
3. Minimise level of debt for newly arrived entrants	a) Closely monitor rent payments and advise clients ASAP when deductions stopped or wrong amount deducted. b) Work with Centrelink to try to obtain income statements early to satisfy real estate agents and Dept of Housing requirements. c) Work out repayment plans to suit client's ability to repay the debt to minimise the stress on clients.	Property Officer	Ensure newly arrived entrants dignity and self respect are not damaged	a) Weekly reports are sent to each property officer with amounts of rent and utilities arrears for those clients with a debt. The property officer advises and follows up with the client as quickly as possible so no surprises exist. Sometimes an additional payment plan is set up if the debt is high. b) RFM now has access to Centrelink's Confirmation eService which provides access to client's statements so we can assist the client with the most up-to-date information available. c) A repayment plan is always set up to best suit the client's ability to repay the debt. In most cases the repayment plan is not less than $10 per fortnight as this is the minimum amount available that Centrepay will collect. It must be remembered that all debt must be paid by contract end, namely 30/6/10. There is only 65 instalment payments available to this date.

STARTTS:

Access to STARTTS

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

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

  STARTTS and ACL staff have continued to work closely to ensure timely referrals of newly arrived refugees and SHPs for assessment. Counsellors, case-workers and case-coordinators continue to work closely to ensure a seamless referral of clients, and to work on the continual improvement of understanding between the services of the roles of the different workers. ACL's Team Leaders and case coordinators attend STARTTS EIP team meetings on a regular basis, and daily contact is often made to discuss the needs of individual clients.

  In the period of this report the target of referring clients either 4 weeks after arrival or when settled in permanent accommodation has not always been met. DIAC has been informed of this trend in Quarterly reports and Quarterly Contract Meetings. However in previous meetings it has been confirmed that the standard agreed to within the Consortium is that all refugee entrants are referred at 6 weeks from date of arrival. The 6 week date has proved to be more achievable, although some clients may still be referred after this date. A primary reason for later referral is the lack of appropriate long tem accommodation in the current rental market. Discussions with DIAC over the last year have confirmed that it is most beneficial to refer the client after long term accommodation has been secured, unless the client presents with a high level of trauma, the client requests an earlier referral, or in the case of a crisis.

  STARTTS also continues to maintain relationships with a wide range of agencies external to the Consortium, services which have been and are potential external referral sources for clients. Although external referrals make up a small percentage of all referrals to the STARTTS' EIP, they are valuable, in particular for referrals of SHP and adolescent clients who may not be identified as requiring STTTC services at the time of their arrival.

- Monitoring internal procedures to ensure timely action

  STARTTS continues to monitor and review their internal procedures for working with new referrals as part of our on-going quality assurance approach. In November 2007 STARTTS and ACL began discussions around strategies to improve the current referral process through implementing a referral system which runs through email rather than by fax. Both agencies agree that en email system should improve the quality of the information exchanged and increase our capacity to ensure confidentiality of information. At the time of preparing this report STARTTS is working on finalising technical details regarding provision of a specified email address and secure storage of and access to emailed information.

In addition, the EIP Coordinator and EIP Team Leaders review statistics indicating allocation patterns of newly referred clients for assessment on a monthly basis.

As is mentioned below, STARTTS and ACL are working together to plan for an increase in referrals of SHP clients to STTTC. This initiative was based on a recommendation from DIAC's Evaluation Report for ACL and STARTTS of the Review of Short Term Torture and Trauma Counselling conducted in 2006. At the time of tabling this report, STARTTS is nearing completion of recruitment for additional counsellors to enhance our capacity to deliver timely assessments to newly referred clients. Further recruitment will occur in 2008, once both Liverpool and Auburn offices are extended to accommodate new staff (locations at these offices are currently at capacity).

- Providing training for newly recruited ACL staff and volunteers

  STARTTS staff continued to provide training for newly recruited ACL staff and volunteers, and for volunteers engaged by other Consortium members. Information on training sessions run during the period is provided in Attachment T. During the period of this report the position of Training Officer has been vacant. Consequently less training has been run than in previous periods. However, STARTTS is planning to recruit to this position in the New Year and hopes to increase the amount of training offered to Consortium staff and volunteers in future periods.

- Continuing to promote STARTTS services through consultation with refugee communities, refugee community leaders and other stakeholders.

  STARTTS EIP staff continued to meet with refugee communities, community leaders and other stakeholders as part of an ongoing strategy of consultation and community development. The table in Attachment U provides a list of meetings attended by EIP staff during the period. STARTTS staff working on other programs, including General Services, Community Development, and PSP programs, attend an additional range of meetings and consultations. A list of these meetings is provided in the same Attachment U. As this table indicates, meetings were attended with ethno-specific agencies, others with a range of networking or issues based groups. The meetings attended covered all settlement platforms, including health, housing, education, employment, and immigration, and include specialist service provision such as child protection and justice. Each of these forums presented an opportunity to gather and disseminate information, and develop links to support future work. Information about STARTTS services was also provided at these meetings, which are often a source of requests for staff training.

In November 2007 STARTTS supported refugee communities to run a three day conference entitled “Sharing our Stories, Sharing our Strengths”. This conference began as the initiative of several refugee communities who wanted to share the knowledge they had developed through their own settlement experiences. The photographs surrounding this text illustrate the dynamics of this successful event. STARTTS EIP staff participated in various roles, including supporting speakers from refugee communities to prepare their presentations, facilitating workshops, and documenting proceedings. STARTTS Community Development staff were involved in a broader range of activities, including helping the refugee communities with media, facilities, funding, resource kits, and running the conference committee. STARTTS views involvement in initiatives like this conference as an important opportunity to engage with refugee communities on their terms. Informal consultation around issues of settlement took place over the months of preparation, and the conference itself was a welcomed reflection of strengths of several communities that we have worked to support over many years.

STARTTS' Community Development team continue to run a range of programs for refugees, including newly arrived refugees, and many of these programs are run in collaboration with other service providers. All programs are run on a consultative basis. Examples of programs that occurred during the period include camps for adolescents, a Living in Harmony project run in the Newcastle region, Drumbeat programs, the Volunteer Bus Driver project, participation in the UNSW HARDA Horn of Africa Community Profile Project, the Enterprise Facilitation Project, a Soccer Development Program, a CD resource titled "Bridging the Gap" designed to support refugees to establish and run their own community organisations, and a Young Women's Photo Project. Group programs were run with groups from over 14 different refugee communities. The team also facilitated ongoing consultations and provision of support to community groups from the Southern Sudanese, Mandaean, Karen, Tamil, Bosnian, Sierra Leone, Hazara and Burundian Communities amongst others. Reports of several community consultations were produced or are in the final stages of production, including a report for the Sierra Leone community co-produced by one of the EIP staff, Adama Kamara.

In October 2007 STARTTS launched their revamped website, which offers information about each of the STARTTS' programs, back ground information on the refugee experience and links to other related organisations. This tool, along with our brochures and the FASST Forum's bi-monthly journal "Transitions" provide another layer to STARTTS' strategy for promoting their service and providing information for refugees and other stakeholders.

STARTTS policy officer also contributes on behalf of the Service to a range of consultations and policy forums that impact on the settlement of refugees. Interacting at the policy development and implementation level enhances our capacity to support refugees at the systems level of society. An example from this reporting period includes participation in the RCOA Consultation for DIAC submissions on the next Refugee and Humanitarian Program Intake.

- To continue to develop culturally consonant ways to present STARTTS services to newly arrived refugees, so as to obtain a better fit with the clients' world view and increase their understanding of and access to STARTTS services.

STARTTS has continued to focus on providing a service which meets the needs of the individual client, including their world view, language, and other cultural elements, at the same time taking into consideration the complexity of the settlement process. STARTTS' work with refugees is informed by close contact with refugee communities, including ongoing community consultations, and through participation in developments in the national Forum of Australian Services for Survivors of Torture and Trauma (FASSTT).

In October 2007 the EIP employed a Burmese Trainee Counsellor to support our work with the Burmese community. Trainee counsellors are appointed where research has shown that there are no suitably qualified counsellors for a specific community. Trainees are appointed for a two year period and spend 40% of their time on development projects with their community, 20% of their time in professional development and 40% of their time as counsellors, first of all working as a co-therapist until their skills are established.

The STARTTS brochure "**A New Beginning**" is currently in the final stages of translation into Karen, Farsi//Dari and Arabic languages. Audio translations into Dinka and Juba Arabic are planned for the new year. The brochure provides an explanation of counselling and STARTTS services and is specifically written for proposers and SHP entrants. The brochure will be distributed to communities through community development programs and partnering agencies. The brochure is also provided in all proposer packs by ACL CCIR and is distributed at information sessions for clients and at community consultations.

STARTTS also offers a range of forms of counselling to accommodate clients' needs and therefore their capacity to engage. Examples from this reporting period include family group and individual counselling sessions, a Refugee Youth Art and Craft project, the "Settling In" program – a program for school children designed to enhance settlement through increasing connections and exploring an understanding of the emotions related to settlement, a soccer program for Sudanese students at Chester Hill IEC, and a psycho-education group focusing on grief and loss for Iraqi Assyrian women.

- To maintain referral pathways for services external to the Consortium

  As mentioned above, STARTTS staff attended a wide range of network and issues based group that provide opportunity to establish relationship with services external to the Consortium. STARTTS also runs programs in collaboration with, provides training to, and offers outreach services to a wide range of services.

  Due to the complex nature of much of the casework that STARTTS counsellors conduct for many EIP clients, referrals to specialist agencies external to the Consortium occur on a regular basis and relationships with those agencies are maintained through ongoing contact. Protocols for referring to some agencies, such as Community Health Centres, Mental Health Teams, Barnardo's and Family First, are established, including use of specific referral/handover forms, and working around the specific needs of the client. In November 2007 STARTTS identified the need to improve their protocol for referral to and working with schools, and a plan is in place to develop this protocol with support provided by the STARTTS Schools Liaison Officer.

Special Humanitarian Program (SHP)

- To act upon any relevant recommendations that may arise from the IDC on humanitarian settlement.

  There were no recommendations arising from the IDC on humanitarian settlement to be implemented by STARTTS within the period.

- To provide information sessions on STARTTS services for Proposers and SHP entrants. These sessions would be conducted in close cooperation with IHSS partners and other settlement service providers as appropriate (e.g. AMEP colleges, MRC's).

  STARTTS staff continued to provide information on the EIP program to a range of proposers, potential proposers, refugee and SHP entrants through information sessions held at community colleges such as Macquarie College in Blacktown. In the six month period covered by this contract information sessions were run for Arabic, Tamil Urdu, African, and Farsi/Dari communities. SHP entrants made up 35.92% of principle applicants and 36.33% of all individual clients referred in the reporting period July – Dec 07.

- To 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 will be translated into community languages.

  The STARTTS brochure "A New Beginning" is currently in the final stages of translation into Karen, Farsi//Dari and Arabic languages. Audio translations into Dinka and Juba Arabic are planned for the new year. The brochure provides an explanation of counselling and STARTTS services and is specifically written for proposers and SHP entrants. The brochure will be distributed to communities through community development programs and partnering agencies. The brochure is also provided in all proposer packs by ACL CCIR and is distributed at information sessions for clients and at community consultations.

Quality Assurance

- STARTTS commenced the implementation of FASSTT National Standards for Torture and Trauma services in the 2006-7 financial year. STARTTS STTTC has commenced gathering evidence to measure the performance of its services against each standard to assess overall quality. Through this process of self-assessment, in 2007-08 areas will be identified where quality improvement measures can be implemented. This strategy has been agreed on by all FASSTT service agencies to continue to enhance the standard of service delivery of torture and trauma services across Australia.

  The process of self assessment against National Torture and Trauma standards was completed in early 2007. Subsequently an action plan has been to address areas of partial compliance with the National Standards over an 18 month period beginning July 2007. A further process of peer review is planned for late 2008 and early 2009.

  In addition, STARTTS' EIP Data Management and Evaluation Officer conducts regular audits on the client case files maintained by counsellors.

  Counsellors also attend regular clinical supervision meetings as well as performance supervision meetings with their Team Leaders. These meetings, in addition to our ongoing professional development program, are a key means of maintaining and improving the quality of our work.

Counselling

- To explore alternative, innovative approaches in working with torture and trauma survivors. This is done through a variety of means:

  i. STARTTS professional development events (clinical Master classes, clinical presentations, and professional development days),

  Professional development is a core priority for all STARTTS staff. From July to December 2007 staff participated in STARTTS' internal professional development program, which includes one day per month of training attended by counsellors across all programs. The highlight for this period was three days of intensive training in Cognitive Behavioural Therapy, a counselling approach favoured by many practitioners working with clients experiencing anxiety and related conditions. In addition, four EIP staff attended eight full days of "Mindfulness" training. Mindfulness techniques help clients build resilience for dealing with unregulated stress, chronic pain, ongoing illness, states of anxiety, depression, distress, anger/irritation, and fatigue.

  In addition, all counsellors are required to present at case conferences at least once per year, and STARTTS clinical Master classes (open to practitioners from a range of agencies) were offered on the following subjects;

  - The Biology of Trauma: Richard Bryant. Scientia Professor and ARC Professorial Fellow, School of Psychology UNSW. Director PTSD Unit Westmead Hospital
  - Post Traumatic Growth: Is there evidence for Changing our Practice? Dr. Colleen Jackson

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

EIP staff are culturally and linguistically diverse, with half of our current staff being bilingual, and many having been born or having lived overseas for long periods of time. Currently, the EIP team includes staff speaking the following languages: English, Arabic, Sudanese Arabic, Assyrian, Korean, Bosnian, Serbian, Croatian, Dari/Farsi, Persian, Somali, Spanish, Karen and Burmese.

In October 2007 our first Burmese Trainee Counsellor started with the EIP Program. Trainee Counsellors are appointed when it has been established that there are no adequately qualified counsellors within newly emerging communities. Trainee Counsellors spend 40% of their two year appointment as a counsellor, first as a co-therapist until their skills are established, 40% of their time in community development and 20% in professional development, including intensive education around counselling philosophy, skills and approaches.

In addition, the EIP team continue to work with contract interpreters, and have a permanent booking for an Arabic speaking interpreter two and a half days each week. STARTTS maintains contract relationships with Health Care Interpreter Services and engage TIS services where required.

Profiles of new counsellors engaged during the period – John O'Connor (Southern Region Team) and Rhea Harding and Wah Wah Naw (Northern Region Team) are attached in Attachment W (Northern Metropolitan team) and Attachment X (Southern Metropolitan team).

iii. The development and of STARTTS STTTC clinical resource folder focusing on short term intervention strategies for working with torture and trauma survivors.

In the previous reporting period STARTTS confirmed that a Clinical Resource folder was completed as a major piece of work conducted by a final year social work student placed with the Program. This resource is now utilised by STARTTS EIP staff, providing information on different therapeutic techniques that may be engaged for short term torture and trauma counselling. This resource will be used in particular by new staff during their orientation to working with this specialised client group.

In addition, STARTTS Youth and Adolescent Counsellor produced a subsequent version of this resource based on working with young people.

Community Consultation

- Within the context of STARTTS ongoing community consultation processes, STTTC counsellors will participate in all consultations relevant to newly arriving refugee communities. Through this process the STTTC service will:
    - develop a relationship between STARTTS STTTC service and relevant community leaders
    - identify needs of newly arrived refugees
    - promote STTTC services and
    - gather information that will enhance STTTC service provision

As mentioned in detail above, STARTTS STTTC counsellors participate in a wide range of consultation avenues which enhance the development of relationships with newly arriving refugee communities, provide opportunities to learn about those communities and to inform members of those communities about STARTTS services. The work of STTTC counsellors is supported by a broader number of consultation activities undertaken by other members of the STARTTS team.

