

# **Day Therapy Centre Census 2002**

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# **Day Therapy Centre Census 2002**

A report of the 2002 census conducted  
at the request of and with funding from the  
Australian Government Department of Health and Ageing.

**February 2004**

Australian Institute of Health and Welfare  
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# Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
AIHW	Australian Institute of Health and Welfare
ASGC	Australian Standard Geographical Classification
CACP	Community Aged Care Packages
DoHA	Australian Government Department of Health and Ageing
DTC	Day Therapy Centre
DVA	Australian Government Department of Veterans' Affairs
HACC	Home and Community Care
ICD	International Classification of Diseases
IPP	Information Privacy Principles
MDS	Minimum data set
NPP	National Privacy Principles
RAC	Residential Aged Care
SLA	Statistical local area

# 1 Introduction

This report summarises the data collected in the four week census of Australian Day Therapy Centres (DTCs), conducted by the Australian Institute of Health and Welfare (AIHW) during the period 21 October 2002 to 17 November 2002. The census was undertaken by the AIHW for the Australian Government Department of Health and Ageing (DoHA).

The main aim of the project was to provide information about the characteristics of the services delivered by the Day Therapy Centre (DTC) Program and the centres that provide these services. This type of information collected through the census will provide DoHA program managers with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes and evaluation of the DTC Program against policy objectives. While the census is only one of several measures designed to assist DoHA with these tasks, the need to support future performance measurement and planning significantly influenced the content of the DTC national census. The DTC national census was also intended to assist service providers in monitoring their service provision and in meeting program accountability requirements.

## **The Day Therapy Centre Program**

The Day Therapy Centre (DTC) Program is an Australian Government funded program which subsidises a range of therapies to frail older people living in the community and to residents of Australian Government funded residential aged care. Therapies include physiotherapy, occupational therapy, speech therapy and podiatry. Therapy is offered to individuals or groups of clients to assist them to either maintain or recover a level of independence that will allow them to remain either in the community or in low level residential care. DTCs may provide therapy to young people with a disability, if there is no alternative service available to these people.

The DTC Program was originally established as a means of funding therapy in deficit-funded nursing homes<sup>1</sup>. Hostel and community clients were also eligible, upon appropriate referral, to receive therapy from these centres. The changes to nursing home funding in 1988, which included a component of funding for therapy to nursing home residents, necessitated a change to therapy funding arrangements. The functional separation from nursing homes established the basis of the DTC Program.

At the time of the census there were some 160 services funded at an annual cost of \$31 million. The current distribution of services and funding is uneven nationally. This uneven distribution reflects the location of services originally brought into the program.

DTCs are currently administered under an agreement which provides contractual arrangements between the Australian Government as the provider of the grant, and the DTC agency as grant recipient.

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<sup>1</sup> Under deficit financing arrangements the Australian Government met the net approved operating deficits of nursing homes conducted by eligible charitable and benevolent organisations and local government.

## **Structure of the report**

This report summarises the information collected during the census. Section 2 discusses the scope of the data collection, the data sources and the data quality and limitations. The main findings of the census are reported in Section 3 and are presented in three subsections: care recipients, service episodes and service providers. Detailed tables which support these findings are presented in Appendix 1 of the report.

# 2 Data sources and limitations of data

## Scope of the collection

The DTC census included only services funded through the DTC Program, and included service provided by 148 of the existing 160 service providers. Twelve new therapy centres were excluded from this census. These 12 projects were receiving funding from a \$4.3 million budget initiative announced in 2001 which was aimed at identifying innovative therapy approaches and developing service delivery models. These DTC projects were excluded from the census as it was considered by DoHA that their mode of operation and their clientele could not yet be considered as established.

The scope of the census was primarily defined by the agreed definitions of a Day Therapy Centre provider as, an organisation or organisational sub-unit that is responsible for the provision of Day Therapy Centre funded therapy to clients, and a DTC client as, a person who receives Day Therapy Centre funded therapy from the organisation.

A DTC client for the purpose of the national census was 'a person who receives DTC-funded therapy from the organisation'. Clients for whom the DTC provider fully recovered the cost of therapy were not included in this definition. This included clients who lived in a residential aged care service and were categorised as low care, but for whom the residential aged care service received therapy funding under the Resident Classification Scale. Clients who were categorised as high care in a residential setting and for whom the DTC agency fully recovered the cost of therapy were also not reported in the census.

The data elements required for national reporting by DTCs relate to:

- characteristics and circumstances of clients, that is, the client profile (e.g. socio-demographic information, availability of a carer, health status, activity limitations)
- documentation of the therapy episode (e.g. date of initial assessment, date of exit, types of therapy received)
- the DTC profile (e.g. staffing profile, range of therapies available).

## Data sources

### Census forms

The census forms for the DTC census collection in the four weeks commencing 21 October 2002 are shown in Appendix 4. They consists of:

- a DTC data form (Form A) that includes questions regarding the DTC's location, client sources, funding and fee charging, therapies provided and staffing profile

- a care recipient data form (Form B) that includes questions regarding client demographic details, accommodation arrangements, dependency level, carer characteristics, health conditions and therapies received and cessation of therapy if applicable
- an additional questions form (Form C) which sought further information about where clients lived and the type and amount of therapy provided to clients from each of the four residential classifications. This form did not form a part of the formal census process and the data was not recorded by the AIHW. The forms were collected by AIHW and sent to the responsible DoHA officers at the conclusion of the collection.

### **Data element definitions**

It was intended that the data from the census be consistent with and comparable to national standards and relevant information in the health and community services field. To that end the AIHW was contracted by DoHA to develop a data dictionary for the DTC Program (AIHW 2003). The dictionary includes definitions data of items needed to assist with planning and policy development for the Program.

The data definitions and census forms were field tested by the AIHW between November 2001 and March 2002 (AIHW: Petrie & Van Doeland 2002). This field test was conducted in two stages and involved a representative sampling of DTCs about aspects of their administration and service delivery as well as demographic, health and therapy details. The census forms were tested in the second stage of the field test and gathered comments from DTCs in five states. Detailed documentation of the field testing with DTC providers can be found in the working paper *Report on the DTC Program Data Development Field Test* (AIHW: Petrie & Van Doeland 2002).

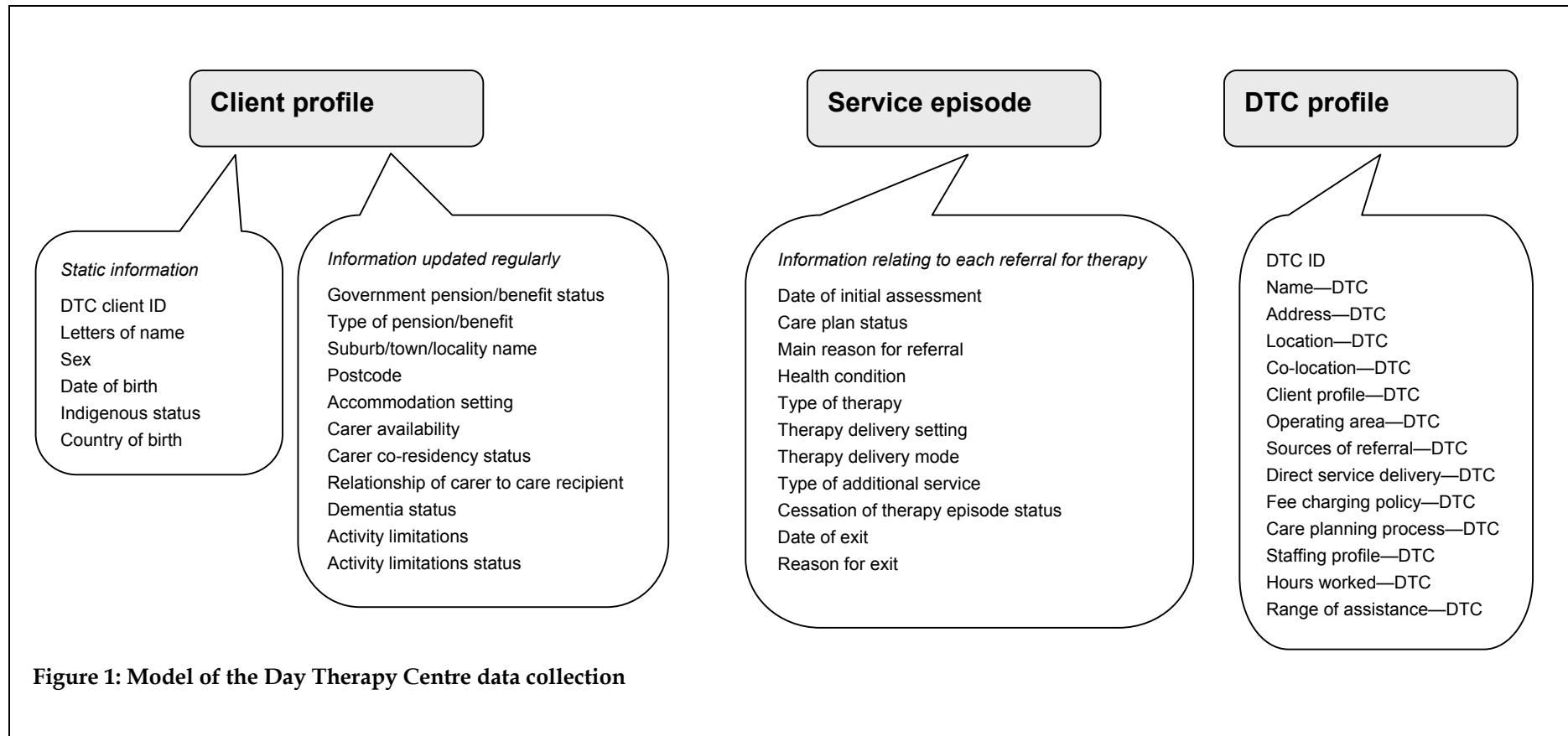
The data model for the Day Therapy Centre data collection is illustrated in Figure 1.

