INTEGRATED HUMANITARIAN SETTLEMENT STRATEGY (IHSS)

SERVICE PROVIDER BIANNUAL REPORT

SERVICE PROVIDER	ACL IHSS Consortium
CONTRACT REGION	Northern and Southern Metropolitan regions of NSW
REPORTING PERIOD	January 2008 – June 2008

Six monthly reports are to be submitted to the department by no later than 1 February or the nearest business day in each year of the term (refer to contract clause 8.2 for items to be addressed in the six monthly report).

Annual reports are to be submitted to the department by no later than 2 months after the end of each financial year (refer to contract clause 8.3 for items to be addressed in the annual report).

Extensions to reporting deadlines

- In extenuating circumstances, extensions to reporting deadlines *may* be granted
- This must be negotiated at least one week prior to the deadline with the relevant IHSS Contract Manager
- Extensions to deadlines will usually *not* exceed 2 weeks

1. STATISTICAL OVERVIEW

Referrals received during current reporting period

SUB CLASS	BAND 1 (1 to 2)	BAND 2 (3 to 6)	BAND 3 (7 to 11)	BAND 4 (12 and greater)	TOTAL
200	110	100	12	NIL	222
202	138	190	31	NIL	359
204	16	15	1	NIL	32
TOTAL	264	305	44	NIL	613

Main areas of settlement within the contract region

1	Fairfield
2	Auburn
3	Liverpool

Main ethnic groups represented within the contract region

1	North Metro: Iraqi	South Metro: Iraqi
2	North Metro: Tamil	South Metro: African (NFD)
3	North Metro: Karen (Burma)	South Metro: Chaldean (Iraq)

2. ANNUAL WORK PLAN

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

Note: With this new reporting template, most agreed activities in the Annual Plan are reported elsewhere in the template.

Responses to all QA recommendations have been reported in the QA boxes provided in each major section of the report.

Responses to recommendations in the national STTC review are also located in the STTC section of the template.

The updated Risk Management Plan was provided to the Department in June 2008, at the same time that the final, agreed Annual Plan for 2008/2009 was submitted.

ACL

1. ***Links between ACL and external service providers – please see sections 4.1.5 Development of collaborative relationships (pp 27 - 28) and section 4.6 Advocacy and Community Awareness Raising Services in this report (pp 68 - 73).***

   - 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.
   - Maintain links with key community-based service providers such as disability groups, tenancy advocacy groups, transport groups, domestic violence support services
   - 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.
   - Ensure key external service providers are represented at the quarterly ACL IHSS Community Advisory Panel (ICAP) meetings.

2. ***Enhanced case management – please see section 4.1.2 Coordinated delivery of services and provision of referrals (pp 20 - 22) in this report.***

   - Implement regular monthly case supervision sessions for all Case Coordinators with their Team Leader.
   - Maintain regular fortnightly staff meetings to address issues arising in case management and to enhance problem-solving processes, particularly for complex cases. *On-going*
   - Expand training opportunities for Case Coordinators and Caseworkers, encompassing both skills development and information sessions from external service providers. *Done and continuing*
   - Maintain de-briefing sessions for Case Coordinators and Caseworkers with STARTTS to avoid vicarious trauma and/or burnout. *On-going*
   - Improve processes for gathering information on client satisfaction with IHSS service delivery to inform improvements in case management. *Feedback loop from qualitative data in surveys being developed.*

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

- Roll out of the ACL database within ACL. *Completed.*
- Roll out of ACL database (including training initiatives and database documentation) with Consortium partners. *Delayed due to problems with IHSS database, now resolved.*
- Maintain current quarterly and monthly meeting schedules. *On-going*
- Maintain opportunities for bi-lateral and consortium-wide problem-solving. *On-going*

4. ***Consolidated relationships with community and settlement sector organisations –please see sections 4.1.5 Development of collaborative relationships (pp 27 - 28) and Section 4.6 Advocacy and Community Awareness Raising Services (pp 68 - 73) in this report.***

- Ensure regular attendance at Interagency and other relevant network meetings.
- Review and enhance exit processes and procedures to ensure that exited clients are linked with the most relevant post-IHSS service providers.
- Maintain ICAP quarterly meetings to ensure opportunities for feedback to the ACL 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.

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

Timeliness of referrals to STARTTS:

> ***Please see section 4.1.2 Coordinated delivery of services and provision of referrals (pp 20 - 22) and section 4.4 Short Term Torture and Trauma Counselling Services (from page 49) in this report.***

Revise client satisfaction tools:

> *Delayed, due to IHSS database issues, as changes in survey tools require enhancement of the database. Will be considered in 2008/2009.*

Review and revise exit procedures:

> *Small changes have been implemented and these processes are being constantly reviewed with a view to refining and simplifying the process.*

Improved case management of 202 cases:

> ***Please see section 4.1.2 Coordinated delivery of services and provision of referrals (pp 20 - 22) and section 4.1.3 Proposer support (pp 23 - 24) in this report***

Resolve FM

There were three areas for improvement/emerging issues related to the accommodation services which were identified in the ACL IHSS Consortium Annual Plan 2007-2008. The progress on each of these items is as follows:-

1. ***Maintain availability of long term accommodation in view of impeding shortfalls in rental accommodation***

- RFM continue to work with agents in the main suburbs selected by clients. A number of agents send us their rental lists prior to their rental properties being advertised for lease. These lists allow us to review which affordable properties match our client's LTA preferences. If a match occurs we advised the agent and show the client the property. If the client is happy with the property then we submit an application on their behalf.
- RFM continue to search the rental market for affordable properties for single clients. With the increases in rent there are minimal affordable properties available. RFM have held a number of discussions with the Department of Housing (DoH) to request the raising of their weekly rent upper limit for single clients. The DoH has now set their upper limit to $180/week for granting Rentstart. Even with this upper limit increase there are no properties available in the Sydney or Newcastle areas for singles. Limited properties are available in Wollongong and on the Central Coast. RFM continue to meet with DoH to review other options available for singles who do not want to share. The DoH are also having great difficulties with this group of people. Discussions are continuing.
- RFM continue to look at alternative accommodation options for clients with disabilities. Evidence has shown that no private rental properties match clients with disabilities as private landlords are not prepared to pay the additional expense of setting up their rental properties when the same income can be obtained without this additional expense. Some clients with severe disabilities are moved into nursing homes. Where this situation has occurred RFM have used the allowance for the HGA package to go towards special needs such as special medical beds and the like.
- RFM regularly discuss with the Department of Housing the need to relax their guidelines on the number people allowed per bedroom. If the number exceeds two people then the Rentstart application will be rejected. RFM are now seeing a number of instances where there has been success in placing more than two people in one bedroom when applying for Rentstart. However with the continually changing of counter staff at the DoH offices there is no continuity of this change being accepted. Hence when this situation occurs, RFM ring the relevant DoH office to ensure they will provide Rentstart to a client prior to Resolve FM submitting an application to the agent.
- RFM continue to enforce "what is a good tenant" to current entrants so future newly arrived entrants are not jeopardised. One problem is with the relatives or links who either upset the agent directly or "encourage" the client to act in a way which prevents RFM ever using the agent again.

2. ***Maintain clients choice of residential suburbs available to reside***

- RFM continue to work with clients to try to expand their choice of suburb options, however the vast majority are not prepared to travel to their links or relatives. Clients want to be located close to their family members. Even with the in-kind support (public transport assistance) provided for the first 4 weeks after arrival, their choice in accommodation is still near their links and relatives. RFM staff also have observed that the level of income received from Centrelink restricts their choice of expanding LTA suburbs due to the additional cost of travel.
- RFM still mention to clients the advantages of using public transport to try to extend their opportunities of suburbs available to settle. RFM staff show the client the areas where

cheaper rental properties exist and the type of properties available. Property Officers have sometimes provided bus timetables to show the client the frequency of times a bus will stop close to an alternative longer term accommodation. The client acknowledges this assistance provided but this additional information does not alter their choice.

3. Minimise level of debt for newly arrived entrants

- RFM have internal systems in place to closely monitor all rent payments and advise clients quickly when a payment has been missed. With the change over to a direct debit system, RFM have more control in the management of rent payments as well as receiving prompt advice from the bank on any electronically transfer rejections. Clients will always be in arrears due to the methodology of rent and utilities payments specified in this contract. Some clients have significant trouble understanding that a debt has arisen even though they have regularly paid rent and utilities. This methodology of paying rent and utilities in arrears also impacts on RFM providing evidence of rental payment history to agents as part of the rental property applications. Once an agent sees that a client is in arrears they reject the application.
- Once RFM are advised of the client's Centrelink Reference Number, the secure Centrelink website is accessed to obtain information on actual income payment dates for the client. This information is used to ensure EFT deductions occur on the same day as the client's payment date. When a deduction occurs on the payment date then sufficient funds will be available and no dishonour fees will be changed by the bank. From time to time, the client withdraws cash from an ATM on the same day as the EFT transfer is due to occur and hence are charged a dishonour fee as insufficient funds are available.
- After each client vacates an STA property, RFM organise a repayment plan to recover the debt due. In most instances the debt is repaid over the next month. Experience to date suggests that any time longer than this period results in the debt not being repaid.

STARTTS

1. Access to STARTTS

- Maintain established processes with ACL CCIR 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:

  i) 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 Refugee and SHP entrants for assessment. STARTTS STTTC Administrative Officer checks referrals received against arrival lists on a monthly basis to ensure that all newly arrived Refugees have access to on-arrival assessment with STARTTS counsellors. This system has resulted in 100% of referrals for Refugees in this period. STARTTS Team Leaders and counsellors meet with their ACL's counterparts on a regular basis and daily contact is often made with case coordinators to discuss the needs of individual clients.

  It is preferable for the client to be referred after initial settlement needs have been met, specifically 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. With the current housing market in Metropolitan IHSS regions, this aim is less achievable as the placement of clients into long-term affordable accommodation has become exceedingly difficult (see Resolve FM section of report). However, the standard agreed to within the Consortium is that all Refugee entrants are referred at 4 - 6 weeks from date of arrival to enable entrants to have an increased opportunity to achieve the crucial settlement goal of permanent accommodation.

Refugees

Duration between date of arrival and referral date	Number of families	% of Refugee arrival	% of total ACL referrals (311 families)
<=28 days	*84	60%	27%
28-42 days (within 6 weeks)	41	29%	13%
more than 6 weeks	15	11%	5%
Total ACL Refugee referrals	140		45%

SHP

Duration between date of arrival and referral date	Number of families	% of SHP arrival	% of total ACL referrals (311 families)
<=28 days	*91	60%	29%
28 - 42 days (within 6 weeks)	23	15%	7%
more than 6 weeks	38	25%	12%
Total ACL SHP referrals	152		48%

TPV/PPV

Duration between date of arrival and referral date	Number of families	% of TPV & PV 866	% of total ACL referrals (311 families)
<=28 days	19	100%	7%
28-42 days (within 6 weeks)	0	0	
more than 6 weeks	0		
Total ACL TPV/PPV referrals	19		7%

As described in the previous report, STARTTS and ACL have worked 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. This is discussed in section 4.4

STARTTS also continues to maintain relationships with a wide range of agencies external to the Consortium who are potential external referral sources for clients. Although external referrals make up a small percentage of all referrals to the STARTTS' EIP, keeping referral pathways open is essential as it allows newly arrived entrants to be referred for the entirety of the 12 month period post arrival and is particularly valuable for accessing those entrants who may not be wish to be referred or who do not require counselling soon after arrival.

ii) Monitor internal procedures to ensure timely action

As part of STARTTS' continuous quality improvement processes, STTTC continues to monitor and review their internal intake and allocation procedures for referrals. One strategy that was implemented in this six-month period was the change from faxed to emailed referrals to STARTTS from ACL. STARTTS and ACL agree that the email system has improved the speed of receipt of referrals, quality of the

information exchange and increased capacity to ensure confidentiality of information. The only referrals that now are sent to STARTTS in hard copy are those received from external referral sources which form only a small percentage (≤4%) of the total number of referrals.

The EIP Coordinator and EIP Team Leaders receive monthly reports which allow them to review statistics indicating allocation patterns of newly referred clients for assessment and correspondingly implement strategies to manage the allocation list. Recruitment is a primary strategy and three additional counsellors were recruited in this period to enable STARTTS to meet the demand for STTTC services. A further recruitment drive is underway at the time of writing of this report for additional counsellors in order to enhance STTTC's capacity to deliver timely assessments to newly referred clients.

iii) Providing training for newly recruited ACL staff and volunteers

STARTTS staff continued to provide training for newly recruited Consortium staff and volunteers as requested by Consortium partners. Details of the Information on training sessions run during the period can be provided.

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

  STARTTS staff continued to meet with refugee communities, community leaders and other stakeholders as part of an ongoing strategy of consultation and community development.

  Activities with various communities undertaken by STARTTS PASST-funded services which STTTC staff contribute to, should also be highlighted particularly work with South Sudanese, Karen, Hazara, Sierra Leone, Congolese and Mandaean communities. STARTTS continued to support South Sudanese community with project management and governance issues, funding applications, access to resources. The Karen community has received extensive support in planning a leaders' retreat at Bathurst, while Mandaean community was supported in holding its social justice family camp in June. Finally, the Hazara community received significant support with writing submissions which resulted in funding for a sport and recreation project and for a women's support group project.

- 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.

  EIP staff are culturally and linguistically diverse with counsellors currently speaking the following languages: Arabic, Sudanese Arabic, Assyrian, Bosnian, French Dari/Farsi, Spanish, Karen and Burmese. In March 2008 the EIP employed a bicultural African counsellor to support our work with the African communities who speaks Swahili, Lingala and Tshiluba.

  STARTTS' Community Services team continue to run a range of programs that newly arrived refugees attend, and examples of programs that occurred during this period that facilitate clients' engagement with STTTC services include camps for adolescents and children, the 'Drumbeat' program and FICT (Family in Cultural Transition) Groups.

  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, group sessions as part of camps for children and young people, and a psycho-education group focusing on stress management for Iraqi Assyrian women.

