OCHREStreams

On-line Services Report (OSR)

DATA COLLECTION INSTRUMENT 2017 - 2018

Final Version

This document provides details of the questions and user guide for the 2017-18 OSR.

The 2017-18 OSR must be completed online on OCHREStreams. **This document is a representation of the questions in the online version and is to be used as a guide only**. The display of the questions and the user help text may be different in the on-line version.

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LEGEND

Throughout this document:

Module Help Text: help text appearing at the Module level

Sub-Module Help Text: help text appearing at the Sub-module level

Question Help Text: help text appearing at the question level

Control Help Text: tip to complete the form such as "Tick all that apply"

<Control Text> internal technical type (e.g. Text, Number, Classification list, Pick list etc.)

<Free text box>. Applied to Pick Lists with "Other (please specify)" item.

ADD BUTTON allows adding extra fields.

Linked questions: questions that are related to each other.

ORGANISATION PROFILE

PURPOSE: Questions P-2a and P-2b have been added to allow greater accuracy and usability in reporting and analysis, which may be of benefit to government and non-government users of the data and to those responsible for reporting.

Organisation Profile

P-1 Reporting organisation contact details.

This question provides contact details of the organisation's representative in case information provided in the OSR needs to be clarified.

First Name	*<Text>*
Last Name	*<Text>*
Position	*<Text>*
Email Address	*<Text>*
Phone	*<Text>*
Fax	*<Text>*
Mobile	*<Text>*
Most convenient time to contact	*<Text>*

P-2a What is your organisation's service delivery purpose(s)?

	Tick all that apply
Primary health care	☐
Alcohol / Drug treatment	☐
Link Up / Bringing Them Home	☐
Peak body (e.g. NACCHO Affiliate)	☐
Other (please specify) *<Text>* ADD	

P-2b What is your organisation's Governance model?

DEFINITION:
Aboriginal Community Controlled Health Organisation
- Aboriginal Community Controlled Health Organisations are primary health care services operated by local Aboriginal and Torres Strait Islander communities through an elected board of management to deliver comprehensive and culturally appropriate health care to communities.
- Organisations controlled by Government to any extent are excluded.
- Organisations which adopt a vertical approach to health, inconsistent with the Aboriginal holistic definition of health as defined by the National Aboriginal Health Strategy are excluded.

	Tick all that apply
Aboriginal and Torres Strait Islander community controlled	☐
Other non-Government organisation	☐
Government organisation	☐
Other (please specify) *<Text>* ADD	

Smoke free workplace

P-3 Is your organisation a smoke-free workplace or implementing smoke-free policies?	○ Yes ○ No
P-4 Do all staff have access to smoking cessation resources, services and materials to support their own cessation attempts?	○ Yes ○ No

Service delivery sites

Service delivery site

PURPOSE: This sub-module collects basic information required for each service delivery outlet or site at which your organisation delivers services. The purpose of this data is to provide an accurate picture of the location of service and to provide a brief picture of the types of services delivered at each location. Once collected, this data can be used for multiple purposes and should reduce the repeated collection of this basic information.

This is the only module that records details at the individual service delivery outlet or site level: all other modules collect data about your organisation as a whole.

Include: all service delivery outlets or sites owned, leased or otherwise controlled by your organisation, unless they are only visited by mobile services.

Do not include: service delivery outlets or sites only visited by mobile services.

Whether a service delivery outlet or site should be considered a satellite of a larger organisation or submit an OSR report in its own right will be defined as part of the organisation's funding agreement.

Complete this section for each service delivery outlet or site for your organisation. All organisations should complete questions P-5a, P-5b and P-6. Complete questions P-7a and P-7b if your organisation receives Primary Health Care (PHC) or Social and Emotional Well-Being (SEWB) (that is, BTH & Linkup) funding. Only complete Question P-8 if your organisation receives Stand Alone Substance Use funding.

If you have more than one service delivery outlet or site, click on the **'Add a delivery site'** button to add each additional service delivery outlet or site. Be sure to include all service delivery outlets or sites owned, leased or otherwise controlled by your organisation, unless they are only visited by mobile services.

P-5a Service delivery site name	*<Text>*

P-5b Service delivery site address

Street Address	*<Text>*
City / Suburb	*<Text>*
State	*<Text>*
Postcode	*<Text>*

P-6 How many days per week does the service delivery site operate?

Less than 1 day per week	○
1 to 4 days per week	○
5 days per week or more	○

P-7a Which services are provided from this location?

Outside normal opening hours is formally defined as:
* Between 8:00 pm and 8:00 am on weekdays
* After 1:00 pm on Saturdays
* All day on Sundays and Public Holidays

Tick all that apply

	During usual opening hours	Outside usual opening hours
Diagnosis and treatment of chronic illness / diseases	☐	☐
Diagnosis and treatment of infectious illness / diseases	☐	☐
Treatment of injury	☐	☐
Antenatal care	☐	☐
Maternal and child health care	☐	☐
Social & Emotional Well-Being / Mental health / Counselling	☐	☐
Substance Use / Drug and alcohol programs	☐	☐
Hospital inpatient / Outpatient care	☐	☐
Care in police station / Lockup	☐	☐
Tobacco programs	☐	☐
Transport	☐	☐
Other (please specify) *<Text>* ADD	☐	☐

P-7b Do you offer 24-hour emergency care from this location?

○ Yes	
○ No	

P-8 Which services are provided from this location?

Outside normal opening hours is formally defined as:

* Between 8:00 pm and 8:00 am on weekdays
* After 1:00 pm on Saturdays
* All day on Sundays and Public Holidays

Tick all that apply

	During usual open hours	Outside usual opening hours
Receive referrals (admissions, assessments, referrals etc.)	☐	☐
Residential counselling	☐	☐
Non-residential counselling	☐	☐
Residential group work	☐	☐
Group work with clients not in residential care	☐	☐
Mobile assistance patrol / Night patrol	☐	☐
Other (please specify) *<Text>* ADD	☐	☐

ADD A DELIVERY SITE

CLINICAL SERVICES

Clinical Services are those services delivered to individual clients and/or families, in both clinic and home / community settings, including treatment, prevention and early detection, rehabilitation and recovery, and clinical support systems.

PURPOSE: This module provides a basic measure of activity and volume of services delivered. These questions have been used in the current OSR for many years and can provide a long term time series. The data collected can provide measures of effort and service load by provider type and for transport.

Good clinical practice requires that a service's medical records be reviewed regularly and records of deceased clients, clients who have migrated from the area, and any other clients who have become 'inactive' should be archived.

For all questions requiring quantitative data on client counts or activity, include clients who died, or who have migrated out of the area or whose records are archived at the reporting date; but who had recorded contact with the organisation during the reporting period.

Episodes of Care

Episodes of care

DEFINITIONS: An episode of care is a contact between an individual client and service, with one or more staff, to provide health care (e.g. for sickness, injury, counselling, health education, screening) within one calendar day. All contacts on the one day are treated holistically as one episode of care.

For example:
• If a patient came to the service and is seen by an Aboriginal Health Worker (AHW) and nurse this counts as one episode of care.
• If a person has a wound treated one day and then has the dressing changed the following day, this counts as two episodes of care.

- **Include:**
• health care provided through all sources of funding (e.g. IHD, State government etc.);
• health care provided through the health service where the staff are volunteers or funded by another organisation;
• outreach (care delivered at outstation visits, park clinics, satellite clinics etc.);
• care delivered over the phone which results in an update to the patient's individual record;
• transport only if it also involves direct provision of health care/information by your staff;
• care delivered to visitors or transients;
•telephone-clinical contact with clients that is of a clinical nature;
•hospital contact with clients when they are in hospital;
•other clinical consultation in 'other' location (such as tents/car/under a tree, etc).

- **Do not include:**
• residential care (Residential care is recorded in the Substance Use module);

• groups (e.g. antenatal classes, men's groups, support groups)
• administration contacts with clients (e.g. receptionist making a booking, arranging transport to a hospital clinic)
- For family / relationship counselling, only include clients who have their own record or file, even if seen as a couple or family group.

- If the gender of the patients has not been recorded indicate this number in the "Not Recorded" column provided.

- **Transport.** Example: If a man is driven to the health service to take part in a diabetes support group and then driven to the local hospital for a specialist output clinic appointment, this is not recorded as an episode of care. This should be recorded as two transport contacts in question CS-2 and the group activity should be recorded in HP-1.

- **Estimation:** If accurate data are not available for the full year, please estimate based on a representative part of the year. For example, if figures can be derived for three months, then multiply these counts by four to get estimates for the year. Organisations are asked to indicate the basis for any estimates used.

Episodes of care

CS-1a How many Episodes of Care were provided by your organisation during the period 1 July 2017 to 30 June 2018?

	Male clients	Female clients	Gender not recorded	Total
Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

CS-1b Are the figures provided above an estimate?

○ Yes
○ No

CS-1c If Yes, please outline the basis for the estimate.

<Text>

CS-1d Please provide any additional comments or notes in relation to the data supplied above.

<Text>

Client Contacts

Client contacts

CS-2 How many client contacts were made by each type of worker from the organisation during the period 1 July 2017 to 30 June 2018?

DEFINITIONS: Count the number of client contacts with health workers from your organisation during the period 1 July 2017 to 30 June 2018.

- **Include:**
• Contacts with staff and visiting health professionals whether or not paid by your service;
• All contacts involving transport;
• Ensure all staff listed in CS-2 are also recorded in questions relating to Workforce questions W-2 and W-4.

- **Do not include:**
• those contacts solely part of a group or health promotional activity;
• residential care (Residential care is recorded in the Substance Use module);
• administrative contacts (e.g. the receptionist making an appointment for a client).
Where an AHW provides health care and transport as part of the one contact, record this as an AHW contact.

For the 2018 collection, organisations without supported systems / extract tools have the option of submitting data without Indigenous status breakdown. If this option is chosen please show staff category and sex breakdown in the Not Recorded columns.