### **Collection method and privacy**

All DTCs were advised of details of the census in a letter dated 21 August 2002 (Appendix 2). The letter also requested DTCs to notify AIHW of their estimate of the number of census forms that they would require and to nominate the most common languages used apart from English by their care recipients. On 30 September (three weeks before the census was to commence) census forms were sent to all providers, along with a booklet, *Day Therapy Centres 2002: census guidelines* (AIHW 2002a) (Appendix 5), which contained advice about how to complete and return the census forms. Additionally, the booklet included comprehensive information about care recipients' privacy rights and the method of conduct of the census by the AIHW that was designed to ensure the confidentiality of all information received. A toll-free telephone help line was open before, during and after the census period. Advice was provided by trained AIHW staff to many DTC administrators who called the help line regarding their queries. A web page was created on the AIHW web site which contained the guidelines document and the privacy statement in English, Dutch, German, Greek, Italian, Spanish and Polish. Copies of each of the census forms could also be downloaded from the site.

The AIHW imposes strict guidelines on the ethical conduct of its collections and in particular ensures that they comply with Australian Government privacy legislation and the *Australian Institute of Health and Welfare Act 1987*. The procedures and privacy protection measures involved in the conduct of this census were submitted to the AIHW Ethics Committee (which includes lay members not associated with AIHW). At its meeting in September 2002, the Ethics Committee approved the conduct of the census as proposed.





The census guidelines requested that privacy statement on page 7 of the booklet be read to all care recipients or their custodian. The package sent to each DTC also included two copies of a poster (Appendix 3) which showed details of the census and a summary of care recipients' privacy rights. Translations of the privacy statement were also supplied to all DTCs, in the six languages most frequently indicated by DTCs in their responses to the DoHA letter of 21 August 2002.

To ensure the confidentiality of census forms, AIHW established a locked bag mail facility at Canberra GPO, which was dedicated solely to DTC census returns.

Service providers were requested to return their census Form A (DTC data) to AIHW by 8 November 2002. It was requested that no census Form B be returned before the end of the census period (17 November 2002), but that all forms should be returned by 9 December 2002. DTCs that had not returned their census forms were followed up by telephone. Every effort was made to accept late census returns and the last returns were accepted in mid February 2003. Responses were received from 138 DTCs.

## Data quality and limitations

### Response rate

One hundred and forty-eight service providers at 156 locations were requested to participate in the census. Census forms were received from 138 locations, a response rate of 88%. Table 1 shows the distribution of responding agencies and non-responding agencies by state.

Of those service providers who participated in the census, four providers submitted information on themselves but did not return any care recipient forms (Form B), and three provided a form for each of their care recipients but did not provide any information about the provider itself (Form A). There were no DTCs in the Australian Capital Territory and therefore the analyses by jurisdiction in this report do not include data cells for the Australian Capital Territory.

**Table 1: Participation of DTC service providers in the DTC 2002 census, by jurisdiction<sup>(a)</sup>**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Respondents	34	23	28	15	32	4	0	2	138
Non-respondents	9	2	3	1	0	3	0	0	17
<b>Total number of providers</b>	<b>43</b>	<b>25</b>	<b>31</b>	<b>16</b>	<b>32</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>156</b>

(a) Jurisdiction is based on the address of the DTC.

Note: Four service providers (NSW 1, Vic 2, WA 1) provided information on the agency itself but no information for care recipients.

### Form A–DTC data

Results of the data collected from Form A are summarised in Section 3. Question 6 on catchment areas for the DTCs was comprehensively answered by some agencies and poorly answered by others and has not been analysed in this report. Qualitative information on planning processes and fees policies was obtained under Questions 9 and 10. A brief summary of responses is reported. Full text of responses has been made available to DoHA for further analysis.

## **Form B–Care recipient data**

For the purposes of the census a DTC client was defined as a person who was receiving DTC-funded therapy from a Day Therapy Centre. DTCs were asked to provide a Form B for each care recipient. Where a provider completed more than one Form B per care recipient (because there were multiple referrals for that care recipient) the information was consolidated. The earliest date of first assessment and main reason for referral were retained for each client and subsequent reasons for referral were included under Question 19 (Health conditions for which the person received therapy during the census period). Responses to Question 20 (Types of therapy) were also amalgamated.

The census requested data on the health condition of clients, to be recorded according to codes provided in the guidelines. For ease of reference, these codes were listed in both numerical order according to the ICD 10 AM body systems classifications and alphabetical order. On 22 October 2002, DTCs were advised by letter of three incorrect codes in the alphabetical list of health conditions in the DTC Census Guidelines. They were asked to check and amend their code lists as appropriate. The health conditions involved were: cough (code 1702), breathing difficulties/shortness of breath (code 1703) and pain (code 1704).

## **Analysis by jurisdiction**

In this report analysis of jurisdiction for client information is related to the postcode of the clients' residential address, while jurisdiction for service provider information was based on the state or territory in which the DTC was located. In some instances DTCs were providing services to clients who live in another jurisdiction. For example, a New South Wales based DTC provided services to two clients who resided in the Australian Capital Territory. In all tables that present analysis of client characteristics by jurisdiction, the two clients who were Australian Capital Territory residents have been incorporated into the 'not stated' category. This has been done to maintain the confidentiality of individual characteristics. As there were no DTC service providers in the Australian Capital Territory this jurisdiction is not included in service provider tables that provide data by jurisdiction.

## **Breakdown of data by sex**

Analysis of care recipient data by sex are presented for males, females and persons. Data for care recipients whose sex was not indicated are included in the category of 'Persons', but are not shown elsewhere in the tables. Therefore, in all tables with an analysis by sex, 'Persons' will exceed the total of males and females.

## **General comments**

This publication analyses the data that has been reported by the service providers who undertook the census work in addition to their other service provision and administrative duties. In some instances service providers may not have had sufficient information from their available records to complete all questions for all care recipients. This has resulted in missing data and miscoding for a generally small proportion of cases.

Missing data are excluded from the calculation of percentages and the number of cases for which data is missing is reported in each appendix table (Appendix 1). As a consequence of this treatment of missing data, the number of valid cases analysed may vary from table to table depending upon which variables are included and the amount of missing data related

to each variable. Where the amount of missing data is sufficiently large to raise questions about the interpretability of results, such as in the case of carer availability, this is noted in the text in Section 3.

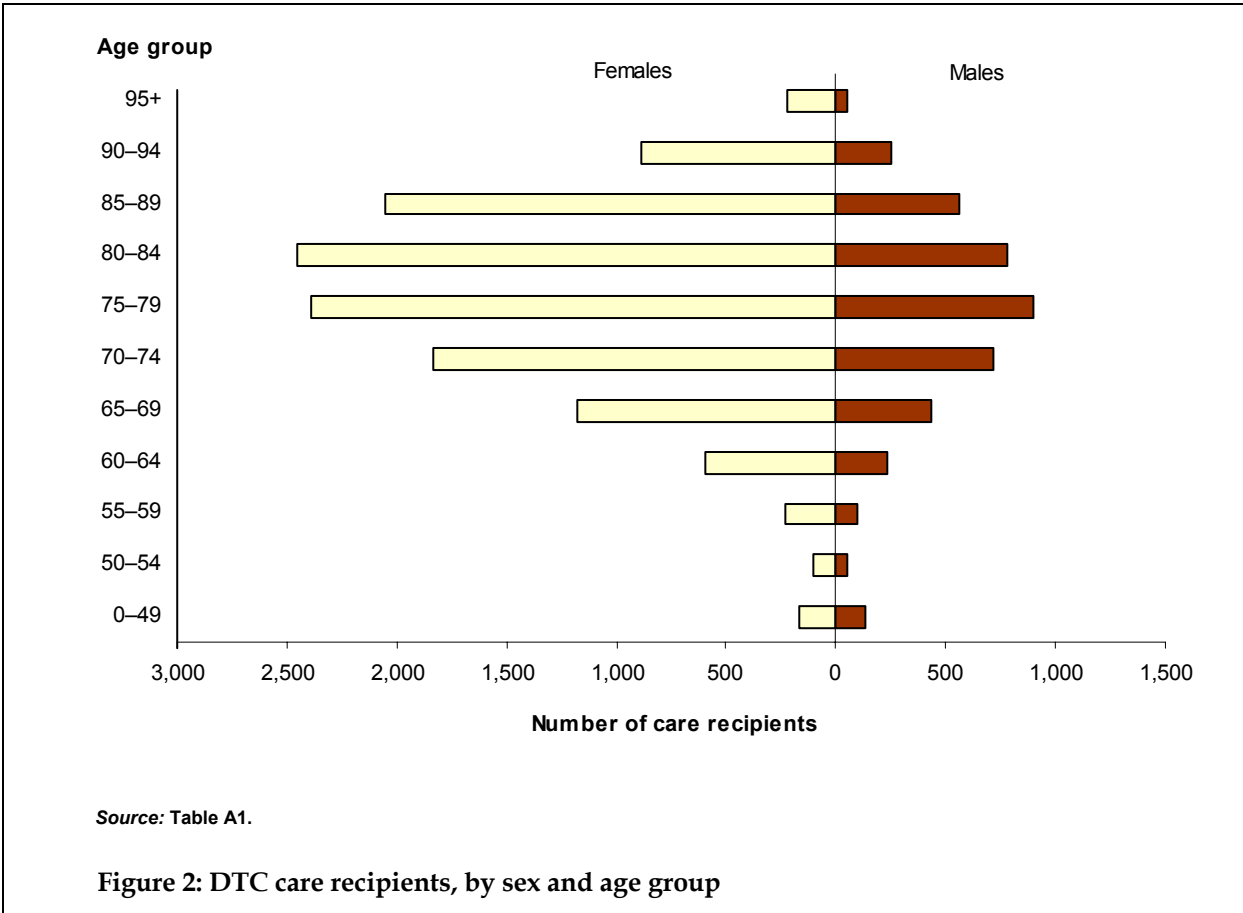
# 3 Main features

## DTC care recipient profile

The DTC census collected data on the characteristics of all care recipients who received therapy during the census period and whose therapy was funded through the Australian Government’s Day Therapy Centre Program. A total of 16,915 care recipients were reported during the census.

### Age and sex

Three-quarters of DTC care recipients were female (Table A1, Figure 2). This proportion remains unchanged since the 1998 DTC survey conducted by DoHA. Relative to the total census population, females were represented highly in all age groups, with the exception of care recipients below the age of 50, where women only slightly outnumbered men.



The ratio of females to males amongst DTC care recipients was higher than the corresponding ratio in the Australian population in all age groups. The female/male ratio increased with the age of the care recipients to 3.7 females for each male aged 85 and over (2.2 females per male in this age group in the general population) (Table 2).

