

**Department of Human Services'
Multiple and Complex Needs Initiative (MACNI)**

Regional Database Report for July 2007-June 2008

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1. Introduction

The Multiple and Complex Needs Initiative (MACNI) is a coordinated and system-wide response to meeting the service demands of individuals with multiple and complex needs. MACNI aims to:

- (a) improve client outcomes for people with complex needs through the provision of a holistic assessment and the development and implementation of integrated care plans;
- (b) facilitate the delivery of accommodation, health and welfare services and supports to these clients; and
- (c) improve service capacity to work effectively and collaboratively with this client group.

This is the fifth consecutive report reflecting the activity of the MACNI regional coordinators as recorded through a regional database. Regional coordinators record each incidence of inquiry, consultation and referral separately. This report reflects the cumulative regional data for MACNI from its inception at January 2004 until June 2008. The report highlights cumulative trends over time and significant trends for the current reporting period.

1.1 Definitions

Regional gateway: the entry point to MACNI where regional coordinators consider an individual's eligibility to MACNI, broadly identify an individual's service needs, identify local service solutions, and refer individuals to the Panel for a statewide MACNI response.

Statewide panel: is responsible for determining an individual's eligibility, for reviewing and approving care plans developed by the assessment service (Indigo Case Management and Assessment Service) and allocating brokerage funds to the individual's care plan.

Inquiries refer to those contacts made with the regional coordinator may include requests for information about MACNI, individual eligibility, waiting times, role of regional coordinator and processes for consultation and referral.

Consultations are either telephone or face-to-face contacts made with involved or recently involved service providers, particularly focused on encouraging all service providers involved (or recently involved) to establish the nature and scope of the issues for the individual, identify a lead case manager and responsibilities for co-ordination, communication and monitoring, identify and implement any identified alternative response options, and discuss the appropriateness of referral to the statewide Panel where alternate options have been exhausted, are not available or have not had appropriate or sustainable outcomes for the individual.

The **referral** phase commences with a regional co-ordinator providing a potential referrer with a referral form for completion. Upon receiving the completed referral form, the regional coordinator forms the view as to whether the individual appears to meet the eligibility criteria and that all support options have been used wherever possible.

Total referrals are those in the process of being completed, or endorsed for or actually referred to the MACN Panel.

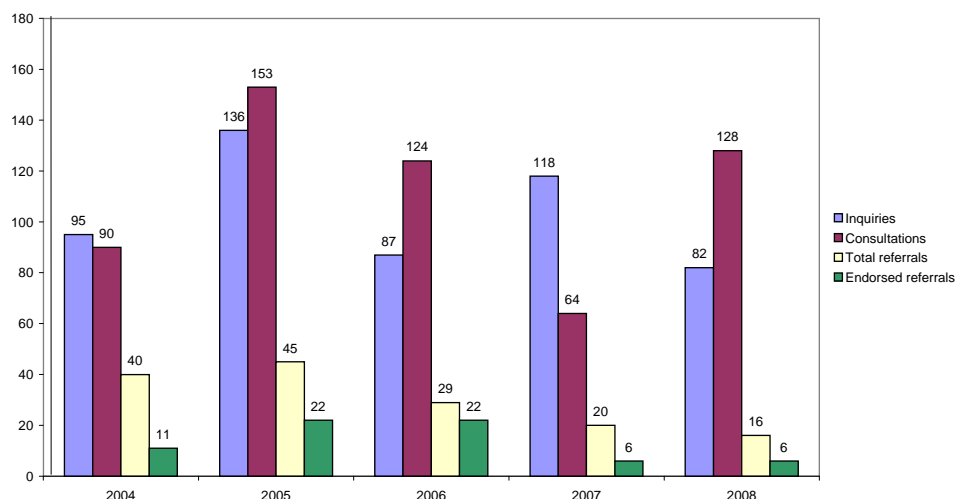
Endorsed referrals are those cases that are endorsed by the regional director for referral to the Panel, and have progressed to the Panel.

2. MACNI data snapshot

2.1 A service response to people with multiple and complex need

Figure 1 illustrates activity at the regional level for each year of MACNI.¹

Figure 1: Overview- inquiries, consultations, total referrals and referrals endorsed by regional directors by year to end June 2008



The number of endorsed referrals peaked in 2005 and 2006 and has since declined – remaining the same for the last two reporting periods of 2007 and 2008.

A comparison of regional gateway activity on a year-by-year basis indicates that demand for a service response peaked in 2005 with the highest numbers of consultations and matters moving into the referral phase occurring in that year.

An increase in collaborative problem-solving at the regional level through the work of regional co-ordinators and local panels is likely to have contributed to a slowing of matters moving into the referral stage from 2006 onwards. Operational adjustments and flow-through issues effecting components of MACNI more recently may also have impacted on a slowing of matters moving into the total referral phase.

Profiling undertaken prior to MACNI establishment suggested that demand for a multiple and complex needs service response from metropolitan regions was likely to be 4 times greater than the demand from rural regions. The proportion of matters at the consultation and total referral stages continue to broadly adhere to the anticipated ratios. Among endorsed referrals however, rural referrals account for over one third (36%) of all matters endorsed for referral to the state-wide Panel. This increase is likely to reflect lack of service system availability and/or capacity in some rural settings.

¹ Regions undertook inquiries and consultations from the 2nd quarter of 2004; however, MACNI was not fully operational until the Panel was established in August 2004.

Figure 2: Total inquiries, consultations and referrals to end June 2008

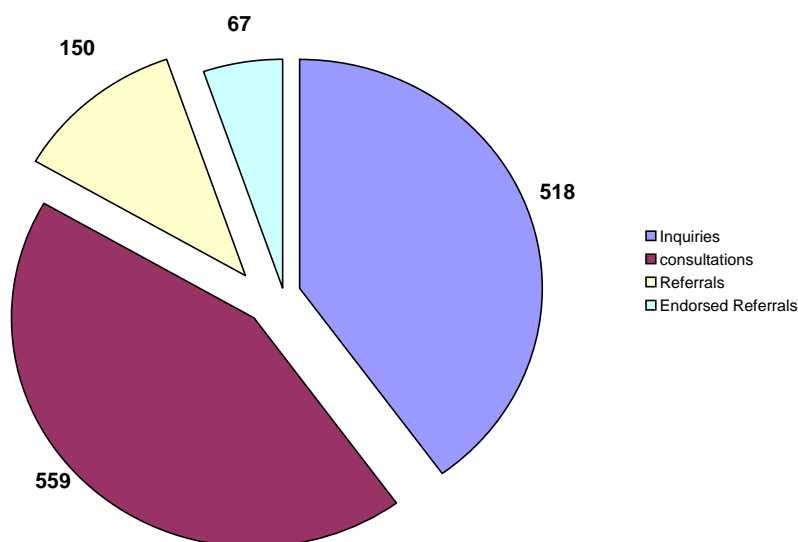


Figure 2 distinguishes between activity types at the regional level. With the current reporting period, the cumulative data reflects that DHS regional coordinators:

- managed 518 **inquiries**
- facilitated 559 **consultations**
- extended 150 consultations for **referral** to the MACN Panel, and
- progressed 67 cases via the regional directors as **endorsed referrals** to the Panel.

Of the consultations, 27% moved to the referral stage. 12% of consultations become endorsed referrals - that is, where a referral has been endorsed by the regional director for referral to the Panel. By region, the percentage of consultations moving to endorsed referrals ranges from 2% to 41%.

Overall, the current data reinforces the trends observable in earlier reporting periods.

2.2 Eligibility criteria

In 2008, 65% of matters coming to the attention of regional coordinators appeared to have met the eligibility criteria. This demonstrates the effective targeting of MACNI at the regional level.

Examined cumulatively, the trends observed in previous reporting periods are maintained. For the **2007-08** reporting period, the number of consultations appearing to have:

- a mental disorder is 84 (21% increase on last year's cumulative data)
- substance abuse issues is 69 (20.5% increase)
- an intellectual impairment is 45 (21.5% increase)
- an ABI is 34 (19.5% increase)
- exhibited violent/dangerous behaviours to self is 60 (22.5% increase)
- exhibited violent/dangerous behaviours to others is 60 (21.7per cent increase)
- behaviour that places self at risk is 60 (18per cent increase)
- behaviour that places others at risk is 54 (19.5per cent increase)

Significantly, in 2008 the consultations for mental health increased by 28% and substance abuse by 21%, whereas the consultations for those with the appearance of an intellectual impairment dropped by 26%.

A year-by-year comparison indicates that the percentage of consultations and referrals identifying the appearance of a mental disorder has decreased each year since the establishment of MACNI. Endorsed referrals over the two last reporting periods have identified an equal rate of appearance of a mental disorder and substance abuse issues.

2.3 Source of consultations and referrals

The funded sector continues to be the primary source of both consultations and referrals.

Source / Activity	mental health	disability services	housing services
Consultations	28%	12%	10%
Total referrals	33%	15%	12%
Endorsed referrals	38%	19%	7%

Of note, are the high rates of substance abuse issues identified among consultations (60%), whereas drug and alcohol services are the source of only 2.7% of consultations. The percentage of endorsed referrals originating in drug treatment services is 1%. Equally, while the total referral data indicates increasing frequency of substance abuse among individuals at 70% (n=105), drug treatment services are responsible for only 4.6% (n=7) of referrals.

Prisons also continue to be a low source for consultation (4%), total referrals (3%), and endorsed referrals (3%). This is despite the high proportion of consultations (16%), total referrals (23%) and endorsed referrals (25%) that arise from alternate sources for individuals in custody or prison.

2.4 Resolution of matters at the regional level

Consistent with the cumulative data to June 2007, 40% of matters are identified as having been resolved at the regional level. In 2008, the percentage of matters identified as not being resolved (17%) has halved in comparison to the June 2007 data (38%). This is accompanied by a significant increase in the percentage of matters identified as 'to be advised'; the current 43% is double the 2007 percentage of 21%. This is likely to reflect the role of regional coordinators in suitably facilitating local service system responses to individuals and the in-depth, lengthy involvement required before resolution can be achieved.

It appears that gender does not have a significant bearing on whether or not a matter is resolved at the regional level.

2.5 Age and gender

For consultations, total referrals and endorsed referrals the gender ratio of 2:1 maintains the trend reported in earlier reporting periods.

Activity	Male	Female
Consultations	65%: n=366	32%: n=177
Total referrals	64%: n=96	35%: n=53
Endorsed referrals	68%: n=46	31%: n=21

The profiling undertaken during the development phase of MACNI also projected that demand for a multiple and complex needs service response would be strongest among the younger age cohorts. A consistent representation of consultations and referrals for individuals in their 40s

was not expected. The cumulative data indicates that 28% of consultations, 28% of total referrals and 25% of endorsed referrals are for individuals aged 40 and over.

2.6 Accommodation

The accommodation status of individuals coming into contact with MACNI continues to be of concern.

Over a third of **consultations** (33%) are for individuals experiencing some form of homelessness and 16% of consultations are for individuals in prison or custody. Among **total referrals**, some form of homelessness increases to 40% and individual's residing in custody or prison is 23%.

A significant 40% of **endorsed referrals** are for individuals experiencing primary and secondary homelessness. Another 25% are in either custody or prison. The percentage of endorsed referrals for individuals experiencing either primary or secondary homelessness (40%, n=26) and those residing in prison (25%, n=17), is largely consistent with those for total referrals.

2.7 Physical health status

The physical health status of individuals coming into contact with MACNI is also noteworthy.

The proportion of consultations and referrals identifying physical health issues has remained fairly constant over reporting periods. The percentage of **total** and **endorsed referrals** identifying 'poor or unmanaged health issues' is respectively at 38% and 37%.

