

# Appendix 1 The data

General information to help readers interpret the tables presented in this report is given in Appendix 1 of the national report. Additional information relevant only to the tables for the Australian Capital Territory follows.

## A1.1 Agency participation

**Table A1.1: SAAP Client Collection: agency participation rates and forms returned with informed consent and valid consent, by region and primary target group, Australian Capital Territory, 2005–06**

	Agencies <sup>(a)</sup>		Forms returned		
	Total	Participation rate	Total	Consent	Valid consent <sup>(b)</sup>
<b>Primary target group</b>	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>	<b>%</b>
Young people	15	93.3	689	90.1	88.0
Single men only	5	100.0	767	97.0	95.3
Single women only	3	100.0	76.0	78.9	71.1
Families	7	85.7	583	83.9	76.0
Women escaping domestic violence	9	100.0	260	78.5	73.5
Cross-target/multiple/general	2	100.0	310	27.7	27.7
<b>Total</b>	<b>41</b>	<b>95.1</b>	<b>2,685</b>	<b>82.1</b>	<b>78.6</b>

(a) 'Agencies' refers to the number of agencies that were 'in scope'—that is, that should have been participating in the reference period.

(b) 'Valid consent' here refers to all forms with a valid statistical linkage key (see 'statistical linkage key' in the Glossary).

*Note:* Table based on forms returned from agencies in scope for the Client Collection during the reference period. Not all agencies funded under SAAP are required to participate in the Client Collection. For example, agencies that provide only support to other agencies or casual assistance lasting less than 1 hour on a given day and which is not of an ongoing nature are not required to participate in the collection. Consequently, some agencies funded under SAAP (see Chapter 2) are not included in this table.

*Sources:* SAAP Administrative Data and Client Collections.



# **Appendix 2 SAAP NDCA Client Collection form**





# CLIENT FORM

JULY 2005 – JUNE 2006

\* indicates questions that require the informed consent of the client.

**AGENCY ID**

**SUPPORT PERIOD**

Date commenced 

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date finished 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SUPPORT PERIOD ONGOING AT 30 JUNE 2006** Yes  1

**CONSENT OBTAINED** Yes  1 No  2

- Where a name is not long enough please fill in any remaining squares with a 2.  
For example, a male client called Ng Tien will have the alpha code G2 IE2 M.
- Where a part of the name is missing or unknown please substitute a 9.  
For example, a female client known to you only as Jane will have the code AN 999 F.
- Do not count hyphens, apostrophes, blank spaces or any other such character as a letter of the alphabet.

\* **ALPHA CODE**

Letters of first name 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st	2nd	3rd	4th	5th	6th

Letters of last name 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M/F for male or female

- Complete date as best you can.
- If day unknown, tick box "day unknown".
- If month unknown, tick box "month unknown".
- If year unknown, provide best estimate and tick box "estimated year".

\* **DATE OF BIRTH OF CLIENT**

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
day unknown		month unknown		estimated year			

**1 Sex of client**

female  1  
male  2

---

**2 Person(s) receiving assistance**

*please tick one box only*

**WITH** child(ren)

person with child(ren)  3  
couple with child(ren)  4

**WITHOUT** child(ren)

person alone or with unrelated person(s)  1  
couple without child(ren)  2

**OTHER**  
please specify \_\_\_\_\_  999

**3 Source of referral/information**

*please tick one box only*

self  13  
family/friends  16  
school/other education institution  2  
community services department  3  
police/legal unit/correction institution  17  
health services  18  
psychiatric unit  7  
telephone/crisis referral agency  8  
SAAP agency/worker  9  
other government department  10  
other non-government organisation  11  
other (please specify) \_\_\_\_\_  999  
don't know/no information  0

**IF CONSENT IS NOT OBTAINED PLEASE GO TO QUESTION 15**

**COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL**

If you have any problems completing this form please telephone the SAAP NDCA hotline on 1800 627 191 or email ndca@aihw.gov.au