**Table 2: Ratio of females to males in the Australian population compared to DTC care recipients, DTC census 2002**

Age	Ratio (Female/male)	
	Australian population	DTC care recipients
Total population (0–85+)	1.02	2.88
65 and over	1.26	2.99
85 and over	2.24	3.68

Sources: Table A1; ABS 2003a.

The average age of DTC care recipients was 77.0 years (median 78). The average age of female care recipients was 77.6 years (median 79) and the average age of males was slightly younger at 75.7 years (median 77). Of male care recipients 77% were aged over 70, compared to 81% of females, with 7% of males and 9% of females aged over 90. The highest proportion of care recipients aged 70 and over was reported by DTCs from New South Wales (91%) and the lowest was from Northern Territory DTCs (67%). Eighty per cent of DTC care recipients were aged 65–89 years (Table A1).

Usage rates provide a measure of use of DTC therapy per head of population. While DTC funding is not a comprehensive national program and the census does not include those receiving therapy through residential aged care funding, usage rates nevertheless provide an indication of the uptake of these services relative to the size of the population in certain age groups or areas. Table 3 shows the number of people who are DTC care recipients expressed as a rate per 1,000 population for five-year age groups. It shows a rise in usage from each age grouping to the next and a higher rate of usage in all age groupings by females than males. The utilisation rate increases to significant proportions from age 65 upwards, rising to over 4 per 1,000 from age 70, which is the commencing age of the DTC target age range, and peaking at over 17 per 1,000 in female care recipients aged 85 and over. There were some large differences between jurisdictions with the highest usage rate occurring in South Australia (37 per 1,000 people aged over 70) (Table A2). The lowest usage rate was in New South Wales (3 per 1,000 people aged over 70). In all jurisdictions except Victoria, the utilisation rate for females over age 70 was more than double the rate for males.

**Table 3: DTC care recipients per 1,000 population, DTC census 2002**

Age groups	Males	Females	Persons
0–49	0.02	0.02	0.02
50–54	0.08	0.15	0.12
55–59	0.20	0.47	0.34
60–64	0.56	1.46	1.02
65–69	1.28	3.40	2.40
70–74	2.37	5.47	4.08
75–79	3.95	8.18	6.43
80–84	6.07	12.14	9.97
85+	10.51	17.27	15.52
0–69	0.11	0.26	0.18
70+	4.39	9.72	7.47

Sources: Table A1; ABS 2003a.

## Indigenous status

There were only 74 care recipients who were identified as being of Aboriginal or Torres Strait Islander descent (Table A3). These small numbers necessitate caution in interpreting the Indigenous data and limits the extent to which comparisons can be made with non-Indigenous care recipients. More than half of these care recipients were from Queensland and the Northern Territory (Table A4). The mean age of Indigenous care recipients was 65.1 years (median 65 years). Sixty per cent of Indigenous clients were below the age of 70 years. Forty per cent were male.

## Country of birth of care recipients

Sixty-four per cent of DTC care recipients were Australian born, 17% were born in an overseas country that has English as its main spoken language and 16% were born in a country where a language other than English is primarily spoken (overseas born non-English speaking country) (Table A5). A smaller proportion of both male (58%) and female (65%) DTC care recipients were Australian born than in the overall Australian population (63% for males and 67% for females) (ABS 2003a). Table 4 shows that overseas born care recipients from a non-English speaking country had a higher proportion aged below 75 (44%), than care recipients who were either Australian born (33%) or born overseas in a country where the main language was English (34%).

**Table 4: Age groups of care recipients, by country of birth grouping, DTC census 2002**

Age group	Australian born	Overseas born English speaking country	Overseas born non-English speaking country	Unknown	Total	Not stated
	Per cent				Number	
Under 65	10.4	7.4	9.5	15.0	1,626	14
65–74	23.1	26.8	34.6	21.0	4,209	29
75–89	57.0	56.2	51.4	53.3	9,217	76
90+	9.4	9.6	4.4	10.7	1,437	17
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100</b>	<b>100.0</b>		
<b>Total (number)</b>	<b>10,602</b>	<b>2,871</b>	<b>2,650</b>	<b>366</b>	<b>16,489</b>	<b>136</b>
Age not stated (number)	87	27	24	22	160	130

*Note:* For the purposes of this report, people born overseas from an English speaking country are defined as those born in Ireland, the United Kingdom, New Zealand, the United States of America, Canada and South Africa. All other people who were not born in Australia are included in the group overseas born from a non-English speaking country.

*Source:* Table A5.

## Dementia

Dementia is a term used to group diseases that are characterised by the progressive impairment of brain functions, including language, memory, perception, personality and cognitive skills. In 2001, there were an estimated 144,400 Australians aged 70 years and over with dementia, making up just over 8% of Australians aged 70 years and over (AIHW 2002b; ABS 2003a). A total of 1,179 DTC (7%) clients were diagnosed with dementia (Table A6). The DTC client base closely matched the estimated prevalence of dementia in the general

population (AIHW 2002b). Care recipients who had been diagnosed with dementia comprised 8% of the DTC clientele that were aged 70 or over – 9% of males and 8% of females in this age group (Table A7). Ninety-three per cent of all DTC care recipients who had been diagnosed with dementia were aged 70 and over (88% of males and 95% of females).

Seventy-three per cent of DTC care recipients who had been diagnosed with dementia were reported to have a carer compared to 24% of those who had not been diagnosed with dementia (Table A8). A much higher proportion of males (82%) than females (68%) who had been diagnosed with dementia, were reported to have a carer. There was a very high proportion of cases in which it was indicated that the care recipient had been diagnosed with dementia but no indication was provided about whether the care recipients had a carer (55%). This compares to 18% of 'not stated' responses amongst those without dementia. This high proportion of not stated responses suggests that caution be used in the interpretation of all carer-related data for care recipients who had been diagnosed with dementia.

## Type of accommodation

Half of all DTC care recipients lived in a private residence that they owned or were purchasing (Table A9). Home ownership was highest in the 65–74 year age group (67%); this proportion then decreased steadily with increasing age to 27% of people aged 85 and over. At the same time the proportion of care recipients living in low level residential aged care (Residential aged care service – low level care) increased from 5% of those aged 65–75 year to 13% in those aged 75–84 and to 40% in those aged 85 years or more. A similar trend is seen for the proportion of each age group living independently in a retirement village although the increase is not as marked as that for low level residential care. In those aged 65–74 years, 8% live independently in a retirement village; for those aged 75–84 years 18% are living in a retirement village and 19% for those aged 85 years or more (Table 5).

**Table 5: Main types of accommodation of DTC care recipients, by age, DTC census 2002**

Accommodation type	0–49	50–64	65–74	75–84	85+	Total	Not stated
	Per cent					Number	
Boarding house/hostel	0.4	0.0	0.1	0.1	0.1	0.1	0
Independent in a retirement village	3.2	3.3	7.9	18.1	19.4	14.3	12
Private residence—Owned/purchasing	47.9	64.6	66.7	51.6	27.0	50.3	56
Private residence—rental	10.6	7.0	4.6	3.4	1.8	3.7	4
Private residence—Public rental or community housing	10.6	9.7	9.5	7.2	4.3	7.3	6
Private residence—type unknown	5.6	5.8	4.1	4.0	3.5	4.1	9
Public place/ temporary shelter	0.0	0.0	0.0	0.0	0.0	0.0	0
Residential aged care service—low level care	2.5	4.1	4.9	13.3	39.7	16.8	25
Short-term crisis/emergency/transitional	0.4	0.0	0.0	0.1	0.1	0.1	0
Supported community accommodation	13.0	3.3	1.0	0.7	1.1	1.3	0
Other institutional care	2.5	1.2	0.5	0.7	1.3	0.9	2
Other	3.5	1.0	0.7	0.9	1.7	1.1	4
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	
<b>Total (number)</b>	<b>284</b>	<b>1,301</b>	<b>4,137</b>	<b>6,465</b>	<b>4,029</b>	<b>16,216</b>	<b>699</b>

Source: Table A10.



There are higher proportions of female DTC care recipients (16%) than males (11%) among those living independently within retirement villages and those receiving low care in residential aged care (18% of females, 15% of males) (Table 6). High care residents of residential aged care (RAC) services also receive Australian government funded therapy, but its is not funded through the DTC Program. Females comprised 80% of all DTC clients who lived in independent accommodation within a retirement village. Of all DTC care recipients who were low care residents of a residential aged care service, males made up 23% (Table A9).

**Table 6: Main types of accommodation of DTC care recipients, DTC census 2002 (per cent)**

	Private residence- owned or purchasing	Independent within retirement village	Residential aged care— low care	Total number
Males	55.3	10.9	14.8	4,109
Females	48.7	15.6	17.5	11,808
<b>Persons</b>	<b>50.3</b>	<b>14.3</b>	<b>16.8</b>	<b>16,216</b>

*Note:* Persons includes care recipients whose sex was not reported.

