



# COMPLEX CASE SUPPORT PROGRAM REVIEW

FINAL REPORT MARCH 2010



(With Update June 2010)



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**For Fairfield Migrant Resource Centre, a division of Cabramatta Community Centre  
June 2010**

## **EXECUTIVE SUMMARY**

The Complex Case Support Program, which operates nationally through a wide range of different providers, is relatively new, and has therefore not been widely reviewed to date. The Program targets a vulnerable group already familiar to the Fairfield Migrant Resource Centre but it represents a more intensive approach than is usually possible through an MRC. For this reason it was decided to undertake an early review to ensure that the practices, which were quickly evolving to meet program and client needs, were sufficiently robust to maintain high standards of service as it grows.

The client data available at this early stage was limited, as was access to clients who had used the Program. While some preliminary analysis was undertaken of the client base and presenting issues as of the end of 2009, the focus of this review has been on the administration of the Program by the MRC and the identification of areas for further development in its management.

Generally the standard of both administration and responsive, flexible care provided through the Program has impressed the reviewer considerably. The case studies included below (pp. 11-12 below) provide a glimpse of the high level of complex need dealt with by staff on a day-to-day basis. The Program is running well within the requirements of the Department of Immigration and Citizenship which funds it, and those clients seen were extremely positive about its outcomes for them.

The recommendations below are made with the growth of the Program, and the team working on it, in mind. They are intended to ensure that quality can be maintained with the assumption that client numbers and team size will grow beyond the scope which can continue to be as closely managed by two salaried staff as is presently the case.

## **RECOMMENDATIONS**

It is recommended that:

1. The draft Case Work Model (Appendix A) be further developed as necessary and adopted to provide a firm framework for the program.
2. Separate Job Descriptions be established for the two Coordinator roles describing their current operation more precisely.
3. Consideration be given to the appointment of an additional part time senior case worker to take on some case management and to assist in providing supervision to the casual staff.
4. A Training Needs Database be established to bring together the training needs identified during the course of the supervision of casual staff so that a coordinated training plan can be developed to address these.

5. The training program provided to casual staff in 2009 be fully documented and reviewed for regular repeat to newly recruited casual staff and to assist in the development of future training programs.
6. The capacity of casual workers to manage the potential for stress arising from their newly expanded role be monitored with a view to implementing appropriate strategies should the need arise.
7. The FMRC engage in discussions with DIAC about whether it would be useful to provide a very simple guideline to assist people in completing the referral form. While this is unlikely to assist those who wish to refer themselves, it may be of considerable help to some workers.
8. In addition to the above, discussions be held with DIAC about provision of supporting information which further defines the criteria for acceptance and elaborates on the measures to be used for assessing issues listed in section 19 of the referral form (“Issues/risks currently impacting on the client or their family”) to assist in developing a high quality of referrals and consistency of DIAC assessment.
9. FMRC enter into discussions with DIAC and / or other providers to develop strategies for more accessible and rigorous exit survey strategies, longer term follow-up surveys and provision of feedback from exit surveys on a regular basis.
10. A Policy and Procedure Register be developed to bring together items of policy and procedure put in place to meet the specific needs of the Program.

### **Additional Recommendations June 2010:**

11. That representations be made to DIAC seeking a review of referrals made to the Program throughout its life to date, with a view to identifying individual variations in application of the selection criteria; and further that if such variations are found, they be addressed by review of guidelines and training programs provided to DIAC staff responsible for assessment of referrals.
12. That DIAC be encouraged to undertake a full national review of the Program, its impact on the clients involved, analysis of the effectiveness of different strategies uses by agencies within the Program and the impact of the method of administration of effectiveness.

## **1. CONTEXT**

Cabramatta Community Centre, and in particular Fairfield Migrant Resource Centre, has significant experience as a provider of case work services to recently arrived refugees and humanitarian entrants through its participation in the Settlement Grants Program and other programs. As such, the organisation considered that it is ideally placed to develop a service under the Complex Case Support Program, commenced in October 2008 by Department of Immigration and Citizenship to provide specialist support for those newly-arrived refugees with more complex needs. The FMRC Complex Case Support Program registered its first clients in January 2009.

Despite detailed knowledge of the refugee settlement experience and its experience in case work, there was awareness at the MRC that the very high needs group targeted by this Program would present special challenges. For this reason particular care is being taken to ensure that the services provided are closely monitored to ensure that a high standard of appropriateness and effectiveness are established and maintained. As part of this process, the unusual step was taken of commencing a review of the Complex Case Support Program just 9 months after it began operation at the MRC.

The scope of the review includes analysis of referrals and client outcomes and effectiveness of the case management model adopted. It also includes administrative issues such as staffing structure; the interaction with DIAC in relation to referrals and management of client contracts; policy development and data and record management.

A paper providing preliminary results was prepared as a discussion paper for use at the National Complex Case Support Conference on December 1, 2009. This final report builds on those preliminary results and provides documentation of the model of casework and the effectiveness of those strategies adopted to date in managing the program. It also provides recommendations in regard to the further development of the program and of the MRC's capacity to sustain it.

## **2. NATIONAL COMPLEX CASE SUPPORT PROGRAM**

The Commonwealth Department of Immigration and Citizenship (DIAC) established the Complex Case Support Program as a "specialized and intensive case management service to support recently arrived humanitarian entrants who has specialized or complex needs". It is intended to provide services beyond those available through its other on-arrival and longer term support programs for those clients whose needs are more complex than those which can be adequately managed by those programs. It can be accessed for up to five years after arrival and longer if circumstances (as assessed by DIAC) require.

Referral can be by the client themselves or by any of the community or government service agencies likely to come into contact with the client group.

Referrals are assessed by DIAC staff and those accepted as suitable under the criteria of the Program are allocated to one of a panel of agencies, each of which is under contract to provide case management services under its scope.

### 3. THE CLIENT GROUP

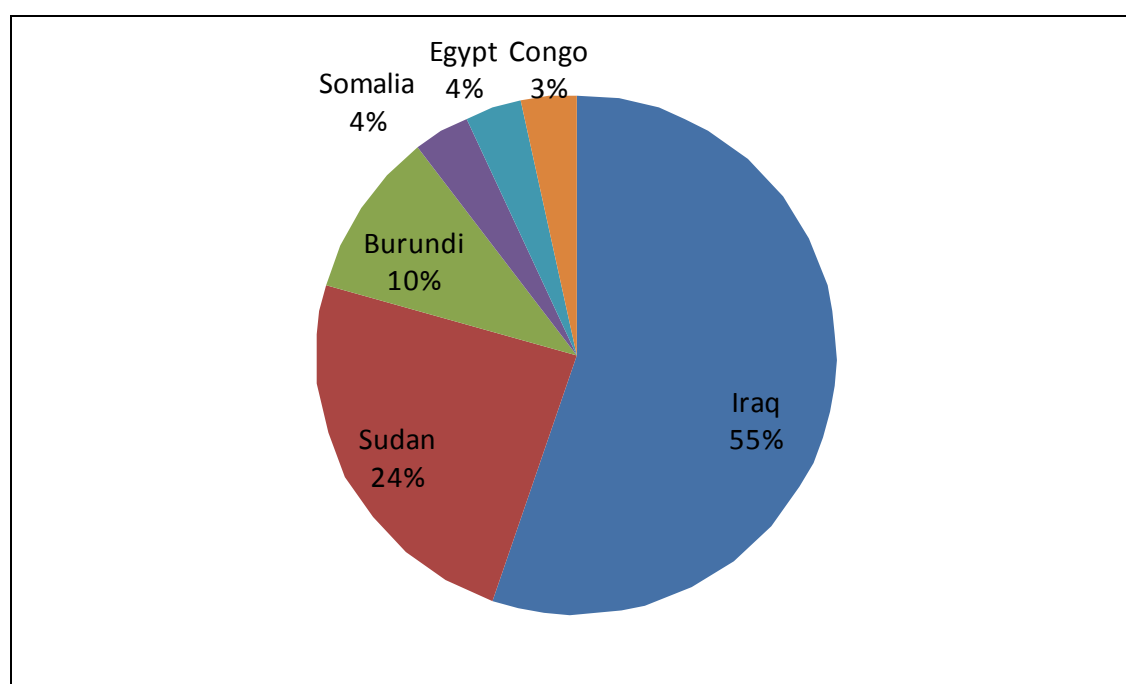
Forty four referrals were made for Complex Case Support by Fairfield Migrant Resource Centre (mainly through SGP staff) between January and October 2009. These referrals were for individuals and family groups of up to eleven people.