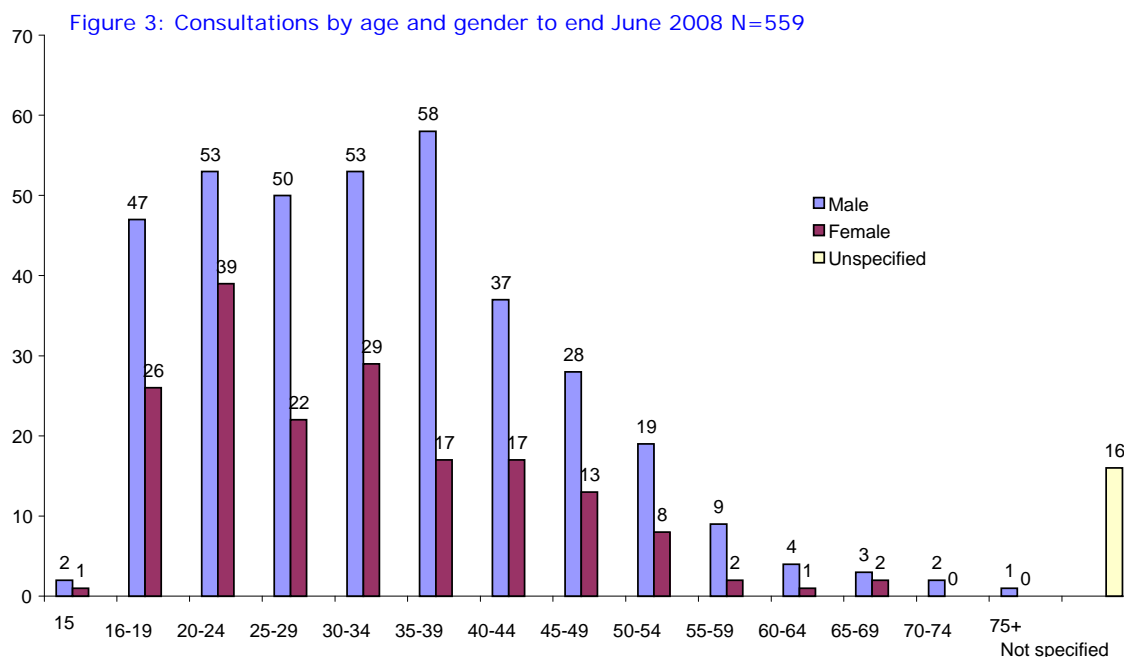
Positively, 24% of consultations, 30% of total referrals and 40% of endorsed referrals relate to healthy individuals or those with managed health issues.

It is noteworthy that consultations and referrals for males are more likely to identify good health or managed health issues than those for females.

3. Consultation data

The consultation phase is distinguished from the inquiry phase by the level of consultation required of the regional co-ordinator. A consultation may occur as one-off contact, or may require several contacts to either resolve or progress the case to the referral stage.

3.1 Age and gender



The gender ratio for consultations remains at 2:1 with 65% (N=366) for males and 32% for females (N=177).

Overall, 57% (N=319) of consultations were for individuals under 35 years. Consultations occur most frequently (16%) for 20-24 year olds, followed by (15%) 30-34 year-olds and (13%) for 16-19 year-olds. The number of consultations for individuals aged 40-years and above is 28%.

In the 40-years and above group, 70% of consultations are for males and 30% are for females. Consultations for males peak at 58 in the 35-39 age group. The number of males in the 20-24 and 30-34 age groups is equal at 53 and surpasses the 25-29 age group (50).

Consultations for females are distributed fairly consistently across the younger age categories except for the 20-24 year-old group where the numbers peak at 39.

3.2 Region type

Profiling undertaken ahead of the establishment of MACNI suggested that demand for a multiple and complex needs service response from metropolitan regions was likely to be 4 times greater than the demand from rural regions.

Cumulative data demonstrates that the proportion of consultations originating in rural regions (27%: n=149) is higher than the 80:20 metro/rural split originally anticipated.

3.3 Eligibility criteria

Figure 4: Percentage of consultations appearing to meet eligibility criteria by year to end June 2008

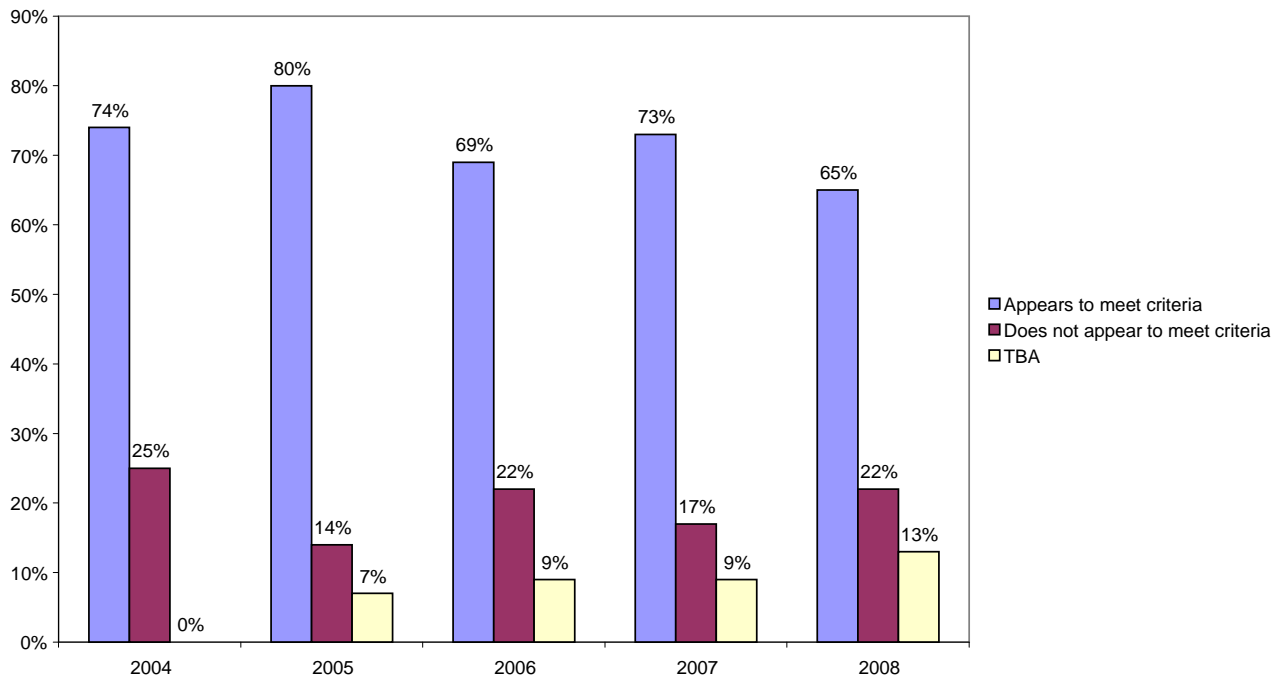


Figure 4 provides overview of the percentage of consultations where an individual meets the eligibility criteria for the recorded year. On average, more than 65% of consultations in each year appear to have met the criteria. This demonstrates the effective targeting of MACNI at the regional level.

Figure 5: Consultations by eligibility criteria appearing to be met to end June 2008 N=559

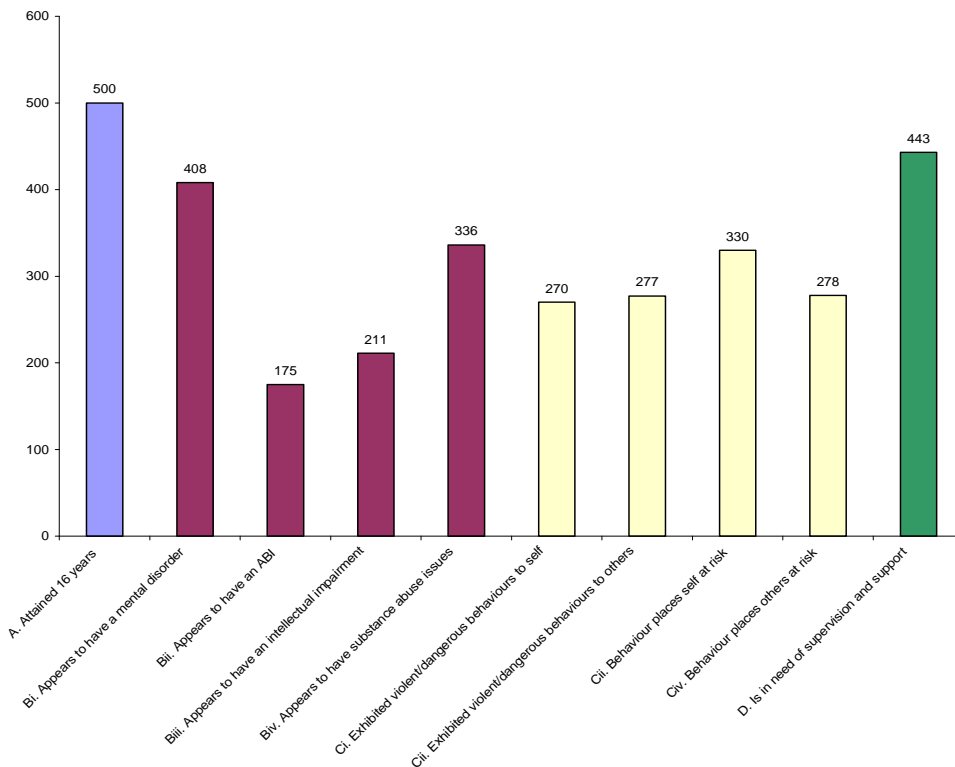


Figure 5 illustrates the distribution of eligibility criteria for consultations. The trends observed in previous reporting periods for the diagnostic sub-criteria 'b' are maintained.

To date, 73% of consultations identify a mental disorder. In the current period, the appearance of substance abuse continues to be the next most frequently occurring sub-criterion (60%). Consistent with the trend to date, this is followed by intellectual impairment (38%) and ABI (31%) - both a slight decrease on the 2007 percentages.

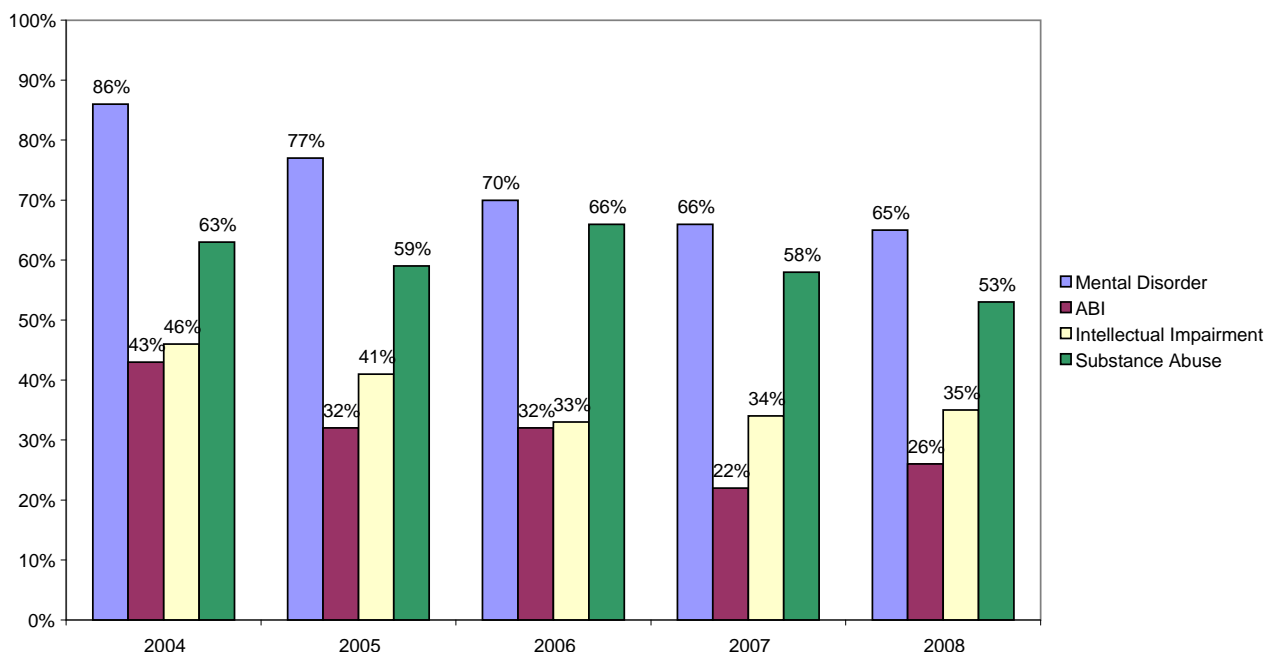
In the behavioural sub-criteria of criterion 'c', behaviour resulting in harm to others (49.5%) is slightly higher than behaviour resulting in harm to self (48.3%).

On the assessment of risk, behaviour that places 'self at-risk' (59%) continues to be identified ahead of behaviour that places 'others at-risk' (49.8%).