U/N: Unknown

	Aboriginal and Torres Strait Islander			**Non-Aboriginal and Torres Strait Islander**			**Status not recorded**		
	M	F	U/N	M	F	U/N	M	F	U/N
Aboriginal and Torres Strait Islander Health Worker (ATSIHW) (*ATSIHW providing transport without providing health care should be shown in 'Transport' below)									
Aboriginal and Torres Strait Islander Health Practitioner									
Doctor – General Practitioner									
Nurses									
Midwives									
Substance misuse / Drug and alcohol worker									
Tobacco worker / Coordinator									
Dentists / Dental therapists									
Dental support (e.g. dental assistant / dental technician)									

	Aboriginal and Torres Strait Islander			Non-Aboriginal and Torres Strait Islander			Status not recorded		
	M	F	U/N	M	F	U/N	M	F	U/N
Sexual health worker									
Traditional healer									
Other health / Clinical staff									
Transport (e.g. ATSIHW / Field officer / Driver contacts) - taking clients to health professionals who **DO NOT** work for this organisation **Note:** Transport contacts are not included in episodes of care									
Transport (e.g. ATSIHW / Field officer / Driver contacts) - taking clients to health professionals who **DO** work for this organisation **Note:** Transport contacts are not included in episodes of care									

Medical specialists

	Aboriginal and Torres Strait Islander			Non-Aboriginal and Torres Strait Islander			Status not recorded		
	M	F	U/N	M	F	U/N	M	F	U/N
Paediatrician									
Endocrinologist									
Ophthalmologist									
Obstetrician / Gynaecologist									
Ear nose and throat specialist									
Cardiologist									
Renal Medicine specialist									
Psychiatrist / Psychiatric register									
Dermatologist									
Surgeon									
Specialist other or not specified									

Social & Emotional Well-Being staff / Counsellors

	Aboriginal and Torres Strait Islander			Non-Aboriginal and Torres Strait Islander			Status not recorded		
	M	F	U/N	M	F	U/N	M	F	U/N
Psychologist									
Counsellor									
Social worker									
Welfare worker									
SEWB staff – Link Up caseworker									
SEWB staff other or not specified									

Allied health professionals

	Aboriginal and Torres Strait Islander			Non-Aboriginal and Torres Strait Islander			Status not recorded		
	M	F	U/N	M	F	U/N	M	F	U/N
Audiologist / Audiometrist									
Diabetes educator									
Dietician									
Optometrist									
Pharmacist									
Physiotherapist									
Podiatrist									
Speech pathologist									
Allied health other or not specified									

Linked questions:

W-2: number of paid FTE workers
W-4: number of unpaid FTE workers
SE-7: number of client contacts by funded counsellors
L-7: number of client contacts by funded counsellors

Number of clients

CS-3a How many individual clients were seen by your organisation during the period 1 July 2017 to 30 June 2018?

For this question, count how many individual clients received health care from staff or visiting health professionals at your organisation during the period 1 July 2017 to 30 June 2018. Count each client once only, no matter how many times they attended.

Reminder – If your organisation receives Primary Health Care funding, all clients should also be recorded.

- **Include:** visitors and transients
- **Do not include:**
• a client if they only attended groups and did not receive any individual care during the year;
• a client if they were transported but did not receive any individual care during the year.

- For family groups, only count people who have their own file / record.
- Estimate numbers if accurate figures are not available

	Male clients	Female clients	Gender not recorded	Total
Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

CS-3b Are the figures provided above an estimate?

- ○ Yes
- ○ No

CS-3c If Yes, please outline the basis for the estimate.

<Text>

CS-3d Please provide any additional comments or notes in relation to the data supplied above.

<Text>

Linked questions:

SE-6: number of individual clients seen by funded counsellors
L-6: number of individual clients seen by funded counsellors

Clinical Activity and Access to Health Services

Clinical activity

CS-4 Record the count for the following clinical activities carried out during the period 1 July 2017 to 30 June 2018.

PURPOSE: The purpose of this question is to provide a measure of the volume of some key activities conducted by the health service. Where the focus of the nKPIs is on quality measures (and can only be used at an aggregated, jurisdictional level), this question looks at straight activity measures on key primary health care functions.

DEFINITION: Record all activity no matter whether the client concerned was a visitor, transient, regular client or not a regular client.

	Aboriginal and Torres Strait Islander	**Non-Aboriginal and Torres Strait Islander**	**Status not recorded**	**Total**
MBS rebateable (Item 715) Aboriginal and Torres Strait Islander adult health checks (25 years plus)	*Number*	*Number*	*Number*	*Calculated*
Alternative Aboriginal and Torres Strait Islander adult health checks (25 years plus)	*Number*	*Number*	*Number*	*Calculated*
MBS rebateable (Item 721) GP chronic disease management plans established	*Number*	*Number*	*Number*	*Calculated*
Alternative chronic disease management plans established	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Access to specialist, allied health and dental services

CS-5a Which of the listed medical specialist services, allied health services and dental services does your organisation provide on-site or facilitate off-site access to?

Facilitated access refers to having an established referral pathway. This goes beyond simply making a referral to include an established relationship which facilitates patient continuity of care, for example through an effective system for alerting 'Did Not Attends'. The arrangement may be with a public or private provider.

The question has two parts:

- The first asks about those specialist or allied health services provided on site (by a paid/contracted staff or visiting specialist or allied health workers) or that your organisation facilitates access to off-site through a service provided by another organisation.
- The second part scores the level of access your clients have to these services using the scale below. Note that this access may be through a standard referral process.

For each of the listed specialist or allied health services, score the level of access of your clients using the following scale. (This access may be through routine referrals)

0- Not applicable / unable to answer

1- Usually all clients are able to see the specialist or allied health professional within a clinically appropriate time

2- Usually clients with high priority needs are able to see the specialist or allied health professional within a clinically appropriate time, but clients with lower priority needs often have to wait an excessive time

3- Often clients with high priority needs have to wait a clinically unacceptable time

Tick all that apply

	On site	Facilitate off site access	Access 0 to 3
Medical specialist services			
Cardiologist	☐	☐	*Number*
Renal specialist	☐	☐	*Number*
Ophthalmologist	☐	☐	*Number*
Paediatrician	☐	☐	*Number*
Psychiatrist	☐	☐	*Number*
Diabetes specialist or diabetes specialist clinic	☐	☐	*Number*
ENT specialist	☐	☐	*Number*
Other (please specify) *<Text>* ADD	☐	☐	*Number*

	On site	Facilitate off site access	Access 0 to 3
Allied health services			
Physiotherapist	☐	☐	*Number*
Diabetes educator	☐	☐	*Number*
Psychologist	☐	☐	*Number*
Dietician	☐	☐	*Number*
Podiatrist	☐	☐	*Number*
Optometrist	☐	☐	*Number*
Audiologist / Audiometrist	☐	☐	*Number*
Other (please specify) *<Text>* ADD	☐	☐	*Number*
Dental services			
Dental Assessment / Treatment (including from dentist, dental therapist etc.)	☐	☐	*Number*

CS-5b If your organisation provides dental assessment or treatment on-site what is the current estimated waiting time (weeks) for a first routine (non-urgent) appointment?

Number

Dental treatment and assessment could be conducted by a dentist or by a dental therapist or dental hygienist.

Social and Emotional Wellbeing

CS-6a What are the most important SEWB issues in terms of staff time and organisational resources that your organisation provided treatment / assistance for during the period 1 July 2017 to 30 June 2018?

SEWB issues should be considered on the basis of the staff time and organisational resources required to deal with them (i.e. not just the most common issues in the community or the ones most frequently presented).

This question seeks the informed perception of relevant staff. It has deliberately been kept simple to reduce reporting effort by asking to select the top five SEWB issues instead of ranking them to avoid additional work for organisations.

	Tick up to 5
Anxiety / Stress	☐
Depression	☐
Self-harm / Suicide	☐
Schizophrenia or other psychotic disorder	☐
Grief and loss issues	☐
Survivor of childhood sexual assault	☐
Sexual assault	☐
Issues with sexuality	☐
Family / Relationship issues	☐
Family and community violence	☐
Removal from homelands / Traditional country	☐
Loss of cultural identity	☐
Trauma	☐
Other (please specify) *<Text>* ADD	

CS-6b Did your organisation provide services to members of the Stolen Generation.

○ Yes
○ No

CS-6c What mental health / social and emotional well-being services did your organisation provide during the period 1 July 2017 to 30 June 2018?

The organisation conducts counselling or mental health promotion targeted at particularly vulnerable groups or situations aimed at preventing self-harming behaviour and suicide.

Tick all that apply

None	☐
Short term counselling	☐
Long term or ongoing counselling	☐
Organisation regularly participates in case management with other agencies	☐
Workers visit clients at home	☐
Outreach services to public / Private institutions	☐
Clients with mental health problems are referred by other organisations	☐
Group activities	☐
Self-harm and suicide prevention	☐
Other (please specify) *<Text>* **ADD**	

Substance Use

CS-7a What are the most important substance use issues in terms of staff time and organisational resources that your organisation provided treatment / assistance for during the period 1 July 2017 to 30 June 2018?

Substance use issues should be considered on the basis of the staff time and organisational resources required to deal with them (i.e. not just the most common issues in the community or the ones most frequently presented).

This question seeks the informed perception of relevant staff. It has deliberately been kept simple to reduce reporting effort by asking to select the top five substance use issues instead of ranking them to avoid additional work for organisations.

	Tick up to 5
Alcohol	☐
Tobacco / Nicotine	☐
Cannabis / Marijuana	☐
Petrol	☐
Other solvents / Inhalants (chroming, paint, glue, aerosol cans)	☐
Heroin	☐
Morphine	☐
Barbiturates (downers, Phenobarbital, Amytal)	☐
Cocaine (coke, crack)	☐
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	☐
Amphetamines (ice, speed)	☐
Ecstasy	☐
LSD (acid, trips)	☐
Kava	☐
Steroids / Anabolic agents	☐
Multiple drug use	☐
Other (please specify) *<Text>* ADD	

CS-7b What substance programs or activities did your organisation provide during the period 1 July 2017 to 30 June 2018?

	Tick all that apply
None	☐
Individual counselling	☐
Needle exchange	☐
Methadone management	☐
Medicated detoxification	☐
Non-medicated detoxification	☐
Crisis intervention	☐
Group counselling	☐
School education and visits	☐
Community education / Activities	☐
Tobacco control program	☐
Youth programs (e.g. volatile substance abuse)	☐
Support groups	☐
Telephone counselling	☐
Does the organisation host a Regional Tackling Smoking and Health Lifestyle team	☐
Mobile assistance / Night patrols	☐
Other (please specify) *<Text>* ADD	

Provision of Clinical or Health Related Services

Clinical or health related services

CS-8 Which of the following clinical or health related services did your organisation provide?

Arrangements for free provision of medical supplies/pharmaceuticals: the service has a formal policy and process for the provision of free supplies to selected clients. The policy should address the criteria for the provision of such supplies.

Routine STI screening / early detection: screening here refers to screening within a service setting, not population screening.

Clinical services to people in remand / custody: the organisation routinely provides services (e.g. clinical, counselling) to people in remand or custody. This would usually be in the context of an established arrangement.

Aged care: the organisation routinely provides clinical and support services to older people, including:
• coordination of care with a multidisciplinary team approach (especially including allied health professionals); and/or
• assessment, case management, therapy and regular review in association with allied health professionals; and/or
• routine management of acute and chronic medical conditions; and/or
• referral and support to access aged care services and for needs of carers / families; and/or
• specific group activities for older people; and/or
• visiting services to older people at home or in residential aged care facilities.