The STARTTS Schools Liaison Officer commenced in May 2008 and has begun with the Multicultural programs Unit at the NSW Department of Education and with schools in both the State and Catholic systems with the aim to facilitating an integrated strategy working with refugee young people. It is anticipated that the establishment of this position will significantly enhance STARTTS capacity to meet the needs of young people.

- To maintain referral pathways for services external to the Consortium

  As mentioned above, Staff employed in STTTC and PASSTT(Programmes to Assist Services for Survivors of Torture and Trauma) funded services at STARTTS attend an additional range of meetings and issues based groups that provide opportunity to establish relationship with services external to the Consortium. Meetings attended were with ethno-specific agencies as well as with networking or issues based groups. These fora present an opportunity to disseminate information and develop links to support future work. Information about STARTTS services was also provided at these meetings. A list of these meetings can be provided if required.

2 Special Humanitarian Program (SHP)

- 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 continues to provide information on the EIP program to a range of Proposers, potential Proposers, refugee and SHP entrants through information sessions on an as requested basis. In the six month period covered by this contract information few sessions were run as there is a plan being implemented with ACL to increase automatic referral of SHP entrants through CCIR.

  SHP entrants made up 49% of principle applicants referred in the reporting period January- June 08. Out of 277 families assessed during the period, 57% were from the Special Humanitarian Program and out of the 120 entrants retained for counselling, 43% were SHP entrants.

- 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**" has been translated into Karen, Farsi//Dari and Arabic languages. The brochure provides an explanation of counselling and STARTTS services and is specifically written for Proposers and SHP entrants. The brochure is provided in Proposer packs by ACL CCIR and is distributed through partnering agencies and at information sessions for clients and at community consultations.

3 Quality Assurance

STARTTS commenced the implementation of FASSTT National Standards for Torture and Trauma services in the 2006-7 financial year. STARTTS STTTC has gathered evidence to measure the performance of its services against each standard to assess overall quality.

The process of self assessment against National Torture and Trauma standards was completed in early 2007. As reported in the previous six-month period, while an action plan has been formulated to address areas of partial compliance with the National Standards the next stage for STARTTS STTTC is planned for late 2008 and early 2009.

4 *Counselling*

- To explore alternative, innovative approaches in working with torture and trauma survivors.

As reported in the Annual Plan and in the previous 6-monthly report, there is an ongoing commitment at STARTTS to review and evaluate cultural appropriateness of current clinical practice and to explore innovative approaches in working with torture and trauma survivors. This is done through a variety of means, including STARTTS professional development events (Clinical Master classes, clinical presentations, and staff development days), the employment of bi-cultural counsellors who bring their cultural knowledge and expertise to the organisation, the review of clinical resources, and ongoing community consultations.

Professional development is a core priority for all STARTTS staff. From January to June 2008 staff participated in STARTTS' internal professional development program. The focus for this period was a further two days of training in Cognitive Behavioural Therapy, with ongoing clinical supervision available for counsellors wishing to specialise in using use this evidence-based approach. In addition, EIP staff participated in one-day training on 'Cross-cultural issues in Domestic Violence'.

All counsellors are required to prepare clinical presentations at least once per year that facilitate discussion on issues that are relevant to newly arrived refugee and humanitarian entrants. STARTTS clinical Master classes (open to practitioners from a range of agencies) were offered on the following subjects;

The following Clinical Master Classes were held at STARTTS and attended by STTTC staff:

- Mindfulness: A practice of reconnection in the healing of trauma'
- A Unified Theory of Change and Psychotherapy: Adaptive learning and personal growth'

5 *Community Consultation*

Within the context of STARTTS ongoing community consultation processes, STTTC counsellors participate in all consultations relevant to newly arriving refugee communities.

The work of STTTC counsellors is supported by a broader number of consultation activities undertaken by other programs within STARTTS. During this reporting period, "Sharing Our Stories – Sharing Our Strengths" Conference Report was finalised – and launched on the 26th of June (the UN Day in Support of Victims of Torture) at the NSW Parliament House by the Hon. Barbara Perry. STARTTS Sierra Leone community consultations report was launched in May 2008. and recommendations from the consultation are being acted upon. These include developing a specific training materials regarding the Sierra Leone in partnership with the community and providing further information about counselling to new arrivals through information sessions.

6 *Areas for improvement for STARTTS*

There was one area for improvement/emerging issues related to STTTC services which was identified in the ACL IHSS Consortium Annual Plan 2007-2008. The progress this item shown in the Tables below:

Table 1a

	2006-07		2007-08	
North Region	Mean	Median	Mean	Median
Duration between Referral and Allocation*	17.67	12.00	40.28	29.00
Duration between allocation and contact	4.68	1.00	3.08	1.00

* All data in tables provided in number of days

Table 1b

	2006-07		2007-08	
South Region	Mean	Median	Mean	Median
Duration between Referral and Allocation	64.33	52.00	50.83	48.00
Duration between allocation and contact	6.04	2.00	3.46	1.50

There has been significant improvement in the area of contacting clients once the case has been allocated to a counsellor, in fact well within the seven-day period. While there similarly has been improvement in the duration between receipt of referral and allocation in Metropolitan South Region, overall there remains some difficulty in allocating clients to counsellors within the two week timeframe aimed for. Factors that have contributed to this have primarily been staff turnover, and STARTTS' obligation in having to adhere to SSWAHS administrative processes (specifically a new online recruitment approval system) which led to delays in recruitment both in terms of filling vacant positions and establishing new positions. Further, at times, there has been difficulty in attracting high-calibre applicants over the past twelve month; the reasons for this have been outlined in previous contract management reports and meetings.

STARTTS has been addressing these issues with SSWAHS executive management and the STTTC service is currently in the midst of a recruitment drive.

Mission Australia

1 Service delivery

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

  Complete. A random sample of all client files was taken. The VCU was found to be either fully or partially compliant with 14 out of 16 legal requirements. 2 issues of non –compliant were highlighted: client files are not locked securely at all times and not all files recorded an emergency number for the client. While the VCU will endeavour to ensure that all client files are locked in a secure place when not in use, the nature of the service does not require the VCU to record an emergency number t for the client.

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

  Complete. Details in section 4.5.1

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

  Complete. Volunteers in all 3 regions were contacted by VCU staff. Volunteers were asked about their interest and availability to continue volunteering with the VCU. Contact details were updated on the database and staff had an opportunity to speak to volunteers about any service or client issues. Results of the audit indicate that there are 83 active volunteers in Sydney, 29 in Newcastle and 12 in Wollongong.

- 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.

VCU inductions

Dates	Region	Volunteers attended
14/7/07, 21/7/07	Wollongong	11
18/8/07, 25/8/07	Newcastle	15
23/2/08, 1/3/08	Wollongong	6
11/3/08, 18/3/08, 26/3/08	Sydney	30

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

VCU workshops

Date	Region	Topic	Volunteers attended
2/2/08	Wollongong	Vicarious trauma & self care strategies for workers	7
1/3/08	Newcastle	Volunteering: stories, achievements, challenges, future directions	7
3/5/08	Sydney	Introductory Finance	16

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

Volunteer Week

- VCU volunteers in all 3 regions were sent Certificates of Appreciation and a letter of acknowledgement on behalf of the CEO of Mission Australia and the National Volunteering Unit.
- The Mission Australia Community Services Newsletter focused on Volunteering. The VCU Team Leader contributed an article about the IHSS program. 2 VCU volunteers contributed articles about their experiences in working with IHSS clients.
- The Auburn Pictorial (May 13) published an article about NESB volunteers, focusing on volunteers working with IHSS clients.

Refugee Week

- The VCU held an afternoon tea at ACL Auburn to commemorate Refugee Week. Approximately 45 guests attended the function. A community leader from the Burmese Karen Association spoke about the affects of Cyclone Nargis on the Karen community in Australia.
- The VCU Team Leader attended a Refugee Week forum in Wollongong.
- The Service Manager attended the launch of the paper on “Food insecurity among recently arrived refugees” at Liverpool Hospital
- The Team Leader, Service Manager and a VCU coordinator attended a Karen community celebration of Refugee Week at Granville Town Hall.

2 Business Processes

- • 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.

  Complete

3. Occupational health and safety

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

  There were no OH&S incidents reported by volunteers between January and June 2008.

3. ISSUES DURING REPORTING PERIOD

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

1. Working with Iraqi LEE clients

- ***Working with little information prior to arrival***
  Unlike most referrals for new arrivals, there were alternative arrangements in place for this caseload for security and safety reasons. While these restrictions on information made available to us about these cases was entirely understandable, the "usual" pre-arrival preparation for a new family had to be dramatically altered. Accommodation arrangements were made based on the number of cases by band size for an unknown date of arrival. Caseworkers and Case Coordinators were not advised until after arrival of the particular needs of these clients.

- ***Large group arrivals***
  The first groups arrived by charter. The very nature of this arrangement means that a large number of cases need simultaneous assistance in all aspects of service delivery. While this was an issue for the Consortium, as a service provider, this was also an issue for key mainstream providers – large numbers and almost no information. For example, Centrelink's Refugee Unit demonstrated extraordinary flexibility in agreeing to book interviews for clients based on family composition and dates of birth only. Centrelink also participated in a scheme across Australia for DIAC to advise when all cases had landed in Australia and Centrelink Canberra was to advise all state/territory offices of the confirmation of arrival.

  Medicare in Sydney also demonstrated great flexibility and cooperation in working to interview and register all clients in a timely manner. Medicare agreed to ACL pre-preparing all paperwork for clients and agreed to undertake large group processing at their city office.

- ***Different settlement needs***
  Due to the background and experiences of the Iraqi LEE clients, the profile of their settlement needs has been different from other refugee or SHP clients. Most PAs have arrived in Australia with sound English language skills which has resulted in them being able to access information and services quite readily in many cases. For others, the swiftness with which they packed and left Iraq afforded them little time to adjust to the notion that they would leave behind family and friends. One ACL case returned to Iraq post-haste and another is planning to return at the time of writing this report. Many Iraqi LEE clients have been emotionally ill-prepared for their move to Australia.

- ***Managing expectations***
  It is not entirely clear what information (formally or informally) was given to these clients about what services would be available to assist them on arrival or about what they might expect to occur in terms of finding employment, quality of life and so on. The Consortium's experience to date suggests that these clients *did not* expect to be "treated like a refugee" and *did* expect to maintain their lifestyle in a similar manner to their experiences in Iraq. For many, the loss of employment and the status attached to that, the reliance on Centrelink benefits and the limitations of this on housing and lifestyle are causing some Iraqi LEE clients to feel dissatisfied with their move to Australia

2. Working with Tamil clients released from Nauru

- ***Working within very short timeframes with less than ideal communication processes***

Comment is offered here in relation to communication and process rather than the composition of this particular group of entrants.

It is not clear, as a service provider, whether there was inadequate discussion/negotiation with the clients prior to leaving Nauru about their destination in Australia or whether the clients themselves were undecided about their preferred destination. Regardless of the reasons, there was a range of communication issues which affected the quality of our response as a service provider. Some of these include late HEMS referrals, last minute re-referrals, transfers in with no notice and lack of clarity around duplication of on-arrival services for transferring cases. In the case of the first transfer in received by ACL, there was 1 hour notice to arrange accommodation and get a Caseworker to the airport. While the service was provided for this client, it was similar to an emergency response to meet the deadline rather

than a planned and purposeful case plan. The secondary movement of this caseload was widespread, as clients moved interstate in quite high numbers. Clearly, the initial destination and referrals processes did not proceed smoothly or in a timely manner for this caseload.

3. Urgent physical health responses:

There have been two recent cases referred to ACL as red alerts. DIAC requested specialist appointments for these two clients on the day of arrival.

Generally speaking, specialists will not accept an appointment without a referral from a GP and a GP will not see a client until the family has a Medicare number. To organise a specialist appointment without a Medicare number and without a GP referral was, indeed, a challenge.

The two cases required different specialisations (paediatric cardiology and paediatric endocrinology) and the service delivery fell into two different Area Health Services. Powers of persuasion were required to overcome resistance to by-passing protocols. Agreement was reached with specialists within the hospital system to accept an appointment for and to treat both of these clients, who were escorted directly from the airport to the hospital.

This is included here in part as a success story but also as an example of the Department asking a Service Provider to provide a service which is not necessarily within the power of the Service Provider to achieve. In these two instances, the clients received the assistance they required. However, if the mainstream provider (in this case Health) did not cooperate and bend their own rules a bit, ACL would not have been in a position to fulfil the Department's request.

The high level of cooperation by Medicare to assist registration by clients with urgent medical needs should also be noted in this report. Apart from ensuring that their counter staff understand processes and procedures for issuing numbers and cards to our clients, they have also gone out of their way to respond to urgent medical situations and have invited ACL to contact them whenever an unusual situation arises which needs an innovative response.

With some recent cases, they have agreed to the prior preparation of paperwork by a Case Coordinator and have pre-issued a Medicare number. ACL was advised to bring the client from the airport to a Medicare office which was on the way to the medical centre. They promised to have the Medicare slip ready for pick-up on presentation of the travel documents. They also arranged for ACL staff to by-pass any counter queue in order to pick up the slip and proceed to the medical centre. This level of flexibility and cooperation have greatly assisted ACL in achieving important health outcomes for clients.

4. Accommodation issues which continue to be a challenge

The accommodation issues raised in the section below are not new issues which arose during this reporting period. However, they are included here as they continue to provide challenges to effective settlement service delivery across the board – not just in the area of accommodation services.

Accommodation issues/challenges

1. The IHSS Consortium has recognised the tight property rental market in Consortium contract regions where this service is being delivered. Business practices have been altered to compliment this tight rental market as a very low number of affordable properties is available for refugees.

The problems experienced in service delivery caused by market forces are exacerbated when there are a large number of arrivals on a single day or over very short periods of time. The large arrival numbers in a short period of time results in refugees bidding against each other for the same LTA rental property, seriously increasing the rent they have to pay for the whole period they lease this rental property.

