STRATEGIES & CONSIDERATIONS IN THE DEVELOPMENT OF COMPUTERISED CLIENT INFORMATION SYSTEMS IN A WELFARE SETTING

Julie Martin

Introduction

This paper aims firstly to describe the existing Melbourne Family Care Organisation (M.F.C.O.) Service Information System (S.I.S.) and how it was developed. Although the system was developed to meet our own needs, it has also from the outset been considered to be an innovative demonstration to the field with the hope that other welfare agencies will organise their own systematic data collections to allow for pooling of information and thereby facilitating advocacy, lobbying and social comment. A copy of the computer program, therefore, is available free of charge to any agencies who consider it may be appropriate for them. Secondly, M.F.C.O. would like to share some of their experiences in the hope that other agencies interested in undertaking development of their own systems, may be able to avoid some of the pitfalls we encountered.

Development of a Pilot Computerised System

Melbourne Family Care Organization is a fairly large non-government child, adolescent and family welfare agency operating within the State of Victoria. Services offered include family, financial, accommodation, personal counselling, foster-care, residential care, family aides and group work. Geographically, the catchment areas include Dandenong Valley, the Mallee and Upper Murray. The latter two areas have Centres which have recently become independent organizations in their own right.

Most practice staff are social workers by training, although some staff are welfare officers, child care workers, psychologists or youth workers. In addition paid family aide workers are also employed.

A Research Unit which is situated at the Head Office provides monitoring and evaluation or service activities, recommendations regarding policy, and social comment.

Development of the M.F.C.O. computerised Service Information System and precipitated by a recognition at various levels in the organisation, that there was a need to develop a systematic and reasonably uniform system of data collection.

Prior to 1981 data collection had been carried out on a manual basis. This manual system had been found to be inefficient because of duplication of the same information by a number of different staff members. Moreover the information was often patchy as there was not much consensus as to what categories to use and how they were defined. Hence pooling of data was sometimes impossible. In addition there were other difficulties with the manual system. For example the looseness of definition of some categories, combined with the absence of others that might be relevant, meant that Management committees, the Director, and individual agency Managers could not form a well substantiated overview of the service activities and client characteristics for the purpose of planning, policy decisions and so on. A further difficulty with the manual system was the gaps in the feed-back (in terms of any summary information), upon the data they had so painstakingly recorded. Also even when there were not problems with categories, the job of retrieving data from a variety of sources and then collating manually was extremely tedious.

While some of the deficiencies cited above of the then operating manual system are not necessarily inherent in manual systems generally, a number of staff in the agency wanted computerised data collection and monitoring. This option was favoured as it was considered to be time saving and offered the possibility of a more systematic and uniform collection with the potential for data to be processed and reports to be extracted at call.

As various sections of the organization were interested in and had differing needs in relation to the proposed service information system, all were invited to attend a workshop and all were given an opportunity to put forward their information needs. At the end of the workshop seven priorities were identified for the development of the proposed service information system. The following were the priorities given. Their ordering is not meant to imply any assumptions about their importance.

1. To provide feedback on service trends to practitioners.
2. Greater liaison between field work staff and research staff to generate relevant and adequate information.
3. To develop a core information system about clients, with selected components relevant to particular services.
4. To capture and emphasize information concerning poverty and injustice in client life situations which could lead to social action.
5. To devise common terms and classifications.
6. To develop mechanisms to enable workers to report more accurately about their service activities, selected features of their clients, and their links with other workers.
7. To provide feedback for further discussion between all interested parties in order to rationalize data collection and system development.

It is interesting to note here that records of the workshop indicate that while each section of the Organization was able to articulate a commitment to the collection of information in general, at this stage there was no consensus about some specific details. That is, there were no firm decisions about all of the content of the information, i.e. the categories or variables on which information should be made available, how often and in what form. (It was only after people had been using a pilot computerised system that they were able to further crystalize their thoughts as to the specific details mentioned above. Some people worked out what they actually wanted by identifying, through experience, what they didn't want.)

The information needs of a child and family welfare organization in Victoria in 1979, as they are today, were highly diversified. The functions that staff and other groups perceived as appropriate at a general level for a computerised information system related to their spheres of activity, responsibility and interest.