Services to people with a disability: the organisation provides clinical and support services to people with disabilities, including:
• coordination of care with a multidisciplinary team approach (especially including allied health professionals); and/or
• assessment, case management, therapy and regular review in association with allied health professionals; and/or
• routine management of acute and chronic medical conditions; and/or
• referral and support to access disability care services and for needs of carers / families; and/or
• specific group activities for people with disabilities; and/or
• visiting services to people with disabilities at home.

Palliative care: the organisation provides clinical management and care coordination including assessment, triage and referral using a palliative approach for patients with uncomplicated needs associated with a life limiting illness or end of life care. Service also has formal links with a specialist palliative care provider for purposes of referral, consultation and access to specialist care as necessary. This would generally be provided at the Service by a team consisting of a general medical practitioner, nurses, aboriginal health workers and allied health staff.

Medical evacuation services: if selected, you will be prompted to describe whether your:

• Service routinely pays for the evacuation of clients
• Service has established arrangements and procedures for the evacuation of clients

	Tick all that apply
Arrangements for free provision of medical supplies / Pharmaceuticals	☐
Child immunisation	☐
Keep track of clients needing follow-up	☐
Routine STI screening / Early detection	☐
Dialysis service on site	☐
Clinical services to people in remand / Custody	☐
Aged care	☐
Services for people with a disability	☐
Palliative care (looking after people with a life-limiting illness)	☐
Medical evacuation services	☐
Service routinely pays for the evacuation of clients	☐
Service has established arrangements and procedures for the evacuation of clients	☐

Continuity of care

CS-9 Continuity of care with local hospitals(s) and specialists

The data items under this question aim to capture aspects of how well care is coordinated with and shared between your organisation and the local hospital(s) and with specialists. Information from this question may also help identify issues and barriers faced by organisations and potential gaps in services.

Organisation has established relationships with Aboriginal Liaison Officers at the local hospital(s)	○ Yes
	○ No
	○ N/A

	Tick all that apply
Staff from our organisation regularly visit our clients in hospital	☐
Discharge planning for Aboriginal and Torres Strait Islander patients is well coordinated with our organisation. (e.g. Prior notification of discharge, provision of medicines, arrangements for transport, liaison with GP and family, timely provision for discharge)	☐
Staff from our organisation regularly attend hospital and / or specialist appointments with clients to provide support	☐
There are effective shared care arrangements for the management of people with chronic disease between our organisation and local hospitals(s)	☐

Maternal and Child Health

The 'Maternal and Child Health' sub-module should be completed by all organisations that receive Primary Health Care funding and all organisations that receive funding through the New Directions - Mothers and Babies Services.

The New Directions (ND) funding provides Aboriginal and Torres Strait Islander children and their mothers with increased access to:

- antenatal and postnatal care
- standard information about baby care
- practical advice and assistance with breastfeeding, nutrition and parenting
- monitoring of developmental milestones, immunisation status and infections
- health checks and referrals to treatment for Indigenous children before starting school.

For organisations receiving ND funding, the Maternal and Child Health sub-module is seeking data that demonstrate the types of service activities that are supported through the ND program.

PURPOSE: Maternal and child health (MCH) is one of the core functions of primary health care. This data collected will inform policy development and planning, demonstrate the volume and coverage of service and delivery and provide information about gaps in service coverage.

One of the themes of the Maternal and Child Health funding is the provision of child health and development assessments through child and family health nurses or AHW. This is reflected in the questions MCH-1 which collects data on the number of MBS 10986 healthy kids check conducted.

DESCRIPTION: The data items in this module aim to record details of the volume of key antenatal and MCH activity conducted by your organisation and on the numbers of mothers and children seen for routine antenatal care (ANC) and maternal child services (MCH).

Maternal and child health

MCH-1 Record the number of child health checks conducted in the period 1 July 2017 to 30 June 2018 (Record all health checks conducted).

An alternative Aboriginal and Torres Strait Islander child health check is a child health check that:
* is conducted as per local service guidelines
* aligns with the key elements of the item 715 health check
* is not rebateable under Medicare

	Number conducted
MBS rebateable (Item 715) Aboriginal and Torres Strait Islander child health checks conducted on children 0-4 years	*Number*
Alternative Aboriginal and Torres Strait Islander child health checks conducted on children 0-4 years	*Number*
MBS rebateable (item 10986) Healthy Kids checks conducted	*Number*

Antenatal care

These questions collect data on Antenatal Care (ANC) activities conducted by your organisation. If your organisation received funding through the New Directions program, you will also be asked to estimate the amount of this activity carried out under New Directions funding.

MCH-2 For this question, count the number of individual mothers who have attended a routine antenatal care conducted by your organisation during the period 1 July 2017 to 30 June 2018.

As per the World Health Organization definition, ANC consists of services focusing on advice and guidance on pregnancy and delivery, screen tests, education on self-care during pregnancy, first-line management and referral if necessary.

Count the number of mothers who have attended at least one routine antenatal care visit at the service during the period 1 July 2017 to 30 June 2018. Count all mothers who have had antenatal care, whether or not they gave birth during the year.

For New Directions funded services only:
If your organisation receives New Directions funding, you are asked to estimate what proportion of your total ANC and MCH activity has been carried out under the New Directions funding.

The amount of activity carried out under the New Directions funding can be estimated by keeping detailed records for one month or by apportioning on the basis of the proportion of overall ANC/MCH budget that is derived from New Directions funding or through any other method that is convenient for your organisation.

	Aboriginal and Torres Strait Islander	**Non- Aboriginal and Torres Strait Islander**	**Status not recorded**	**% activity under New Directions funding**
Number of individual mothers who have attended at least one routine antenatal care visit during the period	*Number*	*Number*	*Number*	*Number*
Total number of routine ANC visits by mothers during the period	*Number*	*Number*	*Number*	*Number*

Group and outreach activities

MCH-3 Record whether your organisation ran the following antenatal and maternal group activities during the period 1 July 2017 to 30 June 2018. Where possible, record the number of sessions run. (This count may be an estimate. For example, use the count for one month multiplied by 12 to get an annual estimate). Please count both groups that have met regularly and 'one off' events.

For New Directions funded services only:

If your organisation receives New Directions funding, you are asked to estimate what proportion of your total

ANC and MCH activity has been carried out under the New Directions funding.
The amount of activity carried out under the New Directions funding can be estimated by keeping detailed records for one month or by apportioning on the basis of the proportion of overall ANC/MHC budget that is derived from New Directions funding or through any other method that is convenient for your organisation.

	Tick all that apply	Number of group sessions conducted	% activity under New Directions funding
Not Applicable	☐		
Antenatal groups	☐	*Number*	*Number*
Maternal and baby / child health groups	☐	*Number*	*Number*
Parenting and parenting skills groups	☐	*Number*	*Number*
Home visiting	☐	*Number*	*Number*
Other (please specify) *<Text>* ADD	☐	*Number*	*Number*

Antenatal shared care

MCH-4 Does your organisation have effective antenatal shared care arrangements with local hospital(s)?

Effective shared antenatal care may be demonstrated by such things as the consistent supply and use of a hand held mother's antenatal record or a well-functioning shared electronic record.

- ○ Yes
- ○ No

SOCIAL AND EMOTIONAL WELLBEING (SEWB) PROGRAM

The SEWB Program consolidates previous Bringing Them Home (BTH) and Link Up services, including counselling, family tracing and reunion support in a flexible package of service delivery supplemented by national coordination and support. The objective of the SEWB Program is to enhance service delivery to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations, through more flexible models of service delivery and increased capacity to meet demand for services.

Social and emotional wellbeing services, particularly counselling services, are delivered to Indigenous Australians, through mental health and counselling staff based in over 80 Aboriginal Community Controlled Health Organisations across Australia.

The SEWB Program also delivers:
• family tracing and reunion services, supported by counselling, to members of the Stolen Generations, through the network of eight Link Up Services across Australia; and
• national coordination support to services and staff.

The data recorded in this module refers specifically to activity funded under the SEWB program. Activity recorded in this module should also be recorded in the overall activity recorded in the Clinical Services module.

Similarly staffing recorded in this module should also be recorded in the general workforce module.

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
  - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

Working Relationships

Working relationships

SE-1a Has your SEWB Counselling Program negotiated any Memorandums of Understanding with any relevant service, department, organisation, group or individual that has specific reference to the counselling services offered by your organisation?	○ Yes ○ No

SE-1b If Yes, please select all that apply

	Tick all that apply
Other Aboriginal Community Controlled Health Organisations	☐
Link Up services	☐
Workforce support units	☐
Local hospitals	☐
Community health	☐
GP / Specialists	☐
Allied health professionals	☐
Other (please specify) *<Text>* ADD	

Counsellors

Counsellors

SE-2 How many FTE counsellors (not number of persons) were funded by the SEWB program?

Number

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.
- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.

The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

SE-3 Counsellors funded by the SEWB Program – please complete the following information for each funded counsellor as at 30 June 2017.
(The total of FTE counsellors in this question should match the FTE in SE-2)

(Aboriginal and Torres Strait Islander / Non-Indigenous)	
Aboriginal and Torres Strait Islander	
Non-Indigenous	
Full Time Equivalent of position (FTE)	*Number*

Gender	○ Male ○ Female
Has a police check been completed?	○ Yes ○ No

Highest Qualification

Bachelor degree or higher	○
Diploma or associate diploma	○
Certificate IV	○
Other (e.g. Cert III)	○
Attaining qualification	○
No qualification	○

Field of Study *(If a qualification is selected)*

Research methodologies	☐
Historical research techniques	☐
Family history research	☐
Aboriginal and Torres Strait Islander Studies	☐
Archives and records training	☐
Library practice	☐
Information storage and management	☐
Other (please specify) *<Text>* ADD	

ADD A COUNSELLOR

Linked questions:
W-2: number of paid FTE workers

SE-4a Did the SEWB funded counsellors undergo any formal training during the period 1 July 2017 to 30 June 2018?	○ Yes ○ No

SE-4b If Yes, please provide course details.

Field of Study	Course Name	Name of Training Provider
<Classification list (Appendix 1)>	*<Text>*	*<Text>*
Other (please specify) *<Text>*	*<Text>*	*<Text>*

	ADD A COURSE

SE-5a As at 30 June 2017, did your organisation have any vacant SEWB funded counsellor positions?

Yes
No

Reminder – The number of vacant staff positions should also be recorded in the workforce section (question W-3a) of the Corporate Services and Infrastructure module.

SE-5b If Yes, please provide details for each vacant SEWB funded counsellor position at 30 June 2017.