For the **2007-08** reporting period, the number of consultations appearing to have:

- a mental disorder is 84 (a 21% increase on last year's cumulative data)
- an ABI is 34 (a 19.5% increase)
- substance abuse issues is 69 (a 20.5% increase)
- an intellectual impairment is 45 (a 21.5% increase)
- exhibited violent/dangerous behaviours to self is 60 (a 22.5% increase)
- exhibited violent/dangerous behaviours to others is 60 (a 21.7% increase)
- behaviour that places self at risk is 60 (an 18% increase)
- behaviour that places others at risk is 54 (a 19.5% increase)

Figure 6: Consultations by percentage of eligibility criteria 'B' sub-criteria met by year to end June 2008



Mental disorder continues to be the most frequently identified sub-criteria of criterion 'b'. Figure 6 indicates that the percentage of consultations identifying mental disorder decreased between establishment of MACNI and June 2007, and it has since plateaued.

Consultations identifying substance abuse (53%) continues to be the second most frequently identified sub-criterion following mental disorder.

3.4 Resolution status

Figure 7: Consultations by resolution status at the regional level to end June 2008 N=559

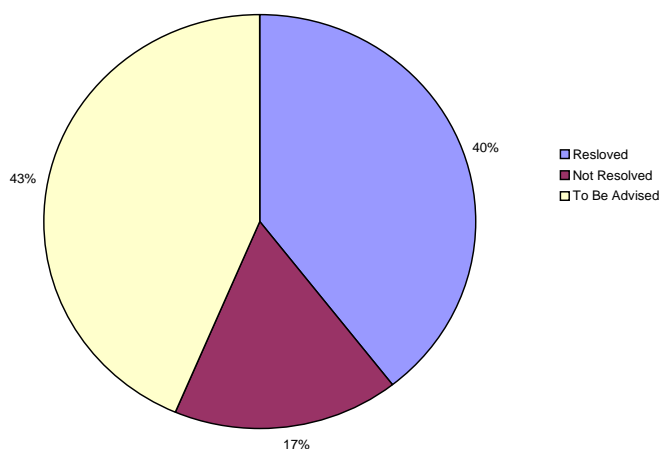


Figure 7 shows that 40% (n=221) of matters were **resolved** at the regional level. This is consistent with the resolution status of matters in the cumulative data to June 2007.

A matter may be recorded as 'resolved' for numerous reasons: for example, when the services involved or new services agree on a new or modified approach to supporting an individual, or when a potential referrer is provided with advice about alternate support for an individual. A matter that is recorded as 'resolved' and subsequently returns to the region is recorded as a new consultation.

In **2007-08**, the percentage of consultations with resolution status identified as '**to be advised**' (43%) has doubled in comparison with the 2007 data (21%). In any period, the resolution status of a proportion of consultations is thus described as the consultation is still in progress and an outcome is not yet determined. The increase in percentage is likely to reflect the high number of consultations that are managed by regional coordinators over a period of time. The resolution status of some more tenuous matters may also be recorded as 'to be advised' as new or modified support arrangements are in trial.

The percentage of matters identified as '**not being resolved**' (17%) has halved in comparison to the June 2007 data (38%). Positively, a greater resolution of cases is reasonably attributable to the role of regional coordinators in suitably facilitating local service system responses to individuals and the in-depth, lengthy involvement required before resolution can be achieved.

Figure 8: Percentage of matters identified as resolved at the regional level by year to end June 2008

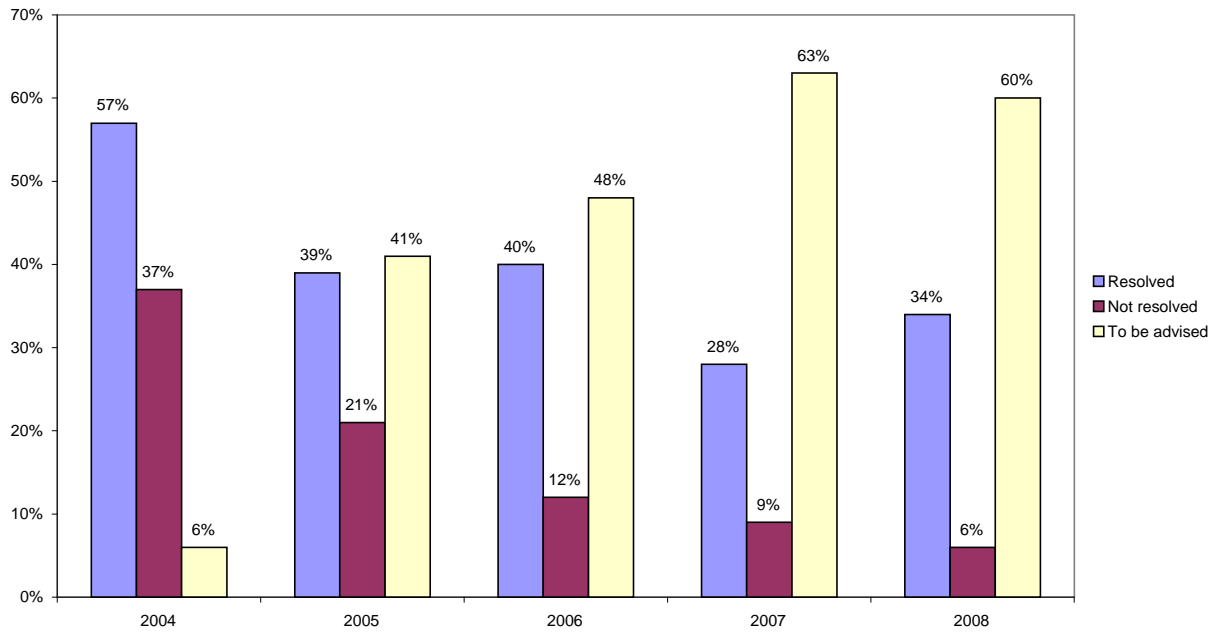


Figure 8 is an annual overview of the resolution status of consultations. The continuing high percentage of matters identified as 'to be advised' in 2008 reflects those cases where plans are still in development, trial or being monitored and their resolution status is not yet established.

Figure 9: Consultations by source and resolution status to end June 2008 N=559

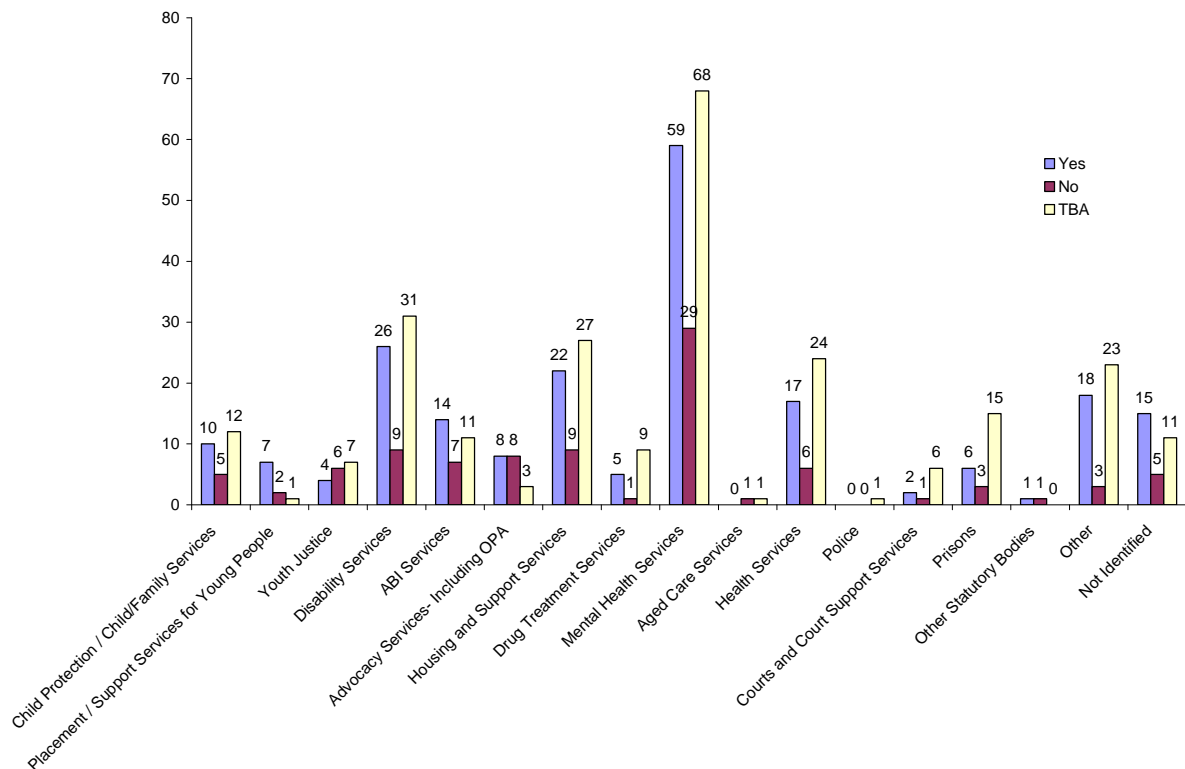


Figure 9 provides a breakdown of the source of consultations and their resolution status.

- 28% of consultations come from mental health services.
- Disability and housing services are the source for 12% and 10% of consultations respectively.

Given the high rates of substance abuse issues identified among consultations in Figure 5 (60%), it is noteworthy that drug and alcohol services are the source of only 2.7% of consultations.

For mental health service consultations, the percentage of those matters resolved at the regional level (38%) is broadly consistent with the resolution data for all sources of consultation (that is, 40% as per Figure 7).

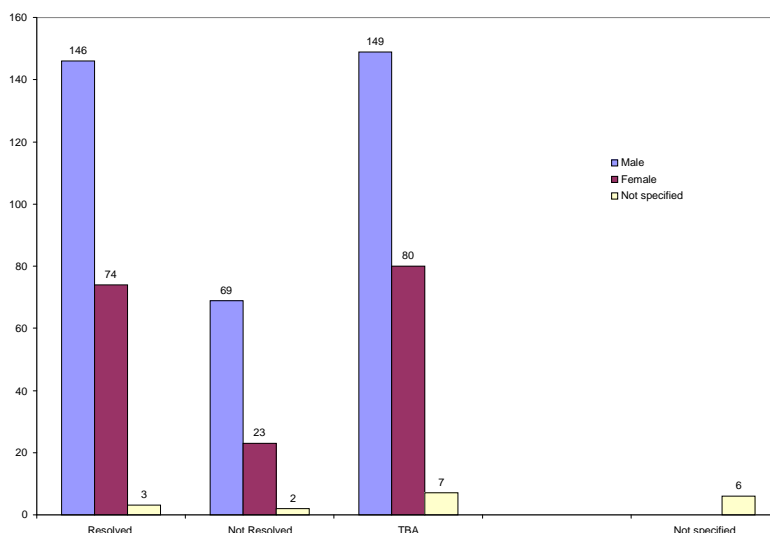
The proportion of consultations resolved at the regional level (40%) is higher than the consultation data specifically for:

- housing services (38%)
- child protection services (37%)
- health services (36%)
- drug treatment services (33%), and
- youth justice services (23.5%)

In contrast, the proportion of consultations identified as being resolved at the regional level (40%) is equal and lower than the consultation data specifically for:

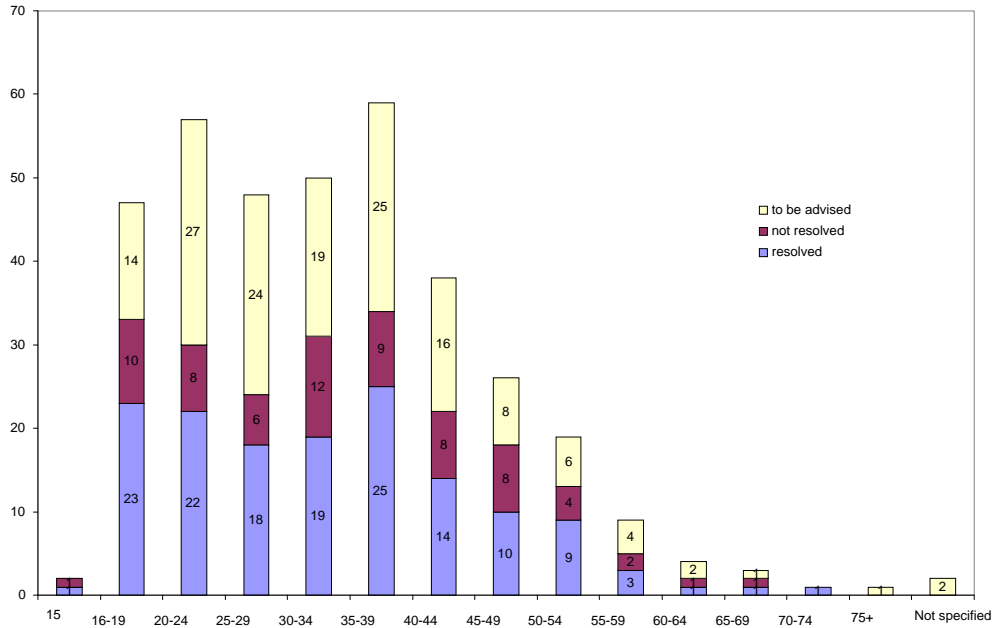
- disability services (40%)
- ABI services (44%)

Figure 10: Consultations by resolution status by gender to end June 2008 N=559



It appears that gender does not have a significant bearing on whether or not a matter is resolved at the regional level as 40% and 42% of consultations for males and females respectively are resolved. Likewise, 19% and 14% of male and female consultations are not resolved at the regional level.