The Director and Committees of Management and Managers of Individual Agencies

Those involved at the management level are concerned with agency-wide policy making and planning. Hence they required summary information in relation to the numbers of families and children receiving services, the nature of these services and the reason for the interventions adopted by practitioners.

They required information on practitioner caseloads, need for services, services provided jointly with other agencies, service gaps and costs involved in service provision. (The current system does not

provide cost analysis data. However it is planned to attempt an integration with accounting systems to do so.) Agencies also required information from which they could argue for increased resource allocation from government departments, for fund-raising campaigns and for internal resource allocation. In addition, they required evaluations of service activities which, if they were to be done effectively, required information collected over a period of time. Individual agency managers also wished to have more specific data upon characteristics of case-loads, length and nature of contracts, as well as the range of services that might apply to a single family. Some of this latter information addressed internal agency issues such as work-loads, case reviews and supervision of staff.

Practice Staff

Practice staff placed more emphasis upon detailed information as regards specific families and individuals. There was agreement about the need to know the names, addresses, telephone numbers, contact persons, presenting problems (there was no agreement as to exactly how to define and record these), referring bodies, other workers and agencies involved in the case. Moreover, if legal matters were involved such as wardship and supervision orders, this needed to be specified and, as well, the action taken and the outcome.

Additional information needs which were identified by practitioners but which have yet to be incorporated in the Family Services component were service and project specific information. Also needed was information relating to other activities engaged in, for example the number and type of single contacts, group work, community education and assistance given to other professionals. Currently we are working towards computerisation of single contact information.

Administrative Officers

The administrative officers of the agencies required information in relation to the accounting and clerical tasks of the agency. However, the current client information system can only provide information on numbers receiving financial assistance. Other details are dealt with through the separate financial and accounting computer system.

Research Officers

As the Research Unit at M.F.C.O. has a very broad mandate not only to carry out specific research studies but also to advise on more general matters of monitoring, policy and planning, Research Officers' requirements were highly comprehensive.

They required information that enabled them to address both specific and broad agency issues, unanticipated requests and anticipated but "unpredictable"

requests for submissions to government inquiries, studies or reviews.

Furthermore, researchers usually have the task of collating and analysing information for any social comment statements or social action processes. Thus researchers needed precise and reliable information about clients in relation to income (amount and source), housing (rental and mortgage costs, numbers of homeless and caravan dwellers), health, receipt of pensions and benefits, employment status and receipt of financial assistance.

Ideally, then, researchers required complete and comprehensive data over a long period to complement reasearch studies: A balance had to be achieved between what practitioners could ethically enquire about and record, in relation to their specific service, and the researcher's need for maximum data and its associated high cost. We have distinguished between the monitoring function of the S.I.S. and its research potential. Research needs can also be offset by more detailed and selected data collections over a limited period. The system developed retains this option for more detailed time limited collections through keeping space available in the computer program.

Following the workshop further consultations were held and a good deal of the specific details of the design of the system, including the coding of selected variables, was then carried out by the Research Unit team, which at the time was co-ordinated by Dr. Diane Sisely.[1] Specific proposals were then discussed with practice and managerial staff. As there was no computerised client information system already operating in Australia at that time which would fulfil the functions required, a decision was made for M.F.C.O. to develop an original system. To this end a programmer was commissioned.[2] (The Research Unit now has a professional programmer on staff on a limited contract basis.)

The system commenced operation in 1981 on a Digital computer at Latrobe University using a program written in BASIC. Basic language was selected as no commercial software packages were then available to perform the cross tabulation functions. In 1983 M.F.C.O. purchased an IBM PC XT computer and data processing was transferred to the Research Unit at Head Office.

Description of the Service Information System (S.I.S.)

The S.I.S. has two components – Family Services and Individual Services.[3] The Family Service component was developed first. The procedures for data collection and processing in this service are as follows.

When the practitioner has contact with a new family or family member an INTAKE FORM (See Appendix 1) is completed at

some early stage. In view of the possible level of distress experienced by the client and the sensitivity of some of the categories, it is left to the practitioner's discretion as to when the form is actually completed. On this form basic casework information such as family type and ages, marital status, presenting problems (client defined), referral source and legal status (e.g. wardship, guardianship), housing details, and income is recorded. In addition, some practitioner defined issues are noted. This Intake Form has a carbon duplicate which is sent to the Research Unit for recording onto the computer system.