**\* 4 Country of birth of client**

Australia  1

other (please specify) \_\_\_\_\_

**\* 5 Does the client identify as being of Aboriginal or Torres Strait Islander origin?**

no  1

yes, Aboriginal  2

yes, Torres Strait Islander  3

yes, both  4

**\* 6 Presenting reasons for seeking assistance**

**please tick as many circles as apply**

**Interpersonal relationships**

time out from family/other situation  2

relationship/family breakdown  3

interpersonal conflict  4

sexual abuse  7

domestic/family violence  6

physical/emotional abuse  5

**Financial**

gambling  20

budgeting problems  23

rent too high  24

other financial difficulty  21

**Accommodation**

overcrowding issues  27

eviction/asked to leave  25

emergency accommodation ended  11

previous accommodation ended  26

**Health**

mental health issues  28

problematic drug/alcohol/substance use  10

psychiatric illness  13

other health issues  29

**Other reasons**

gay/lesbian/transgender issues  30

recently left institution  12

recent arrival to area with no means of support  14

itinerant  15

other (please specify) \_\_\_\_\_  999

don't know/no information  0

**\* 7 Main presenting reason for seeking assistance**

**please write only ONE code number from Question 6**

eg 0 2 7

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**\* 8 Main income source before and after support**

**please tick one box only in each column**

**Before After**

**No income**

no income  1

registered/awaiting benefit  2

**Government payments**

newstart  4

youth allowance  33

community development employment project (CDEP)  8

ABSTUDY  31

Austudy payment for students aged 25 years and over  28

disability support pension  12

age pension  13

parenting payment  34

DVA payment (pension or support)  35

other type of allowance or benefit  36

**Other income**

workcover/compensation  19

maintenance/child support  20

wages/salary/own business  21

spouse/partner's income  22

other (please specify) \_\_\_\_\_  999

client left without providing any information 98

don't know  99

**\* 9 Labour force status before and after support**

**please tick one box only in each column**

**Before After**

employed full time (35 hours per week or more)  1

employed part time (less than 35 hours per week)  2

unemployed (looking for work)  4

not in labour force (see manual)  5

client left without providing any information 98

don't know  99

**\* 10 Student status before and after support**

**please tick one box only in each column**

**Before After**

not a student  1

primary/secondary school student  2

post-secondary student/employment training  3

client left without providing any information 98

don't know  99

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**\* 11 Type of house/dwelling immediately before and after this support period**

*please tick one box only in each column*

**Before** **After**

**Improvised dwelling/sleeping rough**

- improvised dwelling/car/tent/squat  1   
 street/park/in the open  2

**House/dwelling**

- house/flat  3   
 caravan  4   
 boarding/rooming house  5   
 hostel/hotel/motel  6

**Institutional setting**

- hospital  7   
 psychiatric institution  8   
 prison/youth training centre  9   
 other institutional setting  10

- client left without providing any information 98   
 don't know  99

**\* 12 Type of tenure (legal right to occupy a dwelling) immediately before and after this support period**

*please tick one box only in each column*

**Before** **After**

**SAAP/CAP funded accommodation**

- SAAP/CAP crisis/short term accommodation (including THM crisis)  1   
 SAAP/CAP medium/long term accommodation  2   
 other SAAP/CAP funded accommodation (eg hostel, motel etc)  3

**No tenure**

- institutional setting  4   
 improvised dwelling/sleeping rough  5   
 other (no tenure) (please specify)  6

**Tenure**

- purchasing/purchased own home  7   
 private rental  8   
 public housing rental  9   
 community housing rental (including THM transitional)  10   
 rent-free accommodation  11   
 boarding  12   
 client left without providing any information 98   
 don't know  99

**\* 13 Who was the client living with immediately before and after this support period?**

*please tick one box only in each column*

**Before** **After**

- alone  10   
 with both parents  1   
 with one parent and parent's spouse/partner  2   
 with one parent  3   
 with foster family  4   
 with relatives/friends temporary  16   
 with relatives/friends long-term  17   
 with spouse/partner  7   
 with spouse/partner and child(ren)  8   
 alone with child(ren)  9   
 living with other unrelated persons  13   
 other (please specify) \_\_\_\_\_  999   
 client left without providing any information 98   
 don't know  99

**\* 14 Location of client's last home**

suburb/town   
 state   
 postcode   
 overseas  9998  
 don't know/no information  0

**15 Was a case management plan agreed to by the end of the support period?**

*please tick one box only*

- yes  1  **Go to question 16**  
 no, client did not agree to one  4  **Go to question 17**  
 no, support period too short  5  **Go to question 17**  
 no, other (please specify) \_\_\_\_\_  6  **Go to question 17**