Of the forty-four referrals, seven were rejected by DIAC as not suitable for Complex Case Support. Eight were accepted for the Program and referred to other Complex Case Support providers. Twenty-nine cases (including two referred by other agencies) were allocated to the FMRC Service.

As at 5 November 2009, twelve cases had been completed and the clients had exited the program. Seventeen cases were receiving active case management by the FMRC with projected exit dates from November 2009 to April 2010.

The largest group of clients (55% - 16 registered individuals / families) were born in Iraq, with first languages including Assyrian, Arabic, Chaldean and Mandeian. 45% of clients (13 individuals/families) were from African countries (Sudan 24%; Burundi 10%; Congo, Egypt and Somalia 11%).

**Chart 1: Client Ethnicity**



#### **Presenting Issues at Referral**

Presenting issues were identified at referral as part of the assessment process. Based on the issues identified at referral, the most notable issues for the clients of this service are:

Emotional Wellbeing (Stress/ Anxiety)	100%
Financial Issues	90%
Lack of Social Support	86%
Accommodation	69%
Physical Health Issues	59%

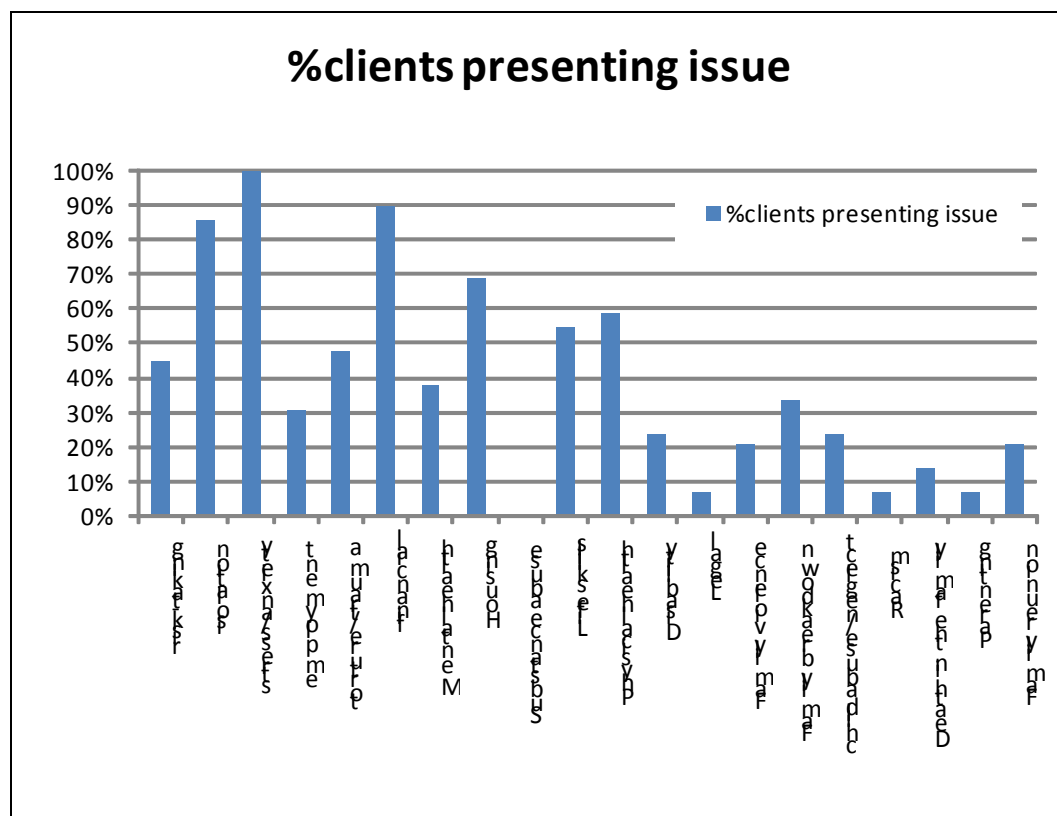


Lack of Life Skills	55%
Suffering from effects of Torture / Trauma	48%
Behavioral Issues (e.g. risk taking)	45%
Mental Health Issues	38%
Family Breakdown	34%
Employment	31%
Disability (Physical / Intellectual)	24%
Alleged Child Abuse / Neglect	24%
Family Violence	21%
Family Reunion	21%

No clients were assessed as presenting with substance abuse issues or as victims of crime. Several clients were, however, identified as being victims of crime, and others as having substance abuse problems, following acceptance into the program.

It is noted that despite the relatively small number of families seen to date, there have been four instances of the recent death of a family member, all in Iraqi-born families. In one case, tragically, two parents presented both with terminal cancer and both died while under the care of the Program leaving 5 children.

**Chart 2: Presenting Issues**



While Family Reunion does not appear as an identified issue on the DIAC referral form, it is a significant issue for many of the clients presenting to the service and in particular for those from African countries. The level of anxiety faced by those attempting to locate close family members and get them to safety is considerable and should be factored into the consideration of complex case needs as this anxiety hampers efforts to address the immediate needs of those affected.

**Table 1: Percentage of Clients Presenting with Referral Criteria by Country / Region of Birth**

	Risk taking	Isolation	Employ.	Torture /trauma	Finance	Mental Hlth	Housing	Life Skills	Phys. Hlth	Disabil.	Fam. Viol.	Fam. Brkdwn	Child Abuse Neg. Alleg.	Fam. Reunion
<b>All Clients</b> 29 registrations	45%	86%	31%	48%	90%	38%	69%	55%	59%	24%	21%	34%	24%	21%
<b>Country Of Birth Iraq</b> 17 registrations	47%	76%	35%	35%	88%	47%	71%	41%	71%	35%	23.5%	29%	35%	6%
<b>African Country of Birth</b> 12 registrations	42%	100%	27%	73%	92%	27%	67%	64%	45%	9%	17%	42%	33%	45%

Registrations – each family or individual separately registered is counted as a single registration. Family sizes ranged from 1 to 11 people. A total of 139 people were seen.

#### 4. THE CASE WORK MODEL

The model used to provide case work under the program is flexible and responsive to client needs. It adopts a strengths-based approach and effectively uses both the resources of the program and of Cabramatta Community Centre to take an advocacy role for individual client outcomes and for policy development as necessary.

It was evident at the time of review that the casework model adopted had grown out of the MRC's experience in working closely with refugee communities over many years. At its core is the philosophy and approach of the Community Centre and the MRC which strives to connect with new communities, respond to needs as they emerge (and where possible anticipate them), and to work with both individuals and communities to respectfully support the development of their self-sufficiency. The Complex Case Support Program staff, with the support of their manager, have built on this foundation to develop strategies for this particularly vulnerable client group.

The program coordinators were able to articulate their casework approach quite clearly, and bilingual caseworkers also appeared at interview to be familiar with it and being supported to develop their capacity to work within the model.

The model had not been documented at the time of the review. Given the inexperience of many of the staff involved in carrying out casework, and their expanding role within the program, this created some level of risk to the program's future operations.

A draft Case Work Model document has been developed in consultation with staff and is attached at Appendix A.

**Recommendation:** That the draft Case Work Model be further developed as necessary and adopted to provide a firm framework for the program.

#### 5. CLIENT COMMENTS ON THE PROGRAM

With the Program at such an early stage, and with a high-need client group, the opportunity to collect client feedback on the program was limited. A small number of interviews were organized in an attempt to gain some insight into the way clients view the program. In the event, only two interviews were completed, with one person unable to attend and a telephone interview terminated due to language issues with the interpreter organized.

Of the two clients interviewed, one was a current client and the other had exited the program four months prior to the interview.

While little can be drawn from such a small number of interviews, both clients were able to articulate the key benefits they had derived from their participation in the program from their own point of view.

