

Appendix 3: Census guidelines

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1 About this census

1.1 Why is the census being run?

The Australian Institute of Health and Welfare (AIHW) has undertaken to assist the Department of Health and Ageing (the Department) with their census of the Community Aged Care Package (CACP) Programme.

The aim of the census is to provide an up to date national profile of CACP providers, CACP recipients and the assistance they receive.

Information collected through this census will provide a level of detail which is required for more complex analyses of the CACP Programme such as equity of access and effectiveness of service provision along with basic information such as number of care recipients including details of supplementary care recipients. This will help the Department administer CACPs and will support performance measurement, policy development and future planning of the Programme.

1.2 Background

At present, only limited information is collected on CACP providers and their clients. The data that are available are reported in the series *Community Aged Care Packages in Australia: A Statistical Overview*, which commenced with 1998–1999 data (AIHW 2000). This series draws on data from a number of data sets. These include information collected from the: Aged Care Application and Approval (2624) form; Provider Claim form; Approved Provider Status application/Community Care Service Agreements; and annual financial reports. These sources provide no information on types of assistance and no details of supplementary (or excess) care recipients.

In 2000, on behalf of the Department, the AIHW agreed to identify the range of information on service provision in the CACP Programme, develop and field test definitions to produce a data dictionary to support collection of data needed to support performance measurement, policy development and future planning for the CACP Programme.

Field testing of the draft census collection was conducted throughout July–August 2001 with 46 CACP providers. Their feedback and suggestions were incorporated into the final version of the CACP Data Dictionary v1.0.

The AIHW has recommended that an ongoing collection will allow a more comprehensive and accurate picture of CACP providers, care recipients and assistance received under the Programme. However, an ongoing collection will require extensive development and efforts towards coordination and integration of data collections. Therefore, as an interim solution it was proposed that an annual census week data collection be put in place to provide some data that will support performance measurement, policy development and programme planning.

Data items for the CACP 2002 census have been adapted from the CACP Data Dictionary v1.0.

1.3 Guidelines

Each question in this census has a supporting definition; they are listed in these Guidelines in question order.

- Section 2 gives practical advice on how to complete the census.
- Section 3 defines some of the general terms or concepts that are referred to in these Guidelines.
- Section 4 contains definitions and instructions on how to answer the service outlet questions (Form A).
- Section 5 includes these details for the care recipient questions (Form B) and some examples have also been provided.

When completing the census if you have a query about a particular question please refer to the Guidelines, it is not considered necessary for you to read this entire document before starting the census. If you have a question which is not covered by the Guidelines please contact the AIHW's CACP helpdesk, see Section 2.4.

1.4 Privacy

To ensure the privacy of care recipients and security of information provided on forms, completed forms must be sent to the Department's dedicated Mail Drop Point (see Section 2.6).

Data entry and analysis will be done at the AIHW. The confidentiality and security of data sent to the AIHW is protected under the provisions of the *Australian Institute of Health and Welfare Act 1987* and the *Privacy Act 1988*. The AIHW has documented procedures, approved by its Board, covering these topics and a strong culture of ensuring data security. Its policies and procedures seek to operationalise the requirements of the Institute's legislation and the *Privacy Act 1988*.

The AIHW has procedures in place to cover handling of forms used for primary data collection. In accordance with these procedures all CACP 2002 census forms will be destroyed 4 months after analysis is completed.

1.5 Reporting of CACP 2002 census results

A full report of the CACP 2002 census will be produced by the AIHW by mid 2003. In addition the AIHW will produce a summary of the CACP 2002 census report in mid 2003.

1.6 Acronyms

| | |
|----------------|--|
| AIHW | Australian Institute of Health and Welfare |
| CACP | Community Aged Care Package |
| The Department | Commonwealth Department of Health and Ageing |

2 Completing this census

2.1 When is the census week?

The census can be run on any **7 consecutive days** between
16 September and 14 October 2002.

It is suggested that CACP service providers choose in advance which week they will run the census.

2.2 Forms

Each service outlet should nominate a person who is primarily responsible for completing this census. This person (**not the care recipient**) should answer the questions on the forms using information currently held by your organisation.

Before starting to fill in the forms sent to you it is advised that you familiarise yourself with the questions and seek clarification from the Guidelines where necessary. The AIHW's CACP helpdesk (CACP-helpdesk@aihw.gov.au or 1800 82 28 28, see Section 2.4) is available for additional questions you may have.

Form A: Service outlet data

One of these should be completed for each service outlet. Service outlet is defined in Section 3.1.

Form B: Care recipient data

Service outlets should complete a form for all care recipients to whom they are currently providing CACP-funded assistance, regardless of whether or not the person received services in the census week (see scope below).

2.3 Scope (Who and what is included in the CACP 2002 census?)

Care recipients

All care recipients as defined in Section 3.2 are to be included in the census.

This includes:

- *Care recipients on leave* – All care recipients who would normally attract payment of a Community Care Subsidy are included in this census regardless of whether the care recipient is on approved leave or extended leave. (An outlet cannot claim the Community Care Subsidy while a person is on extended leave.) For a more complete explanation of leave see Section 5, questions 23 to 25.
- *Supplementary care recipients* – Supplementary (or excess) care recipients are people who receive CACP care over and above the number of allocated packages

for which a CACP provider is entitled to claim a subsidy. A care recipient form should be filled in for each supplementary care recipient.

Excludes:

- *Private clients*—Those care recipients whose care is wholly paid for using private funds are not to be included in the collection.

Assistance which is excluded

Exclude assistance that is provided to care recipients outside their care package. This covers service that they receive:

- that is not provided or funded by the CACP Programme;
- that the care recipient requests beyond their assessed needs;
- that the CACP provider does not have the capacity to fund; and/or
- is paid for privately.

2.4 Help

The AIHW has established an e-mail and telephone helpdesk to provide assistance from 2 September until 11 November 2002.

You can e-mail us at CACP-helpdesk@aihw.gov.au

Or call 1800 82 28 28

Phone assistance will be available between 10 a.m. and 4 p.m. EST.

2.5 Copies of census materials

Copies of all census materials can be downloaded from the census web page at
http://www.aihw.gov.au/agedcare/cacp/cacp_census.html.

Or contact the Helpdesk.

2.6 Returning the CACP census

Completed forms A and B must be returned directly to the Department's CACP census dedicated Mail Drop Point:

**The Department of Health and Ageing
Community Care Branch
Community Aged Care Packages Programme MDP 111
GPO Box 9848
Canberra ACT 2601**

by **1 November 2002**, in the envelope provided.

2.7 Quick reference

For your convenience we have included a single page 'quick reference' for you to pin up in your work area. It contains the help desk contact details and some of the other information contained in Section 2.

3 Concepts

3.1 Service outlet

Defined as A CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients.

Comments Regardless of the level at which an organisation is funded, a *Service outlet*, for data collection purposes, is the level of the organisation directly responsible for service provision to care recipients. In some instances, this means that one CACP-funded organisation will have many service outlets. Information about care recipients and the CACP-funded assistance they receive is to be recorded and reported at the service outlet level.

Sometimes, CACP-funded service outlets may contract out or broker the assistance required by their care recipients to other service providers (e.g. a HACC provider). Although the *Service outlet* may not directly provide the assistance in these cases, the *Service outlet* paying for the assistance to care recipients is considered directly responsible for that assistance and should report on those care recipients and the assistance they receive in a collection period.

3.2 Care recipient

Defined as A person who receives CACP-funded assistance whether or not a Community Care Subsidy is claimed in their name.

Comments The CACP Programme provides funding to assist frail older persons with complex care needs to remain living in the community.

While most care recipients have a Community Care Subsidy claimed in their name, it is recognised that in managing their allocated CACPs, service outlets may provide or arrange care funded by the Programme to care recipients for whom the service outlet does not claim the Community Care Subsidy, that is, to 'supplementary' recipients. 'Supplementary' care recipients are considered to be care recipients of the CACP Programme for the purposes of the data collection.

A person is not a care recipient until they have received their first instance of service as required under the Care Recipient Agreement between the care

recipient and your service outlet. See also question 19: Date of commencement of care plan assistance, this date is also the date when a person becomes a care recipient for the purposes of the CACP 2002 census.

A person who attends a group activity but receives no other care **and** your service keeps no individual client record, is not a care recipient for the census.

Care recipients who are on leave (including extended leave) from the CACP Programme are also considered to be care recipients for the purposes of data collection, although they may be excluded from some analyses.

If the CACP outlet brokers service for a care recipient and pays for the service from CACP Programme funds, this person is considered a care recipient and should be included in the census.

People who pay in full for their care (i.e. those who receive private care packages), are not considered to be care recipients for the purposes of data collection, even though this care is provided or arranged by a service outlet.

3.3 Informal carer

Defined as A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person, without receiving payment other than a pension or benefit.

The definition excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.

Comments Informal care and support networks play a critical role in community service provision, especially in caring for frail older people and younger people with disabilities living in the community. Not only are informal carers responsible for maintaining people with often high levels of functional impairment within the community, but the absence of an informal carer has been identified as a significant risk factor in contributing to institutionalisation among the frail aged population.

Increasing recognition of the needs of carers and the role they play has also prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

4 Form A: Service outlet data

Question 1a. Service outlet number

| | |
|-------------------------------|---|
| <i>Question</i> | Service outlet number |
| <i>Defined as</i> | This number is allocated to the outlet by the Department. |
| <i>Guide for use</i> | This number is on the cover letter sent to you with the census forms. This number should be transcribed to each care recipient form. |
| <i>Why is this collected?</i> | This number is used to uniquely identify the service outlet. |

Question 1b. Name of service outlet

| | |
|-------------------------------|---|
| <i>Question</i> | Name of service outlet |
| <i>Defined as</i> | The name of the CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients (regardless of the level at which an organisation is funded). |
| <i>Guide for use</i> | Please record the name of the service outlet (for further information and the definition of a service outlet, see Section 3.1). |
| <i>Why is this collected?</i> | The data element <i>Name of service outlet</i> ensures that data are reported at the level of the service outlet, and assists in the unique identification of each service outlet. |

Question 1c. Street address of service outlet

| | |
|-------------------------------|---|
| <i>Question</i> | Street address of service outlet |
| <i>Defined as</i> | The street address for the CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients (regardless of the level at which an organisation is funded). |
| <i>Guide for use</i> | Please provide street address not postal address. |
| <i>Why is this collected?</i> | This information is important in the derivation of the provider’s Statistical Local Area (SLA) and for the analysis of the spatial distribution of service outlets. Service outlet address also assists in the identification of each service outlet. |

Question 2. Outlet contact details

| | |
|-------------------------------|--|
| <i>Question</i> | Details for a person we can contact if we have any queries about this form |
| <i>Defined as</i> | The name, position, phone, fax and e-mail address of a contact person for the outlet. |
| <i>Guide for use</i> | Please provide details of someone we can contact about the responses on the census forms. This is most likely to be the person who you have nominated to be primarily responsible for completing the census. |
| <i>Why is this collected?</i> | This information may be needed if clarification of information on the census forms is required. |

Question 3. Service outlet—profit status

| | |
|-------------------------------|---|
| <i>Question</i> | Is your organisation a ‘not for profit’ or ‘for profit’ organisation? |
| <i>Defined as</i> | Whether the service outlet is a ‘not for profit’ or ‘for profit’ organisation. |
| <i>Guide for use</i> | <p>Not for profit: Includes all organisations that are not permitted to provide profit, gain or benefit to individual owners or members.</p> <p>For profit: Includes all organisations that conduct its activities for the financial profit or gain of its owners, members or shareholders.</p> |
| <i>Why is this collected?</i> | Information on the profit status of organisations providing CACP assistance allows separate analysis of data according to profit status. |

Question 4. Service outlet type

| | |
|-------------------------------|--|
| <i>Question</i> | Which code best describes your organisation? |
| <i>Defined as</i> | A code that describes the type of organisation that provides CACP assistance. |
| <i>Guide for use</i> | <p>Religious: An organisation whose objectives and activities reflect its character as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion.</p> <p>Ex-services/veterans’ service: Includes organisations whose objectives and activities reflect its character as a body instituted to primarily provide support and assistance to veterans of the Australian Defence Forces and allied defence forces.</p> <p>Local, State or Commonwealth government: Includes government authorities and instrumentalities. Government organisations at all levels are unique kinds of legal entities established by political processes which have legislative, judicial or executive authority over other institutional units within a given area.</p> <p>Other: Includes community-based organisations and other organisations formed for a particular common purpose by members of an identifiable community based on locality, ethnicity or some other identifiable affiliation (excluding religious affiliations or ex-services/veterans’ affiliations), whose activities may be carried out for the benefit of its members.</p> |
| <i>Why is this collected?</i> | Information on the types of organisations providing CACP care allows separate analysis of data according to organisation type. |

Question 5. Management of personal information policy status

Question Do your Care Recipient Agreements include information on the management of care recipients’ personal information including references to written agency policies and procedures guaranteeing that:

- a. all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet; and
- b. each care recipient is informed about what happens to information collected about them.