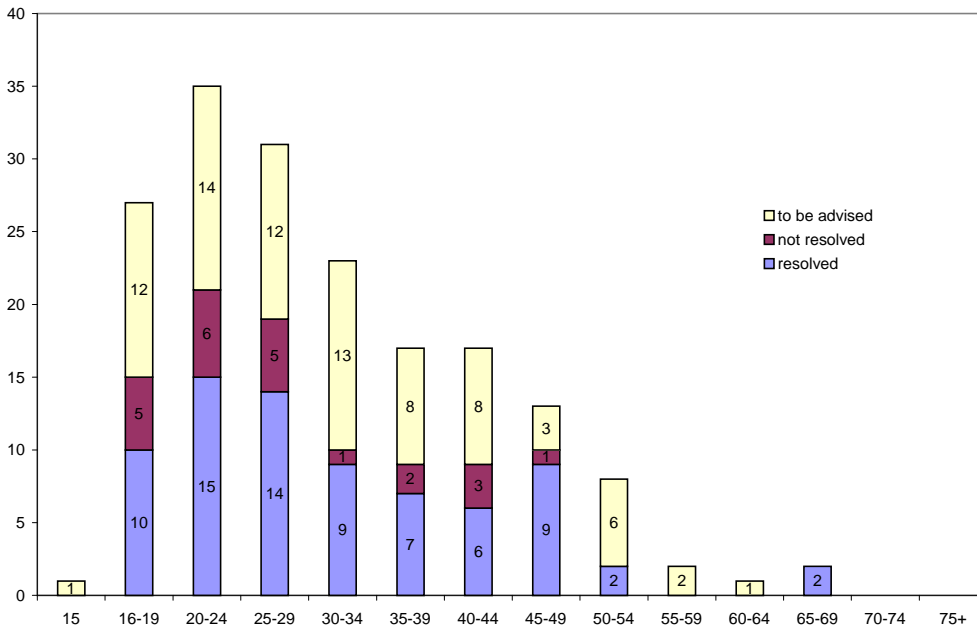
Figure 11: Consultations for males by resolution status and age to end June 2008 N=366



Figures 11 and 12 provide a breakdown of consultations by resolution status, gender and age.

49% and 37% of the consultations for 16-19 year-old men and women respectively are resolved at regional level. In comparison to the overall resolution rate of 40%, male consultations are resolved at a higher percentage than female consultations for this age group.

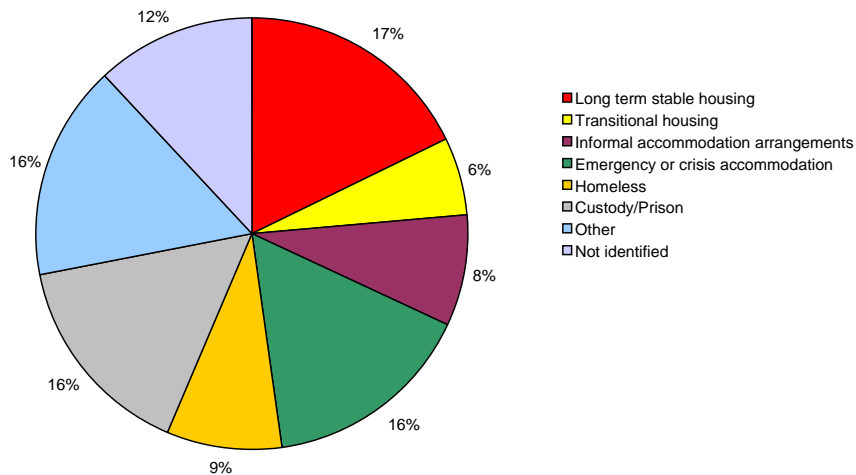
Figure 12: Consultations for females by resolution status and age to end June 2008 N=177



The proportion of resolved consultations for females is 42% - marginally higher than the overall resolution rate. The resolution rate for matters at the regional level is 25% and 23.5% for females and males respectively across the 25-29, 30-34 and 45-49 cohorts.

3.5 Accommodation status

Figure 13: Consultations by accommodation status to end June 2008 N = 559

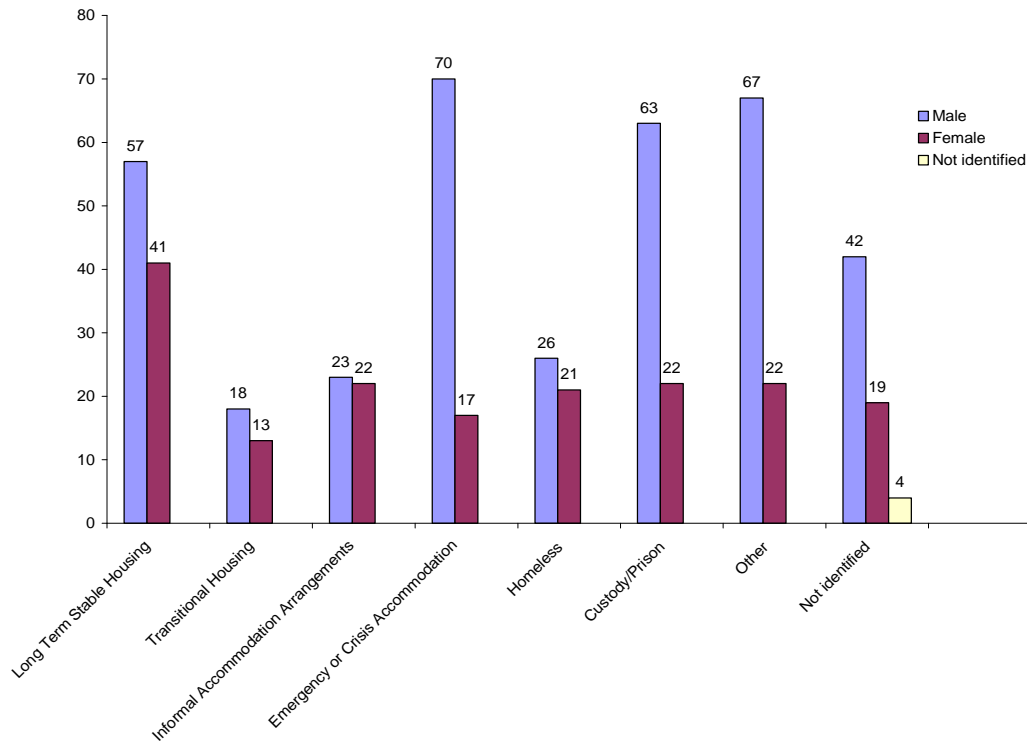


The trends observable in previous reporting periods are largely consistent with the cumulative data to June 2008. Figure 13 indicates that of consultations by accommodation status:

- 17% (n=98) are for individuals in long-term stable accommodation
- 6% (n=31) are for individuals in transitional housing arrangements
- 33% (n=131) are for individuals in some form of homelessness²
- 16% (n=85) are for individuals in custody or prison.

² Homelessness categories comprise 8% (n=45) informal accommodation arrangements, 16% (n=87) emergency accommodation and 9% (n=47) primary homelessness (e.g. living rough).

Figure 14: Consultations by accommodation status and gender to end June 2008 N=559



The most frequently identified accommodation type for women is long-term stable housing at 23% (n=41) in contrast to 15.5% (n=57) for males.

For males, the most frequently accommodation arrangement is:

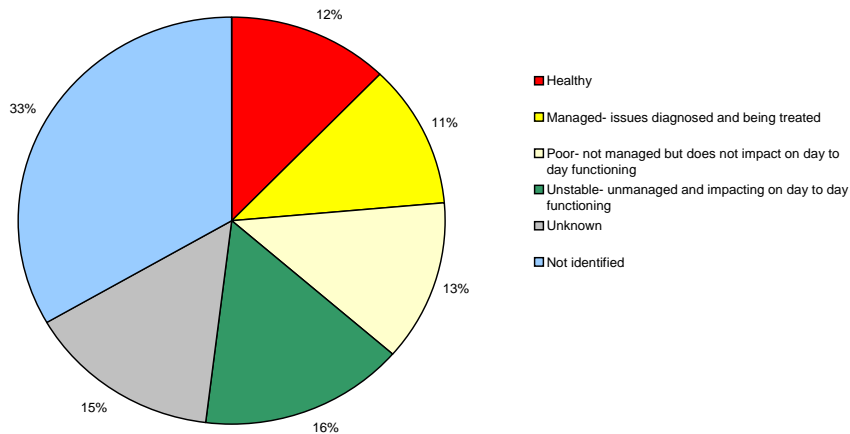
- emergency/crisis accommodation (19%, n=70)
- other (18%, n=67)
- custody/ prison (17%, n=63)

In 2008, emergency accommodation peaks as the most frequent accommodation form. This is a slight variation from the cumulative data from the last reporting period where 'other arrangements' peaked, followed by emergency accommodation and custody/prison.

Of all consultations, primary and secondary homelessness is seen in 34% (n=60) for females and 32% (n=119) for males. With custody/prison, the percentage of less than optimal accommodation arrangements for females and males respectively is raised to 46% and 50%.

3.6 Physical health status

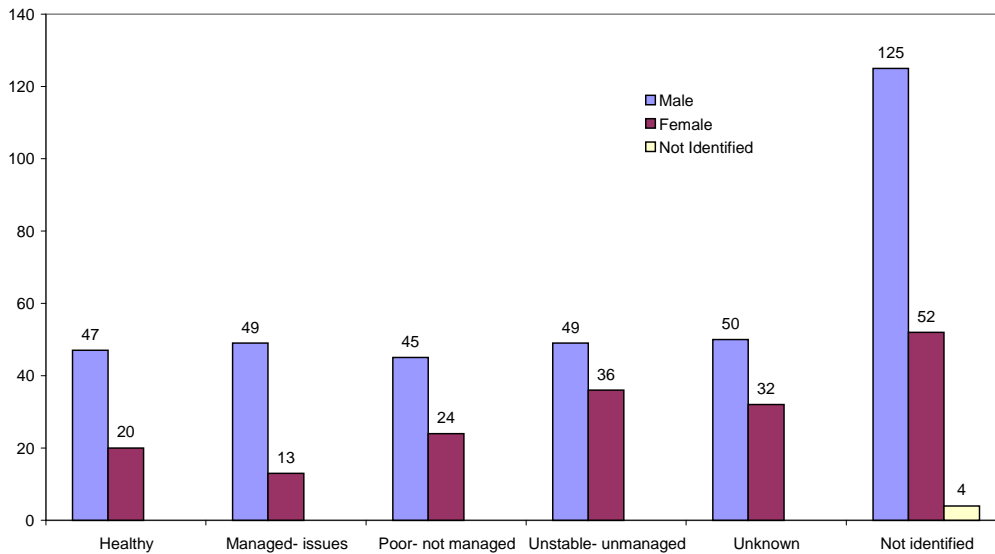
Figure 15: Consultations by physical health status to end June 2008 N=559



Figures 15 and 16 indicate that physical health status is unknown or not identified in 48% of consultations. This is consistent with the previous reporting period.

Poor and unstable health continues to be identified as an issue of concern in 29% of all consultations in contrast to 23% reported as healthy or as having 'managed' health conditions.