Counsellor Type		Full Time Equivalent	Weeks Vacant
<Text>		*Number*	*Number*
Other (please specify)	*<Text>*	*<Text>*	*<Text>*
			ADD A POSITION

Linked question:
W-3a: number of vacant staff positions

Clients and Contacts

Clients

SE-6 How many individual clients were seen by SEWB funded counsellors during the period 1 July 2017 to 30 June 2018?

Reminder – If your organisation receives Primary Health Care funding, all clients should also be recorded in the Clinical Services module.

	Male clients	Female clients	Gender not recorded	Total
First generation clients (those that were removed from their families and communities)	*Number*	*Number*	*Number*	*Calculated*
Second generation clients (those clients whose parents are first generation members)	*Number*	*Number*	*Number*	*Calculated*
Third and subsequent generation clients (those clients whose grandparent/s are first generation members or who are directly descended from people who were removed from their families and communities in subsequent generations)	*Number*	*Number*	*Number*	*Calculated*
Other Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Linked question:
CS-3a: number of individual clients seen by your organisation

Contacts

SE-7 How many client contacts were provided by the SEWB funded counsellors during the period 1 July 2017 to 30 June 2018?

Reminder – If your organisation receives Primary Health Care funding, all client contacts should also be recorded in the Clinical Services module.

	Male clients	Female clients	Gender not recorded	Total
Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Linked question:
CS-2: all client contacts by each type of worker

SE-8 How many completed reunions were SEWB funded counsellors involved in during the period 1 July 2017 to 30 June 2018? *Number*

Activities

SE-9 What proportion of time do your SEWB funded counsellors spend on the following activities?

Working directly with individual clients providing counselling / Support / Advocacy	*Number*	%
Service promotion	*Number*	%
Working with groups (e.g. support groups, specific therapy groups)	*Number*	%
Administration	*Number*	%
Outreach and / or travel	*Number*	%
Other (please specify) *<Text>*	*Number*	%
TOTAL	*Calculated*	%

Support for counsellors

SE-10a Did your SEWB funded counsellors receive supervision from a qualified professional during the period 1 July 2017 to 30 June 2018?

○ Yes
○ No

SE-10b If Yes, who provided the professional supervision?

	Tick all that apply
A person who worked for your organisation (internal supervisor)	☐
A person who worked for another organisation (external supervisor)	☐

SE-11 How often do the SEWB funded counsellors receive professional supervision?

The information to be provided is an average number of hours per week/fortnight/ month for the total cohort of counsellors identified in question SE-3

number	hours per	○ Week
		○ Fortnight
		○ Month

SE-12 What support was available to SEWB funded counsellors?

	Tick all that apply
Debriefing (Counsellor receives personal support in working through difficult cases)	☐
Case counselling (liaison with other workers in relation to care for the client)	☐
Counsellor network meetings	☐
Regular meeting with clinical supervisor mentor - senior counsellor from this organisation	☐
Regular meeting with clinical supervisor mentor - senior counsellor based at another organisation	☐
Regular meeting with clinical supervisor mentor - general practitioner	☐
Regular meeting with clinical supervisor mentor - psychiatrist	☐
Telephone support available through counsellors / Supervisor / Mentor	☐
Cultural mentoring / Support	☐
Peer support (work colleagues)	☐
Other (please specify) *<Text>* ADD	

Group activities

SE-13a Did your SEWB funded counsellors run any groups during the period 1 July 2017 to 30 June 2018?	○ Yes
	○ No

SE-13b If Yes, what types of groups were run by your SEWB funded Counsellors during the period?

	Tick all that apply
Counselling group (where counsellors provide treatment / Guidance)	☐
Support groups (where clients offer each other support)	☐
Community based education and prevention groups	☐
Cultural groups (e.g. art, hunting, bush outings)	☐
Other (please specify) *<Text>* ADD	

Coverage and outreach

SE-14 Please describe the areas and communities covered by your SEWB funded counsellors including significant regional boundaries and any communities, areas or regions provided with regular outreach services by SEWB funded counsellors from your organisation?

<Text>

LINK UP

The SEWB Program consolidates previous Bringing Them Home (BTH) and Link Up services, including counselling, family tracing and reunion support in a flexible package of service delivery supplemented by national coordination and support. The objective of the SEWB Program is to enhance service delivery to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations, through more flexible models of service delivery and increased capacity to meet demand for services.

Family tracing and reunion services, supported by counselling, are provided to members of the Stolen Generations, through the network of eight Link Up Services across Australia.

The SEWB Program also delivers:
• social and emotional wellbeing services, particularly counselling services, to Indigenous Australians, through mental health and counselling staff based in over 80 Aboriginal Community Controlled Health Organisations across Australia; and
• national coordination support to services and staff.

Services receiving both BTH and Link Up funding will only need to complete the Link Up module.

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
  - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

Working Relationships

L-1a Has your Link Up organisation negotiated any Memorandums of Understanding with any relevant service, department, organisation, group or individual that has specific reference to the services offered by your organisation?	○ Yes
	○ No

L-1b If Yes, please select all that apply.

	Tick all that apply
Other Aboriginal Community Controlled Health Organisations	☐
Link Up services	☐
Workforce support units	☐

Local hospitals	☐
Community health	☐
GP / Specialists	☐
Allied health professionals	☐
Other (please specify) *<Text>* ADD	

Counsellors

L-2 How many FTE counsellors (not number of persons) were funded by the SEWB program?

Number

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
  - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

L-3 Link Up staff – please complete the following information for each funded position as at 30 June 2017?
(The total of FTE counsellors in this question should match the FTE in L-2)

Reminder – All staff should also be recorded in the workforce section (question W-2) of the Corporate Services and Infrastructure module, irrespective of their source of funding.

Staff Type	
Caseworker	○
Administration	○
Coordinator	○
Counsellor	○
(Aboriginal & Torres Strait Islander / Non-Indigenous)	
Aboriginal and Torres Strait Islander	○
Non-Indigenous	○
Full Time Equivalent of position (FTE)	*Number*

Gender	○ Male ○ Female
Has a police check been completed?	○ Yes ○ No

Highest Qualification

Bachelor degree or higher	○
Diploma or associate diploma	○
Certificate IV	○
Other (e.g. Cert III)	○
Attaining qualification	○
No qualification	○

Field of Study *(If a qualification is selected)*

Research methodologies	☐
Historical research techniques	☐
Family history research	☐
Aboriginal and Torres Strait Islander Studies	☐
Archives and records training	☐
Library practice	☐
Information storage and management	☐
Other (please specify) *<Text>* ADD	

ADD A COUNSELLOR

Linked question:
W-2: number of paid FTE workers

L-4a Did your Link Up staff undergo any formal training during the period 1 July 2017 to 30 June 2018?	○ Yes ○ No

L-4b If Yes, please provide course details.

Position	Field of Study	Course Name	Name of Training Provider
<Classification list (Appendix A)>	*<Classification list (Appendix A)>*	*<Text>*	*<Text>*
Other (please specify) *<Text>*	*<Text>*	*<Text>*	*<Text>*

	ADD A COURSE

L-5a As at 30 June 2017, did your Link Up organisation have any vacant positions?

Yes
No

Reminder – The number of vacant staff positions should also be recorded in the workforce section (question W-3a) of the Corporate Services and Infrastructure module.

L-5b If Yes, please specify details for each vacant position as at 30 June 2017.

Position	Full Time Equivalent	Weeks Vacant
<Classification list (Appendix A)>	*Number*	*Number*
Other (please specify) *<Text>*	*Number*	*Number*
ADD A POSITION		

Linked question:
W-3a: number of vacant staff positions

Clients and Contacts

Clients

L-6 How many individual clients were seen by SEWB funded counsellors during the period 1 July 2017 to 30 June 2018?

Reminder – If your organisation receives Primary Health Care funding, all clients should also be recorded in the Clinical Services module.

	Male clients	Female clients	Gender not recorded	Total
First generation clients (those that were removed from their families and communities)	*Number*	*Number*	*Number*	*Calculated*
Second generation clients (those clients whose parents are first generation members)	*Number*	*Number*	*Number*	*Calculated*
Third and subsequent generation clients (those clients whose grandparent/s are first generation members or who are directly descended from people who were removed from their families and communities in subsequent generations)	*Number*	*Number*	*Number*	*Calculated*
Other Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*

TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Linked question:
CS-3a: number of individual clients seen by your organisation

Contacts

L-7 How many client contacts were provided by the Link Up organisation during the period 1 July 2017 to 30 June 2018?

Reminder – If your organisation receives Primary Health Care funding, all clients should also be recorded in the Clinical Services module.

	Male clients	**Female clients**	**Gender not recorded**	**Total**
Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Linked question:
CS-2: all client contacts by each type of worker

Activities

L-8 What proportion of time do staff spend on the following activities?

Working directly with individual clients providing counselling / Support / Advocacy	*Number*	%
Service promotion	*Number*	%
Researching family history	*Number*	%
Reunion related activities including organisation and conduct of reunions	*Number*	%
Administration	*Number*	%
Outreach and / or travel	*Number*	%
Other (please specify) *Text*	*Number*	%
TOTAL	*Calculated*	%

L-9 How many assisted reunions were completed during the period 1 July 2017 to 30 June 2018? *Number*

Support for counsellors

L-10a Did your Link Up counselling staff receive supervision from a qualified professional during the period 1 July 2017 to 30 June 2018?

○ Yes
○ No

L-10b If Yes, who provided the professional supervision?

	Tick all that apply
A person who worked for your organisation (internal supervisor)	☐
A person who worked for another organisation (external supervisor)	☐

L-11 How often do the Link Up counselling staff receive professional supervision?

The information to be provided is an average number of hours per week/fortnight/ month for the total cohort of counsellors identified in question L-3

number	hours per	○ Week
		○ Fortnight
		○ Month

L-12 What support was available to Link Up staff?

	Tick all that apply
Debriefing (counsellor receives individual support in working through difficult cases)	☐
Debriefing (caseworker receives individual support in working through difficult cases)	☐
Casework assistance (liaison with others in relation to the client)	☐
Link Up network meetings	☐
Cultural mentoring	☐
Cultural supervision	☐
Telephone support available through counsellors / Supervisor / Mentor	☐
Peer support (work colleagues)	☐
Other (please specify) *<Text>* ADD	

Coverage and outreach

L-13 Please describe the areas and communities covered by your Link Up organisation including significant regional boundaries and any communities, areas or regions provided with regular outreach services.

<Text>

STANDALONE SUBSTANCE USE

Settings, Treatment Types and Treatment Models

Service type / setting

S-1 What are the main settings where your Alcohol and Other Drug (AOD) services operate?

Reminder – Ensure that you fill out questions in S-7 to S-14 relevant to the settings that you tick in the lists below.