2. The method of rent payment for refugees is different to all other Australian tenants. Entrants in the IHSS program have been paying their rent in arrears rather than in advance. This is a contractual requirement for the delivery of accommodation services. In making the move from STA (rent in arrears) to LTA (rent in advance), many clients are disadvantaged, as they vacate their STA property with a debt to Resolve FM and have to find sufficient funds to begin paying their rent in advance. The introduction of the In-kind Support for accommodation offered to clients who accept the initial accommodation provided has done nothing to

alleviate this situation; it has only deferred the impact of the financial hardship. Clients who vacate our STA properties always have a debt which places additional hardship on them. The Resolve FM Contract Manager has made several proposals to address this anomaly but, to date, none of these have been acceptable to the Department.

3. Relatives of clients are affecting the relationships that RFM have worked hard to develop with agents. One of the key strategies in place to alleviate the problems encountered in sourcing and securing long-term accommodation for clients is to work very closely with real estate agents to convince them that IHSS clients can and will be good tenants and to strongly encourage them to respond positively to rental applications from IHSS clients. Some agents have even gone so far as to advise RFM of available properties prior to advertising the vacancies.

In some cases, relatives are placing extreme demands on agents by requesting repairs be done on rental properties or, reportedly, verbally abusing agents. When this occurs RFM has great difficulty in using this agent again for future clients. In a market context where "refugee-friendly" agents are scarce at the best of times, these relationships are very important.

4. Immediate effects of a tight rental property market:

- "affordable" housing for single entrants (as per Housing NSW guidelines – not more that 50% of income) is not readily available in Sydney and Newcastle, putting entrants at risk of financial distress.
- "affordable" housing for families is rare and properties which are affordable are frequently in a state of disrepair.
- "affordable" housing for large families is also a problem, as properties with more than three bedrooms are not plentiful at the best of times.
- In a competitive market, clients are losing out on applications for properties to others with an employment and rental history.
- Clients are not able to settle in a suburb of their choice.
- Clients are remaining in short-term accommodation for extended periods while they wait for a property to become available that they can afford in an area where they want to live.
- Clients change their minds about a property even after they have been accepted by the landlord – "hanging out" for something better.
- There are increased costs to deliver the service: each client views sometimes up to 20 properties instead of 3 – 5; many applications are lodged per client; the turn-over through STA properties is slower than anticipated requiring more STA properties to be sourced; staffing costs increase with additional properties and additional tasks per client.

Flow-on effects on other aspects of settlement

Flow-on impact on settlement:

- Clients are reluctant to undertake a range of settlement steps, such as enrolling children in school, enrolling themselves in the AMEP, making social connections when they know that they might move at any time ***or***
- Clients begin to settle in the community of their STA and then do not want to move when a suitable property becomes available.

Flow-on impact on the provision of short-term torture and trauma counselling services:
Accommodation both in terms of affordability and availability, as highlighted in the previous six-monthly report remains a critical issue for both newly arrived Refugee and Humanitarian entrants. Establishing security through permanent accommodation is an important step in the process of recovery and in rebuilding lives in a new environment and is a paramount goal for newly arrived refugees. The difficulty in securing permanent accommodation (and the associated high financial cost) affects clients in a number of ways not least being able to settle in areas close to their community and networks. Counsellors report that when clients are seen for STTTC early in their settlement period (between 4-8 weeks after arrival), the emphasis is still on settlement particularly housing issues, as many clients are not settled in permanent accommodation. While it is apparent to counsellors that many clients have experienced significant trauma, there is less engagement regarding these issues as clients' focus is on wanting STTTC support around unresolved accommodations issues.

Action: STARTTS' The Policy Officer prepared a briefing paper for Shelter NSW identifying current housing issues for refugees and asylum seekers for broad-based advocacy purposes. STARTTS along with Consortium partners continues to raise this issue at network meetings and at contract management meetings with DIAC.

4. SERVICE PROVIDER PERFORMANCE

Summary Table

Ref	KPI	Result	Action Plan
4.1.1	Needs assessments and case coordination plans	100%	
4.1.2	Delivery of services and referrals	93%	
4.1.2 b	Transfers	100%	
4.1.3	Proposer support	89%	
4.1.4	Assistance in delivering community networks	94%	
4.1.5	Development of collaborative relationships	Met	
4.2.1	On arrival reception, assistance and transport	97%	
4.2.2	Orientation	95%	
4.2.3	Emergency medical and/or clothing needs	100% medical 95% satisfaction with provision of clothing/footwear	Amend database reporting to capture emergency medical assistance required which does not come under red or general alerts.
4.3.1	Initial accommodation satisfaction	98%	
4.3.1 b	Initial accommodation meets contractual requirements	100%	
4.3.2	Provision of food	94%	
4.3.3	Tenancy agreement	98%	
4.3.3 b	Assistance to complete property condition report	98%	
4.3.3 c	Assistance with understanding documentation	100%	
4.3.3 d	Eviction proceedings	N/A	This does not apply in this reporting period
4.3.4	Established in longer-term accommodation within 4 weeks	Not met 35.7%	Continue to work with clients to try to alter their choice of suburb, property type and rent payment amounts.

4.3.4 b	Longer-term accommodation satisfaction	Not measured by survey	Will use LTA survey tool once it is approved by DIAC
4.3.4 c	Support to find longer-term accommodation	Not measured by survey	Will use LTA survey tool once it is approved by DIAC.
4.3.5	Household Goods Assistance	100%	
4.3.6	Tenancy training	100%	
4.3.6 b	Rental reference	100%	
4.3.7	Networking/ Established in longer-term accommodation within 4 weeks (same as 4.3.4)	Not met 35.7%	Continue to work with clients to try to alter their choice of suburb, property type and rent payment amounts.
4.3.7 b	Networking/ Longer-term accommodation satisfaction (same as 4.3.4 b)	Not measured by survey	Will use LTA survey tool once it is approved by DIAC
4.4.1	Assessment of STTC needs	94%	
4.4.2	Satisfaction with STTC	Not met 69% average across clinical goals	The means by which STARTTS currently reports on this KPI is by joint estimations by both client and counsellor on the degree that clinical goals have been achieved for that client. Interestingly, if Goal C (n=14) 'Manage anger' were excluded from the analysis, reported average achievement of clinical goals increases to **79%**. This current method of meeting this KPI is a measure of the perceived effectiveness of the counselling intervention with respect to achievement of specific goals. STARTTS has acknowledged that the lack of provision of client feedback on **satisfaction with STTTC as a service** needs to be rectified. This is being addressed with a trial of a client feedback mechanism planned for the next reporting period.
4.4.3	Advocacy and training on torture and trauma issues	Not met	A Training Coordinator was recruited in June 2008 and two Training Officer positions are currently in the process be recruited for. This increase in resources will greatly assist in increasing the number of training sessions that can be facilitated, with the aim to meet identified training targets in the next reporting period.
4.5.1	Entrant satisfaction with volunteers	83%	
4.5.1 b	Volunteer satisfaction	95%	
4.6.1	Advocacy and community awareness raising services	Met	

4.1 CASE COORDINATION, INFORMATION AND REFERRALS

EXPECTED OUTCOMES

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

4.1.1 Needs assessments and case coordination plans

KPI

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

STANDARD

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

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

N/A

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

How many refugee needs assessments were conducted?	159
How many SHP needs assessments were conducted?	244
How many proposer needs assessments were conducted?	254
How many refugee case coordination plans were established?	153
How many SHP case coordination plans were established?	244
Were all needs assessments and case coordination plans completed within the first week of arrival?	Yes
Comments: These were completed in a timely manner for all clients with whom we had contact – please see the exceptions below.	
Were there any instances where needs assessments and/or case coordination plans were not established?	6
Comments: There were six SHP cases in this reporting period for which ACL was not able to make contact with the Proposer. Several of these Proposers have now been contacted, but this did not occur in the reporting period.	

Have 3 sample needs assessments and case coordination plans been provided to the department, as requested by the IHSS Contract Manager?	Yes
Comments: Please see Attachments A and B (Refugees - North and South) and Attachments C and D (SHPs - North and South).	

4.1.1 NEEDS ASSESSMENTS/CASE COORDINATION PLANS	
Method/s used to determine KPI result of needs assessments and case coordination plans are established consistent with the specifications for **100% of clients**.	**Result 100%**
Methodology: Using IHSS database, a report was produced to identify any case for which there was no needs assessment or case coordination plan and to identify any lag between the date of arrival and the dates of the CC plan and needs assessment. It should be added, however, that the case coordination plan is a document which is expanded upon during the time a client is in the IHSS, as some needs and required services are not apparent within the first week after arrival.	Results: 100%
Comments: *use information above to determine whether standard met*	

4.1.2 Coordinated delivery of services and provision of referrals

KPI

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

STANDARD

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

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

N/A

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

Were all entrants assisted to register with Centrelink and Medicare within 2 working days of arrival?	No
Comments: *Data has not been collected prior to the issue of this new reporting template. June dates were reviewed for both refugee and SHP clients. For refugee clients, where ACL Case Coordinators plan and implement these services, all entrants were assisted in a timely manner in June 2008. Please note that Centrelink appointments are pre-booked and subject to delays if the Refugee Unit is unable to book an appointment.* *Proposers for SHP clients generally take responsibility for these services and they are advised, in the pre-arrival discussion and assessment, of the urgency of these two services. The ACL Case Coordinator follows up with the Proposer to determine if these tasks have been completed. ACL staff will step in and organise these services if it is found that the Proposer has been unable to complete these. Approximately 50% of SHP clients arriving in June 2008 were assisted to register with Centrelink and Medicare within 2 working days of arrival.*	
Were all entrants assisted to open a bank account within 1 week of arrival?	Yes
Comments: *ACL Case Coordinators plan this activity, wherever possible, to be carried out prior to Centrelink registration so that there is an active bank account for the deposit of Centrelink benefits. For this reason, it is rare that a bank account is not opened within one week after arrival.* *Proposers of SHP clients are also advised to assist the SHP client to open a bank account prior to the Centrelink appointment. From the data gathered for June 2008, all SHP clients were assisted in a timely manner.*	
Have 3 samples of exit interview documentation been provided to the department, as requested by the IHSS Contract Manager?	Yes
Comments: Please see Attachments E and F	

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

Each Case Coordinator has an active case list (spreadsheet) which is used for monitoring by Team Leaders and for supervision sessions between Team Leaders and Case Coordinators. These are reviewed, informally, very regularly as they are also used as one source of information when Team

Leaders are allocating new cases. They are also used to identify cases ready for exit.

Fortnightly meetings between Case Coordinators, Team Leaders and Operations Manager continue in this reporting period, as they assist in addressing issues in service delivery in a cooperative and collaborative manner. These meetings also serve as professional development, as all staff discuss complex issues and learn about a range of services for IHSS clients which they may not have had to access with their own clients.

An initiative in this reporting period is the introduction of formal, monthly meetings of the IHSS management team (including the General Manager, Government Programs). This forum serves a number of purposes, including problem-solving in areas of service delivery, information dissemination and discussion and planning.

On a fortnightly basis, the IHSS Systems Coordinator conducts random checks on the timeliness of service delivery milestones and will ask for explanations where there is any unacceptable lag between the arrival date and early key milestones.

In the first week of each month, the Senior Administrative Officer reviews data for all clients who arrived in the previous month and checks service delivery dates against the arrival date.

With recent improvements in the IHSS database, IHSS managers are now able to run a range of reports at any time to monitor aspects of case coordination and service delivery.

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

As above. The processes in place for monitoring service delivery for SHP clients are the same as for refugees.

In addition, there is a protocol in place, monitored by Case Coordinator Team Leaders, for monthly contact with Proposers to ensure that issues with entrant families are identified and addressed in a timely manner. The dates for contact with Proposers comprise two additional columns in the SHP Coordinators' active case lists – one for the last contact and one for the next contact due date. Any slippage in meeting this requirement is discussed in IHSS Team meetings.

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

The overwhelming majority of comments provided by clients about the usefulness of the pre-embarkation training were positive. Examples of typical positive comments include:
"It was very useful at the time and even now I remember things which I learned from that session."
"The information we received was very close to the life we experienced when we arrived."

In contrast, there were a few comments to the contrary, such as:
"The training did not help very much because we experienced many difficulties with housing as a big family, schooling and so on and we did not have any information to deal with it."
"There was a big difference between what we heard and the reality we faced first when we arrived."

Please see Attachment G for a summary of client responses regarding pre-embarkation training.

4.1.2 DELIVERY OF SERVICES AND PROVISION OF REFERRALS	
Method/s used to determine KPI result of **75% of entrants** are satisfied with the scope, timeliness and effectiveness of service delivery	**Result** **Average of satisfaction over all 19 questions related to all service delivery = 93.64%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: There are 6 CCIR questions in the exit survey: 1. Needs assessment: 94% of respondents are satisfied. (N = 172) 2. Initial referrals (Bank, Medicare, Centrelink): 98% of respondents are satisfied. (N = 172) 3. Referral to STARTTS – outcomes of counselling: 90% of respondents are satisfied. (N = 172) 4. Referral to STARTTS – timeliness: 94% of respondents for whom this question applies are satisfied. (N = 136) 21% of respondents said this question does not apply (N = 36) 5. Assistance with medical/dental needs: 97% of respondents for whom this question applies are satisfied (N = 139) 16% of respondents said this question does not apply (N = 29) 6. Referral to MA for volunteer support: 89% of respondents for whom this question applies are satisfied. (N = 68) Almost 56% of respondents said that this question does not apply (N = 96)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on any instances of clients who were not satisfied* The survey form is unchanged since the last reporting period.	

4.1.2 b TRANSFERS	
How many transfers occurred during the reporting period?	45 cases
Was the department notified of all transfers as soon as service provider was aware?	Yes
Does the above meet the KPI standard of notifying **all** transfers to the department ?	Met
Comments: As per transfer guidance and proforma issued by the Department in June 2006.	

4.1.3 Proposer support

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

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

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

Recommendation: Monitor process for conducting contact with Proposers to ensure it occurs.

There is a protocol in place, monitored by Case Coordinator Team Leaders, for monthly contact with Proposers to ensure that issues with entrant families are identified and addressed in a timely manner. The dates for contact with Proposers comprise two additional columns in the SHP Coordinators' active case lists – one for the last contact and one for the next contact due date. Any slippage in meeting this requirement is discussed in IHSS Team meetings and will be addressed in 1:1 case supervision between a Case Coordinator and his/her Team Leader.