Areas for improvement as identified in the Annual Plan – STARTTS

Reduce the length of time between the referral being received by STARTTS and the first appointment being offered:

a) *Monitor intake and allocation to ensure that all newly-referred clients are seen by counsellors in a timely manner. Regularly review referral processes with a view to potential improvements.*

As in previous periods the length of time between referral and first appointment varies according to client readiness for appointments, availability of interpreters, and STARTTS staffing levels and capacity. The complexity of the current caseload carried by counsellors also impacts on their capacity to take up new clients. In addition, the number of clients referred at any one time may impact on the statistics measuring this length of time, for example if a large number of clients are referred in one week, several of those clients may have to wait a longer period of time before allocation.

Staffing levels and capacity have, in this reporting period, been affected by the resignation of two counsellors, whilst a third counsellor acted as a Team Leader, reducing the number of counsellor hours available. However, two new counsellors also joined the team, and although they are now carrying full loads, these counsellors, like other new counsellors, went through a transition period of training in the use STARTTS assessment tools and protocols which meant that for their first few months their capacity was reduced.

During this period STARTTS staff have again been reminded that the complexity of the client's issues, and their individual capacity to engage in counselling for varying lengths of time impacts on staff load. Clients with complex cases often require more case work and a greater number of counselling sessions. In some cases counsellors are also required to attend case conferences, factors which reduce the amount of time they have to see additional clients.

With regards to contact procedures, all referred Refugee and SHP clients and referral organisations are sent a letter within 48 hours of receipt of the referral informing them that the referral has been received by STARTTS. The client is sent information about STARTTS and is invited to contact the Service in order to discuss how STARTTS can support them. Once a referred client is allocated to a counsellor, the counsellor aims to contact them by phone or mail within seven days.

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

i. Length of time from the date the referral is received to the date the client is allocated to a counsellor
ii. Length of time from the date of allocation to the date of the counsellor's first attempt at contact
iii. Length of time from the date of the first attempted contact to the date of the first assessment session

The table below provides both the mean and median in days for each of the above criteria for the 245 families for whom assessments were completed during the period July – December 2007. Figures in the first column indicate that the time between referral and allocation of clients is still longer than desired. Staffing capacity, which was reduced during the period because of the resignation of several staff members and the start-up period of new recruits, was a primary factor in the length of time between referral and allocation. However, it should be noted again, that the increase in the complexity of cases referred increases casework and reduces the number of clients discharged with lower occasions of service, reducing the capacity of counsellors to take on new clients.

Figures in the second column indicate that STARTTS counsellors are meeting the KPI of contacting clients within seven days after allocation. The average figure for this time period has improved from 4.66 in the previous reporting period.

Figures in the third column, length of time between first attempt at contact and first assessment session, indicate an increase on the KPI of meeting with clients for assessments within seven days of first contact. This figure is, however, an improvement on the previous reporting period where the average length of time between first attempt at contact and first session was 18.91 days. As mentioned above, this time period represents client availability, access to interpreters and a range of other factors.

245 assessments completed for principle applicants whose assessments were completed July – December 2007	Length of time between Referral date and allocation date (in days)	Length of time between allocation and first attempt at contact (in days)	Length of time between first attempt at contact and first assessment session.
Mean	47.17	3.46	15.52
Median	43.00	1.00	9.00

STARTTS EIP staff review their case load on a bi-weekly basis. In addition, mind-maps and work-grids which guide expected work programs on an annual and monthly basis are used as tools to assist counsellors set goals and structure their workload so that they retain focus on KPI's.

b) *Enhance database and reporting procedures in order to provide time lag monthly information on KPI's.*

STARTTS reviews their database operational and reporting procedures on an ongoing basis, implementing changes where required. In this period, additional fields of information were added to both the Occasions of Service and Discharge Summary forms to allow more accurate collection of data.

c) *Ensure staff are available to move across teams to meet demand for services across regions*.

Procedures are in place to ensure that STARTTS EIP staff are equipped to work across regions, in several outreach locations as well as in STARTTS offices. At the time of reporting, the majority of staff meet clients in a range of locations, and clients can be allocated to staff from either region.

d) *Increase staff numbers as required*.

STARTTS are currently recruiting for new positions. As mentioned above, in this reporting period several counsellors resigned – one to move interstate, and one to take a non-counselling role in a new organisation. Our Youth and Adolescent Counsellor for the Southern Region also resigned to work overseas. Another counsellor is acting in the role of Team Leader and her position of counsellor will be recruited to. In addition, STARTTS have undertaken to recruit an additional 2-4 counsellors to cater for an increase of SHP referrals. At the stage of writing this report we are in the final stages of finalising paperwork which will allow us to offer positions to three new counsellors. Additional counsellors will be recruited once office extensions are completed.

Mission Australia:

Client services

- *Conduct a Client Record audit to assess compliance with legal and regulatory requirements for record keeping*

  To be completed in 2008.

- *Conduct a Volunteer Feedback Survey to ensure feedback from volunteers is sought and analysed and the results are used to improve service delivery.*

  To be completed in 2008. Previous survey completed in May 2007.

- *Conduct a volunteer phone audit to ensure currency and accuracy of the local database.*

  To be completed in 2008. Previous phone audit completed in June 2007.

- *Review the Complaints Handling process to ensure that complaints are being dealt with fairly confidentially and in a timely manner.*

  Complete. Complaints handling process reviewed with all staff. VCU Complaints Folder checked. 100% of complaints were actioned in a timely manner.

- *Volunteer Coordinators will continue to maintain regular and ongoing contact with volunteers to ensure that volunteers are engaged in activities that are documented in the client's case plan and are appropriate*

  The 3 Volunteer Coordinators in Sydney and the Assistant Coordinator in Newcastle maintain regular contact with active volunteers via phone, email, workshops, the VCU newsletter and volunteer events. Opportunity to maintain contact with volunteers also arises as active volunteers regularly visit the unit in Auburn to discuss their clients, claim reimbursement for out of pocket expenses or submit an Exit form for their client.

- *Review volunteer files for Prohibited Employment Declaration and Police Check forms. To ensure compliance with legislation which prohibits people convicted of particular offences from working in child-related volunteering positions*

  Complete. December 2007. All files for active volunteers checked.

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

  The Mission Australia Volunteer Induction now includes presentations by all Consortium partners. This allows for more efficient and first hand dissemination of information about how the ACL Consortium operates.

VCU Inductions

Dates	Region	Volunteers attended
14/7/07, 21/7/07	Wollongong	11
18/8/07, 25/8/07	Newcastle	15

- *Develop an IHSS, Volunteer Coordination Unit, Fact Sheet. The Fact Sheet will be placed on the Mission Australia intranet and used by the Mission Australia National Volunteering Unit to promote the service to interested volunteers.*

  Complete. The Fact Sheet is available on the Mission Australia intranet. (A copy is included as Attachment Y).

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

Dates	Region	Topic	Volunteers attended
8/12/2007	Sydney	Vicarious trauma & self care	12

- *Organise end of year celebrations in Sydney, Newcastle and Wollongong to foster support through socialising with fellow tutors and to provide an opportunity for Mission Australia to formally thank volunteers.*

  Wollongong
  An end of year lunch to thank IHSS volunteers was held on Saturday 17th November in Wollongong. All active volunteers in Wollongong and 3 staff from the VCU attended the function. Volunteers were given gifts of chocolates and Certificates of Appreciation for their work with IHSS clients during the year.

  6 IHSS volunteers in Wollongong held an end of year picnic for Burmese clients in December. The picnic was a great success with several client families and their volunteers attending the picnic. The VCU funded the bus for the picnic and expect to reimburse the volunteers for the food and drinks purchased. (See Attachment Z)

  Newcastle
  An end of year dinner to thank IHSS volunteers was held on Friday 23rd November in Newcastle. 12 volunteers in Newcastle and the management team of the VCU attended the function. Volunteers were given gifts of chocolates and Certificates of Appreciation for their work with IHSS clients during the year.

  Sydney
  An end of year lunch to thank IHSS volunteers was held on Saturday 1st December at the Pacific International Hotel in Parramatta. The event was shared with volunteers and staff of the Mission Australia, Home Tutor Scheme. Over 130 volunteers attended the lunch from both services. Guest speakers included the Federal

Member for Parramatta, Ms Julie Owens, the Mission Australia National Chaplain and volunteers from both services. A large buffet lunch and entertainment was provided. Volunteers were given gifts of chocolates and certificates of appreciation for their work with IHSS clients during the year. The event also provided IHSS volunteers an opportunity to meet other volunteers from the wider Australian community.

Gifts for clients- December 2007.

Through Mission Australia's Corporate Partners, 151 donated gifts were received for distribution to IHSS, VCU clients. The gifts included stationery, movie / book vouchers and vouchers for David Jones and Coles Myer stores. VCU staff asked volunteers in Sydney to distribute the gifts to their clients and client families. Clients in Newcastle and Wollongong were posted gifts directly from the VCU. Several families received a gift for each person in the family.

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

- *Provide recognition and acknowledgement to volunteers through significant events such as Refugee Week, Harmony Day and Volunteer Week.*

  To be completed in 2008 as all 3 events are held in the first 6 months of the calendar year.

2. Business Processes

- *Ensure that all employees take part in a formal Performance & Development Plan & Review System*

  Employees have completed their reviews.

- *Conduct a Business Review Self Assessment to ensure compliance with all Mission Australia business processes and to take a risk management approach to service delivery.*

  To be completed in 2008

- *Systematically update and improve service Policies and Procedures.*

  VCU staff attended a workshop facilitated and conducted by the VCU Service Manager and the Mission Australia National Volunteering Unit Manager on 9/11/07 with the aim of reviewing service policies, procedures, forms and manuals for the VCU. The workshop provided a venue for staff to review local service processes and ensure that VCU processes are in line with organisational values and policies.

- *Publish VCU newsletter "Volunteer Voice" quarterly to provide support and information to volunteers and to enhance the profile of the VCU.*

  July – September and October – December editions of the Volunteer Voice were published and distributed in 2007.

- *Contribute to the ACL IHSS newsletter to update and inform key stakeholders of VCU activity. This can also be used as a resource to recruit volunteers.*

  VCU staff and/or VCU volunteers have contributed to every ACL IHSS newsletter.

3. Occupational health and safety

- *Review the Mission Australia OH&S Risk Management Action Plan as it relates to staff and volunteers*

  The OH&S Risk Management Action Plan was reviewed in 2007. There were no OH&S incidents reported by volunteers from July 1 to December 31, 2007. The VCU OH&S representative completed a refresher course in OH&S consultation.

- *Ensure OH&S information is distributed to volunteers*

  IHSS volunteers receive comprehensive OH&S information during the initial Mission Australia, VCU Volunteer Induction. This information is reinforced in an Information Booklet distributed to all volunteers who have completed the course. In addition, the VCU newsletter, *Volunteer Voice*, contains an OH&S competition, with prizes to redeem each quarter. Initially one prize was available; however, in 2007 this was extended to include one prize in each region of Wollongong, Newcastle and Sydney.

Consortium responses to National DIAC Initiatives

1. Implementation of recommendations from National Quality Assurance Review:

Contract Element	Recommendations	Priority*	ACL IHSS Consortium achievements
Overall Recommendation	Improve reporting to include sufficient detail of the methodology used to assess client satisfaction across KPIs	High	This has already been implemented. DIAC feedback on most recent report states "DIAC commends ACL on the use of their client satisfaction surveys as a method of measuring the performance standards of each KPI." Blank survey forms were provided with the most recent report as well as a description of the methodology – how and when they are administered.
CCIR	Enhance the Case Coordination Plan by including prompts for other settlement services that may be required	Low	The case coordination plan (hard copy) which is currently in use was deliberately designed to be an "at-a-glance" summary of the key settlement services provided for the family members of each case. There is a comprehensive set of documentary evidence of the full range of services provided in the hard copy file. Experience in the program so far, suggests that the CC plan would become a large document (and would duplicate other case file material) if it were to be expanded to include all of the services delivered. In the coming months, the hard copy files will be superseded by the database. CC plans will be a screen dump of the subject lines of case notes and be more comprehensive.
	Monitor the process for conducting ongoing contact with proposers (as outlined in policy) to ensure it occurs	Medium	The spreadsheets were developed immediately after the conversation with the NSW Contract Managers on this matter. A filter was put on the spreadsheet so that Case Coordinators could easily identify which families need to be contacted at monthly intervals. This is monitored by the Case Coordinator Team Leaders.

CCIR (Cont'd)	Amend proposer documentation to include a process for seeking proposer feedback on the level of satisfaction with SP contact	Medium	There is a Proposer satisfaction survey tool which is used when the entrant family exits the program. The findings from these surveys are now included in reports to DIAC (first included in Annual report 06/07).
	Reflect when referral to relevant communities occurs and begin this earlier than upon exiting	Low	This does not happen only at exit and is documented in the case file.
OARA	Improve the "Providing On-Arrival Reception and Assistance to Refugees in the IHSS" policy by including in the pre-arrival preparation, confirmation of any pre arranged transport; and confirmation that if infants or small children are arriving that transport has appropriate child seats.	High This is done in practice – just not reflected in policy document.	This will be done as part of a review and update of IHSS policies and procedures next month (January 08).
	Strengthen Health Alerts section of the ACL policy to incorporate the Department's protocols, particularly for handling Red Alert health notices.	High This is done in practice – just not reflected in policy document.	This will be done as part of a review and update of IHSS policies and procedures next month (January 08).
Accommodation Services	Check initial accommodation prior to entrant arrival to ensure all fittings and equipment are in working order, such as smoke alarms, TV etc	Medium Please see written procedure provided by RFM. Request that this recommendation be deleted from the final report as this procedure was in place at the time of the QA review.	RFM have a detailed procedure on checking the initial property, including all equipment, prior to the client's arrival. This checklist is used to compile the specific STA condition report forming part of the Licence agreement. With regard to TV reception, a number of properties do not have MATV systems and hence TV reception is reliant on "rabbit ears" aerials. This type of reception is affected by a number of factors such as building fabric, signal interference etc. We cannot improve reception unless the body corporate installs a MATV system. RFM check smoke detector(s) as part of the procedure of checking the STA property prior to a client occupying. Where problems with smoke detectors are noted we remind the agent to attend. This responsibility is a landlord issue and beyond our control.

	Consider upsizing the table and TV in the HGA package provided to larger families	Medium	The dining table supplied for the entrant matches the family size. Clients are given the choice to upgrade if required. Similarly, upgrades are available for a larger TV.
	Establish (as planned) case conferences or similar strategies with entrants who have unrealistic expectations about LTA and consequently refuse several properties	Low	Case conferences are convened, as required. These are generally attended by RFM Property Officer, ACL Case Coordinator and Caseworker. A Team leader may attend, if there are significant issues.
STT&TC	No recommendations		
Volunteer Coordination	Improve client surveys on volunteer support so reporting on satisfaction levels can be more comprehensive and accurate	Medium	The ACL IHSS client satisfaction survey administered on exit includes a question regarding the provision of volunteer assistance. The reporting template does not identify this area of client satisfaction as an area to be reported on. This has been raised by NSW DIAC Contract Managers. We understand that the reporting template may be amended. Mission Australia has received this advice from NSW DIAC and will endeavour to develop and administer a client survey. As this draft report was received in December 07, the six-monthly report due in January 2008 will not include new survey data for the reporting period 1 July – 31 December 2007.
Advocacy & Community Awareness Raising	Improve reporting to include more detail on the target audience and topics for ACAR information/training sessions conducted	Medium	A large proportion of advocacy and community awareness work is, by its very nature, conducted on an informal basis by working with community leaders and mainstream service providers. However, where formal information/training sessions are held, further detail can be provided in the report.