**16 To what extent were the client's case management goals achieved by the end of the support period?**

*please tick one box only*

- not at all  1  
 some  2  
 most  3  
 all  4

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## 17 Support to client

*please tick as many circles as apply*

	Needs identified by worker	Provided	Referral arranged	
<b>Housing/accommodation</b>				
SAAP/CAP accommodation (including THMs and other SAAP managed properties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
assistance to obtain/maintain short-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
assistance to obtain/maintain medium-term accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
assistance to obtain/maintain independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
<b>Financial/employment</b>				
assistance to obtain/maintain government allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
employment and training assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
financial assistance/material aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
financial counselling and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
<b>Personal support</b>				
incest/sexual assault support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
domestic/family violence support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
family/relationship support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
emotional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
assistance with problem gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
<b>General support/advocacy</b>				
living skills/personal development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
assistance with legal issues/court support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
advice/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
retrieval/storage/removal of personal belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
advocacy/liaison on behalf of client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
<b>Specialist services</b>				
psychological services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
specialist counselling services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
psychiatric services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
pregnancy support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
family planning support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
drug/alcohol support or intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
physical disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
intellectual disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
culturally specific services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
assistance with immigration services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
health/medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
<b>Basic support</b>				
meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
laundry/shower facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	999
other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	998

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**18 If SAAP/CAP accommodation was provided (including THMs and other SAAP managed properties) please provide details**

**Note:** If the client had more than 12 accommodation periods in this support period, you should photocopy a blank copy of this page, complete details, and staple it to this page.

**1 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**7 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**2 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**8 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**3 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**9 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**4 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**10 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**5 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**11 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**6 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

**12 Type of accommodation**  
*please tick one box only*

crisis/short term  7  
 medium/long term  8  
 other SAAP  9

**Date of accommodation**  
*please complete all boxes*

D	D	M	M	Y	Y	Y	Y
Start							
Finish							

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- Accompanying children should be recorded on only one of the parent/guardian forms
- Complete a separate client form for each child aged 18 years and over

**\* 19 ALPHA CODE FOR ACCOMPANYING CHILD(REN)**

- For short names fill in with 2's.
- For missing names fill in with 9's.

**\* DATE OF BIRTH OF CHILD(REN)**

- Complete date as best you can.
- If day unknown, tick box "day unknown".
- If month unknown, tick box "month unknown".
- If year unknown, provide best estimate and tick box "estimated year".

Letters of first name

1st	2nd	3rd	4th	5th	6th
-----	-----	-----	-----	-----	-----

Letters of last name

1st	2nd	3rd	4th	5th	6th
-----	-----	-----	-----	-----	-----

M/F for male or female

D D M M Y Y Y Y

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

day unknown month unknown estimated year

Letters of first name

1st	2nd	3rd	4th	5th	6th
-----	-----	-----	-----	-----	-----

Letters of last name

1st	2nd	3rd	4th	5th	6th
-----	-----	-----	-----	-----	-----

M/F for male or female

D D M M Y Y Y Y

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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day unknown month unknown estimated year

**20 Sex of child(ren)**

female  1  
male  2

female  1  
male  2

**\* 21 Country of birth of the child(ren)**

Australia  1  
other (please specify)

Australia  1  
other (please specify)

**\* 22 Is the child of Aboriginal or Torres Strait Islander origin?**

no  1  
yes, Aboriginal  2  
yes, Torres Strait Islander  3  
yes, both  4

no  1  
yes, Aboriginal  2  
yes, Torres Strait Islander  3  
yes, both  4

**23 Support to child(ren)**

no assistance  1

1

1

**Indicate above if no assistance was given or tick as many circles below as apply**

**Accommodation**

SAAP/CAP accommodation (including THMs and other SAAP managed properties)

Needs identified by worker	Provided	Referral arranged	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21

Needs identified by worker	Provided	Referral arranged	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21

**School liaison/child care**

school liaison  
child care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3

**Personal support**

help with behavioural problems  
sexual/physical abuse support  
skills education  
structured play/skill development

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22

**General support/advocacy**

access arrangements  
advice/information  
advocacy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18

**Specialist services**

specialist counselling  
culturally specific services  
health/medical services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19

**Basic support**

meals  
showers/hygiene  
recreation  
transport

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14

other (please specify)  999

999

999

other (please specify)

998

998

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**Note:** If the client had more than 5 accompanying children in a support period, you should photocopy a blank copy of this page, complete details, and staple it to this page.