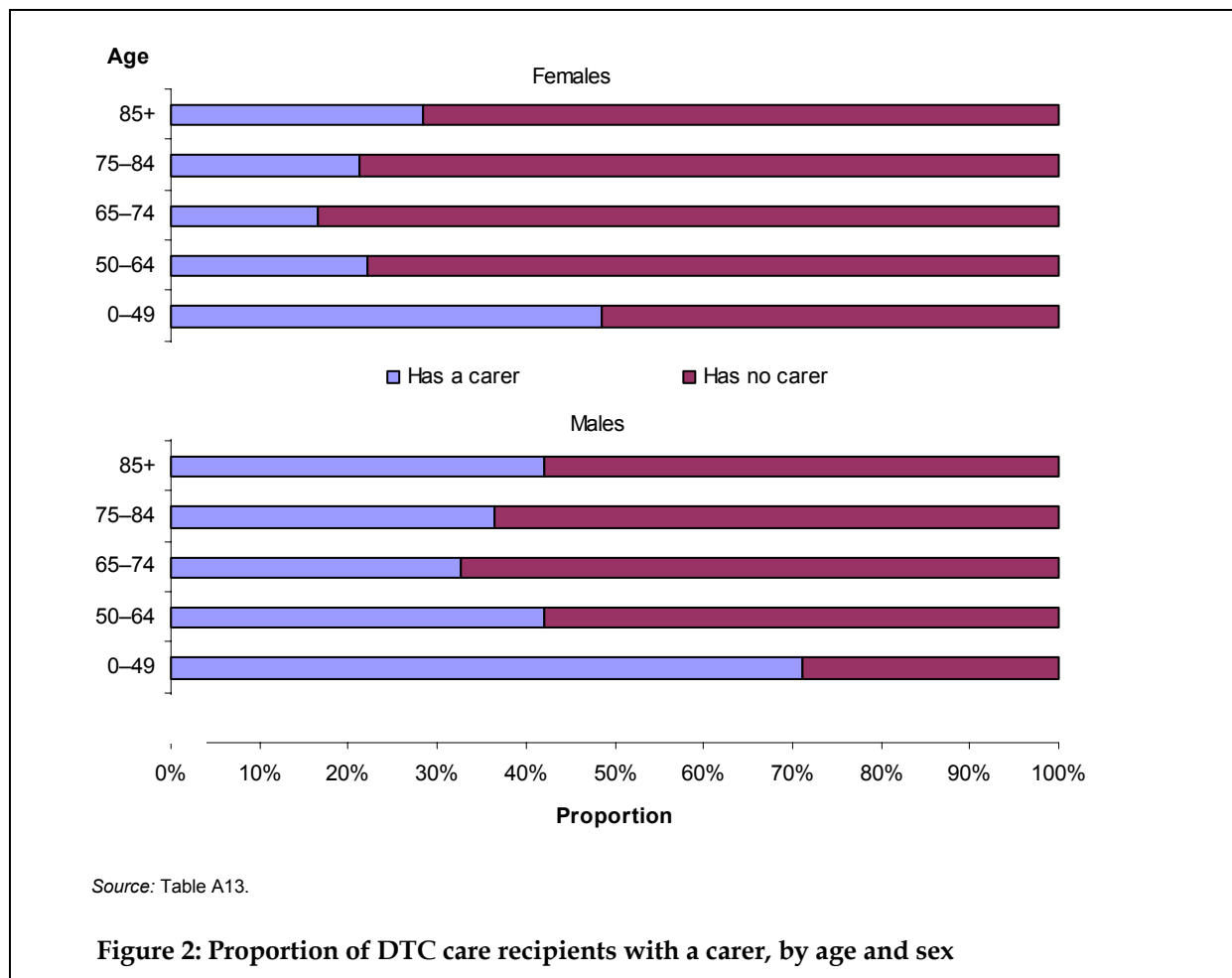
*Source:* Table A9.

The difference between accommodation arrangements in jurisdictions was wide with South Australia, the highest, reporting that 63% of its care recipients lived in private accommodation that was owned or being purchased compared to the lowest, New South Wales, reporting 23% of care recipients (Table A11). Nationally, 17% of care recipients lived in residential aged care as low care residents and 14% lived independently in a retirement village.

## Carer status and relationship

Twenty-six per cent of all DTC care recipients had carers, but males more frequently had a carer (38%) than females (22%) (Table A12). DTC care recipients were more likely to have a carer when they were under 50 and over 85 years (Figure 3). There was a higher proportion of males than females with carers in all age groups. For those care recipients with a carer, females were more than twice as likely to have a non-resident carer (36%) than males (14%) (Table A13). Care recipients with a core activity limitation were also more likely to have a co-resident carer (between 57% and 60%) than a non-resident carer (between 12% and 18%). However they were more likely to have no carer than to have a non-resident carer (between 25% and 29% of carers with a core activity limitation) (Table A14). Note however, that these data should be interpreted with caution as there were 3,687 records with missing carer availability. In other words, there were more records with missing carer information than there were as were reported care recipients with a carer (3,426).

More than half (55%) of care recipients with carers were cared for by their spouse or partner (Table 7). Almost twice the proportion of male care recipients (78% of males with a carer) had spouses or partners as carers than did females (42% of females with a carer). Spouses or partners were the predominant carers for all age groups of care recipients below age 85 years (Table A15). For care recipients aged 85 and over the highest proportion of carers are daughters or sons. Care recipients in the under 50 age group were reported to have parents as carers on 48% of responses.



While most care recipients with carers lived in a private residence that they owned or were purchasing (people with a co-resident carer 74%, people with a non-resident carer 53%), care recipients with a non-resident carer were more likely to live independently within a retirement village or in public rental or community housing than those with a co-resident carer (non-resident carer 18% and 14%, co-resident carer 7% and 4% respectively) (Table A16).

**Table 7: Relationship of carers to care recipients, by sex of care recipient, DTC census 2002 (per cent)**

Category of carer	Males	Females	Persons <sup>(a)</sup>
Spouse/partner	77.6	41.6	55.4
Daughter/son	14.9	47.0	34.6
Parent	2.6	2.1	2.3
Other relation	2.5	4.8	3.9
Friend/neighbour	2.4	4.5	3.7
<b>Total per cent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total number</b>	<b>1,179</b>	<b>1,839</b>	<b>3,077</b>

(a) Persons includes care recipients with sex not stated.

Source: Table A15.

## Core activity limitations

The census measured whether DTC care recipients sometimes or always needed help or supervision from another person in three areas of core activity limitations: self care, mobility and communication. People in this situation are said to have a severe or profound core activity limitation (ABS 1998).

**Table 8: Number of areas of known severe or profound core activity limitations, by sex, DTC census 2002 (per cent)**

Sex	Number of core activity limitations				Total	Total number	Not stated
	None	1	2	3			
Males	57.5	17.8	14.4	10.3	100.0	4,054	193
Females	67.2	14.5	12.1	6.3	100.0	11,663	568
<b>Persons<sup>(a)</sup></b>	<b>64.5</b>	<b>15.3</b>	<b>12.7</b>	<b>7.5</b>	<b>100.0</b>	<b>16,025</b>	<b>890</b>

(a) Persons includes care recipients with sex not stated.

Note: Tabulation of care recipients by sex includes those with age not stated.

Source: Based on Table A17.

There were 5,688 (35%) care recipients who had one or more severe or profound core activity limitations and 10,319 (65%) did not require assistance in any of the nominated core activities. Seven per cent of DTC care recipients required assistance with all three core activities (Table 8, Table A17). Forty-three per cent of all male care recipients had at least one limitation compared to 33% of females. Ten per cent of males needed assistance with all three core activities compared to 6% of females.

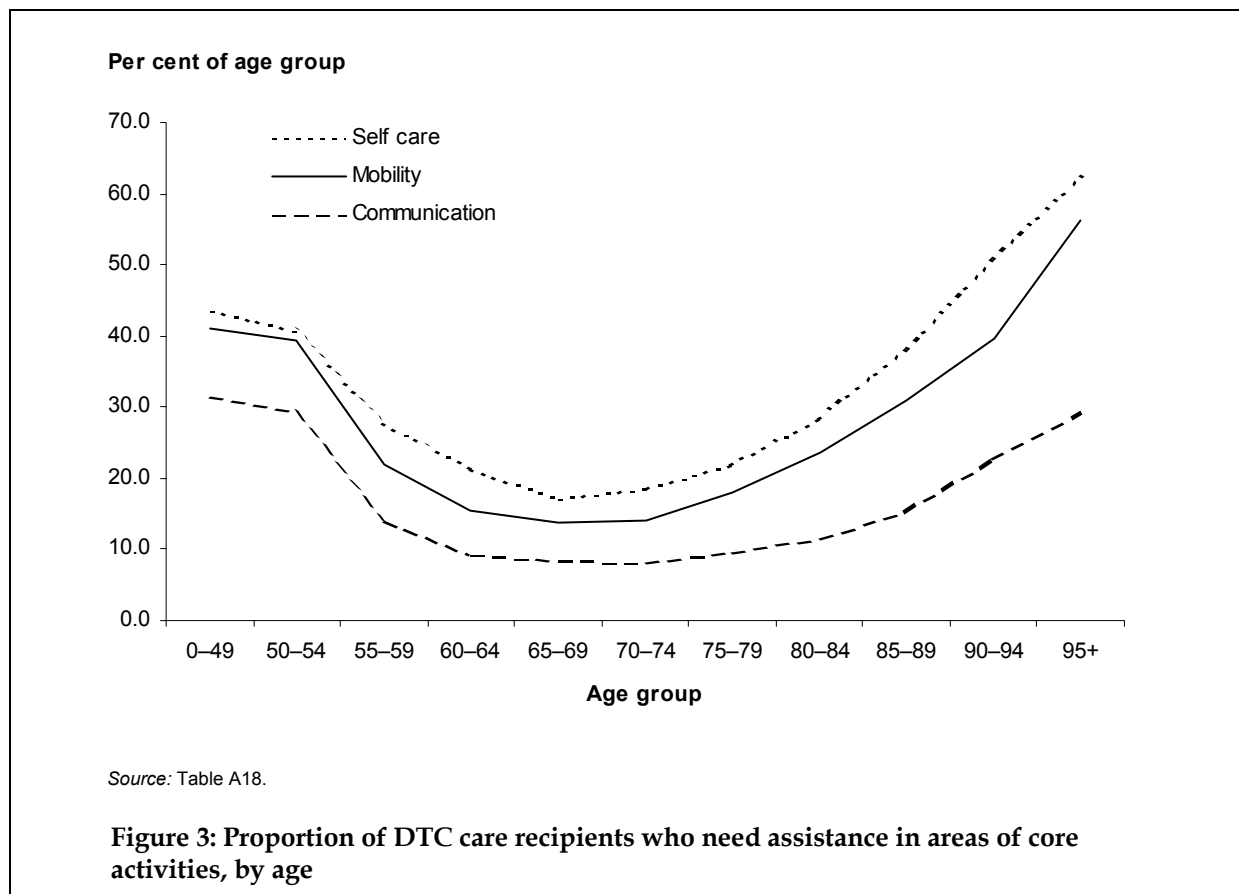
**Table 9: Number and per cent of all care recipients with each severe or profound core activity limitation, by sex, DTC census 2002**

Activity limitation area	Males (Number=4,054)		Females (Number=11,663)		Persons <sup>(a)</sup> (Number=16,025)	
	Number	Per cent	Number	Per cent	Number	Per cent
Self care	1,345	33.2	3,043	26.1	4,501	28.1
Mobility	1,084	26.7	2,457	21.1	3,647	22.8
Communication	705	17.4	1,221	10.5	1,993	12.4

(a) Persons includes care recipients with sex not stated.

