Cutting the red tape

Preliminary paper detailing the problem of multiple entry and reporting by service providers

National Community Services Data Committee

November 2006

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HWI 92

A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN-10: 1 74024 626 8

ISBN-13: 978 1 74024 626 2

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2006. Cutting the red tape: preliminary paper detailing the problem of multiple entry and reporting by service providers. Cat. no. HWI 92. Canberra: AIHW.

Australian Institute of Health and Welfare

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Published by Australian Institute of Health and Welfare
Printed by Elect Printing

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Acknowledgments

We would like to thank Megan Neale of Four Sectors Consulting and Tanya Wordsworth of the National Data Development and Standards Unit, AIHW, who produced this report for the National Community Services Data Committee. Gloria Jackson and Meera Rajendran also provided valuable comment and support at various stages of the preparation of the report. Trish Ryan, former head of the National Data Development and Standards Unit, AIHW, is especially thanked for her strategic guidance.

We would like to acknowledge the community service providers, St Vincent de Paul, Southbank Hanover Services, Mission Australia and the Salvation Army, who gave up their time to provide valuable practical knowledge as well as the data collection instruments used in the case studies for this report. Without their contribution this report would not have been possible.

We also acknowledge the financial support of the National Community Services Data Committee and the National Data Development and Standards Unit of the Australian Institute of Health and Welfare. The support and direction provided by the National Community Services Data Committee members are acknowledged.

Abbreviations

ADIS	Alcohol and Drug Information System
AIHW	Australian Institute of Health and Welfare
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
CFCP	Commonwealth Financial Counselling Program
CSTDA NMDS	Commonwealth State and Territory Disability Agreement National Minimum Data Set
DHS	Department of Human Services
ER	Emergency Relief
HACC NMDS	Home and Community Care National Minimum Data Set
HASI	Housing and Accommodation Support Initiative
HDDP-CSAS	Homelessness and Drug Dependency Program within Crisis Supported Accommodation Services (CSASs)
ICHP	Inner City Housing Program
JPP	Job Pathway Program
NCCS V2	National Classifications of Community Services Version 2
NCSDC	National Community Services Data Committee
NCSIMG	National Community Services Information Management Group
NCSISP	National Community Services Information Strategic Plan
NDCA	National Data Collection Agency
RDNS	Royal District Nursing Service
SAAP	Supported Accommodation Assistance Program
SMART	SAAP Management and Reporting Tool

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.

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).

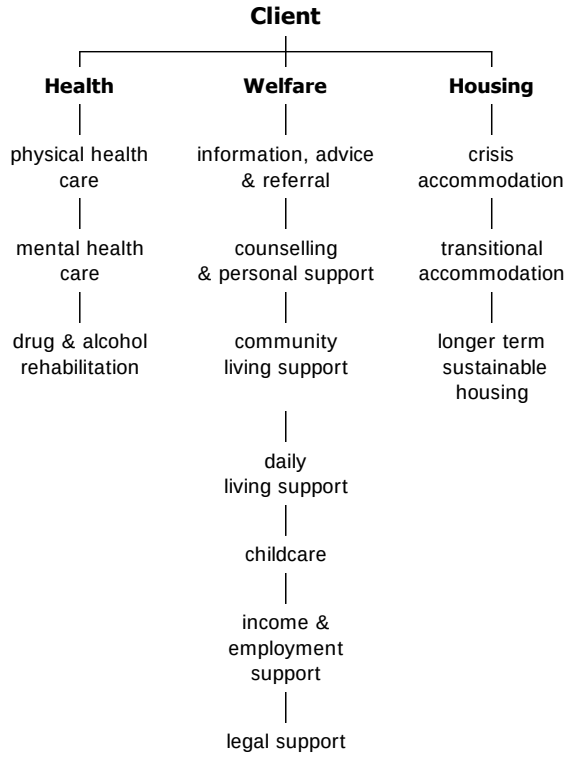

Figure 1: Care and support activities by health, welfare and housing categories

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 5th 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 5th 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 5th 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).

8 Case studies

8.1 Case study —'Bob'

Bob was described as a typical client for the service in this case study. Bob has self-presented to the service, as he has multiple times, and is well known by service staff and other members of the network of homeless services. Bob is long-term unemployed after being retrenched from his job some years back. He has alcohol and gambling issues and has lost contact with and support from his family.

The service Bob has sought assistance from provides crisis and transitional accommodation to men over 18 years of age. The service also offers intensive case management, with particular expertise in helping men with drug and alcohol issues. Bob's stay at the centre can range from one or two nights through to several weeks, giving his case manager time to help Bob address his various needs, including:

- group work focusing on enhancing interpersonal skills, education, relapse prevention and developing strategies and skills for problem situations
- individual counselling
- development of goal-oriented case plans
- assistance to access resources within the community
- support to facilitate interaction between Bob and his community.

Table 2 below outlines the programs, funding sources and data collection and reporting processes for Bob. His data pathway is shown in Figure 2 and all the data items collected for him in Table 3.

