



Australian Government
Department of Immigration
and Citizenship

Evaluation of the Complex Case Support Program

SUMMARY OF FINDINGS AND RECOMMENDATIONS

December 2010



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INTRODUCTION

The Complex Case Support (CCS) Program has been administered by the Department of Immigration and Citizenship (DIAC) since 2008. A review of the program was conducted in latter half of 2010.

The findings and recommendations of that review are summarised below.

EXECUTIVE SUMMARY

1. Background

The CCS program delivers specialised and intensive case management services to humanitarian entrants with exceptional needs. Administered by DIAC and commencing nationally in October 2008, the program provides flexible, tailored and localised responses to meet the individual needs of each case.

CCS is specifically targeted at supporting humanitarian entrants whose needs extend beyond the scope of core settlement services. The program is designed to work in partnership with settlement and mainstream services to address the often significant barriers these clients face in settling in Australia.

The CCS program, while still a relatively new program, is at a stage in its development that is suitable to review in order to shape its future implementation.

2. Purpose of evaluation

The purpose of the evaluation is to assess CCS program performance and management and to assess the most effective placement of the program in the Settlement Framework.

3. Terms of Reference

The terms of Reference for the evaluation are as follows:

Investigate the operation of the program to 30 June 2010 and produce a written report on:

- a. the effectiveness of the CCS Program – *To what extent is it achieving what it was set out to achieve?*
- b. the efficiency of service delivery – *Are there better ways of achieving these objectives?*
- c. the efficiency of DIAC's administration of the program – *How well has it been implemented and can improvements be made?*
- d. the appropriateness of the program and its objectives – *Is CCS still relevant and the best model?*

The evaluation report will also examine and provide advice on:

- e. the most effective placement of the program within the Settlement Framework for service provision to clients.
- f. improvements to program policy, design and implementation.

4. Findings

Summary

Overall, there is a high level of support for the CCS program for providing intensive, flexible and client focused services to clients whose needs go beyond the capacity of other settlement services to respond. There is strong support for retention of the program for meeting a demonstrated need, delivering services effectively and filling a gap in service provision. While the fundamentals of the program are supported, issues have been identified for further refinement or adjustment of the program as it moves forward.

It is anticipated that the improvements in service provision being implemented in the Humanitarian Settlement Services (HSS), particularly stronger case management, will have an impact on referral rates to CCS. However, it is likely to take some time before this causes a substantial decline in referrals to CCS. In view of this, it is recommended that the CCS program be continued with adjustments recommended in this report. CCS should next be evaluated in coordination with any future evaluation of the HSS program.

Key issues

a) effectiveness of the CCS referrals and services for clients – *Is it delivering outcomes for the clients who need it?*

Feedback from service providers, clients and staff indicate that generally CCS services are delivering appropriate outcomes for clients. There is particularly strong support for the intensive, flexible, case management approach taken in CCS as being responsive to the needs of clients. Overall there is satisfaction with the ease of referral to the program. Clients who need CCS are generally gaining access to it.

No change to the eligibility period or criteria is proposed, and no changes to the referral process or decision making arrangements for referrals.

A number of issues were identified however, requiring further adjustment to the parameters and delivery of the program, including:

- Allowing a longer period for the development of case management plans (increasing from three days to five days) and greater scope for the service provider to consult the client to ensure the plan responds to their needs.
- Development of more information products suitable for clients.
- Recording systematically in future case reporting and program monitoring the extent to which clients receive the services in their case plans and the reasons for any shortfall in services.

- Revision of the Client Satisfaction survey, including translation into client languages and regular communication of results from the survey to service providers and within DIAC.
- Development of an annual quality assurance program by National Office for implementation by DIAC's state and territory contract managers.
- Inclusion of an explicit goal and activities in all case management plans to aid the client's transition out of the program and pathways to other services.

b) the efficiency of service delivery – *How well is the service provider panel operating to deliver case management services to clients?*

Generally the panel model is working effectively to provide flexible and appropriate delivery of services to clients. The capacity of many panel members has increased since the program commenced, with several providers engaging specialist staff for this program. However, the current panel has not always provided adequate service to clients in all rural and regional areas. There are also significant disparities in the fees charged by panel members.

This report recommends that the panel approach be retained as it provides the best approach to flexible, efficient and responsive service delivery for a program of this kind. A tender process is recommended for the panel to be refreshed and improved. This would include:

- Particular attention to the professional capacity and skills offered by tenderers including their experience in delivering social services, holistic case management and social services in a culturally appropriate manner.
- Encouragement of direct rural service provision by providing for an annual basic infrastructure payment for providers in specific locations, and providing that this payment be capped and scaled to the particular locations.
- Encouragement for local government authorities to tender in regional centres.
- Streamlined service levels to only a single level of case management.
- Providing stronger guidance on pricing, potentially including a preferred price band, subject to advice from a specialist financial advisor.
- Consideration of the experience or ability of organisations to provide a holistic case management service to vulnerable clients.
- Standardised six monthly reporting to fall due on set dates for all providers.