Please complete the following:

Was information and guidance provided to proposers relating to: • issues they may encounter in assisting entrants to settle? • realistic expectations in assisting entrants to settle? • how they can assist entrants to access services such as Centrelink, Medicare, AMEP, childcare etc?	Yes
Comments: Proposers are provided with a comprehensive information pack prior to their family's arrival and are provided additional guidance by the Case Coordinator after the family has arrived and as settlement issues arise	

Common areas in which proposers required assistance/support?

1	Accommodation – sometimes for STA where they are unable to accommodate new families and more generally help with sourcing and securing LTA.
2	For working/studying Proposers – casework assistance for Centrelink, Medicare, banking and other appointments (STARTTS, AMEP, schools)
3	For working/studying Proposers – casework assistance with orientation, such as public transport, local community services

4.1.3 PROPOSER SUPPORT	
Method/s used to determine KPI result of **75% of proposers** report that they are satisfied with the level of support received.	**Result** **Average across 4 questions: 89%**
Methodology: A Proposer satisfaction survey is conducted at the same time that an SHP client is exited from the IHSS. To a summary of the survey findings, please see Attachment I.	Result: Of the six questions asked of Proposers, 4 relate directly to their satisfaction with service delivery. Information from Case Coordinator: No = 422 Satisfied/very satisfied = 98% Problem-solving assistance from the Case Coordinator: No = 410 Satisfied/very satisfied = 97% Accommodation assistance from RFM: No = 68 Satisfied/very satisfied = 63% Overall support from ACL: No = 432 Satisfied/very satisfied = 98%

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received
The survey tool is unchanged from the previous reporting period.

The number of responses related to accommodation services is significantly smaller, as the provision of accommodation services to SHP clients is entirely related to the Proposer's capacity to assist. There were 261 respondents who indicated that this question did not apply to their case.

The satisfaction level (63%) is likely related to the difficulties of securing LTA properties in the Sydney rental market. In some cases, both RFM and the Proposer were actively looking for LTA properties.

4.1.4 Assistance in developing community networks

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

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

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

N/A

Please list common community networks to which entrants were introduced?

1	Ethno-specific service organisations
2	Churches/temples/mosques
3	Local community services such as homework help programs, local libraries, youth programs, playgroups

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

1	Orientation to both STA and LTA suburbs and services
2	On-going help with practical tasks such as using ATMS, public transport
3	Assistance with correspondence (general), understanding bills and payment regimes, basic budgeting

4.1.4 ASSISTANCE IN DEVELOPING COMMUNITY NETWORKS	
Method/s used to determine KPI result of **75% of entrants** report that they are satisfied with the level of support received.	**Result** **Average across three questions: 94%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: 3 survey questions relate to networks 1. Assistance to enrol children in school: 96% of respondents for whom this question applies are satisfied (N = 101) 41% of respondents said this question does not apply (N = 71) 2. Assistance to enrol in English classes: 98% of respondents for whom this question applies are satisfied (N = 160). 7% of respondents said that this question does not apply (N = 12)

	3. Learning about the community with a volunteer: 89% of respondents for whom this question applies are satisfied (N = 91). 47% of respondents said that this question does not apply (N = 81)

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received
The survey form is unchanged since the last reporting period.

The organisations with which clients are linked on exit match the list of LTA suburbs on page 2 of this report. For the 495 cases exited in this reporting period, clients were linked with organisations in the following areas:
Fairfield 29.7%
Auburn 13.5%
Liverpool 13%
Canterbury/Bankstown 11%
Blacktown 9.6%
Parramatta 8%

4.1.5 Development of collaborative relationships

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

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

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

N/A

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

1	Meetings with Centrelink and Medicare managers to discuss and negotiate efficient and effective referral and paperwork procedures to meet the needs of large group arrivals such as the Mauritanians in Newcastle and the Iraqi LEEs in Sydney.
2	There has been increased collaboration with particular SGP-funded organisations, where both new and on-going collaboration has been opportune. In particular, there has been increased involvement with NSS in Newcastle, Nepean Access in St Mary's (including Penrith area) and with MigrantLink in Hornsby (regarding collaboration in service delivery for the Tibetan caseload). This has been in addition to on-going collaboration (such as the DVD project and Proposer Information Sessions with Fairfield MRC; the Proposer Information Session with Auburn MRC). ACL followed up the successful IHSS/SGP Forum in December last year with specific invitations for individual MRCs to attend the IHSS Community Advisory Panel meetings.
3	During this reporting period, a representative from UNSWIL attended an IHSS Team meeting to brief all staff on the nature of programs offered at the university site. In Newcastle and Wollongong, the Case Coordinators work closely with the local AMEP provider (NSW TAFE) to ensure that IHSS clients are registered and enrolled in the AMEP. Both Coordinators participate in their regional refugee forums, where information on IHSS is presented and TAFE usually reports on their program. In addition, there are informal meetings between IHSS and TAFE staff regarding AMEP initiatives suitable for IHSS clients. Internally, ACL's IHSS coordinates with ACL's AMEP, at a senior level, through the ACL Government Programs Senior Management Team (GP SMT) which comprises of the General Manager Government Programs, Manager IHSS, Manager AMEP Operations, Manager AMEP Contracts, Manager Employment Pathways and Manager Community Relations (AMEP and IHSS). Together, the GP SMT is able to ensure coordinated service delivery of two vital refugee settlement programs, the IHSS and the AMEP.

4.1.5 COLLABORATIVE RELATIONSHIPS	
Method/s used to determine KPI result department is satisfied with the extent of relationships established by the service provider.	**Result: Met**
Methodology: Review level and extent of interactions with key stakeholders in the reporting period. Collaborative relationships with a broad range of government and community sector organisations are essential if the Consortium is to be in a position to provide efficient and effective settlement services to all clients in this program (January – June 2008: 592 cases, 2037 people). Collaboration occurs at a program management level (involving personnel such as the General Manager, Government Programs, Manager, IHSS, Manager, Community Relations and Promotion and Training Coordinators) and at a service delivery level (involving the Operations Manager, Case Coordinator Team Leaders and Case Coordinators). Specific initiatives in this period are mentioned above. In addition, partnerships have been developed with NSW DoCS in the areas of Caseworker training on Child Protection legislation and the role of the department and NSW Police Diversity Unit and the Ethnic Community Liaison Officer network At an operational level, case management strategies require daily contact with key stakeholders such as Medicare, Centrelink, banks and health professionals and frequent interactions with a wide range of providers of services related to mental health, domestic violence, emergency accommodation, schools, school cousellors, AMEP providers and so on.	Results: Met
Comments: *Service provider should rate own performance, and explain how they made the rating* *STO contract manager will report back whether they agree with rating* The rating proposed by ACL is related to both the level of effort put into developing and maintaining collaborative relationships and the resulting, on-going, supportive relationships that ACL IHSS now has with key government and community sector stakeholders. The Manager, IHSS, the Manager, Community Relations and two part-time Promotion and Training Coordinators all have responsibility for working on fostering and maintaining these positive relationships.	

4.2 ON ARRIVAL RECEPTION AND ASSISTANCE

EXPECTED OUTCOME

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

4.2.1 Refugees are met on arrival and taken to accommodation

KPI

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

STANDARD

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

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

Improve pre-arrival preparation by including confirmation of transport arrangements and booking for appropriate child restraints:
A review of capacity of the shuttle bus operators used by ACL was conducted and a preferred provider was identified based on capacity to provide sufficient and appropriate child restraints in shuttle buses used to transport clients from the airport to STA properties.

Incorporate DIAC health alert protocols into ACL policy and procedures documentation:
This was completed with the update of IHSS policies and procedures in January and February 2008.

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

How many refugees were met at the airport and either assisted with transit, or assisted with transport to initial accommodation?	343
Of those transiting, how many required overnight accommodation?	14
How many SHPs were met on arrival and assisted with transport to initial accommodation?	2
Were there any instances of refugees *not* being met at the airport and assisted with transport to initial accommodation?	Yes See below
Comments: 1 case made own travel arrangements without notifying IOM or DIAC and ACL was not advised of the arrival date and time.	

4.2.1 ON ARRIVAL RECEPTION, IMMEDIATE ASSISTANCE AND TRANSPORTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance provided.	**Result: 97%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: 2 questions on the survey apply to this KPI Airport reception and checking immediate needs: 97% of respondent are satisfied (N = 242) Transportation to accommodation: 97% of respondents for whom this question applies are satisfied (N = 151) 12% of respondents said this question does not apply (N = 21).
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey forms are unchanged since the last reporting period.	

4.2.2 Orientation

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

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

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

N/A

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

Were all refugees provided with information/demonstrations on how to utilise accommodation and its facilities?	Yes
Comments: All refugees who accessed STA properties. Approximately 26% of families arriving in this reporting period rejected the STA accommodation offered to them.	
How many SHPs were provided with information/demonstrations on how to utilise accommodation and its facilities? As a percentage of all SHP arrivals?	23 4.8% of SHP arrivals
Comments: Most SHP families arriving are accommodated by their Proposer, who provides the orientation to their own house and facilities. 23 SHP families were accommodated by RFM on arrival and all of these families were provided information/demonstrations on how to use the accommodation and facilities.	
Were all refugees provided with $20 phone card?	No
Comments: For more than 2 years, ACL has been providing refugee clients with a pre-programmed mobile phone, with TIS, 000 and bi-lingual Caseworker numbers on autodial. From March 2008, at DIAC's request, ACL began providing refugee clients with $20 phone cards in addition to the mobile phone.	
How many SHPs were provided with a $20 phone card?	2
Comments:	
Were all refugees provided with information on what to do in the case of an emergency?	Yes
Comments:	
Were all refugees provided with the Case Coordinator's contact number (or equivalent) in case of an emergency?	Yes
Comments: This is usually a Caseworker's number, as the Case Coordinator does not always speak the first language of the entrant family.	

4.2.2 ORIENTATION	
Method/s used to determine KPI result of **75%** of refugees are satisfied with the assistance and information provided	**Result** **Average result across 3 questions: 95.6%**
Methodology: At exit, all clients are surveyed by an independent worker and survey results are tabulated. For a summary of survey results, please see Attachment H.	Results: 3 survey questions apply to this KPI 1. Assistance with signing documents and care of property: 96% of respondents who received this service were satisfied. (N = 124) 28% of respondents said this question does not apply. (N = 48) 2. Information/demonstrations on how to utilise accommodation and facilities: 95% of respondents who received this service were satisfied. (N = 130) 24% of respondents said that this question does not apply. (N = 42) 3. Tenancy training to assist with understanding of responsibilities: 96% of respondents who received this service were satisfied. (N = 148) 11% of respondents said that this question does not apply. (N = 19)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey tool is unchanged since the last reporting period.	

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

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

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

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

N/A

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

How many refugees required emergency health or clothing assistance on arrival?	Medical data not available for the entire reporting period. 23 clothing assistance

Were these needs addressed?	Yes
Comments: Data on all families who required medical assistance on arrival at the airport or on the day of arrival is held in case notes for each case. There is no database report which captures this data at present. The IHSS Systems Coordinator has analyses case notes for all refugee families who arrived in June to determine the number of families who required medical assistance on arrival (who were not red or general alert cases). The results for June arrivals indicate that only one case required medical assistance within 24 hours of arrival. The PA, who looked unwell on arrival, refused medical assistance and signed the Decline of Medical Assistance Agreement. The family rejected their STA property and went with relatives. The Caseworker left the PA to rest with relatives after the flight and then called to see if there was any improvement in the PA's condition. The family then agreed to accept medical assistance and the PA was taken to Medicare and a GP, where she was examined and treated. ACL procedures mandate that the Caseworker conducts a needs assessment at the airport for any urgent medical or dental requirements and that s/he assess the client needs for clothing and footwear. The procedure outlines action to be taken. Case Coordinators would, as a matter of course, be advised and would monitor all follow-up action. Please see Attachment J, which includes: On arrival procedures (IHSS 01.02.01); on arrival Caseworker notes and the Decline of Medical Assistance Agreement form, which all relate to the management of emergency health issues on arrival. The 10 families who needed medical assistance on arrival do not include any red alert or general alert cases. Neither were they "emergencies" in the sense that they needed medical assistance at the airport on arrival or within 24 hours of arrival. These 10 cases were identified as requiring medical assistance at the time of the initial assessment interview (within 48 hours of arrival). Once advised of the issue at hand, the Case Coordinators organised immediate (same day) follow up. During winter months, it is standard practice to have winter clothes on hand for new arrivals. While 9 families in this reporting period received clothing on arrival, 36 families required additional clothes. Some were linked to charity organisations to purchase second-hand clothing. Other clients preferred to purchase new clothing from their Centrelink benefits.	
Were all red alerts addressed within 24 hours of arrival?	Yes
Comments:	
Were all general alerts addressed with 72 hours of arrival?	Yes
Comments:	
Were all entrants assisted to fulfil health undertaking requirements?	Yes
Comments:	

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

ACL IHSS management and coordination staff take health matters very seriously. In this reporting period, the DIAC guidance documents, while already widely disseminated to staff, were appended to procedures documents held on the ACL intranet. All Case Coordinators are aware of the timeframes within which red alerts, general alerts and health undertakings are to be responded to.

Red alerts are monitored on a case by case basis, with support (and sometimes intervention) by Team Leaders and the Operations Manager.

General alerts are managed predominantly by the Case Coordinator, with supervision by the relevant Team Leader.

Follow up for Health Undertakings was previously left to clients and Proposers. Recently, ACL Case Coordinators have begun to respond to Health Undertakings themselves (by email or telephone) to ensure that the follow is not overlooked. Caseworkers are provided to assist clients to attend any follow-up appointments, if required.

Coordinators are now required to enter case notes into the IHSS database which outline timeframes and actions taken. In future, ACL will be able to run reports to verify that responses have been made in a timely manner.