In both interviews the casework model was mentioned as one of the program's strengths. Its flexibility, ability to provide intensive practical support and advocacy, strong referral network, the emotional support provided and assistance in skill development were raised in relation to:

- Finding housing after an eviction - intensive work, advocacy with Department of Housing and landlords, learning rights;
- Referrals to appropriate care and social networking activities - staff listening and understanding needs, making appropriate referrals;
- Parenting support - understanding, practical advice and skill development;

- Language support - through interpreters, workers with the same language and use of clear English, as well as assistance with key English words for job interviews;
- Emotional support - understanding of emotional issues, listening, recognizing the need for positive family time and supporting it, responding to a call out of hours.

Speaking about a family outing which was sponsored by the program, one client said:

*“We had a lovely time. This was the first time happiness had entered my house. I was surprised that they would give me this type of help, and I thought they really understood our situation.”*

Both interviewees stated that their lives were very different as a result of their participation in the program:

*“When I compare how my life was going and how it is now ... this has helped me a lot ... I am so much better ... I can do most things myself now.”*

*“Life has changed a lot. Not 100% but there is change happening. I have some problems still, but I am less worried, less stressed. I do not feel that I am the only one with these problems and I know there is someone to listen.”*

## **6. PROGRAM STAFFING**

### **6.1 Coordination**

Two senior staff members have been responsible jointly for the initial development of the program and share the ongoing management / coordination role. Both Coordinators have a very sound understanding of the context in which they are working and of the needs of the client group. The shared arrangement has been particularly successful due to the experience, professionalism and flexibility of the two workers involved and their complimentary skill mix. They have developed a very close, cooperative working relationship which has benefited the program enormously.

One of the Coordinators is a highly experienced case worker who shows considerable professional maturity in her assessments of client need, in client management and in her management and support of the casual bilingual caseworkers who assist in the program. This team member takes a very substantial role in managing each case as well as in the professional support of the casual staff who are generally recent graduates, or near to graduating, from TAFE Welfare Diploma course and so very inexperienced.

It is of some concern that as the number of clients in care increases, this role may not be sustainable. Already, by November 2009, the caseload had increased to the point where casual staff had to be given a greater role in carrying out, with strong support, the actions to be undertaken with each client. This was a natural development in the program since by this time a small pool of casuals had gained experience through working with the program for some time and had received some training. Their skills and capacity were known to the Coordinators, and they could be given a greater role in client work.

The second Coordinator has extensive skills in the collection, management and analysis of data as well as in developing and maintaining effective working relationships with the funding body and other agencies.

At the time of review, the two Coordinators were working from a shared Job description, though their roles were quite different. Adopting separate Job descriptions would mitigate the risk caused by the future loss of either of the Coordinators. If one Coordinator were to resign under the current circumstances there would be significant difficulty in defining the skill mix sought from any replacement. Draft Job Descriptions are attached (Appendices B and C) which define more clearly the two separate roles as they currently operate.

As the Program's client base expands it is likely that the overall case management as well as the professional/ case supervision and professional development of casuals will be a larger role than can be undertaken by one staff member. It may be appropriate to add a further part time position to the team to take on some of the case management and provide additional professional support of the casual staff. In the view of the reviewer there would be considerable risk involved in leaving a single case manager responsible for every client as well as the close professional supervision of the casual staff if the number of cases (and therefore perhaps of casual staff) grows beyond the levels operating at the end of 2009.

Appointment of a senior caseworker with sufficient experience to take on some cases (and therefore the supervision of the casual staff allocated to them) and assist in provision of training to casuals would address any such issues.

**Recommendation:** That separate Job Descriptions be established for the two Coordinator roles describing their current operation more precisely.

**Recommendation:** That consideration be given to the appointment of an additional part time senior case worker to take on some case management and to assist in providing supervision to the casual staff.

## 6.2 Casual Case Workers

A team of casual case workers has been recruited to create a flexible team with the appropriate language and cultural skills to meet the needs of the clients in the Program. The hours of work available to case work staff are limited and unreliable and some of the language/cultural groups covered, particularly African groups, are not well established in Sydney. This makes it impossible to recruit case workers with the level of experience required for a complex caseload. FMRC have addressed this issue by recruiting students through TAFE Diploma of Welfare courses and providing significant training and development support to ensure that the quality of work provided is high.

Initially five students were recruited following recommendation by TAFE teachers, student work experience placements at the MRC, and interview. Since the caseload was low during the first few months of the Program, senior staff initially took the role of case manager and key client contact for all cases. The new case workers were assigned specific tasks by the case manager on the basis of their skills and confidence (as well as language skills) and were supported closely in completing tasks and reporting back to the case manager. Each caseworker has been provided with opportunity and guidance in broadening their skills and developing confidence in direct casework.

A training program designed to build on their TAFE training to cover some the key areas of casework theory and practice likely to arise in the program was delivered to the five casual case workers in September 2009. Run over 4 sessions of 2 hours each, the workshops covered: Communication; Professionalism; Ethics; Values in Social Work; Discrimination in the Workplace; Parenting; Single Parenting; Housing Issues; Domestic Violence; Understanding Australian Culture and Values; Drugs and Alcohol; and Bullying at School. Coordinators and casual staff expressed strong confidence in this training program in providing an appropriate on-the-job orientation to the new casual workers. Each of the casual staff interviewed were able to identify without prompting the components of the training and to speak with confidence about what they had learned from it and how it assisted them in their work for the program. This indicates that the program was successful as a starting program. Its detail is not documented, and it is recommended that such documentation be acquired from the presenter to allow it to be repeated for new starters as needed.

In addition, casual staff has been provided with First Aid and other basic training. The formal training component is integrated with regular staff meetings which have a strong staff development focus and individual formal supervision sessions with senior staff.

A program of client activities commenced in 2009 and will continue in 2010. Each casual case worker will take the organizing role in a different activity with support from senior staff. The first program, a cooking / nutrition program which had been identified as a priority for a number of clients, ran with the assistance of local health Service nutritionists during October 2009. The program was well received by clients both from a social perspective and in terms of development of skills to cook ingredients available in Australia. The casual staff member who organized it gained a range of skills in program development and on interview expressed considerable confidence in her ability to run future programs.

By November 2009 the caseload in the Program had increased significantly and casual staff had increased capacity to take a broader role as supervised case managers. Cases are now allocated to casual case worker after the DIAC contract is finalized. An action plan based on the agreed client management plan is developed by the case worker in consultation with senior staff. The action plan details the tasks to be performed by the case worker and progress is regularly reviewed with senior staff.

In this way the FMRC Complex Case Support Program has developed the capacity to meet the needs of its clients while providing an excellent training ground for new workers entering the welfare sector. Most of the casual staff currently employed were due to graduate from their courses at the end of 2009, with some intending to continue their studies at university in the new year. Additional recruitment has been undertaken to expand the casual team which will assist in meeting a growing caseload and cover any shortfall which will occur if some of the current casual take up full time work on graduating.

Recruitment action took place in November / December 2009 to expand the casual pool. The larger pool of casual staff and the addition of new members who have not attended the early training program, highlights the need to document an education program for new casuals as well as to ensure that ongoing training needs are identified and met.

The process for identifying the training needs of casual staff after their initial program is embedded in the regular supervision sessions held with each worker with both Coordinators. This is appropriate and the records of these sessions show clearly that professional development is a strong component of these sessions. It may be of assistance if all identified training needs were gathered in a single document /

database so that the collective needs of casual staff can be compared, decisions easily taken on priorities for internal and external training and progress in covering the needs monitored.

**Recommendation:** That a Training Needs Database be established to bring together the training needs identified during the course of the supervision of casual staff so that a coordinated training plan can be developed to address these.

**Recommendation:** That the training program provided to casual staff in 2009 be fully documented and reviewed for regular repeat to newly recruited casual staff and to assist in the development of future training programs.

### 6.3 STAFF SUPPORT ISSUES

In its first few months the FMRC Complex Case Support staff dealt with a number of client deaths (in one case both parents died leaving their children orphaned), 100% of clients experiencing stress, anxiety and similar issues impacting on their emotional wellbeing and 86% assessed in addition to stress as lacking strong social support networks. There was also a very high incidence of financial hardship (90% of clients) and homelessness or unstable/unsuitable accommodation (almost 70%) among a wide range of other issues.

The two case studies shown BELOW are based on actual client cases seen in the first months of the FMRC Complex Case Support Program. These studies illustrate clearly the highly emotionally charged nature of some of the work being undertaken and underline the need for strong professional support for staff.

