

1 Executive summary

The findings in this report demonstrate that community service providers are experiencing a considerable data collection and reporting impost because of:

- the requirement of program-centred reporting for service providers to use separate, program provided data collection forms and/or software resulting in the client providing, and the service provider, recording and reporting on the same client on multiple occasions
- the lack of electronic data capture, storage and reporting systems in the community services sector which would give providers the capacity to record data once, from which multiple reporting could occur.

This project did not investigate and document the extent to which national data standards have been adopted in the cases outlined in this project (i.e. conduct a data mapping exercise) and the extent to which the 'non-use' of national data standards was a contributory factor to the burden of multiple recording and reporting. A key recommendation arising from this study is investigation of the extent to which adoption of national data standards will actually reduce this burden. It is also recommended that resources for the establishment of a Working Group be allocated. This Working Group should draw representatives from both community service funding providers and service providers to investigate options for reducing data collection and reporting burden in community services provision. Particular focus should be on the benefits and risks as identified in this report. This Working Group would need to work collaboratively in order to meet the data collection and reporting needs of both funding providers and service providers. The primary aim of the Working Group should be to identify best practice in refining the data collection and reporting process which would thereby address the needs of those using community services – that is, it should be client focused.

The role of the National Community Services Data Committee (NCSDC) in relation to the proposed Working Group would be as a reference group with expertise in data standardisation and alignment to support the necessary streamlining of the data collection and reporting process.

2 Background

The purpose of this project was to describe and validate the problem of multiple entry and reporting by service providers required to provide data against more than one national data collection. Anecdotal evidence provided by non-government community service provider representatives on the NCSDC led to the undertaking of this study to better understand the issues of service providers experiencing data collection and reporting burden.

The National Community Services Information Management Group (NCSIMG) support of the 'create once, use often' principle for information management recognises the difficulty in achieving consistency of reporting requirements in an environment where there are diverse arrangements for funding, governance and subsequent development of program-specific collections and national data standards.

The NCSIMG has a mandate for action on the following key areas relevant to this project described in the 'The National Community Services Information Strategic Plan (NCSISP)' (AIHW 2005:3-4):

- Maintain and strengthen national data standards infrastructure to support information activities across the community services sector
- Develop cross-sector data that crosses program boundaries, and recognises the growing need for person-centred rather than program-centred information.

This project is the first attempt to document issues arising from multiple data collection and reporting as currently experienced by community service providers and to inform the NCSDC in relation to the priorities identified in the NCSISP. Specifically, these are to:

- explore the extent of the difficulties of service providers who have multiple reporting responsibilities that result from inconsistent or conflicting data requirements
- include promotion of national data standards as an ongoing feature of the NCSIMG's work program (in order to assist adoption of national data standards across programs 'silos' and thus at least improve consistency and comparability of identical or similar data currently collected in different ways).

The National Community Services Data Standards Communication Strategy (2004) developed by the NCSDC also identifies the need to:

'Better target community service audiences, including program managers, funding bodies, system designers, data working groups and service providers, to maximize awareness and use of national data standards in their data development work'.

In light of the above, this study was identified as an appropriate project for the NCSDC 2005-2006 Work Plan.

3 Scope of study

This project examined the problems from the perspective of service providers who have multiple reporting responsibilities at a national level. The principal underlying assumption is that service providers required to report to more than one national data collection involve reporting on the same client (concurrently). Of particular interest are service providers who deliver services to clients who have complex needs ranging across the health, welfare and housing care and support continuum.

The scope of the project was confined to agencies required to report to at least two national collections, including the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), which is mandated for collection under the National Health Information Agreement, and the Supported Accommodation Assistance Program (SAAP) data collections. Initial investigation of all data collections, as identified by service providers from Mission Australia (from a service funding and reporting arrangements survey carried out in 2004), revealed eight national collections required to be reported against. In addition to the two above, these are the Commonwealth State and Territory Disability Agreement (CSTDA) NMDS, Home and Community Care (HACC) NMDS, Commonwealth Financial Counselling Program (CFCP), Emergency Relief (ER) Program, Personal Support Program and the Job Pathway Program (JPP) data collections. However, only the SAAP and the AODTS NMDS collections were identified by Mission Australia service providers as required from any single agency. It should be noted that these agencies had many other reporting tasks including state and territory governments, local government, philanthropic and other organisations, as well as internal administrative (within agency and 'head' office) reporting.