2. ACL/STARTTS – Implementation of recommendations from National STTC review:

In line with the report from the review, STARTTS and ACL planned for at least doubling the number of referrals for STTC services, due to the size of the SHP caseload in relation to the refugee caseload.

The current lower rates of delivery of STTC services reflect the difficulties involved in engaging this client group and making effective referrals (i.e. reducing the level of "no-shows") to STARTTS. Achieving 100% of referrals of SHP client has the potential to more than double the number of assessments performed by STARTTS and to substantially increase the number of STT counselling services provided, with obvious implications for STARTTS staff resources and infrastructure.

This plan, therefore, relies on several factors:

- Capacity of ACL Case Coordinators to process referrals for SHP clients;
- Capacity of ACL Caseworkers to accompany SHP clients to their initial appointment;
- Availability of interpreters in languages required;
- The settlement stage at which SHP clients are ready to receive an assessment and counselling;
- STARTTS' ability to recruit and train additional counsellors (considering the current market) and
- STARTTS' ability to implement required support services and infrastructure for increased counselling staff (supervisors, data and administration staff, physical resources such as workstations)

In September 2007, STARTTS and ACL proposed a staged implementation plan in order to increase capacity over time and to be positioned to review each stage of the implementation in order to effectively achieve targets. This proposal will maximise effectiveness and minimise financial risk. Stage 1 strategies were to be achieved in this reporting period. Stages 2 and 3 (January to December 2008) will be reported on in the next DIAC reports which occur during 2008.

Stage 1: October – December 2007

STARTTS agreed to:

Develop and implement a plan to increase our support services and infrastructure (including but not limited to Team Leaders roles, clinical supervisors, training for staff, information sessions for community, data and referral services, office locations)

Achievements to date:

STARTTS has taken several steps to increase support structures for new and existing staff in the EIP. Management have spent an extensive amount of time planning to expand the Auburn and Liverpool offices to accommodate new staff as current offices are at their maximum. Due to some delays in Area Health Service processes, plans for renovations/extensions will now be realised in the first half of 2008.

In addition, STARTTS' Acting Training Coordinator, EIP Team Leaders and Coordinator, and Clinical Lead have revised the induction program for new staff. The new program will provide thorough education into the application of clinical tools such as the R-CAT, as well as to the philosophy of torture and trauma counselling, interaction between the programs operating through STARTTS, and in-depth briefing on the nature of torture and trauma. All new counsellors will progress through this six day induction program.

Expand STARTTS' capacity to provide services in the required languages through targeted recruitment of 2 – 4 new counsellor positions and increasing interpreter resources through engagement with interpreter services regarding their recruitment of appropriate interpreters for new and expanding language groups and the development of specific clinics in the required languages.
Achievements to date:

In November 2007 STARTTS began the process to recruit to counsellor positions made vacant in the period, and to increase our pool of counsellors in line with the plan to cater for an increase in SHP referrals. During the reporting period one counsellor resigned to take up a non-counselling role in a new organisation. Our Youth and Adolescent Counsellor for the Southern Region resigned to take up an overseas based fellowship, and our part-time counsellor in the Newcastle region resigned to move interstate. In addition, one counsellor acted in a Team Leader position which we hope to appoint her to in the new year. At the time of preparing this report it appears that three positions will be filled from the November/December interviews. As has been noted in previous reports, attracting counsellors with suitable qualifications and experience is often difficult in this highly specialised field. Although many applications were received for the advertised positions, only three applicants met all essential and desirable criteria. STARTTS will begin a new recruitment process in 2008 to target recruitment to the Youth and Newcastle based positions. Recruitment for additional counsellors will take place once office extensions are complete (we are currently at space capacity).

STARTTS has renewed their contract engaging an Arabic interpreter for two and a half days a week. Many clients speak Arabic, and interpreters can be hard to secure, so the arrangement for permanently available interpreter time in this language has been invaluable. As mentioned above, in October 2007 the first Burmese Trainee Counsellor joined the EIP team, bringing with her language skills in Burmese and Karen, language that will be useful to many newly arrived clients. In addition, STARTTS is reviewing its contract with the Sydney South West Area Health Service Health Care Interpreter Service.

ACL agreed to:

Continue to refer 100% of refugee clients at 4 weeks after arrival or move to LTA, whichever occurs first.
Achievements to date:

This is a routine requirement for Case Coordinators to complete at the 4 week mark. Any deviation from this procedure would be based on an urgent need for assistance (referral is brought forward) or outstanding settlement issues which impede a referral at 4 weeks after arrival (for example, significant physical health issues), in which case the referral would be delayed.

Continue to directly refer up to 15% of SHP families arriving in this period.
Achievements to date:

This, also, is a routine requirement which has not demanded any shift in processes which have been underway for some time. In this stage of the plan, there was no intention to increase referrals until recruitment initiatives had been undertaken.

Interestingly, the no-show rate of SHP clients has declined significantly during this reporting period.

Liaise with STARTTS staff regarding the impact of SHP referrals on capacity.
Achievements to date:

Capacity as it relates to SHP referrals is discussed at bi-lateral meetings between STARTTS and ACL, which are held fortnightly.

Liaise with STARTTS regarding the success of recruitment initiatives with a view to increasing the rate of SHP referrals, taking into account resource implications.
Achievements to date:

Liaise with STARTTS staff regarding the proportion of clients declining services after assessment and proportion of clients taking up the service.
Achievements to date:

Capacity as it relates to uptake of services is discussed at bi-lateral meetings between STARTTS and ACL, which are held fortnightly.

Monitor, with STARTTS, the time in program as it might affect capacity to assess and assist new referrals.
Achievements to date:

"Time in program" is discussed at bi-lateral meetings between STARTTS and ACL, which are held fortnightly.

3. Re-location of Mr Mansour Rahmani Mehdi Abadi

On 25 September, ACL was asked to prepare a case plan for the re-location of Mr. Rahmani Mehdi Abadi. The first draft of the plan was submitted to DIAC on 28 September, after liaison with Resolve FM and the Iranian Community Organisation (ICO). After some minor revision, ACL was notified of the approval of the plan on 11 October, with an agreed start date of 16 October.

ACL provided updates on the progress of the implementation plan on a regular basis (often weekly) and on request.

Although the client was initially difficult to contact, he has developed a positive working relationship with the Resolve FM Property Officer who has been assisting him in attempts to source and secure long-term accommodation. Following the delivery of the Termination Notice, Mr. Rahmani Mehdi Abadi has expanded the criteria for suitable properties.

By 8 November, Resolve FM had found 13 suitable properties, of which 10 were rejected by the client. He agreed to view 3 and lodged an application for one of these. Given the high number of properties sourced (greater than identified in the case plan) and the high number rejected by the client, ACL sought further advice from DIAC about providing additional assistance.

In-principle approval was given by DIAC to proceed, subject to agreed costings. Resolve FM submitted a proposal for costing additional services which was approved on 27 November.

Resolve FM continued to work with this client up until the pre-Christmas closure of real estate agencies. To date, all applications submitted by Resolve FM on behalf of the client have been rejected. A contributing factor to this rate of refusal could be the fact that, after more than 2 years in Australia, the client has no rental record which puts him at a severe disadvantage in a competitive market such as Sydney.

Mr. Rahmani Mehdi Abadi was due to be evicted, under the terms of the Termination Notice, on December 28. His concern regarding this was expressed to Resolve FM, his ACL Caseworker and to DIAC in Canberra. On 24 December, DIAC National Office advised ACL that they had spoken to the client to advise that as long as he is cooperating with

plans to re-locate him, the eviction will not proceed on 28 December. Resolve FM also contacted the client with the same message. RFM also advised that there would be no property showings during the Christmas closure period but that it is likely that properties will be available to view from 8 January 2008. This work is on-going.

4. Exit plan for Protais Ntiranybagira and family

The Exit Plan for this family was submitted to DIAC on 30 September, following extensive consultation with the Fairfield MRC, which is the referral agency for this family post-IHSS. DIAC requested that the plan include transition arrangements for the three-month period from September to November 2007. Following revision, the plan was accepted by DIAC and activities were completed according to the plan.

On 29 October, ACL was advised that the plan would be extended, with the exit to be completed by the week prior to school starting in 2008 (end January). A revised plan was prepared and submitted to DIAC on 16 November. The final plan, sent 23 November, was approved. Fairfield MRC reiterated their concerns about the needs of this family post-IHSS and the resources that may be required to support them. Further discussions were held between DIAC and Fairfield MRC.

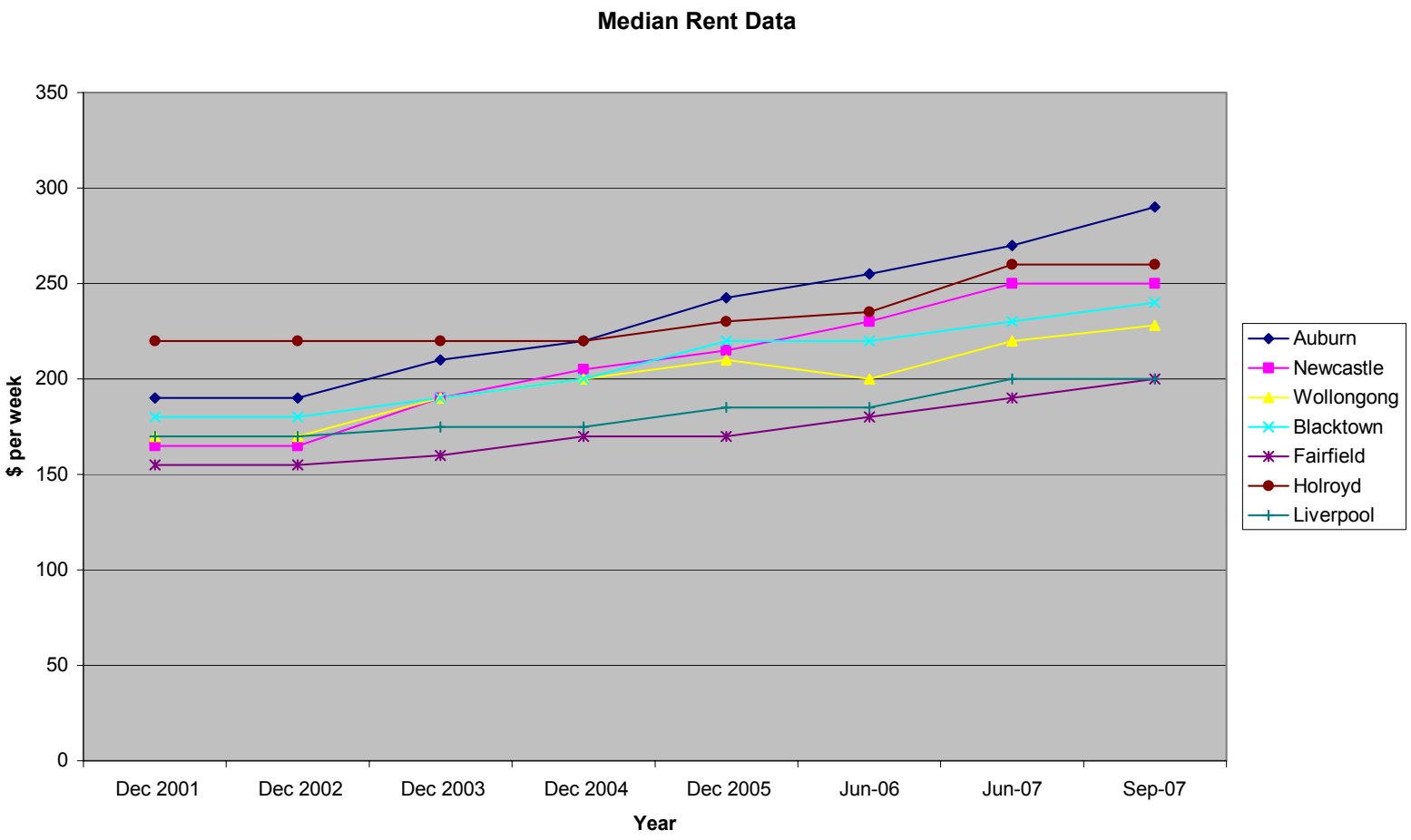
2. Describe any issues which have arisen during the reporting period and areas which need to be addressed.

Issues arising in this reporting period:

Related to accommodation:

- The vacancy rate for rental properties is still at 1.0%, and lower than this figure in some suburbs. Properties which are affordable to entrants in this tight market are only a very small percentage of those properties included in this vacancy rate. This tight market is still causing tens of people to be present at each open house, dutch auctions occurring and rent increases far greater than the inflation rate. Over the last 12 months rents have increased on average by 16.4%. Rents will continue to rise greater than inflation as more and more people are realising they cannot afford to buy and are renting instead.

- As mentioned previously the weekly rents have increased significantly since the contract commenced. This increase severely limits the number of affordable properties available for clients as their LTA. Resolve FM normally monitors the Department of Housing median rent price data to observe changes in the market place. The median is the value that divides a set of ordered numbers equally into a bottom half and a top half. Unlike means (averages), medians are not significantly affected by unusually high and low values. Therefore medians are better values for measure of central tendency. We have reviewed the changes to the median price rents for a number of suburbs where refugees and SHP entrant normally settle (refer Attachment O). The graph below shows the median rent increases since December 2001. Attachment O contains the data for this graph. This graph identifies a number of significant changes that has occurred in the market place over this period and also since the contract commenced. These changes can be summarised as follows:-
    - Rents have increased significantly in some areas for the period Dec 01 to Sept 07. Increases range between 17.6% and 52.6%.
    - Rents have increased far greater than the CPI which is 16.3% (refer to Attachment O). In some instance 320% greater than CPI.
    - Rents have increased significantly since the contract commenced in October 2005. Ranges between 8.1% and 19.6%. The CPI for this period is 5.4% so all rents have increased greater than CPI with some increasing up to 360% greater than CPI.
    - Areas where rents have increased the greatest since the contract commenced are also the areas where the majority of refugees settle, e.g. Auburn and Fairfield.
    - Rents are increasing far greater in some areas like Auburn and Newcastle than other areas. These areas will become more difficult to source and secure affordable housing for refugee and SHP entrants. In particular, we are really noticing difficulties in the Newcastle area.


Median Rent Data
350
300
250
200
150
100
50
0
$ per week
Dec 2001
Dec 2002
Dec 2003
Dec 2004
Dec 2005
Jun-06
Jun-07
Sep-07
Year
Auburn
Newcastle
Wollongong
Blacktown
Fairfield
Holroyd
Liverpool

- RFM is constantly on the lookout for affordable property for clients in the areas where they select to live. As mentioned previously as rents rise above CPI then the number of affordable properties decreases. To provide an idea of how may affordable properties are available across Sydney RFM has reviewed the data collected by the Australian Bureau of Statistics. From this data we have conducted a review of all properties below $180 per week in the most common local government areas where clients select to live, namely Auburn, Blacktown, Holroyd, Liverpool and Wollongong. The results of this review are detailed in Attachment P.

  In this table for each of the local government areas selected we reviewed the Australian Bureau of Statistics Census of Population and Housing for 2006 and collated the weekly housing rental payments of households paying rent in a number of band sizes. The percentage of households were then grouped into the band sizes of; under $140 per week, $140 to $179 per week, $180 to $224 per week, $225 to $274 per week, $275 to $349 per week and greater than $350 per week. Using the information included in each of these band sizes the total rental properties available below $180 per week was calculated from the total number of rental properties for each local government area. The total number of public housing, community housing, aboriginal housing and other refuge housing was found for each local government area. Rent normally charged for this type of housing is below $180 per week. This total is taken from the calculated total rental properties available below $180 per week to leave the total properties below $180 per week available from real estate agents.