	Tick all that apply
Residential treatment / Rehabilitation	☐
Non-residential treatment / AOD day centre	☐
Sobering up shelter	☐
Mobile assistance patrol / Night patrol	☐
Transitional after care service	☐
Outreach AOD service	☐
Residential respite	☐

Treatment types

S-2 What main types of treatment did your organisation use during the period 1 July 2017 to 30 June 2018?

	Tick all that apply
Support and case management	☐
Information and education	☐
Assessment only	☐
Withdrawal management (detoxification)	☐
Counselling	☐
Rehabilitation	☐
Pharmacotherapy	☐

Treatment models

S-3 When counselling your clients about substance misuse, what was the primary method or model used by your AOD counsellors during the period 1 July 2017 to 30 June 2018?

Controlled / Minimise substance misuse	○
Abstinence from substances altogether (e.g. AA or NA or other)	○
Indigenous healing (e.g. bush camps, mentor programs involving elders etc.)	○
Harm reduction (aims to reduce harm to individual rather than reducing substance misuse)	○
Other (please specify) *<Text>* ADD	

Programs and activities

S-4 What AOD programs or activities did your organisation provide during the period 1 July 2017 to 30 June 2018?

	Tick all that apply
Needle exchange	☐
Methadone management	☐
Medicated detoxification	☐
Non-medicated detoxification	☐
Crisis intervention	☐
Group counselling	☐
Welfare / Emergency relief	☐
School education and visits	☐
Community education / Activities	☐
Tobacco control program	☐
Youth programs (e.g. volatile substance abuse)	☐
Cultural groups (art, hunting, bush outings, bush medicine etc.)	☐
Support groups	☐
Telephone counselling	☐
Other (please specify) *<Text>* ADD	

Referral sources

S-5 Where were your clients referred from during the period 1 July 2017 to 30 June 2018?

	Tick all that apply
Aboriginal Medical Service	☐
Mental health service (possibly part of hospital or outpatient clinic)	☐
Hospital	☐
Mainstream community health service (including GPs)	☐
Mainstream drug and alcohol service	☐
Family member / Elder / Friend	☐
Self-referral / Walk in	☐
Justice system / Police court	☐
How many clients were required to access this service as a result of legal proceedings?	*Number*
Other (please specify) *<Text>* ADD	

Clients

Total client numbers

S-6 How many distinct individual clients were seen by your organisation during the period 1 July 2017 to 30 June 2018?

Count individual clients only once
• No matter how many times they were seen
• Even if they attended more than one program

- **Include:**
• All clients that received individual care. Include all residential care (e.g. residential treatment / rehabilitation and sobering-up / residential respite)
• Clients not in residential care (e.g. individual counselling, home visits, telephone counselling, Mobile Assistance Patrol / Night Patrol (if provided by your service))

- **Do not include:**
• Clients who only attended groups
• Family members of clients unless the family member is also a client of the organisation in their own right and has their own file/record.

	Male clients	Female clients	Gender not recorded	Total
Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Non-Aboriginal and Torres Strait Islander clients	*Number*	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander status of clients unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Residential Treatment/Rehabilitation

Clients in residential treatment / rehabilitation

S-7a How many distinct individual clients received residential treatment / rehabilitation at your organisation during the period 1 July 2017 to 30 June 2018?

Count each person only once no matter how many times they were admitted into residential care during the year.

- **Include:**
• People who were officially clients of the organisation (people who received treatment / rehabilitation)

- **Do not include:**
• Sobering up/residential respite short term programs (these are collected separately in question S-10)
• Clients who did not receive formal treatment / rehabilitation (e.g. housing clients)

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Number of clients with total length of stay

S-7b What was the total length of stay for each of your clients in residential treatment / rehabilitation during the period 1 July 2017 to 30 June 2018?

This question records the number of clients of your organisation who were resident for various periods of time.
- Client numbers should be the same as in question S-7a
- If clients were admitted more than once over the year, add the durations of all the admissions

	Male clients	Female clients	Gender not recorded	Total
Less than 2 weeks	*Number*	*Number*	*Number*	*Calculated*
2-8 weeks	*Number*	*Number*	*Number*	*Calculated*
9-16 weeks	*Number*	*Number*	*Number*	*Calculated*
17-24 weeks	*Number*	*Number*	*Number*	*Calculated*
More than 24 weeks	*Number*	*Number*	*Number*	*Calculated*
TOTAL (should be the same as question S-7a)	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Clients in residential treatment / rehabilitation

S-7c How many residential treatment / rehabilitation episodes of care were provided by your organisation during the period 1 July 2017 to 30 June 2018?

- Residential treatment/rehabilitation episode of care starts at admission into a residential treatment/rehabilitation program and ends at discharge from residential care
- No matter how long a client stays in residential care it counts as only one episode of care
- If a client is discharged and later comes back into residential care, treat this as a separate residential episode of care.
- **Do not include**:
  - Sobering up/residential respite/short term programs (these are collected in question S-10)
  - Clients who do not receive formal treatment/rehabilitation (e.g. housing clients)

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

S-8a Family members: Does your organisation have the capacity for families to stay in residential facilities with your clients?

○ Yes	
○ No	

S-8b If Yes, what percentage of residential treatment / rehabilitation clients had family members staying with them?

Number	%

S-9a Did your organisation have a waiting list for residential treatment / rehabilitation during the period 1 July 2017 to 30 June 2018?

○ Yes
○ No

S-9b If Yes, how many people were on the waiting list as at 30 June 2017?

Number

Sobering up / Respite / Short Term Care

S-10 How many distinct clients attended your sobering-up and / or residential respite / short term care programs during the period 1 July 2017 to 30 June 2018?

This question covers residential services only – the scope includes all clients that stayed in short-term residential care (1 to 7 days) and did not receive formal rehabilitation.

- Sobering-up clients are in residential care overnight to sober-up and do not receive formal rehabilitation (include MAP / night patrol clients and 'walk-ins' who stay overnight to sober-up);
- Residential respite/short term care clients spend 1 to 7 days in residential care for the purpose of respite and do not receive formal rehabilitation.

- Count each person only once no matter how many times they stayed in residential car during the year.
- **Do not include:**
• Residential treatment / rehabilitation programs (they are collected separately in questions S-7 and S-8)
• Family members should not be included unless they were also a client of the service and have their own file / record

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

S-11 How many 'sobering up / residential respite / short-term' episodes of care were provided by your organisation during the period 1 July 2017 to 30 June 2018?

- A sobering-up and/or residential respite/short term episode of care:
• Starts at admission into a care program and ends at discharge from residential care
• Lasts for 1 to 7 days
• Each time a client comes to stay it is a separate sobering-up and/or residential respite/short term episode of care

- **Do not include:**
• Residential treatment / rehabilitation programs (these are collected separately)

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Beds / Residential Places

S-12 What was the total number of beds / residential places at your organisation as at 30 June 2017?

Number

- **Include**: all beds / places for Residential / rehabilitation, Sobering up / respite programs for substance use
- **Do not include**: beds / places in other programs (e.g. HACC, SAAP)

Non-residential / Follow-up /Aftercare

S-13 How many individual clients received 'non-residential / follow up / after care' from your organisation during the period 1 July 2017 to 30 June 2018?

- **Include:**
• non-residential care (e.g. counselling, assessment, treatment, education, support, home visits)
• follow-up from residential services (after discharge)
• family/relationship counselling (only count people who have their own file/ record)
• MAP/night patrol clients (taken to a sober-up shelter run by another service)

- **Do not include:**
• residential care unless they also received non-residential care (e.g. telephone follow-up after discharge)
• clients who only attended groups and did not receive individual care
• MAP / night patrol clients (taken to your sober-up shelter) – these are recorded separately at question S-11

Count each person only once no matter how many times they were seen by your organisation during the year.

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

S-14 How many 'non-residential / follow up / after care' episodes of care were provided by your organisation during the period 1 July 2017 to 30 June 2018?

A non-residential / follow-up episode of care is where a client, not in residential care, has contact with your organisation for substance use counselling, assessment, treatment, education, support or follow-up from residential services.

	Male clients	Female clients	Gender not recorded	Total
Aboriginal & Torres Strait Islander 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 0-18 years	*Number*	*Number*	*Number*	*Calculated*
Clients 0-18 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 19-35 years	*Number*	*Number*	*Number*	*Calculated*

Non-Indigenous 19-35 years	*Number*	*Number*	*Number*	*Calculated*
Clients 19-35 years whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
Aboriginal & Torres Strait Islander 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Non-Indigenous 36 years and over	*Number*	*Number*	*Number*	*Calculated*
Clients 36 years and over whose Indigenous status is unknown	*Number*	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*	*Calculated*

Substance use Issues

S-15 What are the most important substance use issues in terms of staff time and organisational resources that your organisation provided treatment / assistance for during the period 1 July 2017 to 30 June 2018?

	Tick up to 5
Alcohol	☐
Tobacco / Nicotine	☐
Cannabis / Marijuana	☐
Petrol	☐
Other solvents / Inhalants (chroming, paint, glue, aerosol cans)	☐
Heroin	☐
Morphine	☐
Barbiturates (downers, Phenobarbital, Amytal)	☐
Cocaine (coke, crack)	☐
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	☐
Amphetamines (ice, speed)	☐
Ecstasy	☐
LSD (acid, trips)	☐
Kava	☐
Steroids / Anabolic agents	☐
Multiple drug use	☐
Other (please specify) *<Text>* **ADD**	

Social and Emotional Well-Being Issues

S-16 What are the most important SEWB issues in terms of staff time and organisational resources that your organisation provided treatment / assistance for during the period 1 July 2017 to 30 June 2018?

	Tick up to 5
Anxiety / Stress	☐
Depression / Hopelessness / Despair	☐
Self-harm / Suicide	☐
Schizophrenia or other psychotic disorder	☐
Grief and loss issues	☐
Survivor of childhood sexual assault	☐
Sexual assault	☐

Issues with sexuality	☐
Family / Relationship issues	☐
Family and community violence	☐
Removal from homelands / Traditional country	☐
Stolen generation issues	☐
Loss of cultural identity	☐
Trauma	☐
Other (please specify) *<Text>* ADD	

S-17 Which of the following SEWB specialist and allied health services does your organisation provide access to?

This question only measures one dimension of access, i.e. availability / waiting time to service. It is acknowledged that there may be other barriers to accessing these services, for example issues of distance, timing, transport or cultural safety.

Facilitated access refers to having an established referral pathway. This goes beyond simply making a referral to include an established relationship which facilitates patient continuity of care, for example through an effective system for alerting 'Did Not Attends'. The arrangement may be with a public or private provider. For a single speciality, you may indicate that you both provide the service on site and you facilitate off-site access.