#### **Case Study 1:**

*Mrs. Rina (32) and her husband (39) arrived from Sudan in 2006 with their two-year-old daughter as sponsored humanitarian entrants. They received no assistance through IHSS on-arrival because their proposer didn't understand their eligibility.*

*Bila is a former political prisoner. When they fled Sudan, they were forced to leave their three children, 13, 8 and 7 with a grandparent. For a long time, the whereabouts of these three were unknown, but they have since been traced to Kampala. Since this discovery, the family have been sending money to the children and their carers in Kampala. These funds have included bribes demanded to process their application for family reunion.*

*This has placed strain on the family in Fairfield. For a long time they had unpaid bills and faced eviction from their home. They couldn't focus on learning English, and were unable to find work. In 2007 and 2009, Mrs Rina gave birth to their fifth and 6<sup>th</sup> children prematurely.*

*The three missing children have now been resettled and the family reunited. The journey is not over, but the family are now managing schools, keeping up with bills, and working, as steps on their new journey.*

**\*NB. Names changed. The client story received some media coverage as a "good news story" with the permission of the clients.**

### **Case Study 2:**

*Ahmed first came to the Fairfield Migrant Resource Centre in late 2008 and he was homeless. He had fled Afghanistan in 2002. He first travelled to Australia by a boat that was intercepted and turned back by the Australian Navy to Indonesia. In the process of turning the boat back to Indonesia, Ahmed was injured and left permanently disabled. Between 2003 and 2007, he was in Indonesia. In 2007, he was granted an offshore temporary humanitarian visa and came to Australia. He then heard that his sister and nephew were recently killed in a bombing. His mother was badly injured, and had sought medical treatment in Pakistan. When he came to us he was attempting to send money home to pay his mother's medical bills.*

*During this time, Ahmed had become depressed and wasn't sleeping. He hadn't been able to resolve his visa status, and so was only receiving Special Benefit. He also didn't have access to Medicare. He had been referred to many different services but the chaotic nature of his situation meant that he was only following up ones that offered the possibility of raising funds for his mother.*

*After his full situation became more fully known to his Settlement Grants Program caseworker at Fairfield Migrant Resource Centre, she made a referral to Complex Case Support. Working with Ahmed was a challenge. His physical disability affected his mobility. However, he was also slowed down by the ongoing chaos in his life. Ahmed has now received his permanent residency and is now living in affordable share accommodation with friends that support him. He has received assistance from services to improve his mobility. He is receiving Disability Support Pension but is also looking for work. He has been assisted in finding safer ways to send money home, as well as manage his own budget. He is attending counselling, and also reports that he feels 'lighter' and is sleeping better now that he has his permanent visa.*

*No service however, is funded to address the underlying cause of his initial financial situation – his mother's health.*

***\*NB Names and some identifying details changed.***

While the use of relatively inexperienced casual casework staff (as described above) provides considerable flexibility to the Program in meeting the language and cultural requirements of clients, it also places considerable pressure on the Program's full-time staff who are required to provide a high level of ongoing supervision and support to casual staff in addition to dealing with the stress inherent in their own role in managing these cases.

At interview the casual workers were all able to articulate both personal strategies for dealing with the stress which comes from dealing with a high client group and the mechanisms available to them through the Program to address any concerns in this regard. They spoke of the component of their induction/education program which had covered in some detail the importance of maintaining personal boundaries in delivering case work and methods for doing so. In the view of the reviewer, the level of maturity shown by this group of workers in this regard was exceptional. The quality of the induction/education program, as well as both the individual casual workers and the Coordinators in their support role are to be commended for this.



It is noted that at the time of completion of the review this group of casual staff had commenced a more intensive role with clients. They were beginning to take a greater role with individual clients rather than a task-by-task allocation across a number of clients. There is potential for this new role, by increasing individual connection and the potential for client dependence on them (rather than the coordinators) to increase their exposure to stress. While their strong understanding of boundaries and protective strategies should stand them in good stead, it is recommended that this be monitored closely by the Coordinators with a view to ensuring adequate de-briefing opportunities or the development of other suitable strategies should stress levels be seen to be increasing.

The decision to employ a team of two salaried / senior staff to share the role of coordinating the Program has been highly beneficial in assisting all of the Program's staff to deal with stress within the work environment. Each of the Coordinators brings a different set of skills and these are highly complementary, with one a highly experienced caseworker/ case manager and the second a skilled program administrator and policy advocate. The way in which these two staff members share responsibility for the Program and provide both professional and personal support to one another, plays a significant role in the good management of a potentially stressful work environment. As a program management team they are seen as approachable and accessible by casual staff and there is strong confidence in their capacity to help if needed.

The senior members of staff receive regular professional support from an experienced external Counsellor / Caseworker both in a group setting with all caseworkers employed at Cabramatta Community Centre, and through individual sessions organized as needed.

These strategies appear to be highly successful. Casual staff members and salaried staff appear to cope well with the complex and sometimes distressing cases they deal with on a daily basis.

**Recommendation:** That the capacity of casual workers to manage the potential for stress arising from their newly expanded role be monitored with a view to implementing appropriate strategies should the need arise.

## **7. WORKING WITH THE PROGRAM FUNDING BODY**

The nature of the relationship with the program funding body (DIAC) is quite unusual for a community based organization, where normally quite broad parameters are set for performance and reporting is done on a quarterly basis or less frequently. In this Program the relationship is case-by-case, with every case requiring involvement and communication at each step from referral to exit. This makes the relationship between the FMRC staff with day-to-day responsibility for the program and staff employed by DIAC a vital component to its effective operation. Any significant breakdown in either the efficiency and effectiveness of DIAC staff in completing their role, or the communication between the two parties, would render the program unworkable.

Fortunately both FMRC and DIAC staff have worked together to establish strong communication and a workable understanding about the expectations of DIAC in regard to assessment and documentation for cases. There are a number of issues which should be monitored by the MRC and, in some cases, discussed with DIAC and / or other Complex Case Program providers to maximize benefit to the clients as well as efficiency in the Program.

## 7.1 Referrals / Acceptance of Cases

The concept of cases which are complex enough to require a different kind of case management is not one which is necessarily familiar to those agencies likely to refer clients to the program. This is particularly true of community based agencies which were initially either unaware of the program or inclined to have difficulty identifying the difference between “high need” clients and those with truly complex issues. This was compounded at the beginning of the Program, and is likely with any new program, by some lack of clarity about how the criteria would be applied. There was initially some confusion by the MRC’s program staff about the reasons for rejection by DIAC of some cases and acceptance of others. A sense that there was some inconsistency in assessment created some initial concerns, those these appear to have been alleviated somewhat by further consultation with DIAC staff and greater experience in assisting agencies to make referrals.

There has been surprise by staff (and other providers have reportedly expressed similar opinions) at some of the cases rejected for Complex Case Support. In particular, there appears to be more likelihood of an intact family being accepted than an individual, despite high levels of complexity for some individuals and the increased isolation they experience. In the early stages of the Program in some instances families with children at risk were accepted despite the availability of services from, or funded by, State agencies for families with their presenting issues. At the same time individuals with very complex needs and no eligibility for family services were rejected for entry to the Program. There appears to have been a higher rate of acceptance of individuals into the Program as it has progressed.

While concerns have reduced, as mentioned above, as the working relationships have developed between DIAC and FMRC staff and both groups have become more experienced with their roles in the Program, it would be extremely helpful if DIAC were to provide further information of its assessment processes. Further definition of the criteria for eligibility and explanation of the measurement made by its staff of the importance of each issue listed in section 19 of the referral form (“Issues/risks currently impacting on the client or their family”) would increase the quality of referrals. It is currently unclear how DIAC assess the interaction between different referral issues to identify whether the case falls into the required level complexity.

The Coordinators have actively engaged with local networks and individual agencies to ensure that awareness of the program and its referral criteria is strong. Where appropriate, assistance is provided to the staff of other agencies and of other Cabramatta Community Centre programs in deciding whether clients are suitable for referral and in completing referral forms. This also provides the opportunity, where a case is not seen as likely to be accepted into the Program, to give advice and support to SGP workers in managing a less complex case themselves.