Figure 16: Consultations by physical health status and gender to end June 2008 N=559

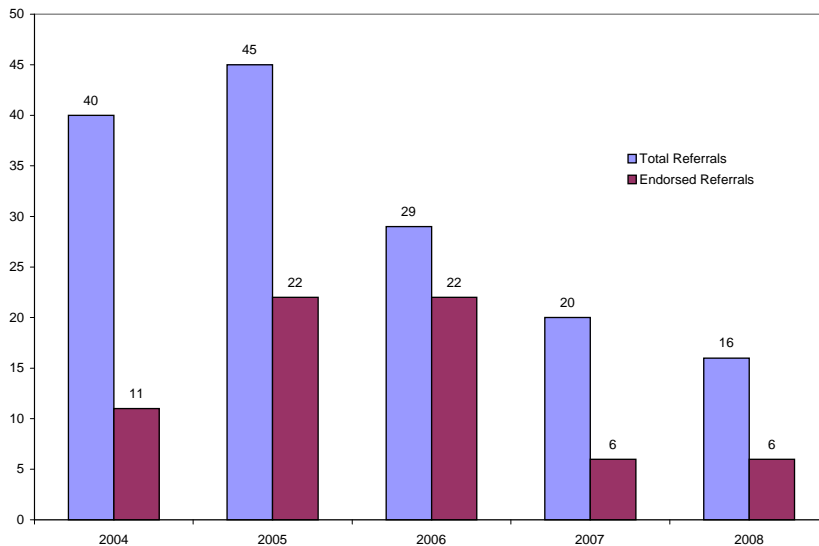


On gender and physical health, 26% and 19% of consultations for males and females respectively identify good or managed health. For males, this is consistent with the last reporting period and for females a little higher than the 15% previously reported. Similarly, while 26% of consultations are for males with poor or unmanaged health, this proportion increases to 34% for females.

4. Referral data³

Figure 17 provides an overview of total referrals and endorsed referrals by year.

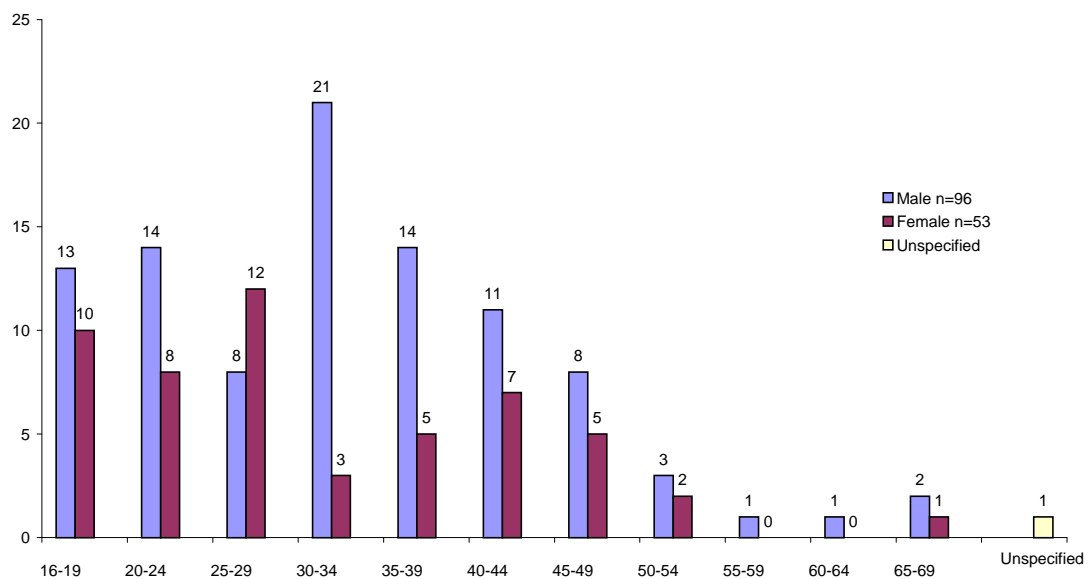
Figure 17: Total referrals and referrals endorsed by regional directors by year to end June 2008



The numbers moving to referral peaked in 2005 and have steadily declined since. Factors contributing to a reduction of matters moving to regional director endorsement may include: operational flow-through issues, increased regional capacity to resolve matters through cross-program collaboration and problem-solving with local panels, and improved local service coordination responsiveness.

4.1 Age and gender

Figure 18: Total referrals by age and gender to end June 2008 N=150



³ Refer to the definitions of referral types at the 'Introduction'.

Figure 18 indicates that among the total referral population, 64% (n=96) are male and 35% (n=53) are female. The growth in the number of males in this reporting period and up to June 2007 is three times the growth of total referrals for females (12 male and 3 female).

Across the age groups there are typically more referrals for males, except for the 25-29 age group, where the gender balance is reversed as 60% of referrals are for females. At the peak of referrals are the 30-34 year-old males who form 87.5% of that age group.

28% of total referrals are for individuals aged 40 and over.

Figure 19: Referrals endorsed by regional directors by age and gender to end June 2008 N=67

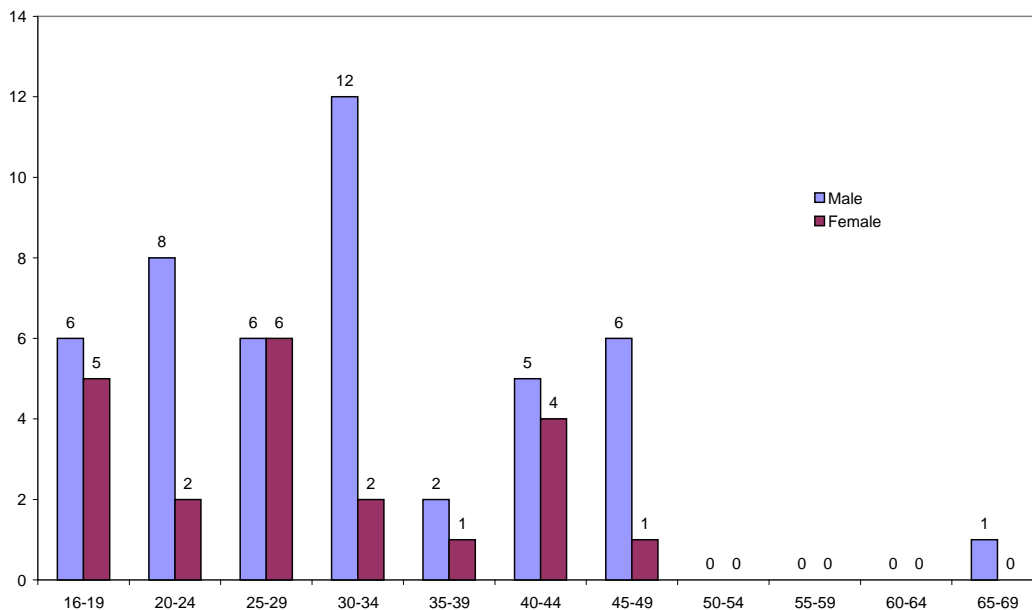


Figure 19 demonstrates a greater representation of male endorsed referrals.

To June 2008, 68% (n=46) of endorsed referrals were male and 31% (N=21) were female. The gender balance among referrals has fluctuated over time from 5:1 in 2005, to 3:1 in 2006, 2:1 in 2007 and 2008.

Pre-MACNI projections of service demand suggested that demand for a multiple and complex needs service response would be strongest among the younger age groups. A consistent number of referrals for individuals aged 40 and over was not anticipated and these individuals currently represent 25% of endorsed referrals.

The consistently small number of endorsed referrals for 35-39 year-olds is difficult to explain, particularly as a corresponding drop is not evident among 'total' referrals.

4.2 Region type

75% and 25% of the **total referrals** (n=150) arise in the metropolitan and rural regions respectively. These proportions are consistent with the anticipated metropolitan/rural ratio of 80:20.

For **endorsed referrals** (n=67), the proportions are 64% and 36% for metropolitan and rural regions respectively. For rural regions, this is a 3% increase on the previous reporting period and may continue to reflect limited availability of some services in the rural sector.

4.3 Eligibility criteria

Figure 20: Total referrals by eligibility criteria appearing to be met to end June 2008 N= 150

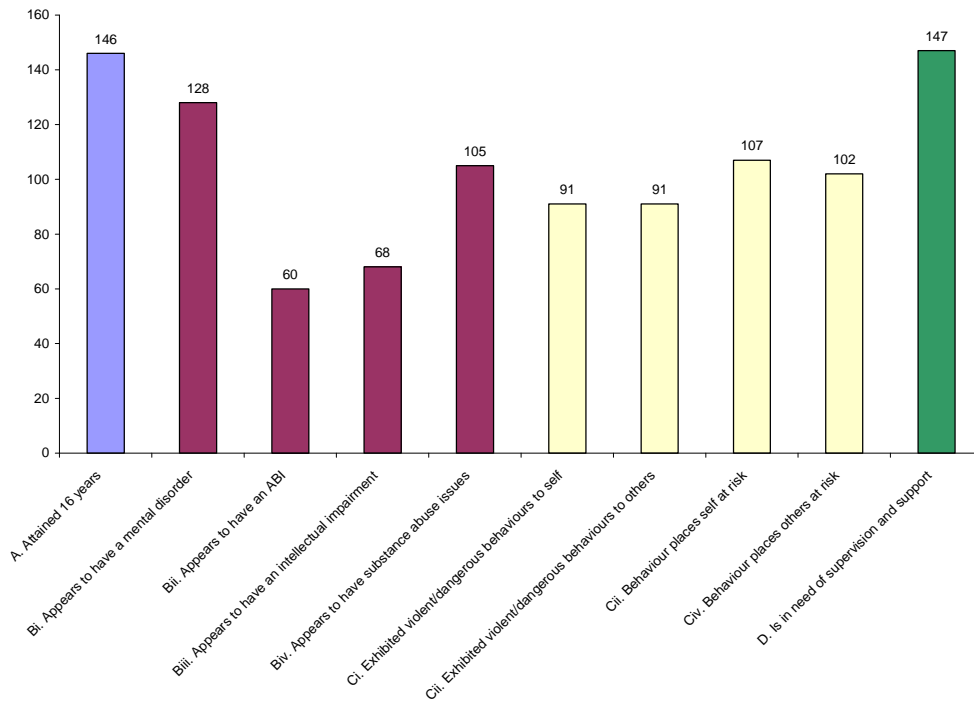
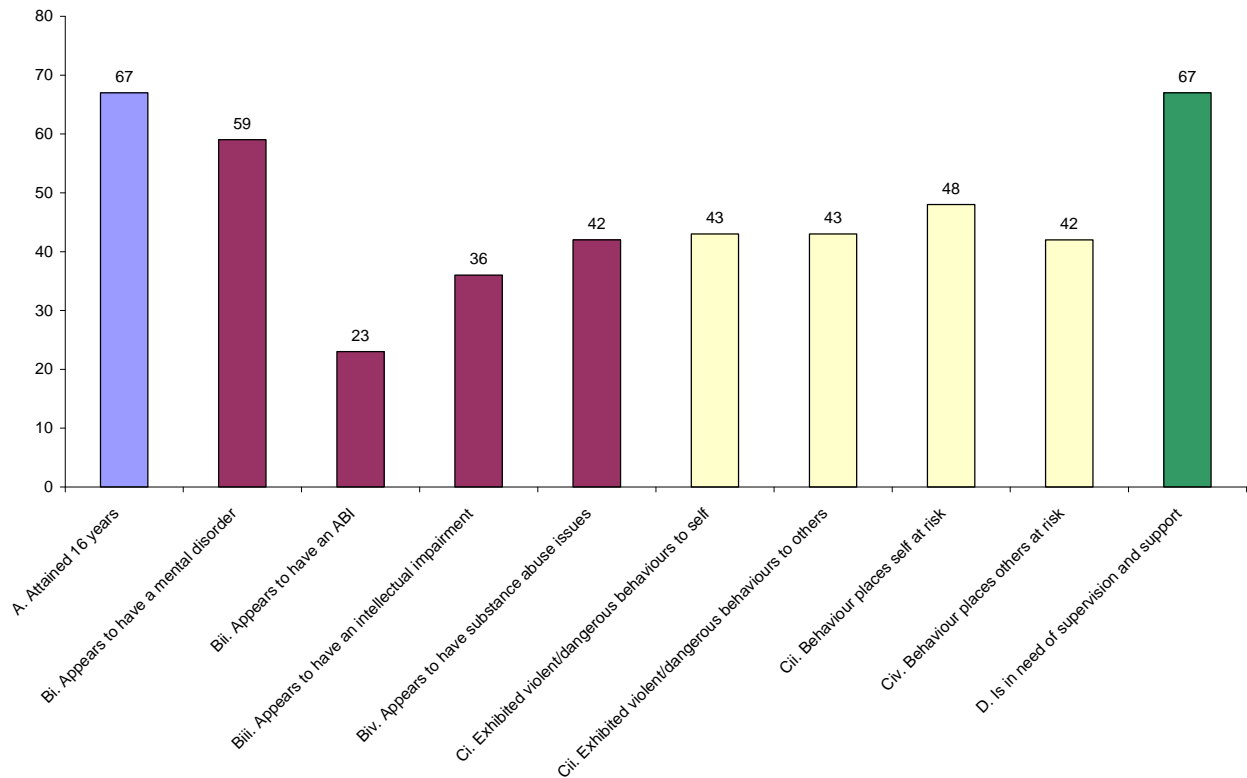


Figure 20 highlights that the appearance of a mental disorder continues to be the most prevalent sub-criterion among total referrals, despite the current figure of 85% is a slight reduction on the proceeding two reporting periods. The second most prevalent sub-criterion is substance abuse at 70%, followed by intellectual impairment at 45% and ABI at 40%.