The question has two parts:
- The first asks about those specialist or allied health services provided on site (by a paid/contracted staff or visiting specialist or allied health workers) or that your organisation facilitates access to off-site through a service provided by another organisation.
- The second part scores the level of access your clients have to these services using the scale below. Note that this access may be through a standard referral process.

0 Not applicable / unable to answer
1 Usually all clients are able to see the specialist or allied health professional within a clinically appropriate time
2 Usually clients with high priority needs are able to see the specialist or allied health professional within a clinically appropriate time, but clients with lower priority needs often have to wait an excessive time
3 Often clients with high priority needs have to wait a clinically unacceptable time.

Tick all that apply

	On site	Facilitated off site	Access 0 to 3
Social worker	☐	☐	*Number*
Psychologist	☐	☐	*Number*
Psychiatrist	☐	☐	*Number*
Traditional healer	☐	☐	*Number*
Other (please specify) *<Text>* ADD	☐	☐	*Number*

REGISTERED TRAINING ORGANISATION

RT-1 As at 30 June 2017, how many students are enrolled in the following courses?

	AHW-PHC
Certificate II	*Number*
Certificate III	*Number*
Certificate IV – Practice stream	*Number*
Certificate IV – Community stream	*Number*
Diploma	*Number*
Advanced Diploma	*Number*
Enrolled nurse	*Number*
Other health related courses	*Number*

RT-2 As at 30 June 2017, how many students completed any of the following courses during the past year?

	AHW-PHC
Certificate II	*Number*
Certificate III	*Number*
Certificate IV – Practice stream	*Number*
Certificate IV – Community stream	*Number*
Diploma	*Number*
Advanced Diploma	*Number*
Enrolled nurse	*Number*
Other health related courses	*Number*

HEALTH PROMOTION

Health promotion refers to non-clinical measures aimed at improving the health of the community as a whole. Health promotion includes a range of activities from building healthy public policy to providing appropriate health information and education, and encourages community development approaches that emphasise community agency and ownership.

Group Activities

HP-1a How many group activities and population health promotional activities has your organisation run during the period 1 July 2017 to 30 June 2018?

Please count both groups that have met regularly and 'one off' events. If you don't know the figures for the whole year, you should estimate, possibly by recording the groups for one month and multiplying by 12 or for one quarter and multiplying by four.

	Sessions conducted
Tobacco use treatment / Prevention groups	*Number*
Alcohol misuse treatment / Prevention groups	*Number*
Physical activity / healthy weight program activities	*Number*
Chronic disease client support group activities	*Number*
Living skills groups (e.g. cooking, nutrition groups)	*Number*
Cultural groups (e.g. art, hunting, bush outings, bush medicine etc.)	*Number*
Men's groups	*Number*
Women's groups	*Number*
Youth groups	*Number*
Other (please specify) *<Text>* ADD	*Number*

HP-1b Are the figures provided above an estimate?

- ○ Yes
- ○ No

HP-1c If Yes, please outline the basis for the estimate.

<Text>

HP-2 Which of the following health promotion programs and activities did your organisation run?

DEFINITIONS:
- Immunisation promotion - adults
During the period 1 July 2017 to 30 June 2018 the organisation conducted one or more targeted promotion campaigns aimed at encouraging adult immunisation. This refers to an active campaign, not just such things as the passive display of posters.
- Injury / accident prevention
The organisation runs one or more programs specifically targeted at injury or accident prevention. This could include, among others, such activities as safety audit/repairs, road safety campaigns, education programs, resource development, media campaigns, night patrol and shelters.

	Tick all that apply
Immunisation promotion - children	☐
Immunisation promotion - adults	☐
Working with food stores in the community to encourage healthy eating	☐
Breakfast programs	☐
Healthy lifestyle program (including physical activity and/or nutrition)	☐
Sexual health or STI health promotion or education activities	☐
Advice and advocacy in relation to environmental health issues (e.g. safe water, sanitation, dog health)	☐
Mental health promotion activities (e.g. youth camps, drop in centres)	☐
Injury / Accident prevention	☐
Other (please specify) *<Text>* ADD	

CORPORATE SERVICES / INFRASTRUCTURE

Workforce

Workforce
The workforce sub-module should be completed by ALL services.

PURPOSE: Data captured with the workforce module serves three purposes:
- It provides a picture of the numbers of staff falling into various professional categories which may be used for longer term workforce planning.
- It provides data on the number of FTE by staff function which may help identify gaps in service capability by geographic area.
- It provides data on unfilled positions and staff turnover which in turn may provide information on the key issues faced by services.

W-1 Record the number of Aboriginal and Torres Strait Islander Health Workers, not Health Practitioners, paid by your organisation at 30 June 2017, by their highest level of Primary Health Care qualification.

Certificate III	*Number*
Certificate IV – Practice stream	*Number*
Certificate IV – Community stream	*Number*

W-2 How many full time equivalent positions (FTE) did your organisation pay the wages / salaries / fees for as at 30 June 2017?

- Include:
• Health and related administrative positions where your service pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/ Territory Government)
• Short term and recurrent positions
• Contract workers paid by your service

- Do not include:
• Visiting health professionals where payments are not made by your service. These are recorded in question W-4
• Staff located at your service who are part of other programs (e.g. housing, employment, HACC, child care)

Ensure that all staff recorded in this question that have contact with individual clients have their client contacts recorded in Question CS-2 in the Clinical Services module, using the same staff category.

Records the number of occupied full time equivalent (FTE) position, by their role, paid for by your service as at 30 June 2017. Vacant positions are then recorded in questions W-3a and W-3b..

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time.
For example:
- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
  - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

General and other staff

	Number of FTE		
Role / function	**Aboriginal or Torres Strait Islander**	**Other**	**Total**
CEO	*Number*	*Number*	*Calculated*
Managers / Supervisors	*Number*	*Number*	*Calculated*
Drivers / Field officers	*Number*	*Number*	*Calculated*
Finance and accounting staff	*Number*	*Number*	*Calculated*
Administrative and clerical staff	*Number*	*Number*	*Calculated*
IT and data management staff	*Number*	*Number*	*Calculated*
Cleaners / Security / Other support staff	*Number*	*Number*	*Calculated*

Administrative / Support trainees	*Number*	*Number*	*Calculated*

Health professionals / Workers

	Number of FTE		
Role / function	**Aboriginal or Torres Strait Islander**	**Other**	**Total**
Aboriginal and Torres Strait Islander Health Worker – male	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander Health Worker – female	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander Health Practitioner	*Number*	*Number*	*Calculated*
Doctor - General Practitioner	*Number*	*Number*	*Calculated*
Nurses	*Number*	*Number*	*Calculated*
Midwives	*Number*	*Number*	*Calculated*
Substance misuse / Drug and alcohol worker	*Number*	*Number*	*Calculated*
Tobacco worker / Coordinator	*Number*	*Number*	*Calculated*
Dentists / Dental therapists	*Number*	*Number*	*Calculated*
Dental support (e.g. dental assistant, dental technician)	*Number*	*Number*	*Calculated*
Sexual health worker	*Number*	*Number*	*Calculated*
Outreach worker	*Number*	*Number*	*Calculated*
Traditional healer	*Number*	*Number*	*Calculated*
Environmental health worker / Officer	*Number*	*Number*	*Calculated*
Medical specialists *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Social and Emotional Well-Being staff / Counsellors *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Allied health professionals *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Health promotion / Prevention worker *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Training / Trainee position *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Other (please specify) *<Text>* ADD	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*

Linked questions:
CS-2: all client contacts by each type of worker
SE-3: details for each funded counsellor
L-3: details for each funded counsellor

W-3a Does your organisation have any vacant staff positions as at 30 June 2017?

Record in this question funded positions that were vacant as at 30 June and were not filled by another person. For each vacancy, record the FTE equivalent and how many weeks the position has been vacant for. The intent of this question is to record position vacant that could have an impact on your capacity to deliver services. It is not necessary to record vacant minor clerical and support positions.

○ Yes	
○ No	

W-3b If Yes, please list vacant staff positions as at 30 June 2017.

Position title		**Full Time Equivalent (FTE)**	**Weeks vacant as at 30 June xx**
Health professionals / Workers	*<Classification List – Appendix A>*	*Number*	*Number*
General and other staff	*<Classification List – Appendix A>*	*Number*	*Number*
Medical specialists	*<Classification List – Appendix A>*	*Number*	*Number*
Social and Emotional Well-Being staff / Counsellors	*<Classification List – Appendix A>*	*Number*	*Number*
Allied health professionals	*<Classification List – Appendix A>*	*Number*	*Number*
Health promotion / prevention worker	*<Classification List – Appendix A>*	*Number*	*Number*
Training / Trainee position	*<Classification List – Appendix A>*	*Number*	*Number*
Other (please specify) ADD	*<Text>*	*Number*	*Number*

Linked questions:
SE-5a: number of vacant funded counsellor positions
L-5a: number of vacant funded counsellor positions

W-4 How many other people (FTE) worked at your organisation during the period 1 July 2017 to 30 June 2018 who were **not** paid by your organisation?

Please ensure all staff listed here that see individual clients have their contacts recorded in Question CS-2 in the Clinical Services module. (If the corresponding contact data has not been electronically extracted from your system then you will need to manually enter the data.)

Record in this question, staff that have provided health / clinical services for your organisation and who have NOT been paid directly or indirectly by your organisation. This may include such cases as specialists funded through a visiting specialist scheme or dentists from a university dental school. If you pay indirectly for staff, say for example you pay a local hospital which then provides a medical practitioner, then this person should be recorded in W-2 not in W-4.

Calculating FTE:
Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period Mondays through Fridays. The ratio units are FTE units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time. For example:

- In calculating FTE, a dentist who visits the service 1 day / fortnight would be recorded as:
  - 1/10 FTE = 0.1 FTE. A psychologist who attended the service for half a day each week would also be recorded as 0.1 FTE.

- Assuming a full-time employee works 40 hours per week.
  - There are three employees and they work 50 hours, 40 hours, and 10 hours per week – totalling 100 hours.
  - The full time equivalent calculation is 100 hours divided by 40 hours, or 2.5 FTE.