  In all of the local government areas shown there are no properties available for rent below $180 per week for us to use for our clients.

- Further to discussions held in earlier contract review meetings RFM is now looking at using direct debit as a means of payment of rent and utilities for clients occupying our STA properties. Clients will sign authority letters, similar to those used for Centrepay, to allow this process to occur. It is intended to commence this change from 1 January 2008. This change will remove our dependence on Centrepay, Centrelink and ATO. In addition, RFM believes this change will help reduce the number of clients that have high arrears when vacating our STA properties.

- The Consortium has a number of clients who have arrived in Australia and then gone overseas. One client (Case Id 28977) has been here for 251 days and is still overseas. Another client (Case Id 30527) has been overseas 103 days. We cannot do any work with these clients until they return. When these clients are finally moved into LTA they will impact on KPI's for the month in trying to meet the 28 days move to LTA after arrival.

- A number of clients have recently arrived in Newcastle from Mauritania. These arrivals were to occur in two groups, namely 8 families on 14 November 2007 and 3 families on 23 November 2007. One family from the first group and the all families for the second group did not arrive. We have been advised that the families who did not arrive are now planned to arrive around March 2008. Two single clients who arrived in the first group have indicated that they will not move from STA to LTA until the remainder of their family arrives in March 2008. We spent some time trying to convince them that they will need to move from our serviced apartment into their own LTA before the remainder family members arrive. They finally agreed. If this situation had persisted then we would have relocate these clients from the serviced apartments in Newcastle to our STA properties in Sydney.

- Clients with 204 Visa status or female head of household of large families with numerous children are increasingly difficult to source and secure suitable affordable LTA. Agents/landlords are very reluctant to lease properties to a single mother with upwards of 4 young children. Finding large enough homes (4 b/r plus) is becoming more difficult and those that come up from time to time command rentals that are more often than not unaffordable for a family of 1 income earner.

- We are finding some clients have enrolled their children into schools far away from the STA or in private schools. The impact of this is twofold: clients are very specific and inflexible about LTA suburbs which they will consider and there is an additional drain on the family finances where travel and/or tuition costs need to be paid which has an adverse affect on the rent they are able to pay for an LTA property.

- Due to increased delays in securing LTA due to tight rental market conditions, more cases are becoming 'complex' during the stay in STA as we are observing more and more underlying and chronic issues are surfacing. Problems which are not initially noted or only simmer beneath the surface over 4 - 6 weeks after arrival are now boiling over in some cases as entrants battle to find or be accepted for a suitable long term home.

  Some underlying and chronic issues that are surfacing are family tensions, mental health, school preferences, medical service provider preference, 'comfort zones', familiarity with surroundings in STA, reluctance to relocate from STA, chronic health and mobility issues, establishing friendships/micro-communities in medium density developments where most STA are located and the unwillingness to leave these micro-communities, even if it is to relocate within the same suburb. These developments impact on securing LTA and have resulted in some clients limiting their LTA preference areas to within a 4 block radius of the STA property.

- A number of agents who have worked with us in the past are now not working with us due to issues refugees have caused after renting their LTA from them. Issues refugees have caused are varied but range from not seeing the importance of keeping lawns and gardens neat and tidy, being behind in rent to constantly complaining of minor maintenance issues not being addressed. For those agents who are reluctant to rent houses to us because clients are not keeping lawns and gardens neat and tidy, they are still happy to rent units to us.

  We do notice however that some agents are reluctant to lease to anyone on benefit payments whether they are refugees or not.

- Clients are experiencing some problems with receiving the full Rentstart of 4 weeks bond and 2 weeks rent in advance from Department of Housing. A number of offices are telling us that clients are not entitled to the full benefit if they have already paid a one week holding deposit. Most agents now require a one week holding deposit due the tight rental market. Department of Housing considers that if a client can afford one weeks rent then they do not require the full Rentstart. In a lot of instances the client has borrowed this money and still has to pay it back. Some clients pay the whole bond and advanced rent and then ask us to take them to Department of Housing for reimbursement. We comply with their request knowing that the Department will not repay the client as the Department considers that the client must be able to afford this payment without their help as the lease has already been signed.

  We are currently talking to the Department to gain a determination for all refugee and SHP entrants receiving the full Rentstart even if they have paid some money towards advanced rent and bond.

- We noticed that gaining acceptance of African client's application for LTA has become more difficult following Kevin Andrews, the previous Minister of Immigration and Citizenship's comments regarding this client type finding it harder to assimilate into Australian society. We find it difficult to explain to the client why their application was rejected knowing that others may had influenced the landlords/agents decision.

- For the months of December and January we find that activity of securing LTA is lower than the remainder of the year due to number of public holidays and agents shutting down for holiday. From about the middle of December agents are not interested in showing rental properties as they need to complete the month end accounts a lot earlier. In January, with the market being a lot quieter there is little number of new properties available for renting.

- A number of our clients become desperate in securing LTA. Sometimes the client's desperation is a direct result of the number application rejections they have received. Sometimes the client's desperation can result in the breakdown of relationships with relatives in their temporary living arrangements.

  Nonetheless, some clients will go to extraordinary steps in securing a LTA property. One example is a family of 3 who arrived in November 2007. They had viewed a number of properties and applied for 12 properties around the Parramatta area (Westmead, Pendle Hills, Winston Hills Toongabbie etc). Some of the properties shown had 50 people present at the opening. This family has offered to pay an extra $20/week above the advertised rent, pay up to 3 months rent in advance and even include one of their relatives on the application who has a secure job to increase their chances of acceptance. This client is also willing to rent an unaffordable property and pay the advanced 2 weeks rent and bond themselves rather than seeking Department of Housing assistance. They finally were accepted for a property at Nth Parramatta but told the agent they will pay two months rent in advance. They had to borrow the money from their relatives and now have to pay their relatives back in instalments on each payday.

- Due to the tight rental market some agents have adopted stricter changes when applying to view a vacant property. Newcastle is one of these areas where only one agent is willing to house refugees. One of the other agents we try to use now requires an email to be sent when requesting to view a property rather than arranging by phone. The email must include details of the family applying, details of the person applying on their behalf (if applicable) and times available to view the property. This agent will review the email and if acceptable they will then arrange a viewing time. This agent will not accept any applications by fax, they now must be hand delivered.

STARTTS EIP staff noted two issues arising during the period:

- An increase in the complexity of cases referred, including an increase in the amount of casework required for clients. In particular, a caseload of TPV holder clients who had lived for seven years supported by IOM in Indonesian refugee camps required extensive casework support. STARTTS EIP counsellors participated in an activity to document and review they type and extent of casework being carried out. In addition they met with ACL Team Leaders and Case Coordinators to clarify the boundaries of ACL's casework support program.
- A reduction in the number of Migration Agents available to assist new arrivals with issues around migration, usually for family members. Migration of family members is often a key concern for STARTTS clients.

Related to volunteer coordination:

- In September 2007, Mission Australia was informed by the Australian Federal Police that it would no longer conduct police checks for volunteers. The issue was raised at the October meeting of the Refugee Support Network by the VCU Service Manager. Mr Sam Zjakic, DIAC, was able to clarify and resolve this issue with the Australian Federal Police as IHSS volunteers are participating in a service that is provided under a Commonwealth department and are eligible to have police checks conducted by the AFP as long as they stipulate this on their application form.

Areas which need to be addressed:

Related to accommodation services:

- The provision of STA accommodation for SHP entrants, in some instances, has put additional stressors on accommodation services. From experience, we have found these clients remain in our properties for many months, as there is no pressure on the Proposer to find an LTA property when they are assured that the family is being well looked after. The flow-on effect is that we need to utilise serviced apartments to house newly-arrived refugee clients at a far greater cost as our STA properties are not available. The cost of serviced apartments is formidable to us.

- Commencing January 2008 DIAC are proposing to pay for the refugee entrants first 4 weeks rent and utilities from date of arrival instead of only paying the first week. This change will impact on the number of STA properties required as currently 34.2% of refugee entrants reject our STA properties and choose to live with relatives. We feel the rejection rate will fall significantly if the client knows they will receive 4 weeks rent and utilities free. The consequence of this change will mean we will have to lease and furnish 9 additional STA properties. Nothing further can be added at this stage until definite details on how this change will operate have been provided by DIAC.

- Should DIAC proceed with the paying of the client's first 4 weeks rent and utilities then the likelihood of a client being accepted when applying for LTA will be greatly affected. Clients will now have no rental history after being in Australia for 4 weeks. In the past, clients had at least a 3 week rental history. This change will severely impact on an agent accepting a rental application as well as resulting in delaying the overall settlement process of the client. Agents nearly always ask us to confirm what rental history a client has achieved when they are reviewing their application if short listed.

- Commencing January 2008 DIAC clients will receive a crisis payment subject to certain conditions being met with Centrelink. This payment should assist in reducing the refugees rent and utilities arrears. At this point in time no further details can be provided but comments will be included in the next period report.

- Even after explaining to clients the tightness of the current rental market, an increasing number of clients are still imposing unrealistic expectations on us for their longer term accommodation. Examples include:
    - they are telling us they will only live in 4 bedroom properties in three specific streets where no 4 bedroom properties exist,
    - they want to live in areas where only higher class working families will be accepted by agents,
    - the property must have built-ins,
    - they request properties in suburbs which have no affordable properties for clients,
    - they request specific suburbs where 5 bedroom properties are just not available, and
    - they are stating unrealistic upper rent limits.

  These requests by clients impact on the overall settlement process and also affect the KPI's.

- It has been noted that the number of single clients arriving in our Regions is increasing. For the period July 2006 to December 2006, 22.5% of arrivals were singles. For the period January 2007 to June 2007 this percentage has increased to 27.5%. For the period July 2007 to October 2007 this percentage has increased again to 29.2%. This increase is nearly 30% higher than the July 2006 to December 2006 period.

  This increase has a number of significant affects on the IHSS program, in particular what this program is doing to the Sydney property rental property market. There are only a certain number of low rental affordable properties in Sydney. If DIAC still sets the same number of refugee and SHP entrants arrivals per year, viz 13,000

people and 29.2% are singles then on the worst case 3,796 low income properties are required each year around Australia if none share or the best case 1,898 low income two bedroom properties are required if all share. Resolve FM seeks approval to place two single refugees in one bedroom of an STA property due to the increased number of single entrants arriving.

If DIAC still have the same total number of entrants arrivals but brings in families of say 4 clients than the amount of properties required is significantly reduced to 949 properties which is 50% lower for properties required for singles who share and 75% lower properties for singles who do not share.

- Affordable accommodation for single clients is now non-existent. This client group are the most difficult to house as they need to be matched with other single clients to be able to afford rental accommodation. If the client chooses not to be matched with other single clients then there is little we can do for them.

  As a recent example we have one client (MPMS # 017381060233) with the following details on sourcing and securing LTA over a four month period:-

* Affordable properties found to view	20
* No of properties client rejected prior to viewing	14
* No of properties agreed to view	6
* No of properties applications submitted	2
* No of Rejections	2

  This client is still looking for a LTA property.

- In addition, single entrants who are under 21 without links to community groups or family are impossible to house in longer term accommodation as they are on the Centrelink's Youth Allowance benefit. Youth allowance is $229.10 per fortnight. Under the Contract affordable rent is calculated as $57.25 per week. There is no type of accommodation available for this rental amount in our Regions. We have one client who arrived on 25 April 2007 and does not want to share. He is still in our STA property. Because we have to provide choice we cannot encourage them to form friendships with others who are travelling at the same time or may have already arrived & consider seriously sharing LTA properties so as to secure something suitable & affordable.

  He will remain in our STA

  A single person is not much better off in a shared arrangement as the rent assistance provided by Centrelink is lower under a shared arrangement than if they rent themselves.

  Also, we have to utilise more STA properties for single clients than we do for families. For example, if 4 single clients arrive then we require **two** - 2 bedroom STA properties. If a family of 4 people arrive then we only require **one** - 2 bedroom property.

- Health or mobility issues are not noted on referrals. This missing information is impacting greatly in two areas. Firstly, ensuring the STA property is suitable for a particular family. We had one case recently where one of the family members slept on the lounge in the lounge room as she could not get up the stairs to the bedroom. Secondly, adequate information is needed for sourcing suitable LTA which will accommodate family members with chronic health or mobility issues.

- There are a significant number of large families (8+) where there is a mix of young children and persons not directly related (e.g. cousins etc) on the same referral. Where some of the not directly related persons are over 21 then consideration should be given to splitting the group into 2 family units to assist in securing suitable LTA and reduce family tensions which can often arise when young adults not directly related to the PA need their own space. In a number of instances under this arrangement the PA sets unrealistic limits on the amount of rent they are prepared to pay as should one of the adult persons included in the referral leaves then the PA is left paying rent for a property they now cannot afford. Some of the Mauritanian families fall into this category. One family has set limits of rent they are prepared to pay for the LTA which is totally unreasonable in the current market. We will not be able to source a LTA property unless they relax their requirements.

- Because of the high fluctuations of arrival numbers, Resolve FM is having great difficulties in planning for arrivals and ensuring the stress and hardship on refugees is reduced as much as possible. There are periods where low number of arrivals is occurring and then exceptionally high number of arrivals occur. The period of 19 November 2007 to 23 November 2007 is a good example of high number of arrivals in a short period of time. Over this five day period 29 family arrivals had to be housed and we only had 6 STA properties vacant as the remainder were already occupied. This high number of arrivals not only imposes a much higher costs than allowed in delivering the service but also affects delivery of all other support services resulting in greater stress and hardship being placed on the clients concerned.

  In this instance we had to book 22 serviced apartments and the charges that result are excessive.

  Our Region is not the only region which experiences these problems. If better planning for arrivals could occur it would be beneficial for all concerned, in particular the refugees.

- The number of SHP arrivals is continuing to fall. For the period January 2007 to June 2007 the SHP arrivals was down by 28%. For the period July 2007 to December 2007 this trend has continued and was down by 33.6%. We understand that the Government has no control over the SHP entrant numbers arriving as the Government approves the SHP proposer to bring the entrant to Australia at their cost but this reduction is impacting on a number of areas including:-

  - Our furniture supplier has indicated that due to the reduction of total arrival numbers his purchasing power has been affected. We are trying to work with him on a solution.
  - The reduction in total arrivals increases the costs of HGA delivery. Instead of having 6-10 deliveries per day the number has fallen to 2-4 deliveries per day. The unit deliver cost has increased. We are now looking at only delivering three days per week to alleviate this situation.

- We are continually being paid only 50% of Price Schedule Item 4.2 Household Goods Assistance fee even though we deliver 100% of the package when a client transfers into our Region. We need to be paid fully for the service being delivered.

- Nearly all clients are in rent arrears when they vacate our STA properties. The cause is due to clients paying rent and utilities in arrears rather than in advance, which is the norm in the residential property industry. These arrears are further increased if delays in approval of family tax benefits or advanced payment of benefits by Centrelink occurs. To assist the client in repaying their debt we will not allow furniture upgrades to occur unless an acceptable repayment plan has been put in place between the client and Resolve FM.

  In addition, all debt for rent and arrears must be fully paid up by 30 June 2010 when the contract expires. The amounts calculated for repayment by instalment for this debt will increase as this date approaches.