Source: Table A18.

For each of the core activity limitation areas, males were 6 to 7 percentage points more likely than females to need assistance. (Table 9). Figure 4 shows the age trends for the presence of severe or profound care activity limitations among DTC clients. Severe or profound limitations in the three core activities are most common amongst younger clients, below 55years and amongst the oldest clients, above age 85 years.



Among all but the oldest DTC care recipients, males were more likely to have a severe or profound core activity limitation. For those under 65 years of age, 41% of male care recipients required assistance with self-care compared to 22% for females. In the same age group 34% of males required assistance with mobility and 27% required assistance with communication. For female care recipients under 65, 18% required assistance with mobility and 10% required assistance with communication. The difference between males and females lessens for care recipients aged 65–74 years and continues to decrease among care recipients aged 75–84 years and over 85 years (Table 10).

**Table 10: Age grouping of care recipients that have severe or profound core activity limitations, by sex, DTC census 2002 (per cent of all DTC care recipients)**

Age group	Self care		Mobility		Communication	
	Males	Females	Males	Females	Males	Females
Under 65	40.1	22.1	33.9	18.4	27.1	10.4
65–74	27.4	14.5	21.3	11.2	14.5	5.9
75–84	30.0	23.4	25.1	19.0	15.5	8.8
85+	42.7	42.8	33.3	34.8	19.4	17.2
<b>Number of care recipients with limitation</b>	<b>1,334</b>	<b>3,008</b>	<b>1,076</b>	<b>2,434</b>	<b>701</b>	<b>1,200</b>

Note: Table excludes 454 care recipients with sex not stated and 202 with age not stated.

Source: Table A18

Across all age groups, care recipients with dementia were more likely to need assistance with at least one core activity (dementia 84%, no dementia 32%) (Table A19) as were Indigenous care recipients (Indigenous 65%, non-Indigenous 34%) (Table A20). Overall, Australian born were also more likely to need assistance with at least one core activity across most age groups, but differences between these groups were much smaller (Australian born 38%, overseas born English speaking country 29%, overseas born non-English speaking country 31%) (Table A21).

## Health conditions

The census collected information on the main health condition that resulted in the current referral (the main reason for referral). Information was also collected on up to five health conditions for which the person was receiving therapy. The list of conditions can be found in Appendix B to the Census Guidelines (Appendix 5 to this report).

### Main reason for referral

Table A22 shows the main reason for referral for all care recipients by jurisdiction, grouped according to body systems. The most common health conditions reported as the main reason for referral for both males and females were musculoskeletal disease (males 15%, females 24%) and skin diseases (males 14%, females 19%). Diseases of the circulatory system were also common for males (13%) but less so for females (6%). While the main reason for referral for women was consistent across all but two states the main referral category for men differed in each jurisdiction.

It is also possible to analyse the main reason for referral by examining the individual health conditions that were reported. In analysing the data at this level it should be noted that differences may occur between respondents in how conditions are understood and described and in how rigorously the classification system that was provided in the guidelines was applied. The 10 most commonly reported main reasons for referral are listed for males (Table A23) and females (Table A24). Diseases of the skin and subcutaneous tissues (a category which includes bedsores, ulcers, urticaria, erythema, ingrowing nail, corn, callous and chronic ulcer) was the main reason for referral reported for both males (14%) and females (19%). For males the next most commonly reported main reasons for referral were cerebrovascular disease (10%), type 2 diabetes (7%), non-rheumatoid arthritis and related conditions (7%), and back problems (6%) (Table A23). For females these were non-rheumatoid arthritis and related conditions (13%), followed by back problems (7%), problems related to life-management difficulty including limitations of activity due to disability (5%) and type 2 diabetes (5%) (Table A24). Of the top 10 conditions for males and females, eight were common to both sexes. The top 10 referral conditions for all persons is shown in Table A25.

### Reasons for therapy

When considering up to five conditions for which therapy was received, musculoskeletal disease remains the most common condition for women (42% of care recipients) while for men therapy is given for skin diseases for more care recipients (28%) than musculoskeletal disease (26%) (Table A26).

The types of conditions for which people receive therapy differs between younger and older age groups. Eye disease was the most common condition for which therapy was received for

younger males (35%) and females (24%) in the 0-49 year age group, in particular blindness or poor vision in one or both eyes. For men aged 50-64 years, circulatory disease was the predominant reason for receiving therapy (27%) followed by musculoskeletal disease (25%). Skin disease was the predominate reason for receiving therapy for men over 65 years (around 30% of care recipients in all three age groups). For women musculoskeletal disease became the predominate reason for therapy for women in the 50 years or older age groups (between 39% and 51% of care recipients in the older age groups) although skin disease was also a common reason for receiving therapy for women in these age groups (between 19% and 36% of care recipients).

While in itself not a health condition, problems with factors which influence health status were reported for around one-fifth of all care recipients, both male (22%) and female (20%). This covers a wide variety of circumstances from diet, exercise, limitations due to disability to social environment and the availability of support.

People with a severe or profound core activity limitation were most likely to receive therapy for musculoskeletal or circulatory disease (14% of care recipients) or for mental or behavioural problems (13%), a grouping which includes dementia and delirium, anxiety disorders and intellectual and developmental disorders. In addition to people with mental and behavioural disorders, people receiving therapy for nervous disorders and congenital malformations were most likely to have a severe or profound core activity limitation (82%, 74%, and 75% respectively of care recipients with these conditions) (Table A27).

The main types of conditions experienced by people with specific core activity limitations were similar and differed only in their relative importance. People with a self-care limitation were most likely to receive therapy for a mental or behavioural condition (16%), followed by circulatory system disease (15%) then musculoskeletal disease (14% of care recipients). A similar but stronger trend was seen for people with a communication limitation: mental or behavioural conditions (24%), circulatory system disease (16%) and musculoskeletal disease (9% of care recipients). For people with a mobility limitation, circulatory disease was the most common condition (16%) followed by musculoskeletal disease (14%) and mental and behavioural conditions (13%) (Table A28).

## **Entitlements to a government pension or benefit**

Ninety-three per cent of DTC care recipients reported receiving a government pension or benefit (Table 11, Table A29). Of those who received a pension or benefit, 91% (13,470 of 14,769) were aged 65 and over. Of the 1,547 DTC care recipients under 65, 84% received a pension or benefit (Table A30).

Females were more likely (79%) to be in receipt of the Age pension than males (68%), but males were more frequently in receipt of Veterans' Affairs pensions (13% compared to 9% for females) and Disability Support pensions (9% compared to 3% for females) (Table 12).

**Table 11: Number of DTC care recipients in receipt of a government pension or benefit, per cent of total pension recipients, by age groups and per cent of DTC care recipients receiving a pension or benefit, DTC census 2002**

Age group	Number of DTC care recipients in receipt of a pension or benefit	Percentage of DTC care recipients in receipt of a pension or benefit	Total number of DTC care recipients (age known)	Percentage of DTC care recipients in receipt of a pension or benefit
Under 65	1,299	8.8	1,547	84.0
65–74	3,828	25.9	4,059	94.3
75–84	5,979	40.5	6,320	94.6
85+	3,663	24.8	3,901	93.9
<b>Total</b>	<sup>(a)</sup> <b>14,769</b>	<b>100.0</b>	<sup>(b)</sup> <b>15,827</b>	<b>93.3</b>

(a) Excludes 96 people whose age was not known who received a government pension.

(b) Excludes 1,088 people for whom age and/or pension status was not known.

Source: Table A1, A30.

**Table 12: Proportions of DTC care recipients who were receiving government pensions or benefits, by sex, DTC census 2002 (per cent)**

Pension/benefit	Males	Females	Persons <sup>(a)</sup>
Received a pension or benefit	92.5	93.6	93.3
Age Pension	67.6	78.9	76.0
Veterans' Affairs Pension	12.8	8.5	9.6
Disability Support Pension	8.7	3.2	4.6
Carers' Payment (Pension)	0.2	0.3	0.3
Unemployment related benefits	0.1	0.1	0.1
Other pension or benefit	0.2	0.3	0.3
Pension or benefit—type unknown	2.8	2.5	2.6
No pension or benefit	7.5	6.4	6.7
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>4,039</b>	<b>11,600</b>	<b>15,930</b>
Not stated/unknown (number)	207	631	985

(a) Persons includes care recipients with sex not stated.

Source: Table A30.

## Service provision

### Place of therapy

Day therapy is provided in a range of locations including residential aged care services, public pools, ten pin bowling centres, golf courses, hospitals, clubs and outdoors. Care recipients can receive therapy in more than one location, although the majority of service is provided in a Day Therapy Centre (Table A31). Eighty-five per cent of care recipients

received services at a DTC, 9% of care recipients in a another type of centre and 8% of care recipients at home. The therapy provided at home is defined as including clients' own homes and cases where the client lives in residential aged care but is not attending a co-located DTC. A small number of care recipients (1.3%) received service at other locations, including outdoor locations, bowling alleys, golf courses, pools, on outings or over the phone. Three per cent (581 of 16,915) of care recipients received assistance at more than one location, hence the percentages shown in Table A31 add to more than 100%.

Some differences between jurisdictions in relation to DTC therapy settings were observed. All jurisdictions provided most of their therapy in DTCs. The Northern Territory provided therapy to 98% of its care recipients at the DTCs and Tasmania to 97%. South Australia and the Northern Territory were the jurisdictions most likely to provide centre based therapy at locations other than the DTCs (14% and 21% of care recipients), while New South Wales and Western Australia were the jurisdictions most likely to provide therapy in the home (22% and 26%). The Northern Territory also provided a higher proportion of therapy in the home than most other jurisdictions (11% of care recipients). While most jurisdictions reported providing some therapy in locations other than a centre or a person's home, only Western Australia and South Australia provided any substantial proportion of service in such locations (4% and 2% of care recipients respectively).