Defined as Whether or not the Care Recipient Agreement entered into between the service outlet and the care recipient includes information on the management of care recipients’ personal information by the service outlet. Including guarantees that all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet and guarantees that each care recipient (or his or her representative) will be informed about what happens to information collected about them.

Guide for use **Yes:** This should be ticked where Care Recipient Agreements between the service outlet and their care recipients include information about the service outlet’s policies and procedures which ensure that the privacy of care recipients is respected and ensure the confidentiality of care recipients’ personal information.

Why is this collected? Information on whether or not Care Recipient Agreements between service outlets and their care recipients include information on the management of care recipients’ personal information provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.

Question 6. Provision of information on complaints procedures

| | |
|-------------------------------|--|
| <i>Question</i> | Does your service outlet include information on internal and external complaints procedures in the Care Recipient Agreement between your service and your care recipients? |
| <i>Defined as</i> | Whether the Care Recipient Agreement entered into between the service outlet and the care recipient includes information on internal and external complaints procedures. |
| <i>Guide for use</i> | Yes: This should be ticked when the information provided to care recipients includes reference to what a care recipient (or their representative) should do if they have a concern or complaint about the care they are receiving or their access to a service. 'Internal' complaints resolution mechanisms include those procedures and mechanisms that are in place for a care recipient to make, and have dealt with, a complaint about the care they are receiving from the service outlet. Care recipients would normally use these mechanisms to make complaints about the care received in the first instance, except in exceptional circumstances. 'External' complaints mechanisms include reference to the Aged Care Complaints Resolution Scheme (CRS), including information on how to contact the CRS, and other schemes that operate independently of the service outlet. |
| <i>Why is this collected?</i> | <p>Information on whether or not Care Recipient Agreements between service outlets and their care recipients include information on complaints mechanisms provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.</p> <p>Under the <i>Quality of Care Principles</i> (made under the <i>Aged Care Act 1997</i>) the Community Care Standard relating to complaints and disputes states that each care recipient (or his or her representative) has access to fair and effective procedures for dealing with complaints and disputes. This standard requires that CACP providers ensure that each comment or complaint about a service, or access to a service, is handled fairly, promptly, confidentially and without retribution.</p> <p>Under the <i>User Rights Principles</i> (made under the <i>Aged Care Act 1997</i>) the Care Recipient Agreement must 'state that the care recipient is entitled to make, without fear of reprisal, any complaint about the provision of the CACP, and state the mechanisms for making a complaint. This refers to both internal complaints mechanisms and the Complaints Resolution Scheme'.</p> <p>In the absence of an agreed quality assurance system for assessing CACP providers' compliance with the Community Care Standards, this information provides some indication of the extent to which service outlets are complying with one quality of care aspect relating to complaints and disputes.</p> |

Question 7. Types of approved CACPs by Aged Care Planning Region

Question For each type of CACP allocated to your service outlet, please indicate (if applicable):

- the agreed Aged Care Planning Region for delivery of the packages
- the number of packages allocated

Types of CACP

Defined as The type(s) of CACP(s) approved to be delivered by the service outlet under the CACP Programme.

Guide for use A service outlet may provide different types of CACPs, for example, general packages, housing-linked packages, other financially and socially disadvantaged packages, packages targeted to Aboriginal and Torres Strait Islander peoples, and packages targeted to people from culturally and linguistically diverse backgrounds. For each type of CACP the service outlet will have an allocated number of packages under which it can provide assistance.

Packages for people from culturally and linguistically diverse backgrounds: Included are packages that are targeted to a specific cultural group in the population (excluding Indigenous people) e.g. to members of an Italian community.

Housing-linked packages: Refers to packages that provide care to financially disadvantaged people in designated rental housing developments including public or community housing and in secure private rental accommodation. Rental settings can range from congregate housing with high concentrations of aged people, such as boarding houses, or detached public housing spread across a particular area.

The *Types of approved CACPs* relates to the type of package that a service outlet is approved to provide within your agreement with the Department, and does not relate to the care recipients who are actually receiving assistance under these packages. For example, a service outlet may be approved to provide 10 general packages, of which three are used to provide care to Aboriginal people. The type of approved CACP that relates to these 10 packages is, however, 'general', and not 'Aboriginal and Torres Strait Islander' specific.

For other types of packages not specified on forms please use the space provided for 'other packages'.

If you have more than two other types of packages or deliver services in more than two Aged Care Planning Regions, please supply details on a separate piece of paper and staple it to the service outlet form.

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Why is this collected? A number of types of CACPs exist, some of which are targeted to special needs groups, and a service outlet may be approved to provide a number of types of packages. Information on the *Types of CACPs* is used in conjunction with information on the *Number of approved CACPs* and the *Aged Care Planning Region* where the CACPs are targeted in order to inform planning related to the provision of CACPs and access to the CACP Programme.

Aged Care Planning Region

Defined as The geographic area(s) in which CACP assistance is approved to be provided as specified within the Community Care Service Agreement or Deed of Agreement under which the service outlet operates.

Guide for use A service outlet may provide CACP services in more than one *Aged Care Planning Region*.

In addition, a service outlet may provide different types of packages (e.g. packages for Aboriginal and Torres Strait Islander peoples) that are targeted to specific Aged Care Planning Regions. In these cases, the *Aged Care Planning Region* should be reported in conjunction with the *Types of CACPs*.

The most up-to-date version of the Commonwealth Aged Care Planning Regions available for the data collection reference year should be used.

Community Care Agreements/Deeds of Agreement specify the area(s) in which CACP care is to be provided in terms of Local Government Areas (LGAs) or Statistical Local Areas (SLAs). The *Aged Care Planning Region* reported should be the region in which these LGAs or SLAs fall.

Why is this collected? Information on the region(s) in which the service outlet operates allows spatial analysis of the geographic areas served by service outlets.

Number of approved CACPs by type

Defined as The number of CACPs which are allocated to a service outlet.

Guide for use In some instances, an allocation of packages will be shared across more than one service outlet. In these cases, the *Number of CACPs* reported by each service outlet should reflect the number of CACPs each service outlet is approved to provide. The *Number of approved CACPs* may not be the same as the number of CACPs the service outlet is actually operating.

Example

If an agency had an allocation of 20 CACPs across two planning regions, for example 12 general packages (four for the Southern Highlands Region and eight for the Illawarra Region), three packages for Aboriginal and Torres Strait Islander peoples for the Southern Highlands, and five housing-linked packages for the Illawarra, the response to this question would be:

| | Name of first region | Name of second region |
|--|-------------------------------------|--------------------------------------|
| Name of Aged Care Planning Region: | Southern Highlands | Illawarra |
| Type of package: | Number of packages in first region: | Number of packages in second region: |
| General packages: | 4 | 8 |
| Packages for Aboriginal and Torres Strait Islander people: | 3 | |
| Packages for people from culturally and linguistically diverse backgrounds (NESB): | | |
| Housing linked packages: | | 5 |
| Other financially and socially disadvantaged packages: | | |
| Other packages (<i>please specify type</i>): | | |
| | | |
| | | |

Question 8. Service brokerage

Question At present, to what extent does your service outlet broker (or sub-contract) other agencies or individuals to provide the following types of CACP assistance on your behalf?

Defined as Brokerage (or sub-contracting) is the payment of other organisations and self-employed sub-contractors to provide direct community service on behalf of the service outlet.

Guide for use Tick one box for each type of CACP assistance.

Types of assistance are defined in Section 5, Question 22.

Other CACP assistance: Please interpret question as – For all other types of assistance (As defined in Section 5, Question 22, not including ‘Case management/care coordination’, ‘Personal care’ or ‘Domestic assistance’) does your service outlet broker none, some or all of these types of assistance?

Example Northside Careworks provides CACP assistance to Georgio Grasigli. They provide assistance with personal care directly to him and they have arranged, and pay for, cleaning (domestic assistance) which they have brokered to a private cleaning company. They have also arranged, and pay for, a HACC service to provide transport once a week so that Georgio and his wife Anna can attend church on Sunday. Northside Careworks usually provides any transport that is required Monday to Friday.

Northside Careworks always brokers house cleaning but directly provide some other types of domestic assistance such as shopping and bill paying. They also broker transport that is required on the weekend but do not broker any other types of assistance.

| | | <i>Our service provides all of this type of care directly</i> | <i>Our service brokers/sub-contracts some of this type of care</i> | <i>Our service brokers/sub-contracts all of this type of care</i> |
|-----------------------------------|---|---|--|---|
| Case management/care coordination | a | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Personal care | b | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Domestic assistance | c | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Other CACP assistance | d | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Why is this collected? To give the department a better understanding of how services operate. This information may not be collected in the longer term.

5 Form B: Care recipient data

Question 1. Service outlet number

| | |
|-------------------------------|--|
| <i>Question</i> | Service outlet number |
| <i>Defined as</i> | This number is allocated to the outlet by the Department |
| <i>Guide for use</i> | <p>This number should match the service outlet number on Form A: Service outlet data. This number is on the cover letter sent to you with the census forms.</p> <p>In some States a service outlet may have more than 1 outlet number, in this case the number recorded should be the one specified on the cover letter.</p> |
| <i>Why is this collected?</i> | This is used to link the care recipient to the appropriate service outlet |

Question 2. Form ID

| | |
|-------------------------------|---|
| <i>Question</i> | Form ID |
| <i>Defined as</i> | A number allocated by your service that uniquely identifies a form. |
| <i>Guide for use</i> | <p>You should number each form that you fill out, being careful that each form has a number unique within your service outlet.</p> <p>As the full name of a care recipient is not recorded on the form, you may wish to keep a list of form ID by care recipient name.</p> |
| <i>Example</i> | Jane is the case manager who has been made primarily responsible for filling in the CACP 2002 census. She has asked Michael, another case manager, to complete forms for the care recipients he manages. Once all the forms are completed Jane numbers the forms, filling in the 'Form ID' box, and then makes a list, for herself, of all care recipients and their corresponding numbers. |
| <i>Why is this collected?</i> | The form ID may be used to identify a specific form that may require follow up with your agency. |

Question 3. Letters of name

Question Selected letters of name of care recipient

3a. Selected letters of family name/surname

Defined as The 2nd, 3rd and 5th letters of the name a person has in common with other members of her/his family, as distinguished from her/his given name.

3b. Selected letters of given name

Defined as The 2nd and 3rd letters of the name given to a person which is that person's identifying name within the family group, or the name by which the person is uniquely socially identified.