- Due to the number of rent changes over a short period of time clients are not receiving the full rent assistance on time for what they are entitled to. This situation requires constant monitoring otherwise the client will experience undue hardship.

- A means needs to be developed to encourage the establishment of communities in outer metro areas not already well settled. These outer metro areas are still affordable, can sometimes offer more choice of LTA options and provide the basic services required. Encouraging new arrivals to move to these areas also reduces the strain on services in more 'traditional ' areas preferred by certain ethnic groups and may reduce the 'cliques' that are developing. Areas to be considered are St Marys through to Penrith, Campbelltown, Camden and areas just south of Wollongong.

- The health information provided on referrals needs to be specified more clearly. We are receiving referral and a lot of interpretation is required to determine if any precautions for the client by staff members or for staff members needs to be taken. For example we received a referral for a family of eight (Case Id 32429) which had file notes containing the following comments:-

  > "Will require T&T Counselling
  >
  > Child (Access No. 466847 – Hepatitis B and Tuberculosis)
  > PA (Access No. 466843 – Hepatitis B)
  > Sibling (Access No. 466845 – Tuberculosis)
  > Child (Access No. 466846 – Tuberculosis)
  > Child (Access No. 466850 – Tuberculosis)
  > Child (Access No. 466848 – Tuberculosis)
  >
  > The rest of the applicants meet health requirements unconditionally."
  >
  > Note: the names have been removed and replaced with the relationship.

  From this information it is hard to determine if any of the medical conditions listed are active or old.

Related to STTC services:

- STARTTS EIP staff will continue to engage with ACL Case Workers and Case Coordinators to support the casework needs of clients.
- STARTTS would like to advocate for the Consortium to inturn advocate for additional funding for Migration Agents located in the suburbs close to the long term accommodation secured by newly arrived refugees.

Related to volunteer coordination

- Improve return rate of the annual Volunteer Satisfaction Survey by 10%
- The annual Volunteer Satisfaction Survey will be completed in 2008.

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

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

Case Co-ordination, Information and Referrals (CCIR)

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

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

Metro North
- 32956
- 31369
- 29313

Metro South
- 31876
- 31544
- 30386

These are provided as Attachments A and B.

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

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

Metro North
- 31471
- 32034
- 33210

Metro South
- 31622
- 29474
- 33530

These are provided as Attachments C and D.

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

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

Metro North
- 24997
- 22510
- 22847

Metro South
- 17570
- 20106
- 21529

These are provided as Attachments E and F.

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

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

In this reporting period, 86 client satisfaction surveys have been analysed.

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

There are 6 questions which relate to CCIR and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	**Question 2**	**Question 3**	**Question 4**	**Question 5**	**Question 6**
Percentage of clients satisfied with service delivery	95.24% (2 people said this does not apply)	97.65% (1 person said this did not apply))	94.21% (17 people said this does not apply)	91.18% (18 people said that this does not apply)	93.43% (10 people said that this does not apply)	81.82% (53 people said that this does not apply)
Average score out of 5	4.4	4.5	4.3	4.2	4.3	4.1

Three of these questions have a high level of empty responses:

Q 3 – counselling support provided by STARTTS
Q 4 – timeliness of referral to STARTTS
Q 6 – referral for volunteer support

The number of "Does not apply" responses to the two STARTTS question are almost equal, suggesting that these clients did not access STARTTS services.

Families arriving in the Sydney area who have family members and links in Sydney have often declined a link to a volunteer, as they feel that they have sufficient support already available to them. In addition, some clients are not always clear about whether someone who is assisting them is a Caseworker or volunteer. These factors may account for the high number of clients who responded that this did not apply to them.

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

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

Feedback from entrants:

The ACL IHSS exit survey includes two questions about pre-embarkation training:

What sort of training or information about Australia did you receive before you got on the plane?
How was that training helpful?

In reviewing the responses on the hard copies of the interview forms, it became apparent that there are several responses which were common. The tool used to analyse client satisfaction was expanded to analyse the data on pre-embarkation. It can capture proportions of common responses and also all comments made. Each client may have more than one response.

In relation to the first question, apart from the category "Other" (76% of respondents), clients identified the following aspects of their AUSCO training:

- Information about culture and life 20%
- Information about Centrelink 19%
- Information about Australian law 13%
- Information about Medicare 13%
- Information about banks 12%

All client comments in the "Other" category are reported as comments listing in Attachment H.

In relation to the second question, it is clear from the results that clients understood the second question to be “Was the training helpful?” rather than the actual question of “How was the training helpful?”

The most common response to the perceived question was “Very helpful” (50%) of respondents. 14% commented that the training gave them confidence, while 4% described it as “Good training”.

Please see Attachment H for the statistical analysis, bar graphs and comments made by clients.

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

In this reporting period, 209 SHP Proposers were interviewed as part of the exiting procedures to measure their level of satisfaction with support provided to them. There are 6 questions in the survey, 5 of which relate to specific services received, with the final question about overall level of satisfaction with all services.

The following is a summary of the survey findings:

Question 1 is a yes/no question about the information package which is provided to Proposers. 194 people reported receiving the package, 14 people reported that they did not receive the package and there was 1 empty response to this item.

Question 5 is also a yes/no question about whether or not the entrant family received a Household Goods Package. 209 people (100%) responded that the family did receive a package.

Questions of satisfaction:

	Question 2 **Information from Case Coordinator**	**Question 3** **Help from Case Coordinator to solve problems**	**Question 4** **Help with LTA & satisfaction**	**Question 6** **Overall satisfaction with services**
Satisfied/very satisfied	98.08%	97.30%	73.53%	97.59%%
Not at all satisfied	1.91% (4 people)	2.39% (5 people)	4.31% (9 people)	2.39% (5 people)
Not applicable			83.73%	
Empty responses	0.48% (1 person)	11.48% (24 people)		0.96% (2 people)

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

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

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

In this reporting period, 86 client satisfaction surveys have been analysed.

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

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

	Question 1	**Question 2**	**Question 3**
Percentage of clients satisfied with service delivery	96.43% (30 people said that this does not apply)	97.30% (12 people said that this does not apply)	81.82% (53 people said that this does not apply)
Average score out of 5	4.4	4.5	4.0

Question 1 relates to assistance with enrolling children in school – the high number of respondents who said this does not apply may have no children.

Question 3 relates to volunteer support to access community networks. The same number of respondents (53) indicated that this does not apply in this area of accessing community networks and in the question in the CCIR section about referrals to volunteer support. This indicates that these clients did not work with a volunteer.

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

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

AMEP Service Providers:

(This information also appears in the ACARS section of this report, beginning on page 84)

In Newcastle and Wollongong, there is a single AMEP provider to which all IHSS clients are linked for assistance with English Language learning. The Case Coordinators in these locations have regular contact with the AMEP provider for the purposes of client registration and assessment. They also participate in local interagency network meetings which include representation from the AMEP provider.

In Sydney, there are two different Consortia offering the AMEP in different regions. At a management level, the Manager, IHSS has contact with the two key managers in NSW AMES and in ACL. Representatives from the two Consortia are invited to ICAP meetings and attend a range of other interagency and network meetings where IHSS staff are present.

At the service delivery level:

- A complete list of all AMEP centres across NSW is provided in the Refugee and Proposer information packs which we compile and distribute to all clients. This lists the name of the centre, the address and a contact telephone number. We include the entire list in the knowledge that some clients may move elsewhere in NSW and may want information about services available in their new location.
- In the interview conducted with new arrivals by the Case Coordinator, entitlement to the AMEP is discussed, including the processes involved for registration, assessment and allocation to classes. The exact entitlement to hours is described as 510 hours with the possibility for an additional 100 or 400 hours depending upon their eligibility. Our staff do not have the AMEP expertise to be exact about eligibility, so they advise that the College/Centre will discuss this with them when they are ready to enrol.
- The Case Coordinator allocates a Caseworker, or asks the Proposer, to take every client to register for the AMEP. ACL links them to the AMEP centre which is closest to where they live, in the interests of increasing the chance that they will attend. If the Proposer is unable to assist, ACL will allocate a Caseworker to assist SHP clients to register and enrol in the AMEP. If anyone were to request assistance to enrol at any other centre which is not closest to them, this request would be honoured.
- Generally, options for study, such as Home Tutor Scheme and Distance Learning (in addition to the option of face-to-face classroom tuition) are not discussed with clients unless there is an obvious reason to do with the client's circumstances. In most cases, ACL expects that this discussion about options for learning would be conducted by the relevant AMEP provider in the context of the assessment interview.
- Many families prefer to wait until they have moved to LTA before beginning their study. Given the delays being experienced in moving from STA to LTA for refugees, ACL encourages them to begin study as soon as practicable. They are reassured that, should they move to another area in Sydney, they can transfer and continue their study without interruption.

During 2008, AMEP providers will be invited to participate in the planned Proposer Information Sessions to explain about the AMEP program, client entitlements and options for study. The choice of AMEP provider to attend the session will be determined by the location of the session – the “local” provider will be invited.

A representative from the UNSW Intensive Language AMEP program will attend an IHSS team meeting in January 2008 to present information about the program which is offered through the University.

SGP/MRC/MSA:
(There is a response to this in item 1 of this report. Please see pages 1 – 4. Please also see the ACARS section of the report beginning on page 84)

In addition to the information provided elsewhere is this report, ACL would like to add the following information about work undertaken that has strengthened the relationships between ACL and SGP/MRC/MSA organisations.

- ACL has supported initiatives of other organisations (such as attending the launch of Auburn MRC's Tenancy Information CD and disseminating this resource)
- ACL has worked closely with Fairfield MRC on an exit plan for a particular complex case
- ACL and RFM have assisted Fairfield MRC in the development of their tenancy DVD
- ACL and Blacktown MRC has developed an informal mechanism for assisting IHSS clients who approach the MRC for assistance, which involves a teleconference between the client, MRC staff and ACL staff to deal with any issue raised immediately
- ACL and Northern Settlement Services have initiated a joint "Welcome to Newcastle" information sessions for newly-arrived clients in Newcastle
- ACL and Northern Settlement Services have employed amended exit procedures which accord with the MRC's requirements
- ACL has agreed to return to face-to-face referrals to Illawarra Migrant Services in Wollongong
- ACL has participated in planning process to organise future projects for the Fairfield Emerging Communities Action Partnership (FECAP)
- ACL delivered a presentation at Liverpool Refugee and Humanitarian Network meeting convened by the Liverpool Migrant Resource Service in this reporting period. ACL has offered to contribute to information session in any area if there is demand.
- ACL attended the launch of a documentary "Discovery challenge "DVD presented by Blacktown MRC in association with DIAC, the Blacktown Alcohol and Other Drugs Family Services and PCYC Liverpool. This educational resource was designed to get young people talking about the issues that affect them.

DIAC SGP/IHSS Forum

The Manager, IHSS and the Manager, Community Relations began consultations with some MRCs about their level of interest in such a forum in late July/early August. The suggestion for a forum was put to the August ICAP meeting as part of the ACL IHSS report, which then resulted in a resolution from ICAP to DIAC to take the lead on organising such a forum.

ACL was an active contributor to the forum. The Manager, IHSS prepared and delivered a presentation on ACL exiting, fielded questions on processes and procedures and provided the group with contact details. The Manager, IHSS also prepared a series of fictional case studies to be used by participants as a focus for discussion on opportunities for working collaboratively on meeting client needs. At the time of writing, there has been no formal feedback from DIAC about outcomes or evaluations of the value of the forum activities. ACL has requested the list of participants so that follow-up can be initiated with those organisations.

Mainstream providers:
(There is a response to this in item 1 of this report. Please see pages 1 – 4. Please also see the ACARS section of the report beginning on page 84)

In addition to the information provided elsewhere is this report, ACL would like to add the following information about work undertaken that has strengthened the relationships between ACL and mainstream service providers.

- ACL and the Red Cross have both strengthened their knowledge and understanding of services provided by both parties. Despite having some overlap in service delivery between the Red Cross's Community care program and IHSS, there was limited knowledge of each other's services. This discovery was the catalyst for organising a visit from Red Cross staff in the Community care program and in the International Tracing program to an ACL IHSS team meeting, where information was exchanged. This has facilitated better working relationships between the two organisations. In addition, there was discussion about the Tracing service and the possibility of IHSS assisting in reverse tracing initiatives; that is, when a family overseas is try to find relatives in Australia. ACL agreed to do this as long as IHSS client confidentiality was not breached.
- NSW DoCS – ACL has been working very closely with DoCS on a complex case since November 2007. In addition, ACL has had more frequent contact with DoCS services, especially in relation to the Brighter Futures program, which has been suitable for IHSS clients. A Case Coordinator team leader attended their information session on this program and information has been forwarded to all case Coordinators so that they are able to make appropriate referrals.
- ACL has been working collaboratively with mental health services to provide evidence-based assessments for mainstream providers; for example, mental health assessments assisted DoCS in accessing additional support for clients and their families.
- There has been on-going contact with the NSW Department of Housing to access emergency accommodation for clients and to forge stronger links with community housing services, youth accommodation and domestic violence emergency housing.

As is indicated elsewhere in this report STARTTS continues to develop and maintain collaborative relationships with a wide range of service providers. In the period covered by this report, STARTTS has participated in a range of agency meetings (see Attachment U) and provided training to a number of services (see Attachment T). Consultations with new and established communities also continue through a broad range of programs.

Several projects run in the period have been collaborative projects, for example the art group for recently arrived refugees that was run in collaboration with the Liverpool MRC.

In addition, STARTTS provided outreach services in facilities of the following agencies, and while doing so maintains a relationship that enables STARTTS to support and learn about the communities and individuals accessing these services;

- Blacktown Community Health Centre
- Mt Druitt Community Health Centre
- Marrickville Community Health Centre
- Bankstown Community Health Centre
- Canterbury Community Health Centre

- Piccadilly Community Health Centre, Wollongong
- May Murray Neighbourhood Centre, Marrickville
- Assyrian Association, Fairfield
- Fairfield ACL
- Carramar, STARTTS office
- Mona Vale Hospital
- Newcastle TAFE
- Blacktown TAFE
- Liverpool West Public School
- Evans IEC
- Chester Hill IEC

On Arrival Reception and Assistance (OARA)

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

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

In this reporting period, 86 client satisfaction surveys have been analysed.

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

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

	Question 1	**Question 2**	**Question 3**
Percentage of clients satisfied with service delivery	95.30% (1 person said that this does not apply)	95.18% (3 people said that this does not apply)	95.89% 13 people said that this does not apply)
Average score out of 5	4.3	4.2	4.4

Question 3 relates to transport from the airport to the allocated STA property. The number of “Does not apply” responses suggests that these clients rejected the STA property and chose to stay with their friends/relatives.

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

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

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

In this reporting period, 86 client satisfaction surveys have been analysed.

Results of the survey related to orientation to accommodation facilities:

There are 3 questions which relate to orientation to accommodation facilities and clients are asked to use a 5-point scale to evaluate their level of satisfaction.

	Question 1	**Question 2**	**Question 3**
Percentage of clients satisfied with service delivery	96.11% (9 people said that this does not apply)	96.06% (10 people said that this does not apply)	95.07% (5 people said that this does not apply)
Average score out of 5	4.2	4.3	4.2

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

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

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

In this reporting period, 86 client satisfaction surveys have been analysed.

There is only one question regarding the provision of emergency clothing/footwear:

80.65% of respondents for whom this service was relevant were satisfied with the service delivery in this area. There were 63.95% of respondents (55 people) who indicated that this service did not apply to them.

There is no specific question about emergency medical attention on arrival – this is embedded in the question about “meeting you at the airport and checking you were well after the flight”. This is question 1 in the above section on OARA. 95.30% of respondents were satisfied with this service.