General and other staff

	Number of FTE		
Role / function	**Aboriginal or Torres Strait Islander**	**Other**	**Total**
CEO	*Number*	*Number*	*Calculated*
Managers / Supervisors	*Number*	*Number*	*Calculated*
Drivers / Field officers	*Number*	*Number*	*Calculated*
Finance and accounting staff	*Number*	*Number*	*Calculated*
Administrative and clerical staff	*Number*	*Number*	*Calculated*
IT and data management staff	*Number*	*Number*	*Calculated*
Cleaners / Security / Other support staff	*Number*	*Number*	*Calculated*
Administrative / Support trainees	*Number*	*Number*	*Calculated*

Health professionals / Workers

Role / function	Number of FTE		
	Aboriginal or Torres Strait Islander	Other	Total
Aboriginal and Torres Strait Islander Health Worker – male	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander Health Worker – female	*Number*	*Number*	*Calculated*
Aboriginal and Torres Strait Islander Health Practitioner	*Number*	*Number*	*Calculated*
Doctor - General Practitioner	*Number*	*Number*	*Calculated*
Nurses	*Number*	*Number*	*Calculated*
Midwives	*Number*	*Number*	*Calculated*
Substance misuse / Drug and alcohol worker	*Number*	*Number*	*Calculated*
Tobacco worker / Coordinator	*Number*	*Number*	*Calculated*
Dentists / Dental therapists	*Number*	*Number*	*Calculated*
Dental support (e.g. dental assistant, dental technician)	*Number*	*Number*	*Calculated*
Sexual health worker	*Number*	*Number*	*Calculated*
Outreach worker	*Number*	*Number*	*Calculated*
Traditional healer	*Number*	*Number*	*Calculated*
Environmental health worker / Officer	*Number*	*Number*	*Calculated*
Medical specialists *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Social and Emotional Well-Being staff / Counsellors *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Allied health professionals *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Health promotion / Prevention worker *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Training / Trainee position *<Classification List – Appendix A>*	*Number*	*Number*	*Calculated*
Other (please specify) *<Text>* ADD	*Number*	*Number*	*Calculated*
TOTAL	*Calculated*	*Calculated*	*Calculated*

Linked question:
CS-2: all client contacts by each type of worker

Information and Communications Technology / Information management

Information and Communications Technology/Information management
The purpose of this sub-module is to provide an overview of your organisation's ICT/IM capacity, in particular looking at internet connectivity and types of software in use for managing client medical records and providing other clinical functions.

The information from this module can provide key information for the Department of Health for future planning and for providing support to organisations.

ICT-1 What clinical and management IT systems does your organisation currently use?

	Tick all that apply
Medical Director	☐
Ferret	☐
MMeX	☐
Communicare	☐
Pracsoft	☐
Practix	☐
Best Practice	☐
Exact	☐
Oasis	☐
Titanium	☐
Mimaso	☐
Pen CAT	☐
Pen Sidebar	☐
Canning Tool	☐
APCC portal	☐
SIMS database	☐
FOXTROT	☐
Other (please specify) *<Text>* ADD	

ICT-2 What communications technology does your organisation have and how functional is it?

	Do not have	Have, but not effectively functional	Have, and is effectively functional
Fixed line broadband (cable, ADSL) internet access			
Satellite internet access			
Wireless internet access			
Video-conferencing capacity			

ICT-3 Please provide any further comments on ICT issues, problems and their impacts on your organisation.

<Text>

Accreditation

PURPOSE
The information collected within may be used for three purposes:
- to inform national reporting to demonstrate the proportion of services that have achieved appropriate accreditation. The embedding of Continuous Quality Improvement (CQI) processes and the achievement of appropriate formal quality accreditation are recognised as key comprehensive primary health care activities.
- may be referred to in subsequent verbal quarterly reporting against organisational action plans.
- provide core information for monitoring an organisation's eligibility to continue to receive accreditation Maintenance Funding under the Establishing Quality Health Standards (EQHS) program to assist with maintaining its organisational accreditation.

The RACGP standard accreditation section may be able to be completed at the organisation/site level while the ISO accreditation section will be completed at the organisation level.

AC-1a Does your organisation have current clinical RACGP standards accreditation? (if your organisation doesn't conduct any clinical activities, please choose the "Not applicable" option)

○ Yes
○ No
○ Not applicable

AC-1b If Yes, please provide the name of the accreditation agency and accreditation expiry date.

Name of the accreditation agency	*<Text>*
Accreditation expiry date	*Date*

AC-2a Does your organisation have current organisational accreditation (QIC/ISO/ACHS)?

○ Yes
○ No

AC-2b If Yes, please provide the type of accreditation, name of the accreditation agency and accreditation expiry date.

Type of accreditation	*<Classification List – Appendix 1>*
Name of the accreditation agency	*<Text>*
Accreditation expiry date	*Date*

ADVOCACY, KNOWLEDGE AND RESEARCH, POLICY AND PLANNING

This module includes health advocacy on behalf of individual clients, or on the social determinants of health at the local level; the use of research to inform health service delivery as well as participation in research projects; and participation in policy and planning processes (at the local /regional /Northern Territory and national levels).

PURPOSE: There are a number of activities which organisations may undertake in order to improve the health of individuals and the community and to improve health service delivery, which are commonly accepted as important parts of comprehensive primary health care, but which are often under-recognised. These include health advocacy, the use of knowledge and research to inform health service delivery, and participation in policy and planning processes.

The role of health services in these areas is often demanding, but can be expected to have a significant impact on service quality and health system effectiveness. The information collected in this section is designed to document the role of health service organisation in this important aspect of comprehensive primary health care.

Advocacy

AP-1a What advocacy activities is your organisation routinely involved in?

Because of the diversity of actions which may be considered as advocacy, a precise definition is not possible, but the following provides some examples:
- Advocacy for the health of individual clients may include advocacy for individual access to other health services, on other issues affecting an individual client's health (e.g. housing, homelessness support, Centrelink advocacy and liaison, legal/police/prison advocacy services), and on client's rights within and beyond the health system. It may also include referral of clients to other advocacy / information services.
- Advocacy at the local community level may include identification of factors contributing to illness or risk in the community (e.g. poor housing, lack of access to affordable healthy food), working with other organisations to develop local strategies to reduce health risk, or working with other organisations to ensure appropriate enforcement of regulations and agreed guidelines (e.g. environmental health, support for public housing issues, alcohol restrictions).

Tick all that apply

Advocacy for the health of individual clients	☐
Advocacy at the local community level	☐

AP-1b What type of advocacy activities does your organisation provide?

Tick all that apply

Homelessness	☐
Housing	☐
Other environmental health issues (e.g. safe water, sanitation, dog health)	☐
Centrelink	☐
Other (please specify) *<Text>* **ADD**	☐

Knowledge and research

AP-2a Has your organisation contributed to research and knowledge about what works to improve Aboriginal and Torres Strait Islander health in the last twelve months?

○ Yes
○ No

This question seeks to document the role of health organisations in developing research and knowledge that contributes the evidence base of 'what works' to improve the health of Aboriginal and Torres Strait Islander communities.

AP-2b If Yes, please provide details of the your contribution.

	Tick all that apply
By conducting or commissioning one or more research projects to meet local/service needs	☐
By supporting one or more research projects being led by Universities, government agencies	☐

Planning and Policy

AP-3 What planning and policy activities are your organisation routinely involved in?

PURPOSE: Participation in policy development and planning processes can be essential for effective service delivery but can also be demanding of organisational time and resources. This question aims to document the policy and planning role of health organisations.

DEFINITIONS: Health planning is a key feature of effective primary health care. Planning increases the chances that a health service's activities will lead to desired results and an important way of getting the best use of limited resources. It is also a way of ensuring that a service maintains focus on activities that will have the best result – for example, by ensuring that prevention and health promotion measures are not neglected.
Planning and policy development can take place on a number of levels:
• Organisational planning processes to encourage and support reflective service delivery (e.g. strategic planning every 3 to 5 years or as needed, annual business planning, workforce planning, infrastructure and IT planning)
• Representation on external boards or committees, for example local Hospital Boards or governing committees for Medicare locals
• Regional health planning processes that include consultation with other service providers and the community
• State / Territory or national policy development processes (e.g. government policy development processes, participation in peak body policy processes)

	Tick all that apply
Organisational planning processes	☐
Representation on external boards (e.g. Hospital Boards, Medicare Locals)	☐
Regional health planning processes	☐
State / Territory or national policy development processes	☐
Other (please specify) *<Text>* ADD	☐

COMMUNITY ENGAGEMENT, CONTROL AND CULTURAL SAFETY

Community Engagement, Control & Cultural Safety outlines processes to ensure cultural safety throughout the organisation, engagement of individual clients & families with their own health & care, participation of communities in priority setting, program design & delivery, and structures of community control & governance.

PURPOSE: The role of community involvement in developing responsive primary health care, higher quality, culturally safe services, and improved family and community functioning is widely accepted. Australia is also a signatory to international agreements that recognise the right of Indigenous peoples to be actively involved in developing and determining health programs, and delivering health services through their own institutions wherever possible.

While community controlled health services have by their nature an advantage when it comes to cultural safety, it is likely to require attention from all organisations delivering services to the Aboriginal and Torres Strait Islander community, whatever their governance structure and wherever they are located .

Governance

AG-1 Does your organisation have a Governing Committee / Board?

- Yes
- No

AG-2a How many times did the Governing Committee / Board meet with a quorum in the past year? *Number*

AG-2b Does this meet the requirements of your constitution?

- Yes
- No
- N/A

AG-3 Were income and expenditure statements presented to the Board on at least two occasions during the period 1 July 2017 to 30 June 2018?

- Yes
- No

AG-4 As at 30 June 2017, what percentage of the Board members were Aboriginal or Torres Strait Islander people?

Number %

AG-5 Did any members of the Board receive training to assist in their role during the period 1 July 2017 to 30 June 2018?

- Yes
- No

AG-6a Does the Board include independent (skills based) members?

An independent member is one who has been specifically co-opted or appointed to the Board because their particular skills, knowledge or experience are seen as being beneficial to the effective operation of the Board.

- Yes
- No

AG-6b If Yes, how many? *Number*

Cultural safety

PURPOSE: Cultural safety (or cultural security) is foundational for effective service delivery to Aboriginal and Torres Strait Islander communities. To the extent that a service is not culturally safe, it can be expected to be unable to engage its clients and gain community participation in its programs.

This question seeks to document the range and depth of activities undertaken by organisations to deliver culturally safe services to their Aboriginal and Torres Strait Islander clients. Community controlled health services have an inherent advantage when it comes to addressing issues of cultural safety. However, it can be expected to require on-going attention and action in all primary health care services, whatever their governance structure, scale and whether they are based in urban, regional, or remote locations.

Ultimately, the cultural safety of a service can only be properly judged by Aboriginal and Torres Strait Islander people, and particularly service users.

CC-1 Which of the following policies or processes does your organisation have in place?

Accordingly, the definitions and practice of cultural safety are highly diverse. However, most include some or all of the following elements:
• service delivery that takes into account cultural issues, is competent and respectful, and results in improved interactions with Aboriginal and Torres Strait Islander people;
• a service environment that encourages Aboriginal and Torres Strait Islander clients to seek treatment and engage with their own health; and
• organisation structure and practice that supports and affirms Aboriginal and Torres Strait Islander rights and ways of being.

