

6 Main findings

Community service providers are carrying a considerable data collection and reporting burden. The two primary and inter-related causes of this burden are summarised as:

- 1 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, the same client variables on that client multiple times
- 2 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.

Under current funding arrangements, community service providers seek funding from a range of sources that are drawn from both the public and private sectors, including:

- the Australian Government
- state and territory governments
- local government
- the business sector
- households (in this category funds are raised from large bequests or trust funds from wealthy individuals/families, to relatively lesser funds raised from more general fund-raising activities such as regular payroll deductions and street 'bucket' collections).

For the purposes of this report, all of the above sources provide funds to carry out a 'program'. The term program is usually thought of in relation to 'government programs' only; however, all of the above funding sources, in varying degrees of prescription, require some level of accountability for funding in the form of data gathering, recording and reporting.

Due to the current program-centred approach to funding community services, each program requires clients to provide, and service providers to record and report, the same or very similar data variables for each program. That is, the same variables, about the same individual, may be gathered, recorded and reported multiple times.

As can be seen from Tables 3, 5 and 7, which provide an indication of the data collected in each case study, the similarity of data collected for each program assumes a case management approach for clients. This study attempts to collate all data collected relevant to a client's support needs and not just those restricted to a specific program. So, whilst a program might be labelled a 'drug and alcohol program' or a 'supported accommodation program', successful implementation of a program will often need to take all of a client's needs into consideration (i.e. beyond just drug and alcohol rehabilitation, or beyond just housing support). Collating data in this way represents an improvement in providing assistance and/or case management to a client across the health, welfare and housing care and support continuum.

Clients presenting to community service providers require assistance and case management across a complex range of inter-related issues. These issues range across the three broad areas of health, welfare and housing. Figure 1 provides a further breakdown of these broad areas as identified from the data capture forms for the case studies, by activities that make up a client's case management requirements. Where appropriate, activities provided to clients were defined using the National Classifications of Community Services (NCCS V2) activities classification (AIHW 2003).

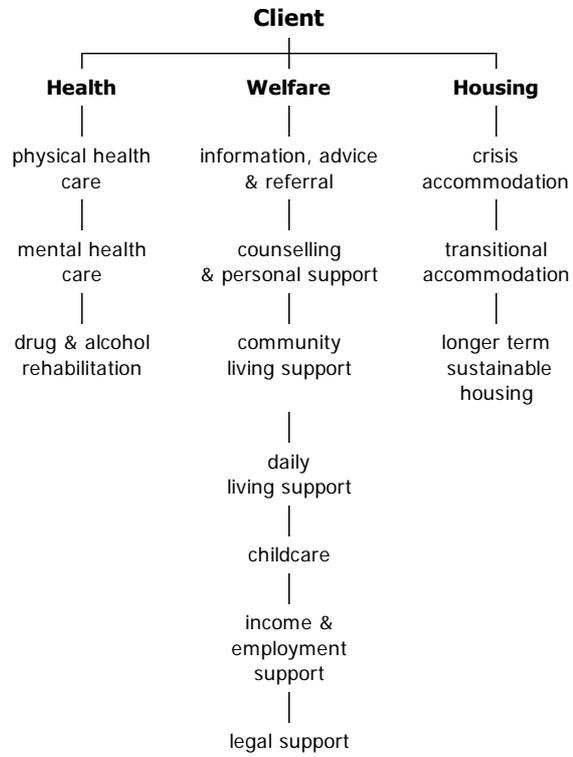


Figure 1: Care and support activities by health, welfare and housing categories

6.1 Client cycles through the system

Following is a broad overview of a client entering, moving through and exiting a service in relation to the care and support provided to clients:

- client presents to a service
- initial intake/screening process is carried out
- client is accepted into the service (or if the service is unable to meet demand, is referred onto another service, where the same/similar process is carried out)
- client's immediate needs are addressed and provided for
- case management is offered to client which builds on initial assessment and/or crisis services provided and addresses his/her medium and longer term needs and goals
- case management plan is carried out and client exits the service.

While it is desirable for clients to move through all of the above stages, the complexity of presenting, underlying, and/or undefined issues and the capacity of clients presenting to community services often results in clients only marginally entering into or completing case management. Clients often cycle back through a service, or other similar services within the service network, and thus may or may not re-engage with their case plan.