It is further recommended that the department:

- Undertake further awareness raising of CCS and advocacy to mainstream agencies for service provision to humanitarian clients and among settlement service providers in regional locations with high humanitarian settlement.

- Clarify what is required by ‘case management’ in CCS and clearly articulate to service providers and clients the differences in expectations between settlement programs.
- Develop support for consistent advice on case management plans, which could include a check-list covering the essential CCS case management themes and increased DIAC staff training.

c) DIAC’s administration of the program – *How well has it been implemented by DIAC and can improvements be made?*

Much of the administration of CCS has worked effectively and matched with predicted outcomes. While some issues have been identified requiring further scrutiny and adjustment, these do not appear to have had a strong impact on services or outcomes for clients.

There were a range of views on the extent to which the program administration and delivery should be centralised in DIAC’s National Office or delegated to state and territory offices. However, it is recommended that the current structure be retained with contract management in state and territory offices, oversight of service delivery by the Global Manager CSM, and policy and program management by National Office.

This report recommends:

- business process re-design be undertaken and a statement of roles be developed to clarify the roles of: policy and program management in National Office; contract management and implementation in state and territory offices; and the Global Manager in ensuring consistent, timely and appropriately staffed service provision.
- standard method be implemented to determine which organisation is the most appropriate provider for each case, based firstly on the needs of the client and secondly the capacity of providers to manage given existing workloads and expertise
- A greater focus on staff training and recruitment of appropriately skilled staff as vacancies arise.
- The development of a systems solution for management of client referral and service provision (similar to HEMS used in the Integrated Humanitarian Settlement Strategy (IHSS)) that allows for input of case and client information by Service Providers and DIAC case managers, and improved program reporting.
- Removal of the requirement for service providers to maintain a 24 hour, seven days per week contact from future CCS contracts, as well as DIAC no longer maintaining a 24 hour CCS phone line.
- Improved program management and support to ensure consistency in contract management.
- Streamlining of administrative processes, particularly for the payment of invoices.

d) Program settings – *How appropriate and effective are the program settings. How does it sit in the Settlement Framework? What changes should be made?*

The CCS program was developed and implemented before the formal enunciation of the Settlement Framework in late 2009. However, most of the principles underpinning the Settlement Framework are existing features of the CCS program and are reflected in the CCS Principles. The CCS program provides flexible and client-focused services, which are based on the client's individual needs and strengths.

It is recommended that the program be retained as a separate settlement service which meets a demonstrated need and delivers support that is complementary to but not provided by other settlement services. It is recommended that the CCS Principles be retained and slightly adjusted to reflect better alignment with the Settlement Framework.

It is also recommended that CCS be subject to further review, to occur in conjunction with a future evaluation of the HSS to determine the best placement for intensive case management support for humanitarian clients.

SUMMARY OF RECOMMENDATIONS

The following is a summary of all recommendations.

Effectiveness of CCS for Clients

In relation to effectiveness of the services for clients it is recommended that:

- the eligibility period of five years be retained.
- particular attention be paid to referrals over five years after arrival in the implementation of enhanced advocacy and stronger program management.
- eligibility for CCS be maintained as being for humanitarian entrants only.
- while minor adjustments may be made, no substantial change to the referral form or process is proposed.
- no change is made to the current division of decision-making responsibilities for referrals.
- future administration of the program include greater feedback to those referring refused cases about the action taken to respond to the referral.
- improved program management will include more awareness raising and advocacy to mainstream services by DIAC, as discussed further below.
- service standards and payment arrangements be amended to:
 - extend the period for submission of a case management plan to five working days from the provider's acceptance of a client.
 - require that the service provider undertake a needs assessment including meeting with the client(s) and seeking client input in the development of each case management plan.
 - provide that the initial needs assessment and case plan development be subject to separate fees, payable regardless of whether an Order for Services is subsequently issued for the case. (The costs for implementation of any case management plan would be finalised through an Order for Services, separate from the costs of the needs assessment).
 - require the issuing of an Order for Services within three working days of receipt of a draft case management plan from the provider.
- stronger contract management and program management by state and territory offices and National Office, with oversight by the Global Manager, be used to monitor and improve commencement of services within the service standards for the program.

- more information products be developed to assist service providers and others in explaining the CCS service to clients and potential clients. This could include a short brochure on CCS and how it works, translated into several key languages.
- the extent that clients receive the services included in their case plans and achieve sustainable improvements in their settlement circumstances be captured by future case reporting and program monitoring.
- the reasons for any shortfall in services be recorded systematically to support improved program management.
- Quality assurance measures be taken as follows:
 - the client satisfaction survey be redrafted into ‘plain English’, made more suitable to the client audience and translated into relevant languages,
 - feedback from client satisfaction survey be communicated regularly to panel members and within DIAC, as well as liaison with panel members to seek higher rate of returns, and
 - an annual quality assurance program be developed by National Office for implementation by STO contract managers.
- all future case management plans explicitly include a goal and activities for assisting the client to transition to other settlement services, such as IHSS or Settlement Grants Program (SGP), or to mainstream services.