Table 2: Program, funding, data collection and reporting for Bob

Program	Funding source	How data are collected and reported (i.e. paper-based and/or computer software used)
Home and Community Care Program (HACC)	Jointly funded by the Australian Government and the state governments. Funding administered by Department of Human Services, Victoria.	Data collection form provided by the program and completed for each client. Forms are collated and forwarded to the Department of Human Services, Victoria, on a quarterly basis.
Homeless Persons Program	Royal District Nursing Service Program (RDNS) (Funded under the HACC program).	Data collection and reporting process not identified in this research. Yearly report submitted.
Homelessness and Drug Dependency Program (HDDP)	Joint initiative of three Crisis Supported Accommodation Services (CSAS) in inner Melbourne (Hanover Welfare Services, the Salvation Army and St Vincent de Paul) and the Department of Human Services, Victoria (Drug Treatment Services, Primary Health Branch).	Data collection form provided by the program and completed for each client. The service then enters data from these forms directly onto the Alcohol and Drug Information System (ADIS) via a web-based application.
Supported Accommodation Assistance Program (SAAP)	Jointly funded by the Australian Government and the state and territory Governments. Funding administered by Department of Human Services, Victoria (SAAP Housing Branch).	Data collection form provided by program and completed for each client. The service then enters data from these forms directly into software (SMART) provided by the program and forwarded each month to the National Data Collection Agency (NDCA).
Alcohol and Drug Program	Funded by the Department of Human Services, Victoria (Drug Treatment Services, Primary Health Branch).	Data collection form provided by the program and completed for each client. Data from these forms are then entered directly onto the Alcohol and Drug Information System (ADIS) via a web-based application.
'Philanthropic program'	Funded by philanthropic funds raised from the business and households sectors.	Data collated from service forms and reported in various reporting templates (MS Word, Excel) as provided by operations managers and head office and forwarded as required.

