

# Association for Services to Torture and Trauma Survivors Inc.

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**ASeTTS**

**Assisting Torture  
and Trauma Survivors**

13 February 2008

The Hon Brendan O'Connor MP  
Minister for Employment Participation  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Minister

ASeTTS (Association for Services to Torture and Trauma Survivors) is a member of the Federation of Services to Survivors of Torture and Trauma (FASSTT). ASeTTS provides a range of services to refugees and humanitarian entrants including settlement counselling, therapeutic counselling, parenting and relationship counselling, support groups and community based services in schools and with youth. Many of our clients have escaped persecution, war and dislocation within their countries of origin. Often they have experienced severe trauma and /or torture and lived in refugee camps for extended periods of time. While most are thankful to Australia for providing a new start for them the past experiences are too engrained to simply shake off and the process of resettlement is often arduous and taxing. ASeTTS provides 20 different types of programs to its clients , one of which is the Personal Support Program (PSSP) a DEWR PAGES service. Moreover, ASeTTS is a designated specialist service provider within the PSP.

Last year the former Minister for Workforce Participation, Minister Stone, invited comment from PAGES providers regarding services in her portfolio and ASeTTS provided a response. A copy of this is attached for your information.

ASeTTS welcomes this further opportunity to comment on its PSP program. Many of the issues ASeTTS highlighted in the last letter are still of concern. However, since that letter was written additional changes within the DEWR framework have added further stress to servicing an already challenging client group.

The original intent of the PSP (then located within the portfolio of Families and Community Services) was to support individuals who had significant barriers to employment. The program aimed to provide personal, social and psychological support to participants with the aim of maximizing any potential or capability they had to engage in meaningful work. When the program was first developed the profile of the Australian workforce was significantly different in that unemployment statistics were still relatively high for able

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people and many programs focused on encouraging and achieving employment outcomes. The PSP focused on developing pre employment skills with a group which was recognised as having significant social and psychological barriers to employment.

In June 2007 DEWR introduced a High Performance Indicator Framework (HPIF) which changed the focus of the program from primarily achieving social outcomes to include a stronger emphasis on also achieving economic outcomes – as evidenced in the weighting given to economic outcomes developed for the HPIF. The implication of this has been two-fold. Firstly, there is now more pressure on participants (who have significant barriers) to seek employment. Secondly, PSP providers are now being evaluated on their ability to achieve economic outcomes for their clients. Despite assurances from DEWR State contract managers that the specific issues facing our special need group will be taken into account in the assessment of PSP contract performance we have not seen official documentation to indicate this. In the meantime PSP providers are having to direct their energies with a greater emphasis towards employment for its participants rather than building the necessary social and psychological strengths required by this particular cohort.

Unlike other employment programs offered by DEWR, PSP providers do not receive funding to provide training or other services which offer support, remediation or rehabilitation to their participants. This is expected to be provided from within the payment framework which barely meets real staffing costs. Yet this is a client group that is deemed high need, with exceptionally high barriers to employment and that requires high levels of intervention to address physical health, psychological and social problems, more often than not, which are associated with trauma and torture issues. The cost of these supportive interventions alone is high and compounded by the high costs of providing training or education. Furthermore, the costs of interpreting are never fully met by the PSP and, although there has been one review, they are not subject to ongoing review or indexed to meet rising costs.

In the interest of brevity, but not without concern, we would like to make the following points about the current state of the PSP:

1. ASeTTS is now dealing with a growing number of extremely challenging participants. Centrelink Job Assessment Capacity Assessors are referring participants with personal barriers that can be in excess of 10 barriers, sometimes up to as high as 26. The mere presence of so many barriers will significantly diminish their capacity to engage in the workforce within the 24 month period of the PSP. Given the HPIF this gives neither the participant nor the provider a fair opportunity to meet the program outcomes, especially the economic outcomes.

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2. It also needs to be remembered that the first and most difficult barrier that many of our participants face is an inability to speak English. Many are illiterate in their own language and learning functional language is a major life task. Many employers will not employ staff who do not have a proficient command of the language due to safety and occupational health issues. For many, mastering English, a complex language to learn and become literate in, will take more than 24 months. This does not appear to be acknowledged within PSP nor the impact this will have on their participation and achievement of the goals set by DEWR.
3. ASeTTS has also noted and queried the consistency of reports being provided by Job Assessors to the PSP as well as the relevance/applicability of their qualifications. For example, we have noted that Assessors' academic qualifications are often in allied health areas which do not necessarily qualify them to assess psychological or trauma related issues. We have found the quality of recommendations lacking in understanding of the impact refugee experiences and their participation in the program.
4. ASeTTS also been concerned with the increasing frequency with which elderly, disabled and incapacitated participants are being referred to the program as well as participants who come with a Centrelink assessment that states that they will be incapable of working within 24 months. At the same time the Assessors prescribe a minimum number of hours the participant might be able to work. Such contradictory information is confusing for the providers as well as the participants. On the one hand it is recognised that the participants' barriers are so significant they will not be able to work within the prescribed period of the program but then, to ensure they are eligible for PSP, they state the participant should be able to work a minimum number of hours. This not only places the participant under pressure but also places a burden on the providers to meet HPIF requirements that in most cases cannot be met. In addition to this ASeTTS has been observing a very significant increase in the number of cases which have been 'referred in error' to its program because Assessors are unfamiliar with referral criteria.
5. A similar issue also arises with participants who should, because of their barriers, be considered for a disability pension. The Centrelink process has a limitation in that while the disability pension assessment is being finalised the client is in the interim referred to PSP. If the participant is subsequently granted a disability pension they are not excused from the PSP. However, they are advised by Centrelink staff that participation is voluntary and subsequently a majority of such participants then withdraw from the program. The PSP provider however is marked down under the HPIF as not having engaged the participant for the 24 month period of the program.

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6. ASeTTS would also like to note the increasing number of referrals of participants with multiple barriers who should be assessed by Centrelink for disability pensions but are not. This task often falls to PSP staff and consumes a large amount of time, again only to have this effort go against them as failing to engage the client for the 24 months (due to voluntary status). There is also a financial implication in relation to potential lost income especially if this occurs post the eighth month participation point.

## **Conclusion**

ASeTTS is very concerned about these issues and the implications for our clients as well as for us as providers. This is an important program for our clients and in its purest form offers them real opportunities to attend to and resolve serious issues, both personal and social, in their lives.

The introduction of the HPIF, we believe, has negatively changed the original nature and intent of the program. The lack of support funding for this program disadvantages participants and providers alike and may cause some providers to re-assess the viability of providing this service within the current framework (indeed our sister organisation in Queensland has recently announced its intent to quit the program).

We would encourage a policy review of how refugees, the elderly and disabled are managed within PSP and Centrelink, as well as a review of how this impinges on the HPIF.

In closing, we thank you for the opportunity to comment on the PSP and would be pleased to meet with you personally to discuss these issues in more depth.

Norma Josephs  
Director  
ASeTTS

Renay Grech  
Manager Clinical Services  
ASeTTS