

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.

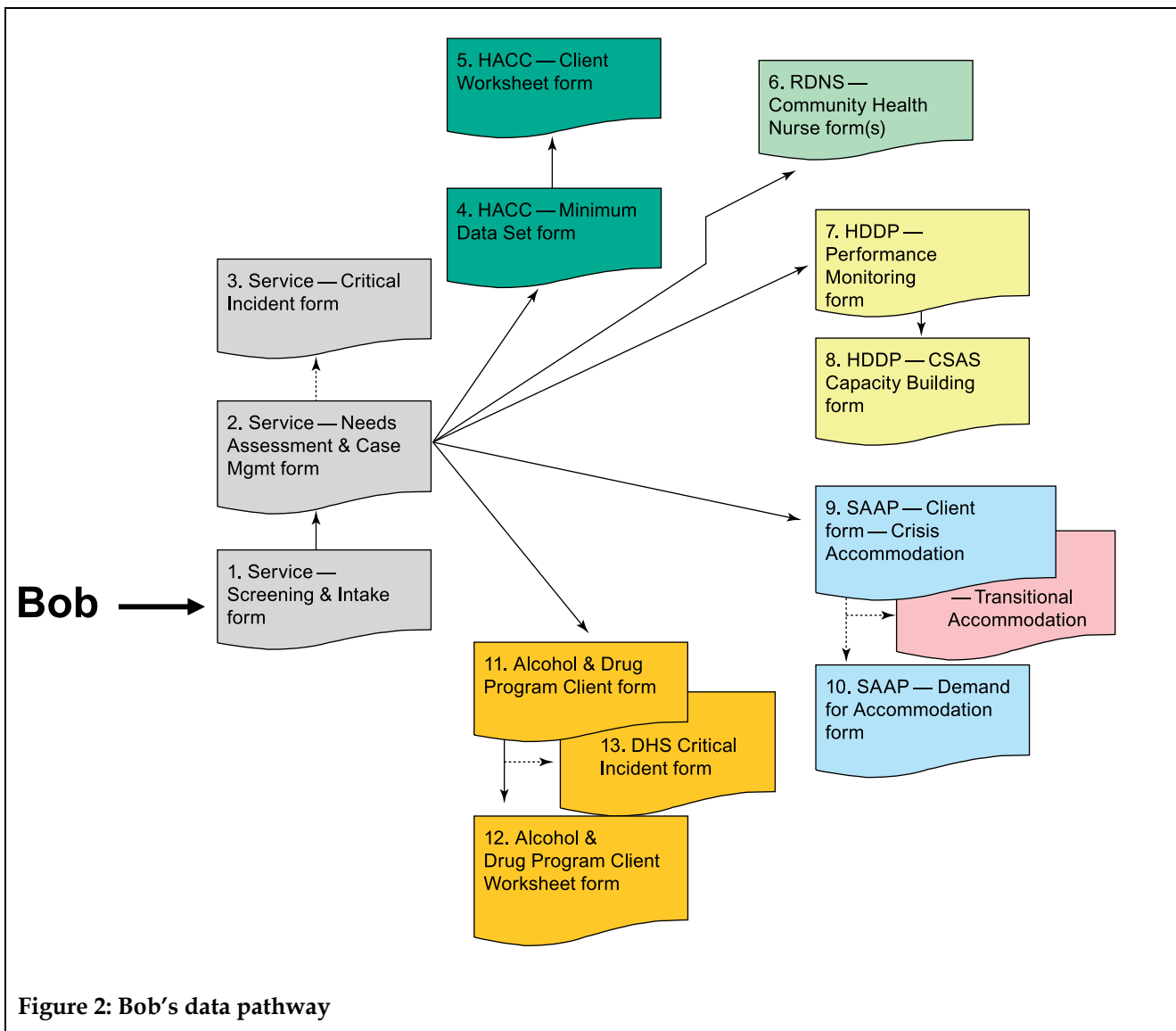


Figure 2: Bob's data pathway

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 Accommodation 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	<i>Category</i>	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)	<i>Client</i>		•			
Marital status	<i>Client</i>					
Medicare number	<i>Client</i>		•			
Police reference	<i>Client</i>					
Screening details	<i>Client</i>					
Student status	<i>Client</i>					
Accounting code	<i>Service</i>					

(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 Accommodation 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 health, 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.