On the 'risk' sub-criteria, 'risk to self' is identified in 71% of referrals and 'risk to others' is identified in 68% of referrals. Total referrals with 'exhibited violent/dangerous behaviour to self' and 'to others' is level at 61%.

Figure 21: Referrals endorsed by regional directors by eligibility criteria appearing to be met to end June 2008 N=67



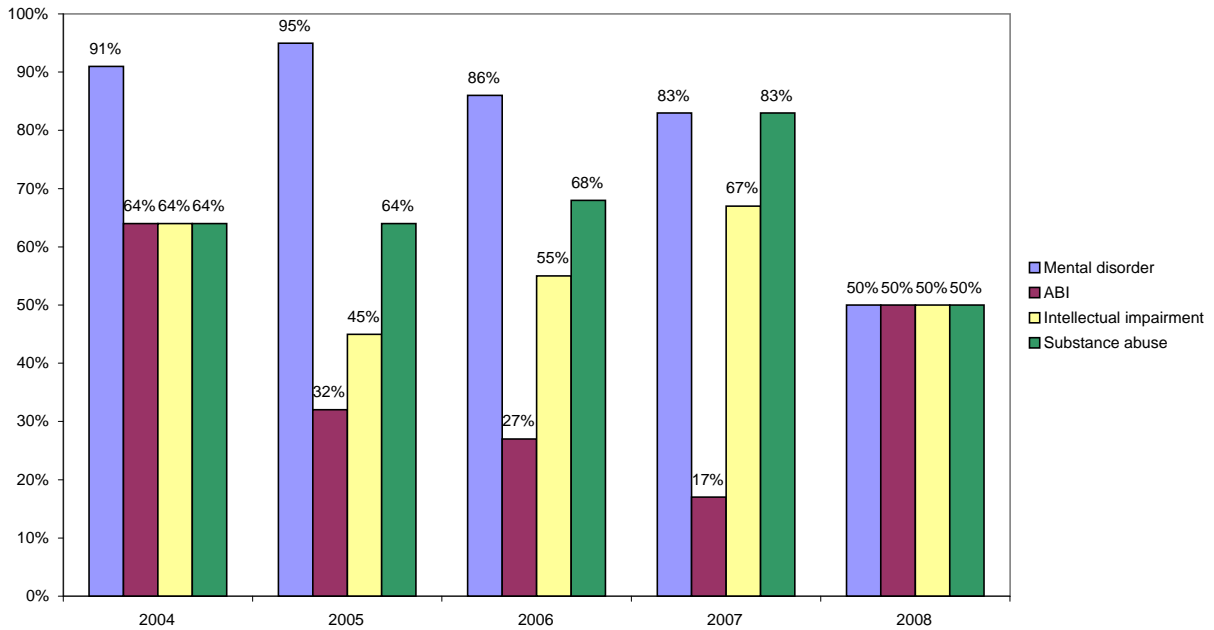
Among endorsed referrals, the proportion of referrals identifying the appearance of a mental disorder is 88% - 3% higher than total referrals.

The percentage of endorsed referrals identifying substance abuse issues is 62% - lower than the 70% for total referrals. Matters identifying the appearance of an ABI also decrease among endorsed referrals (34%) from total referrals (40%).

Intellectual impairment is identified for both types of referrals at 45%.

Of the behavioural sub-criteria, behaviour placing 'self at risk' is at 72% and exhibited violent/dangerous behaviour 'to self' is 64%. The percentage of referrals where behaviour places others at risk and self at risk is on a par at 64%.

Figure 22: Referrals endorsed by regional directors by percentage appearing to meet criterion 'B' sub-criteria by year to end June 2008



For 2008, Figure 22 highlights an interesting trend in the presentation of criterion B sub-criterion in the endorsed referrals (n=6). For the first time since MACNI inception, the rate of presentation of the sub-criterion is equally represented among referrals. That is, of the 6 individuals, 3 had (but not exclusively) a mental disorder, ABI, intellectual impairment and substance abuse issues respectively.

Figure 23: Referrals endorsed by regional directors by number of eligibility criterion 'B' sub-criteria met to June 2008 N=67

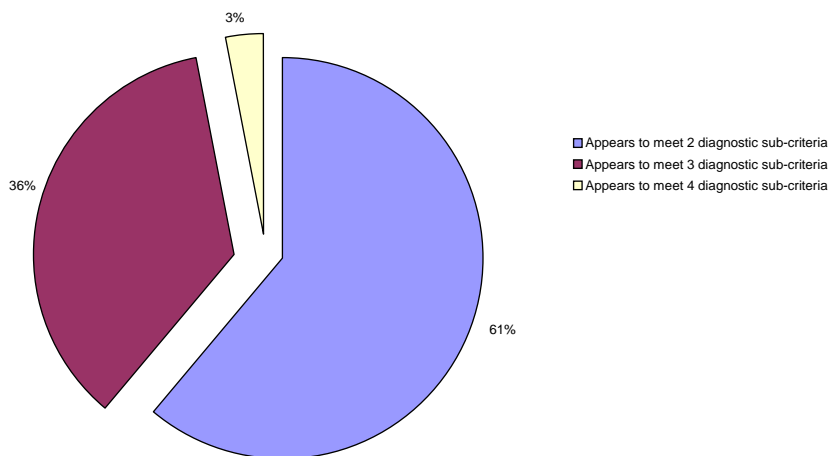


Figure 23 indicates that 61% (N=41) of endorsed referrals are individuals who meet two of the criterion 'b' diagnostic sub-criteria. This is a moderate 3% increase on the 2007 data.

36% (N=24) of individuals meet three of the sub-criteria – a 3% decrease on the 2007 data.

Figure 24: Referrals endorsed by regional directors by two 'B' sub-criteria met to June 2008 N=40

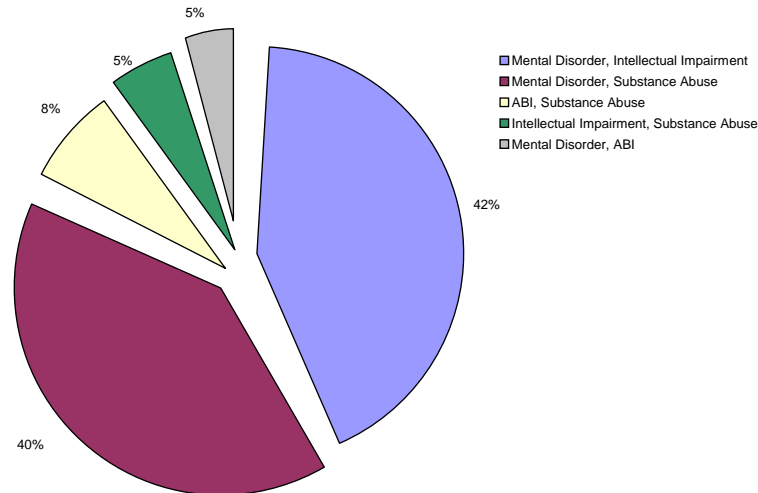


Figure 24 highlights that where two sub-criteria are identified, the most frequently occurring combinations are mental disorder and intellectual impairment (42%, N=17), followed closely by mental disorder and substance abuse (40%, N=16).

Figure 25: Referrals endorsed by regional directors by three 'B' sub-criteria met to end of June 2008 n=24

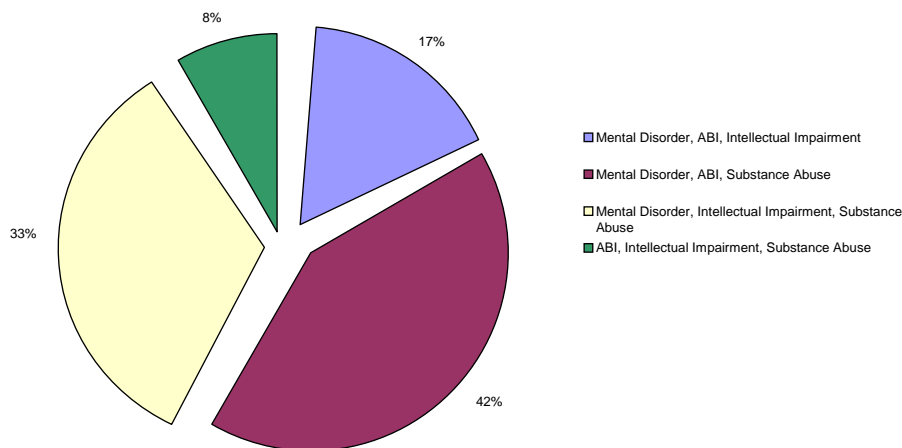


Figure 25 shows endorsed referrals where three conditions are identified. Of these, the combination of mental disorder, ABI and substance abuse occur most frequently (42% N=10). This is followed by mental disorder, intellectual impairment and substance abuse at 33% (N=8). Mental disorder is not identified in only 8% (N=2) of endorsed referrals.

4.4 Referral source

Figure 26: Total referrals by referral source to end June 2008 N=150

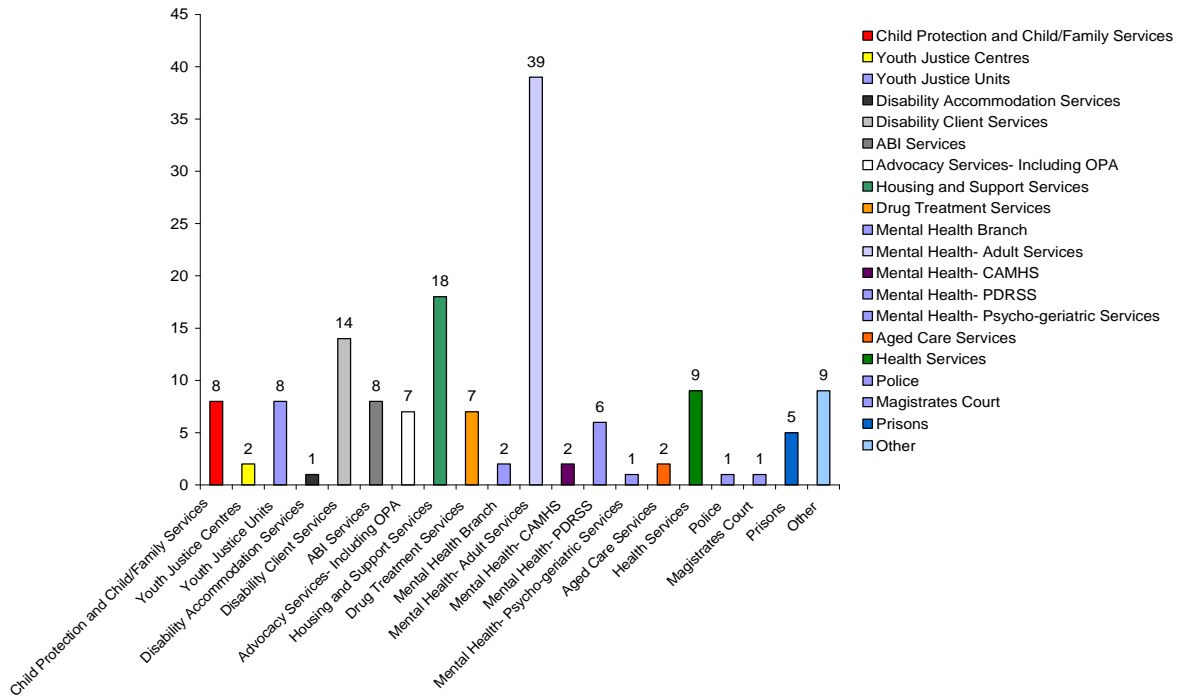


Figure 26 shows mental health sources as the referral source for 33% of matters reaching the referral stage, with adult mental health services (26%, N=39) being the primary mental health source.