The original is retained by the worker and becomes the front page for the case file. As the Intake Form also serves as a complement to case notes, a few details on it are not actually used in the S.I.S. (e.g. access to public transport). Practitioners are provided with a GUIDE for filling out the Intake Form and appropriate Code Sheets and Definitions. This Intake Form combines data in code, check list and narrative format.

When the Intake Form is received the information contained is fully coded by the data processor and then entered into the computer.

It has been the experience of Research Unit staff, that practitioners vary as to whether all details are completed on the Intake Entry Form. It depends on the nature of their intervention with families and other professional considerations, as well as personal inclination.

The Family Services component, in contrast to the Individual Services component, has a family focus. Families are identified by name and a single number. This imposes several limitations on the output data. Not every variable or category can be seen as appropriate for each family member and information on some categories, while potentially able to apply to any family member (e.g. health, presenting problem, current problems) is only recorded once per family. For example it is not possible to identify, from the computer print-out, which family member(s) is/are actually experiencing the difficulty.

After entering date from the coded Intake Forms, a print-out is generated. This print-out, the MONTHLY WORKSHEET, supplies selected details of all clients seen for the month on an individual practitioner basis with one family being listed per page (see

(1) See Sisely, D. Further Development of the M.F.C.O. Service Information System: How It Developed, What It Looks Like Now and How It Is Used. (1983) Unpublished M.F.C.O. Document.
Other research staff who contributed at this phase were Ms. Pauline Hyland and Mrs. Phyllis Tinney.

(2) Mr. Michael Scorgie.

(3) The Individual Services Component of which the foster care collection is the first module, will be described in a later article.

Appendix 11). The Worksheet is returned to practitioners and serves two purposes. Firstly it enables the practitioner to have a working summary of the nature of their case-work for that month. Secondly, it facilitates updating and/or correcting of some aspects of the information on each family including case closure and reasons for termination of contact. The practitioner makes such alterations on the Worksheet either by referring to a code book or simply writing in text. Monthly Worksheets are then returned for entering of the updated/corrected family information onto the S.I.S.

Reports
Apart from the monthly worksheet referred to above, a series of computer print-outs are also generated on a quarterly, six monthly and annual basis. These reports consist of summary information related to:

- individual practitioners
- specific services
- individual agencies and/or offices

The reports are produced from the information contained in the Intake Form and monthly Worksheet. These reports provide firstly a CASE LIST with an overview of the numbers of open, re-opened and closed cases, and some family statistics (see Appendix 111). Following this overview detailed statistical information is given in relation to a range of family characteristics in twenty one way CROSS TABULATIONS (see Appendix 1V). These are: family type, number of children living at home, income, income source, dwelling type, amount of rent payment, amount of mortgage payment, location (local government area), presenting problems (family defined), current issues and problems (practitioner defined), ethnicity, referrel source, social networks, other field workers/agencies involved, health issues and the nature of intervention undertaken.

Reports can also be obtained on a monthly basis, although smaller offices have not found this so necessary.

Case lists and tables are produced for an individual practitioner, service or agency basis. There is the option for a complete set of table or selections from the set.

The individual services component of S.I.S. which currently relates to data collection in the foster care field is about to be implemented. A computer program has been written using Dataflex to enable computerization to take place on a pilot basis in one of the country agencies. When fully in operation the two components will constitute complementary aspects of a more comprehensive information service. Duplication of information will be minimal with the link between the two systems being provided by the family number.

As the family services component system currently operates, it is not only used for internal reviews and monitoring in practi-

tioner, managerial and committee contexts, but also to support: submissions to government inquiries, direct advocacy on behalf of client groups (e.g. caravan dwellers, those on government benefits, etc.) and social comment media releases.

Issues in Developing and Operating a Computerised Information System[4]
With respect to the second aim of this paper, some issues for consideration have already been touched upon but can be highlighted again.