4.2.3 EMERGENCY MEDICAL AND/OR CLOTHING/FOOTWEAR	
Method/s used to determine KPI result **100%** of refugees have emergency requirements/needs met within 24 hours of arrival	**Result** **Medical needs 100%** **Clothing/footwear needs 95%**
Methodology: Monitor Red and General Alerts for timely response Emergency clothing/footwear: ACL exit survey. For summary of survey results, please see Attachment H.	Results: 100% 35% of respondents were satisfied (N = 172) 63% of respondents said this question does not apply. Therefore, of those clients who required assistance, 95% were satisfied.
Comments: *Use information above to determine whether standard met*	

4.3 ACCOMMODATION SERVICES

EXPECTED OUTCOME

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

4.3.1 Provision of initial accommodation (where applicable)

KPI

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

STANDARD

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

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

Improve client satisfaction survey methodology
Following receipt of the quality assurance review, new survey forms were developed to better record client satisfaction levels. These forms were submitted to DIAC for approval on 26 May 2008. Once these surveys are approved we will commence to use them in our normal business delivery.

Please complete the following:

How many refugees were assisted with initial accommodation?	190
Comments: All arrivals have initial accommodation set up prior to their arrival.	
How many SHPs were assisted with initial accommodation?	23
Comments:	
Was the initial accommodation used approved by DIAC contract manager? (ie meet the contractual requirements)	Yes
Comments:	

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

Cover the cost of the first four weeks of accommodation?	No
Collect fair market rent and full cost of utilities after week 4?	No
Comments: The cost of first 4 weeks of accommodation for refugee arrivals (in-kind support) commenced on 1/03/08. For all other refugees and SHP clients RFM covered the cost of the first week of accommodation, then 30% of income or fair market rent for weeks 2,3 and 4, whichever is the lower and then fair market rent after week 4. RFM continued to subsidise the fair market rent and full cost of utilities for a number of clients after week 4 as they could not afford the fair market rent and utilities for accommodation in our Regions. Examples of clients are single clients and single parents with one child.	

4.3.1 INITIAL ACCOMMODATION	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of initial accommodation provided; and	**Result 98%**
Methodology: Survey conducted at Check-in	Results: 98% of clients are satisfied
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Forms used to collect feedback are unchanged from the previous reporting period. 76% of arrivals in this reporting period completed the survey form. 98% was the average of all responses. Please see Attachment K for the tabulation of survey results. Names of clients have been removed to preserve confidentiality.	

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

4.3.2 Provision of food

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

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

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

Improve client satisfaction survey methodology
Following receipt of the quality assurance review, new survey forms were developed to better record client satisfaction levels. These forms were submitted to DIAC for approval on 26 May 2008. Once these surveys are approved we will commence to use them in our normal business delivery.

Please complete the following:

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

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

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

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

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

4.3.2 PROVISION OF FOOD	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of food provided	**Result 94%**
Methodology: Survey conducted at check-in. Please see Attachment K for the tabulation of survey results.	Results: Average of all responses is 94% of clients are satisfied.

76% of arrivals in this reporting period completed the survey. ACL exit survey: one question regarding provision of food. Please see Attachment H.	95% of respondents were satisfied (N = 172)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* Survey form used for initial accommodation includes questions regarding the provision of food. This survey instrument is unchanged since the last reporting period. Some of the entrants do not seem to realise that the cash provided is for food and hence score the survey lower than expected. RFM Property Officers explain to the entrant that the food package consists of a food component and a cash component to allow the client to purchase their own culturally appropriate food. Despite this possible misunderstanding, all survey responses are tabulated as provided by clients. Please see QA comment above.	

4.3.3 Provision of/assistance with documentation

KPI

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

STANDARD

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

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

Improve client satisfaction survey methodology
Following receipt of the quality assurance review, new survey forms were developed to better record client satisfaction levels. These forms were submitted to DIAC for approval on 26 May 2008. Once these surveys are approved we will commence to use them in our normal business delivery.

Initial accommodation – please complete the following:

Is a tenancy agreement in place for initial accommodation and has this been approved by the department?	Yes
Comments:	
Are entrants assisted to complete a property condition report for initial accommodation?	Yes
Comments: RFM Property Officers provide a completed condition report with the licence agreement which has been compiled just prior to the client's arrival. During the check-in, the Property Officer will "walk" the client through the condition report. Clients are advised during this process that if there is something they would like added or changed to contact the Property Officer over the coming week and the report will be amended..	
Were there any evictions from initial accommodation?	No
If so was the DIAC contract manager notified?	N/A
Comments:	

Longer-term accommodation – were entrants assisted to:

Make applications, enter into a lease, and complete property condition reports for longer-term rental properties?	Yes
Comments: Some clients had relatives to assist them with these tasks and did not take up the offer for assistance from RFM.	

4.3.3 PROVISION OF ASSISTANCE WITH TENANCY AGREEMENT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the standard of their tenancy agreement in terms of each of understanding and fairness	**Result 98%**
Methodology: Survey conducted at check-in 76% of arrivals during this reporting period completed the survey form. Please see Attachment K for the tabulation of survey results.	Results: 98% of clients who completed the survey were satisfied.
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey form is unchanged from the last reporting period. Please see QA comment above.	

4.3.3 b PROVISION OF ASSISTANCE WITH PROPERTY CONDITION REPORT	
Method/s used to determine KPI result **75%** of entrants are satisfied with the assistance they received in relation to the completion of their property condition report	**Result 98%**
Methodology: Survey conducted at check-in 76% of arrivals during this reporting period completed the survey form. . Please see Attachment K for the tabulation of survey results.	Results: 98% of clients who completed the survey form were satisfied.
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* The survey form is unchanged from the last reporting period. Please see QA comment above.	

4.3.3 c PROVISION OF ASSISTANCE TO UNDERSTAND DOCUMENTATION	
Method/s used to determine KPI result **75%** of entrants are happy with the assistance they received in relation to understanding and	**Result 100%**

dealing with documentation associated with longer-term accommodation	
Methodology: Monitoring of complaints ACL exit survey has one question on assistance with documentation. Please see Attachment H for summary of survey findings.	Results: 100% 94% of respondents for whom this question applies are satisfied (N = 135). 21% of respondents said that this question does not apply (N = 37)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received* A new survey form has been developed to specifically address this question and will be used when approved by DIAC.	

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

4.3.4 Longer-term accommodation

KPI

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

STANDARD

- **75%** of entrants are:
  - located in longer-term stable accommodation within 4 weeks of arrival;
  - satisfied with their longer-term accommodation; and
  - satisfied with the level of support they receive in relation to longer-term accommodation.

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

Establish (as planned) case conferences or similar strategies with entrants who have unrealistic expectations about LTA and consequently refuse several properties.

These meetings were held but in the main had little impact on changing a client's expectation. Clients know they have the right of choice under the IHSS program. RFM staff continue to work with them over several months until the client realises that Resolve FM has no control over the property rental market. Then the client relaxes their LTA requirements so Property Officers can assist them source and secure their own LTA.

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

How many refugees were assisted to secure longer-term accommodation?	127
How many SHPs were assisted to secure longer-term accommodation?	11
What was the average time taken to locate entrants in longer-term accommodation?	59 days
Comments:	
Were entrants supported in negotiations with real estate or other agents?	Yes
Comments:	
Were eligible entrants assisted to obtain Government rental and/or utility bond assistance for their longer-term accommodation?	Yes
Comments:	
Where relevant, were entrants assisted with moving possessions from initial to longer-term accommodation?	Yes
Comments:	
Were entrants assisted to connect utilities to their longer-term accommodation?	Yes
Comments:	

4.3.4 LONGER-TERM ACCOMMODATION	
Method/s used to determine KPI result	**Result 35.7%**
75% of entrants are located in longer-term stable accommodation within 4 weeks of arrival	

Methodology:	Results:
RFM database report	35.7% of entrants in this reporting period were located in LTA within 4 weeks of arrival.

Comments:
provide figures and information to determine whether standard met, include narrative bout why additional time may be required
Client's right of choice and tight rental property market impacts on delivery of this KPI

Note: This figure includes clients with complex case management issues such as marriage relationship issues, health issues, clients who have travelled overseas while in STA.

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

4.3.4 b LONGER-TERM ACCOMMODATION SATISFACTION

Method/s used to determine KPI result	Result -%
75% of entrants are satisfied with their longer-term accommodation	**Not measured by survey in this reporting period**
Methodology:	Results:
Monitoring client complaints to RFM.	No complaints received by RFM.

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received
Clients choose their LTA property from a number of choices. Clients have usually submitted several applications before one gets approved. While they may have aspired to a "better" property, they are usually glad to be approved and to be moving into a longer-term property after many weeks in STA.

In some cases, landlords are not prepared to do any repairs to a rental property at the start of the LTA lease. Resolve FM has been undertaking improvements at our cost so the client is happy with the property.

An LTA survey tool was drafted and submitted to DIAC in May 2008. Once approved, this survey will be used to measure client satisfaction with their LTA property.

4.3.4 c SUPPORT TO FIND LONGER-TERM ACCOMMODATION

Method/s used to determine KPI result	Result -%
75% of entrants are satisfied with the level of support they receive in relation to longer-term accommodation	**Not measured by survey in this reporting period**
Methodology:	Results:
Monitoring client complaints to RFM.	No complaints received by RFM.
ACL exit survey has one question regarding satisfaction with assistance to find long-term accommodation – Please see Attachment H for a summary of survey results.	87% of respondents for whom this question applies were satisfied (N = 122). 29% of respondents said that this question does not apply (N = 50)

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

RFM has not previously used a survey to measure client satisfaction in this area of service delivery. A new LTA survey tool was drafted and submitted to DIAC in May 2008. Once approved, this survey will be used to measure client satisfaction with the support they have received from RFM staff to source and secure their LTA property.

4.3.5 Assistance with basic household goods

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

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

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

N/A

Please complete the following:

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

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

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

4.3.5 BASIC HOUSEHOLD GOODS	
Method/s used to determine KPI result **100%** of entrants receive goods of a satisfactory standard in a timeframe which meets their requirements.	**Result 100%**
Methodology: RFM database report ACL exit survey has one question related to client satisfaction with the Household Goods Package. Please see Attachment H for a summary of survey results.	Results: 100% of entrants received goods in a timely manner, according to their requirements. 94% of respondents for whom this question applies are satisfied (N = 172).
Comments: *use information provided above to identify whether standard met* RFM tracks the time between date of order and delivery date. In nearly 100% of cases, clients receive their HGA package within 1-2 days.	

4.3.6 Tenancy training

KPI

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

STANDARD

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

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

Improve client satisfaction survey methodology
Following receipt of the quality assurance review, new survey forms were developed to better record client satisfaction levels. These forms were submitted to DIAC for approval on 26 May 2008. Once these surveys are approved we will commence to use them in our normal business delivery.

Please complete the following:

How many entrants received tenancy training?	178
Comments:	
How many of the entrants who received tenancy training were provided with a reference?	157
Comments: A reference is usually provided at the time the clients are preparing to move into their LTA property. The difference between the first and second figures above is because the remaining entrants have not been accepted or chosen a suitable LTA as yet.	

4.3.6 TENANCY TRAINING	
Method/s used to determine KPI result **75%** of entrants are satisfied with the tenancy training provided	**Result 100%**
Methodology: Survey conducted at the conclusion of the tenancy training. Please see Attachment L for the tabulation of survey results. Client names have been removed to preserve confidentiality. ACL exit survey has one question related to satisfaction with tenancy training provided. For a summary of survey results, please see Attachment H.	Results: 100% satisfaction Tenancy training to assist with understanding of responsibilities: 96% of respondents who received this service were satisfied. (N = 148) 11% of respondents said that this question does not apply. (N = 19)
Comments: *provide details on the forms used to collect feedback* *provide explanatory narrative on negative or unsatisfied feedback received*	

69% of clients who received tenancy training completed the survey.

The survey tool in unchanged since the last reporting period.

When a client rejects an STA property and lives with their relative(s), the relatives commonly get embarrassed when RFM Property Officers conduct tenancy training in their property and their property has not been cleaned.

At the conclusion of the tenancy training the client is asked to complete a survey on the service provided. One of the questions relate to this KPI.

4.3.6 b RENTAL REFERENCE	
Method/s used to determine KPI result **75%** of entrants are provided with a reference to assist them to secure longer-term accommodation	**Result 100%**
Methodology: Standard RFM policy	Results: 100%

Comments:
provide details on the forms used to collect feedback
provide explanatory narrative on negative or unsatisfied feedback received
All LTA applications have a covering letter which forms the client's reference. This reference is tailored to match the client. If a client does not keep the property clean and tidy then this aspect is not mentioned in the reference letter. Similarly, if the client is behind in rent then no mention is made on how well the client is paying rent.

4.3.7 Networking

KPI
- extent to which the service provider is able to offer appropriate and affordable longer-term accommodation.

STANDARD
- **75%** of entrants are:
  - located in longer-term stable accommodation within 4 weeks of arrival; and
  - satisfied with their longer-term accommodation.

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

N/A

What activities have been undertaken to establish networks with housing providers? ***(ie. State and Local Housing authorities, community housing services and private sector rental providers)***

1	Meetings are held with Housing NSW representatives at least quarterly. No networks have been established as waiting lists for this type of housing (including community housing) are so long that the KPI of 75% of entrants are located in longer term accommodation within four weeks of arrival will not be met.
2	Regular meetings are held with a number of private sector rental providers to continue in building the relationships we already have so easier acceptance of applications results.
3	Regular meetings with Housing NSW are held to discuss any housing issues identified to help ease any hardship experienced by refugees. For example requesting the weekly rent of $300 be increased so agents cannot request 6 weeks bond and 4 weeks rent in advance. The Housing NSW only provides a maximum of 4 weeks bond and 2 weeks rent in advance.
4	Written to The Hon Tanya Plibersek MP, Minister for Housing, on methods to improve affordable housing availability for low income Australians. She attached the Government's booklet on Making Housing Affordable Again for our information. These are all long term solutions.
5	Written to The Hon Wayne Swan MP, Treasurer, on methods to improve affordable housing availability for low income Australians.
6	Written to The Hon Michael Costa, MP Treasurer, Minister for Infrastructure, on methods to improve affordable housing availability for low income Australians.