Guide for use Please use block capital letters.

Do not count hyphens, apostrophes, blank spaces, or any other character that may appear in a name which is not a letter of the alphabet.

Where the name is not long enough to supply all requested letters, i.e. surnames less than 5 characters and given names of less than 3 characters, please fill in the remaining squares with a 2 to indicate that a letter does not exist.

Where a name, or part of a name is missing, e.g. where name is not known or only the initial is known, please substitute a 9 to indicate that the letter is not known.

At times, a person may be known by many names. This is sometimes the case with Aboriginal persons. **Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used.**

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording – such as the difference between MacIntosh and McIntosh – can make statistical record linkage ineffective. **To minimise discrepancies in the recording and reporting of name information, service outlets should keep a record of clients full (formal) *First given name and Family name/surname*.** These may be different from the name that the person may prefer the CACP workers to use in personal dealings. Service outlets may choose to separately record the preferred names that the person wishes to be used by CACP staff.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, service outlets should always ask the person to specify their first given name

and their family name or surname separately. These should then be recorded as *Given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Example 1 Mrs Dot Mason
Dot's full name is Dorothy

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | A | S | | N | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | O | R | | | |

Example 2 Mr Georgio Grasigli

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | R | A | | I | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | E | O | | | |

Example 3 Mr Michael Le Grand
You should ignore blank spaces

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | E | G | | A | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | I | C | | | |

Example 4 Ms Marge O'Brien
Please ignore apostrophes

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | B | R | | E | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | A | R | | | |

Example 5 Mrs Kim Wu
If there are not enough characters in a name, complete with 2s

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | U | 2 | | 2 | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | I | M | | | |

Example 6 Mr J. McIntosh
If a name is missing letters, complete with 9s

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 3a. Letters of family name/surname | | C | I | | T | |
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 3b. Letters of given name | | 9 | 9 | | | |

Why is this collected? A statistical linkage key can be derived from a combination of *Letters of name, Date of birth* and *Sex*. This enables statistical linkage of (de-identified) care recipient records across different aged and community care programmes, and allows analysis of patterns of care recipient movement through the aged and community care system.

A statistical linkage key gives enough information that most linkages will be correct and that a reasonably accurate picture of patterns of service use can be obtained. However, matching on a statistical linkage key is not accurate enough to be sure that any particular linkage is correct. Therefore, statistically linked data cannot be used to identify a person, nor to make any decisions on service provision to a person.

Question 4. Sex

Question What is the care recipient’s sex?

Defined as The sex of the person.

Guide for use This data element is based on the biological distinction between male and female. Where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgement of the interviewer. Although this may lead to some error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person’s sex or sexuality.

Why is this collected? The sex of the person is required for demographic analyses of care recipients’ patterns of service utilisation in the CACP Programme. The sex of the person may also be used in conjunction with the data elements *Letters of name* and *Date of birth* for statistical record linkage purposes.

Question 5. Date of birth

Question What is the care recipient’s date of birth?

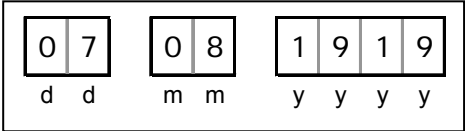
Defined as The date of birth of the person.

Guide for use This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, service outlets should use zeros to ensure that the date contains the required 8 digits. For example, for a person born on 1 July, 1926, their *Date of birth* would be reported as 01071926.

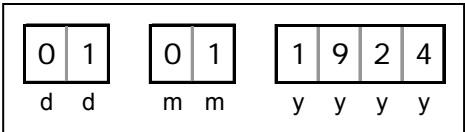
If the actual date of birth of the person is not known, service outlets should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person’s year of birth. If the person’s age is not known, an estimate of the person’s age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 0101 (estimated year of birth). 1 January is used for estimated dates of birth to align with established practice in the HACC MDS Version 1.0.

It is important that service outlets do not record estimated dates of birth by using ‘00’ for the day, month or year as this would not be considered a valid date by the system processing the data sets held by the Department.

Example 1 Mrs Dot Mason was born on 7 August 1919



Example 2 Mr Georgio Grasigli is not sure of his exact date of birth, but was born in 1924.



Why is this collected? The *Date of birth* of the person, which allows derivation of the person’s age, is required for demographic analyses of care recipients’ patterns of service utilisation in the CACP Programme. In addition, planning processes for the Programme require analysis of the number of people in the general population aged 70 and over, and 50 and over for Aboriginal and Torres Strait Islander people, living in different geographic areas across Australia. This information is used in conjunction with information on the number of people in residential aged care services to enable planning decisions to be made about the distribution of aged care services.

Date of birth may also be combined with the data elements *Letters of name* and *Sex* to construct a statistical linkage key. This key would enable statistical linkage of care recipient records with other related data sets (such as the HACC MDS Version 1.0) to enable information on the movement of people through aged care and related programmes, and enable information on how many people may be accessing a range of programmes. For other data sets based on Programs that are more directly related to the CACP Programme (such as the ACAP), information on *Date of birth* may assist to enable linkage of data records between the data sets.

Question 6. Suburb/town/locality name and postcode

Question Care recipient's suburb/town /locality name and postcode relating to where they live while receiving assistance from your service

6a. Suburb/town/locality name

Defined as The name of the geographic area in which the care recipient lives while receiving CACP assistance.

6b. Postcode

Defined as The postal code of the geographic area in which the care recipient lives while receiving CACP assistance.

Guide for use Only one *Suburb/town/locality name* and *Postcode* should be recorded for a care recipient. The service outlet should record the *Suburb/town/locality name* and postal code for the address at which the care recipient resides while receiving CACP assistance from the service outlet.

A *Suburb/town/locality name* may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community.

Why is this collected? Describes the geographic location of the residence of a care recipient while receiving CACP assistance.

A *Suburb/town/locality name* together with *Postcode* can be used to derive the Statistical Local Area (SLA) in which the care recipient lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ABS 1999a) and of Commonwealth Aged Care Planning Regions, and are important in the analysis of the spatial distribution of care recipients. The data element allows for the comparison of care recipient groups with the CACP Programme target population by geographic area and assists with planning and reporting on the accessibility of CACP assistance at a regional level.

SLA can be used to identify the number of care recipients living in rural and remote areas. This allows assessment of the equity of access for people who live in rural and remote areas of Australia to assistance under the CACP Programme.

Question 7. Indigenous status

Question Is the care recipient of Aboriginal or Torres Strait Islander origin?

Defined as Whether or not the person identifies as being of Aboriginal and/or Torres Strait Islander descent.

Guide for use This question refers to Australian Aboriginal and Torres Strait Islander peoples and not to people indigenous to other countries.

Information about Aboriginal and Torres Strait Islander status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin.

For persons of both Aboriginal and Torres Strait Islander origin, tick both, *Yes, Aboriginal* and *Yes, Torres Strait Islander*, boxes, enabling the responses to be appropriately coded. Responses to this question should not be based on the perceptions of anyone other than the care recipient or their advocate.

Non-Indigenous status should not be taken as default in the presence of no other evidence.

Indigenous does not include people of South Sea Islander origin.

Example 1 Mr Albert Jagamara has identified himself as of both Aboriginal and Torres Strait Islander descent

| | | |
|---------------------------------|-------------------------------------|---|
| Yes, Aboriginal | <input checked="" type="checkbox"/> | 1 |
| Yes, Torres Strait Islander | <input checked="" type="checkbox"/> | 2 |
| Indigenous, not further defined | <input type="checkbox"/> | 5 |
| Unknown | <input type="checkbox"/> | 6 |
| No | <input type="checkbox"/> | 4 |

Example 2 Ms Susan Cook has a dark complexion and looks like she is of Aboriginal ancestry, however, when asked whether she is of Indigenous origin she is reluctant to answer.

| | | |
|---------------------------------|-------------------------------------|---|
| Yes, Aboriginal | <input type="checkbox"/> | 1 |
| Yes, Torres Strait Islander | <input type="checkbox"/> | 2 |
| Indigenous, not further defined | <input type="checkbox"/> | 5 |
| Unknown | <input checked="" type="checkbox"/> | 6 |
| No | <input type="checkbox"/> | 4 |

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Why is this collected? Australia’s Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander peoples across all age groups and for almost all diseases and conditions for which information is available. Given these inequalities in health status – and their likely impact on the need for and use of health and community services – there is a strong case for ensuring that information on the Indigenous status of care recipients is collected in the CACP Programme in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

Given the poor health status and high need of Aboriginal and Torres Strait Islander peoples, this group is identified as a ‘special needs’ group within the CACP Programme.

Identification of people of Aboriginal and Torres Strait Islander descent is also one component in the identification of people from culturally and linguistically diverse backgrounds. *Country of birth* is also used to identify people from culturally diverse backgrounds.

Question 8. Country of birth

Question **In which country was the care recipient born?**

Defined as The country in which the person was born.

Guide for use If the country does not appear in this list, please write the name of the country in ‘Other (please specify)’.

A list of countries is included at Appendix A. This list is grouped by region for ease of use.

Why is this collected? This data element can be analysed in conjunction with *Indigenous status* to derive measures of access to the CACP Programme by people from culturally and linguistically diverse backgrounds. This information is also used for ensuring delivery of targeted services to meet the specific needs of people from culturally and linguistically diverse backgrounds.

Question 9. Financial hardship status

Question Does the care recipient experience personal financial hardship?

Defined as Whether the person is considered to experience financial hardship.

Guide for use Assessment of *Financial hardship status* should be carried out in accordance with Section 4.4 (Part 2) of the *Allocation Principles* (made under the *Aged Care Act 1997*). For the purposes of the CACP Programme, a person with financial hardship is defined as someone who:

- 1) did not own a home in the two years before the time the person first commenced paying fees or receiving care; **and**
- 2) at that time:
 - (a) was in receipt of maximum basic rate of pension or benefit under Part 2.2, 2.3, 2.4 or 2.15 of the *Social Security Act 1991*; **or**
 - (b) both:
 - (i) was in receipt of the rate of pension payable under Part III of the *Veterans' Entitlements Act 1986*; **and**
 - (ii) had additional income (within the meaning of section 8 of the *Social Security Act 1991*) not more than the ordinary free limit allowed to a person in receipt of the maximum basic rate of pension or benefit under Part 2.2, 2.3, 2.4 or 2.15 of the *Social Security Act 1991*.

If the person does not meet the above criteria, the person should only be considered to be experiencing financial hardship if the service outlet has notified the Department that the person might be in financial hardship, taking into account the person's income (within the meaning of Section 8 of the *Social Security Act 1991*) and assets.

Why is this collected? This information is important for planning purposes in relation to equitable access to CACPs amongst groups of people with identified 'special need', which includes people who experience financial hardship.