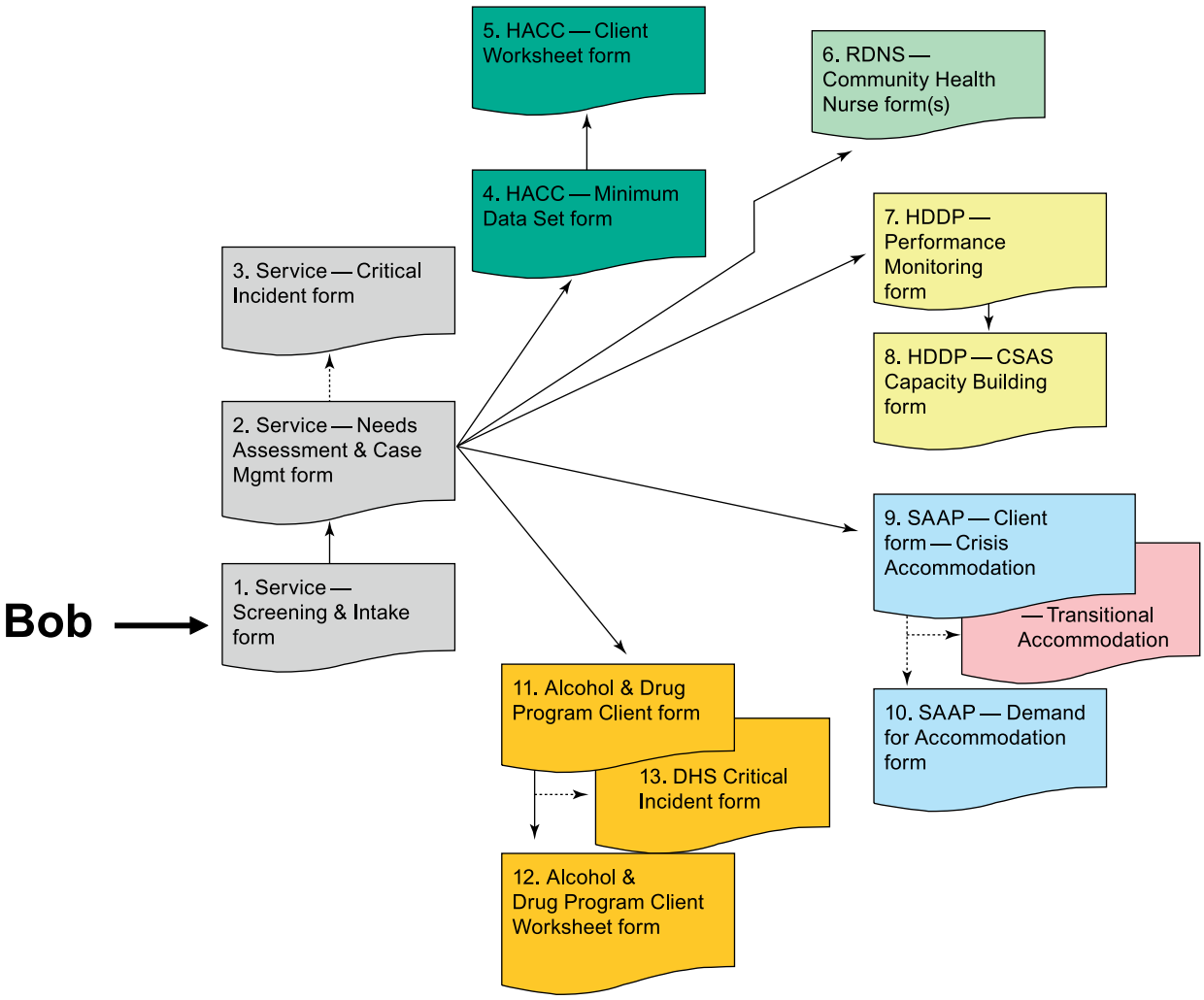

Figure 2: Bob's data pathway

Table 3: Bob's multiple data collection

Data item collected	*Category*	1. Service Screening & Intake form	2. Service Needs Assessment & Case Mgmt form	3. Service Critical Incident form	4. HACC Minimum Data Set form	5. HAAC Minimum Data Set Client Worksheet
Date of contact/intake/ assessment/incident	*Service*	•	•	•	•	•
Welfare support history, needs assessment and case management	*Welfare*	•	•	•	•	•
Client name and/or alpha code/ statistical linkage key	*Client*	•	•	•	•	
Health history, needs assessment and case management	*Health*	•	•	•		
Housing history, needs assessment and case management	*Housing*	•	•	•	•	
Referral source	*Service*	•	•		•	
Staff member(s)	*Service*	•	•	•		
Reason for seeking assistance	*Client*	•	•	•		
Agency Identifier	*Service*				•	
Referrals made from needs assessment and case management plan to internal or external programs	*Service*	•	•	•		
Client address	*Client*	•	•		•	
Cultural identity of person/family	*Client*	•	•		•	
Date of birth	*Client*	•	•			
Government pension/benefit status	*Client*	•	•		•	
Language spoken/Interpreter required	*Client*	•	•		•	
Cessation of services provision details	*Client*				•	
Country of birth	*Client*		•		•	
Gender	*Client*		•			
Sources of income	*Client*	•	•			
Client status	*Service*				•	
Child(ren)/childcare details	*Client*					
Name & contact of next of kin or emergency contact	*Client*	•	•	•		
Telephone	*Client*	•	•			
Consent/release of information obtained	*Service*	•	•			
Episode—service/program type	*Service*					
Staff time	*Service*				•	
Detail of critical incident	*Service*			•		
Persons/institutions advised of critical incident	*Service*			•		
Response/follow-up action to critical incident	*Service*			•		
Staff and service development	*Service*					
Alias name	*Client*		•			
Carer details	*Client*				•	

	6. Community Health Nurse form(s) [a]	7. HDDP Performance Monitoring form	8. HDDP CSAS Capacity Building—Performance Monitoring form	9. SAAP Client form	10. SAAP Demand for Accommo-dation form	11. Alcohol & Drug Program Client form	12. Alcohol & Drug Program Client Contact Works-sheet	13. DHS Incident Report form
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Table 3 (continued): Bob's multiple data collection

Data item collected	*Category*	1. Service Screening & Intake form	2. Service Needs Assessment & Case Mgmt form	3. Service Critical Incident form	4. HACC Minimum Data Set form	5. HAAC Minimum Data Set Client Worksheet
Centrelink Customer Reference Number (CRN)	*Client*		•			
Marital status	*Client*					
Medicare number	*Client*		•			
Police reference	*Client*					
Screening details	*Client*					
Student status	*Client*					
Accounting code	*Service*					

(a) Community Health Nurse Review Report – data collection instrument not cited by researcher, variables estimated from data contained in the annual review report which is completed by the community health nurse.

	6. Community Health Nurse form(s) [a]	7. HDDP Performance Monitoring form	8. HDDP CSAS Capacity Building—Performance Monitoring form	9. SAAP Client form	10. SAAP Demand for Accommo-dation form	11. Alcohol & Drug Program Client form	12. Alcohol & Drug Program Client Contact Works-sheet	13. DHS Incident Report form
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8.2 Case study—'Daniel'

Daniel was reported as typical for the young men who use the service in this case study. The service provides supported accommodation for Daniel who is affected by a diagnosed psychiatric disorder and requires rehabilitation and assistance to develop skills to live independently in the community. The service is located in the inner city and is staffed 7 days a week during the daytime. Case management is provided to Daniel, focusing on his needs and goals, with particular emphasis on connecting Daniel with his community, and daily living skills development that will help him to maintain his housing. Daniel is encouraged to make decisions that affect his life and to participate in making decisions about how the service is managed. Since the de-institutionalisation of mental health facilities in the early 1980s people like Daniel have been particularly disadvantaged in the area of housing and have very few options available to them.

Daniel can enter the service by one of three program entry points (see Figure 3) depending upon where he is geographically located when he has contact with a health and/or housing service:

- Inner City Housing Program (ICHP): if Daniel is located in Sydney's eastern suburbs, he is referred to the service from St Vincent Hospital's mental health service
- Housing and Accommodation Support Initiative (HASI)—*Health:* if Daniel is located in Sydney's northern suburbs, he is referred to the service from North Sydney Area Mental Health Service
- Housing and Accommodation Support Initiative (HASI)—*Housing:* if Daniel is located in Sydney's northern suburbs, he is referred from North Sydney Area Department of Housing.

Table 4 below outlines the programs, funding sources and data collection and reporting processes that support Daniel. His data pathway is shown in Figure 3 and all the data items collected for him in Table 5.

Table 4: Program, funding, data collection and reporting for Daniel:

Program	Funding source	How data are collected and reported (i.e. paper-based and/or computer software used)
Inner City Housing Program (ICHP)	Funded by Department of Health (NSW). Referrals made by St Vincent's Mental Health Service.	Data collection forms developed by service provider and completed for each client. Data collated from forms and reported (via MS Word document) as required.
Housing and Accommodation Support Initiative Program (HASI)	Joint initiative fund by Department of Health (NSW) and Department of Housing (NSW).	Data collection forms developed as a joint project by heath, welfare and housing case managers and completed for each client. Data collated from forms and reported (via MS Word document) as required.
'Philanthropic program'	Funded by philanthropic funds raised from the business and households sectors.	Data collated from service forms and reported in various reporting templates (MS Word, Excel) as provided by operations managers and head office and forwarded as required.