The requirements of the referral form (DIAC form 1292) are challenging for some community workers and are certainly too great to accommodate self-referral for most clients. Settlement Grants Program workers are frequently the people who come into contact with potential clients of the Program. These workers are employed primarily for their cultural and language expertise, are often relatively recently arrived themselves and overseas educated in a language other than English. Many experience some difficulty, in particular in differentiating between the form’s sections 20: “Case history / background” and 21: “Reason for Referral”. The level of “form literacy” of these staff varies considerably.

**Recommendation:** That the FMRC engage in discussions with DIAC about whether it would be useful to provide a very simple guideline to assist people in completing the referral form. While this is unlikely to assist those who wish to refer themselves, it may be of considerable help to some workers.

**Recommendation:** That in addition to the above, discussions be held with DIAC about provision of supporting information which further defines the criteria for acceptance and elaborates on the measures to be used for assessing issues listed in section 19 of the referral form (“Issues/risks currently impacting on the client or their family”) to assist in developing a high quality of referrals and consistency of DIAC assessment.

**Additional Note at Update:** Further experience in working with DIAC staff on referrals has lead to increased concern by program staff and the MRC coordinator regarding the suitability of the methods used by DIAC staff in assessing the eligibility of individual clients/ client families for the CCS Program. These concerns are addressed in further detail in **Appendix D. Update June 2010** (page 33 below) and have resulted in further recommendations 11 and 12 (see executive Summary).

## **7.2 Timing of Acceptance of Case Management Plans**

Delays were experienced in acceptance of Case Management Plans once a case had been allocated to the FMRC as provider, especially at the commencement of the Program in January 2009. These delays in some cases extended to three weeks wait for sign-off of case management plans, even after the contents had been essentially negotiated and issues addressed. Since there is no authority to commence work until the plan is accepted and the Order of Service issued, this meant that clients in very difficult situations were left waiting for services. FMRC staff have subsequently become more experienced in writing plans which meet the program requirements, and no doubt DIAC staff have gained greater skill and confidence in applying the program guidelines than in its earliest days. There have been improvements in this regard, but it is important that FMRC staff continue to monitor timely action by DIAC in this regard and maintain communication where delays do occur as early commencement once a case is accepted is a critical issue for the success of the Program.

## **7.3 Client Confidentiality Document**

Staff expressed concern that the document which each client is required to sign is highly complex in its language and is available only in English. Sign-off on this form is required in all cases. There is a strong possibility that many clients do not understand the contents of the form fully when they sign it. Staff members, in attempting to explain the form to clients, also feel uncomfortable with the highly legalistic references to the rights of the client to take legal action, including for compensation, against a service if their confidentiality is breached.

Although the form is an accurate reflection of the legal rights of the client, its rewording and translation is needed to address these issues. The current version has been translated but remains extremely complicated and difficult to understand.

## 7.4 Exit Procedures

When a client is due to be exited from the program by FMRC, a meeting is convened between the client, the caseworker, and, where appropriate, key service partners. The goals and outcomes are reviewed, and discussed with the client. The client is encouraged to discuss long term goals and these are incorporated into an exit report. This report is a document developed by the MRC for service partners remaining engaged with the client for follow-up (eg, school counsellor, SGP worker). This provides an ongoing plan for engagement by the other services, all of which are provided with copies. Following completion of the Exit Report, the client is given the DIAC exit interview form and information about confidentiality in relation to the interview. They are offered access to bilingual workers for assistance in completing the form. Most clients have participated in this.

### The DIAC Exit Survey

Services are required to ask clients to complete an exit survey at the end of their time in the Program. There does not appear to be much rigor in this process, with reports being received that in some cases providers were mailing these forms (in English and quite complex) to clients after exit. There appears to be no requirement that clients are assisted in completion of the exit survey, or if they are, that this is done by someone not associated with the provider.

As outlined above, FMRC is utilizing its own bilingual staff (but not Complex Case Support staff) to complete these surveys with clients. Though ideally this would be done by someone completely external to the service provider, it does provide an acceptable distance from those staff who have worked with the client. It is assumed that not all providers would be in a position to provide other workers with appropriate language skills to complete the exit survey.

A process which is easy for the client to complete and which taxes the resources of the provider as little as possible is needed if maximum useful information is to be extracted. The use of the information which is gathered from exiting clients could be put to use by providers in improving their service if DIAC aggregated feedback and passed it on to providers.

It is highly desirable in the interests of program evaluation across all providers that a more rigorous process be put in place. A further contact organized through DIAC at 6 or 12 months after exit would provide important additional information about the longer term impact of the Program.

**Recommendation:** That FMRC enter into discussions with DIAC and / or other providers to develop strategies for more accessible and rigorous exit survey strategies, longer term follow-up surveys and provision of feedback from exit surveys on a regular basis.

## 8. DEVELOPMENT AND DOCUMENTATION OF POLICY AND PROCEDURE

Cabramatta Community Centre has in place a policy framework which provides for most of the policy needs of the Complex Case Support Program. Senior program staff have, to date, used the team meetings attended by all casual workers to develop policy specific to the needs of this project and procedure for its implementation. In this way the whole team is provided with the necessary information and has the opportunity to check their understanding of it. Such items of policy and procedure are recorded in the minutes of the meetings, providing a permanent record of what is expected.

While this is appropriate in the early stages, where the team is small and methods of implementation are still being devised, there will be an increasing need to bring together policy and procedure into an accessible form which can easily be referred to by staff. Perhaps the simplest method of achieving this would be to identify those items dealt with at team meetings which result in establishment of a new policy or procedure and in addition to recording them in the minutes, also record them in another document which becomes a policy and procedure manual or register. This document can be developed as the program grows and changes and access to it can be provided to all new staff as part of their orientation. If each item is dated to correspond with the meeting at which it is discussed, it will be easy to refer back to the meeting context in which the item was discussed.

**Recommendation:** That a Policy and Procedure Register be developed to bring together items of policy and procedure put in place to meet the specific needs of the Program.

## **9. DATA MANAGEMENT**

### **9.1 Case Documentation**

The case documentation used within the program comprises those documents required by DIAC (Case Management Plan, Milestone Reports, Exit Report) as well as material developed by the senior staff to assist in planning for the implementation of each case management plan and for recording progress. The latter documents were reviewed as part of this process and were found to be suitable for the needs of the program. The language and format of the documents are simple and accessible to relatively inexperienced staff, many of whom have English as a second language, but are sufficiently detailed to provide clear plans and records of actions undertaken.

Senior staff are monitoring completion of this documentation through the process of close supervision which is occurring. There is a high level of confidence that sound documentation will be maintained while current supervision strategies are in place. As the team grows it will be important to ensure that the standard of documentation continues to be well managed.

### **9.2 Program Data Management**

One of the two senior staff members has developed a database on which detailed records are kept to track each referral throughout the process. Staff have at their fingertips information about the cases under management, as well as those awaiting acceptance / allocation. The dates for all the important events related to each case are recorded, including milestone reports and the exit from the program is due.

This information is used very actively in the management of cases and of the relationship with DIAC and provides an excellent tool in a program where detailed interaction is required with the funding body on an ongoing basis.

It also provides the capacity to aggregate data about all aspects of the FMRC program from client types and presenting issues, to time taken by DIAC in completing their role, and compliance by the FMRC with reaching milestones within the agreed timeframes.

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# **APPENDICES:**

**A: Draft Case Work Model**

**B: Draft Job Description - Case Management Coordinator**

**C: Draft Job Description – Administrative Coordinator**

**D: Supplement – Update June 2010**

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## APPENDIX A



### **Complex Case Support Case Management Model - DRAFT**

#### **Philosophy**

The FMRC Complex Case Support Program provides short-term, specialized and intensive case management services for recently arrived refugees and humanitarian entrants with exceptional needs. Acceptance into the Program depends upon assessment by DIAC of the client as meeting the National Complex Case Support Program criteria. Case Management is provided by the MRC under contract to DIAC for a defined period and in relation to strategies outlined in a case management plan developed for and signed off by DIAC.

The Case Management Model uses a strength based approach, endeavoring to build on the existing capacity and resources of each client. Collaboration between the client, the case worker and other service providers is key to develop strategies which best meet the needs and aspirations of the client.

The services provided include:

- intensive assistance to stabilise personal circumstances and assist clients out of crisis;
- support to enhance existing coping skills, problem solving skills and strengths;
- assistance in establishing and maintaining supportive relationships within their community;
- identification and development of appropriate referral pathways
- identification of new needs as they arise and development of steps for follow-up;
- Individual advocacy.