Question 10. Dementia status

| | |
|-------------------------------|--|
| Question | Has the care recipient been diagnosed with dementia? |
| Defined as | Whether or not the care recipient has been diagnosed with dementia to the knowledge of staff of the service outlet. |
| Guide for use | <p>Yes: This should only be ticked if the person has been formally diagnosed as having dementia by the Aged Care Assessment Team (ACAT) or a medical practitioner. This information should be available on the recipient’s Aged Care Application and Approval (2624) form. Do not tick ‘Yes’ if the ACAT diagnosis is not specific, e.g. ‘confusion’, ‘memory loss’, etc. If the person has developed dementia since commencing on a CACP, the care recipient should only be recorded as having dementia if the service outlet has been notified by a medical practitioner that the care recipient has dementia.</p> <p>No: This should be ticked when the service outlet has not been notified that a formal diagnosis of dementia has been made, even when staff of the service outlet believe that the care recipient has dementia.</p> |
| Examples | <p>Mr Le Grand’s care worker has recognised that he is showing signs of dementia. Mr Le Grand’s case manager has discussed this concern with his wife and has suggested that the symptoms should be discussed with his doctor. He has not yet seen his doctor. <i>The response to this question for Mr Le Grand is ‘No’.</i></p> <p>Mrs Wu is forgetful and has decided that she has dementia. She has not consulted her doctor about this nor had the ACAT team assessed her as having dementia. <i>The response to this question for Mrs Wu is ‘No’.</i></p> <p>Mr McIntosh was assessed as having dementia at the time of his ACAT assessment. Mrs O’Brien’s doctor has assessed her and recently advised her daughter that she has Alzheimer’s disease. <i>The response to this question for Mr McIntosh and Mrs O’Brien is ‘Yes’.</i></p> |
| Why is this collected? | A diagnosis of dementia can have a significant impact on a person’s ability to continue living within the community. Information on whether the person has dementia assists in the identification of people who are ‘at risk’ of entry into residential aged care. |

Question 11. Veteran status

| | |
|-------------------------------|--|
| <i>Question</i> | Is the care recipient a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran? |
| <i>Defined as</i> | Whether the person is a veteran of the Australian Defence Force or allied defence forces, or a spouse or widow/er of a veteran. Also whether the person is receiving a Department of Veterans' Affairs entitlement, and the level of the entitlement held by the person. |
| <i>Guide for use</i> | <p>A veteran is a person who has served in the Australian Defence Force at a time of declared war, or has service in overseas operations of a warlike or peacekeeping nature that qualify for entitlement under veterans' benefits.</p> <p>Most veterans of the Australian Defence Force can be identified by:</p> <ul style="list-style-type: none">• a Gold, White or Orange Health entitlement card issued by the Department of Veterans' Affairs;• a pensioner concession card issued by the Department of Veterans' Affairs;• receipt of a Department of Veterans' Affairs pension; or• receipt of one or more of the following medals inscribed with their name: War Medal 1939–45; Australia Service Medal 1939–45; Australian Active Service Medal 1945–75; The Australian Service Medal; The Australian Service Medal 1975; or The Rhodesian Medal. <p>Spouses and widow/ers can be identified by the status of their veteran partner.</p> <p>No: This category should be reported for any person who is not formally recognised by DVA as having any form of DVA entitlement, including persons receiving the Aged Pension</p> |
| <i>Why is this collected?</i> | This information is important for planning and performance measurement purposes in relation to equitable access to CACPs amongst veterans and war widow/ers. |

Question 12. Accommodation setting

Question What type of accommodation does the person live in while receiving assistance from your service?

Defined as The setting in which the person lives.

Guide for use This item should be used to record the accommodation setting in which the person lives while receiving assistance from the service outlet.

From time to time, care recipients may receive assistance while they are residing in temporary accommodation arrangements. This includes situations where the care recipient is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or friends on a temporary basis. In these instances, the care recipient's 'usual' accommodation setting should be recorded.

If the person routinely receives services from the service provider in more than one type of accommodation setting (for example, a group house on some days of each week and at the family home on other days of the week) the agency should record the type of accommodation setting for the place in which the person receives services most of the time.

Private residence includes private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. Private residence can be further distinguished by different types of tenure associated with private residences. Where the person's tenure over the residence is not clear (e.g. living rent free with friends or family), tick the response which most reflects the type of tenure primarily associated with the dwelling.

Private residence – owned /purchasing: Includes private residences which are owned or being purchased either by the person or another member of their household or family (including a non-resident relative). Also includes shared equity and rent/buy schemes.

Private residence – private rental: Includes private residences which are rented on the private rental market at competitive market rates. This includes dwellings rented through real estate agents as well as private landlords who are not part of the person's family.

Private residence – public rental or community housing: Includes private residences secured through State/Territory housing authorities (public rental) or through community or cooperative housing groups.

Independent living within a retirement village: Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence (e.g. the person may or may not hold life tenure).

Short-term crisis, emergency or transitional accommodation: Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institutional-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services – such as meals, counselling, information or advocacy – but are not intended to function as a permanent or ongoing accommodation option. This should only be ticked when the person usually lives in this type of setting while receiving assistance from the service outlet.

Public place/temporary shelter: Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats.

Other: Includes institutional/residential care setting such as hospices and multi-purpose centres and all other types of settings.

Why is this collected?

The relationship between housing and the care needs of frail older people and people with disabilities is an area of considerable policy importance. Recent reviews have identified insecure housing as a risk factor in premature entry into residential care among frail older people and the possibility that it may be associated with more limited access to community based services.

Information on the type of accommodation that a person lives in is important in the assessment of a person's circumstances and need for assistance. This information also enables comparisons with ABS data relevant to service planning.

Question 13. Living arrangements

Question Does the care recipient live with other related or unrelated person(s)?

Defined as Whether the person lives with other related or unrelated persons.

Guide for use If the person's household includes both family and non-family members, the person should be recorded as living with family. 'Living with family' should be considered to include defacto and same sex relationships.

On occasion, difficulties can arise in deciding the living arrangements of a person due to their accommodation setting (e.g. boarding houses, retirement villages). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (e.g. partner, sibling, close friend).

If the person lives in a granny flat, tick living alone if the granny flat is a separate dwelling (even if part of the same residential property) and they do not share their flat with another person. If the granny flat is part of the same dwelling occupied by another person(s), then tick living with family or others depending on their relationship to the other person(s).

The person's *Living arrangements* should relate to the same place described under *Suburb/town/locality name, Postcode* and *Accommodation setting*.

Why is this collected? A person's living arrangements can have a significant impact on their ability to continue living within the community. Living alone, in particular, has been identified as being a significant risk factor associated with institutionalisation among the frail and disabled elderly.

The data element *Living arrangements* functions as an indicator of social support and social isolation by giving some indication of the level of informal support to which a person may have access.

Question 14. Carer availability

Question Does the care recipient have a carer, i.e. someone such as a family member, friend or neighbour, that provides regular and sustained care and assistance to the care recipient without payment other than a pension or benefit?

Defined as Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.

Guide for use This data element is purely descriptive of a care recipient's circumstances, and is generally intended to be self-reported by the care recipient or their representative. It is not intended to reflect whether a care recipient is considered by the service outlet to need a carer or not; or whether an identified informal carer is considered by the provider to be capable of undertaking the caring role.

At times, **when it is not possible to obtain this information from the care recipient, the service outlet should use the following rule. If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer.**

Excluded from the definition of carers are paid workers or volunteers organised by formal services.

When recording whether a care recipient has an informal carer, it is important to recognise that a carer does not always live with the person for whom they care. That is, a person providing care and assistance to the care recipient does not have to live with the care recipient in order to be called a carer.

The availability of an informal carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The data element *Living arrangements* is designed to record information about person(s) with whom the care recipient may live.

Other family members or friends may also provide support and assistance to the person, such as emotional support through regular telephone contact. This type of assistance is also very important in contributing to the health and wellbeing of the person. However, the definition of carer given here emphasises their role in providing more 'practical' or 'hands on' regular and sustained assistance that allows the person to remain in their own home. In some cases, this will mean that someone who provides emotional support or has occasional telephone contact with the person should not be coded as a carer.

Examples Dorothy Mason (Dot) lives in Boronia, Queensland. She has one daughter named Meg who lives in Rockhampton, she visits Dot about once a month and phones weekly. Meg is a great support for Dot. However, for the purposes of the census *Meg would not be considered to be a carer.*

Georgio Grasigli lives with his wife Anna. Anna assists Georgio with bathing on the days when the care worker from Northside Careworks does not come. She also helps him get in and out of bed and with dressing. *Anna would be considered to be Georgio's carer.*

Why is this collected? Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of, and need for, formal services.

The presence of a carer is often a key indicator of a person's ability to remain at home, especially if the person requires assistance. Information on whether the person has an informal carer assists in the identification of people who are 'at risk' of entry into residential aged care.

Question 15. Carer co-residency status

Question Does the carer live with the care recipient?

Defined as Whether or not the informal carer lives with the person for whom they care.

Guide for use A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in a different household.

If a care recipient has both a co-resident (e.g. a spouse) and a visiting carer (e.g. a daughter or son), the coding response to *Carer co-residency status* should be related to the carer who provides the most significant care and assistance related to the care recipient's capacity to remain living at home.

Why is this collected? This data element helps to establish a profile of the characteristics of informal carers of CACP care recipients. It is also one indication of the level of informal support available to care recipients and of the intensity of care provided by the carer.

Question 16. Relationship of carer to care recipient

| | |
|-------------------------------|--|
| Question | What is the relationship of the carer to care recipient? |
| Defined as | The relationship of the informal carer to the person for whom they care. |
| Guide for use | <p>Please record the relationship of the carer to the person for whom they care. E.g. if the care recipient is cared for by their daughter, tick daughter.</p> <p>If the person has more than one informal carer (e.g. a spouse and a son), the coding response to <i>Relationship of carer to care recipient</i> should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain living at home. The expressed views of the recipient and/or their carer or significant other should be used as the basis for determining which carer should be considered to be the principal carer in this regard.</p> <p>Wife/female partner and Husband/male partner: Includes defacto and same sex partnerships.</p> <p>Other female relative: This should be ticked if the carer is the grandmother, sister, niece, female cousin, etc. of the care recipient.</p> <p>Other male relative This should be ticked if the carer is the grandfather, brother, nephew, male cousin, etc. of the care recipient.</p> <p>Some people of Aboriginal or Torres Strait Islander origin attach a different cultural meaning to the terms brother, uncle, mother, etc. than the purely biological/social meanings that non-Indigenous people use. In such cases the <i>Relationship of carer to care recipient</i> should be recorded according to how the care recipient or carer identifies that relationship.</p> |
| Example | <p>Georgio is cared for by his wife Anna. <i>The relationship of the carer to care recipient is 'wife/female partner', (i.e. not husband).</i></p> |
| Why is this collected? | Information about the relationship the informal carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance provided by the service outlet to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care-giving in the community. The inclusion of this information enables useful comparisons between caring relationships identified by the CACP Programme and those reported in the national population data from the ABS Survey of Disability, Ageing and Carers. |

Question 17. Core activity limitations

- Question** Does the care recipient sometimes or always need the assistance or supervision of another person in any of the following areas?
- Defined as** The core activities in which the help or supervision of another individual is needed by the person, as assessed by staff of the service outlet.
- Guide for use** More than one type of activity can be recorded.
 Record those areas of activity that, in the opinion of CACP staff, the care recipient needs the assistance or supervision of another person, from either formal agencies or informal carers, regardless of whether the assistance is provided or not, and also regardless of whether the care recipient would agree to receive assistance in these areas.
- The care recipient's need for assistance or supervision from another person should take into account their use of, or need for, aids or equipment. That is, if a care recipient independently uses an aid to help them with a particular activity, or could independently use such an aid, they should not be recorded as needing the help or supervision of another individual.
- Maintaining or changing body position:** Includes bending, turning over in bed, kneeling, sitting up unsupported and standing for a period of time such as in a queue. Excludes getting in and out of a bed, chair or vehicle, record these under 'Getting in or out of a bed or chair'.
- Walking and related activities:** Includes moving around the home or away from home, but excludes needing transport assistance. Record need for assistance with public transport under, 'Using public transport'.
- Understanding others or making oneself understood by others:** Excludes the independent use of aids and equipment, e.g. hearing aids, speech aids and assistance from interpreters.
- Example** Mrs Dorothy Mason's eyesight had deteriorated to the point where she had difficulty with her regular activities such as grocery shopping, taking her dog Emma for walks and cleaning the house.
Dot has a core activity limitation in the area of Walking and related activities.

| | |
|--|---|
| Eating <input type="radio"/> 1 | Getting in or out of a bed or chair <input type="radio"/> 8 |
| Showering/bathing <input type="radio"/> 2 | Walking and related activities (either around the home or away from home, excludes needing transport assistance) <input checked="" type="radio"/> 9 |
| Dressing <input type="radio"/> 3 | Using public transport <input type="radio"/> 10 |
| Toileting <input type="radio"/> 4 | Understanding others or making oneself understood by others (excludes independent use of aids and equipment, eg hearing aids, speech aids and assistance from interpreters) <input type="radio"/> 11 |
| Managing incontinence <input type="radio"/> 5 | No assistance needed from another person in any of these areas <input type="radio"/> 12 |
| Maintaining or changing body position <input type="radio"/> 6 | |
| Carrying, moving or manipulating objects related to the tasks of daily living <input type="radio"/> 7 | |

Mr Georgio Grasigli suffers with arthritis, which limits his physical abilities. He also fractured his hip as a result of a fall and was admitted to hospital. He now requires the use of a wheelchair needs assistance from someone with showering, dressing and getting in and out of bed, or a vehicle.