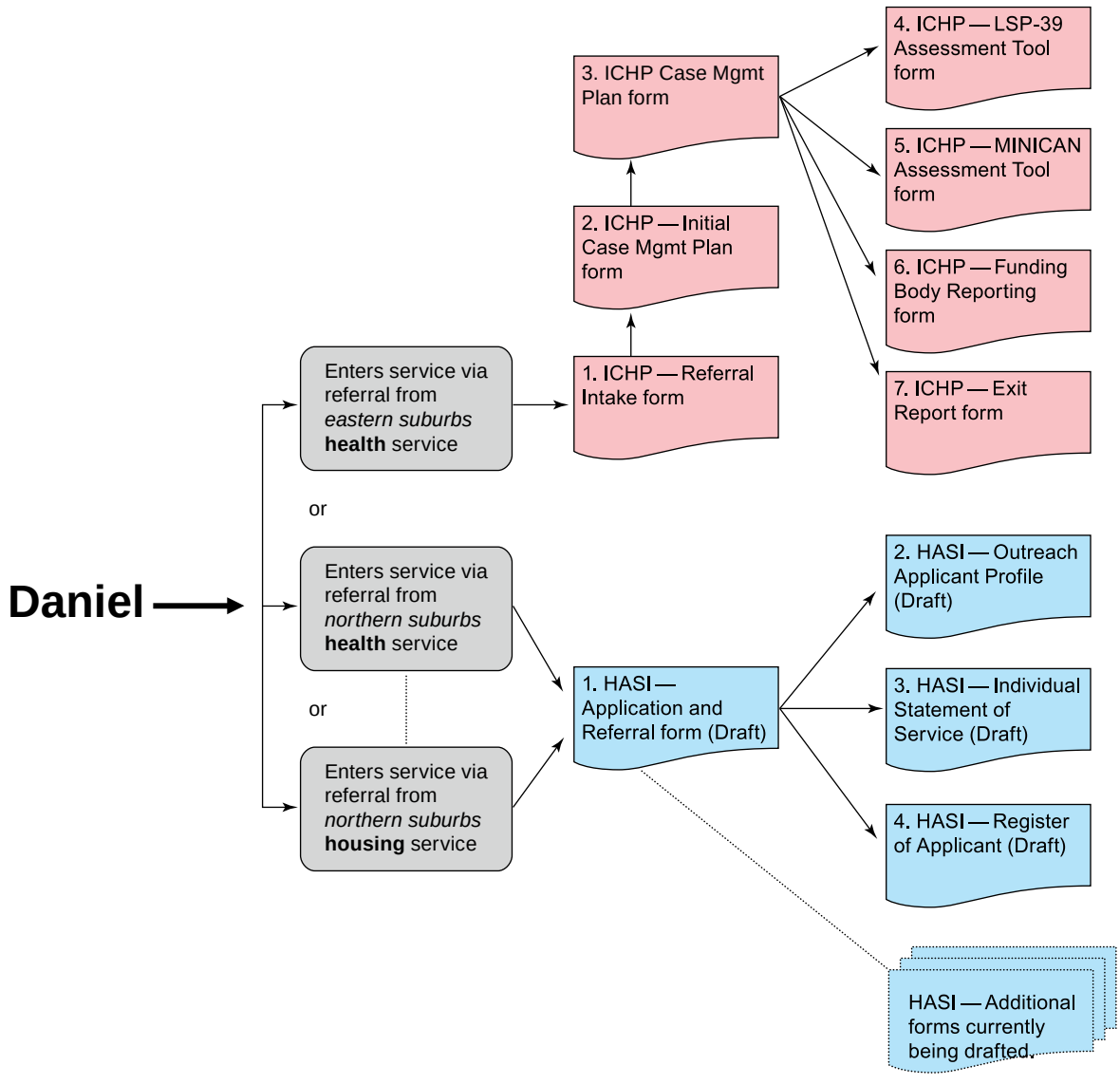

Figure 3: Daniel's data pathway

Table 5: Daniels's multiple data collection

Data item collected	*Category*	1. ICHP Referral Intake form	2. ICHP Initial Case Management Plan form	3. ICHP Case Management Plan form	4. LSP-39 Assessment tool form	5. MINI CAN Assessment of Need form
Client name or alpha code/statistical linkage key	*Client*		•			
Health history, needs assessment and case management	*Health*	•	•	•	•	•
Welfare support history, needs assessment and case management	*Welfare*	•	•	•	•	•
Housing history, needs assessment and case management	*Housing*		•	•	•	•
Date of birth	*Client*					
Date of contact/intake/ assessment/incident	*Service*		•	•		
Staff details	*Service*		•	•	•	
Child(ren)/Childcare details	*Client*					•
Agency identifier	*Service*					
Client address	*Client*					
Gender	*Client*					
Cultural identity	*Client*					
Consent/Release of Information obtained	*Service*					
Staff hours	*Service*					
Telephone	*Client*					
Name and contact of next of kin or emergency contact	*Client*					
Language(s) spoken/Interpreter required	*Client*					
Country of birth	*Client*					
Carer details	*Client*					
Screening details	*Service*					

	6. ICHP Funding Body Reporting form	7. ICHP Exit Report form	1. HASI Application and Referral form	2. HASI Low Support Outreach Applicant Profile form	3. HASI Low Support Outreach Clients with Individual Statement of Service form	4. HASI Low Support Outreach Clients on Register of Applicants form
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8.3 Case study—'Amy'

Amy is typical of the young women who use the service in this case study. Amy suffers from mental health issues and drug and alcohol misuse. Amy could have children and is likely to be, or to have been in, relationships that are underpinned by domestic violence and precarious housing tenure. Amy has poor literacy and vocational skills and is only marginally attached to the labour force.