It should also be noted that the above relates to one 'support session' or 'cycle' for a client. If a client exits the service and subsequently re-enters at a later date, a similar process of service provision, and hence data provision, recording and reporting, would take place. As it also would when clients enter a similar service elsewhere within the service network the same provision, recording and reporting of data would occur again. Figures 2, 3 and 4 illustrate a single 'cycle' for clients represented in the case studies of this project.

As a client moves through a service, the variables collected and reported for each program can be grouped under the following data collection clusters:

- client demographics (name, age, sex, etc.)
- service related (referral source, room allocation, and accounting codes)
- health case management (history, current needs and future goals)
- welfare case management (history, current needs and future goals)
- housing case management (history, current needs and future goals).

When viewing the data collection forms by 'data collected' in each case study (Tables 3, 5 and 7), we see the duplication of many data items collected for each program. This suggests there is general agreement between programs regarding the type of assistance and case management required to carry out each program. It also demonstrates the inter-connectedness of care and support issues across the health, welfare and housing care and support continuum and the positive relationships that are required between service providers.

The underlying issue causing data collection and reporting burden does not, therefore, lie so much in the difference between programs, but rather to each program that makes up a community service model requiring service personnel to record responses against variables *using separate, program provided data collection forms and/or software* (Figure 2, 3 and 4).

The extent of this duplication of effort is considerable for both clients and service personnel. Table 1 provides a snapshot of this duplication for the variables 'name' and 'Aboriginal and Torres Strait Islander (ATSI) status' in Amy's case study, as well as the variation in variable values against which Amy's responses are recorded.

Table 1: Data variable and variable values for ‘name’ and ‘Aboriginal and Torres Strait Islander (ATSI) status’ recorded for one support session for Amy

Data form	Data item for ‘name’ as it appears on form	Data item for ‘ATSI’ as it appears on form
1. Service Crisis Accommodation and Assessment:	Name: Alpha code (derived from 2nd and 3rd letters of first name and 2nd, 3rd and 5 th letters of last name):	Cultural identity:
2. Service Case Notes for Crisis Accommodation:	Client:	Not recorded
3. Service Transitional Housing and Drug Program Case Plan I:	Name:	Not recorded
4. Service Crisis Accommodation Initial Assessment:	Client name:	Not recorded
5. SAAP Client form (Crisis Accommodation):	Alpha code (derived from 2nd and 3rd letters of first name and 2nd, 3rd and 5 th letters of last name):	Does the client identify as being of Aboriginal or Torres Strait Islander origin: – no – yes, Aboriginal – yes, Torres Strait Islander – yes, both
6. Service Transitional Housing and Drug Program Case Plan II:	Name:	Not recorded
7. Service Case Notes Transitional Housing	Client:	Not recorded
8. Service Transitional Housing Assessment	Name:	Aboriginal/Torres Strait Islander: YES / NO
9. Service Transitional Housing Referral	Name:	Not recorded
10. SAAP Client form (Transitional Accommodation):	Alpha code (derived from 2nd and 3rd letters of first name and 2nd, 3rd and 5 th letters of last name):	Does the client identify as being of Aboriginal or Torres Strait Islander origin: – no – yes, Aboriginal – yes, Torres Strait Islander – yes, both
11. Service Transitional Housing and Drug Program Case Plan form III:	Name:	Not recorded
12. Service Case Notes Drug and Alcohol:	Client:	Not recorded
13. Alcohol and Drug Program Contact Sheet form	Alpha code: Given names: Surname:	Not recorded
14. Alcohol and Drug Program Full Client form	Surname: Given names: Alpha code: Client name: Alpha code:	Indigenous status: – Aboriginal but not TSI – TSI but not Aboriginal – Aboriginal and TSI – not Aboriginal or TSI

6.2 Client data pathways

In the example, Amy's name is recorded 14 times by the same case manager. We can also see that how Amy's 'name' and 'Aboriginal and Torres Islander' (ATSI) status' are recorded, varies from form to form, that is, these variables are not standardised across programs provided by the same agency. So, while there is similarity in the variables collected across programs, there is difference in variable values against which the client responses are recorded.