Georgio has a core activity limitation in the areas of 'Showering and bathing', 'Dressing', 'Maintaining or changing a body position' (as he cannot maintain a standing position), 'Getting in or out of a bed or chair', 'Walking and related activities' and 'Using public transport'. (Georgio can not use public transport and therefore has a limitation in this area.)

| | |
|--|---|
| Eating <input type="radio"/> 1 | Getting in or out of a bed or chair <input checked="" type="radio"/> 8 |
| Showering/bathing <input checked="" type="radio"/> 2 | Walking and related activities (either around the home or away from home, excludes needing transport assistance) <input checked="" type="radio"/> 9 |
| Dressing <input checked="" type="radio"/> 3 | Using public transport <input checked="" type="radio"/> 10 |
| Toileting <input type="radio"/> 4 | Understanding others or making oneself understood by others (excludes independent use of aids and equipment, eg hearing aids, speech aids and assistance from interpreters) <input type="radio"/> 11 |
| Managing incontinence <input type="radio"/> 5 | No assistance needed from another person in any of these areas <input type="radio"/> 12 |
| Maintaining or changing body position <input checked="" type="radio"/> 6 | |
| Carrying, moving or manipulating objects related to the tasks of daily living <input type="radio"/> 7 | |

Why is this collected?

This information gives some indication of the extent and complexity of the needs of CACP care recipients. This information can be compared with members of the general population needing these types of assistance, as identified by the ABS in the Survey of Disability, Ageing and Carers.

In particular, the categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the ABS) and to enable comparisons of assistance needed by CACP care recipients with the types of assistance needed by care recipients of other programmes (e.g. identified by ACAPs, delivered by HACC, Respite services or Day Therapy Centres).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. The need for assistance with these tasks is one way of identifying care recipients with higher level needs in a way that allows them to be compared with members of the general population. However, as this data element does not take into account whether or not the person has an informal carer or has other services in place to assist the person, this data element cannot be interpreted as the areas in which the service outlet should provide assistance.

Information on whether the person has a severe or profound core activity restriction assists in the identification of people who are 'at risk' of entry into residential aged care.

Question 18. Date of commencement of Community Care Subsidy

18a. Claiming

Question Are you claiming the CACP community care subsidy for this client?

Defined as Whether the service outlet is claiming the Community Care Subsidy in respect of a care recipient.

Guide for use The response 'No' indicates that the person is a supplementary client.
If the answer is 'Yes' then 18b should also be completed.

18b. Date

Question What was the date on which your service first claimed the CACP community care subsidy in the name of this person (if applicable)?

Defined as The date on which the service outlet first claimed the Community Care Subsidy in respect of a care recipient.

Guide for use Should only be completed if the response to 18a is 'Yes'.

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

The date reported should be the date on which the service outlet first begins to claim the Community Care Subsidy on behalf of a care recipient. In many instances, service outlet staff will have met with the care recipient in order to assess specific needs for assistance and to provide information about the CACP Programme prior to claiming the Community Care Subsidy. In other cases, the service outlet may have been providing assistance to the person for some period of time before they begin to claim the Community Care Subsidy in respect of that person, if at all (i.e. the care recipient was a 'supplementary' care recipient). For many care recipients the *Date of commencement of Community Care Subsidy* will be the same date as the *Date of commencement of care plan assistance*.

Example Boronia Community Care were providing assistance to 20 CACP recipients – their full allocation of community care places. However, because of Dorothy Mason's immediate need for assistance, they agreed to provide care immediately (20 March 2001). A community care place became available on 4 May 2001, following the entry of another client into residential care. On this date Boronia Community Care began claiming a Community Care Subsidy in Dot's name.
The date of commencement of Community Care Subsidy is 4 May 2001.

Why is this collected? A person may initially receive services as a supplementary client, then later be formally recognised as a care recipient on the subsidy claim form. *Date of commencement of Community Care Subsidy* is used in calculating the length of time a service outlet has been claiming the Community Care Subsidy in the name of a care recipient. This differs from the total length of stay in the CACP Programme which is calculated using the *Date of commencement of care plan assistance*.

Question 19. Date of commencement of care plan assistance

Question What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?

Defined as The date on which the person first received CACP assistance (as specified within a Care Recipient Agreement or care plan) from the service outlet.

Guide for use This data element should be recorded as valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

The date reported should be the date on which the service outlet first provided the care recipient with such assistance (if any) as is required under the Care Recipient Agreement between the care recipient and the service outlet. This assistance includes Personal care, Domestic assistance, Social support, Meal preparation/other food services, Temporary respite care, Rehabilitation support, Home maintenance, Home modifications, Delivered meals, Formal linen service, and Transport.

In many instances, service outlet staff will have met with the care recipient in order to assess specific needs for assistance, provide information about the CACP Programme and the agency that would deliver this assistance, and/or provide some short-term assistance to the care recipient (such as social or emotional support). The *Date of commencement of care plan assistance* recorded should, however, reflect the date on which the care recipient is first provided with assistance according to an agreed care plan.

For many care recipients the *Date of commencement of care plan assistance* will be the same date on which the service outlet begins to claim the Community Care Subsidy in respect of a care recipient (i.e. *Date of commencement of Community Care Subsidy*).

- Example* Boronia Community Care were providing assistance to 20 CACP recipients – their full allocation of community care places. However, because of Dorothy Mason’s immediate need for assistance, they agreed to provide care immediately (20 March 2001). A community care place became available on 4 May 2001, following the entry of another client into residential care. ***The date of commencement of care plan assistance is 20 March 2001.***
- Why is this collected?* In conjunction with data element *Date of cessation*, *Date of commencement of care plan assistance* is used to derive the length of time that the care recipient receives assistance under the CACP Programme from the provider.
- Date of commencement of care plan assistance* provides a more accurate measure of length of stay in the CACP Programme than *Date of commencement of Community Care Subsidy* as care recipients may receive CACP assistance for a considerable time before a Community Care Subsidy is claimed in their name, that is, they may commence as ‘supplementary’ care recipients.
-

Question 20. Care Recipient Agreement status

20a. Agreement

- Question* **Is there a Care Recipient Agreement between your agency and the care recipient?**
- Defined as* Whether there is a Care Recipient Agreement between the service outlet and the care recipient.
- Guide for use* **Yes:** Includes all agreements, verbal or written, whether signed or not.

20b. Signed

- Question* **If so, is it signed by the care recipient or their representative?**
- Defined as* Whether the Care Recipient Agreement entered into between the service outlet and the care recipient is signed by the care recipient.
- Guide for use* **Yes:** ‘Signed’ agreements include agreements that are signed by the care recipient directly, and agreements that are signed on behalf of the care recipient by a family member or other representative of the person. ‘Signed’ agreements also include agreements that are marked by the person (such as an ‘X’) and are witnessed by another person.
- Comments* While it is considered preferable that Care Recipient Agreements between service outlets and care recipients are signed, it is acknowledged that not all agreements will be signed. Particular groups that may be less likely to have signed agreements include: people with dementia, Aboriginal and Torres Strait

Islander people and people from socially and financially disadvantaged backgrounds. In all cases, however, information on the rights and obligations of care recipients and service outlets should be provided to the care recipient and/or his or her representative. Care recipients (or their representatives) should be offered appropriate support to understand the Care Recipient Agreement and interpreter services used (if appropriate).

Why is this collected? Information on whether or not Care Recipient Agreements between service outlets and their care recipients are signed provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.

Question 21. Date of last care plan review

Question **Has the care recipient had a care plan review within the last 12 months?**

Defined as Whether or not the care recipient has had a formal review of their care plan in the last 12 months.

Guide for use A care plan review refers to a formal review of the assistance provided to an individual under a CACP that is documented in the person's case notes. A formal review would normally occur as a face-to-face meeting between the case manager (or their representative), the care package recipient (and/or their representative), and may also involve other CACP care workers or other service providers (such as GPs or allied health professionals). The care plan review should include a detailed review of services provided under the existing care plan against current needs and may involve negotiation of changes to the care plan.

A care plan review does not include the initial assessment and development of a care plan, nor does it include ongoing monitoring of the person and their care plan, which is a function of the case manager's role.

Comments The *CACP: Programme Guidelines* (DHAC 1999) require that each care recipient's care plan is reviewed at least annually, although in many cases, formal care plan reviews will occur more often. Additionally, it is expected that ongoing monitoring of all care recipients and their care plans would occur by the case manager/coordinator.

Why is this collected? Periodic review of the care needs of care recipients is a responsibility of service outlets. Over time the type and mix of assistance most appropriate for a care recipient's needs may change along with changes in their health status or the availability of informal support from family members or friends. The *Date of last care plan review* provides some indication that the appropriateness of the range and quantity of assistance received by care recipients is being assessed by service outlets on an ongoing basis.

Note: Questions 22 to 28 relate to the census week.

Question 22. Types and amounts of assistance

Question Please record the total amount(s) of types of assistance that the care recipient received from the service outlet during the census week.

Types of assistance

Definition The type(s) of assistance that the person receives from the service outlet on an occasion of service.

Guide for use The type(s) (and amount) of CACP assistance received by a care recipient should be recorded for each service delivery event.

Exclude assistance that is provided under a private agreement between the care recipient and the service outlet. This may be assistance that:

- is outside of the allowable CACP services in the *Aged Care Act 1997*;
- is beyond the level of service provided to meet the care recipient's assessed needs (e.g. additional domestic assistance or respite);
- complements the assistance provided under the CACP; or
- meets the care recipient's assessed needs but is beyond the financial capacity of the service outlet.

Service outlets may agree to arrange and/or provide this additional assistance, and are entitled to fully recover costs associated with this additional assistance. This assistance, however, should not be reported for the purposes of the CACP data collection, as the assistance is considered to be outside of the Care Recipient Agreement as the care recipient is entering into a private arrangement with the CACP provider.

Types of assistance **Personal care:** Includes assistance with daily self-care tasks such as eating (e.g. feeding the client), bathing/showering/personal hygiene, toileting, dressing/undressing, mobility, and transfer. Personal care may also include control and administration of medication prescribed by a medical practitioner, administration of treatment such as eye drops, back rubs, dressings and urine tests, and fitting of sensory communication aids, and assistance with managing incontinence.

Domestic assistance: Refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping and bill paying. In remote areas, Domestic assistance may also include activities such as collection of firewood.

In deciding whether activities such as shopping or bill paying should be recorded as 'Domestic assistance' or 'Social support', the provider should

use the following rule: if the person accompanies the worker during the activity this should be recorded as 'Social support' (see note on Shopping, page 45); if the worker is not accompanied by the person, the activity should be recorded as 'Domestic assistance'.

Social support: Refers to assistance provided by a CACP care worker, either within the home environment or while accessing community services or facilities, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life.