Efficiency of Service Delivery

In relation to efficiency of service delivery it is recommended that:

- the panel approach be retained as it provides the best approach to ensuring flexible, efficient and responsive service delivery. As the existing contracts expire on 30 June 2011, it is further recommended that a tender process be commenced for refresh of the panel, with contracts to be for three years with one option to extend at the department’s discretion for a further term of up to three years.
- the refresh of the Humanitarian Services Panel pay particular attention to the skills and professional capacity and skills of tenderers, including their experience in delivering social services, experience in delivering holistic case management and support in a culturally appropriate manner.
- ‘rebound referrals’ are closely monitored and that awareness raising activities seek to ensure that referrals from a diverse range of non-panel members is supported.
- in a refresh of the panel, allowance be made for regional providers to maintain their capacity to deliver services. This could be achieved by nominating key locations of expected regional settlement as being eligible for the provision of an annual basic infrastructure cost, which could be capped and scaled according to the infrastructure available in regional centres.

- encouragement for local government authorities to tender in regional centres.
- further awareness raising of the CCS program be undertaken among settlement service providers and mainstream agencies in regional locations with high humanitarian settlement.
- the refresh of the tender panel be based on a single 'level' of case management.
- in order to encourage sustainable service provision and greater consistency in pricing, the refresh of the tender panel include guidance on pricing, including a preferred price band, subject to advice from a specialist financial advisor.
- any refresh of the tender panel considers the experience or ability of organisations to provide a holistic case management service to vulnerable clients as a pre-condition for a successful bid.
- National Office create and maintain an ongoing awareness raising strategy for CCS, to be delivered by National Office and the STO network. This strategy would include key goals related to: increasing knowledge of the CCS program among mainstream agencies and increasing referral from mainstream agencies for eligible clients.
- DIAC take a greater role in advocating to mainstream services where there are shortcomings in service provision and to seek adjustment of service provision to meet the needs of clients. This should be in addition to CCS panel members continuing, as part of their normal case management activities, to advocate to mainstream services on behalf of their clients.
- 'case management' for CCS is more clearly defined in relation to HSS and SGP concepts of case work and case coordination, and that DIAC clearly and consistently communicate its expectations of case services in the various settlement services.
- develop support for consistent advice on case management plans, which could include a check-list covering the essential CCS case management themes and increased DIAC staff training.
- under refresh of the panel, six monthly reporting be standardised, to fall due on 31 March and 30 September for all providers.

Administration of the Program

In relation to administration of the program it is recommended that:

- a business process re-design be undertaken and a statement of roles be developed to clarify the roles of: policy and program management in National Office; contract management and implementation in state and territory offices; and the Global Manager in ensuring consistent, timely and appropriately staffed service provision.
- a standard method be implemented to determine which organisation is the most appropriate provider for each case, based firstly on the needs of the

client and secondly the capacity of providers to manage given existing workloads and expertise.

- the Global Manager, with the support of National Office, guide implementation of a CCS contract management plan for each state and territory office with a focus on staffing and ongoing management of the CCS program.
- staff with a background in settlement services and/or other contract management matters, as well as professional case management or social service qualifications be sought for positions in CCS as they arise.
- National Office create and implement a training strategy to assist existing and new employees in CCS areas.
- a system solution for the management of CCS client referral and case management be developed that allows for better input of case and client information by Service Providers and DIAC case managers, and better program reporting. In order to track clients, it is recommended that this includes the use of a single identification number that can be tracked across many DIAC systems – such as HEMS ID number.
- the requirement for service providers to maintain a 24 hours, seven days per week contact be removed from future CCS contracts and that DIAC no longer maintain a 24 hour CCS phone line.
- CCS National Office, in consultation with the Global Manager CSM and the Financial Strategies and Services Division, further refine budget and payment arrangements, with the objective of strengthening budget management and reporting, as well as streamlining invoice payment arrangements.

Program Settings - Settlement Framework

In relation to the policy settings and settlement framework it is recommended that:

- the CCS Principles be retained and slightly adjusted to reflect better alignment with the Settlement Framework.
- CCS is maintained as a separate settlement program until capacity exists elsewhere to provide effective service provision.
- CCS be subject to further review, to occur in conjunction with a future evaluation of the HSS to determine the best placement for intensive case management support for humanitarian clients.

Appendix 1 - CCS Principles

The provision of CCS Services is underpinned by the following principles:

A single point of contact – the relationship with the Case Manager is the foundation on which the Case Management process is based, working in partnership with the individual and their family or carer.

Client participation – Clients are active participants in the Case Management process.