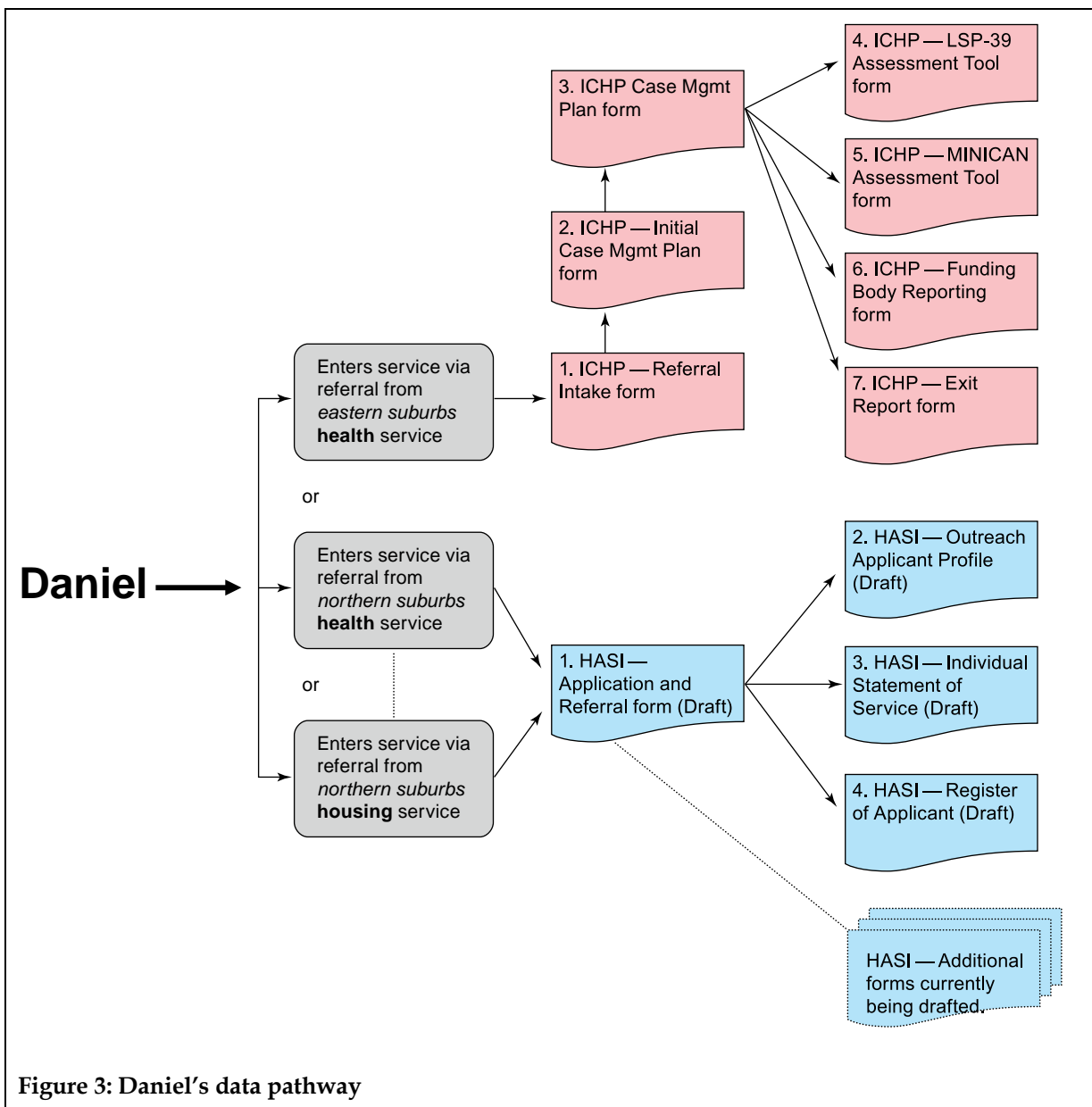


Figure 3: Daniel's data pathway

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	<i>Client</i>		•			
Health history, needs assessment and case management	<i>Health</i>	•	•	•	•	•
Welfare support history, needs assessment and case management	<i>Welfare</i>	•	•	•	•	•
Housing history, needs assessment and case management	<i>Housing</i>		•	•	•	•
Date of birth	<i>Client</i>					
Date of contact/intake/assessment/incident	<i>Service</i>		•	•		
Staff details	<i>Service</i>		•	•	•	
Child(ren)/Childcare details	<i>Client</i>					•
Agency identifier	<i>Service</i>					
Client address	<i>Client</i>					
Gender	<i>Client</i>					
Cultural identity	<i>Client</i>					
Consent/Release of Information obtained	<i>Service</i>					
Staff hours	<i>Service</i>					
Telephone	<i>Client</i>					
Name and contact of next of kin or emergency contact	<i>Client</i>					
Language(s) spoken/Interpreter required	<i>Client</i>					
Country of birth	<i>Client</i>					
Carer details	<i>Client</i>					
Screening details	<i>Service</i>					

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.