4.3.7 NETWORKING/ESTABLISHED IN LTA	
Method/s used to determine KPI result **75%** of entrants are located in longer-term stable accommodation within 4 weeks of arrival	**Result 35.7%%**
Methodology: RFM database report	Results: 35.7%
Comments: *use information provided in 4.3.4 (Longer-term Accommodation) to determine whether met* Client's right of choice and tight rental property market impacts on delivery of this KPI Note: This figure includes clients with complex case management issues such as marriage relationship issues, health issues, clients who have travelled overseas while in STA. Issues which affect the achievement of this KPI have been regularly reported to the Department through six-monthly reports, Annual Reports and contract management reports.	

4.3.7 b NETWORKING/SATISFACTION WITH LTA	
Method/s used to determine KPI result **75%** of entrants are satisfied with their longer-term accommodation	**Result -%** **Not measured by survey in this reporting period**
Methodology: Monitor client complaints to RFM.	Results: No complaints received by RFM.
Comments: *use information provided in 4.3.4 b (Longer-term Accommodation) to determine whether met* Clients choose their LTA property from a number of choices. Clients have usually submitted several applications before one gets approved. While they may have aspired to a "better" property, they are usually glad to be approved and to be moving into a longer-term property after many weeks in STA. In some cases, landlords are not prepared to do any repairs to a rental property at the start of the LTA lease. Resolve FM has been undertaking improvements at our cost so the client is happy with the property. An LTA survey tool was drafted and submitted to DIAC in May 2008. Once approved, this survey will be used to measure client satisfaction with their LTA property.	

4.4 SHORT-TERM TORTURE AND TRAUMA COUNSELLING SERVICES

EXPECTED OUTCOMES

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

4.4.1 Assessment of the psychological needs of entrants

KPI

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

STANDARD

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

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

As reported in the previous six-monthly report, STARTTS and ACL have planned for increasing the number of referrals of SHP entrants to STTC services over the 2008 calendar year until the target of referral of 100% SHP arrivals is achieved. Achieving 100% of referrals of SHP entrants has the potential to more than double the number of assessments performed by STARTTS with obvious implications for STARTTS staff resources and infrastructure. This plan relies on several factors including:

- 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;
- 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. In Stage 2 ACL was to directly refer up to 50% of SHP families arriving in this period were to be achieved in this reporting period. Below are tables which indicate the progress towards this goal.

Referrals received Jan-July 2008

Month	Refugee	SHP	TPV/PV 866	Total
Jan-08	18	15	1	34
Feb-08	22	17	9	48
Mar-08	26	17	4	47
Apr-08	22	16	2	40
May-08	12	33	3	48
Jun-08	40	58	2	100
Total	140	156	21	317

Visa category	families	% of total referrals
Refugee	140	44%
SHP	156	49%
TPV/PV 866	21	7%
	317	100%

Stage 3 (July to December 2008) will be reported on in the next DIAC report which will occur during 2009.

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

Were all entrants offered a referral to short-term torture and trauma counselling?	Yes
Comments:	
How long after referral to short-term torture and trauma services was an initial assessment held?	Mean 63.66 days Median 62 days

Comments:

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

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

The table below provides both the mean and median in days for each one of the above criteria for the families where assessment was completed during the period 1 January – 30 June, 2008.

	Length of time between Referral date and allocation date (in days)	Length of time between allocation and first attempt at contact (in days)	Length of time between first attempt at contact and first assessment session.	Length of time between Date of Referral and date of initial assessment session.
Mean	45.31	3.23	15.12	63.66
Median	43.00	1.00	11.00	62.00

As shown in the table above, the median for clients being contacted by STARTTS (whose assessments were completed during the reporting period), is 1 day after referral. All clients and referral sources are sent a letter within forty-eight hours of receipt of referral informing them that the referral has been received. The client is sent information about STARTTS which requests them to contact STARTTS in order to discuss how the service can support them and is followed up by a phone call from a counsellor.

Figures in the third column, length of time between first attempt at contact and first assessment session has remained consistent with the previous reporting period with the greatest delay remaining in the area of date of referral to allocation. Figures in the first column indicate that the time between referral and allocation of clients is still longer than desired. 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 peaks and troughs in arrivals impacting on the number of clients referred in a month does further impact on the statistics measuring this length of time. Staffing levels and capacity have, in this reporting period, been affected by the one counsellor going on maternity leave whilst a second counsellor acted as a Team Leader, reducing the number of counsellor hours available. Although, four new counsellors (filling vacant positions) also joined the team, 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 and they are only just nearing full caseload numbers. STARTTS is currently actively recruiting for counsellors and it is planned to increase the team by a further 2-4 positions.

4.4.1 ASSESSMENT OF NEEDS	
Method/s used to determine KPI result **100%** of entrants report that they have had the opportunity to access appropriate short-term torture counselling services.	**Result 94%**
Methodology: All clients are informed about STARTTS services at their needs assessment interview with their ACL Case Coordinator, which is held within 48 hours of arrival. 100% of refugee arrivals are directly referred to STARTTS for assessment. Direct ACL referrals of SHP clients are increasing according to the implementation plan and by December 2008, all SHP clients will be directly referred by ACL Case Coordinators The ACL client satisfaction survey administered at exit has one question which relates to accessing STARTTS services in a timely manner. Please see Attachment E for a summary of the survey findings.	Results: 100% have been informed and offered the opportunity to access STARTTS services 94% of refugee clients for whom this question applies are satisfied (N = 136). 20% of clients said that this question does not apply (N = 36)
Comments: *use information provided above to determine whether standard is met*	

4.4.2 Detailed case plan of interventions

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

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

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

Please see section 4.4.1 of this report.

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

STARTTS has a clear conceptual framework to inform counselling intervention practice. STTTC counsellors use the Refugee Comprehensive Assessment Tool (R-CAT) that provides a comprehensive individual and/or family psychosocial assessment to allow short term counselling interventions and referrals to appropriate services. The reasons for the referral are discussed to establish the clients understanding of the assessment and why they were referred. Confidentiality, and the limitations of confidentiality are clarified until the counsellor is satisfied the client understands the concept. An overview of the assessment process and STARTTS services are provided and the person's consent to continue is sought. A range of needs is identified as a result of the assessment process and these are reviewed with the client at the end of an assessment session. Needs that can be addressed in the short-term are distinguished from needs to be addressed in the longer term. The client and counsellor discuss goals and priorities and the counselling plan is negotiated. All further contact, sessions and referrals are negotiated with the client.

In terms of intervention, STARTTS practitioners use, and continue to develop, a variety of treatment modalities within a psychosocial framework, which addresses the physical, psychological, emotional, social, cultural, linguistic, ethnic and gender issues. STARTTS uses a client and family centred approach, which facilitates the involvement of clients in decision-making and supports informed consent for treatment.

4.4.2 ASSESSMENT OF NEEDS	
Method/s used to determine KPI result **75%** of entrants are satisfied with the service provided.	**Result 69%**
Methodology: **(i) General Client Goals Relating to STTTC assessment** Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment process. Assessment goal reviews were conducted with the family units who completed assessment during this period. These goals have been identified as being relevant to the majority clients that receive an assessment regardless of whether they elect to receive short-term intervention. Counsellors, through discussion with clients, establish these goals and at completion of assessment, record whether they have been achieved. **Not all goals are relevant for all clients.** For example, not all clients will be experiencing significant psychological symptoms. The majority of clients however, may require support and psycho-education concerning the impact of past experiences and take away with them a greater understanding of the resettlement process. **Clinical Goals Review** (for clients receiving counselling after assessment) **for the period 1 January – 30 June 2008** Client feedback has been obtained through clients' achievement of identified objectives and goals within the assessment and counselling process. Clinical goals are reviewed upon discharge from the service. At case closure, the degree of achievement is rated using the same scale as that described for general goals. It is recognised that goals can change in the course of client contact but it is not possible to report at closure on a different set of goals. Clinical goals are established with clients at the end of the assessment period on the assessment/case plan form. Below are the clinical options that have been established: 1. Manage traumatic stress symptoms 2. Manage anxiety symptoms other than traumatic stress symptoms 3. Manage anger/aggressive behaviour 4. Manage depression 5. Manage psychosomatic symptoms 6. Manage psychological symptoms other than the above 7. Manage grief reaction 8. Address social isolation by fostering networks which are meaningful to client 9. Linking or case management required when involving services addressing treatment of a psychiatric disorder 10. Strengthening family functioning	Results: For the period January to June 2008, 69% of clients recorded a moderate to significant level of progress on clinical goals. The ACL exit survey has one question about client satisfaction with STARTTS interventions. 90% of respondents are satisfied with services received (N = 172). Please see Attachment H for a summary of survey results.

11. Supportive counselling in relation to settlement and health needs 12. Other (as per client specification)	

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

The table provides information on goals achieved for 277 families who completed assessment during the period 1 Jan - 30 June 2008

Assessment Goals	Goal Achieved
In discussion with client:	
How to contact relevant health services.	259
Understanding how past experiences can affect day today living.	220
Manage psych symptoms which interfere with carrying out daily tasks.	101
Understanding the resettlement process.	251
At completion of assessment:	
Client participation in decisions about help	263
Has settlement been assisted by contact with the service?	257

The table below provide information on short-term intervention cases that were **closed** during the reporting period. In this period for the 127 clients (104 families- some families more than one persons retained for counselling) where short-term intervention has been completed, the referral and assessment could have occurred prior to this reporting period.

	Number of clients who are being reported upon: 127			
Goal Description	**Minimal Achievement**	**Moderate Achievement**	**Significant Achievement**	**Percentage of clients reporting moderate to significant achievement (d) = (b+c)*100**
Goal A: Manage traumatic stress symptoms	12	46	6	81%
Goal B: Manage anxiety symptoms other than traumatic stress symptoms	12	37	3	76%
Goal C: Manage anger/aggressive behaviour	8	5	1	42%
Goal D: Manage depression	5	7	4	68%
Goal E: Manage psychosomatic symptoms	2	5	1	75%
Goal F: Manage psychological symptoms other than above	3	5	3	72%
Goal G: Manage grief reaction	8	25	11	82%
Goal H: Address social isolation by fostering networks which are meaningful to the client	5	34	12	90%

Goal I: Linking or case management required when involving services addressing treatment of a psychiatric disorder	1	3	1	80%	
Goal J: Strengthening family functioning	11	37	5	79%	
Goal K: Supportive counselling in relation to settlement and health needs	13	53	28	86%	

4.4.3 Advocacy and training

KPI

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

STANDARD

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

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

N/A

Please complete the following:

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

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

Targets achieved against Annual Plan:

Service Type	**Sessions Delivered Jan. 08-June 08**	**Area**	**Target July 07–June 08**
Hospitals	2 (6)*	Concord, Bankstown	4
General Practitioners	2 (3)	Parramatta, City	3
Non-government counselling organisations, including Anglicare, Centacare and Burnside	- (0)		3
Health Interpreter Services	- (0)		4
Community Health Centres	- (1)		5
Women's Health Centres	- (0)		4
Baby Health Services	- (0)		2
AMEP providers - Counsellors	- (0)		3
School Counsellors	6 (6)	Northern Beaches, Parramatta, Merrylands, Auburn, Blacktown, Baulkham Hills	6
TAFE Counsellors	1 (2)	Brookvale	2
Centrelink – Psychologists and Social Workers	1 (1)	Burwood	2
Dental Services	- (0)		2

Sexual Assault Services	- (0)		3
Domestic Violence Services	- (0)		3
PSP Counsellors	- (0)		2
DOCS	- (1)		6
IHSS Consortium Partners	4 (10)	Wollongong, Auburn	As needed
Tertiary students in social work, psychology, welfare and/or equivalent†	3 (8)	Granville, Ultimo, Sydney	4
Other service providers involved in counselling, mental health and psychological services	2 (9)	South West Sydney, Sydney	3

** Numbers in brackets indicate the cumulative total of sessions delivered in the period July 07 – June 08*

† Please note that in the previous report, five training sessions for tertiary students were reported in the ACAR section in error. The sessions were for Sydney University nursing students (2 sessions) and TAFE welfare students (Wetherill Park, Meadowbank & Kogarah). These sessions are included in the cumulative totals in the relevant section of the table above..

4.4.3 SHORT-TERM TORTURE AND TRAUMA ADVOCACY AND TRAINING	
Method/s used to determine KPI result the department is satisfied that **all** agreed activities have been undertaken in a satisfactory manner.	**Result (met/not met)** **Not met**
Methodology: 1. Review training activity against annual plan for advocacy and training of medical and other health professionals. 2. Participant Evaluation and Feedback: STARTTS training delivered during the period has ranged from one to seven hours (1 day) duration per session. Evaluations are required for sessions of three hours duration or longer. Typically, STARTTS does not administer evaluation sheets when conducting training/information sessions of less than three hours duration; however this is left to the discretion of the individual conducting the training. When training is done in conjunction with, or under the auspices of another organisation, it is common practice for that organisation to require that participants complete their own internal evaluations, therefore separate STARTTS evaluations are not administered in such instances. Evaluations received: 41 Results of the evaluations are provided in the Comments section below.	Results: Targets not met in all service type areas identified in Annual Plan. A limited number of evaluations were completed.
Comments: *Service provider should rate own performance, and explain how they made the rating* *STO contract manager will report back whether they agree with the rating* It is to be noted that STARTTS was without a Training Officer during the reporting period. This has had a significant impact on the capacity of STARTTS to deliver training and carry out marketing activities in order to meet identified targets. Where STARTTS did fall short in meeting annual training targets in many of the	

above categories, it can be noted that we also met and in fact over achieved targets in other categories (namely Hospitals, Tertiary Students & other services involved in counselling, mental health & psychological services). A Training Coordinator has recently been recruited and the Training Officer positions will also be recruited for. This increase in resources will greatly assist in increasing the number of training sessions that can be facilitated, with the aim to meet identified training targets in the next reporting period.