Disability services, including ABI services, continues to be the second most frequent source of referrals (15%, n=23).

While the total referral data indicates increasing frequency of substance abuse among individuals at 70% (n=105), drug treatment services are responsible for only 4.6% (n=7) of referrals.

Figure 27: Referrals endorsed by regional directors by referral source to end June 2008

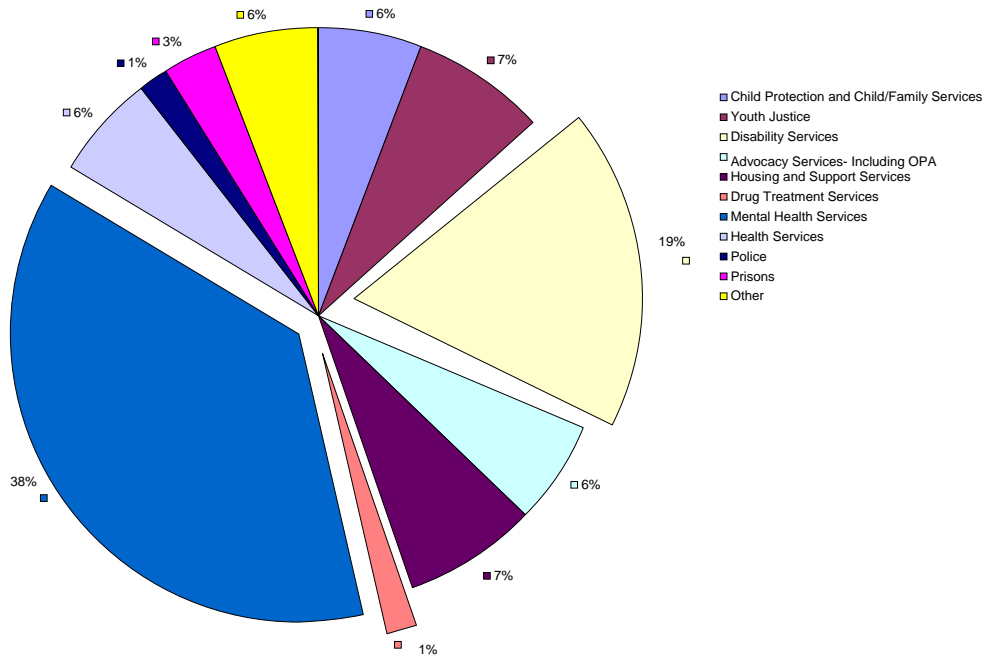


Figure 27 illustrates that 38% of endorsed referrals originate with mental health sources and 19% with disability services. These figures are higher than those reflected for total referrals in Figure 30.

The percentage of endorsed referrals originating from drug treatment services is a low 1% and those originating from housing and support services is 7%. These compare to the total referral data of 4.6% and 12% respectively.

4.5 Accommodation

Figure 28: Total referrals by accommodation status to end June 2008 N=150

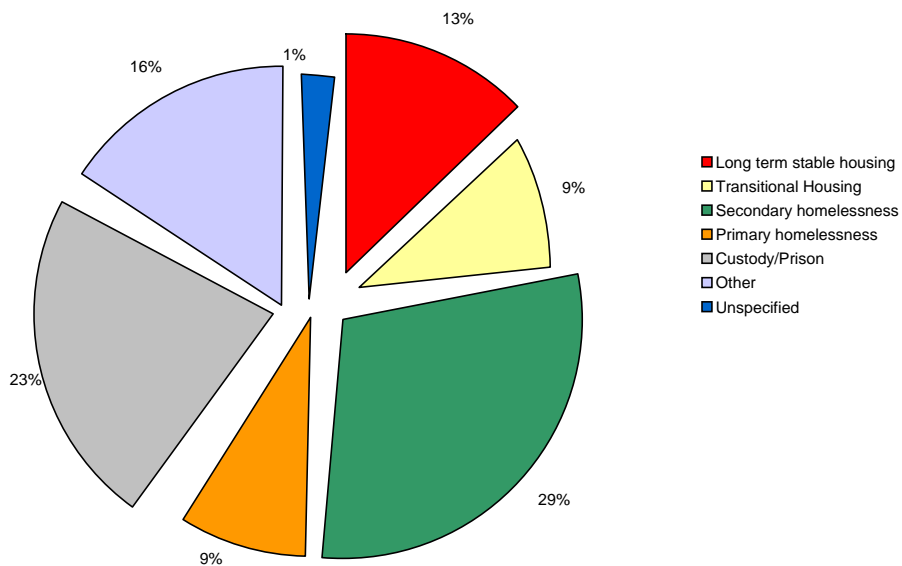


Figure 28 highlights that while 13% of total referrals are for individuals accommodated in long-term stable housing, 38% are for individuals experiencing either primary or secondary homelessness, and 23% of total referrals are for individuals in custody or prison.

Table 29: Total referrals by accommodation status and gender to end June 2008 N=150

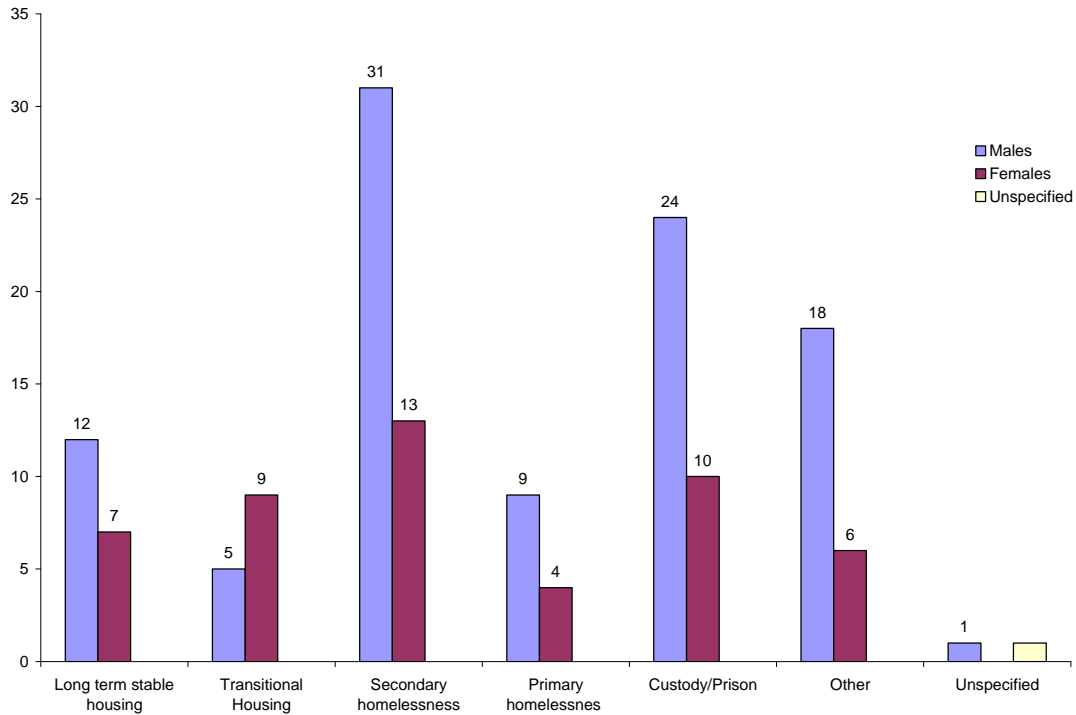


Figure 29 identifies accommodation arrangements by gender for total referrals.

For males, the most frequently identified accommodation form is:

- secondary homelessness (32%, n=31)
- custody/prison (23%, n=34)

This is broadly consistent with the June 2007 data.

Among referrals for females, the identification of accommodation arrangements continues to be more evenly distributed across the categories. Total referrals for females identify:

- secondary homelessness (23%, N=13)
- custody/prison (18%, N=10)
- transitional housing (16%, N=9)

12.5% of male and female referrals identify long-term stable housing arrangements.

Overall, 23% of total referrals are for individuals who reside in prison or custody.

Figure 30: Referrals endorsed by regional directors by accommodation status to June 2008 N=67

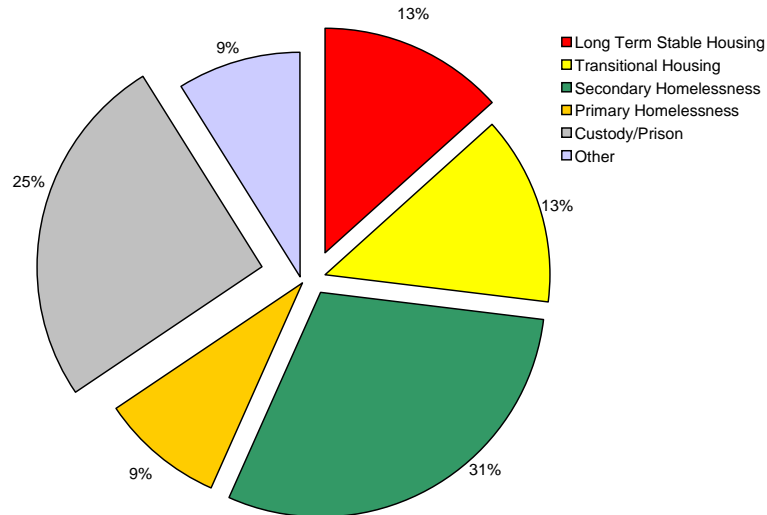
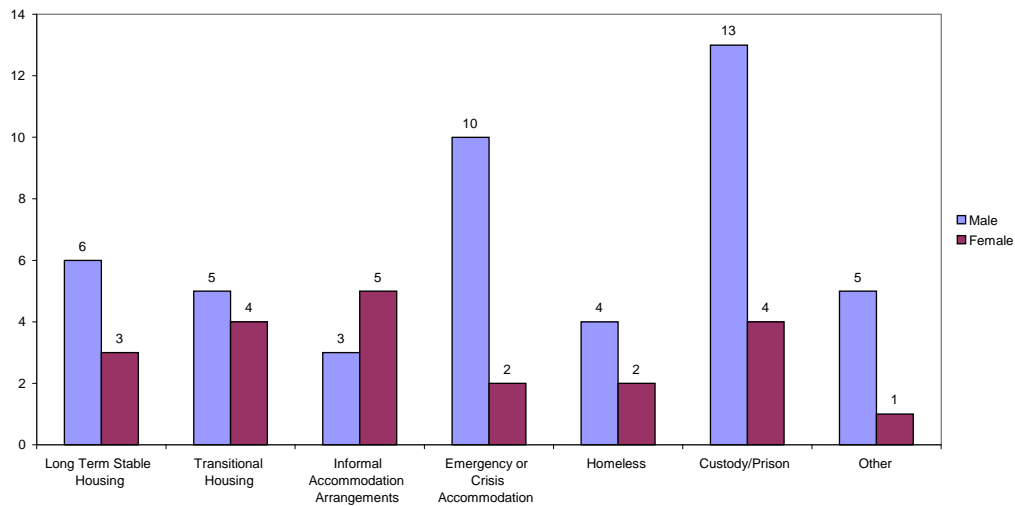


Figure 30 highlights that a significant 40% of endorsed referrals are for individuals experiencing primary and secondary homelessness.

Another 25% are in either custody or prison.

The percentage of endorsed referrals for individuals experiencing either primary or secondary homelessness (40%, n=26) and those residing in prison (25%, n=17), is largely consistent with those for total referrals at Figure 29.

Figure 31: Referrals endorsed by regional directors by accommodation status and gender to June 2008 (N=67)



Among endorsed referrals for males in 2008, custody/prison rates as highly as secondary homelessness (28%, n=13 for both). For females, secondary homelessness remains consistently higher at 33% (n=7) than any other accommodation alternative.

Male referrals identified emergency or crisis accommodation at 21% (n=10) compared to 9.5% (n=2) of females. Further, 23% (n=5) of female referrals identified informal accommodation arrangements in contrast to 6.5% of male referrals.

Overall, individuals experiencing some form of homelessness form a substantial 37% for males and 43% for females.

25% of endorsed referrals reside in prison or custody.