The principles which reflect the philosophy of case management used are:

- Short Term
- Family / Individual Care Plan
- Holistic
- Strengths Based
- Collaboration
- Culturally Competent
- Intercultural and Language-specific
- Connective
- Empowering
- Outcome Focused
- Flexible
- Creative
- Backed by System Advocacy
- Confidentiality
- Iterative

**Short Term** – Services under the Program are provided for a short period, generally up to 6 months. The aim is to address complex needs experienced in the period after arrival in Australia. On exit from the program, clients will have addressed crises related to early settlement, have in place an appropriate range of services to continue to support their settlement, and will have developed connections in the community to provide ongoing personal support. The co-location of the service with the Migrant Resource Centre provides an opportunity for smooth transition/exit to settlement service caseworkers.

Exit from the Program is well planned, with a clear Exit Report developed in collaboration with the client, including long term goals. In addition to the client receiving a copy, copies of this report are provided to, and discussed with services taking on follow-up roles to ensure that support is as seamless as possible on leaving the Program.

**Family / Individual Case Management Plan** – Each client / client family has a case management plan developed containing strategies designed to address the issues identified at assessment. Client family plans include strategies for individual family members as required.

**Holistic** – All aspects of the physical, social and emotional well-being of the client / family are taken into consideration and dealt with as interactive components contributing to quality of life.

**Strengths Based** – The skills and knowledge of clients are identified and their use and development is built into the Plan to maximise the capacity of the client to participate in, steer, and maintain their own secure settlement.

**Collaboration** – A collaborative approach is taken with other service providers to build partnerships for appropriate assistance.

**Culturally Competent** – All Program staff work to ensure that the care provided is respectful of the client's values and beliefs, and confirms and strengthens connection to the community and cultural traditions.

**Intercultural and Language-specific** – Wherever possible, services to each client include work with individuals who are familiar with the client's language and culture.

**Connective** – Every effort is made to build social and cultural connections within the client's ethnic community and in the local community more broadly in order to establish personal strong support for the long term.

**Empowering** – Staff work to instil confidence in the client to make their own judgements and decisions regarding their life and their needs and to develop the skills to advocate for themselves in positive and effective ways.

**Outcome Focused** – Strategies employed within the Program are outcome focussed, with the aim of addressing specific early settlement issues. On exit the client should have in place ongoing external service and support

arrangements and established sufficient stability and personal capacity to progress to successful settlement with less specialised support.

**Flexible** – Care and support is provided in a manner which meets the individual needs of each client and each client family member, with the capacity to develop new strategies appropriate to the case management plan as new issues are identified.

**Creative** – Program staff develop strategies appropriate to the specific individual clients / families, even when these are outside the parameters of usual program operation (within the bounds of Cabramatta community Centre and funding program policy). Where necessary they negotiate with service partners to work outside their usual parameters to meet individual client needs.

**Backed by System Advocacy** – Where government / agency policies do not meet the needs of clients, the casework is backed by appropriate system advocacy designed to bring about policy change to meet the needs of the client and others in the client group. This work is undertaken, as appropriate, by Program staff and the other staff of FMRC and Cabramatta Community Centre.

**Confidentiality** – Client confidentiality is maintained as a key priority as governed by the Cabramatta Community Centre Client Confidentiality Policy and funding body requirements. Clients are informed of their rights in regard to confidentiality.

**Iterative** - Lessons learnt with each client are built into case plans with the clients who follow.

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## APPENDIX B



### Complex Case Support Service

Fairfield Migrant Resource Centre provides settlement services to newly arrived immigrants and refugees to improve access to services, address special settlement needs and help develop skills and confidence.

Our services include: advice, support and information relating to employment, housing, education, Centrelink, health, domestic violence, immigration, refugee and humanitarian entrants support and aged care.

The Complex Case Support program delivers short-term, specialised and intensive services casemanagement for refugee and asylum seeker families with exceptional needs. These are short-term, specialised and intensive case plans for recently arrived refugee and asylum seeker families in crisis and with multiple issues.

### DRAFT JOB DESCRIPTION

Position: **Case Management Coordinator (Complex Case Support)**

Hours: Full-time, some flexibility in working hours and on-call required

Salary: SACS Award Grade 5 (Salary Packaging available)

**RESPONSIBLE FOR** the coordination of short-term, specialised and intensive case management services for recently arrived refugees and humanitarian entrants with exceptional needs.

### QUALIFICATIONS/SKILLS REQUIRED

#### Essential

- Relevant qualifications or equivalent experience social sciences/social work
- Knowledge and understanding of settlement services
- Demonstrated understanding of the settlement needs of newly arrived refugees and humanitarian entrants
- Substantial experience and skills in casework with individuals and families in crisis
- Experience in project and financial management
- Knowledge and understanding of brokerage and budget monitoring
- Computer literacy and ability to use a database
- Capacity to develop networks and partnerships in program delivery, advocacy and policy frameworks

- Highly developed skills in oral and written communication with an ability to communicate information coherently and concisely to a range of audiences
- Knowledge of OH&S, EEO and Anti-Discrimination

#### Desirable

- Current drivers licence and a comprehensively insured motor vehicle
- Understanding of communities and community service provision in southwest Sydney
- Relevant community language

### **PRIMARY DUTIES**

#### 1. ADMINISTRATION

- Regular review and evaluation of the project with the FMRC Coordinator and/or external evaluation consultants.
- Collection and analysis of statistics and other related information on clients, staff and workloads, produce reports for the funding body and initiate/answer any correspondence as required.
- Attend seminars, lectures, conferences and supervision as required for professional development

#### 2. STAFF SUPPORT

- Development and maintenance of reporting systems.
- Identification and implementation of appropriate strategies to promote equitable access to services for all members of the target group.
- Facilitate opportunities for client participation in all aspects of service provision ie: planning, implementation and evaluation.
- Promote collaborative partnerships between relevant services and reduce the level of complexity associated with multiple service involvement through involvement in clear case planning activities and defining role responsibilities.
- Recruitment and supervision of casual bilingual caseworkers

#### 3. CLIENT SUPPORT

- Development of case plans for new clients, assessment of individual needs
- Provide clients with intensive assistance to stabilise their personal circumstances and assist them out of crisis.
- Assist and support client families to enhance their existing coping skills, problem solving skills and strengths
- Assist clients to establish and maintain supportive relationships within their community.
- Identify and develop referral pathways
- Identification of new needs as they arise and steps for follow-up
- Provide individual advocacy and/or case management

## 5. GENERAL

- Maintain client confidentiality in accordance with CCC Policy.
- Demonstrate commitment to and comply with OH&S Policies and Procedures.
- Adhere to the Policies and Procedures of CCC
- Use only the computer software supplied and not load other software onto computers
- Demonstrate an active, dedicated commitment to the FMRC.
- Promote a positive image of the FMRC to all stakeholders
- Uphold the standards of Access and Equity, Occupational Health, Welfare & Safety and the principles of EEO
- Model the principles of participation, partnership, collaboration and learning
- Take a lead role in team staff development and in-service training as appropriate
- Maintain the daily routine of CCS
- Other duties as required from time to time.

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## APPENDIX C



### Complex Case Support Service

Fairfield Migrant Resource Centre provides settlement services to newly arrived immigrants and refugees to improve access to services, address special settlement needs and help develop skills and confidence.

Our services include: advice, support and information relating to employment, housing, education, Centrelink, health, domestic violence, immigration, refugee and humanitarian entrants support and aged care.

The Complex Case Support program delivers short-term, specialised and intensive services case management for refugee and asylum seeker families with exceptional needs. These are short-term, specialised and intensive case plans for recently arrived refugee and asylum seeker families in crisis and with multiple issues.

### DRAFT JOB DESCRIPTION

Position: **Administrative Coordinator (Complex Case Support)**

Hours: Full-time, some flexibility in working hours and on-call required

Salary: SACS Award Grade 5 (Salary Packaging available)

**RESPONSIBLE FOR** the administrative coordination of the program of short-term, specialised and intensive case management services for recently arrived refugees and humanitarian entrants with exceptional needs.