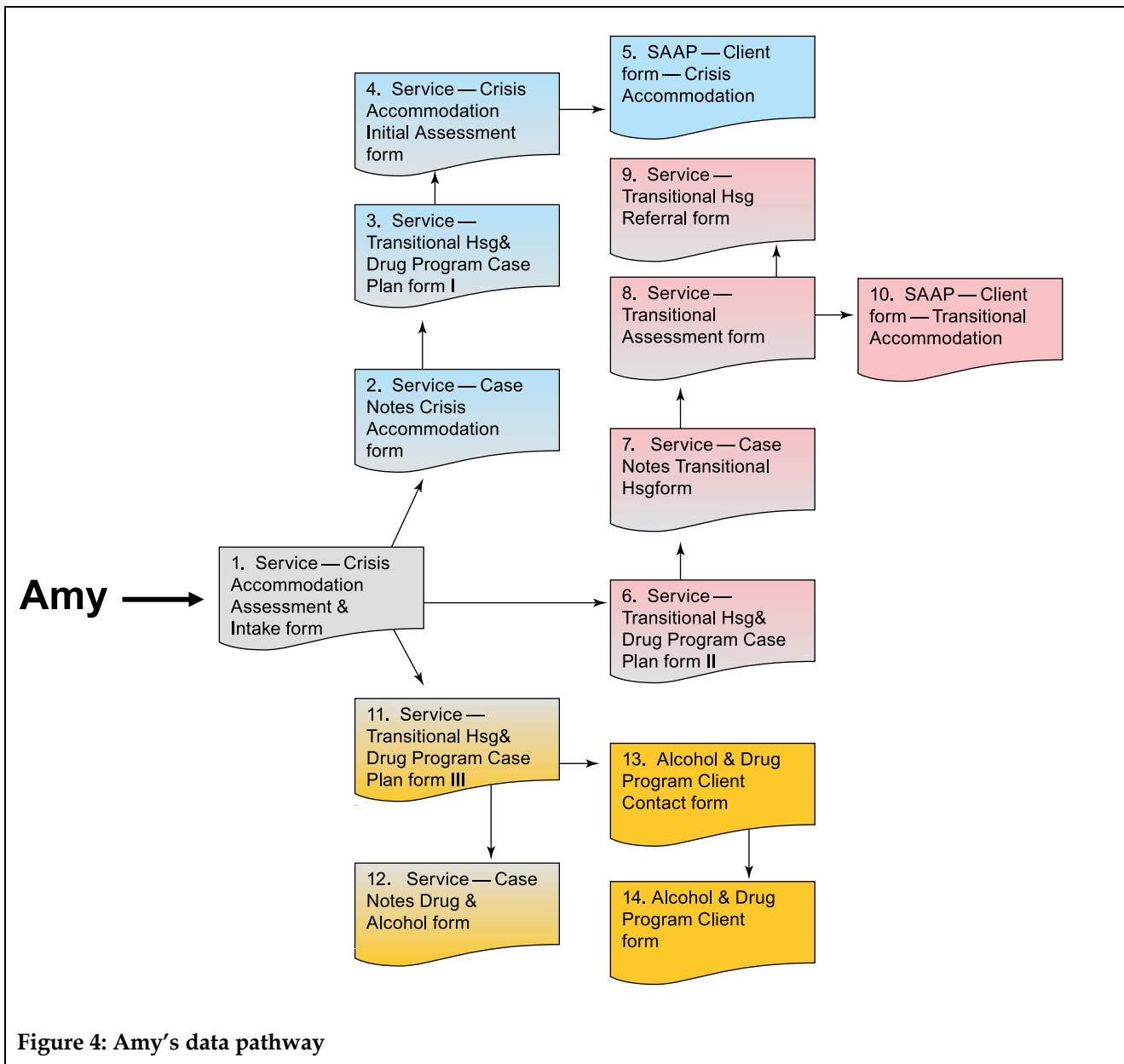


Table 7: Amy’s multiple data collection

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	<i>Client</i>	•	•	•	•	•
Contact date	<i>Service</i>	•	•	•		•
General health issues	<i>Health</i>	•	•	•	•	•
Have you ever been treated for mental health issues before?	<i>Health</i>	•	•	•	•	•
History of self-harm (methods used) and history of suicide attempts	<i>Health</i>	•	•	•	•	•
Support Services (Psych Services etc) current/needed	<i>Health</i>	•	•	•	•	•
Current housing circumstances	<i>Housing</i>	•	•	•	•	•
Financial management	<i>Welfare</i>	•	•	•	•	•
Support current/needed— are there things you would like to achieve/do?	<i>Welfare</i>	•	•	•	•	•
Support current/needed— What are you concerned about your drug use	<i>Welfare</i>	•	•	•	•	•
Do you have a physical or intellectual disability?	<i>Health</i>	•	•	•		•
Current or past substance use— amount	<i>Welfare</i>	•	•	•	•	
Current or past substance use— frequency	<i>Welfare</i>	•	•	•	•	
Current or past substance use— type	<i>Welfare</i>	•	•	•	•	
Do you have any current or past safety issues as a victim of violence or abuse/	<i>Welfare</i>	•	•	•		•
Do you have issues with your own anger or violence?	<i>Welfare</i>	•	•	•		•
Legal status	<i>Welfare</i>	•	•	•	•	
Legal support current/needed	<i>Welfare</i>	•	•	•		•
Would you like support around this?	<i>Welfare</i>	•	•	•		•
Medication	<i>Health</i>	•	•	•	•	
Are you currently on the list for either wait turn or priority housing?	<i>Housing</i>	•	•	•	•	
Have you ever received bond assistance before?	<i>Housing</i>	•	•	•	•	
Was the bond paid back?	<i>Housing</i>	•	•	•	•	
Other support issues/presenting needs	<i>Other</i>	•	•	•	•	•
Current or past substance use— history of usage	<i>Welfare</i>	•	•		•	•
Do you have any issues with reading/ writing that you’d like support with?	<i>Welfare</i>	•	•	•	•	•

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/RDMS, 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 6 office 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					•

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					•

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	<i>Health</i>					
Prescribed medication(s) – duration of treatment	<i>Health</i>					
Prescribed medication(s) – prescribing doctor/health practitioner	<i>Health</i>					
Prescribed medication(s) – reason for use	<i>Health</i>					
Prescribed medication(s) – taking medication as prescribed	<i>Health</i>					
Prescribed medication(s)	<i>Health</i>					
Reason for hospital admissions in the last 2 years	<i>Health</i>					
What is it like for you when you become unwell?	<i>Health</i>					
What strategies help you cope/deal with better when you are unwell (in relation to mental health and self-harming/suicidal history)	<i>Health</i>					
Amount of Office of Housing debt	<i>Housing</i>					
Crisis accommodation location (suburb)	<i>Housing</i>	•			•	
Do you have an Office of Housing debt?	<i>Housing</i>					
How would you define what a home is?	<i>Housing</i>					