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

Accommodation Services (AS)

Resolve FM conducts client surveys at the completion of the check-in for initial accommodation and tenancy training. These surveys provide valuable feedback on the service provided as well as identify areas in service delivery improvement. Our goal is to survey at least 50% of clients, however as the client is provided the choice in completing the surveys we have no control of the actual surveys numbers returned. The following feedback is based on the completed surveys received.

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

Surveys have been carried out on 67 of the 146 family arrivals (i.e. 45.9% of arrivals) who occupied our short term accommodation on their satisfaction levels with the standard of accommodation provided and an average score of 95.5% was given which was close to the satisfaction level over the previous six months of 97% (refer Attachment L).

Some clients have given a low score for this survey as they feel the rent should be subsidised for the full period while they are in initial accommodation. Other clients gave a low score for various reasons including a Burmese monk will not give “5 out of 5” as only god is perfect, a number of clients staying in serviced apartments in Newcastle gave low scores for no apparent reason etc.

A number of arrivals are moving in with relatives or links on arrival. For this period the percentage is 36.3%. This figure was slightly higher than the previous six months of 31.7%

All initial accommodation satisfies the contractual specification due to DIAC initial approval of accommodation used. Some property changes have occurred during this period and include the following properties:-

New
13/29 Methven St Mt Druitt – leased from 3/8/07
6/79 Harris St Fairfield – Leased from 10/9/07

Returned
15/37 Hythe St Mt Druitt – returned as property sold by landlord
2/78 Harris St, Fairfield – returned to market as landlord reluctant to complete repairs
17/5 Griffiths St, Blacktown – will be returned shortly as noticed that a For Sale sign has been placed on the verandah.

We have endeavoured to source a number of additional STA properties but have missed out on each case as we were not the preferred tenant by the Landlord. In all instances of STA property changes we seek DIAC’s approval and only proceed once approval received.

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

Surveys have been carried out on 67 of the 146 family arrivals (i.e. 45.9% of arrivals) who occupied our short term accommodation on their satisfaction levels with the standard of food provided and an average score of 95.8% was given, an increase in the satisfaction level over the previous six months which was 94.6% (refer Attachment L).

A number of families still have a number of friends/relatives visit which places a strain on the initial supply of food. At check-in mention is made that the food supplied is for their benefit but a number of cultures recognise the need to share food with others. In addition, a number of clients do not realise that the cash provided forms part of the food package. This non recognition has affected the score of the satisfaction levels received.

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

Surveys have been carried out on 67 of the 146 family arrivals (i.e. 45.9% of arrivals) who occupied our short term accommodation on their satisfaction levels with the standard of their tenancy agreement in terms of ease of understanding and fairness and an average score of 96.2% was given, a slight decrease in the satisfaction level over the previous six months of 97.5% (refer Appendix C). The property condition report forms part of tenancy agreement and as such had the score as 95.5%.

Some clients gave a low score for this KPI for various reasons which affected the average score. Some reasons included a Burmese monk stating he will not give "5 out of 5" as only god is perfect and a number of clients staying in serviced apartments in Newcastle gave low scores for no apparent reason.

A new licence agreement was submitted to DIAC for approval on 30 August 2006 as a result of clashes with the NSW Tenancy Act. Approval was received from DIAC on 20 September 2007 that the new licence agreement was acceptable. It is proposed to commence using this new agreement on 1 January 2007 when DIAC's In-Kind Support Initiatives are proposed to commence. The introduction on this date will eliminate multiple changes to accommodation services occurring over a short period of time.
Even though serious breaches of the Tenancy Agreement has occurred during this period, e.g. no rent or utilities being paid by some entrants for the short term accommodation, significant debt arising while occupying the STA property or damage to STA properties, no evictions of clients has occurred.

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

This KPI has not been met for this period. The number of entrants located in longer-term stable accommodation for this period within 4 weeks of arrival is 38.0%, a continuing downward trend. The previous twelve months was 52.8% and the past six months was 38.2%. The average days of clients moving to their longer-term accommodation from date of arrival is 46.6 days, slightly lower than the previous six months which was 52.7 days. Refer Attachment M.

The reason the days in STA reduced in December 2007, which resulted in the significant percentage increase of clients moving into LTA within 28 days was due to a concentrated focus on moving clients that were housed in serviced apartments into LTA so a minimum number of clients were in this type of accommodation over the Christmas/New Year period when the real estate industry shuts down. By focusing on recent arrivals in serviced apartments means days in STA will increase in future months.

There are a number of reasons for not achieving this target but can be grouped as follows:-

1. A high number of suburbs where clients select to live have no affordable properties. Should a property come on the market they are snapped up immediately.
2. Vacating the high number of singles and single parents received from our STA is difficult as their rent is heavily subsidised even after the 4 week period while in our STA
3. A number of entrants impose limitations on us which we cannot meet. For example:-
   - They were extremely selective on the street where they want their property located and in some case the property construction.
   - A number of entrants have received wrong advice on the type of property they can afford for the rent being paid. This wrong advice impacts on trying to move them to their longer-term accommodation.
4. A number of families keep changing their mind on where they want to live which causes undue stress on both Resolve FM staff and agents.
5. Relatives, friends or links have a high input on telling the families where they should live. This confuses the entrant and delays settlement significantly.
6. Some suburbs selected by entrants have a high application rejection rate by agents.
7. A number of entrants want to share accommodation with friends and as such had to wait till their friend's lease expires so they could relocate together.
8. A large number of entrants have a preconception that they will obtain priority housing with Department of Housing so will not vacate until all avenues have been explored and declined.

We have been tracking the suburbs where clients select their longer term accommodation since the contract commenced and have found the following trends:-

- total families settled in our Regions up to 31 October 2007 was 1,892 families
- 94.7% of entrants have settled in the Sydney region, 2.7% have settled in the Wollongong Region and 2.6% have settled in the Newcastle region.
- For the Sydney region over 30% of all entrants have settled in 2 suburbs, namely Fairfield and Auburn, nearly 50% of all entrants have settled in 4 suburbs and nearly 80% have settled in 14 suburbs. Further details can be found in Attachment N.

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

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

We still have instances of clients who have had written undertaking of Agents/Landlords on having maintenance issues repaired if they sign the lease only to find once the lease is signed the agent/landlord reneges on the agreement and the client is left with a property with serious maintenance issues. We have assisted the clients in addressing the maintenance items agreed but can only go so far as relationship with agents can be damaged if persist.

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

All entrants receive brand new household goods assistance package normally within two days of the order being placed. No complaints have been received on the quality or delay in delivery.

A small number of complaints have been received after delivery of the HGA, sometimes up to eighteen months later. The complaints are grouped into three categories, namely:-

no fault found,
waiting on back order delivery; and
Items requiring service or replacement.

All complaints are investigated and if required items are serviced or replaced without question. Details of these issues are included in Attachment Q.

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

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

Surveys have been carried out on 76 of the 139 family arrivals (i.e. 54.7%) on their satisfaction levels with the tenancy training and an average score of 100% was given, an increase in the satisfaction level over the previous six months which was 98.5% (refer Attachment K).

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

The majority of applications submitted to agents have a written reference as a covering letter. It is common for these applications to be over 40 pages when all the supporting documentation is included.

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

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

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

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

We are still a member for the NESB Housing taskforce which is made up of a number of community groups interested in developing strategies to source affordable private rental properties. Meeting are held regularly but due to the complexity of the housing market no new strategies have been developed as yet.

Resolve FM staff have also been working with the Fairfield MRC as a member of the African DVD steering committee. This committee has spent some time in developing an instructional DVD on housing. This DVD covers the life cycle of renting a property. We have assisted personally with the video by using not only a few of our STA properties as an example rental properties but also a staff member's home. We have also had staff act in the video including being the tribunal magistrate in a sample hearing. The DVD is undertaking final editing with the credits and draft sleeve completed. It is anticipated the DVD will be released early 2008.

We are a member of the Department of Housing Multicultural Forum which discusses a range of housing initiatives undertaken by the Department for people of low income and ethnic background. Updates were given on housing estates undergoing redevelopment and the impact on private rental properties availability. It was recommended by the forum to slow this process of redevelopment if possible while the property market is tight. The New Directions Initiates were discussed and the changes to Priority Housing and Community Housing. Also project updates were discussed including private rental options package. This forum is beneficial as it allows us to voice the impacts of Department of Housing initiatives on the IHSS program.

We have spoken at Mercy Refugee Services presentations in both Sydney and Wollongong acting as guest speakers providing up to date information to their volunteers on the property market so they have a better understanding on how the market works and the changes that have occurred. The last presentation was on 24 October 2007. This information appears to reduce the frustrations their volunteers are experiencing when dealing with the private rental market.

As mentioned above, we continue to work with real estate agents in strengthening relationships so refugees are better accepted as part of their clientele. In some instances we have received better than positive responses, in particular one agent in Fairfield and one in Auburn and one in Mt Druitt. There is significant staff churn in this industry so even if a relationship has been developed may find soon after the agent does not want to deal with us. An agent is Newcastle is a good example of where this has happened. None-the-less we continue to work with agents so housing future clients is not impacted.

We are still identifying a number of real estate agents who have assisted us in gaining application approvals in the ACL IHSS Newsletter and sending copies to the selected agents to promote what some of their colleges have done in assisting us in approving private rental properties for clients. We also write articles in the Resolve FM quarterly newsletter and provide copies to selected agent so they are fully aware of the IHSS program and the benefits to humanitarian entrants. We even do small things like sending personalised Christmas cards to agents thanking them for the valuable assistance over the past year.

This relationship building still greatly assists us in sourcing and securing properties in the tight Sydney, Wollongong and Newcastle.

Short-Term Torture and Trauma Counselling Services (STTCS)

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

- Please provide de-identified needs assessments and case plans for 3 entrants of your choosing which reflect the diversity of your caseload. These are provided as Attachment R for the Northern Metropolitan region and Attachment S for the Southern Metropolitan region.

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

As the following tables show, STARTTS received referrals for 309 families in the period, or 933 individuals. 96.44% of all referrals were received from ACL.. When looking at Principle Applicants only, 152 or 49.74% of families referred held refugee or WAR visas. When looking at individuals referred, this figure increases to 525 or 56.27%. Clients on SHP visas made up 35.92% of all principle applicants referred, and 36.33% of all individuals referred.

Referral Source

Referral date from Jul to Dec 2007, Principle Applicant only, Northern and Southern Metro Regions combined

Ref Source	Number of families	Percentage
ACL	298	96.44%
Other (House of Welcome, Mission Australia, Australian Kurdish Association)	3	0.97%
Refugee Health Service	1	0.32%
Schools - Primary	3	0.97%
Self	4	1.29%
Total	309	100.00%

Visa Categories of Clients Referred

Referral date from Jul to Dec 2007, Principle Applicant only, Northern and Southern Metro Regions combined

Visa	Number of families	Percentage
PV 866	3	0.97%
Refugee	123	39.81%
SHP	111	35.92%
TPV	43	13.92%
WAR	29	9.39%
Total	309	100%

Visa Categories of Clients Referred

Referral date from Jul to Dec 2007, All Applicants, Northern and Southern Metro Regions combined

Visa	Number of clients	Percentage
PV 866	4	0.43%
Refugee	437	46.84%
SHP	339	36.33%
TPV	65	6.97%
WAR	88	9.43%
Total	933	100.00%

In the period of this report, 169 individual clients who had attended assessments and counselling sessions were discharged from the EIP. On average those clients from this group who had attended counselling in the Northern region (#59) engaged in 7.63 sessions, and those who attended counselling in the Southern region (#110) attended 7.73 sessions.

Northern Metropolitan Region July-December 2007

Average number of sessions (assessment and counselling) per counselling client	**7.63**

Southern Metropolitan Region July – December 2007

Average number of sessions (assessment and counselling) per counselling client	**7.73**

As shown in the table on page 34 of this report, 100% of clients whose assessments were completed during the reporting period were first contacted by STARTTS on average 3.46 days after referral. It should be noted that although 100% of clients who are referred to STARTTS are sent an initial contact letter which is followed up by a phone call from a counsellor, 100% of SHP entrants to the IHSS program are not referred to STARTTS. 100% of clients referred to STARTTS are contacted by a counsellor when their case is allocated, unless, upon receipt of the initial contact letter, the client has indicated that they do not want to be contacted (this is a rare occurrence). Some clients opt not to take up assessment or counselling at the stage of first contact with the counsellor, however they are able to request these services at any stage during their first 12 months in Australia and in some cases the counsellor may agree to contact them at a later date.

Client satisfaction is reviewed in the following ways.

- ACL conducts a client feedback survey with each client exiting the IHSS program. Within this survey clients are asked to answer two questions relating to their interaction with STARTTS. The two questions; "Helping you to settle in Australia with STARTTS counselling" and "Getting help from STARTTS when you needed it" give clients the opportunity to indicate the whether the assistance offered was useful and time appropriate. Answers are recorded on a rating on a scale from 1 to 5, with 1 representing a poor and 5 an excellent response. As is indicated by the details provided in Attachment V, out of the total of 86 responses recorded from July to December 2007 69.76% of clients rated 4 or 5 against "Helping you settle in Australia better with STARTTS counselling, and 63.95% of clients rated as a 4 or 5 "Getting help from STARTTS when you need it". More respondents provided a rating of 5 for each of these questions than a rating of 4.

- In each assessment session, counsellors record outcomes against a list of pre-set general goals. Not all of the general goals on the pre-set list are applicable to each client, however these general goals have been identified as being relevant to the majority of clients that receive an assessment regardless of whether they elect to receive short-term counselling intervention. Counsellors, through discussion with clients, establish which of these general goals are relevant to them and at the completion of the assessment, record whether they have been achieved. The table below provides information on the general goals that may be set during an assessment session and the number of clients in the reporting period who achieved these general goals.

GENERAL GOALS ACHIEVED ON CLIENTS WHO'S ASSESSMENTS WERE COMPLETED BETWEEN 1 July and 31 DEC 2007
(Please note that some of these clients were referred before the period).
Total (245 families, all visa categories)

Assessment Goals	Goal Achieved
In discussion with client:	
How to contact relevant health services.	220
Understanding how past experiences affect life.	194
Manage psychological symptom which interfere with daily tasks.	70
Understanding the resettlement process.	203
At completion of assessment:	
Client participation in decisions about help	233
Has settlement been assisted by contact?	237

The above statistics show that the majority of clients are recorded as achieving most of the Assessment Goals. Of particular note, on completion of the assessment 237 of the 245 families assessed, or 96.7% were recorded as having their settlement process assisted by contact with STARTTS. However, it is also relevant to note that only 70 of the families were assessed as being able to manage psychological symptoms that effect performance of daily tasks. Many of the families referred to STARTTS EIP are not able or willing to address psychological symptoms at the assessment stage.

STARTTS is currently in the planning stages for the development of a new client feedback mechanism to inform our internal process.

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

Client feedback on STTTC interventions is collected through recording of the client's achievement of objectives and goals as identified within the assessment and counselling process.

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

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

The table below provides information on short-term intervention cases that were closed during the reporting period. At the conclusion of the counselling process, the counsellor and client together identify the degree of achievement attained for each one of the goals selected on the case plan at the start of the counselling intervention.

176 clients completed short term counselling interventions during the period (133 families, please note that referral and assessment could have occurred prior to this reporting period).