The service Amy has sought assistance from provides crisis and transitional accommodation as well as financial, material and personal support to people who are homeless or at risk of homelessness. Her stay at the service can range from one or two nights through to several weeks, giving her case manager time to help Amy address her immediate needs and find longer-term housing and support as required. Amy could have arrived at the service of her own accord or have been referred by another welfare, government or community agency which was unable to place her. When Amy arrives at the service she meets with a case manager who works with her to solve her immediate crisis and put in place a plan to find longer-term accommodation, and to identify and put her in touch with the health, welfare, housing, employment programs and other services she may require to ensure her ongoing well-being. If necessary, Amy has access to nursing staff and a doctor who visits regularly.

Table 6 below outlines the programs, funding sources and data collection and reporting processes that support Amy. Her data pathway is shown in Figure 4 and all the data items collected for her in Table 7.

Table 6: Program, funding, data collection and reporting for Amy

Program	Funding source	How data are collected and reported
Supported Accommodation Assistance Program (SAAP)	Jointly funded by the Australian Government and the state and territory governments. Funding administered by Department of Human Services, Victoria SAAP (Housing Branch).	Data collection form provided by program and completed for each client. The service then enters data from these forms directly into software (SMART) provided by the program and forwarded each month to the National Data Collection Agency (NDCA).
Alcohol and Drug Program	Funded by the Department of Human Services, Victoria (Drug Treatment Services, Primary Health Branch).	Data collection form provided by the program and completed for each client. The service then enters data from these forms directly onto the Alcohol and Drug Information System (ADIS) via a web-based application.
'Philanthropic program'	Funded by philanthropic funds raised from the business and households sectors.	Data collated from service forms and reported in various reporting templates (MS Word, Excel) as provided by operations managers and head office and forwarded as required.