### QUALIFICATIONS/SKILLS REQUIRED

#### Essential

- Relevant qualifications or equivalent experience social sciences/social work
- Knowledge and understanding of settlement services
- Demonstrated understanding of the settlement needs of newly arrived refugees and humanitarian entrants
- Experience in project and financial management
- Knowledge and understanding of brokerage and budget monitoring
- Strong Computer literacy and ability to develop and manage a simple database
- Capacity to develop networks and partnerships in program delivery, advocacy and policy frameworks
- Capacity to communicate positively with funding agencies to negotiate detailed client contract issues and meet reporting requirements

- Capacity to develop policy and procedures to meet the identified program administrative needs
- Highly developed skills in oral and written communication with an ability to communicate information coherently and concisely to a range of audiences
- Knowledge of OH&S, EEO and Anti-Discrimination

#### Desirable

- Current drivers licence and a comprehensively insured motor vehicle
- Experience and skills in casework with individuals and families in crisis
- Understanding of communities and community service provision in southwest Sydney
- Relevant community language

### **PRIMARY DUTIES**

#### 1. ADMINISTRATION

- Manage, in close cooperation with the Case Management Coordinator, the relationship of the Program with the funding body in relation to client assessments and case management by:
  - lodgement of client assessments and case management plans;
  - negotiation of acceptances / rejections of clients to the Program and of case management plans;
  - lodgement of milestone reports and exit reports.
- Establish and maintain appropriate data collection systems for the program in relation to clients, staff and workloads in line with funding body requirements and Cabramatta Community centre policies.
- Collect and analyse statistics and other related information on clients, staff and workloads and from relevant community sources to inform the operation of the Program, and to support its commitment to meeting funding body reporting requirements.
- Produce reports for the funding body as required.
- Initiate/respond to any correspondence as required.
- Participate in regular review and evaluation of the project with the Case Management Coordinator (Complex Case Support) and the FMRC Coordinator and/or external evaluation consultants.
- Provide information, to other Cabramatta Community Centre project staff and to local agencies to encourage appropriate referrals to the Case Management Support Program.
- Attend seminars, lectures, conferences and supervision as required for professional development

#### 2. STAFF SUPPORT

- Development and maintenance of reporting systems.
- Work with the Case Management Coordinator to undertake regular performance management reviews with Bilingual Case Workers including identification of training / professional development needs.
- With the Administrative Coordinator, develop and implement training programs to meet the identified needs of Bilingual Case Workers.

- Identification and implementation of appropriate strategies to promote equitable access to services for all members of the target group.
- Facilitate opportunities for client participation in all aspects of service provision ie: planning, implementation and evaluation.
- Promote collaborative partnerships between relevant services and reduce the level of complexity associated with multiple service involvement through involvement in clear case planning activities and defining role responsibilities.
- Support Case Management Coordinator in the recruitment and supervision of casual bilingual caseworkers.

### 3. CLIENT SUPPORT

- Support the Case Management Coordinator and Bilingual Case Workers in delivery of client services through resourcing their work and, where needed, undertaking direct advocacy for clients and other case work services under the supervision of the Case Management Coordinator.

### 4. GENERAL

- Maintain client confidentiality in accordance with CCC Policy.
- Demonstrate commitment to and comply with OH&S Policies and Procedures.
- Adhere to the Policies and Procedures of CCC
- Use only the computer software supplied and not load other software onto computers
- Demonstrate an active, dedicated commitment to the FMRC.
- Promote a positive image of the FMRC to all stakeholders
- Uphold the standards of Access and Equity, Occupational Health, Welfare & Safety and the principles of EEO
- Model the principles of participation, partnership, collaboration and learning
- Take a lead role in team staff development and in-service training as appropriate
- Maintain the daily routine of CCS
- Other duties as required from time to time.

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## APPENDIX D

### UPDATE JUNE 2010

#### Summary

A further analysis of client statistics for the period November 2009 to March 2010 has been completed. While this period includes the Christmas holiday break, and thus shows a slow-down in referrals, the short period of operation in the 2009 review suggested that a further overview would be helpful to either confirm trends showing on the first analysis or alter the view taken at that time.

The client group had changed significantly, with 73% of clients of Iraqi background as of 31 March 2010 and referrals of African descent down from 41% in late 2009 to 34% in March 2010.

Presenting issues have not changed substantially, though there were significant increases in the incidence of employment issues, health and physical disability, and the effects of torture and trauma.

What had changed significantly in the period between the first review and this update was the expectation of staff, especially in relation to their ability to identify and implement referrals which would be acceptable to DIAC staff. These issues are addressed in more detail below and it is noted that an additional recommendation is made in light of these changes.

#### Further Recommendations:

11. That representations be made to DIAC seeking a review of referrals made to the Program throughout its life to date, with a view to identifying individual variations in application of the selection criteria; and further that if such variations are found, they be addressed by review of guidelines and training programs provided to DIAC staff responsible for assessment of referrals.

12. That DIAC be encouraged to undertake a full national review of the Program, its impact on the clients involved, analysis of the effectiveness of different strategies uses by agencies within the Program and the impact of the method of administration of effectiveness.

#### 1. Referrals - For the period 1 November 2009 to 31 March 2010

The total referrals made by FMRC to the Complex Case Support Program during the period 1 January to 31 March 2010 was 9, with 7 accepted by DIAC and assigned to FMRC for case management and two rejected as unsuitable for the Program.

**Table 1; Appendix D: Referrals**

Referrals made	9
Rejected	2
Referred to FMRC	7
Clients exited	14
Active clients on 31 March	11

Note - no MRC referrals were sent to another provider, none were allocated from external agencies

## 2. Client Ethnicity

The ethnicity of clients is shown below both for all clients active in the period from 1 January to 31 March 2010 (Chart : Appendix D below), and for those clients active as of 31 March 2010 (Chart 2: Appendix D below). There is clearly a trend towards increasing Iraqi participation and reducing numbers of African clients. When further compared to the client group at the end of October 2009 (Chart 1, Page 4 above) this trend is even stronger (Table 2: Appendix D below). This trend mirrors the change in Humanitarian Intake by the Australian Government during the period from mid 2009.

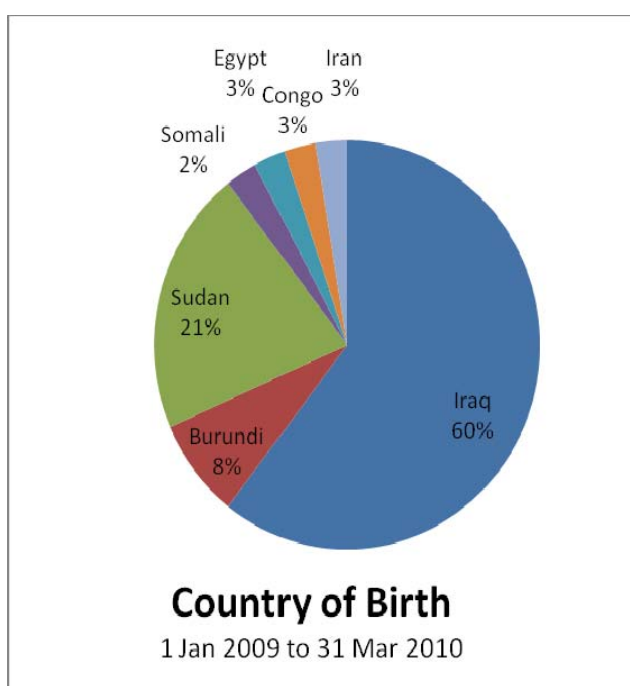
**Table 2: Appendix D: Client Ethnicity Trends throughout the Program**

Ethnicity	To 31 October 2009 Intake	1 January to 31 March 2010 Intake	At 31 March 2010 Active Clients
Iraq	55%	60%	73%
Sudan	24%	21%	9%
Burundi	10%	8%	0%
Somalia	4%	2%	0%
Congo	3%	3%	9
Egypt	4%	3%	0%
Iran	0%	3%	9

### 2.1 All Clients Active During the Period 1 January to 31 March 2010

A total of 38 people were active clients of the Program at some time during the period of 1 January to 31 March 2010.