	Tick all that apply
A formal organisational commitment to achieving culturally safe health care	☐
Employment of local Aboriginal and Torres Strait Islander peoples	☐
Cultural orientation for non-Aboriginal and Torres Strait Islander staff	☐
Formal cultural safety policies developed in consultation with communities and Aboriginal and Torres Strait Islander staff	☐
Inclusion of cultural competence as part of staff performance appraisal processes	☐
Accessible and appropriate client and community feedback mechanisms	☐
Mechanisms for gaining high level advice on cultural matters affecting service delivery [Examples: local cultural advisory body, Board sub-committee that includes Aboriginal staff / local community members and/or Board members]	☐
Other (please specify) *<Text>* ADD	☐

CC-2 Which of the following health related services did your organisation provide?

	Tick all that apply
Traditional healing	☐
Bush medicine	☐
Bush tucker nutrition program	☐
Interpreting services	☐
Other (please specify) *<Text>* ADD	☐

FINALISE FOR APPROVAL

Feedback

PURPOSE: The purposes of the OSR include identifying gaps in Aboriginal and Torres Strait Islander service and identifying key issues affecting Aboriginal and Torres Strait Islander health care services. Questions F-1 and F-2 allow those services which so wish to provide feedback on key service gaps and health service delivery challenges they face.

These questions seek the informed perception of senior staff, particularly the CEO. They have deliberately been kept simple to reduce reporting effort – for example, asking services to select the top five gaps instead of ranking them to avoid additional work for organisations.

The categories provided in questions F-1 and F-2 are not designed to be comprehensive, but to cover some of the main issues while suggesting possible additional ones that services can identify themselves.

Information asked for or provided in F-1 and F-2 does not constitute a request for funding or a promise of funding.

Health services' experience of service delivery and knowledge of the Aboriginal and Torres Strait Islander communities they serve is a valuable resource. These questions allow those organisations to provide feedback on key service gaps and health service delivery challenges they face which may be useful for future policy development and planning. Please note that information asked for or provided here does not constitute a request for funding or a promise of funding.

Information for policy development and planning

F-1 Please tick the top five health service gaps faced by the Aboriginal and Torres Strait Islander community you serve.

	Tick up to 5
Treatment of injury and illness	☐
Prevention / early detection of chronic disease	☐
Maternal and child health	☐
Early childhood development and family support	☐
Youth services	☐
Services to support healthy ageing	☐
Alcohol, tobacco and other drugs	☐
Mental health / social and emotional health and well being	☐
Disability services	☐
Palliative care	☐
Dental services	☐
Pharmacy services	☐

Environmental health services (including housing)	☐
Nutrition services (including lack of access to affordable healthy food)	☐
Access to health services (including transport)	☐
Other (please specify) *<Text>* ADD	

F-2 Please tick the top five challenges that your organisation faces in delivering quality health services to the Aboriginal and Torres Strait Islander community.

In F-2, there are several inter-related categories relating to staffing. This is because staffing is frequently cited as a key barrier to service delivery to Aboriginal and Torres Strait Islander communities. These are not mutually exclusive categories, but note that:
- Staffing levels as a barrier means that the overall number of staff is inadequate to meet service delivery need, even if / when the organisation is fully staffed;
- Staffing retention / turnover as a barrier means the ability to attract and keep staff;
- Recruitment, training and support of Aboriginal and Torres Strait Islander staff means that it is the inability to recruit, train and support Aboriginal and Torres Strait Islander staff in particular that is perceived to be a key barrier.

	Tick up to 5
Staffing levels	☐
Staff retention / turn over	☐
Recruitment, training and support of Aboriginal and Torres Strait Islander staff	☐
Provision of care in a cross-cultural environment	☐
Staff housing	☐
Appropriate health service infrastructure	☐
Availability / maintenance of equipment	☐
Access to specialist medical services	☐
Access to allied health services	☐
Coordination of clinical care with other providers (e.g. hospitals)	☐
Information technology	☐
Corporate services / administration	☐
Financial management	☐
Other (please specify) *<Text>* ADD	

Reporting effort

PURPOSE: The Australian Government has made a commitment to reduce the overall reporting effort on health services funded through the Department of Health. The questions in this section are designed to provide data to monitor reporting effort, both as it specifically relates to the OSR and overall.

These questions seek the informed perception of senior staff, particularly the CEO. They have deliberately been kept simple to reduce reporting effort – for example, asking for an estimate of the number of hours taken in reporting could itself add a significant reporting effort to an organisation.

Measurement of reporting effort though these questions may be supplemented by other more quantitative measures – for example, automatic collection of the length of time it takes organisations to provide a finalised OSR submission and/or the number of resubmissions necessary may also be adopted as proxies for measuring reporting effort.

These questions are optional – those organisations that consider they are unable to meaningfully answer them (for example, as a result of staff turn-over leading to a loss of corporate memory of previous year's reporting effort) need not answer them.

Reporting effort

B-1 Please rate the effort involved in preparing and submitting the OSR, comparing this year with last year.

○ Much less effort	○ Less effort	○ About the same	○ More effort	○ Much more effort

B-2 Relative to the number and complexity of the organisation's programs or service delivery, rate the overall reporting effort (to the Department of Health only) that your organisation faced this year, compared with last year.

○ Much less effort	○ Less effort	○ About the same	○ More effort	○ Much more effort

B-3a Did your organisation electronically extract and submit the data for questions CS-1a, CS-2 or CS-3a on episodes of care and client numbers?

○ Yes
○ No

B-3b If Yes, how would you rate the effort involved in reporting these questions this year compared, with last year.

○ Much less effort	○ Less effort	○ About the same	○ More effort	○ Much more effort

CEO APPROVE AND SUBMIT

Release and submission of the OSR data will be authorised by the CEO or other authorised person. The CEO will certify that the supplied data is complete and accurate and will authorise whether or not the data can be released to NACCHO and the respective state Affiliate.

These authorisations will be carried out electronically using the respective person's user name and password in OCHREStreams, effectively providing an electronic signature.

A-1 Certification by an Authorised Person

I hereby certify that the information provided in this on-line reporting questionnaire for the period 1 July 2017 to 30 June 2018 has been completed as accurately and fully as possible to the best of my knowledge. As authorised by:

Full Name: _____

(CEO or Other Authorised Person)

Position/Title: _____ **Date:** _____

A-2 Do you agree to release your Online Services Report information to NACCHO for the purpose of policy development, research and summary feedback and support to organisations?

- ○ Yes
- ○ No

A-3 Do you agree to release your Online Services Report information to your state or territory affiliate for the purpose of policy development, research and summary feedback and support to organisations?

- ○ Yes
- ○ No

A-4 Have all activities committed to in the organisation's action plan been carried out to the agreed timetable, quality and quantity?

- ○ Yes
- ○ No

Information Disclosure Statement

The information provided in the Online Services Report is collected under the terms of funding agreements between services and the Commonwealth. Authorised Department users will be able to view service-level OSR data reported by Health Services, once this data has been authorised for release by the Health Service CEO and submitted to the Australian Institute Health and Welfare (AIHW).

Data approved by the CEO to the AIHW that AIHW aggregates above the service level become part of a national data set which is then owned by the Commonwealth (this arrangement is reflected in the funding agreements between the Commonwealth and Services). In their role as data custodian on behalf of the Commonwealth, AIHW controls access and release of OSR data. The AIHW operates under a strict privacy regime which has its basis in section 29 (s.29) of the *Australian Institute of Health and Welfare Act 1987*. As well as the protection offered by s.29 of the AIHW Act, personal information held by the Institute is covered by the provisions of the *Privacy Act 1988.*

APPENDIX A – CLASSIFICATION SELECTIONS (DROP DOWN LIST SELECTIONS)

RELATED QUESTIONS: SE-4b

Field of Study

Counselling
Psychology
Social work
Mental health

RELATED QUESTIONS: L-4b

Position

Caseworker
Administration
Coordinator
Counsellor

Field of Study

Counselling
Psychology
Social work
Mental health

RELATED QUESTIONS: L-5b

Position

Caseworker
Administration
Coordinator
Counsellor

RELATED QUESTIONS: W-2, W4

Medical specialist

Paediatrician
Endocrinologist
Ophthalmologist
Obstetrician / Gynaecologist
Ear Nose and Throat Specialist
Cardiologist
Renal Medicine Specialist
Psychiatrist / Psychiatric Register
Dermatologist
Surgeon
Specialist – Other or Not Specified

Social and Emotional Well Being staff / Counsellors

Psychologist
Counsellor
Social Worker
Welfare Worker
SEWB Staff – Link Up Caseworker
SEWB Staff Other or Not Specified

Allied health professionals

Audiologist / Audiometrist
Diabetes Educator
Dietician
Optometrist
Pharmacist
Physiotherapist
Podiatrist
Speech Pathologist
Allied Health – Other or Not Specified

Health promotion / Prevention worker

Health Promotion Staff
Healthy Lifestyle Workers
Health Prevention / Promotion – Other or Not Specified

Training / Trainee position

ATSIHW
Registrar Nurse
Health Training Position – Other or Not Specified

RELATED QUESTIONS: W-3b

Health professionals / Workers

Aboriginal and Torres Strait Islander Health Worker
Aboriginal and Torres Strait Islander Health Practitioner
Doctor - General Practitioner
Nurses
Midwives
Substance misuse / Drug and alcohol worker
Tobacco worker / Coordinator
Dentists / Dental therapists
Dental support (e.g. dental assistant, dental technician)
Sexual health worker
Outreach worker
Traditional healer
Environmental health worker / Officer

General and other staff

CEO
Managers / Supervisors
Drivers / Field officers
Finance and accounting staff
Administrative and clerical staff
IT and data management staff
Cleaners / Security / Other support staff
Administrative / Support trainees

Medical specialist

Paediatrician
Endocrinologist
Ophthalmologist
Obstetrician / Gynaecologist
Ear Nose and Throat Specialist
Cardiologist
Renal Medicine Specialist
Psychiatrist / Psychiatric Register
Dermatologist
Surgeon

Specialist – Other or Not Specified

Social and Emotional Well Being staff / Counsellors

Psychologist
Counsellor
Social Worker
Welfare Worker
SEWB Staff – Link Up Caseworker
SEWB Staff Other or Not Specified

Allied health professionals

Audiologist / Audiometrist
Diabetes Educator
Dietician
Optometrist
Pharmacist
Physiotherapist
Podiatrist
Speech Pathologist
Allied Health – Other or Not Specified

Health promotion / Prevention worker

Health Promotion Staff
Healthy Lifestyle Workers
Health Prevention / Promotion – Other or Not Specified

Training / Trainee position

ATSIHW
Registrar Nurse
Health Training Position – Other or Not Specified

RELATED QUESTIONS: AC-2b

Type of Accreditation

QIC
ISO
ACHS