If SAAP/CAP accommodation was provided (including short term transitional housing (THMs) and other SAAP managed properties) , please provide details – type of accommodation	<i>Housing</i>					•
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)	<i>Housing</i>					•
Length of stay in current accommodation	<i>Housing</i>					
Office of Housing contact phone number	<i>Housing</i>					
Type of house/dwelling <u>immediately before & after support</u>	<i>Housing</i>					•
Type of tenure (legal right to occupy a dwelling) <u>immediately before & after support</u>	<i>Housing</i>					•
When was the last time you felt like you had a home?	<i>Housing</i>					

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?	<i>Housing</i>					•
Support to child(ren)	<i>Welfare</i>					•
Any pending court dates and current court orders including special conditions	<i>Welfare</i>					
Children protection case manager & office	<i>Welfare</i>					
Current debts to Centrelink	<i>Welfare</i>					
Current position	<i>Welfare</i>					
Do you have any family contact?	<i>Welfare</i>					
Do you see your gambling as an issue?	<i>Welfare</i>					
Does the client have contact with child(ren) ?	<i>Welfare</i>					
Does the client have contact with spouse/partner?	<i>Welfare</i>					
Does the client report any special needs in relation to group housing and independent living skills?	<i>Welfare</i>					
Frequency of family contact	<i>Welfare</i>					
Future education/training options/ desires	<i>Welfare</i>					
Future employment options/desires	<i>Welfare</i>					
Has this person worked in the past?	<i>Welfare</i>					
Have you been previously imprisoned?	<i>Welfare</i>					
Have you ever overdosed?	<i>Welfare</i>					
Have you lived in a group housing situation before?	<i>Welfare</i>					
Have you sought any support (for gambling)?	<i>Welfare</i>					
How did you manage conflict in a household with others?	<i>Welfare</i>					
How did you find living in group housing?	<i>Welfare</i>					
How much do you gamble?	<i>Welfare</i>					
How often do you gamble	<i>Welfare</i>					
If your primary drug is not available is there a substitution?	<i>Welfare</i>					
Is children protection involved?	<i>Welfare</i>					
Is the person currently looking for work?	<i>Welfare</i>					

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)
Labour force status <u>before & after support</u>	Welfare					•
Main income source <u>before & after support</u>	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 <u>before & after support</u>	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					

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 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—1 st 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	<i>Category</i>	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	<i>Welfare</i>					
Principal drug—period of use	<i>Welfare</i>					
Principal drug	<i>Welfare</i>					
Substance-related disorders	<i>Welfare</i>					

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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