As with the community at large, practitioners, managers, committees and researchers have ambivalent, enthusiastic or wary reactions to computer technology. Moreover, as the nature of their work is focussed upon human services offered to people in situations of great distress and pressure, there are some additional issues and concerns they have that may be peculiar to their field of work. Some practitioners, for example, have been concerned about issues such as the de-humanization of the individual and the ineffectiveness and/or inappropriateness of converting the richness of human experience and depth and breadth of service work into numbers. The reliability of categories, especially those dealing with presenting problems and current issues, has also been questioned. Therefore reactions sometimes interpreted as the practitioners "fear" of statistics or not being able to "understand" numbers, may well reflect the practitioners reservations about the concept of converting some human needs and characteristics and services offered into statistical terms. Moreover, some practitioners are reluctant to fill out all the categories on the Intake Forms as they are concerned that confidentiality would be jeopardised. Every effort must be and is made at the point of data entry to respect confidentiality. Furthermore, there may also have been resistance to the S.I.S. by practioners who perceive it as an intrusive check into their professional activity. Nevertheless, despite this latter perception, it can be argued that good practice standard do actually involve keeping proper records with respect to clients.

Moreover, practitioners in one agency who were presented with the system as a "fait accompli" were ambivalent for some time. In contrast, practitioners in the agency that first developed and subsequently piloted and refined the system have been mostly enthusiastic. This experience highlights the importance of not importing a ready made system to an entire agency without making allowances for piloting, review and possible modification. However, practitioners are also becoming increasingly aware of the broader social and political contexts of their work. With such awareness comes a recognition that resources are limited and that planning of advocacy for services requires comprehensive information.

Agencies and individuals wishing to develop a systematic client information system ideally should promote discussion of the concept amongst people representing different organizational perspectives, i.e. that of management, service directors, practitioners, researchers and clerical staff (the latter group are most important as they often have ultimate responsibility for collection and collation of forms, data processing and preparing summary statistics). Attention must be directed to the objectives of collecting information. Having arrived at some general aims, attention can then be concentrated on developing some consensus as to what categories of information are required and at what time intervals. As part of this process a decision needs to be made about the unit of data collection. Will it have an individual, family or some other focus? Our experience suggests that the first phase in terms of developing general objectives falls into place fairly readily. However the second phase may take several months of regular meetings. When working out more specific categories of information required, there is a risk of collecting too much or too little. A safeguard question to constantly ask is, once collected who will use that information, how often and for what purpose. If the agency offers a diversity of services there may be differing perspectives as to what categories are required. It was found, for example, that financial counsellors favoured much more detailed information on the families' financial status than did family counsellors. Hence as well as deciding upon the unit of collection, a decision is required as the whether to have an across service core collection (as was done initially) or to plan for additional service specific collections as well. As noted, the agency is in the process of implementing a system specifically related to foster care in the first instance.

Moreover, if an objective is to examine the vexatious area of effectiveness of intervention on individual or family well-being (as may be the case in counselling intervention for example) data collection becomes extremely complex. The client information system becomes intricately connected with 'research' activity and a good deal of additional thought and planning is required to set it in place. For outcome evaluation purposes, we have found undertaking separate research studies on smaller carefully selected groups of clients is better than attempting to build such measures into our regular information system. We found that people needed time to come to grips with collecting basic socio-demographic information without introducing prematurely the far more complex objective of evaluation of effectiveness.

Regardless of whether effectiveness measurement is an objective, consideration needs to be given to the relevance of allowing for compatibility with other data collections (e.g. A.B.S., Welstat). This is important in relation to any social comment objectives, facilitating pooling of data between agencies and may enhance interpretation of agency data, e.g. is a particular "family type" over represented.

Having decided upon broad categories, specific definitions must be developed. Whilst some family and individual characteristics lend themselves fairly well to uniformity of definition, others requiring one where we are uncertain just how much uniformity there is between practitioners in making these judgements.

Whatever the objectives elected and whatever decisions are made about the issues offered here for consideration and other that will inevitably arise, before implementation documentation of the proposed system is essential. The proposal should be written up and read by all concerned before any collections are piloted.

Without adequate documentation misunderstandings may arise between different participants in the data collection process. Decumentation gives a record of system development that can be a basis for reviews, additions, and/or amendments to the system, provide an orientation to new staff not present during development phase, be a resource for the field and be a reference to demonstrate how to operate the system.