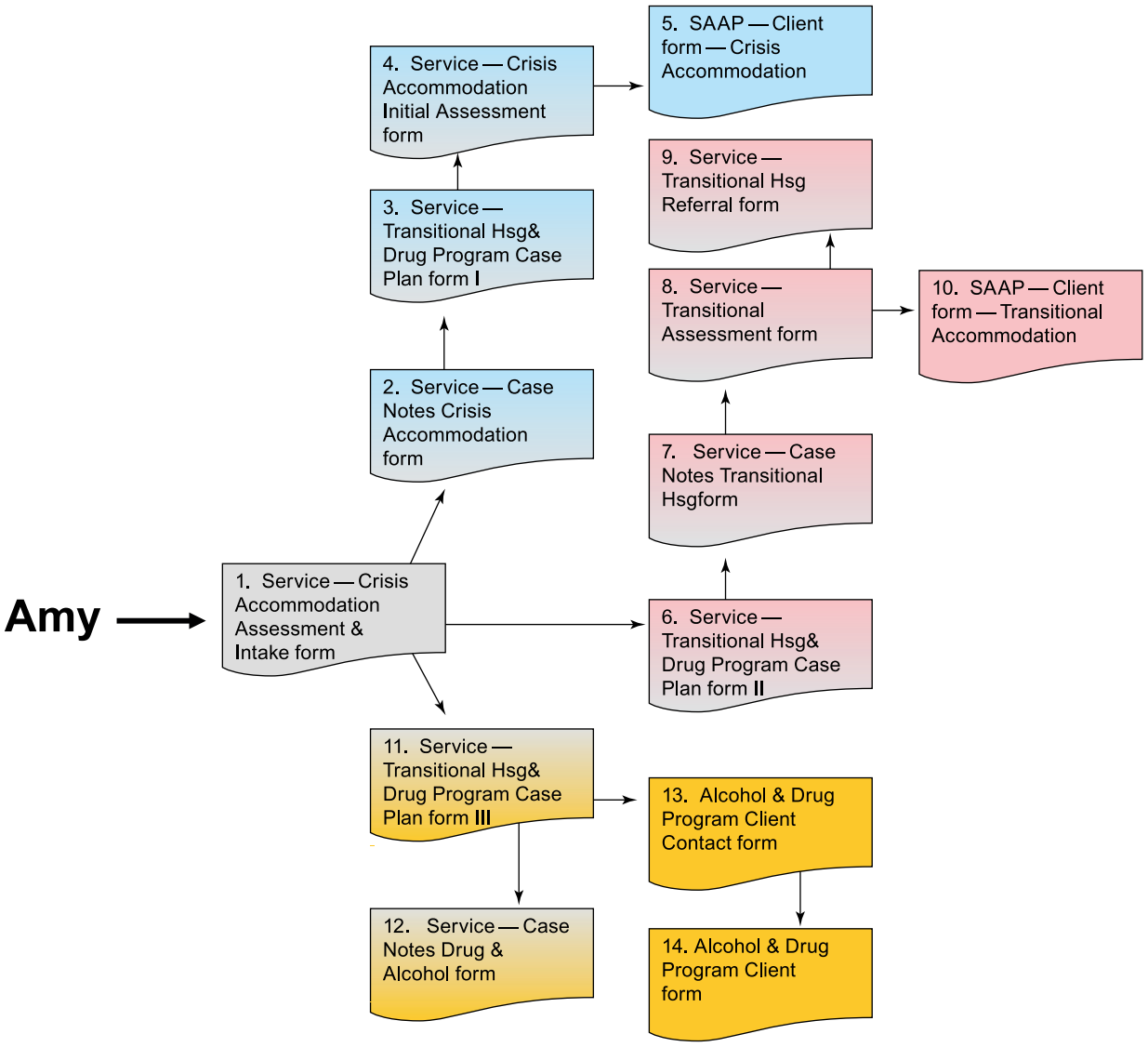

Figure 4: Amy's data pathway

Table 7: Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Client name and/or alpha code/ statistical linkage key	*Client*	•	•	•	•	•
Contact date	*Service*	•	•	•		•
General health issues	*Health*	•	•	•	•	•
Have you ever been treated for mental health issues before?	*Health*	•	•	•	•	•
History of self-harm (methods used) and history of suicide attempts	*Health*	•	•	•	•	•
Support Services (Psych Services etc) current/needed	*Health*	•	•	•	•	•
Current housing circumstances	*Housing*	•	•	•	•	•
Financial management	*Welfare*	•	•	•	•	•
Support current/needed—are there things you would like to achieve/do?	*Welfare*	•	•	•	•	•
Support current/needed—What are you concerned about your drug use	*Welfare*	•	•	•	•	•
Do you have a physical or intellectual disability?	*Health*	•	•	•		•
Current or past substance use—amount	*Welfare*	•	•	•	•	
Current or past substance use—frequency	*Welfare*	•	•	•	•	
Current or past substance use—type	*Welfare*	•	•	•	•	
Do you have any current or past safety issues as a victim of violence or abuse/	*Welfare*	•	•	•		•
Do you have issues with your own anger or violence?	*Welfare*	•	•	•		•
Legal status	*Welfare*	•	•	•	•	
Legal support current/needed	*Welfare*	•	•	•		•
Would you like support around this?	*Welfare*	•	•	•		•
Medication	*Health*	•	•	•	•	
Are you currently on the list for either wait turn or priority housing?	*Housing*	•	•	•	•	
Have you ever received bond assistance before?	*Housing*	•	•	•	•	
Was the bond paid back?	*Housing*	•	•	•	•	
Other support issues/presenting needs	*Other*	•	•	•	•	•
Current or past substance use—history of usage	*Welfare*	•	•		•	•
Do you have any issues with reading/ writing that you'd like support with?	*Welfare*	•	•	•	•	•

	6. Service Transitional Housing & Drug Program Case Plan II form	7. Service Case Notes Transitional Accommodation form	8. Service Transitional Housing Assessment form	9. Service Transitional Housing Referral form	10. SAAP Client form (for Transitional Housing)	11. Service Transitional Housing & Drug Program Case Plan III form	12. Service Case Notes Drug & Alcohol form	13. Alcohol & Drug Program Client Contact form	14. Alcohol & Drug Program Client form
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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Gambling issues	*Welfare*	•	•	•	•	•
Support current/needed—Have you tried to address or change your drug use?	*Welfare*	•	•	•	•	
Support current/needed—How have you tried to address or change your drug use?	*Welfare*	•	•	•	•	
Last three places stayed/reason for leaving	*Service*	•		•	•	•
Disability—Are you receiving support or linked into any support services?	*Health*	•	•	•		
What was the diagnosis?	*Health*	•	•		•	•
Have you been in supported housing before?	*Housing*	•		•	•	•
Goals family/informal supports	*Welfare*		•	•	•	•
Goals for employment/training	*Welfare*		•	•	•	•
Have you tried to address these (various issues) ?	*Welfare*	•	•	•		
Consultation with mental health worker	*Health*		•		•	•
Mental health counselling	*Health*		•		•	•
Mental health HOPS referral/ consultation	*Health*		•		•	•
Mental health support groups	*Health*		•		•	•
Support services (GP/RDNS, etc.) current/needed	*Health*	•	•	•	•	
Do you currently have rent arrears?	*Housing*	•	•	•	•	
Legal—Solicitor	*Welfare*		•		•	•
Gender	*Client*	•	•			•
Arrears	*Service*	•	•	•		
Do you have any weapons or items that could be identified as a weapon/	*Service*	•	•	•		
Last three places stayed/duration	*Service*	•		•	•	
Primary income	*Service*	•		•	•	
Date last seen by psychiatrist/GP	*Health*	•		•	•	
Disability—Have you received support?	*Health*	•	•	•		
Do you have a previous 6ffice of housing address?	*Housing*	•	•		•	
Have you been in private rental before?	*Housing*	•		•	•	

	6. Service Transitional Housing & Drug Program Case Plan II form	7. Service Case Notes Transitional Accommodation form	8. Service Transitional Housing Assessment form	9. Service Transitional Housing Referral form	10. SAAP Client form (for Transitional Housing)	11. Service Transitional Housing & Drug Program Case Plan III form	12. Service Case Notes Drug & Alcohol form	13. Alcohol & Drug Program Client Contact form	14. Alcohol & Drug Program Client form
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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Other accommodation assistance provided (Housing Emergency Funding)	*Housing*	•	•	•		
Other accommodation referred/ arranged	*Housing*	•	•	•		
Other non accommodation assistance provided	*Welfare*	•	•	•		
Country of birth	*Client*	•				•
Date of birth	*Client*	•				•
Contact time	*Service*	•	•			
Last three places stayed/suburb	*Service*	•			•	•
Last three places stayed/type of accommodation	*Service*	•			•	•
Health management plan	*Health*		•		•	•
Community Health Nurse referral	*Health*		•		•	•
Doctor referral	*Health*		•		•	•
Accommodation provided	*Housing*	•	•			•
Household type	*Housing*	•				•
Transitional housing referral	*Housing*		•		•	•
Where have you been in supported housing?	*Housing*	•			•	•
Behaviour management plan	*Welfare*		•		•	•
Centrelink referral	*Welfare*		•		•	•
Community re-integration program	*Welfare*		•		•	•
Drug & Alcohol—Homeless & Drug Dependency Program	*Welfare*		•		•	•
Drug & Alcohol—Supported Accommodation	*Welfare*		•		•	•
Drug & Alcohol Harm Minimisation	*Welfare*		•		•	•
Education history	*Welfare*		•		•	•
Employment status/history	*Welfare*		•		•	•
Support activities	*Welfare*		•		•	•
Independent living skills	*Welfare*		•		•	•
Legal—Legal services referral	*Welfare*		•		•	•
Personal Support Program	*Welfare*		•		•	•
Women's referral	*Welfare*		•		•	•
Does the client identify as being of Aboriginal or Torres Strait Islander origin?	*Client*					•