Life strengths approach – acknowledges that every individual has strengths that should be the focus of the interaction between the Case Manager and the Client. The delivery of Services draws upon Client strengths so they can achieve the optimum level of independence and participation in the community.

Collaboration – Case Managers work collaboratively with other service providers and professionals involved with a Client to ensure the best possible outcomes for that person. Case Managers communicate effectively, and work transparently, cooperatively, and professionally with any other case managers or professionals who deal with the Client. It is vital that all involved parties are able to work together in a coordinated, cooperative and transparent manner in the best interests of the Client.

Professionalism – Clients receive services from appropriately trained and skilled Case Managers who deliver Services in accordance with relevant industry standards, codes and guidelines.

Individualised – mutually agreed upon support goals with Clients receiving the appropriate level and type of support according to their needs and personal circumstances.

Continuity of care – Services are delivered in an orderly and uninterrupted manner and Clients are satisfied with both the interpersonal aspects of care and the coordination of that care.

Sustainable Client outcomes – Services delivered are consistently of a high quality and focused towards transitioning Clients to independence and/or to the mainstream service system in a sustainable manner. The budgetary and any other constraints Clients may have are considered under this approach.

Resourcefulness – Case Managers draw upon all available resources, both formal and informal, to provide support in the most cost effective manner.

Flexibility – support is delivered in a way that suits individual Client needs and varied according to the changing needs of the Client.

Confidentiality – is maintained at all times in accordance with legislative requirements and program standards.

Respect – Clients are individuals who have the inherent right for respect of their human worth and dignity.

Culturally appropriate – Case Managers have the skills to work appropriately with Clients from culturally and linguistically diverse backgrounds and Case Management services are sensitive to and respectful of the cultural and linguistic background as well as the spiritual/religious values of Clients. Information is communicated accurately to Clients and Clients have the opportunity to communicate their needs in the language of their choice.

Accountable – Case Managers ensure that any brokered services are delivered to the required professional standards and in accordance with the CCS Principles.

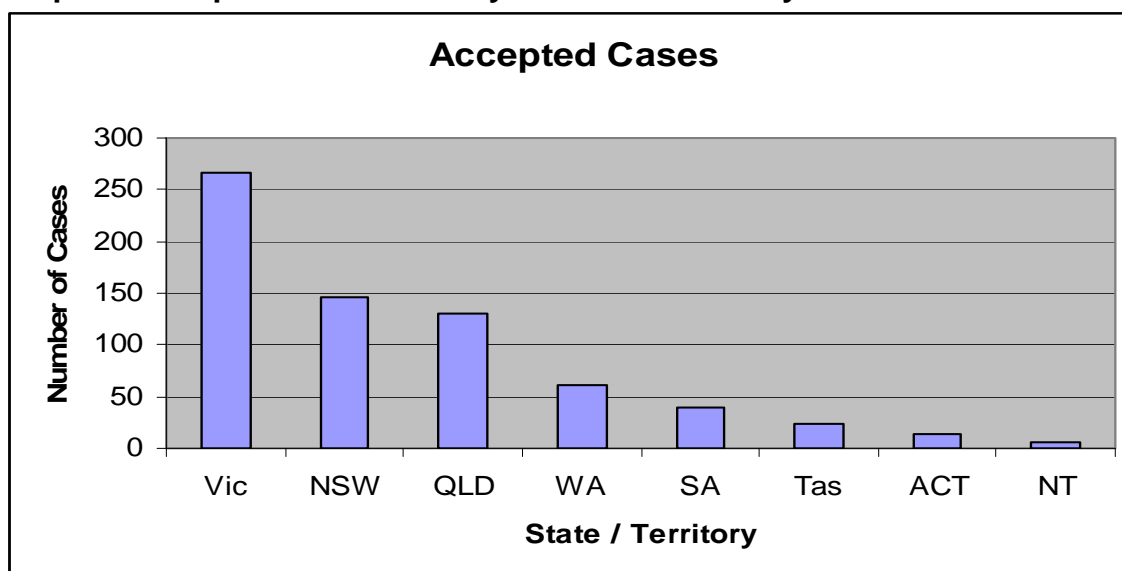
Appendix 2 - Client Demographics Tables and Graphs

Table 1. Settlement location of humanitarian entrants Jan 2004-Jun 2010

	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Other	Total
2003-04	1 740	1 822	544	628	488	125	62	34	2	5 445
2004-05	4 374	4 725	1 568	1 915	1 588	267	184	180	10	14 811
2005-06	3 918	4 451	1 622	1 672	1 399	240	139	141	15	13 597
2006-07	4 306	4 148	1 664	1 752	1 715	218	157	149	22	14 131
2007-08	3 525	3 560	1 297	1 368	1 285	269	149	134	45	11 632
2008-09	3 826	4 938	1 473	1 518	1 404	370	165	164	103	13 961
2009-10	3 758	3 669	1 650	1 274	1 514	434	125	143	286	12 853
	25 447	27 313	9 818	10 127	9 393	1 923	981	945	483	86 430