The documentation should include:

a) Objectives of the system.
b) General description of the system (which could include data flow charts) and its operation.
c) Facsimiles of data collection forms and reports required.
d) Resources required to operate and maintain the system.
e) Program documentation (internal and external).
f) Manuals – for data processing procedures and for practitioners and clerical staff.

From painful experience this cannot be emphasised too strongly, as delays and frustrations have arisen through various participants not having understood what was required because of gaps in our documentation. Moreover the workings of the computer program also needs to be documented so that programming "bugs" can be rectified, programs can be written for additional data modules to be incorporated (this should always be done by a professiona programmer otherwise years of data may be lost) or modifications can be made to the existing system. Having the computor program adequately documented reduces costs of such activities and safeguards the system should the original programmer become unavailable.

Also, once the system is well documented consideration can be given to piloting the system for all or a section of the agency for a limited time. Piloting could commence with a specific service or a specific location.

As already stated, imposing a ready-made system onto an agency is fraught with difficulty. However once broad consensus has been reached that it is worthwhile collecting some information, and once reasonable agreement has been reached about the various categories, information collection does need to be enshrined as organizational policy. Agency managers may then find later down the track that they need to encourage, and/or direct staff to co-operate with data collection. If agency managers themselves are ambivalent about either the general concept of data collection, or the specifics of a system, then this will permeate throughout other staff and the integrity of the collection can be jeopardised.

Development of either systematic manual or computerised client information systems, ultimately cost agencies money. It is not possible to get an information system to ongoing steady operation without the allocation of some staff time. To tack it on to existing duties where staff are already fully extended does not work well.

Rather, development and operation of a client information system needs to be recognised as a project in its own right and resources allocated accordingly. Sometimes it will help after the initial objectives have been established, for one person to co-ordinate future development, training and ongoing reviews. Even in a small agency, this could be a half to full-time job at decisive stages.

On a more general level, Pauline Ginsberg (5) (1984), in a thought provoking and stimulating article, has highlighted and made explicit the risks of 'dysfunctional side effects of quantitative indicator production'. Her statements sound a warning to all those involved in the use of client information systems for the purposes of service evaluation and general policy development. Drawing from experience in the mental health field in the U.S., and a comprehensive review of the literature she outlines the following concerns:

"The effect of street level bureaucrats to get service for clients includes the need to meet quantitative standards. The problem of administators in obtaining funding and in demonstrating accountability also requires meeting quantitative standards." (p.9)

Consideration of organizational and political contexts leads her to state the following principle:

"The more any quantitative social indicator is used for decision making, the more subject it is to corruption pressures; and the more apt it will be to distort and corrupt the social processes it is intended to monitor!" (p.9)

Thus statistics generated from monitoring systems in the welfare field must be interpreted most judiciously, being mindful of both the organizational and larger political context. Statistics only become functional information in the true sense when they are understood in the context of the pressure for evaluation, accountability, and lobbying for both internal and external funding. It is prudent to consider quantitative client information systems as a guide only to knowledge development and decision making and facilitate the development of other forms of monitoring alongside them. Furthermore, those considering the development of computerised information systems are reminded that computers should operate in the service of people. There is a risk that our thinking about information systems could be influenced by considerations of "what the soft-ware or hardware can or cannot do" rather than what is being required of it.

In this respect it has probably been most fortunate that staff at M.F.C.O. involved in the initial conceptual development of the S.I.S. have had no programming or systems training. This has meant that in the initial stages conceptualization of the system has been developed separately to considerations of what is technically possible. Later in the piece, however, consultation for a professional system analyst has proved most helpful.[6]

In the broadest sense the over-all aim of the system is to provide information that will enhance the well being of actual and potential clients, whilst also providing information that can be used to promote agency or advocate government policies that enhance child and family well being generally. These need to be the yardsticks against which current operation and future development of any client information system are judged.

(5) Ginsberg, P.E.: The Dysfunction Side Effects of Quantitative Indicator Production. Evaluation and Program Planning, 1984 (7).

(6) We are grateful for this assistance given by Mr. Ray Cheeseman.