Clinical Goals Reviewed on Discharge (176 individual clients assessed during the reporting period).
1 July 2007 - 31 December 2007

	Number of clients who are being reported upon: 176			
Goal Description	**Minimal Achievement**	**Moderate Achievement**	**Significant Achievement**	**% of clients achieving moderate or significant achievement**
Goal A: Manage traumatic stress symptoms	24	44	12	70.00%
Goal B: Manage anxiety symptoms other than traumatic stress symptoms	17	34	12	73.00%
Goal C: Manage anger/aggressive behaviour	9	12	11	71.87%
Goal D: Manage depression	10	17	8	71.43%
Goal E: Manage psychosomatic symptoms	7	6	3	56.25%
Goal F: Manage psychological symptoms other than above	12	4	1	29.41%
Goal G: Manage grief reaction	14	37	9	76/66%
Goal H: Address social isolation by fostering networks which are meaningful to the client	18	48	27	80.64%
Goal I: Linking or case management required when involving services addressing treatment of a psychiatric disorder	2	7	11	90.00%
Goal J: Strengthening family functioning	24	36	21	70.37%
Goal K: Supportive counselling in relation to settlement and health needs	10	64	67	92.90%

Clients recorded moderate or significant achievement for the majority of goals, as shown in the final column above. For the two goals with the higher number of clients recording only minimal achievement – Goal E: Manage psychosomatic symptoms and Goal F: Manage psychological symptoms other than [those recorded in Goal E], clients may achieve improved capacity with longer term counselling.

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

The following tables provide information on the types of medical and health agencies STARTTS staff delivered training to in the reporting period July – December 2007. Training sessions range from tailor made to pre-packaged modules that may last from between one hour to a full day. Where possible, STARTTS staff work closely with the services receiving the training to tailor the information to their specific needs.

It is noted that for targets are underachieved for most agency types. The primary contributing factor during the period was the vacancy in the EIP Training Officer position. It is anticipated that this position will be filled in 2008 as part of a larger recruitment program within STARTTS. A focus on improving the number of training programs delivered will be maintained in the second half of the Training Plan period, Jan to June 08.

Targets achieved against Annual Plan

Service Type	**Sessions Delivered July 07- Dec. 07**	**Area/Comment**	**Target July 07 – June 08**
Hospitals	4	Cumberland, Nepean, Auburn, St George	4
General Practitioners	1	Liverpool	3
NGO Counselling organisations, including Anglicare, Centacare and Burnside	1	*2 Adolescent Family Counsellors, Salvation Army Youthlink	0
Health Interpreter Services	0		4
Community Health Centres	2	Bankstown * Doonside	5
Women's Health Centres	0		4
Baby Health Services	0/1	SDN Children's services	2
AMEP Providers - Counsellors	0		3
School Counsellors	2	DET Behavioural Teams, DET Welfare Teachers/officers	6
TAFE Counsellors	2	Northern Beaches/Brookvale Mentors	2
Centrelink – Psychologists and Social Workers	1	Psychology Interns	2
Dental Services	0		2
Sexual Assault Services	0	1 Sexual health counsellor, Parramatta Sexual Health clinic	3

Domestic Violence Services	0		3
PSP Counsellors	1	Psychology Interns	2
DOCS	1	Bankstown	6
IHSS Services	6	Auburn, Wollongong, Newcastle	As needed
Tertiary Students in SW, Psyc, Welfare and or equivalent	4	Nursing, TAFE Welfare,	4
Other (counselling, mental health and psych services)	6	Fairfield, Cumberland, Marrickville, SSWAH Ethnic Aged Care,	3

Please note that scheduled training sessions for DoCS Coniston & Oral Health Service Surry Hills were both postponed/cancelled by each respective organisation during the 6 monthly period & we are currently awaiting feedback from both regarding alternative dates for the training to take place.

* It should also be noted that several health and allied health professionals attended STARTTS professional development programme as non –fee paying participants given their qualification for training under the IHSS.

The courses attended and personnel present are as follows:

Core Components and New Developments in Working with Survivors of Torture and Trauma 1 day course
15 August 2007
2 Adolescent Family Counsellors – Reconnect, Salvation Army Youthlink
1 Psychologist – Doonside CHC
1 Registered Nurse – Rozelle Psychiatric Hospital
1 Bereavement Counsellor – Palliative care dep. Concord Hospital

18 October 2007
1 Social Worker –Parramatta Sexual Health Clinic

Clinical Practice and New Treatments with Survivors of T&T 2 Day Course
20 & 21 September 2007
1 Psychologist – Doonside CHC

Vicarious Trauma and Self-Care Strategies for Workers 1 Day Course
19 July 2007
1 Social Worker – Royal Prince Alfred Hospital
1 Social Worker – St George Public Hospital

Participant Evaluation and Feedback

STARTTS training delivered during the period has variously ranged from just less than one to 7 hours (1 day) duration per session. Evaluations are required for sessions of greater than three hours. It is noted that there is still room for more improvement in the area of completion of evaluation rates. When training is done in conjunction with, or under the auspices of, another organisation, it is common practice for that organisation to require participants to complete their own internal evaluations. Some disruptions in the management of training delivery have also been a factor contributing to the lack of evaluation data and this will continue to be addressed.

The following evaluation data is taken from 89 evaluation forms received from participants attending billable training sessions run in the period. This data confirms that the large majority of participants find the training useful and appropriate.

Evaluations from 89 participants in billable training sessions conducted in the period

Question Text	Answer	Count of Answer	%age of Total Evaluations
I will be able to use what I learnt in this training.		51	
	Disagree	5	9.8%
	Agree	23	45.1%
	Strongly Agree	23	45.1%
The content was relevant to my job.		87	
	Disagree	6	6.9%
	Agree	25	28.7%
	Strongly Agree	56	64.4%
The content was the right level for me.		87	
	Disagree	4	4.6%
	Agree	30	34.5%
	Strongly Agree	52	59.8%
	Strongly disagree	1	1.1%
The trainer was well prepared.		85	
	Disagree	2	2.4%
	Agree	22	25.9%
	Strongly Agree	60	70.6%
	Strongly disagree	1	1.2%

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

1 *"Sometimes disturbing material handled with intelligence & appropriate lightness. Great personal insights from trainer."* (Program Coordinator)
2 *"Contents of training were simple and easily understood. Very appropriate."* (Caseworker)
3 *"Have gained new insight myself in how to apply content in my work. Good also to review."* (Multicultural/ESL Consultant)
4 *" I really appreciate your efforts and passion in supporting refugee migrants."* (Community Information Officer)
5 *"The relevant information and strategies were delivered superbly by (trainer). Well done and thank you."* (Community Information Officer)
6 *"Trainer was very knowledgeable but also very personally committed to the area."* (DoCS Case-worker)
7 *"Insight into trauma experienced & associated impact of their experiences to current life situation."* (DoCS Case-Worker)
8 *"I know very little about refugees in Australia except for what I've seen in the media - good to be able to explore it more fully."* (Nurse Educator)
9 *"As an overview of the service & the clients it was well paced/delivered."* (DoCS Case-Worker)
10 *"Detailed new information. Stimulated my own thoughts about the area."* (DoCS Case-Worker)
11 *"Practical and realistic and informative session."* (Community Nurse)
12 *"The case study was very helpful. I enjoyed and gained a lot in group participation."* (Case-Worker - IHSS)
13 *"Background info was great."* (Youth Worker)
14 *"Was very helpful how to deal with the client who is thinking of depending on you."* (Case- Worker - IHSS)
15 *"Trainer was dynamic & extremely knowledgeable."* (Student Welfare Consultant)
16 *"Very understanding to our needs."* (Community Information Officer)
17 *"Hearing new concepts/ideas from professionals closely involved with refugees is invaluable."* (ESL/Multicultural Consultant)
18 *"I found it very stimulating throughout."* (Special Projects Officer - Youth)
19 *"Expressed complexity of issues."* (DoCS Case-Worker)

Areas for improvement

1 *"Perhaps not enough time to explore everything."* (IHSS Volunteer)
2 *"Not enough activities."* (DoCS Case-Worker)
3 *"Too long"* (Nurse)
4 *"Deliver at a faster pace."* (DoCS Case-Worker)
5 *"Make over 2 day a lot more to discuss in detail."* (ISTB)
6 *"Extended - maybe 2 day training!"* (ISTB)
7 *"Schedule for more than one day." (*Case-Worker - IHSS*)*
8 *"I wanted something/s to use & how to use it."* (ISTB)
9 *"More example. More time for training."* (Case-worker - IHSS)
10 *"More practical learning - case studies, scenarios etc."* (Youth Worker)
11 *"I recommend a whole day's session on this training, as topics were relevant to our job."* (Case-Worker -IHSS)

Where EIP staff have not been available to deliver training sessions other STARTTS staff have often stepped in. This flexibility helps us to meet the demand for training, while maintaining our clinical load. It also provides us access to a wider range of staff with specific areas of expertise.

Advocacy and Community Awareness Raising Services (ACARS)

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

In the Annual Plan 2007-2008, the Consortium as a whole and each of the partners identified activities which are advocacy and community awareness services. Progress for achieving these is reported below by category.

CONSORTIUM

The ACL Consortium will continue to work collaboratively with other settlement service providers to integrate the IHSS within the wider settlement context. We will build on existing relationships and seek out new opportunities for cooperative initiatives in the sector. These are outlined below:

1. Continue to provide awareness-raising sessions for Proposer groups.

   A Proposer Information session, in conjunction with Fairfield MRC was planned for December 2007 but cancelled due to the lack of availability of a Centrelink representative. The success of these sessions to date has been marginal. Despite high expectations during planning periods, attendances have, for the most part, been disappointing.

   The Promotions and Training Coordinator will be focused on this area of activity as a part of the 2008 work plan. The target is to run a minimum of 4 Proposer Information sessions during the year in various areas of Sydney and the Illawarra. As a starting point, contact will be made with MRCs and with AMEP providers in an attempt to gauge the perceived need for such sessions in different regions. The locations of the sessions will be determined by the responses from these organisations. The usual program will be expanded to include a contribution by the local AMEP provider about AMEP in general and about learning options available. STARTTS EIP staff will continue to participate in Propose information sessions run through the Consortium.

   In addition, ACL has developed a Proposer Support module of training (20 hours duration). The Manager, IHSS has met with ACL's AMEP Managers to encourage them to assess the need for this training and, where there is sufficient interest, to run these programs for potential Proposers.

   The initiation of the Community Consultation Forum in 2008, which complements the IHSS Community Advisory Panel, will also provide a mechanism to discuss community needs, IHSS provision but also information of value to potential Proposers from these communities, which represent IHSS client communities.

   Despite the lack of formal Proposer Information Sessions, there is still a large body of community capacity-building work undertaken by ACL's Manager, Community Relations, which contributes to the knowledge and expectations of potential Proposers.

There has been a significant body of work undertaken with community leaders from a range of our client communities to support them in conceptualising their community needs, strategic planning to achieve goals and the development of project plans to realise these. The Manager, Community Relations has supported the following communities in this regard:

- Mandaeans – DIAC SGP submission for improved settlement outcomes across Liverpool, Fairfield and Greater Western Sydney
- Dinka Literacy Association – to NSW DoCS Community Builders section for a language and cultural project, based around education and traditional story telling.
- Equatorian Community Welfare Association – Blacktown Council Community Assistance grant to conduct community education around licenses and motor vehicles, utilizing ACL's "Operation RoadSafe" interactive DVD resource.
- Bhanin El Minieh Association – prepare SGP submissions to assist (Moslem) Iraqis settling in Auburn and an innovative refugee youth capacity building and leadership project

Other project support (support letters and strategic planning and resourcing):

- Liberian Community of NSW
- Sudanese Bor Youth Community
- Kongor Student Association
- Sierra Leone (Student Association, WanWorld, Friends of Sierra Leone, Pular)
- Australian Afghan Hassanain Youth Association

Supporting (refugee) Community-initiated advocacy:
ACL has been able to facilitate access to policy makers and political representatives for key community leaders, assist them with an effective approach and considered documentation to outline their community achievements to date, and, where they feel additional settlement assistance may be required.

Finally, to assist refugee communities, ACL has sponsored a number of community initiatives and events such as:

- the Horn of Africa Relief Development Agency (HARDA) Cultural Night,
- STARTTS' Shared experiences Conference and
- The African Youth Soccer Tournament Grand Final.

2. Continue to conduct awareness raising sessions for mainstream service providers.

ACL organised a meeting between ACL Case Coordinators and Team Leaders and Ethnic Community Liaison Officers from Blacktown and Mt. Druitt to discuss issues in that area (law & order and family conflict). This was a first step in establishing closer working relationships between IHSS and NSW Police ECLOs. This will be followed up by a presentation by ACL to all ECLOs early in 2008.

In the health area, ACL links clients with "refugee-friendly" GPs and often with GPs who speak the clients' first language. Clients are also linked with the NSW Refugee Health Service and specialist refugee health services such as HARK at Westmead Hospital and the refugee clinic at the Children's Hospital in Randwick. ACL actively promotes the

use of interpreters for health providers in private practice by widely disseminating information about the Doctor's Priority Line. Health interpreting continues to be a barrier to access to health services in some areas, particularly with specialists. To date, there has not been an urgent requirement for more formal awareness-raising sessions in the health sector. STARTTS also conducts a range of training initiatives in the health and allied health industries, ensuring widespread understanding of refugee issues in the health sector.

Much of the awareness-raising activities fall into the category of informal rather than formal presentations and shifts in knowledge and understanding of refugee needs evolve as services work collaboratively with the Consortium on particular cases – to clarify and to meet client needs. A recent example of this collaboration has been with DoCS regarding a particularly complex case with quite difficult requirements. In addition to case conferencing, there was a significant effort from the Consortium partners (and DIAC staff in this instance) to ensure that DoCS staff understood and responded appropriately to client needs. Similarly, there was extensive planning work within the Consortium and between the Consortium and mainstream service providers prior to the arrival of the Mauritanian caseload in Newcastle in November 2007.

A further strategy used with mainstream providers is to participate in consultative arrangements, such as the Multicultural Advisory Forum of the NSW Department of Housing or the Regional Multicultural Advisory Council meetings (or Multicultural Advisory Forum) convened by Centrelink.

As mentioned above, STARTTS continues to provide information and training sessions to a wide range of service providers to raise awareness, understanding, and skills around working with refugees.

3. Continue to report on the IHSS program activities at forums such as the Refugee Support Network, the Refugee Issues Working Group and the Illawarra Refugee Issues Forum.

The Refugee Issues Working Group, which became the Humanitarian and Refugee Settlement Forum, was disbanded in September 2007. There was no meeting during this reporting period.

The Refugee Support Network meetings and IHSS Community Advisory Panel (ICAP) meetings are the key forums where IHSS activity is formally reported. At other interagency meetings, reporting is less formal and more anecdotal or relates to provision of information in response to questions asked or issues raised. Apart from the recently disbanded RIWG, STARTTS continues to present reports at these forums, in addition to the ICAP.

ACL convenes the Illawarra Refugee Issues Forum and all Consortium partners report at this meeting.

4. Ensure attendance at interagency meetings. This will be the responsibility of the Manager. IHSS, the Manager, Community Relations and the Promotion and Training Coordinator.

Please see item 1 pages 4 and 5 for a full list of interagency and network meetings attended by ACL IHSS staff.

As noted above, STARTTS staff attend a wide range of interagency meetings across the two regions, attended by agencies addressing the full range of settlement needs encountered by IHSS clients.

5. Continue with ICAP meetings on a quarterly basis in Sydney and initiate a Community Consultation Forum in which community leaders representing client groups may provide information and advice relevant to the delivery of IHSS services to their constituent groups.