	6. Service Transitional Housing & Drug Program Case Plan II form	7. Service Case Notes Transitional Accommodation form	8. Service Transitional Housing Assessment form	9. Service Transitional Housing Referral form	10. SAAP Client form (for Transitional Housing)	11. Service Transitional Housing & Drug Program Case Plan III form	12. Service Case Notes Drug & Alcohol form	13. Alcohol & Drug Program Client Contact form	14. Alcohol & Drug Program Client form
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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Interpreter required	*Client*					•
Contact assessed by	*Service*	•				
Information brochure issued/explained	*Service*	•	•		•	
Genogram (optional)?			•		•	
Contact person/next of kin	*Client*	•			•	
Cultural identity/ATSI	*Client*	•				•
Language	*Client*	•				
NDCA form completed	*Client*	•			•	•
Agency ID	*Service*					•
Amount per week/fortnight	*Service*	•		•		
Appointment date	*Service*	•	•			
Centrelink reference	*Service*	•			•	
Consent given by client to provide research data (confidentiality explained?)	*Service*	•			•	•
Currently/previously barred	*Service*	•	•			
Grievance procedure explained	*Service*		•		•	
Method of payment	*Service*	•	•			
Please sign attached document (to be booked in during business hours only)	*Service*	•	•			
This service has a 'Safekeeping of Goods Agreement" (request that weapons are handed over and stored in a safe when booking in, which are then returned on departure)	*Service*	•	•			
What are they [weapons]?	*Service*	•	•			
Worker allocated	*Service*	•	•			
Name of last mental health service	*Health*	•			•	•
Recent hospitalisation history	*Health*	•			•	
Housing Information & Referral (HIR) service provided	*Housing*	•	•			
How many different private rental properties?	*Housing*	•			•	
Food agreement	*Welfare*		•		•	
Location of use Drug & Alcohol	*Welfare*		•		•	
Migration history	*Welfare*		•		•	
Money source for Drug & Alcohol	*Welfare*		•		•	
Phone agreement	*Welfare*		•		•	
Visa status	*Welfare*		•		•	

	6. Service Transitional Housing & Drug Program Case Plan II form	7. Service Case Notes Transitional Accommodation form	8. Service Transitional Housing Assessment form	9. Service Transitional Housing Referral form	10. SAAP Client form (for Transitional Housing)	11. Service Transitional Housing & Drug Program Case Plan III form	12. Service Case Notes Drug & Alcohol form	13. Alcohol & Drug Program Client Contact form	14. Alcohol & Drug Program Client form
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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Contact person phone number	*Client*	•				
Contact person relationship to client	*Client*	•				
Assessed by	*Service*	•				
Assessment date	*Service*	•				
Date last at service	*Service*	•				•
Referred by	*Service*	•				•
Current address	*Housing*					
Date moved in	*Housing*	•				•
Wait turn or priority housing registration number	*Housing*	•				
Currently employed	*Welfare*					
Alpha code for accompanying child(ren)	*Client*					•
Country of birth of the child(ren)	*Client*					•
Date of birth of child(ren)	*Client*					•
Is the child of Aboriginal or Torres Strait Islander origin?	*Client*					•
Language spoken at home	*Client*					
Marital status	*Client*	•				
Mobile number	*Client*	•				
Second language	*Client*					
Sex of child(ren)	*Client*					•
Client's reason for wanting to access the Transitional Housing Support Service	*Service*					
Contact method	*Service*					
Contact type	*Service*					
Crisis support worker	*Service*					
Date finished	*Service*					•
Is there anyone that the client does not want to know about his or her contact with the service?	*Service*					
Main reason for seeking assistance	*Service*					•
Person(s) receiving assistance with children	*Service*					•
Person(s) receiving assistance without children	*Service*					•
Support ongoing	*Service*					•
Was a case management plan agreed to by the end of the support period?	*Service*					•

	6. Service Transitional Housing & Drug Program Case Plan II form	7. Service Case Notes Transitional Accommodation form	8. Service Transitional Housing Assessment form	9. Service Transitional Housing Referral form	10. SAAP Client form (for Transitional Housing)	11. Service Transitional Housing & Drug Program Case Plan III form	12. Service Case Notes Drug & Alcohol form	13. Alcohol & Drug Program Client Contact form	14. Alcohol & Drug Program Client form
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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Prescribed medication(s) —dose	*Health*					
Prescribed medication(s)—duration of treatment	*Health*					
Prescribed medication(s) —prescribing doctor/health practitioner	*Health*					
Prescribed medication(s) —reason for use	*Health*					
Prescribed medication(s)—taking medication as prescribed	*Health*					
Prescribed medication(s)	*Health*					
Reason for hospital admissions in the last 2 years	*Health*					
What is it like for you when you become unwell?	*Health*					
What strategies help you cope/deal with better when you are unwell (in relation to mental health and self-harming/suicidal history)	*Health*					
Amount of Office of Housing debt	*Housing*					
Crisis accommodation location (suburb)	*Housing*	•			•	
Do you have an Office of Housing debt?	*Housing*					
How would you define what a home is?	*Housing*					
If SAAP/CAP accommodation was provided (including short term transitional housing (THMs) and other SAAP managed properties) , please provide details—type of accommodation	*Housing*					•
If SAAP/CAP accommodation was provided (including short term transitional housing (THMs) and other SAAP managed Properties) , please provide details—date of accommodation (start/finish)	*Housing*					•
Length of stay in current accommodation	*Housing*					
Office of Housing contact phone number	*Housing*					
Type of house/dwelling immediately before & after support	*Housing*					•
Type of tenure (legal right to occupy a dwelling) immediately before & after support	*Housing*					•
When was the last time you felt like you had a home?	*Housing*					