FAMILY PROBLEMS/ISSUES

What problems/issues is the family/household facing?
(list numbers from code sheet)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Type of Current Dwelling

Private flat/house ☐	Emergency Refuge ☐
Shared flat/house ☐	Caravan ☐
HCV flat/house ☐	Homeless ☐
Rooming house ☐	Other ☐

Financial Arrangements for Dwelling

Renting ☐	Paying board ☐
Owner/outright ☐	No payments ☐
Buying - Mortgage: HCV ☐	Part payment (sharing) ☐
Bank ☐	Other ☐
Other ☐	

Amount of Weekly Accommodation/Housing Payments

Rent $ .... weekly ☐ ☐
Mortgage $ .... weekly ☐ ☐

Length of Time Resident in Suburb/Town

Under 3 months ☐	3-4 years ☐
4-11 months ☐	Over 5 years ☐
1-2 years ☐	Other ☐

Number of Changes of Residence in last 12 months ☐

Does the household have regular use of a motor vehicle?
YES ☐   NO ☐

Is there a car at home for use during the day?
YES ☐   NO ☐

How accessible is public transport? (Buses, trains)

Very easy ☐	Very difficult ☐
Fairly easy ☐	Impossible ☐
Fairly difficult ☐	

Does the household have ready access to a telephone?
YES ☐   NO ☐

NETWORKS/SUPPORT

	No Support	Indirect Emotional Support	Direct Emotional Support	Practical Support	Housing Support	Financial Support

Other (please write in) ....

COMMENTS: ....

INCOME SOURCE (per week, write in amount)

	MALE	FEMALE	OTHER
Income from full employment	$	$	$
Income from casual part time	$	$	$
Worker's Compensation	$	$	$
Motor Accident Board	$	$	$
Unemployment benefit	$	$	$
Sickness Benefit	$	$	$
Sickness Benefit	$	$	$
Supporting Parents	$	$	$
Widow's Pension	$	$	$
Maintenance	$	$	$
Age Pension	$	$	$
Invalid Pension	$	$	$
Overseas Pension	$	$	$
Unknown	$	$	$
Other	$	$	$
No Income - Give Details	☐	☐	☐

Net Weekly Income $ ....
Plus Family Allowance $ ....
Total Family Income $ ....
How many people are supported by this income? ☐
How many people are contributing to this income? ☐

CASE NOTES: ....

INTAKE FORM

NAME: ....
ADDRESS: ....

Family Number ☐ ☐ ☐   TELEPHONE: ....
Worker Number ☐ ☐   POSTCODE: ....

Date: ...... / ...... / ......   Programme: ....
Agency ....

STATUS OF CASE (for worker & programme)

☐ Open
☐ Re-opened

CURRENT MARITAL STATUS

Married ☐	Separated ☐
Divorced ☐	Single (17+) ☐
Widowed ☐	Don't Know ☐
Defacto ☐	Other ☐

FAMILY TYPE (of person above as at time of interview)

Lone Mother ☐	Indep. Child Under 17 Male ☐
Lone Father ☐	Indep. Child Under 17 Female ☐
Two Parents ☐	
Adults ☐	Extended Family ☐
Lone Adult Male (17+) ☐	Other ☐
Lone Adult Female (17+) ☐	

FAMILY GROUP (at present living in house)

RELATIONSHIP/NAME		AGE	COUNTRY OF BIRTH	USUAL OCCUP. or SCHOOL	SIGNIFICANT HEALTH PROBLEM/DISABILITY (specify)
MALE NAME					
RELATIONSHIP					
FEMALE NAME					
RELATIONSHIP					
Children - Name	Parent's Initials	Ward/Non Ward Superv. Order Youth Train. Prob. Parole Care & Protec.		Living at Home Yes ( ) No ( ) or Subs. Care (specify)	
1.		Date:			
2.		Date:			
3.		Date:			
4.		Date:			
5.		Date:			
6.		Date:			
Other Members:		Date:			

FURTHER FAMILY DETAILS: ....
PRESENTING PROBLEMS: ....

REFERRED BY: .... OTHERS INVOLVED: ....