'Social support' includes services to assist the person to maintain their personal affairs such as letter writing, managing paperwork and making telephone-based contacts; shopping, bill paying and banking (when the person is accompanied by the care worker); keeping the person company; and, accompanying the person to social activities. 'Social support' also includes attending Centre-based day care where attendance at the centre is paid for by the CACP provider, or the care recipient is accompanied by a CACP care worker.

Where the care worker transports the client when providing social support, the time involved in the transport should not be included in the hours of service. Instead, this should be recorded as the number of one-way trips under 'Transport'.

Meal preparation/other food services: Refers to assistance with the preparation and cooking of a meal in the recipient's home, including the storage of food.

Temporary respite care (excluding residential respite care): Includes assistance received by the care recipient from a substitute carer who provides supervision and assistance to the care recipient in their own home or in other community settings, in the absence of the care recipient's usual informal carer. Temporary respite care should only be applicable to care recipients who have carers, and should only be recorded if the care is funded by the CACP provider.

Respite care should only be recorded when the primary purpose of the assistance is to substitute for the usual informal carer, i.e. any other activities undertaken as part of substituting for the usual carer are incidental or secondary to the primary purpose of providing respite to the informal carer. At times, and especially in the early stages of respite care arrangements, the carer may choose to remain with the care recipient in the presence of the substitute carer for both their own reassurance and that of the care recipient. This situation is usually transitional or temporary and should be recorded as 'Temporary respite care' if the primary purpose of the activity is to give the informal carer some time away from their caring role.

It may, at times, be difficult for an agency to decide whether the primary focus of an occasion of services is 'Temporary respite care' or 'Social support'. This is often because in order to provide the informal carer with an effective break, the care recipient may need to be taken out to participate in social activities. As a general rule, this should be recorded as 'Temporary respite care' when the substitute carer comes into the home

with the aim of enabling the carer to go out of the home, and when a carer accompanies both the carer and care recipient on an outing or holiday. Day centre care, if funded by the CACP service outlet, should be recorded under 'Social support'.

Rehabilitation support: Includes assistance by CACP care workers where they are playing an active role in the implementation of a professionally determined rehabilitation plan. The plan will generally be for a determined length of time, and should outline assistance that is aimed at the person reaching and maintaining their optimal physical, sensory, intellectual, psychiatric and/or social functional levels. A rehabilitation plan may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or a functional limitation. *Excluded* from this type of assistance is:

- prompting/reminding the person to undertake an activity where the person is not directly assisted to engage in the activity;
- assistance with exercises that are being carried out as a result of general advice from healthcare professionals to assist the person to complete tasks of daily living, where the assistance is not part of a formal rehabilitation plan. For example, assistance provided to a person as a result of advice given by a GP to assist the person to go for a walk each day, where this is not part of a professionally determined rehabilitation plan, should not be recorded under 'Rehabilitation support', but should be recorded under 'Personal care' (which includes assistance with mobility) or 'Social support', depending on the needs of the person and the aim of the exercise; and
- assistance with transporting or accompanying the person to a rehabilitation centre, physiotherapy appointment, etc. This type of assistance should be recorded as 'Transport'.

Home maintenance: Refers to assistance with the maintenance and maintenance-related repair of the person's home, garden or yard to keep their home in a condition of functional safety and provide an adequate level of security.

Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as installing a new roof, replacing guttering or roof retiling. Home maintenance also includes garden maintenance, such as weeding, lawn mowing and removal of rubbish.

Delivered meals: Refers to receipt of delivered meals only. It does not include meals prepared in the care recipient's home, or meals that are not paid for by the CACP service outlet. It does include meals that are prepared centrally by the CACP service outlet (or others) and then delivered to the person's home.

Formal linen service: Refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Formal linen service should only be recorded as a type of assistance when linen is both provided and laundered. It does not include instances where the CACP service outlet

takes the care recipient's linen away for laundering elsewhere. Washing of clothes and other household linen in the person's home should be recorded under 'Domestic assistance'.

Transport: Refers to assistance with transportation to help the person shop, attend appointments, or attend social activities. Transport can either be provided directly by a CACP worker or contracted agency, or indirectly (e.g. taxi vouchers or subsidies).

CACP case management/care coordination: Refers to all activities that are directly related to the management of the complex care needs of a care recipient by a person who has been formally designated as responsible for ensuring the coordinated and appropriate delivery of assistance to care recipients with complex care needs.

CACP case management/care coordination includes the development, monitoring and formal review of a care plan to meet the care recipient's needs, as well as the coordination of the range of assistance that is provided to individuals with complex care needs. This includes the coordination of assistance provided directly by the CACP service outlet, and the organisation and negotiation of assistance provided by external agencies – whether or not this assistance is funded by CACP Programme funds. For example, CACP case management may involve arranging personal care directly through the CACP service outlet, arranging home modifications through an external agency (regardless of which agency funds the modifications), or arranging medical, dental or allied health services on behalf of the care recipient.

Also included is assistance provided to the care recipient or their informal carer with: understanding and managing situations, behaviours and relationships associated with the person's need for care; the provision of emotional support; support to individual care recipients in accessing and using general community services/facilities (advocacy); one-to-one training or advice given to the recipient; and the provision of information (e.g. other services available in the area). CACP case management/care coordination also includes activities such as supporting, communicating with, or providing information to the individual care recipient's informal carer, other family members, or their guardian.

The assignment of a 'case manager' or 'care coordinator' should be the result of a formal agreement between the care recipient, the case manager and other parties involved, or potentially involved, in the care recipient's care plan.

CACP case management/care coordination will often not include direct care recipient contact, but should relate to the planning and delivery of services to an individual care recipient. CACP case management/care coordination does not include general administrative work related to the agency as a whole (e.g. processing accounts) or workers' completion of tasks related to their employment (e.g. completing timesheets or attendance at staff meetings or training programmes).

CACP case management/care coordination also does not include time spent supporting or training staff members (including volunteers), even where the support or training relates to the care provided to an individual

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care recipient.

Please note:

Shopping: Shopping is not recorded as a separate activity. Shopping that is done by the CACP care worker on behalf of the care recipient should be recorded as 'Domestic assistance' (including all travel time associated with the shopping). Shopping activities where the care recipient is accompanied by the CACP care worker should be recorded as 'Transport' and 'Social support' (for example, 2 one-way trips (Transport) and 45 minutes Social support for time spent shopping, excluding time spent travelling). If the CACP care worker transports the person to the shops but does not accompany them around the shops, this should be recorded as 'Transport' only.

Medication monitoring/nursing-type care: All medication monitoring and nursing-type care (such as checking wound dressings, continence care and skin integrity checks) should be recorded as 'Personal care'.

Why is this collected?

Information about the types of assistance received by a care recipient is of fundamental importance to programme planning and accountability. In conjunction with information about the care recipient's characteristics and circumstances and the amount of assistance they receive, this information contributes to an understanding of the ways in which service outlets have responded to their care recipients' needs. Service outlets need to record the *Types of assistance received* on each service delivery event in order to be able to report the *Total amount of type of assistance received* (in time, cost or quantity) by the care recipient during a CACP reporting period.

Amount of assistance during the census week.

Defined as The total amount of each type of assistance (measured by time or by quantity) received by the care recipient from the service outlet during the reporting period.

Guide for use **Types of assistance measured in hours and minutes** (*The types of assistance measured in hours and minutes are Personal care; Domestic assistance; Social support; Meal preparation/other food services; Temporary respite care; Rehabilitation support; Home maintenance; and CACP case management/care coordination*)

The time spent providing each type of assistance *at each occasion of service delivery* should be recorded by the service outlet in five minute units, e.g. 5 minutes, 25 minutes, 30 minutes, etc.

The *total amount of assistance* provided for each type of assistance *during the census week* should be reported in hours and minutes, to the nearest 15 minute period. Total amounts of less than fifteen minutes should be rounded up to 15 minutes.

Types of assistance measured by quantity (*The types of assistance measured by quantity are Meal deliveries, Formal linen services, and Transport.*)

The service outlet should record the total amount of 'Delivered meals' received by the care recipient during the reporting period as the total number of delivered meals received, regardless of the number of deliveries involved in providing those meals.

The service outlet should record the total amount of assistance with 'Formal linen services' received by the care recipient during the reporting period as the total number of laundry deliveries.

The service outlet should record the total amount of assistance with 'Transport' received by the care recipient during the reporting period as the total number of one-way trips.

Where the service outlet has provided no assistance of a given type to the care recipient within the reporting period, the amount of assistance should be reported as zero.

Comments Recording of the *Total amount of type of assistance received (time)* in the CACP Programme differs from the HACC MDS Version 1.0 which requires accurate recording of the assistance provided in 5 minute units, but reporting of *Total amount of assistance received (time)* in the reporting period in whole hours (rounded up to the nearest hour).

In the CACP Programme, it was decided that more accurate time-based data should be collected and reported for the total amounts of types of assistance received relating to the census week, since the CACP reporting period is a one week 'census' collection period, rather than the 3-month reporting periods adopted for the HACC MDS Version 1.0. The more accurate collection of data will allow aggregation over longer time periods for comparison with HACC and other data collections.

This data element is a client-centred measure of amounts of assistance. This is not necessarily the same as an agency's total outlay to a particular care recipient as it does not include administration costs, travel time for service providers, etc.

Why is this collected? Information about the total amount of assistance provided to care recipients by service outlets facilitates interstate and cross-regional comparisons of CACP service provision and comparisons between different care recipient sub-populations. This data element could also help to reflect the needs of particular types of care recipients and to what extent these needs are being met.

Example *Mrs Dot Mason:*

During the census week Dot received the following assistance:

- one 2 hour visit on Monday from a care worker who took Dot food shopping in the morning. (It took about 15 minutes to get to the shops and back and about 45 minutes for shopping). She then helped Dot prepare frozen meals for the week (about 55 minutes). She also spent 5 minutes of this time checking that Dot was taking her medication correctly;
- 'meals on wheels' for lunch on Tuesday and Thursday;

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- transport assistance (which is brokered to a HACC provider) to take her to the doctor on Wednesday.
- one and a half hours of domestic assistance on Friday, which included 5 minutes of checking that Dot was taking her medication correctly; and
- a volunteer to walk Emma twice a week;
- During this week the case manager also spent approximately 30 minutes on the phone with Dot’s daughter, Meg, discussing additional social activity options for Dot.

The assistance that Dot receives would be recorded as:

- 45 minutes of social support (for the shopping)
- 1 hour of meal preparation/other food services (55 minutes is rounded to 1 hour)
- 1½ hours of domestic assistance (1 hour and 25 minutes is rounded up)
- 15 minutes of personal care (The 10 minutes spent checking medication (5 minutes on Monday plus 5 minutes on Friday) is rounded up to 15 minutes)
- 2 meals
- 4 one way trips for transport (a trip shopping and back and a trip to the doctors and back)
- 30 minutes case management/care coordination.

Emma is walked by a volunteer and is not recorded, even though this was arranged by Dot’s case manager.

| Amounts of service for Dot Mason | | hours | minutes |
|--|--|-------|---|
| Personal care (e.g. feeding, bathing, toileting, dressing, mobility and help with medication) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Domestic assistance (e.g. cleaning, washing, ironing) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Social support (e.g. assistance primarily directed at meeting the care recipients need for social contact and accompaniment) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Meal preparation/other food services (e.g. cooking and food storage) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Temporary respite care (Where the primary purpose is to substitute for the usual informal carer, excluding residential respite) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Rehabilitation support (Where CACP worker is playing an active role in implementing a professionally determined rehabilitation plan) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Home maintenance (e.g. changing light bulb, repairing roof, mowing lawn, removing rubbish) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |
| Meal deliveries (does not include meals prepared in care recipients own home) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> |
| Formal linen service (for linen provided and laundered) | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> |
| Transport | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> |
| CACP case management/care coordination | <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> |

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Mr Georgio Grasigli:

During the census week Georgio received:

- assistance with showering (for 60 minutes each visit) on Tuesday and Thursday (Anna bathed him on one other day); and
- 2 hours of domestic assistance on Thursday.
- Georgio and Anna normally receive transport assistance for them to attend church each Sunday, but the previous week Georgio was upset that the new transport worker was late. The following Monday their son Frank requested that new arrangements be made. So during the census week, the case manager spent 20 minutes on the phone to the HACC transport agency making new arrangements. As these arrangements could not be implemented immediately, the case manager also spent 20 minutes making arrangements for another church member transport Georgio and Anna to their Church on Sunday mornings for the next two weeks until the new transport arrangements can be implemented.