   ICAP meetings have been conducted according to the agreed schedule – August and November in this reporting period. Preliminary discussions were held between the Manager, Community Relations and some key community leaders in regard to this new forum. STARTTS will continue to participate in ICAP meetings, providing a report as required.

   The Community Consultation Forum will have its inaugural meeting in early 2008.

6. Publish the ACL IHSS Consortium Newsletter quarterly.

   Two newsletters have been published in this reporting period. Four editions are planned for 2008, continuing the quarterly publication schedule. STARTTS is a regular contributor to the ACL IHSS Consortium Newsletter.

As well as participating in the Consortium approach to raising community awareness each of the partners agreed to engage in the following activities:

ACL

1. Continue to link with the AMEP service providers in IHSS contract regions to promote integrated service delivery and increase entrant uptake into the AMEP Special Preparatory Program for humanitarian entrants. This would include AMEP managers participating in IHSS workshops relevant to their service and providing information sessions to AMEP staff.

   In Newcastle and Wollongong, there is a single AMEP provider to which all IHSS clients are linked for assistance with English Language learning. The Case Coordinators in these locations have regular contact with the AMEP provider for the purposes of client registration and assessment. They also participate in local interagency network meetings which include representation from the AMEP provider.

   In Sydney, there are two different Consortia offering the AMEP in different regions. At a management level, the Manager, IHSS has contact with the two key managers in NSW AMES and in ACL. Representatives from the two Consortia are invited to ICAP meetings and attend a range of other interagency and network meetings where IHSS staff are present.

   At the service delivery level:

   - A complete list of all AMEP centres across NSW is provided in the Refugee and Proposer information packs which we compile and distribute to all clients. This lists the name of the centre, the address and a contact telephone number. We include the entire list in the knowledge that some clients may move elsewhere in NSW and may want information about services available in their new location.
   - In the interview conducted with new arrivals by the Case Coordinator, entitlement to the AMEP is discussed, including the processes involved for registration, assessment and allocation to classes. The exact entitlement to hours is described as 510 hours with the possibility for an additional 100 or 400 hours depending upon their eligibility. Our staff do not have the AMEP expertise to be exact about eligibility, so they advise that the College/Centre will discuss this with them when they are ready to enrol.
   - The Case Coordinator allocates a Caseworker, or asks the Proposer, to take every client to register for the AMEP. ACL links them to the AMEP centre which is closest to where they live, in the interests of increasing the chance that they will attend. If the Proposer is unable to assist, ACL will allocate a Caseworker to assist SHP clients to register and enrol in the AMEP. If anyone were to request assistance to enrol at any other centre which is not closest to them, this request would be honoured.
   - Generally, options for study, such as Home Tutor Scheme and Distance Learning (in addition to the option of face-to-face classroom tuition) are not discussed with clients unless there is an obvious reason to do with the client's circumstances. In most cases, ACL expects that this discussion about options for learning would be conducted by the relevant AMEP provider in the context of the assessment interview.
   - Many families prefer to wait until they have moved to LTA before beginning their study. Given the delays being experienced in moving from STA to LTA for refugees, ACL encourages them to begin study as soon as practicable. They are reassured that, should they move to another area in Sydney, they can transfer and continue their study without interruption.

   During 2008, AMEP providers will be invited to participate in the planned Proposer Information Sessions to explain about the AMEP program, client entitlements and options for study. The choice of AMEP provider to attend the session will be determined by the location of the session – the “local” provider will be invited.

A representative from the UNSW Intensive Language AMEP program will attend an IHSS team meeting in January 2008 to present information about the program which is offered through the University.

2. Respond to community demand by conducting case coordination in outreach centres if required.

   There has been no outreach work by ACL staff in this reporting period.

3. Continue to liaise with major charities such to discuss how we can work together to assist refugees and SHP entrants.

   This activity is conducted on an informal basis for particular cases in need and through network and interagency meetings, where issues of collaboration or issues arising with clients in need are raised.

4. Continue to work with NSW DET and the Catholic Education Office to assist refugee children adapt to the school system.

   The Manager, IHSS met with a representative of NSW DET's Western Region to discuss student enrolments and support for refugee children enrolling in schools in the region. Greg Maguire represents the Department on ICAP and both he and Christine Tiekle have been helpful in addressing issues of concern relating to schools.

   The Manager, IHSS also met with representatives from the Catholic Education Office, Sydney Diocese regarding support for refugee children in the Catholic School system. The CEO will be invited to send a representative to ICAP on a regular basis.

5. Continue with the program of meeting with members of parliament to inform them of the IHSS service and the way in which ACL is assisting humanitarian entrants under this service.

   ACL had a meeting in December 2007 with Laurie Ferguson, Parliamentary Secretary for Multicultural Affairs and Settlement Services.

6. Liaise with organisations able to assist humanitarian entrants; for example, ARK in relation to provision of No Interest Loan Service (NILS)

   This liaison is conducted on a needs basis and clients are linked with relevant services as required.

7. Add to the service delivery training for entrants in relation to money management by developing a training resource in the languages of the entrants. Development of this resource would involve researching what is available from other organisations and agencies such as Centrelink and St Vincent de Paul.

   ACL developed a simple resource to be used by Caseworkers and volunteers to assist clients with concepts of budgeting and planning effective use of their income. Resources developed by other agencies appear to be significantly more complicated than the ACL one. The intention was to develop another resource marginally more detailed which would complement the existing resource. However, feedback to date has suggested that the original ACL resource is, in fact, too difficult for most clients and needs simplification.

8. Continue to promote the service and provide training where required to community organisations and service providers.

   This is and will be an on-going strategy for the duration of the contract.

   The service is promoted at every network or interagency meeting and various forums attended by IHSS staff. It is also promoted, in a manner of speaking, through collaborative work with mainstream and community sector organisations.

At two years into the contract, there are fewer organisations that are unfamiliar with the IHSS program and the ACL IHSS Consortium than in the early months after the beginning of the new contract in 2005. Hence, there are fewer requests for information sessions and more liaison with other organisations.

However, ACL responds to every opportunity to find a new audience which is unfamiliar with the IHSS or the work of the Consortium. For example, when an ECLO made a comment in a public forum about IHSS services, ACL has responded by making contact with particular ECLOs in the western area of Sydney, to be followed up by a presentation to all ECLOs in the metro area.

Resolve FM:

1. Resolve FM will work with the other members of the consortium in providing information to community groups and attend community group meetings as required.
   Please see section 1 (item 3.1) and section 3 (Accommodation Services KPI report) for detailed information on this.

2. Resolve FM will liaise with tenancy advice and advocacy groups to ensure the rights of the entrant is protected while renting short term accommodation.
   Please see section 1 (item 3.1) and section 3 (Accommodation Services KPI report) for detailed information on this.

STARTTS:

1. STARTTS will continue to build on relationships with newly arrived refugee communities and relevant community organisations in Sydney, Newcastle and Wollongong in order to increase awareness of the work of STARTTS services

   As mentioned previously in this report, STARTTS has a range of strategies in place to build relationships with newly arrived refugee communities and relevant community organisations in order to raise awareness of STARTTS services. These strategies include:

   - Provision of early intervention short term torture and trauma counselling, working in collaboration with long term, and specialised Provider Support and Neurofeedback counselling services, psychiatric and physiotherapy services offered within the Service
   - Provision of wide range of community development programs
   - Provision of training and educational programs
   - Participation in a comprehensive range of ethno-specific agency meetings, service network meetings and issues related groups
   - Participation in a range of specialised service provider meetings, including school counsellor meetings

- Consultation and support for specific refugee programs run by other agencies, including involvement on steering committees
- Appropriate promotional and educational material including service brochures and a newly redesigned website
- Consultations with refugee communities
- Targeted recruitment of staff from new and emerging refugee communities
- Participation in the development of government policies and programs, through direct links and through our involvement with FASST

In the reporting period STARTTS introduce one counsellor role dedicated to working with clients across Sydney's Northern beaches and in Wollongong. During the period this counsellor has strengthened relationships with local service providers and community leaders.

During the first few months of this reporting period floods affected the number of clients being referred to the Newcastle region. During this time STARTTS Newcastle based counsellor focused on working with existing clients and building community capacity. Over recent months STARTTS' Newcastle based EIP counsellor continued to work closely with Consortium members and external agencies to provide support to a group of newly arrived refugees, building on the strengths of network relationships built over the last few years.

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

   As noted above, STARTTS continues to proved training and consultancy to a range of mainstream government agencies, community organisations and service providers. Training and consultancy is offered by all programs within the STARTTS portfolio, enabling the agency to provide specialised services where required. In 2008 STARTTS will complete recruitment for an expanded training team which will enhance their ability to deliver a broad range of services.

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

   In the reporting period STARRTS EIP delivered outreach services in the following locations:

   - Blacktown Community Health Centre
   - Mt Druitt Community Health Centre
   - Marrickville Community Health Centre
   - Bankstown Community Health Centre
   - Canterbury Community Health Centre

- Piccadilly Community Health Centre, Wollongong
- May Murray Neighbourhood Centre, Marrickville
- Assyrian Association, Fairfield
- Fairfield ACL
- Carramar
- Mona Vale Hospital
- Newcastle TAFE
- Liverpool West Public School
- Evans IEC
- Chester Hills IEC

Outreach locations are regularly reviewed in line with the patterns of long term accommodation established by our clients. Outreach locations offer us the flexibility to provide services close to the homes of many clients who may have difficulty travelling to STARTTS facilities. Having staff based in outreach locations on a regular basis also enables us to develop stronger links with external agencies. In addition, clients who attend sessions in outreach locations are able to familiarise themselves with the location and roles of those other services.

Mission Australia:

1. Mission Australia will aim to build a relationship with individuals and relevant community organisations in Sydney, Newcastle and Wollongong to increase awareness of the work of Mission Australia's IHSS volunteers and promote volunteering with the VCU.

   The management team and staff of the VCU attended several key meetings and participated in events organised by the following community organisations and stakeholders:

   Wollongong:

   IRIF

   Volunteer Agencies Working Party – organised by Illawarra Multicultural Services and attended by several volunteer agencies in the Illawarra area.

   Mercy Refugee

Newcastle:

Hunter MRC.

"Developing and Improving Relationships forum ", Newcastle TAFE, Community Services section

RSN

Sydney

WSCF, Volunteer Working Party

African Workers Network

Auburn Multicultural Interagency

WSCF Conference

ICAP

RSN

Presentation at STARTTS conference "Sharing our Stories, Sharing our Strength"

VCU stall at Auburn Street Festival

Karen Community New Year celebration

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

VCU staff and management team developed networks with the following Mission Australia Community and Employment services to increase awareness of the work of Mission Australia's IHSS volunteers and promote volunteering with the VCU:

Service Development Unit (This unit has helped increase awareness of IHSS by publishing articles about the VCU and volunteering in the Mission Australia National Community Services newsletter. This unit is also responsible for writing policies and procedures and has aided VCU staff to format local policies and procedures)

National Volunteering Unit (All IHSS volunteers are now listed on the Mission Australia national database of volunteers. This will allow them access to other volunteering, and possible employment, opportunities through Mission Australia. IHSS volunteers will also have access to other initiatives organised by the National Office and have the opportunity to meet volunteers from the wider community)

Corporate Partnerships Unit (Through this network the VCU received a number of gifts for IHSS clients throughout 2007.and were able to distribute these gifts through the volunteers. Clients were highly appreciative of the gifts. In 2007, the VCU received several boxes of environmentally friendly washable nappies for IHSS clients with young children, and 151 book / food /movie vouchers and hampers in December from a Mission Australia corporate partner)

Elevate Program (2 IHSS volunteers were accepted into to this leadership program for young achievers. The program aims to match young achievers in the community with high achievers and leaders in the community in a mentoring relationship for one year)

Media and Events Unit – (The VCU nominated IHSS volunteers for awards in the community through this unit. Unfortunately, the nominations were not successful)

AMEP, Home Tutor Scheme and Enhancement Program (The VCU maintains close and regular contact with the Home Tutor Scheme service staff as it is the largest volunteer service at Mission Australia nationally. Both services have IHSS clients and similar group of volunteers. Cooperation between the 2 services has lead to several quality improvements in both services. In 2007, the two volunteer services had a combined end of year function to celebrate the achievements of volunteers with newly arrived migrants and refugees in Australia)

3. Publish and distribute the VCU newsletter "Volunteer Voice" to all active volunteers and community agencies in Sydney, Wollongong and Newcastle.

   July – September and October – December editions of the Volunteer Voice were published and distributed in 2007 to all volunteers and community agencies in Wollongong, Newcastle and Sydney.

4. Organise relevant and needs- based workshops to engage and inform volunteers.

Dates	Region	Topic	Volunteers attended
8/12/2007	Sydney	Vicarious trauma & self care	12

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

Identified gaps/barriers to services:

The following are areas of service which, though they exist, are under-resourced in comparison to the demand:

- Legal services/advice – from simple Statutory Declarations to family breakdown issues
- Migration advice – in constant demand for relatives and friends left behind overseas
- Affordability for single/young entrants – lack of housing availability for these two groups
- Financial/budgeting advice – including both preventative advice/planning and assistance in managing financial debt
- Troubled youth – in particular, where there are split families or young people arrive alone

In addition, VCU staff have noted ongoing needs of IHSS clients identified by IHSS volunteers at exit interviews:

- Some clients have identified that they need ongoing help to read and understand utility bills
- Some clients have identified the need to source additional furniture not supplied in the Household Goods Package – especially wardrobes.
- Some clients have requested ongoing assistance to find suitable accommodation which will allow them to move to other locations – especially from single entrants and entrants with large families. While this is not the role of the IHSS volunteer, it is felt that the crisis in rental accommodation in Sydney is causing clients to find as many sources of information as possible.
- Some clients have requested assistance about procedures for family reunion and becoming a Proposer.

There is an ongoing problem with access to interpreters in both health and legal services. While this issue is not new to this reporting period or even to recent times, it is mentioned here because it continues to create barriers for IHSS clients who need to access these services. There is constant pressure on IHSS bi-lingual Caseworkers to take on the role of interpreter from both clients (who often desperately need to access services) and services providers (who are looking for an easy and cost-effective solution to the problem). However, this is not an appropriate solution as most Caseworkers are not NAATI-accredited and are employed to deliver settlement services, not as specialist interpreters.

Finally, the paucity of interpreters in languages of new and emerging communities has been an issue during this reporting period. In particular, the shortage of Pular speakers to assist with IHSS and mainstream service delivery for recent Mauritanian clients was an issue which required great liaison and cooperation in order for all agencies to deliver their services to this client group.

General

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

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

Comment [gj1]: For Six Monthly Report only

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

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

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

Three additional counsellors joined the EIP team in the period of this report. Profiles on each of these counsellors, John Payne, Rhea Harding and Wah Wah Naw are located in Attachments W and X.

As mentioned above, STARTTS EIP counsellors attended a range of in-house professional training sessions during the period and four staff members completed "Mindfulness" training.

In addition, Gamal Dawlaty completed his Masters in International Public Health, Joanna French completed her masters in International Social Development and Nam-Hee Kim continued work for her Masters in Clinical Psychology. One staff member, John O'Connor, continued the program required for completion of his postgraduate psychology qualification.

Annual Report

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

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

Volunteer Co-ordination (VC)

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

The annual Volunteer Satisfaction Survey will be completed in the first 6 months of 2008 and results attached to the 2007 - 2008 Annual Report.

The feedback and recommendation from DIAC regarding the first component of this KPI not being met has been noted by VCU management at the DIAC Contract Meeting on December 1 2007. The VCU is in the process of developing a Client Satisfaction Survey and will report on its findings for the period January – June 2008 in the final 2007 – 2008 Annual Report.