DCWS WORKER ALLOCATED?   YES ☐   NO ☐

DANDENONG VALLEY FAMILY CARE
SERVICE INFORMATION SYSTEM

FAMILY SERVICE
WORK SHEET

Family No. 971   JONES   LONE MOTHER

C'BOURNE   3977   LGA 51

Others Involved (cs4)
OTHER WORKER (in)

Worker	Outcome	Programme	Outcome
HELENE SMITH		GEN FAM COUNS	
ANDREA DAVIS		FAMILY ADIE	

Current Problems (cs5)

16 FUNCTIONING
18 REHABILITATION
24 PA
17 FINANCIAL
 0
 0

Activities (cs15)

 9 FAMILY AIDE GENERAL/SUPERVISION
20 REHABILITATION
24 SUPPORT VISIT INDIV.
 0

Income Amount and Source (cs10)		DETAILS OF CHILDREN	
Man	$ 0	Under 18 at Home	1
Woman	$114 INVALID	Under 18 Away	0
Other	$ 0	Wards on Home Release	0
		Wards in Care	0
PUBLIC HOUSE/FLAT		Youth Training Order	0
RENT	$23	Supervision Order	0
		Pre-school Age	00
		Substitute Care	0
		Parole	0
		Probation	0
		Care & Protection	0

SEPTEMBER 86   HELENE SMITH   OPENED in OCTOBER 83

SUMMARY of OPEN and CLOSED CASES for AGENCY over the
MONTH ENDED 31 AUGUST 1986

Printed on 24 September

AGENCY	START	OPEN	RE-OPEN	CLOSE	END	OUT	DURING
1 AGENCY	426	20	2	52	396	0	448

LENGTH OF TIME OPEN

		0	1	2	3	4	5	6	7	8	9	10	11	12	LT
1 AGENCY	OPEN NOW	22	17	23	21	22	20	16	13	13	14	17	8	6	184
1 AGENCY	CLOSED		6	2	4	8	4	2	2	3	4	3	4	1	9

SELECTED FAMILY STATISTICS for CASES open over the
MONTH ENDED 31 AUGUST 1986

Printed on 24 September

NOTE: The statistics represent either the state at the time the case was
closed or if the case is now open the state as at the end of the period date.

NUMBER OF FAMILIES with

WARDSHIP	8
PRE-SCHOOL AGE CHILDREN	173
PHYSICALLY DISABLED	11
MENTALLY RETARDED	3
CHRONICALLY SICK	59
SUBSTITUTE CARE	5

NUMBER OF CHILDREN UNDER 18

AT HOME	878
AWAY	54
WARDS AT HOME	2
WARDS AWAY	7
YOUTH TRAINEES	1
SUPERVISION ORDERS	3
IN SUBSTITUTE CARE	7
PAROLE	0
PROBATION	1
CARE & PROTECTION	1

DANDENONG VALLEY FAMILY CARE SERVICE INFORMATION SYSTEM

INCOME SOURCE

	LONE MOTHER		LONE FATHER		TWO PARENT		ADULTS		LONE ADULT		LONE CHILD		EXTENDED		OTHER		TOTAL	
FULL-TIME EMPLOY.	11	3.1	4	1.1	125	35.1	2	0.6	6	1.7	0	0.0	3	0.8	2	0.6	153	00.0
PART-TIME EMPLOY.	4	1.1	0	0.0	1	0.3	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	6	00.7
WORKERS COMP.	0	0.0	0	0.0	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	00.6
UNEMPLOYMENT	4	1.1	2	0.6	26	7.3	0	0.0	7	2.0	0	0.0	0	0.0	1	0.3	40	00.2
SICKNESS	4	1.1	0	0.0	3	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	00.0
INVALID	6	1.7	0	0.0	2	0.6	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	9	00.5
SUPPORTING PARENTS	102	28.7	3	0.8	3	0.8	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	109	00.6
WIDOWS	18	5.1	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	19	00.3
SPECIAL BENEFITS	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	00.3
AGE	1	0.3	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	2	00.6
NO INCOME	1	0.3	0	0.0	1	0.3	0	0.0	3	0.8	0	0.0	0	0.0	0	0.0	5	00.4
OTHER	1	0.3	0	0.0	2	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	00.8
TOTAL	153		9		165		4		18		0		3		4		356	
PERCENTAGE	43.0		2.5		46.3		1.1		5.1		0	0.0	0.8		1.1		100.0	

TABLE 3   FOR THE MONTH ENDED 31 AUGUST 1986

TABLE 3
Printed on 24 September 1986
DANDENONG VALLEY FAMILY CARE

FAMILY TYPE by
INCOME SOURCE