(source: Settlement Database)

Graph 1. Accepted CCS Cases by State and Territory



Graph 2. Humanitarian Arrival Population by State and Territory

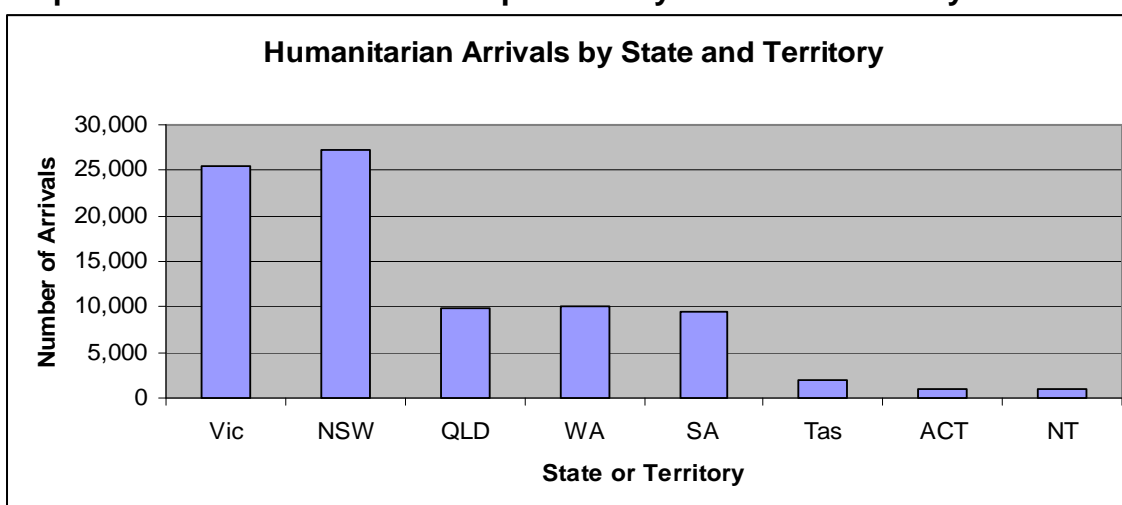


Table 2. Humanitarian visa sub-classes and accepted CCS cases

Visa sub class	Subclass Description	Number of entrants	% of entrants	Number of CCS cases accepted	% of CCS cases accepted
200	Refugee	31 519	37%	306	45%
201	In-country special humanitarian	647	1%	5	0.8%
202	Global special humanitarian	36 963	43%	235	34%
203	Emergency rescue	26	0.03%	0	
204	Woman at risk	5 287	6%	101	15%
866	Protection	11 058	13%	35	5%
Other	CB151 Former Resident			1	0.2%
TOTAL		85 500	100%	683	100%

Graph 3. Visa Sub-classes in Arrivals and CCS Cases

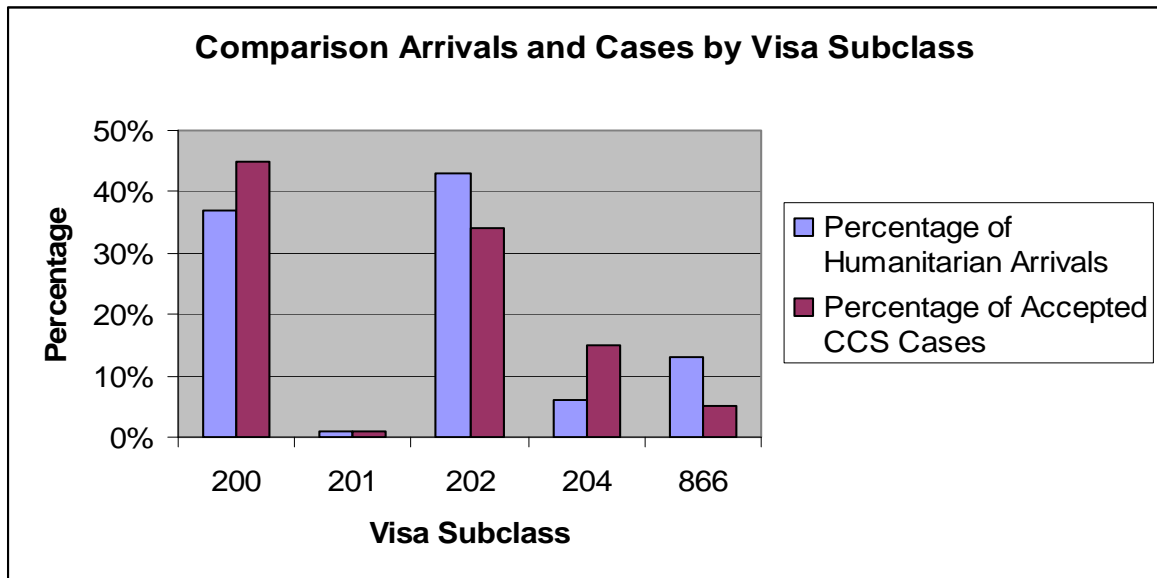


Table 3. Visa sub-classes and accepted CCS cases (number of cases)