A mapping study of all data items required in the data collection forms for the case studies in this project against the National Community Services Data Dictionary was outside the scope of this project. It is recommended that a mapping study of data items be included as part of the project plan for the next phase of this study. Data collection forms are not included here but are available by contacting the Secretariat, National Community Services Data Committee, whose contact details are provided at the beginning of this report.

4 Research methodology

Appropriate agencies/services with multiple reporting requirements were identified. Then site visits were made to better understand how data are collected as a by-product of service delivery with regards to (at least) two national data collections, including investigation of: client entry, flow, exit, data entry forms, computer software (if relevant), data update mechanism, and reporting mechanisms and requirements. The site visits were used to:

- document types of contracts, funding arrangements and other program and data collection/reporting requirements
- document issues arising out of inconsistent data standards that impact on data entry and reporting
- document problems identified with concrete examples (i.e. case studies)
- draft recommendations to address problems identified.

Semi-structured interviews were held with four community service providers based in Victoria and New South Wales. Personnel interviewed included the service manager, case managers and team leaders. Eligibility for participation in the research required services to have at least two national data collection and reporting requirements (i.e. SAAP and Drug and Alcohol).

These interviews pursued a number of research questions in relation to multiple data collection and reporting:

1. How does a typical client enter, move through and exit the service?
2. What data are collected and how are they collected (variables, paper and/or software, etc.)?
3. To whom are data reported and how is the service informed of changes to data collection and reporting methods?
4. What, if any, are the problems associated with multiple data collection and reporting?
5. What, if any, would be the benefits of streamlining your current data collection and reporting requirements?
6. What, if any, would be the risks of streamlining your current data collection and reporting requirements?

Three of the four service providers that participated in the interviews furnished copies of data collection instruments that are used during service provision. These instruments – or forms – are used by service providers for output measurement recording and reporting as well as for case management purposes. As not all services provided forms that are used to collect data and report to their operational or head office funding programs, these forms are not included in this report. Again, it is recommended that these forms be included as part of the data mapping exercise mentioned previously. The service providers referred to in this report are those that participated in the three case studies making up this research. The case studies provide results for questions 2 and 3 above. Questions 1, 4, 5 and 6 are discussed in the findings section of the report.

5 About the case studies

There are three case studies in this report. The community service agencies were asked to describe how a typical client entered, moved through and exited their service with reference to associated data collection and reporting. For each case study the typical client was given a name:

- Case study number one relates to **Bob**, an older, long-term unemployed male with alcohol mis-use and gambling issues (see Section 8.1).
- Case study number two relates to **Daniel**, a young male with a diagnosed mental health disorder and related housing and support issues (see Section 8.2).¹
- Case study number three relates to **Amy**, a young mother who has a history of involvement in violent and abusive relationships as well as precarious housing tenure and employment (see Section 8.3).

For each case study the following are provided:

- A *table* containing information on the service's funding sources, programs delivered, and how data are captured and reported (Tables 2, 4, and 6).
- A *data pathway diagram* of how a person moves through a service with reference to program-centred data collection requirements (Figures 2, 3, and 4).
- A *cross-tabulation* of data collection forms by data collected (Tables 3, 5 and 7). Grouping of data are based on exact or approximate matching. This provides an overview of multiple data collection as experienced by the client and/or the service provider. The cross-tabulation is then sorted in descending order by the number of times the data items are collected and/or recorded as a client moves through the service. This cross-tabulation of variables relating to health, welfare and housing case management is collapsed into single entries. In one case study (Amy's), however, all variables from the data collection forms have been listed. This is to provide the reader with a more comprehensive understanding of data collection carried out in service provision.

¹ The programs that make up Daniel's service provision are state based and therefore do not directly report through to national data collections. It was decided, however, to include Daniel's case study in this report because of the unique structure of the Housing and Accommodation Support Initiative (HASI) program, which supports cross-sector service provider relationships across health, welfare and housing activities.