The assistance that Georgio receives would be recorded as:

- 2 hours of personal assistance (Anna’s help is not recorded);
- 2 hours of domestic assistance; and
- 45 minutes of case management/care coordination (the 40 minutes is rounded to the nearest 15 minute period).

No transport assistance. (The transport is not being provided by either the CACP service even though the case manager arranged it. In a normal week where the transport is provided by the HACC agency that the CACP outlet pays for, the transport would be recorded as 2 one-way trips.)

| Amounts of service for Georgio Grasigli: | | hours | minutes |
|--|---------------------------------|----------------------|---------------------------------|
| Personal care (e.g. feeding, bathing, toileting, dressing, mobility and help with medication) | <input type="text" value="2"/> | hours | <input type="text" value="00"/> |
| Domestic assistance (e.g. cleaning, washing, ironing) | <input type="text" value="2"/> | hours | <input type="text" value="00"/> |
| Social support (e.g. assistance primarily directed at meeting the care recipients need for social contact and accompaniment) | <input type="text" value="00"/> | hours | <input type="text" value="00"/> |
| Meal preparation/other food services (e.g. cooking and food storage) | <input type="text" value="00"/> | hours | <input type="text" value="00"/> |
| Temporary respite care (Where the primary purpose is to substitute for the usual informal carer, excluding residential respite) | <input type="text" value="00"/> | hours | <input type="text" value="00"/> |
| Rehabilitation support (Where CACP worker is playing an active role in implementing a professionally determined rehabilitation plan) | <input type="text" value="00"/> | hours | <input type="text" value="00"/> |
| Home maintenance (e.g. changing light bulb, repairing roof, mowing lawn, removing rubbish) | <input type="text" value="00"/> | hours | <input type="text" value="00"/> |
| Meal deliveries (does not include meals prepared in care recipients own home) | <input type="text" value="00"/> | No. of meals | |
| Formal linen service (for linen provided and laundered) | <input type="text" value="00"/> | No. of deliveries | |
| Transport | <input type="text" value="00"/> | No. of one-way trips | |
| CACP case management/care coordination | <input type="text" value="04"/> | hours | <input type="text" value="5"/> |

Question 23. Leave start and leave return dates

Question Was the care recipient on leave at any time during the census week?

Leave start date

Defined as If the care recipient was on leave at any time during the census week, the actual date on which a person commenced a period of leave.

Leave return date

Defined as The date on which a person returns from a period of leave from the CACP Programme, if they returned during the census week.

Guide for use A care recipient is considered to be on leave from the Programme if they request not to receive services for 5 or more consecutive days. Care recipients may take unlimited hospital leave during which time the service outlet is entitled to continue to claim the Community Care Subsidy in the name of the care recipient. Care recipients may also take 28 days leave in a financial year to receive alternative care, and a further 28 days in a financial year for other leave (including 'social' leave). 'Other' leave may be taken for any reason including if the care recipient's initial 28 days alternative care leave has been exhausted. (See question 25 for a definition of types of leave.)

For both alternative care leave and other leave, the service outlet can claim the Community Care Subsidy in respect of that person only for the initial 28 days of the leave period (56 days if the person is deemed to have been on leave for both alternative care and other reasons).

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

If the care recipient is still on leave at the end of the census week then 'leave return date' should be left blank.

If you ceased claiming a Community Care Subsidy for a care recipient whilst they were on leave, then the leave return date is the same as the date of cessation (see question 26).

Example A care recipient received care on 7 June 2002 and then entered hospital in the afternoon. The care recipient returned home and resumed care on 13 October 2002. Assuming that 13 October is in the period that the service outlet has decided to run the census, the question would be filled in thus:

| | | | |
|-----------------------------------|-----|-----|---------|
| Leave start date | 0 8 | 0 6 | 2 0 0 2 |
| | d d | m m | y y y y |
| Leave return date (if applicable) | 1 3 | 1 0 | 2 0 0 2 |

Why is this collected? Section 46-2 of the *Aged Care Act 1997* allows care recipients to request leave to temporarily enter hospital or receive alternative care services or for personal reasons, without losing access to their CACP. Periods of leave may affect the Community Care Subsidy payments available to a CACP provider.

Question 24. Extended leave

Question Was the care recipient on extended leave at any time during the census week?

Defined as A care recipient who is either on alternative care leave or other leave, for over 28 days (56 days if the person is deemed to have been on leave for both alternative care and other reasons).

Guide for use The care recipient is considered to be on extended leave if they take additional leave beyond their leave entitlements. A service outlet cannot claim the Community Care Subsidy in respect of a person who is on extended leave.

Why is this collected? To indicate the number of people who are on extended leave.

Question 25. Reason for leave

| | |
|-------------------------------|--|
| <i>Question</i> | What was the main reason the care recipient went on leave? |
| <i>Defined as</i> | The reason for which the care recipient went on leave. |
| <i>Guide for use</i> | <p>Alternative care: Includes situations where a care recipient receives care from an alternative service provider or programme that provides assistance at least equivalent to a CACP, such as residential respite care or short-term residential care. Excludes hospital care. A care recipient may take up to 28 days of alternative care leave in a financial year, during which time the service outlet can continue to claim the Community Care Subsidy in respect of that person.</p> <p>Hospital: Includes situations where the person enters hospital or receives intensive outpatient services. Care recipients may take unlimited hospital leave, during which time the service outlet is entitled to continue to claim the Community Care Subsidy in respect of that person.</p> <p>Other (including social leave): All other types of leave taken for personal reasons, including 'social' leave. Care recipients may also be deemed to be on 'other' leave when the care recipient has exceeded the maximum period of 'alternative care' leave available. Care recipients may take up to 28 days social leave in a financial year, during which time the service outlet can continue to claim the Community Care Subsidy in respect of that person.</p> |
| <i>Example</i> | <p>Mrs Kim Wu went into hospital for 2 weeks for a hip replacement operation. When she was discharged from hospital, Kim still needed additional care and went into a high care residential aged care service for 3 weeks alternative care. <i>The main reason Mrs Wu went on leave was for hospital care.</i></p> |
| <i>Why is this collected?</i> | Information on the reason why a person goes on leave provides descriptive information on care recipients. This information, in conjunction with <i>Leave start date</i> and <i>Leave return date</i> can also affect Community Care Subsidy payments available to a CACP provider. |

Question 26. Date of cessation

Question Did your agency cease claiming a Community Care Subsidy in the name of this person during the census week?

Defined as The date on which the service outlet last claimed the Community Care Subsidy in the name of the care recipient or would have stopped claiming the Community Care Subsidy had a subsidy been claimed in the care recipient's name, if this occurred during the census week.

Guide for use Not all care recipients have a Community Care Subsidy claimed in their name. For these care recipients the *Date of cessation* is the date on which the service outlet would have stopped claiming the Community Care Subsidy had a subsidy been claimed in their name.

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout.

Example 1 September 2002 would be recorded and reported as 01 09 2002.

| | | |
|---|---|---|
| No (go to Question 30) | | <input type="checkbox"/> |
| Yes (please specify date of cessation below) | | <input checked="" type="checkbox"/> |
| <input type="text" value="0"/> <input type="text" value="1"/> | <input type="text" value="0"/> <input type="text" value="9"/> | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> |
| d d | m m | y y y y |

Why is this collected? In conjunction with question 7 'What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?', the date your agency ceased claiming a Community Care Subsidy can be used to derive the length of time that the care recipient received assistance under the CACP Programme from the service outlet.

Question 27. Main reason for cessation

| | |
|-------------------------------|--|
| <i>Question</i> | What was the main reason that the person ceased receipt of a CACP from your service? |
| <i>Defined as</i> | The main reason for which the person ceased to receive assistance from the service outlet, during the census week, under the CACP Programme. |
| <i>Guide for use</i> | <p>This data should be recorded for care recipients who cease to receive CACP assistance from a service outlet. Where the care recipient has ceased to receive services for more than one reason, the service outlet should record the main, or primary, reason for the cessation of services.</p> <p>Care recipient no longer needs assistance from service outlet – problem resolved or recipient is managing on their own and/or with other forms of informal assistance: Includes situations where the care recipient’s need for assistance from the service outlet has reduced to the point where they can manage on their own, or where needed assistance is being provided by informal carers (e.g. family, friends or others).</p> <p>Care recipient has moved to residential aged care – high care, low care or level of care not known, and Care recipient has moved to institutional setting with 24-hour care (e.g. hospital): Includes situations where the care recipient’s needs have increased and they have been referred to other, more appropriate, forms of residential or institutional care.</p> <p>Care recipient referred to other community care programme: Includes situations where the service outlet is no longer the most appropriate service provider and the person has been referred to another community care provider/programme, or to another CACP provider.</p> <p>Care recipient moved out of area: Includes situations where the care recipient ceased to receive assistance from the service outlet because they moved out of the operating area of the service outlet, and not because of any change in their need for assistance.</p> <p>Care recipient terminated service: Includes situations where the decision to cease receiving assistance from the service outlet was made by the care recipient, and was not the result of the service outlet’s assessment of need, or due to any change in the recipient’s external circumstances.</p> |
| <i>Why is this collected?</i> | Main reason for cessation provides descriptive information on care recipients and contributes to a general understanding of the patterns of movement into and out of care. |

Question 28a. Types of assistance from other government programmes

Question If known, does the person currently receive any of the following types of assistance from another government programme on a regular basis (excluding services that you purchase for the person using CACP funds)?

Defined as Types of assistance currently received from another government programme on a regular basis, (excluding services that you purchase for the person using CACP funds).

Guide for use Please tick all relevant types of assistance being funded by other government programmes.

Do not include assistance that a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution).

Do not include assistance that you have brokered or subcontracted through other government programmes ie assistance paid for by CACP funding – that assistance should be recorded in question 22.

Personal care: Includes assistance with daily self-care tasks such as eating, bathing/showering/personal hygiene, toileting, dressing/undressing, mobility, and transfer. Personal care may also include control and administration of medication prescribed by a medical practitioner, administration of treatment such as eye drops, back rubs, dressings and urine tests, and fitting of sensory communication aids, and assistance with managing incontinence.

Domestic assistance: Refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping and bill paying. In remote areas, Domestic assistance may also include activities such as collection of firewood.
In deciding whether activities such as shopping or bill paying should be recorded as ‘Domestic assistance’ or ‘Social support’, the provider should use the following rule: if the person accompanies the worker during the activity this should be recorded as ‘Social support’; if the worker is not accompanied by the person, the activity should be recorded as ‘Domestic assistance’.

Social support: Refers to assistance provided by a care worker, either within the home environment or while accessing community services or facilities, which is primarily directed towards meeting the person’s need for social contact and/or accompaniment in order to participate in community life. ‘Social support’ includes services to assist the person to maintain their personal affairs such as letter writing, managing paperwork and making telephone-based contacts; shopping, bill paying and banking (when the person is accompanied by the care worker); keeping the person company; and, accompanying the person to social activities.