Visa subclass	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Total
200	106	48	73	37	15	17	7	3	306
201	2	1		1		1			5
202	119	63	22	7	14	5	5		235
204	21	22	31	12	10	1	2	2	101
866	14	11	5	2	1				33
151	1								1
851	1	1							2
Total	264	146	131	59	40	24	14	5	683

Table 4. Visa sub-classes and accepted CCS cases (percentage)

Visa subclass	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Total
200	40.1	32.9	55.7	62.7	37.5	70.8	50	60	44.8
201	0.8	0.7		1.7		4.2			0.7
202	45.1	43.1	16.8	11.9	35	20.8	35.7		34.4
204	8	15.1	23.7	20.3	25	4.2	14.3	40	14.8
866	5.2	7.5	3.8	3.4	2.5				4.8
151	0.4								0.2
851	0.4	0.7							0.3
Total	100	100	100	100	100	100	100	100	100

Table 5. Top 10 Countries of Origin for CCS Case Referrals

Country of Origin	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS referrals
Sudan	124	55	28	3	17	11	10		248	28
Iraq	24	88	14	5	2				133	15
Burundi	9	11	37	19	12	5	3	2	98	11
Burma	46	7	23	8	1		5	2	92	10
Afghanistan	22	8	9	5	12				56	6
Congo	7	15	7	10	4	2		1	46	5
Ethiopia	15	2	5	5	1	4			32	4
Somalia	8	2	11	6	2			2	31	4
Liberia	6	5	3	3	2	2		2	23	3
Eritrea	11		5	4	1	1			22	3

Table 6. Top 10 Countries of Origin for Accepted CCS Cases

Country of Origin	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS cases
Sudan	111	36	22	1	14	7	8		198	29
Iraq	15	53	12	4	1				84	12
Burundi	9	11	34	16	10	4	2	2	88	13
Burma	45	5	23	4	1	1	4	1	84	11
Afghanistan	20	4	8	3	4				39	6
Congo	7	10	7	10	1	2			37	5
Ethiopia	12	2	5	2		3			23	3
Somalia	5	1	9	6	2			2	25	3
Liberia	6	2	2	2		1			13	2
Eritrea	7		4	4	1				16	2

Table 7. Major Regions, Accepted CCS Cases and Total humanitarian arrivals

AFRICA Country (no. of arrivals)	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS cases	% of Hum. Arrival
Sudan (15917)	110	35	23	1	14	7	8		198	28.9%	18.5%
Burundi (1729)	9	11	34	16	10	4	2	2	88	12.8%	2.0%
Congo (705)	7	11	7	9	1	2			37	5.4%	0.8%
Ethiopia (2057)	12	1	5	2		3			23	3.5%	2.4%
Somalia (1125)	5	1	9	6	2			2	25	3.6%	1.3%
Liberia (2741)	6	2	2	2		1			13	1.9%	3.2%
Eritrea (709)	7		4	4	1				16	2.3%	0.8%
Sierra Leone (2546)	3	4			3	2			12	1.7%	2.9%
Rwanda (462)		2		2					4	0.6%	0.5%
Togo (262)		1	2						3	0.4%	0.3%
Cote D'Ivoire (453)			1						1	0.1%	0.5%
Uganda (884)					1				1	0.1%	1.0%
Guinea-Bissau (2)			1						1	0.1%	0.0%
Zimbabwe (707)	1								1	0.1%	0.8%
SUB-TOTAL (32128)	160	68	88	42	32	19	10	4	423	61.8%	37.4%

MIDDLE EAST and CENTRAL ASIA	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS cases	% of Hum. Arrival
Iraq (13413)	15	54	11	3	1				84	12.3%	15.6%
Afghanistan (8452)	20	4	8	3	4				39	5.7%	9.8%
Iran (3302)	4	1		5					10	1.5%	3.8%
Egypt (1401)	1	4							5	0.7%	1.6%
Palestinian Authority (74)	1	2							3	0.4%	0.1%
Lebanon (269)		2							2	0.3%	0.3%
Pakistan (863)		1				1			1	0.3%	1.0%
Kuwait (163)	1								1	0.1%	0.2%
Turkey (157)		1							1	0.1%	0.2%
Yemen (33)	1								1	0.1%	0.0%
SUB-TOTAL (28127)	43	69	19	11	5	1	0	0	148	21.6%	32.7%

ASIA	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS cases	% of Hum. Arrival
Burma (7794)	45	5	23	4	1	1	4	1	84	12.3%	9.1%
Sri Lanka (2384)	3	1	1	1					6	0.9%	2.8%
Bhutan (1158)	1				2	2			5	0.7%	1.4%
China (1970)	1	1							2	0.3%	2.3%
Thailand (2645)	3								3	0.4%	3.1%
Vietnam (41)	1								1	0.1%	0.1%
India (255)	1								1	0.1%	0.3%
Tibet (274)		1							1	0.1%	0.3%
SUB-TOTAL (16521)	55	8	24	5	3	3	4	1	103	15.1%	19.2%

Table 7. Major Regions, Accepted CCS Cases and Total humanitarian arrivals (cont.)