Participant Evaluation and Feedback

Question	Total responses	Percentage of Total Evaluations
The content was relevant to my job.	**40**	
(a) *Answer*		
Not applicable	0	0%
Strongly disagree	0	0%
Disagree	0	0%
Agree	23	57.5%
Strongly Agree	17	42.5%
The content was the right level for me.	**41**	
(b) *Answer*		
Not applicable	0	0%
Strongly disagree	0	0%
Disagree	0	0%
Agree	22	53.7%
Strongly Agree	19	46.3%
The trainer was well prepared.	**39**	
(c) *Answer*		
Not applicable	0	0%
Strongly disagree	0	0%
Disagree	0	0%
Agree	17	43.6%
Strongly Agree	22	56.4%

In regards to evaluation completion rates, it is noted that there is room for improvement. Disruptions in the management of training delivery has played a significant role in the limited amount of evaluation data available however, now that a full-time Training Coordinator has been employed, this issue will certainly be addressed through a more coordinated, consistent and standardised approach.

Within this limited response, however, the feedback from evaluations has been largely positive. One of the most frequent suggestions for improvement continues to be the need for more time. This is generally not in STARTTS' control and therefore it can be a challenge to meet this specific need/expectation as organisations will generally have limitations in terms of how much time they can allow for training activities. STARTTS continues to strive to be flexible by providing organisations with the opportunity to request ongoing training on specific topics so that a more in depth learning experience can take place. This would allow for the inclusion of learning activities that enable practice of skills and integration of information.

Another suggestion raised on several occasions was the need to update the content of material. This issue has already been taken on board by the new Training Coordinator who has started updating statistical and country information provided in training sessions. She is also facilitating a review of current training packages with the view to update and improve material/content across the board.

A further theme noted is the suggestion for more case studies to further illustrate theoretical content. This is also currently been addressed through the training package review process. This area can also be addressed through further training and mentoring for staff who facilitate training as part of their role so they can better integrate their clinical experience with training/presentation delivery.

While every effort is made to tailor training to group needs, it is sometimes difficult to address differing levels of knowledge, experience and expectations within groups.

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

- *"Excellent speaker, lovely, engaging."* (Social Worker)
- *"Being aware of people's response to trauma whilst in hospital."* (Social Worker)
- *"Content was very good. This is a very complex area & I feel I understand it a little better."* (Social Worker)
- *"Very clear and the examples were useful. I had the feeling that there was a lot of experience and thinking put in this seminar."* (Refugee Case Worker)

4.5 VOLUNTEER COORDINATION

EXPECTED OUTCOME

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

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

KPI

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

STANDARD

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

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

Recommendation: Improve client surveys on volunteer support so reporting on satisfaction levels can be more comprehensive and accurate – Please see 4.5.1 below

Please complete the following:

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

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

The VCU management had undertaken to increase the return rate of the annual Volunteer Satisfaction Survey by 10% in 2007/2008 as an area for improvement. In 2006/2007, the response rate for the survey was 54%. In 2007 - 2008, the response rate increased to 66% - an overall increase of 12%. It is uncertain at this point if the VCU will be able to maintain this high level of response from the volunteers as achieving this level required considerable allocation of human resources for multiple follow ups by phone and mail by VCU staff.

4.5.1 ENTRANT SATISFACTION WITH VOLUNTEER	
Method/s used to determine KPI result **75%** of entrants are satisfied with volunteer support provided; and	**Result 83%**
Methodology: Clients who exited the VCU service between 1 January 2008 and 30 June 2008 were surveyed. 58 clients were exited in this period and 29 surveys were completed giving a response rate of 50%. Clients were either contacted by telephone or post. For clients contacted by telephone and who could not speak English, TIS (Telephone Interpreting Service) was used. As yet, the hard copy survey is not available in community languages. Therefore those who received the survey in the post received it in English. Surveys were posted to clients who, after two attempts could not be contacted by telephone. Feedback was sought on 6 areas of service delivery: 1. length and frequency of volunteer visits; 2. activities volunteers assisted with; 3. activities clients would like more help with; 4. whether or not clients were happy with their volunteer; 5. if having a volunteer helped with settlement in Australia; and 6. how Mission Australia can improve its service. For a copy of the survey tool and the analysis of the response data, please see Attachment M.	Results: **Frequency and length of volunteer visits** • More than 40% (12) of clients reported that volunteers visited their house once every 2 weeks and that the volunteer stayed for more than 2 hours (10 respondents, 34%). • 4 (14%) respondents reported that their volunteer came once a month while 3 said the volunteer came once a week (10%). 8 reported that the volunteer stayed for an hour (28%) and 7 for 2 hours (24%). • 5 respondents answered "Other" when asked about the frequency of visits. 3 stated that the volunteer only visited their house once. However, one of these respondents stated that the volunteer kept in constant contact by telephone. The other two respondents stated that the volunteer only came to visit them twice. • 5 respondents did not answer *Question 1: How often did your volunteer come to your house?* and 4 did not answer *Question 2: How long did your volunteer stay at your house?* Out of these respondents, four could not recall anyone from Mission Australia assisting them. This could be due to the fact that in some cases a large amount of time had elapsed between actual conclusion of the service and date of survey. **Activities volunteers assisted with** • Clients reported that volunteers assisted with a whole range of activities in order to help them settle comfortably in Australia. • The most popular activity volunteers assisted with and provided information about was public transport including catching the bus and train, reading timetables and buying tickets (19 respondents). This was followed by matters relating to: education for example school, English classes, university and TAFE (18 respondents); and emergency services such as 000 (18 respondents). • Volunteers also helped clients with using appliances such as washing machines, ovens, TVs, DVDs, heaters etc (17 respondents). They also provided information and assistance with: interpreters and translators (16 respondents); shopping (15);Centrelink(15); and banks/ATMS (15). • Other activities volunteers provided assistance with include: drivers licenses/road safety; Australian law; youth services/youth centres; religious/cultural activities; local community service/event; health matters such as going to the doctors, hospitals, Medicare; help with filling

	in forms; and writing personal correspondence.
	• 2 clients noted that Mission Australia volunteers gave them presents at Christmas time. These were gift vouchers provided by corporate donors.
	• This demonstrated that clients are: receiving assistance with community living skills; connecting with relevant organisations; and receiving support and information on a diverse range of areas.
	
	Levels of client satisfaction and relevance of service
	
	• 24 out of 29 respondents said that they were happy with their volunteer (83%). There weren't any respondents who were not happy with their volunteer. Only 1 respondent did not know if they were happy with their volunteer. 4 respondents answered "N/A" as they did not remember any volunteer from Mission Australia assisting them.
	• Positive comments about volunteers include: "(The volunteer) is polite and is always explaining things that I don't understand", "(The volunteer) was always ready to assist us and talked to us kindly", "When I needed something (the volunteer) helped me".
	• Positive comments about the service Mission Australia provides include: "Mission Australia is a very good service. There is nothing more that I could ask for".
	• 18 out of 29 respondents (63%) said that having a volunteer helped a lot in their settlement in Australia. 3 (10%) said that it helped a little while 3 (10%) said that it did not help with settlement. One of the volunteers who said that the volunteer did not help with settlement also noted that "volunteers should visit clients in the first weeks of settlement". This could indicate that the client already felt settled and connected to the community when Mission Australia provided the services of a volunteer.
	
	Further help and service improvement
	
	• 66% of respondents said that they did not want any further help from volunteers implying that they were happy with the service they were already receiving from Mission Australia.
	• However 5 respondents stated that they would like further help from their volunteer. Activities clients would like volunteers to help or provide further assistance with include:
	  o finding a job
	  o training
	  o filling in housing forms
	  o changing schools (for children)
	  o Centrelink
	  o studying and homework
	  o English at home
	• 12 respondents gave suggestions about how Mission Australia could improve its service to them. Suggestions for service improvement include:

	○ provide volunteers in the first weeks of arrival ○ maintain contact with volunteers after the visiting period has ended (in case clients need further assistance) ○ provide more responsible volunteers ○ match clients and volunteers from the same background
The ACL exit survey has two questions which relate to client satisfaction with the assistance provided by a MA volunteer. For a summary of survey results, please see Attachment H.	Regarding ACL providing a referral to MA: 89% of respondents for whom this question applies are satisfied (N = 76). 55% of respondents said that this question does not apply (N = 96) Regarding the assistance provided by the volunteer: 89% of respondents for whom this question applies are satisfied (N = 91). 47% of respondents said that this question does not apply (N = 81).

Comments:
provide details on the forms used to collect feedback – Please see Attachment M – This is a new tool.
provide explanatory narrative on negative or unsatisfied feedback received

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

In order to increase client satisfaction and increase service relevancy it is recommended that volunteers provide further assistance in areas such as employment, education and learning English.

Other suggestions for improving Mission Australia's service, as outlined by clients, include matching volunteers and clients earlier in the resettlement process and encouraging volunteers to maintain client contact after the visiting period has ended. It is not always possible to match clients and volunteers from the same background.

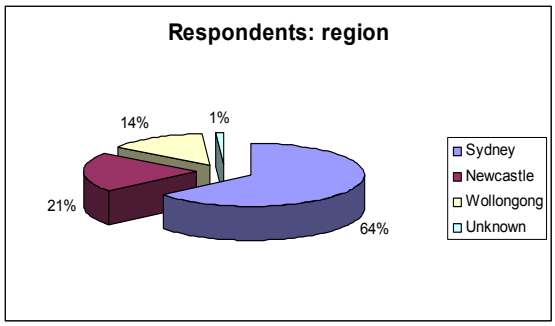
4.5.1 b VOLUNTEER SATISFACTION WITH VOLUNTEER COORDINATION	
Method/s used to determine KPI result **75%** of volunteers are satisfied with volunteer management arrangements.	**Result 95%**

Methodology:

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

In order to increase client satisfaction and increase service relevancy it is recommended that volunteers provide further assistance in areas such as employment, education and learning English.

Other suggestions for improving Mission Australia's service, as outlined by clients, include matching volunteers and clients earlier in the resettlement process and encouraging volunteers to maintain client contact after the visiting period has ended. It is not always possible to match clients and volunteers from the same background.



59 (64%) volunteer in the Sydney region, 19 (21%) in the Newcastle region and 13 (14%) in the Wollongong region. The region where 1 (1%) respondent volunteered was unknown.

For a copy of the survey tool and the analysis of the response data, please see Attachment N.

Results:

Frequency and duration of visits

- 31 respondents (34%) visited their clients every week, while 13 (14%) visited their clients every 2-3 weeks. 31 respondents (34%) answered N/A or did not respond. This is most likely due to the fact that 26 respondents (28%) were waiting to be matched with their first refugee family at the time.
- 22 respondents (24%) reported that client visits lasted 1 hour and 17 (18%) 2 hours. 11 respondents indicated that the frequency and length of visits depends on the client's needs at the time (12%). 29 respondents (32%) answered N/A, again most likely as they had never been matched with a client.

Details of activities

- Volunteers undertook a whole range of activities in order to assist clients settle into Australia.
- The most popular activity according to this year's survey was taking clients shopping: 38 respondents indicated they completed this activity with their client. This included taking clients to shops which sold ethnic/religious specific items or introducing clients to cheaper shopping alternatives such as ALDI supermarkets, second hand shops and markets.
- The second most popular activity was to introduce clients to public transport (33 respondents) which included explaining how to use buses and trains, how to read timetables, and how to buy tickets.
- Other activities included: introducing clients to local community services and events (21 respondents) for example going to the library, migrant resource centres and community centres; showing clients how to use banks/ATMs (20); advising on health matters (20) such as making appointments and visiting local doctors, hospitals, Medicare; and advising on education matters (19) such as attending English classes, TAFE, university and school.
- These activities helped to achieve the objectives of connecting entrants with the community, familiarisation with local shops and services and providing links with relevant organisations.
- Other activities include providing information and assistance with Centrelink (8), housing (8), road safety and obtaining licenses (4) and religious and cultural activities (7). Volunteers also helped clients with community living skills such as demonstrating the use of washing machines, oven, TV, DVD etc (7) and

discussing personal hygiene such as the use of soap, deodorant etc (2).

- Volunteers also provided help with children (5) such as developing activities (ie drawing, craft), helping with homework, and demonstrating how to pack children's lunches.
- Volunteers provided local orientation with visits to the city, parks, and beaches. Other activities they undertook included providing assistance with Australian law, emergency services, family issues, computer skills, cooking, reading letters, paying bills, making appointments, filling forms, translating.

Whether clients are benefiting

- 69 (75%) respondents believed that clients were benefiting from the visits while only 2 (2%) believed that clients were not benefiting. 21 (23%) respondents did not or were not able to answer the question.
- Of the two who did not believe the client was benefiting one stated that the client did not benefit much because it was difficult to communicate when a language barrier existed.
- As reported by volunteers, benefits to clients include:
  - empowerment – for example, ability to access services themselves
  - independence
  - increased confidence
  - knowledge about Australia and Australian lifestyle
  - enjoyment
  - increased trust – for example, opening up and feeling more comfortable to ask for help, being more cooperative

Satisfaction with training and support from VCU

- 95% of volunteers (87 out of 92 respondents) stated they were satisfied with the training and support provided to them by VCU.
- One respondent stated that: "it has been the most satisfying volunteer training/experience … I have been kept up to date, received newsletters, extra refresher training and a Christmas card too!"
- Other positive comments include: "I always receive on going support from your unit whenever I need it" and "a lot of energy and information is given to the volunteers by the coordination unit".
- Even though an overwhelming majority of volunteers were satisfied with VCU training and support, many commented on the need for further training and development to compliment their experiences. This need includes: more opportunities to interact with other volunteers, to share ideas and experiences; information about new activities; better resources.