In some instances it may be true that developers of data collection tools are not aware that certain data standards exist. In other instances reasons for certain variations from data standards relate to who is asking for the data, why the data are being collected and how those data will be used. For instance, what variables are important could be dependent on the perspective of the case worker as to whether an issue is defined as 'health' related or as 'socioeconomic' related. This latter point is an important consideration for any data standards alignment, as all areas (health, welfare and housing) would need to be satisfied for successful standardisation to occur.

In some data collections, statistical linkage codes are used in place of Amy's name. This highlights a significant variation in how the variable 'name' is recorded and reported. The use of this statistical linkage key provides a tool for allowing the number of clients receiving assistance to be counted whilst protecting the client's identity. This is of singular importance as service providers move from paper-based to electronic data collection, storage and reporting mechanisms. The promotion of a standardised statistical linkage code would therefore seem appropriate and should be promoted in any communication plan the committee develops for promoting data standards in the sector.

The data pathways for both Bob (Figure 2) and Amy (Figure 4) are very similar. One significant difference between these two case studies, however, is the number of case managers used to carry out service provision and the impact this has on personnel, depending on the model of case management in place. In Amy's case, one case manager works across all programs with Amy, compared with Bob who has separate case workers for each program. This means that Amy's case manager is recording and reporting the same data multiple times. This suggests that a community service with limited human resources carries an increased workload when compared with community services with relatively higher labour resources.

In Daniel's case (Figure 3), the main issue regarding data collection and reporting is not so much the multiplicity of data collection, but rather the fact that data collected on the service provided to Daniel vary depending upon which program (and therefore which program data collection forms are completed) refers Daniel to the service. The service in question reported that the main difference between the programs which refer Daniel is that referral from the Inner City Housing Program would mean Daniel is homeless when referred, compared with the Housing Assistance Support Initiative (HASI) program, where Daniel would already be in Department of Housing accommodation when referred. Apart from this difference, the service provided to help Daniel maintain his housing is essentially the same. Given this, having different data collection systems, especially when paper-based, is problematic because it makes it very difficult for the service to produce a consistent measurement of the service's overall effectiveness. This also raises the issue of paper-based versus electronically stored data collection systems in community services, which will be discussed next.

6.3 Lack of electronic data capture, storage and reporting mechanisms

An inter-related reason for multiple data collection and reporting burden in community services is the lack of electronic data capture, storage and reporting mechanisms. Looking at Amy's case study again, this means that Amy's name is *physically written out 14 times*. Amy's cultural identity is *physically written out – or tick boxes ticked – five times*. In some instances, Amy's data are then *typed into program provided software*.

While all of the services used in this study were at various stages of designing or implementing electronic data collection and reporting systems, none had successfully completed this process. Services reported that electronic data systems being designed by them are intended to not only collect data which *could* satisfy program-centred data collection requirements, but also to actually assist services to carry out case management activities. The services are designing their systems to reflect a client's case management activities (including, in some instances, tools for identifying and measuring outcomes) and not 'just to collect data' which is how service providers in this study viewed current program-centred data collection requirements. Service providers viewed data collection as something that is done *in addition to* actual service provision.

The systems currently being designed by community services *should* provide them with the capacity to *enter data once*. From this *multiple reporting of that data can then occur*. In this context it is important to note that:

the development of electronic data capture systems for client management will not automatically reduce data collection and reporting burden, as service providers will still need to record the same data multiple times due to the current requirement to use separate program provided forms and/or software as noted earlier.

Unless a data collection and reporting model to satisfy both funding providers and service providers can be found, one that would enable single data entry from which multiple reporting could occur, there is a risk of community service providers spending considerable resources on the development and implementation of client management systems that do not address this issue. Computerised client management systems offer the potential to record data once and reuse many times.

If agreement can be found, the benefits of aligning and streamlining data standards lie in reducing the amount of mapping required in the design of electronic data capture and reporting. This is an important consideration for both the initial design and maintenance of client management systems.

6.4 Risks and benefits

Participating services were also asked to comment on the risks and benefits of streamlining their current data collection and reporting process.

Services summarised the benefits as follows:

- significant increases in efficiency and effectiveness of service delivery
- allow for better case management of clients across programs and across the service provision network (i.e. with other service providers where there are clients in common)
- provide trend data for research and service development purposes
- significantly reduce frustration and stress levels of clients and service personnel
- allow more time for building the capacity of the sector through professional development of services and personnel.