## **Types of service provided**

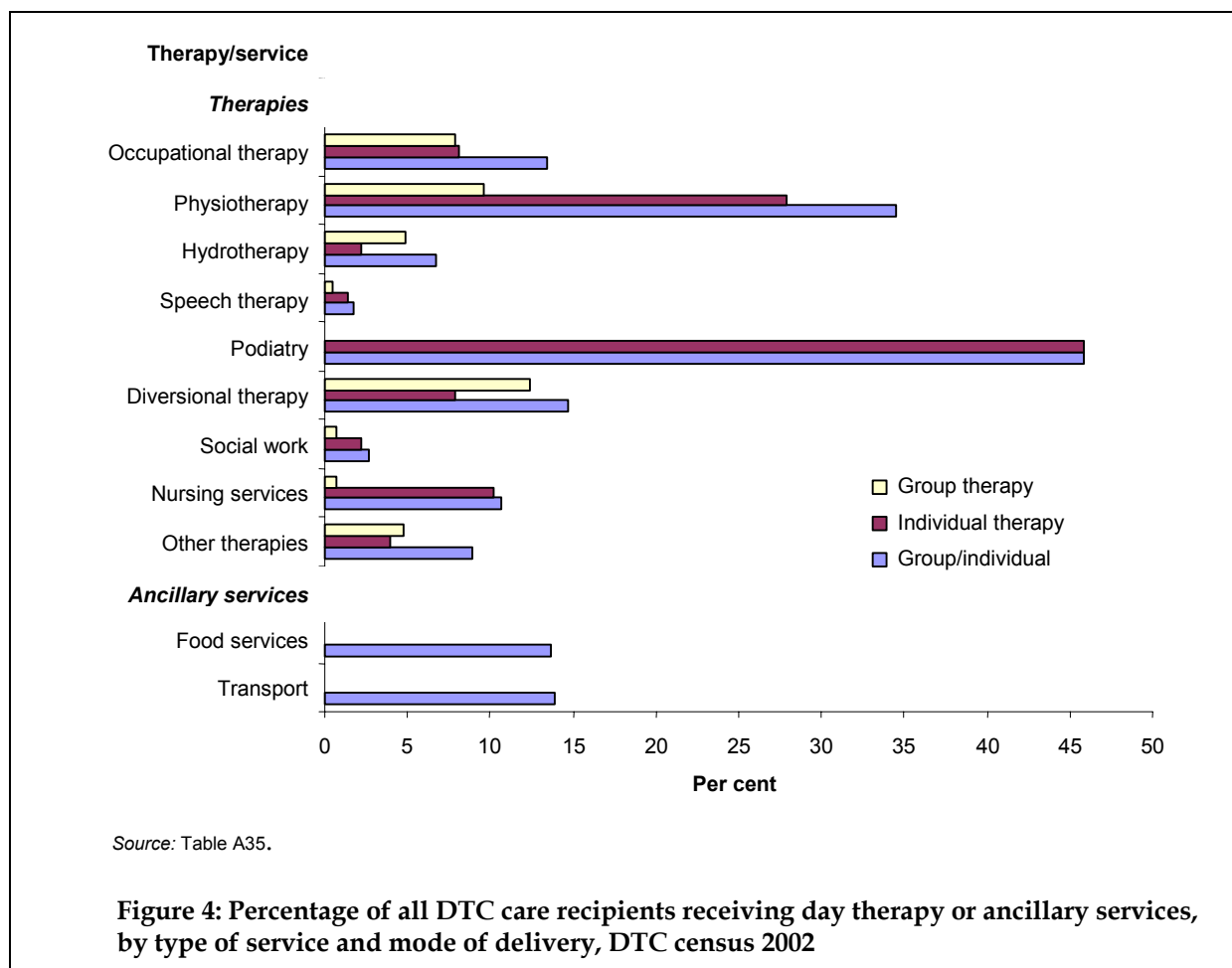
DTCs provide a range of therapies including occupational therapy, physiotherapy, hydrotherapy, speech therapy, podiatry, diversional therapy, social work and nursing services. These therapies were provided individually and, less commonly, to groups (Table A32, Figure 5).

Care recipients were more likely to receive individual assistance for physiotherapy, speech pathology, podiatry, social work, and nursing services and group assistance for diversional therapy and hydrotherapy. Care recipients were just as likely to receive occupational therapy on an individual basis as on a group basis.

The therapies most commonly received by care recipients are podiatry (46% of care recipients) and physiotherapy (34%). However, there are a number of exceptions. Therapies most commonly received by clients diagnosed with dementia were diversional therapy (48% of 1,179 of care recipients with dementia) followed by podiatry and physiotherapy (35% for both service types) (Table A33, Figure 6). They are much more likely to receive diversional therapy than care recipients who have not been diagnosed with dementia (48% compared to 12%), and are more likely to receive occupational therapy (25% compared to 13%) and nursing services (25% compared to 10%). Clients diagnosed with dementia are less likely to receive hydrotherapy (2% care recipients with dementia compared to 7% care recipients without dementia). Care recipients with dementia are also much more likely to receive ancillary services in association with their therapy (food services 43% and transport 24%) than other care recipients (food services 11% and transport 13%) (Table A33).

Indigenous care recipients most commonly receive diversional therapy (38% of 74 Indigenous care recipients compared to 14% of non-Indigenous care recipients) physiotherapy (28% compared to 35%) or podiatry (24% compared to 46%). They are more likely to receive diversional therapy and less likely to receive physiotherapy and podiatry than non-Indigenous care recipients. With regard to ancillary services, Indigenous care recipients were more likely to receive transport services (24% compared to 14% non-Indigenous care recipients) (Table A34).

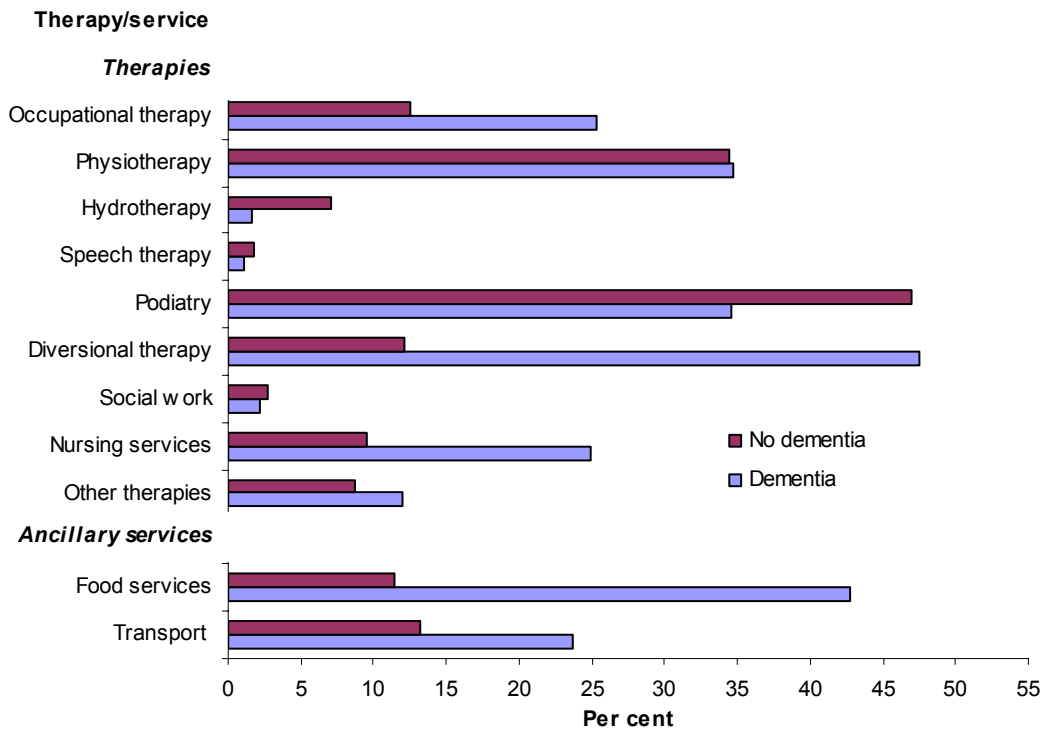




Of the care recipients in the census, 10,688 (64%) were Australian born, 2,898 (17%) were born overseas in English-speaking countries and 2,675 (16%) were born overseas in countries where English was not the main language spoken (Table A36). The distribution of therapies provided to people born overseas in both English and non-English speaking countries is similar to the Australian-born population (Figure 7). Australian-born clients are more likely to receive diversional therapy, nursing services and ancillary services and less likely to receive podiatry services than their overseas born counterparts.

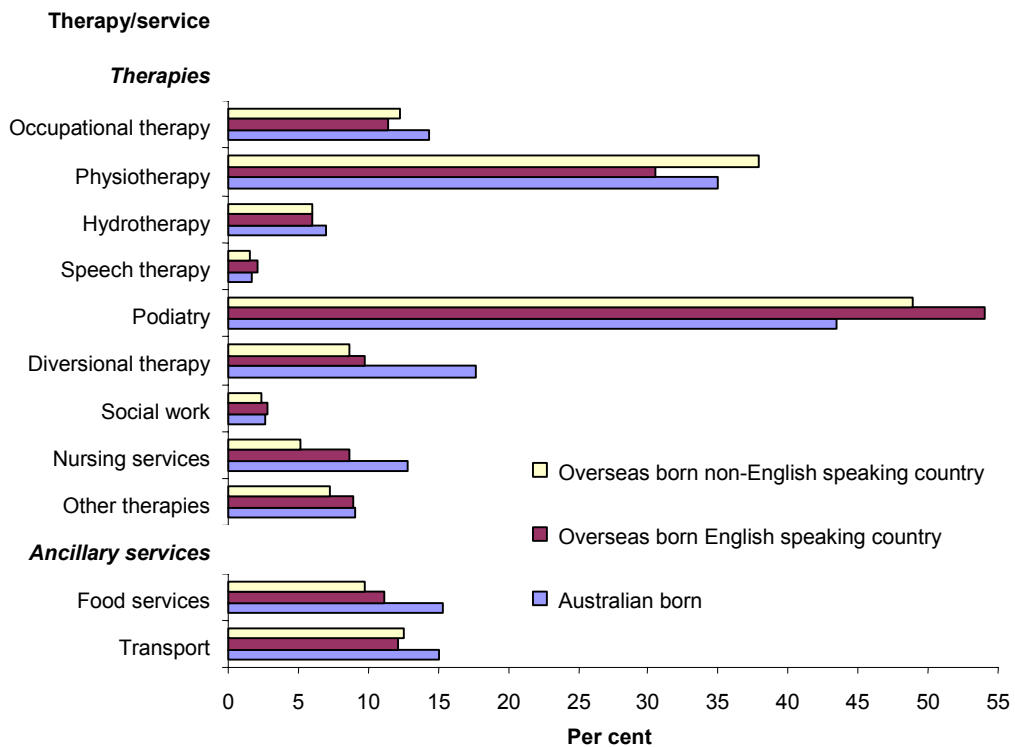
Tables A37 and A38 show the percentage of care recipients receiving different types of therapies in relation to the availability of a carer and the residency status of carers. However, as the number of records with missing data for carer availability (3,250) is similar to the number of care recipients who have a carer (3,426), this information should be interpreted with caution.