Meal preparation/other food services: Refers to assistance with the preparation and cooking of a meal in the recipient's home, including the storage of food.

Respite care: Refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient in their absence.

Home maintenance: Refers to assistance with the maintenance and maintenance-related repair of the person's home, garden or yard to keep their home in a condition of functional safety and provide an adequate level of security.

Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as installing a new roof, replacing guttering or roof retiling. Home maintenance also includes garden maintenance, such as weeding, lawn mowing and removal of rubbish.

Delivered meals: Refers to receipt of delivered meals only. It does not include meals prepared in the care recipient's home, or meals that are not paid for by a government programme. It does include meals that are prepared centrally by another government programme (or others) and then delivered to the person's home.

Formal linen service: Refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Formal linen service should only be recorded as a type of assistance when linen is both provided and laundered. It does not include instances where another government programme takes the care recipient's linen away for laundering elsewhere. Washing of clothes and other household linen in the person's home should be recorded under 'Domestic assistance'.

Transport: Refers to assistance with transportation to help the person shop, attend appointments, or attend social activities. Transport can either be provided directly by a care worker or contracted agency, or indirectly (e.g. taxi vouchers or subsidies).

Home modification: Refers to assistance with modifications or renovations to the person's home to help them cope with a disabling condition. Home modification includes modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms and other minor renovations.

Nursing care: Refers to professional care from a registered or enrolled nurse. It includes time spent recording observations of a client, where this is considered to be part of the nurse's duty of care.

'Nursing care' should not be used for activities undertaken by registered or enrolled nurses which belong more clearly to one of the other types of assistance specified in this data element. For example, if a nurse provides personal care at an occasion of service, then time spent undertaking the activity should be recorded as 'Personal care'.

Allied health care: (also known as paramedical care) refers to professional allied health care services, including podiatry, occupational therapy, physiotherapy, speech pathology and advice from a dietician or nutritionist.

'Allied health care' should not be used for activities undertaken by qualified allied health care workers which belong more clearly to one of the other types of assistance specified in this data element. For example, if an allied health care worker provides personal care at an occasion of service, then time spent undertaking the activity should be recorded as 'Personal care'.

Centre-based day care: Refers to attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in a centre-based setting. Centre-based day care also includes outings and day trips organised and conducted by a day care centre.

Provision of goods and equipment: Refers to the loan or purchase of goods and equipment to assist the person to cope with a disabling condition and/or maintain their independence.

Goods and equipment includes a wide range of items such as incontinence pads, dressing aids, wheelchairs, appliances (e.g. washing machines, microwave ovens). In remote Indigenous communities this may also include the purchase of firewood. 'Purchase' also refers to contributions to the purchase of such items.

Counselling/support, information and advocacy: Refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role, including advocacy and the provision of advice, information and training.

E.g. one-to-one dementia support, carer support and counselling, provision of information on other services in the area, training on safe ways to lift a person.

Financial assistance to buy continence aids: E.g. as provided under the CAAS programme (for the definition of CAAS see question 28b) or the equivalent State schemes (PADP, A&EP, CSS, MASS, ILEP, TIME, ACTES, CSES).

Other: Other services not listed that are provided by another government programme.

Please note:

Shopping: Shopping is not recorded as a separate activity. Shopping that is done on behalf of the care recipient should be recorded as 'Domestic assistance'. Shopping activities where the care recipient is accompanied should be recorded as 'Transport' and 'Social support'. If the person is transported to the shops but not accompanied whilst at the shops, this should be recorded as 'Transport' only.

Medication monitoring/nursing-type care: All medication monitoring and nursing-type care (such as checking wound dressings, continence care and skin integrity checks) should be recorded as 'Personal care'.

CACP CENSUS GUIDELINES

Example Ms Marge O'Brien has multiple sclerosis and receives additional financial assistance from the NSW Program of Appliances for Disabled People (PADP) to help purchase incontinence pads.

| | |
|--|---|
| Personal care <input type="radio"/> 1 | Nursing care <input type="radio"/> 13 |
| Domestic assistance <input type="radio"/> 2 | Allied health care <input type="radio"/> 14 |
| Social support <input type="radio"/> 3 | Centre-based day care <input type="radio"/> 15 |
| Meal preparation/other food services <input type="radio"/> 4 | Provision of goods and equipment <input type="radio"/> 16 |
| Respite care <input type="radio"/> 5 | Counselling/support <input type="radio"/> 17 |
| Home maintenance <input type="radio"/> 7 | Financial assistance to buy continence aids <input checked="" type="radio"/> 18 |
| Delivered meals <input type="radio"/> 8 | Other <input type="radio"/> 19 |
| Formal linen service <input type="radio"/> 9 | No - does not receive any of these types of assistance from another programme (go to end) <input type="radio"/> 0 |
| Transport <input type="radio"/> 10 | |
| Home modification <input type="radio"/> 12 | Don't know (go to end) <input type="radio"/> 99 |

Why is this collected? This information is being collected to clarify the types of service patterns used to complement/supplement CACP services. It is anticipated that this information will not be collected in the longer term.

Question 28b. Other government programmes providing assistance

Question If the person receives any of the types of assistance listed above from another government programme (i.e. not purchased for the person using CACP funds), which programme(s) provides that assistance listed above (if known)?

Defined as The programmes that provide assistance as specified in question 24a.

Guide for use Please tick all relevant programmes providing assistance.

If a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution), then do not record that type of assistance under 28a or 28b.

The **Continence Aids Assistance Scheme (CAAS)** is a Commonwealth-funded programme that provides financial assistance to buy continence aids. It is targeted at people aged 16 to 65 years who have permanent incontinence. People aged 65 years and over may access the scheme if they continue to work 8 hours a week.

The **Day Therapy Centre Programme** provides a wide range of services (such as physiotherapy, occupational therapy, speech therapy and podiatry) to frail older people who live in the community or in Commonwealth-funded residential aged care homes and some younger people with a disability. Therapy services are offered to individuals or groups to assist care recipients to either maintain or recover a level of independence which will allow them to remain living in the community or in low level residential day care. Day Therapy Centres do not include Day Care Centres.

CSDA (Commonwealth/State Disability Agreement) funded disability services include a range of services provided by the Commonwealth Government and the State and Territory Governments under the CSDA Agreement. Services include accommodation support, community support services, services to improve community access, respite, employment services, advocacy, print disability and information services.

Note: the CSDA has recently been renamed as the CSTDA (Commonwealth-State/Territory Disability Agreement) however, as this change is as yet not well known in the field the old term has been used.

Other programmes includes all other programmes funded by Commonwealth, State or local government, or by private organisations (including for-profit and not-for-profit organisations) which are funded by government grants.

Example

Ms Marge O'Brien has multiple sclerosis and receives additional financial assistance from the NSW Program of Appliances for Disabled People (PADP) to help purchase incontinence pads.

| | |
|---|---|
| Home and Community Care (HACC) <input type="radio"/> 1 | Day Therapy Centre Programme <input type="radio"/> 4 |
| Department of Veterans' Affairs <input type="radio"/> 2 | CSDA-funded disability support services <input type="radio"/> 5 |
| National Respite for Carers Programme <input type="radio"/> 3 | Continence Aids Assistance Scheme <input type="radio"/> 6 |
| Don't know <input type="radio"/> 9 | Other programme(s), <i>please specify</i> : |
| | Program of Appliances for Disabled People (PADP) |

Why is this collected?

This information is being collected to clarify the types of service patterns used to complement/supplement CACP services. It is anticipated that this information will not be collected in the longer term.

Appendix A Countries of Birth

OCEANIA AND ANTARCTICA

Australia (includes External Territories)

Australia
Norfolk Island
Other Australian External
Territories

New Zealand

New Zealand

Melanesia

New Caledonia
Papua New Guinea
Solomon Islands
Vanuatu

Micronesia

Guam
Kiribati
Marshall Islands
Micronesia, Federated States
of Nauru
Northern Mariana Islands
Palau

Polynesia (excludes Hawaii)

Cook Islands
Fiji
French Polynesia
Niue
Samoa
Samoa, American
Tokelau
Tonga
Tuvalu
Wallis and Futuna
Polynesia (excludes
Hawaii), not elsewhere
classified

Antarctica

Adélie Land (France)
Argentinian Antarctic
Territory
Australian Antarctic
Territory
British Antarctic Territory
Chilean Antarctic Territory
Queen Maud Land
(Norway)

Ross Dependency (New
Zealand)

NORTH-WEST EUROPE

United Kingdom

Channel Islands
England
Isle of Man
Northern Ireland
Scotland
Wales

Ireland

Ireland

Western Europe

Austria
Belgium
France
Germany
Liechtenstein
Luxembourg
Monaco
Netherlands
Switzerland

Northern Europe

Denmark
Faeroe Islands
Finland
Greenland
Iceland
Norway
Sweden

SOUTHERN AND EASTERN EUROPE

Southern Europe

Andorra
Gibraltar
Holy See
Italy
Malta
Portugal
San Marino
Spain

South Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus

Former Yugoslav Republic
of Macedonia (FYROM)

Greece

Moldova

Romania

Slovenia

Yugoslavia, Federal
Republic of

Eastern Europe

Belarus

Czech Republic

Estonia

Hungary

Latvia

Lithuania

Poland

Russian Federation

Slovakia

Ukraine

NORTH AFRICA AND THE MIDDLE EAST

North Africa

Algeria

Egypt

Libya

Morocco

Sudan

Tunisia

Western Sahara

North Africa, not elsewhere
classified

Middle East

Bahrain

Gaza Strip and West Bank

Iran

Iraq

Israel

Jordan

Kuwait

Lebanon

Oman

Qatar

Saudi Arabia

Syria

Turkey

United Arab Emirates

Yemen

SOUTH-EAST ASIA

Mainland South-East Asia

Burma (Myanmar)
Cambodia
Laos
Thailand
Viet Nam

Maritime South-East Asia

Brunei Darussalam
Indonesia
Malaysia
Philippines
Singapore

NORTH-EAST ASIA

Chinese Asia (includes Mongolia)

China (excludes SARs and Taiwan Province)
Hong Kong (SAR of China)
Macau
Mongolia
Taiwan (Province of China)

Japan and the Koreas

Japan
Korea, Democratic People's Republic of (North)
Korea, Republic of (South)

SOUTHERN AND CENTRAL ASIA

Southern Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

Central Asia

Afghanistan
Armenia
Azerbaijan
Georgia
Kazakhstan
Kyrgyz Republic
Tajikistan
Turkmenistan
Uzbekistan

AMERICAS

Northern America

Bermuda
Canada
St Pierre and Miquelon
United States of America

South America

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Falkland Islands
French Guiana
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela
South America, not elsewhere classified

Central America

Belize
Costa Rica
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama

Caribbean

Anguilla
Antigua and Barbuda
Aruba
Bahamas
Barbados
Cayman Islands
Cuba
Dominica
Dominican Republic
Grenada
Guadeloupe
Haiti
Jamaica
Martinique
Montserrat
Netherlands Antilles
Puerto Rico
St Kitts and Nevis
St Lucia
St Vincent and the Grenadines
Trinidad and Tobago
Turks and Caicos Islands
Virgin Islands, British
Virgin Islands, United States

SUB-SAHARAN AFRICA

Central and West Africa

Benin

Burkina Faso
Cameroon
Cape Verde
Central African Republic
Chad
Congo
Congo, Democratic Republic of
Côte d'Ivoire
Equatorial Guinea
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tomé and Príncipe
Senegal
Sierra Leone
Togo

Southern and East Africa

Angola
Botswana
Burundi
Comoros
Djibouti
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mayotte
Mozambique
Namibia
Réunion
Rwanda
St Helena
Seychelles
Somalia
South Africa
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe
Southern and East Africa, not elsewhere classified