Volunteers feeling well resourced

- 65 out of 92 volunteers (71%) felt that they were well resourced when they visited clients. Only 4

	respondents (4%) did not feel well resourced and 23 (25%) did not or could not answer the question. • A sample positive comment includes: "I usually visit the client will all the relevant information, training and other daily basic resources". • However some volunteers feel that better resources provided by VCU would improve their service to clients. Sample comments about this issue include: "I usually feel adequately resourced (but) sometimes I don't know which organisation is the right one to help with a certain thing," and "Resources are found by investigation, asking around" and "(I) sometimes need maps". • Again more respondent feedback regarding resources can be found below in Improving the service and 4. Recommendations. **Improving the service** • 54% of respondents provided suggestions for improving the service, while 38% did not, some stating they were happy with the service as it is. 8% did not answer the question. **Some of the main areas for service improvement include:** • provide more resources (13 respondents); • improve communication between VCU and volunteers (12 respondents); • provide more training (8 respondents); • increase the number of client visits (7 respondents); and • match volunteers more frequently with clients (5 respondents).

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

It is clear from the responses received that the majority of VCU volunteers are performing the tasks required of them. In turn, volunteers are assisting entrants to develop independence to participate and contribute fully in the community. There are, however, some aspects of the service that may need to be reviewed and amended to improve the service quality provided to clients and improve satisfaction levels for volunteers.

Suggestions for service improvement as stated by VCU volunteers are:

- Provide more volunteer resources which include:
  - volunteer information packs;
  - training videos for new arrivals;
  - picture books for clients who can not speak English to improve communication between volunteers and clients;
  - baby seats to help transport families with children (ie a loan of baby seat from Mission Australia during the visiting period);
  - information package for teenagers about alcohol and drugs;
  - region specific websites (ie website for Newcastle);
  - cultural profiles;

Improve communication between VCU and volunteers which includes:

- Provide more training
- Increase the number of client visits
- Match volunteers more frequently with clients
- Match volunteers with clients when they first arrive (rather than after they have been in

Australia for a number of months)

- Improve communication between Mission Australia and clients which includes: ensure clients understand who Mission Australia is and the role of the volunteer (ie what they can and can not provide); and
- establish client/volunteer accountability (ie get clients to sign on after every visit).
- Match volunteers with clients who speak the same language/are of the same religion
- Formally engage other related organisations for example SCARF and IMS in the Illawarra region, recruit Burmese interpreters for Wollongong region (to reduce work load of ACL caseworker)
- Match volunteers with clients who live in the same area
- Improve consortium partner services for example ensure clients are happy with the service ACL provides
- Provide more resources directly to the client which includes Mission Australia providing furniture, financial assistance with bills and rent

The VCU will consider each of the above suggestions and provide feedback to the volunteers on their recommendations.

4.6 ADVOCACY AND COMMUNITY AWARENESS RAISING SERVICES

EXPECTED OUTCOME

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

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

KPI

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

STANDARD

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

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

Recommendation: Improve reporting to include more detail on target audience and topics for ACAR information/training sessions:
Please see report below.

Please complete the following:

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

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

CONSORTIUM

1. Proposer Support Information Sessions

Four information sessions were held in the reporting period January 2008- June 2008:

23/2/08 - Auburn ACL organised by ACL IHSS
Presentations by: ACL IHSS (ACL IHSS Proposer Support and Proposer Responsibilities), STARTTS, Centrelink and DIAC – Australia's Humanitarian Program
19/3/08 – hosted by Auburn MRC
Presentations by ACL IHSS (ACL IHSS Proposer Support and Proposer Responsibilities), DIAC – Australia's Humanitarian Program
3/5/08 – hosted by Fairfield MRC for African Communities
Presentations by ACL IHSS (ACL IHSS Proposer Support and Proposer Responsibilities), Centrelink

23/6/08 – hosted by Fairfield MRC for Iraqi (Arabic speaking community)
Presentations by ACL IHSS (ACL IHSS Proposer Support and Proposer Responsibilities), Centrelink

Two other sessions were planned with MigrantLink (Hornsby) and Illawarra Migrant Services but were not finalised before the end of the reporting period and are expected to take place in the second half of 2008.

2. Presentations/ Community Awareness Raising Activities for Mainstream Providers

Refugee Week event (although held in July) hosted by ACL and RFM aimed to raise awareness of accommodation issues amongst real estate agents and accommodation industry professionals as well as showing appreciation to those involved in helping refugee families settle.

Manager, Community Relations provided presentations to Canterbury Bankstown MRC and Boston University Students visiting Sydney.

IHSS and AMEP staff provided information for Community Welfare students studying at Brookvale TAFE.

3. Reporting on IHSS program activities and participating in interagencies

The Manager, IHSS, Manager Community Relations and Promotion and Training Coordinators and Consortium Partners regularly attend forums and interagency meetings such as:

- NSW Refugee Support Network
- Hunter Refugee Support Network
- Illawarra Refugee Issues Forum
- Regional Multicultural Advisory Council
- Multicultural Advisory Forum
- Refugee Health Improvement Network
- Refugee Student Support Group
- Fairfield Emerging Communities Action Plan
- Fairfield Migrant Interagency
- Blacktown Emerging Communities Action Plan
- Canterbury Bankstown Refugee Settlement Needs Forum
- Nepean Refugee Coalition
- Penrith Multicultural Interagency
- Liverpool Humanitarian Network
- Auburn Humanitarian Network
- NSW DoCS Ethnic Affairs Advisory Committee
- NSW Department of Housing Multicultural Advisory Forum
- Shelter NSW NESB Housing Forum

4. ICAP meetings

ACL continues to convene the IHSS Community Advisory Panel that has wide stakeholder representation, both refugee service delivery organisations and mainstream service provider. There are four ICAP meetings convened in each calendar year. Those who attend provide timely feedback and advice on service delivery quality and suggested improvements.

ACL has put in place a series of meetings with Community Leaders representative of the intake profile; so far meeting with leaders from the Assyrian, Mandaean and Karen communities. Further meetings with other key client group representatives will continue to occur throughout the Contract period.

5. The ACL IHSS Consortium Newsletter

This newsletter is published quarterly and continues to have wide readership among service providers, DIAC, community members and ACL group and Consortium Staff.

ACL

1. Linking with AMEP service providers

Sessions have been run with ACL AMEP staff and at AMEP consortium Mangers meetings to raise awareness of the IHSS service and integrate service delivery between AMEP and IHSS. An AMEP UNSW representative was invited to meet with Case Coordinators in January to discuss service delivery and referrals. Additional sessions are planned with other AMEP providers in the second half of this current calendar year.

2. Working with NSW DET and Catholic Education Office

DET representatives are regular participants at ICAP meetings, and ACL Promotion and Training Coordinator participates in Refugee Student Support Group meetings which are held quarterly and are represented by DET: Multicultural Programs Unit, CEO, STARTTS: School Liaison Officer, youth workers and other stakeholders. The Manager, IHSS has met with Virginia Casanova of Catholic Education Office, Sydney Diocese.

3. Meeting with government

Briefings on characteristics of refugee and humanitarian settlement (IHSS) to various levels of government were conducted during this reporting period:

- State MPs in Auburn (Barbara Perry) and Blacktown (Paul Gibson)
- Federal MP for Lindsay (David Bradbury) and Reid (Laurie Ferguson)
- Community Development staff and Social Planners at: Auburn Council, Blacktown Council, Liverpool Council and Penrith Council
- Professional Development seminars with General Practitioners in the Illawarra (Division of General Practice)

4. Money management resource

The resource is supplied to clients in the information packs they receive at assessment interviews and is being offered to AMEP teachers to use in classroom activities. It has been determined that teachers are in the best position to offer the training.

ACL has investigated possible alternative financial/budgeting support programs which might be available for IHSS clients. St Vincent de Paul requires clients to register with them for training after which one of their staff will visit clients in their home. To date, this service has not been accessed by IHSS clients.

5. Promoting the service and providing training

Some formal presentations during this reporting period have included:

1. 20/2/08- PTC presented to ECLOs professional development day at Parramatta Police HQ about IHSS Service Delivery and recent arrivals
2. 28/2/08 – PTC presented to DET (CIOs and ESL consultants/specialists) about IHSS service delivery, including case studies for discussion with participants

3. 20/3/08 – PTC and Manager Community Relations presented to Penrith Council about ACL AMEP initiatives in the area and about IHSS Service
4. 16/4/08 – PTC presented to Mt Druitt Ethnic Communities Agency about IHSS service delivery
5. 29/5/08 – PTC and Manager Community Relations participated in the Community Services EXPO at Lidcombe Catholic Club, organised by NSW Office of fair Trading
6. 20/6/08 – PTC presented to Fairfield Centrelink staff about IHSS service delivery

The Promotion and Training Coordinators have also provided four training sessions to Mission Australia volunteers; 2 sessions (Adult Learning Principles and Cross-Cultural Awareness training) in Wollongong 1/3/08 and 2 sessions in Sydney 18/3/08.

6. Advocacy on behalf of clients' needs:

During this reporting period, there have been a few initiatives to improve service delivery based on client need:

- Advocacy role for IHSS client confined to nursing home – seeking to transfer HGA allowance to purchase of electrically operated medical bed. This involved liaison with the Medical Equipment Supplier, Resolve FM, Client, the IHSS Case Coordinator, Nursing Home Director and DIAC to facilitate the transfer of equivalent HGA funds to purchase of electric medical bed for client.
- Advocacy role for IHSS clients: in consultation with Resolve FM, ACL investigated the depth and breadth of current tenancy training and the impact it was having on the general condition of STA properties let to clients. A report was prepared recommending a number of changes to the current tenancy training process to try and address the current problems.
- Advocacy role for IHSS clients: in response to current housing difficulties faced by single young adult clients, the promotion and Training Coordinator prepared a report recommending 2 innovative strategies for assisting such clients move from STA into more secure accommodation. The report was submitted to DIAC Contract Managers for their consideration as acceptable alternatives to more "traditional" private or public sector rental housing.

7. Community support and sponsorship

At a community level, ACL supports emerging IHSS client communities and helps to create community awareness of their needs by providing assistance in the form of sponsorship and access to other resources; this includes:

- Sponsorship of Refugee Week events in Sydney and the Illawarra, in partnership with others such the Refugee Council of Australia and the Illawarra Ethnic Communities Council
- Sponsorship of Community Radio programs for the Sierra Leone/West African community, Sudanese community and the Assyrian community, providing for community information in first language to recently arrived communities, as well as for community capacity building outcomes
- Provision of in-kind support to IHSS client communities in the form of use of premises for community meetings, activities and first language schools and use of equipment such as Public Address system, data projectors etc
- Donated more than 150 copies of ACL's Operation RoadSafe DVD to assist newly arrived humanitarian entrants to prepare for their Driver's License
- Provision of sponsorship for Sierra Leone Independence Day Celebrations, Sudanese Equatoria Cultural Awareness night and community bus raiser
- Assisted with preparation of community project funding applications for the Hazara Community, Mandaean Community, African Islamic group and Sudanese Dinka.

8. Proactive media strategy

During this reporting period, ACL's Media and Communications Unit has liaised closely with DIAC staff in Canberra regarding any media interest in IHSS clients, such as the Tamil clients released from Nauru and the recent Iraqi LEE clients.

The Unit has also been instrumental in "placing" positive stories about IHSS clients and/or staff as a mechanism to dispel myths about the perceived problems created by refugee arrivals in Australia.

The Media and Communications Unit negotiated and achieved:

Media Releases

ACL celebrates contribution of refugees – Refugee Week – 11 June 2008
Celebrating our cultural diversity – 20 March 2008
Learning sewing skills in a bid to improve employment opportunities – 25 February 2008
American students visit ACL Auburn College as part of social policy course – 22 February 2008
New initiative focuses on employment for newly arrived migrants and refugees – 6 February 2008

Media Coverage

SBS Radio Arabic Program – Celebrating Refugee Week (interview with Hashim Eidam) – 20 June 2008
Auburn Review Pictorial – Following footsteps: Hashim is a help to refugees - 17 June 2008
Auburn Review Pictorial – Secure place to call home – 17 June 2008
Fairfield City Champion – A dream come true in land of freedom – 18 June 2008
Blacktown Advocate – He's more than happy to help – 18 June 2008
Parramatta Advertiser – Praise for generosity (From war-torn Sudan to Aussie safety) – 18 June 2008
Auburn Review Pictorial – A taste of policy on the ground – 26 February 2008
DIAC website "Our People" – Operation Roadsafe DVD – June 2008
Auburn Review Pictorial – Migrant help (Federal Budget lends language learning hand) – 20 May 2008
Radio 2000FM Assyrian Program – Operation Roadsafe DVD – 7 April 2008
Auburn Review Pictorial - Smiles replacing lives of sorrow – 11 March 2008
Auburn Review Pictorial – Learning hands on job skills – 11 March 2008
Parramatta Advertiser - Sewing up job skills – 5 March 2008
Auburn Review Pictorial – Our true diversity – 6 February 2008

Please see Attachment O for hard copies of relevant media releases and coverage.

Resolve FM

Resolve FM undertook to work with Consortium members to provide information and attend meetings as required. This has been fulfilled through participation in MA volunteer training and attendance and reporting at such meetings as the Refugee Support Network, the Illawarra Refugee Issues Group, ICAP and so on.

In addition, Resolve FM undertook to liaise with tenancy and advocacy groups – please see the networking section of the Accommodations Services section of this report (Section 4.3.7).

STARTTS

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

- STARTTS has continued to participate in and contribute to all relevant refugee network meetings and forums including RSN (Refugee Support Network), Sydney and Newcastle, RHIN (Refugee Health Improvement Network), IRIF (Illawarra Refugee Issues Forum) as as Local Government Area (LGA) specific migrant and refugee network/interagency meet

- STARTTS continues to respond to community demand by conducting counselling in outr centres as required. This assists not only in achieving access and equity outcomes in se delivery but also in establishing effective relationships with health service providers a ran community locations. In the reporting period STARRTS EIP delivered outreach ser including 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
    - Mona Vale Hospital
    - Newcastle TAFE

- STARTTS continues to proved training and consultancy to a range of mainstr government agencies, community organisations and service providers. Training consultancy is offered by all programs within the STARTTS portfolio, enabling the agen provide specialised services where required. In 2008 STARTTS will complete recruitmer an expanded training team which will enhance their ability to deliver a broad rang services.

MA

In addition to the activities stated in the six-monthly report to DIAC for July –December 2007, the VCU was involved in a number of community awareness activities during Volunteer week and Refugee Week. These activities are outlined in section 2.

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