Letters of first name	Letters of last name	M/F for male or female																																																																																																																																																																																																																																																
<table border="1"> <tr><td>1st</td><td>2nd</td><td>3rd</td><td>4th</td><td>5th</td><td>6th</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	1st	2nd	3rd	4th	5th	6th							<table border="1"> <tr><td>1st</td><td>2nd</td><td>3rd</td><td>4th</td><td>5th</td><td>6th</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	1st	2nd	3rd	4th	5th	6th							<input type="checkbox"/> M <input type="checkbox"/> F																																																																																																																																																																																																																								
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**COMPLETED FORMS WILL BE KEPT STRICTLY CONFIDENTIAL**

If you have any problems completing this form please telephone the SAAP NDCA hotline on 1800 627 191 or email [ndca@aihw.gov.au](mailto:ndca@aihw.gov.au)

### RETURNING FORMS TO THE NDCA

- In the first week of each month, send the forms of *clients who have left the agency in the last month* to the NDCA in the prepaid envelope provided.
- **Forms should reach the NDCA by the 15th of each month.**
- Include a completed Form Return Sheet with your forms. If no clients left your agency in the last month record **zero** forms to return on the Form Return Sheet. This ensures that your agency is counted as participating in the National Data Collection. The NDCA is required to notify State/Territory funding departments of agencies that do not return forms (or Form Return Sheets) each month.

### 30 JUNE 2005 AND 31 DECEMBER 2005

- In the first week of July 2005 and in the first week of January 2006, you should notify the NDCA of clients who are still being supported as at 30 June 2005 and 31 December 2005.
- For clients who are ongoing at 30 June 2005, refer to the *July 2005 Transfer Guide* and transfer the information from the old 2004–2005 form to the new 2005–2006 form. Return the old form to the NDCA along with the forms of *clients who have left your agency in the last month*. Retain the new form in your agency until the client has finished his/her support period.
- For ongoing clients at 31 December – use the December Form Return Sheet and note in the box provided the number of clients being supported on 31 December 2005. It is important to send in a December Form Return Sheet even if you did not have any client forms to remit or you had no ongoing clients.

If you do not need the materials sent to you, please return them in the NDCA Reply Paid envelope.

# Glossary

<b>Accommodation period</b>	The period during which a <i>client</i> was in SAAP <i>supported accommodation</i> . A client may have no accommodation periods or one or more accommodation periods within a <i>support period</i> . The dates on which each accommodation period began and ended during the support period are collected for clients but not for accompanying children. However, it can be reasonably assumed that an <i>accompanying child</i> will have the same accommodation period start and end dates as their parent(s) or guardian(s) in the majority of cases.
<b>Accompanying child</b>	A person aged under 18 years who: <ul style="list-style-type: none"><li>• has a parent or guardian who is a SAAP <i>client</i>; and</li><li>• accompanies that client to a SAAP <i>agency</i> any time during that client's <i>support period</i>; and/or</li><li>• receives assistance directly as a consequence of a parent or guardian's support period.</li></ul>
<b>Accompanying child support period</b>	Each <i>support period</i> in which the child either accompanies a parent or guardian to a SAAP <i>agency</i> or receives assistance as a result of a parent or guardian's support period.  Within an accompanying child support period the child may receive one-off assistance and/or support over a period of time. Since the child may not be supported for the entire duration of a parent's or guardian's support period, it is not possible to assess the exact length of support for an <i>accompanying child</i> .
<b>Agency</b>	An organisation or establishment that receives a specified amount of SAAP funds to provide services.
<b>Alpha code</b>	A predetermined combination of letters from a client's name, together with a letter designating the client's sex. A 'valid alpha code' is an alpha code that is given with informed consent, and contains only letters from the alphabet and ends in either M or F to indicate the client's sex.
<b>Client</b>	A person who is <i>homeless</i> or at imminent risk of homelessness who: <ul style="list-style-type: none"><li>• is accommodated by a SAAP <i>agency</i>; or</li><li>• enters into an <i>ongoing support relationship</i> with a SAAP agency; or</li><li>• receives <i>support</i> or assistance from a SAAP agency which entails generally one hour or more of a worker's time, either with that client directly or on behalf of that client, on a given day.</li></ul> This includes people who are aged 18 years or older and people of any age not accompanied by a parent or guardian.