EUROPE AND AMERICAS	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of CCS cases	% of Hum. Arrival
Serbia and Montenegro (69)	3			1		1			5	0.7%	0.1%
Former Yugoslavia (370)	2								2	0.3%	0.4%
Georgia (3)	1								1	0.1%	0.00%
Colombia (62)		1							1	0.1%	0.1%
SUB-TOTAL (504)	6	2	0	1	0	1	0	0	9	1.5%	0.1%
GRAND TOTAL	264	146	131	59	40	24	14	5	683	100%	

Table 8. Age of CCS Case 'Primary' Client - Referral

State	0-14 years	15-24 years	25-39 years	40-59 years	60+ years	Total
Vic	7	53	135	103	12	310
NSW	3	27	91	96	13	230
Qld	5	18	71	52	5	151
WA	3	14	38	21	3	79
SA	2	9	25	24	2	62
Tas	1	10	16	7	1	35
ACT	0	3	7	7	1	18
NT	0	1	4	4	0	9
Total	21	135	387	314	37	894

Table 9. Age of Humanitarian Arrivals to Australia (Oct 2008 – May 2010)

Age	Humanitarian Population
0 – 5	2416
6 – 11	2761
12 – 15	1942
16 – 17	1295
18 – 24	3594
25 – 34	4204
45 – 54	2853
55 – 64	1522
65+	849

Table 10. Gender of Primary Referrals to CCS

	Female	Male	Total
Vic	217	92	310
NSW	159	70	230
Qld	108	43	151
WA	30	49	79
SA	50	12	62
Tas	20	15	35
ACT	13	5	18
NT	5	4	9
Total	602	290	894

Table 11. English Proficiency

	Accepted (683)	Not Accepted (172)	Withdrawn (39)
Not at all	224	46	10
Not well	269	74	11
Well	118	36	8
Very well	31	13	6
Unknown	41	3	4

Table 12. Referrals by arrival date

	< 6m	< 1yr	< 18m	< 2yr	< 30m	< 3y	< 42m	< 4yr	< 54m	< 5yr	> 5 yr	Blank / serviced twice	Total
Vic	28	54	37	33	21	16	17	25	22	10	39	8	310
NSW	21	27	37	19	18	13	12	9	10	12	50	2	230
Qld	19	23	12	11	17	18	5	9	11	9	12	5	151
WA	17	13	9	1	6	8	2	7	2	2	2	10	79
SA	5	7	3	8	5	5	6	4	5	5	8	1	62
Tas	7	2		5	3	3	1	2	1	3	8		35
ACT		2	4		2	2	1	2	1	1	2	1	18
NT		4	2	2							1		9
Total	97	132	104	79	72	65	44	58	52	42	122	27	894

Table 13. Accepted Cases by arrival date

	< 6m	< 1yr	< 18m	< 2yr	< 30m	< 3y	< 42m	< 4yr	< 54m	< 5yr	> 5 yr	Blank / serviced twice	Total
Vic	19	42	33	28	19	16	17	23	19	8	33	7	264
NSW	3	15	29	11	15	12	9	6	8	8	29	1	146
Qld	14	21	11	10	16	17	4	8	9	7	10	4	131
WA	10	9	6	1	6	7	2	5	2	1	1	10	59
SA	1	5	3	4	3	2	5	4	4	4	4	1	40
Tas	7	1		4	2	2	1	2	1	1	3		24
ACT		1	4		1	2	1	1	1	1	1	1	14
NT		3		2									5
Total	54	97	86	60	62	58	38	49	44	30	81	24	683

Appendix 3 - Case and Service Provision Data

Table 14. Referral Source of all Referrals Received Oct 2008-Jun 2010

Referral source (referred cases)	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Total	% of referred
SGP Service Provider	152	144	63	25	31	5	7	4	431	48.2%
IHSS Service Provider	59	13	30	35	4	8	2	4	155	17.3%
Comm. / health org	43	32	22	7	7	15			126	14.2%
Government Agency (C'wth, State, Local)	18	19	22	8	17	6	4	1	95	10.6%
Local church / community group	1	2	1			1	2		7	0.8%
Self-referral	2	2							4	0.4%
Volunteer group	1								1	0.1%
Other	16	17	10	4	2		2		51	5.7%
(blank)	18	1	3		1		1		24	2.7%
Total	310	230	151	79	62	35	18	9	894	100.0%

Please note: In 24 of the referral forms, this information was left blank.