**Chart 1: Appendix D.**



**Table 3: Appendix D.**

#### Client Ethnicity:

#### All clients

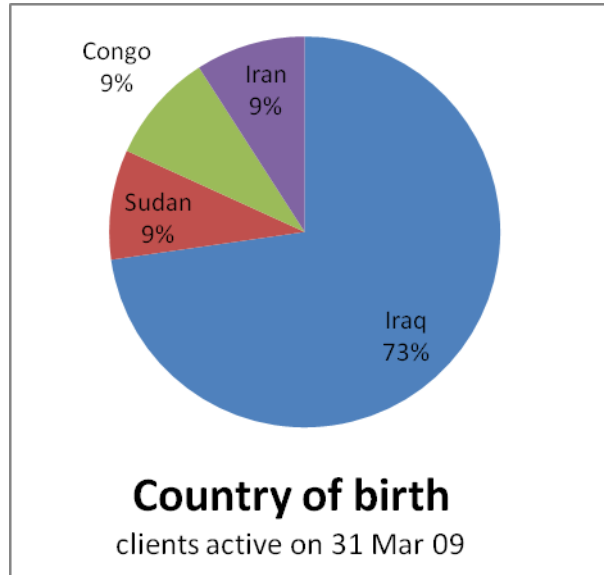
#### 1 Jan 2009 to 31 Mar 2010

Iraq	23
Burundi	3
Sudan	8
Somali	1
Egypt	1
Congo	1
Iran	1

## 2.2 Clients Active On 31 March 2010

As at 31 March 2010 the Program had 11 active clients whose ethnicity was as follows:

**Chart 2: Appendix D.**



**Table 4: Appendix D  
Client Ethnicity:  
Active Clients on  
31 March 2010**

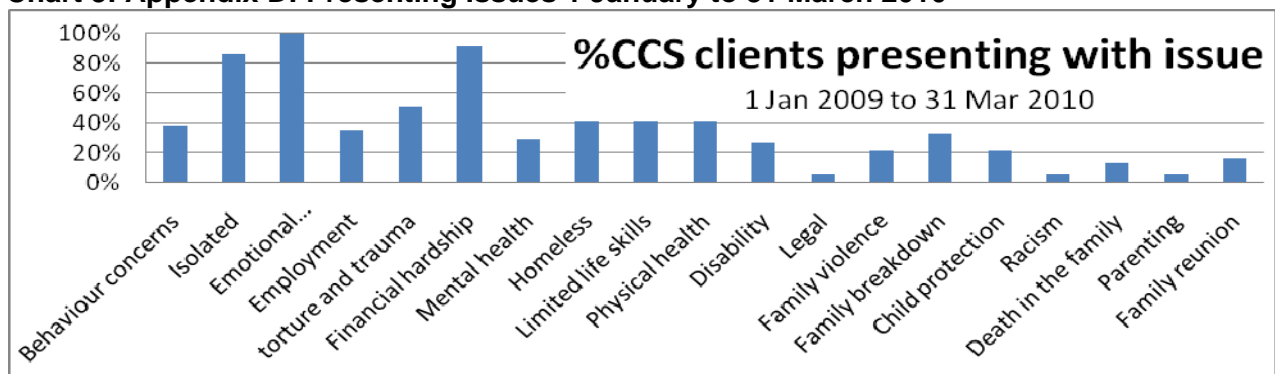
Iraq	8
Sudan	1
Congo	1
Iran	1

## 3. Presenting Issues

In the period from the commencement of the Program in (January 2009 to March 2010) the range of presenting issues has remained fairly consistent, with emotional wellbeing (especially stress and anxiety), social isolation / lack of social support and financial hardship standing out as key issues. It is not possible to identify in the context of this update to what extent the skills and practices of staff at assessment have developed and how this might impact on the presenting issues identified.

Chart 3: Appendix D shows the presenting issues of clients assessed during the period for 1 January to 31 March 2010, while Table 5: Appendix D shows the presenting issues of client across the life of the Program. These can be compared to Table 1 in the original review document above (page 6) to observe the changes in presenting issues.

**Chart 3: Appendix D: Presenting Issues 1 January to 31 March 2010**



Notable increases can be observed in the number of clients presenting with employment issues (up from 31% in 2009 to 60% in 2010), showing the impact of the economic downturn of 2009 which created a much tighter labour market. In this situation it is reasonable to assume that the target group for this Program, who are likely to have little local work experience and in many cases limited applicable qualifications and skills, are much more vulnerable than the general jobseeker.

**Table 5: Appendix D: Presenting Issues Over the Life of the Program to Date**

<b>Presenting Issue/s</b>	<b>% Clients Presenting</b>	<b>Number of People Presenting</b>
Behaviour Concerns	38%	14
Isolated	86%	32
Emotional Wellbeing	100%	36
Employment	35%	13
Torture and Trauma	51%	19
Financial Hardship	92%	34
Mental Health	30%	11
Homelessness	70%	26
Limited Life Skills	57%	21
Physical Health	62%	23
Disability	27%	10
Legal	5%	2
Family Violence	22%	8
Family Breakdown	32%	12
Child Protection	22%	8
Racism	5%	2
Death in the Family	14%	5
Parenting	5%	2
Family Reunion	16%	6

Presentations with health issues and/or disabilities, already significant in the earlier months of the Program (Physical health 59%; disability 24%), have become even more prominent, with 80% of clients presenting in 2010 having physical health issues and 40% having physical and/or cognitive disability. It is evident from the 2009 data that clients of middle-eastern origin in particular were presenting with health and disability issues. The higher representation of people from Iraq and lower numbers of people of African origin may explain the trend, though data is not available on the overall state of health physical ability of people arriving from the two regions. The needs of clients negotiating the complex Australian health services system are considerable. This is especially significant where the other impacts of both recent arrival and past experience are compounding. The impact of health and disability issues of any family member on the whole family can be substantial. It is expected that the complexity of managing cases will have increased as a result of this change.

The final area of significant change was an increase in presentations with the effects of torture and trauma from 48% in 2009 to 80% in 2010. It is often the experience of settlement services working with victims of torture and trauma that it is necessary to work through issues of immediate financial and life security before an individual is able to make significant inroads in addressing the impact of torture and trauma. In spite of this, the impacts of experiences of this type on the ability to reach financial and life security can be devastating. The increase in the numbers of clients presenting with these issues will further increase the complexity of the casework undertaken with the FMRC program.



## 4. Referral Issues

In the review in 2009, issues were identified regarding the application of the Program's eligibility criteria by DIAC staff to assessing referrals. Cases were cited by staff where clients with complex issues, apparently consistent with the eligibility criteria and with very limited access to alternative assistance, were rejected upon referral. In November 2009 staff expressed optimism that their work with DIAC was beginning to result in consistent responses to referrals, despite the early problems with what they perceived as inconsistency of evaluation by DIAC staff. (7.1 Referral / Acceptance of Cases; page 14 above)

By 2010 this optimism had largely dissipated, with concerns being expressed that the degree of individual interpretation of the eligibility criteria by DIAC staff made identification of appropriate referrals difficult. This has led to a view by FMRC staff that many clients appropriate for the Program are unable to gain access to it. This makes it difficult to advise local agencies, whom the FMRC Program staff attempt to support in identifying and making referrals, as to which clients should be considered for referral.

It is not possible to assess whether these concerns are valid without a national review of the referrals made to the Program and those accepted and rejected. Given that FMRC staff concerns appear to be shared by those working on the Program in other agencies, completing such a review would seem to be advisable.

**Recommendation:** That representations be made to DIAC seeking a review of referrals made to the Program throughout its life to date, with a view to identifying individual variations in application of the selection criteria; and further that if such variations are found, they be addressed by review of guidelines and training programs provided to DIAC staff responsible for assessment of referrals.

## 5. Program Review

In light of the concerns discussed above, and the fact that the Program has now been operating for 18 months and is due for re-tendering in 2010, a full review of the Program would be beneficial at this stage. Such a review should encompass, in addition to national patterns in assessment of referrals, a study of the range of strategies employed in working with its clients. As far as possible, the outcomes achieved / current situations of the individuals and families who have participated, especially compared with those who have not had the benefit of its support, should also be studied.

While such a review at a national level would be a large undertaking and involve considerable expense, the intensive nature of the intervention, the cost of the Program, and the high level of need of the client group, justify a thorough analysis of its effectiveness and the appropriateness of its execution.

**Recommendation:** That DIAC be encouraged to undertake a full national review of the Program, its impact on the clients involved, analysis of the effectiveness of different strategies used by agencies within the Program and the impact of the method of administration on effectiveness.