Services summarised the risks as follows:

- privacy issues for clients (i.e. sharing of data within an agency across programs and in relation to the ease of access to information in the transition from paper-based to electronic data storage and transfer)
- design of systems being driven by information technology and communications sections within government departments and/or companies without appropriate knowledge of data standards and/or consideration of privacy issues
- inappropriate data standardisation (e.g. having to conform to a data standard that does not capture the required level of detail for the information to be useful).

A further significant risk for the development of electronic data capture and reporting systems is 'how a service is informed of changes to data standards'. Those interviewed for this study provided input from the perspective of those who actually work with clients – the service managers, the case workers, and the administrative staff. The issue of how a service is informed of such changes was not discussed in any detail during interviews. This issue, nonetheless, remains an important one in relation to the ongoing maintenance of electronic data collection, storage and reporting system development, and should be included in any further scoping requirements that might flow from this report.

A summary of the issues of program-centred data collection and reporting in community services is given below.

Just as a client will travel along various pathways into and out of, say, homelessness – current program-centred data collection and reporting places an increased burden on both client and service provider. They are required to provide, collect and report the same data multiple times – they have to work through 'data pathways'. The burden of travelling these data pathways is further exacerbated by the absence of electronic data collection, storage and reporting mechanisms in community services.

This report can provide an initial understanding of the issues associated with multiple data collection and reporting in community services. The conclusions drawn from the case studies in this report imply that the extent and complexity of these data pathways are a systemic issue in community service provision, and that these are associated more with a service's funding arrangements than with the desired practice and outcomes for client-centred service provision.

7 Summary and recommendations

7.1 Summary

The aim of this study has been to convey a better understanding of the day-to-day experiences of clients and service providers in relation to multiple data collection and reporting. The central recommendation to come from this study is the need to reduce the number of times the same data are provided and recorded for the same client. The primary and inter-related causes of multiple data collection and reporting outlined in this report are:

- 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, the same client variables on that client multiple times
- 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.

In summary, the current funding models and governance arrangements for specific programs do not assist ease of data capture. Program-centred data collection does not support the principle of 'create once, use often' – it promotes multiple entry of client data and does not address the issue of appropriate sharing of data across multi-programmed service provision. Nor does it support best practice case management models (e.g. a client being case managed by one case manager across multiple programs is more burdensome for case manager data entry). That is, the case manager enters data multiple times (up to 14 times in Amy's case study). Where a client has multiple case managers (i.e. for each program) each case manager may only enter data once – for one program, however, the client may be asked for the same data multiple times (more burdensome for the client). In Bob's case study the client is asked to provide the same information up to 10 times. In addition, privacy concerns are an inhibiting issue in sharing of data 'even within the same agency/organisation'.

The extent to which multiple entry and reporting is a data standards issue was not within the scope of this preliminary study. While Table 1 does indicate a lack of use of national data standards, this issue will need to be investigated further in a follow-up study.

7.2 Challenges

Without the use of common data standards, information requirements and communication technology cannot be integrated to work together (i.e. the information and functionalities provided cannot inter-operate across the sector). Agreed national data standards are required to support successful interfacing with information technology including the electronic means of recording and transferring data. The adoption of national data standards will require the participation and collaboration of:

- program managers
- data managers
- information managers
- software developers
- service providers.

7.3 Recommendations

- A Working Group representing both funding providers (program managers) and community service providers (frontline staff and/or case managers) to be formed.
- This Working Group to draw up and manage a project plan (and schedule) to identify models to reduce multiple data provision (by client) and collection and reporting (by service/agency) in community services. The resulting project plan should include the following high-level work items as they relate to the findings in this report:
 1. Investigate and document the national data standards used in the case studies outlined in this project (i.e. conduct a data mapping exercise) and to what extent the adoption of existing national data standards could have reduced multiple data collection and reporting burden experienced by clients and service providers.
 2. Identify and review projects, programs and initiatives currently being carried out (or proposed) by government at both the national and state level, to streamline current data collection and reporting.
 3. Identify and review client management systems currently being developed by community service providers that intersect with recommendation 2.
 4. Identify 'gaps' in availability of national data standards based on 1, 2 and 3 above, so as to identify data standards that should be developed to facilitate common data collection and reporting.
 5. Using the findings from point 1 through 4 above, identify a suitable information model (high-level framework or contextual model) to support client-centred data collection (i.e. reflects the person as a whole, over and above organisational or program-based agendas).