There were marked differences in the types of services received by care recipients with and without a carer (Table A37). Care recipients with a carer were more likely to receive most types of service with the exception of hydrotherapy where there was little difference between the two groups, and podiatry where care recipients without a carer were much more likely to receive therapy. The most striking differences between those with and without a carer were seen for occupational therapy (30% as opposed to 7% respectively), diversional therapy (19% as opposed to 5%), physiotherapy (44% as opposed to 30%) and speech therapy (5% as



Source: Table A33.

**Figure 5: Percentage of care recipients receiving day therapy or ancillary services, by dementia status, DTC census 2002**



Source: Table A36.

**Figure 6: Percentage of care recipients receiving day therapy or ancillary services, by main language spoken according to country of birth, DTC census 2002**

opposed to 1%). Care recipients with a carer were also substantially more likely to access ancillary services (food services and transport).

Differences in services received between the 2,418 care recipients with a co-resident and the 908 care recipients with a non-resident carer were much smaller (Table A38). Care recipients with a non-resident carer were more likely to receive food services (35% compared to 29%) and transport (38% compared to 25%), diversional therapy (23% compared to 18%) and podiatry (33% compared to 27%). Those with a co-resident carer were more likely than those with a non-resident carer to receive speech therapy (6% compared to 2% respectively) and physiotherapy (46% compared to 39%).

**Table 13: Most commonly received therapies (types of therapies received by 30% or more clients), by jurisdiction<sup>(a)</sup>, DTC census 2002**

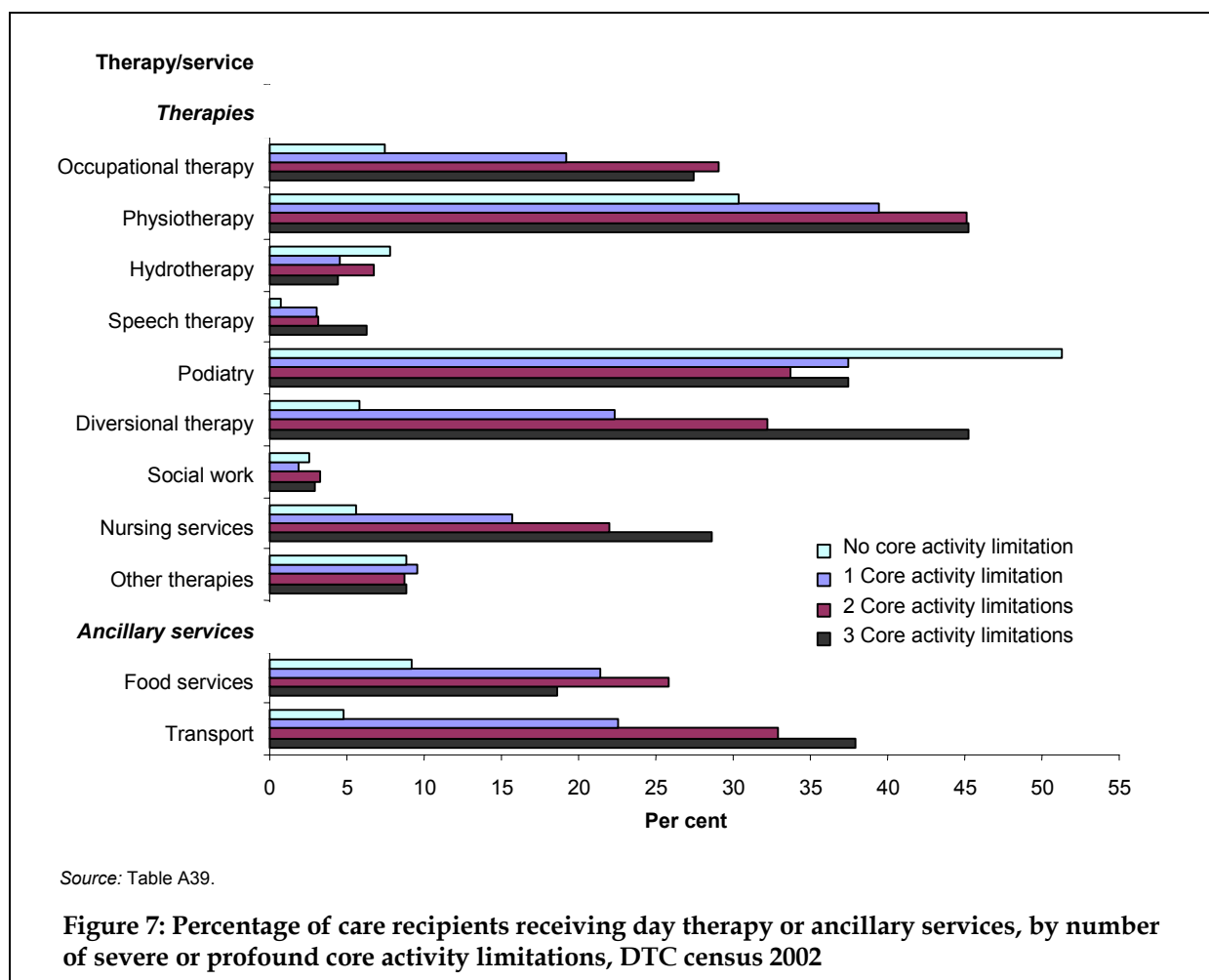
<b>Jurisdiction<sup>(a)</sup></b>	<b>Most commonly received therapies (Per cent of clients receiving that therapy)</b>
NSW	Diversional therapy (52%), Nursing services (43%), Food services (36%), Physiotherapy (34%)
Vic	Physiotherapy (69%)
Qld	Podiatry (41%), Physiotherapy (36%)
WA	Podiatry (50%), Occupational therapy (31%)
SA	Podiatry (63%)
Tas	Physiotherapy (45%), Transport (45%), Food services (41%), Podiatry (37%), Occupational therapy (35%), Hydrotherapy (32%)
NT	Physiotherapy (65%), Podiatry (48%), Transport (46%), Nursing services (42%), Food services (38%), Occupational therapy (36%)
<b>Australia</b>	<b>Podiatry (46%), Physiotherapy (35%)</b>

(a) Jurisdiction based on residence of care recipient. Numbers of care recipients in the ACT too small for inclusion.

Source: Table A32.

There are some significant differences in the services provided between the states and territories. Table 13 lists those types of therapies that were received by 30% of care recipients or more in each jurisdiction. In some jurisdictions only one type of therapy was received by more than 30% of clients but these therapies were received by a high proportion of care recipients. For instance in Victoria 69% of care recipients received physiotherapy and in South Australia 63% of care recipients received podiatry services. These two therapies were generally the most commonly received therapies in most jurisdictions. In other jurisdictions, a number of types of therapy were received by more than 30% of care recipients. In Tasmania and the Northern Territory six types of therapy were received by more than 30% of clients. New South Wales was the only state where either podiatry or physiotherapy was not the most commonly received type of therapy. In New South Wales care recipients were most likely to receive diversional therapy, nursing services, or food services with physiotherapy the fourth most commonly received type of service.

A third of DTC care recipients (5,688) have at least one severe or profound core activity limitation: 2,450 care recipients have one core activity limitation; 2,023 have two core activity limitations; and 1,215 have three core activity limitations (Table A39). This means that these care recipients need the assistance or supervision of another person with one or more of self-care, mobility or communication activities. The most commonly received therapies for care recipients with at least one core activity limitation were physiotherapy (43% of clients with at least one core activity limitation), podiatry (36%) and diversional therapy (31%) (Table A39). There was an increasing proportion of care recipients with 0, 1, 2 and 3 core activity limitations receiving therapy for diversional therapy (6%, 22%, 32% and 45% respectively),



nursing services (6%, 16%, 22% and 29% respectively) and transport services (5%, 23%, 33% and 38% respectively) (Figure 8).

Most care recipients (70%) receive only one type of therapy. Care recipients with no severe or profound core activity limitation are more likely to receive only one type of therapy (81% of care recipients with no limitation) than those with at least one core activity limitation (50%) (Table A40).

## Cessation of therapy

During the one month census period, 842 care recipients (5% of all care recipients) ceased receiving therapy. The proportion of care recipients ceasing to receive therapy during the census period varied between jurisdictions. Tasmania had the lowest percentage of care

**Table 14: Number and proportion of care recipients ceasing therapy, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
Number	102	162	85	152	313	2	2	842
Per cent	4.9	8.2	5.3	5.6	4.1	0.4	1.6	5.0

(a) Jurisdiction is based on the residence of care recipients. Numbers for ACT too small for inclusion.

Source: Table A41.

recipients ceasing to receive therapy (0.4%) while Victoria had the highest (8%). The Northern Territory also had a low proportion of care recipients ceasing therapy (2%). The remaining four jurisdictions had 4–6% of care recipients ceasing therapy (Table 14).

Reasons for ceasing to receive therapy are shown in Table A41. Overall 64% of these care recipients ceased because their problem had been resolved and they no longer needed assistance from the DTC and 26% stopped receiving service for another stated reason. The most commonly stated reasons for cessation, after resolution of the clients' problems were:

- moving to another agency or hospital, 9%
- care recipient initiated termination (despite eligibility to continue receiving therapy), 8%
- care recipient moving out of the area, 2%.

No reason was given for 10% of those ceasing therapy.