<b>Closed accompanying child support period</b>	<i>An accompanying child support period associated with a closed support period.</i>
<b>Closed support period</b>	A <i>support period</i> that had finished on or before the end of the reporting period – 30 June 2006.
<b>English proficiency group 1 countries</b>	Canada, Ireland, New Zealand, South Africa, the United Kingdom, the United States of America and Zimbabwe.
<b>English proficiency group 2-4 countries</b>	Countries, excluding Australia, that are not included in <i>English proficiency group 1</i> .
<b>Homeless person</b>	<p>A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:</p> <ul style="list-style-type: none"> <li>• damages, or is likely to damage, their health; or</li> <li>• threatens their safety; or</li> <li>• marginalises them through failing to provide access to: <ul style="list-style-type: none"> <li>- adequate personal amenities, or</li> <li>- the economic and social supports that a home normally affords; or</li> </ul> </li> <li>• places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or</li> <li>• has no security of tenure – that is, they have no legal right to continued occupation of their home.</li> </ul> <p>A person is also considered homeless if he or she is living in accommodation provided by a SAAP <i>agency</i> or some other form of emergency accommodation.</p>
<b>Ongoing support relationship</b>	<p>An ongoing support relationship exists between a SAAP <i>agency</i> and a person if some assistance has been provided to that person, and it is expected that future contact will occur between the person and the agency for the purpose of providing additional assistance. Future contact can be assumed if:</p> <ul style="list-style-type: none"> <li>• a definite appointment has been made with the person to work through particular problems/issues; or</li> <li>• an agreement has been reached with the person to work through particular problems/issues even if a specific appointment has not been made; or</li> <li>• the agency expects the client to return for more assistance within a month.</li> </ul> <p>However, an invitation to return to the agency in the future if the need arises does not constitute an ongoing support relationship. Rather it should simply be seen as an offer to enter into a new <i>support period</i> or to provide assistance at some future time.</p>

<b>Recurrent allocations</b>	<p>Amounts of money specifically allocated during the reporting period by a state or territory department either:</p> <ul style="list-style-type: none"> <li>• to a SAAP <i>agency</i> to fund salaries and associated on-costs, and ongoing operating costs; or</li> <li>• for use by each state or territory for such purposes as training, research, evaluation, administration, and asset replacement or purchase.</li> </ul>
<b>Referral</b>	<p>For the purposes of the National Data Collection, a referral involves a formal process – not simply the provision of information. A (formal) referral occurs when a SAAP <i>agency</i> contacts another organisation and that organisation accepts the person concerned for an appointment or interview. A referral has not been provided if the person is not accepted for an appointment or interview.</p>
<b>Statistical linkage key (SLK)</b>	<p>A statistical linkage key (SLK) is a derived variable that allows demographic data about the same <i>client</i> to be combined across support periods without the name of the client being recorded.</p> <p>For the purposes of the National Data Collection, a valid SLK is comprised of a valid <i>alpha code</i> and <i>valid date of birth</i> that were supplied for a <i>support period</i> where the client gave informed consent.</p>
<b>Support</b>	<p>Assistance, other than <i>supported accommodation</i>, provided to a <i>client</i> as part of an <i>ongoing support relationship</i> between a SAAP <i>agency</i> and the client. For the purposes of the National Data Collection, support also includes contact with, or work on behalf of, a client for generally more than one hour on a given day. Support may be provided to the client individually or in group sessions.</p>
<b>Support period</b>	<p>Commences when a <i>client</i> begins to receive <i>support</i> and/or <i>supported accommodation</i> from a SAAP <i>agency</i>. The support period is considered to finish when:</p> <ul style="list-style-type: none"> <li>• the client ends the relationship with the agency; or</li> <li>• the agency ends the relationship with the client.</li> </ul> <p>If it is not clear whether the agency or the client has ended the relationship, the support period is assumed to have ended if no assistance has been provided to the client for a period of one month. In such a case, the date the support period ended is the last contact with the client.</p>
<b>Supported accommodation</b>	<p>Accommodation paid for or provided directly by a SAAP <i>agency</i>. The accommodation may be provided at the agency or may be purchased using SAAP funds – at a motel, for example.</p>
<b>Unmet need</b>	<p>An unmet need occurs when a SAAP <i>agency</i> worker assesses that a <i>client</i> needs a support service during their <i>support period</i>, and that service is not provided or referred.</p>

**Valid date of birth**

For the purposes of the National Data Collection, a valid date of birth is the client's date of birth provided with informed consent and for which:

- the day, month and year of birth are completed and not estimated; or
- the day and month of birth are completed and not estimated, and the year of birth is completed (either estimated or not estimated).

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