Figure 32: Total referrals by accommodation status and age to end June 2008 N=150

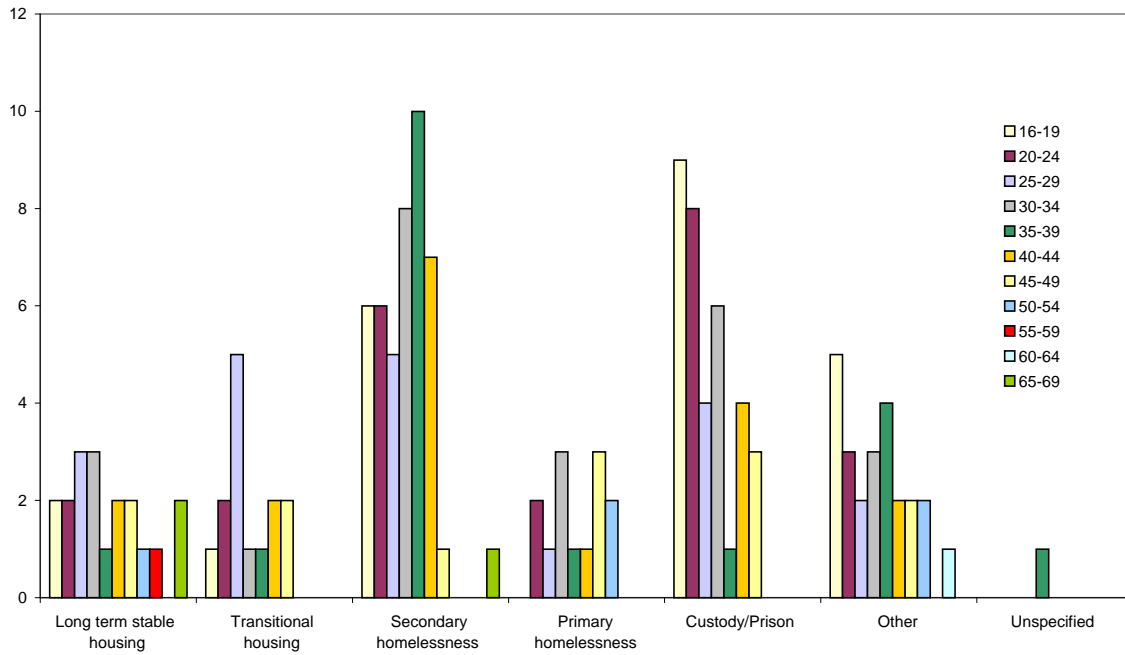


Figure 32 shows that secondary homelessness is identified for:

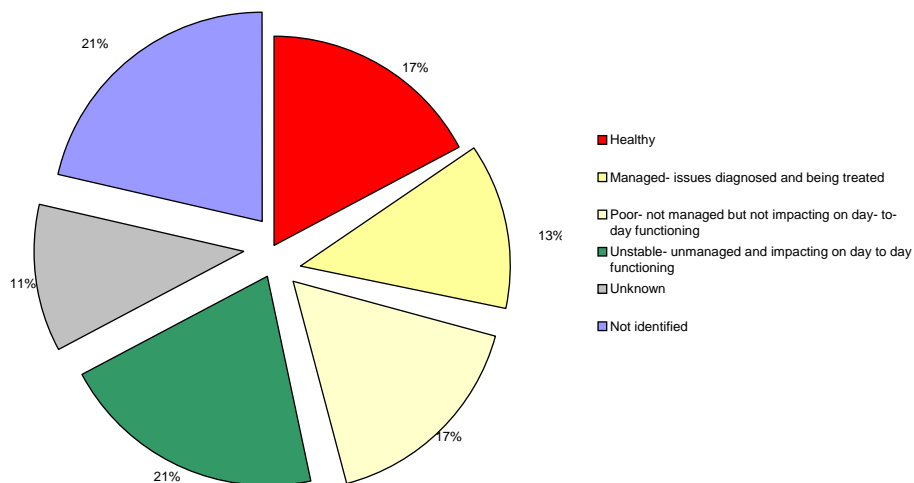
- 53% of 35-39 year-olds
- 33% of 30-34 year-olds
- 39% of 40-44 year-olds
- 26% of 16-19 and 20-24 year-olds
- 25% of 25-29 year-olds

4.6% of referrals for individuals who experience primary homelessness are for individuals aged under 40-years, while 4% are for individuals over 40-years.

A high number of referrals for young people identify custody or prison as the accommodation arrangement - 39% of 16-19 year-olds and 35% of 20-24 year-olds.

4.6 Physical health status

Figure 33: Total referrals by health status to end June 2008 N=150



30% (n=45) of referrals are for individuals who are healthy or whose health issues are managed, 38% (n=56) of individuals health is poor or unmanaged. This is consistent with the cumulative data to June 2007. Unfortunately, the health status of 33% of individuals in the referral phase was unknown or not identified (n=49).

Figure 34: Total referrals by physical health status and gender to end June 2008 N=150

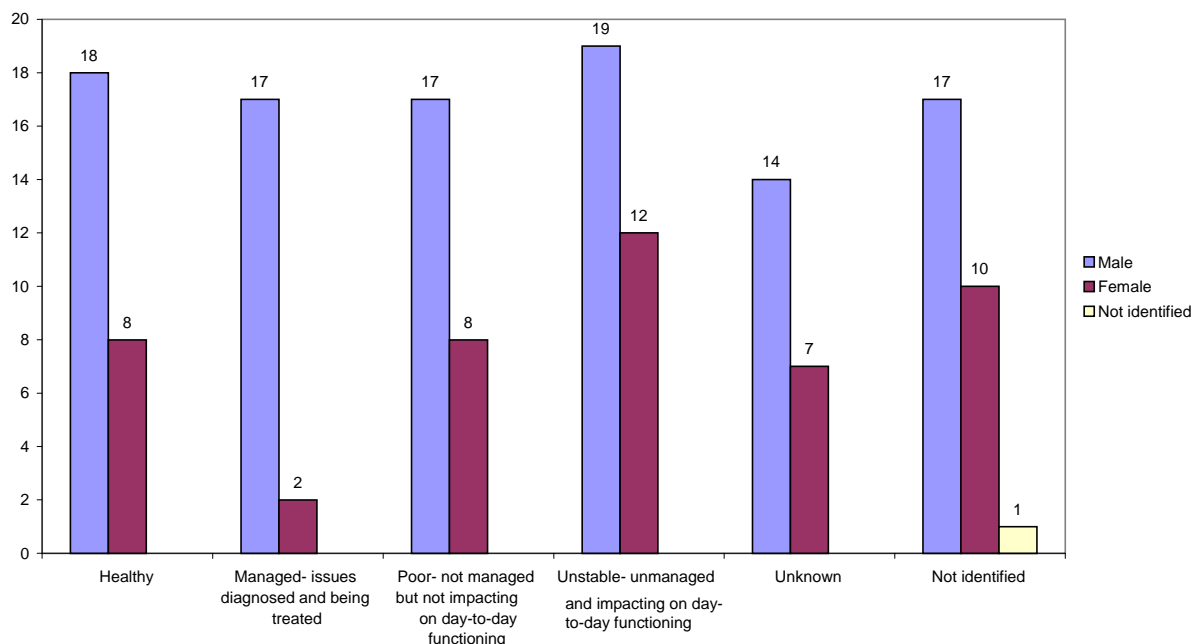
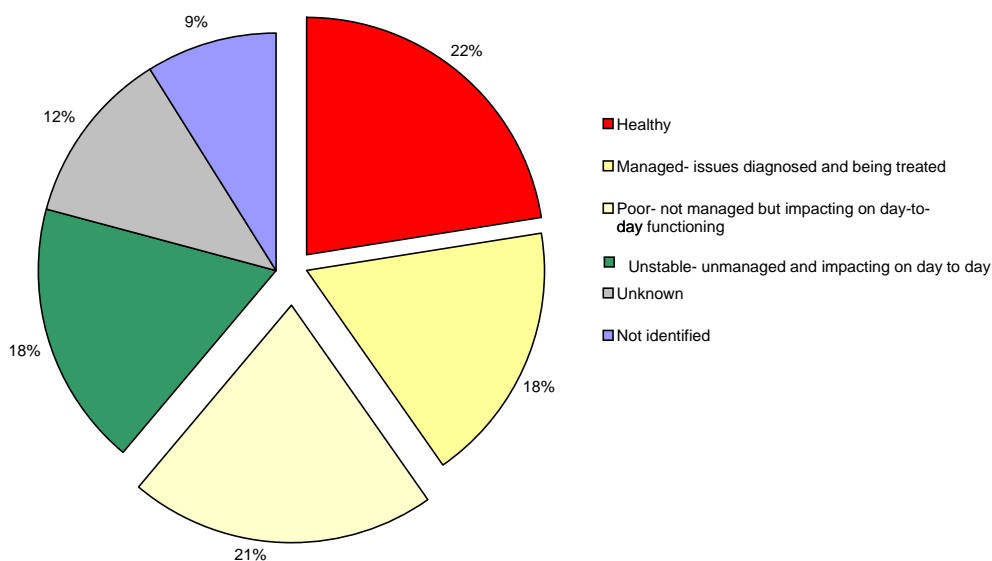


Figure 34 indicates poorer physical health status among women than men. Of total referrals, 42% of female and 35% of male referrals identify poor or unmanaged health issues. Equally, while only 4% of total referrals for females include managed health issues, 17% of total referrals for males include managed health issues.

Figure 35: Referrals endorsed by regional directors by health status to end June 2008 N=67



In contrast to total referrals, the percentage of healthy individuals or those with managed health issues among endorsed referrals is 40% (n=37) and those with unknown or unidentified health issues decreases to 21% (from total referrals at 33%). This may be accounted for by increased regional knowledge of the individual's profile at the endorsed referral phase.

Consistent with total referrals, endorsed referrals for individuals with poor or unstable health is 39% (n=26).

Figure 36: Referrals endorsed by regional directors by health status and gender to end June 2008 (n=67)

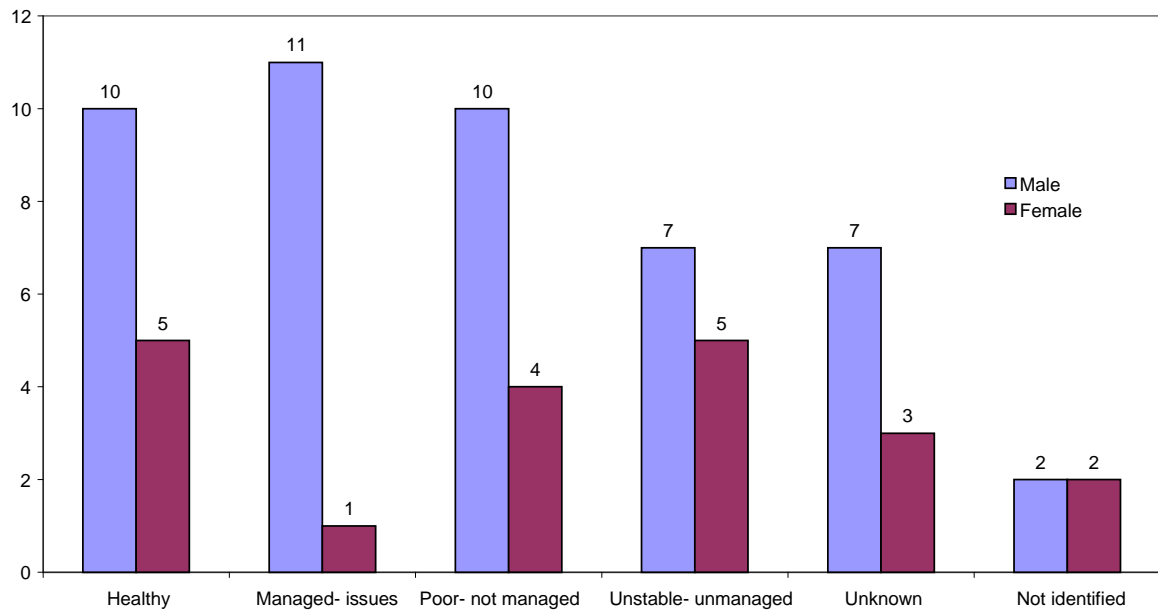


Figure 36 demonstrates that 45% (n=21) of endorsed referrals for males and only 30% (n=6) for females identify good health or managed health issues. The gender variation is even greater for managed health issues where 23.5% of endorsed referrals for males and only 5% for females identify managed health issues. This is consistent with the gender percentages for total referrals.