

Reporting Template July 2010 - June 2011																									
Provider/Agency SWAT																									
Project/Programme ADDICTIONS																									
INC. HOUSING REFERRALS																									
		July-September 2010				October - December 2010				January-March 2011				April - June 2011				Year to Date Totals							
		Planned or Expected		Actual		Planned or Expected		Actual		Planned or Expected		Actual		Planned or Expected		Actual		Planned or Expected		Actual		Variance			
No of New Clients from Deprivation Areas		15%		19%		15%		16%		15%		15%		15%		8%		15%		19%		-4%			
Average waiting time(days) from referral to first intervention appointment offered,		7		5		7		6		7		6		7		8		7		5		2			
Percentage of all referrals not engaging		19%		23%		19%		30%		19%		25%		19%		20%		19%		23%		-4%			
		male		female		male		female		male		female		male		female		male		female		Male		Female	
Cases carried forward				40		42				43		41				53		30				195		148	
No of Referrals		22		19		48		27		22		19		45		17		22		19		57		31	
No of Clients attending 1st appointment		19		17		36		21		19		17		28		13		19		17		42		24	
No of clients leavin this quarter completing interventions successfully (discharge code 1)		9		7		30		15		9		7		20		11		9		7		22		13	
No of clients leaving this quarter not completed (discharge code 2)		8		6		18		14		8		6		23		15		8		6		24		14	
Reason(s) for Variance (<i>Each quarter / Year to Date</i>)		<p>Q1 Referrals increased significantly due to additional referrals being taken from ACP joint referral allocations meetings. Males predominate in health referrals but high DNA at 1st appt in this group. Planned discharges have increased relative to planned numbers more than unplanned discharges. High % of all referrals not engaging due to increase in ACP referrals.</p> <p>Q2 Similar trends to last quarter with impact of increased number of ACP referrals reflected in returns. Also impact of weather disruption.</p> <p>Q3 Trends continue-increased referrals and high proportion not attending. This is enabling quick response to be maintained thus far. The number of unplanned discharges is high in part due to number of clients assessed for health treatments and who do not continue to meet for follow up work once seeing health for prescription.</p>																							
Action required to address variance?		<p>Q1 GP referrals not necessarily reflecting clients desire for help but their need for help with non compliant or drug seeking patients. Move to self referral system and same day appointments could address this.</p> <p>Q2 as above</p> <p>Q3 as above</p> <p>Q4</p>																							

DATA LABEL: PUBLIC

	male	female	male	female	male	female	male	female	male	female	male	female	male	female	male	female	male	female	male	female	male	female
No of clients fully achieving Priority outcome 1(Children live in a safe, protected and stimulating environment)	3	6	5	10	3	6	6	14	3	6	1	8	3	6	7	6	12	24	19	38	7	14
No of clients fully achieving priority outcome2(Reduction in harmful use of drugs)	10	8	24	15	10	8	20	21	10	8	19	11	10	8	19	13	40	32	82	60	42	28
No of clients fully achieving priority outcome3 (Improvement in physical health)	10	8	20	16	10	8	17	21	10	8	20	14	10	8	24	12	40	32	81	63	41	31
No of clients fully achieving priority outcome 4(improvement in psychological health)	10	8	21	18	10	8	20	18	10	8	19	15	10	8	21	12	40	32	81	63	41	31
What are the emerging successes of the programme?	Q1 Clients who engage are achieving positive outcomes.																					
	Q2 Level of outcomes continuing at similar level to previous quarter.																					
	Q3 Lower number of positive outcomes with(male, inparticular) parents reflecting the higher number of referrals from C&F SW where they have concerns re PSU not shared by parents who attend unwillingly. Useful for SW in evidencing case for protection of children even when not changing parental substance use.																					
	Q4																					
What are the emerging challengesto achieving your expected outcomes?	Q1 Exceeding expected outcomes.																					
	Q2 as above																					
	Q3 Continuing to be able to respond and work with higher number of referralsas per HEAT targets..pressure on admin as well.																					
	Q4																					
What plans do you have in place to overcome these?	Q1 Improved reporting system.																					
	Q2 New contract being drawn up.																					
	Q3 Continue to deliver as best we can.....																					
	Q4																					