Table 15. Referral Source of all Accepted CCS Cases Oct 2008-Jun 2010

Referral source (Accepted cases)	Vic	NSW	Qld	WA	SA	Tas	ACT	NT	Grand Total	% of accepted
SGP Service Provider	133	98	60	20	21	4	7	3	346	50.6%
IHSS Service Provider	51	9	23	26	4	8		2	123	18.0%
Comm. / health org	38	15	19	5	4	9			90	13.0%
Government Agency (C'wth, State, Local)	16	10	17	6	10	2	3		64	9.2%
Local church / community group		2	1			1	2		6	1.0%
Self-referral	1	2							3	0.6%
Volunteer group	1								1	0.2%
Other	12	10	8	2	1		2		35	5.1%
(blank)	12		3						15	2.3%
Grand Total	264	146	131	59	40	24	14	5	683	100.00

Complex Case Support Program - Referred & Accepted Cases by Month
(1 October 2008 - 30 June 2010)

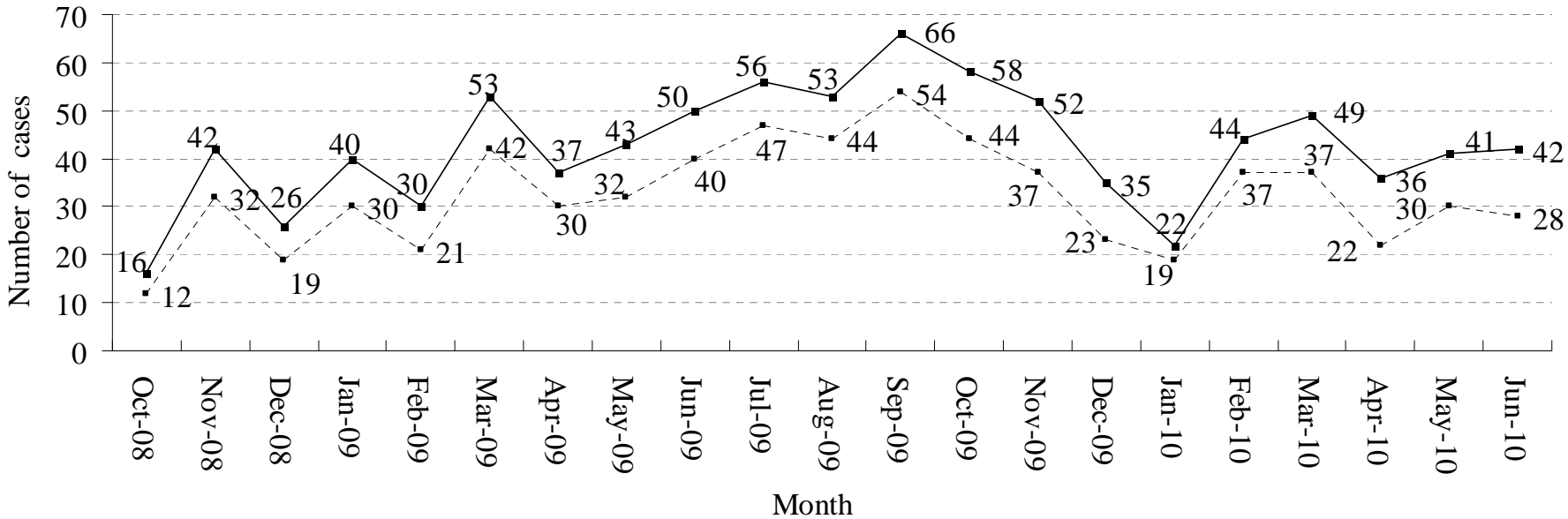
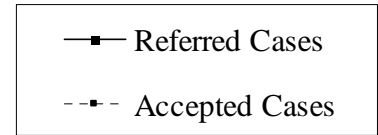


Table 16. Quarterly Referral Rates Oct 2008-Jun 2010

Quarter	No. of referrals	No of cases accepted	% acceptance rate
Oct-Dec 2008	83	64	77%
Jan-Mar 2009	123	95	77%
Apr-Jun 2009	130	102	79%
Jul-Sept 2009	176	146	83%
Oct-Dec 2009	144	105	73%
Jan-Mar 2010	115	93	81%
Apr-Jun 2010	122	84	69%

Table 17. Issues Identified in Referrals

Issue	Number of occurrences
Accommodation / homeless	374
Emotional wellbeing	311
Physical health	244
Lack of social support	198
Limited life skills	198
Mental health	181
Family / relationship breakdown	179
Financial hardship	168
Family violence / abuse	128
Behavioural concerns	118
Torture and trauma	115
Legal	73
Alleged child abuse / neglect	56
Substance abuse	55
Disability (intellectual / physical)	45
Victim of crime	32
Death of family member	17
Employment	14
Victim of racism	10
Criminal in state custody	4