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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Who was the client living with immediately before & after support?	*Housing*					•
Support to child(ren)	*Welfare*					•
Any pending court dates and current court orders including special conditions	*Welfare*					
Children protection case manager & office	*Welfare*					
Current debts to Centrelink	*Welfare*					
Current position	*Welfare*					
Do you have any family contact?	*Welfare*					
Do you see your gambling as an issue?	*Welfare*					
Does the client have contact with child(ren) ?	*Welfare*					
Does the client have contact with spouse/partner?	*Welfare*					
Does the client report any special needs in relation to group housing and independent living skills?	*Welfare*					
Frequency of family contact	*Welfare*					
Future education/training options/ desires	*Welfare*					
Future employment options/desires	*Welfare*					
Has this person worked in the past?	*Welfare*					
Have you been previously imprisoned?	*Welfare*					
Have you ever overdosed?	*Welfare*					
Have you lived in a group housing situation before?	*Welfare*					
Have you sought any support (for gambling)?	*Welfare*					
How did you manage conflict in a household with others?	*Welfare*					
How did you find living in group housing?	*Welfare*					
How much do you gamble?	*Welfare*					
How often do you gamble	*Welfare*					
If your primary drug is not available is there a substitution?	*Welfare*					
Is children protection involved?	*Welfare*					
Is the person currently looking for work?	*Welfare*					

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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Labour force status before & after support	*Welfare*					•
Main income source before & after support	*Welfare*					•
Other debts (gambling other 'unofficial')	*Welfare*					
Qualifications	*Welfare*					
Recreation and leisure—do you identify any of the following as barriers to participating?	*Welfare*					
Student status before & after support	*Welfare*					•
Total amount of all debts	*Welfare*					
Were you provided support/rehab programs?	*Welfare*					
What are your recreation and leisure interests (past, present, future)?	*Welfare*					
What is the person's last type of employment?	*Welfare*					
What is your primary drug choice?	*Welfare*					
What support/rehab programs provided?	*Welfare*					
What was the length of the person's last employment period?	*Welfare*					
What was the outcome from the gambling support you received?	*Welfare*					
What were the issues relating to your imprisonment?	*Welfare*					
When did you begin gambling?	*Welfare*					
When did you last overdose?	*Welfare*					
Where do you gamble?	*Welfare*					
Who have you sought support for gambling from?	*Welfare*					
Who is primary carer of child(ren) ?	*Welfare*					
Within the last 12 months, how many times have you overdosed?	*Welfare*					
Identification sighted	*Client*	•				
Identification type	*Client*	•				
Medicare number	*Client*	•				
Vehicle registration number	*Client*	•				
Vehicle	*Client*	•				
Client region	*Service*					

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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Contact duration (minutes)	*Service*					
Credit agreement completed	*Service*	•				
Date of next pay	*Service*	•				
Entered into Access [NOTE Only a small amount of data are entered into Access, relating mostly to accommodation payment/history]	*Service*	•				
Episode—diversion type (if applicable)	*Service*					
Episode—Program	*Service*					
Episode—Service Type	*Service*					
New client	*Service*	•				
Police reference	*Service*					
Registration—1st Contact Date	*Service*					
Registration—6utlet	*Service*					
Registration—start date	*Service*					
Registration—start postcode	*Service*					
Relationship to user	*Service*					
Room number	*Service*	•				
Screening outcome	*Service*					
Source of referral	*Service*					
Start GAF	*Service*					
Urine analysis	*Service*					
Concurrent conditions # 1—receiving Treatment	*Health*					
Concurrent conditions # 1	*Health*					
Concurrent conditions # 2—receiving Treatment	*Health*					
Concurrent conditions # 2	*Health*					
Previous Treatment(s) – other Agency	*Health*					
Previous treatment(s) —this Agency	*Health*					
Homeless	*Housing*					
Living arrangements	*Housing*					
Childcare needed	*Welfare*					
Childcare provided	*Welfare*					
Concurrent pharmacotherapy	*Welfare*					
Injecting drug use	*Welfare*					
Other drug(s) of concern	*Welfare*					
Poly drug use	*Welfare*					

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Table 7 (continued): Amy's multiple data collection

Data item collected	*Category*	1. Service Crisis Accommodation Assessment Intake form	2. Service Case Notes Crisis Accommodation Form	3. Service Transitional Housing & Drug Program Case Plan I form	4. Service Crisis Accommodation Initial Assessment form	5. SAAP Client form (for Crisis Accommodation)
Principal drug—method of use	*Welfare*					
Principal drug—period of use	*Welfare*					
Principal drug	*Welfare*					
Substance-related disorders	*Welfare*					

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AIHW 2005. National Community Services Information Strategic Plan 2005–2009. Cat. no. AUS 68. Canberra: Australian Institute of Health and Welfare.

List of Tables

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