Clients aged 70–79 years were most likely to have ceased treatment because their problems were resolved (70% and 69%) while those 85 years or more were less likely than other age groups to finish receiving therapy for this reason (58%). Those aged 60–64 years were more likely than other age groups to be referred to another agency (15%) while those aged 75–79 were least likely to have been referred (7%). Cessation due to a change in funding status (for example where the care recipient moved into high level residential care) was most common in the 85 and over age group (4%).

## Duration of care

Duration of care for DTC care recipients ranged from less than a month to over 20 years. While the Day Therapy Centre Program has only been funded since 1987, some clients have been receiving assistance from these providers since before this time. This analysis includes first assessment dates from 1982.

For those clients who had ceased receiving therapy during the census period, duration of care was calculated from the date of first assessment to the date the client last received therapy. For all other clients the duration of therapy was calculated using the end of the census period and the date of first assessment for this referral. The date of first assessment was unavailable for 657 care recipients. Table 15 shows the duration of care of DTC care recipients.

**Table 15: Duration of care for care recipients by type of client (ongoing or ceased), DTC census 2002 (cumulative per cent)**

	<3 mths	<6 mths	<12 mths	<5 yrs	<10 yrs	<15 yrs	<21 yrs	Total
Ceased therapy	68.6	83.8	91.2	98.4	99.7	100.0	100.0	100.0
Ongoing therapy	25.5	35.4	47.4	85.0	96.3	99.0	100.0	100.0
<b>All care recipients</b>	<b>27.3</b>	<b>37.6</b>	<b>49.5</b>	<b>85.7</b>	<b>96.4</b>	<b>99.1</b>	<b>100.0</b>	<b>100.0</b>

Source: Table A42.

Over a quarter of all clients (27%) received assistance for less than three months, and nearly half (50%) for less than 12 months. About 86% of the clients included in the census received assistance for five years or less, and 96% of the clients for less than 10 years (Table A42). Because there were a small number of clients receiving assistance for very long periods of

time, the average duration of assistance was 27 months (more than twice the median duration of assistance of 12 months) (Table A43).

The pattern of duration of care differed markedly between those who ceased receiving therapy during the census period and those who were ongoing clients. For those who ceased receiving therapy one-third (34%) had received care for less than one month, 69% had received care for less than three months, and 84% for less than six months (Table 15). For those who were still receiving therapy 26% had received assistance for less than three months and 35% for less than six months..

Differences in the overall duration of care for all clients were seen between jurisdictions. The duration of care for half of the care recipients (median) ranged from six months for Victoria to 18 months for Tasmania and Northern Territory (averages from 15 months to three years) (Table A43).

Only five jurisdictions had enough clients that ceased receiving therapy during the census period to make a meaningful comment on the duration of care. Median duration of care for ceased clients ranged from one month in New South Wales, Western Australia and Queensland to three months in Victoria. The average duration of care was higher than the median with an average duration of care for ceased care recipients in each jurisdiction ranging from five to six months (Table A43). The percentage of clients whose therapy lasted less than three months varied from 57% for Victoria to 80% for Western Australia. However the proportion of ceased clients whose therapy lasted for less than six months was more consistent across the states, ranging from 80% to 87% (Table 16).

**Table 16: Duration of care for care recipients whose therapy had ceased, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Australia
<b>Duration of care</b>	<b>Cumulative per cent</b>					
<3 months	81.4	57.0	66.9	79.5	68.7	68.6
<6 months	87.2	79.8	84.2	83.3	85.1	83.8

(a) Jurisdiction based on residence of care recipients. Numbers for ACT too small for inclusion.

Source: Table A42.

## Care plans

Overall a formal care plan was developed for 87% of clients and no care plan was developed for 13% of clients. This information was not provided for the remaining 2%.

The highest proportion of care recipients with care plans was reported by DTCs in Western Australia (92%) followed closely by South Australia and Queensland (90% and 89% respectively) (Table A44).

DTCs in Tasmania and New South Wales had a similar proportion of clients with care plans (76%) and with no care plan (24%).

The Northern Territory was the jurisdiction with the lowest proportion of care recipients with a care plan (71%) and the highest proportion of clients with no care plan (29%).

# Day Therapy Centres

The DTC census collected data on the 138 Day Therapy Centres that responded about their activities generally and during the four weeks commencing 21 October 2002. There are no DTCs in the Australian Capital Territory. All tables relevant to the states or territories in which DTCs are located therefore exclude the Australian Capital Territory and the two care recipients who gave their residential postcode as within the Australian Capital Territory.

## Day Therapy Centre sizes and locations

The responding DTCs varied widely in the number of care recipients they reported as receiving DTC-funded therapy, with the highest number of care recipients for a single agency being 664 by a New South Wales DTC and the lowest number being reported by a Victorian DTC with three care recipients. The Australian average was 123 care recipients per DTC (Table 17). The highest average number of care recipients in a jurisdiction was 242 in South Australia, which is almost four times the average of DTCs in New South Wales (63).

**Table 17: Number of responding DTCs and details of the location from which therapy is provided, DTC census 2002**

Jurisdiction <sup>(a)</sup>	DTC and client data				Locations from which therapy provided			
	Number of responding DTCs	Number of care recipients	Average care recipients per responding DTC	Amount of government funding (\$000)	Co-located with RAC service	Not co-located with RAC Service	Other un-categorised location	Total reported therapy locations
NSW	34	2,154	63.4	4,918	30	2	3	35
Vic	23	2,002	87.0	5,215	20	7	4	31
Qld	28	2,768	98.9	5,599	26	2	0	28
WA	15	1,645	109.7	3,078	14	7	0	21
SA	32	7,732	241.6	10,226	32	17	0	49
Tas	4	481	120.3	1,101	4	0	0	4
NT	2	133	66.5	668	2	0	0	2
<b>Total</b>	<b>138</b>	<b>16,915</b>	<b>122.6</b>	<b>30,805</b>	<b>128</b>	<b>35</b>	<b>7</b>	<b>170</b>

(a) For care recipients jurisdiction is based on the residence of the care recipients. For DTCs jurisdiction is based on the address of the DTC.

Note: RAC=residential aged care.

Source: Table A45; Appropriation 2002–03, DoHA data.

A high proportion of responding DTCs provided therapy from locations which were co-located with a residential aged care service (128 or 93%). Thirty-five DTCs were not co-located with a residential aged care service, 17 of which were in South Australia.

The census form also asked for DTCs that were co-located with a residential aged care service to indicate where their clients lived. Twenty-three indicated that all of their clients lived at the residential aged care service, 15 DTCs indicated that all of their clients lived in the community and 87 DTCs drew clients from both the residential aged care service and the community (Table A46). Three co-located DTCs did not state where their clients lived.

## Referral sources

Care recipients were referred to DTCs from seven main sources: general practitioners, residential aged care services, Aged Care Assessment Teams (ACAT), hospitals, other health or community services, family or friend and self-referral. General practitioners were most frequently nominated among the three most common sources of referrals (this group comprised 24% of all nominations for the three most common referral sources) (Table A47, Table A48).

## Day Therapy Centre staffing profiles

The census form asked for the average number of total hours spent each week in the 12 months preceding the census by staff in each function and remunerated from DTC funding. Ten specific classifications were nominated as well as the 'Other' category. There was a substantially higher proportion of DTCs that employed physiotherapists from DTC funding (86%) than staff in other functions (the highest proportion was 100% in the Northern Territory and the lowest was 65% in New South Wales) (Table A49). The second most common role of DTC funded staff, apart from coordinator (71%), were podiatrist and allied health assistants (staff who are qualified to implement therapies prescribed by, for example, physiotherapists and occupational therapists). Both of these functions were carried out by DTC funded staff in 67% of DTCs nationally. Staff remunerated from DTC funding least commonly undertook social work (13% of DTCs).

The highest average weekly hours for the 12 months preceding the census were recorded for staff employed as allied health assistants and diversional therapists (both about 55 hours per week were performed by staff in this role per DTC) (Table A50, Table A51). The lowest average hours were recorded for staff in the role of speech therapist (12 hours per week per DTC). The category 'Other' had a high average of about 51 hours for each of the 62 DTCs that had staff in this category. There were about 40 different classifications of staff within the 'Other' category, with the most commonly mentioned classification being drivers. Other staff areas mentioned included dietitians, personal care, volunteers and assistants in various categories.

## Range of assistance

DTCs were asked to report on a range of eight specified therapeutic activities, two ancillary services (transport and food) and group or other activities. The therapy available in the highest proportion of DTCs was physiotherapy (86%), followed by podiatry (72%) and group activities (66%) (Table A52). Social work was provided in the lowest proportion of DTCs (15%). The most commonly provided therapies differed between jurisdictions. Diversional therapy was the therapy most frequently provided in New South Wales DTCs (77%); physiotherapy in 96% of Victorian DTCs; and 93% of Queensland DTCs. In other jurisdictions, occupational therapy and podiatry were the equally most provided therapy in Western Australia (both 87%); podiatry and physiotherapy were provided by 97% of South Australian DTCs; and all Tasmanian DTCs provided podiatry.

The number of areas of assistance provided by DTCs has been tabulated in Table A53. It shows that 57% of DTCs assisted in five or more therapy areas. The jurisdiction with the highest proportion of DTCs providing four or less areas of assistance was Tasmania (75%) with South Australia having the lowest proportion (22%).



# Appendix 1: Tables

Table A1: DTC care recipients, age and sex, by jurisdiction<sup>(a)</sup>, DTC census 2002

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Sex/age</b>	<b>Number</b>								
<b>Male</b>									
0–49	5	9	23	48	19	19	7	130	2
50–54	7	5	13	10	9	8	0	52	0
55–59	12	16	25	11	25	10	1	100	1
60–64	16	34	43	12	108	9	8	230	3
65–69	30	60	88	22	222	6	1	429	2
70–74	46	90	99	31	424	15	6	711	8
75–79	97	95	131	79	454	23	8	887	10
80–84	132	102	96	73	345	21	4	773	6
85–89	89	82	73	73	218	14	2	551	7
90–94	53	32	33	41	82	3	1	245	5
95+	13	8	7	9	14	0	1	52	1
<i>Total</i>	<i>500</i>	<i>533</i>	<i>631</i>	<i>409</i>	<i>1,920</i>	<i>128</i>	<i>39</i>	<i>4,160</i>	<i>45</i>
Age not stated	6	10	6	2	14	0	0	38	3
<b>Females</b>									
0–49	13	22	28	46	21	33	4	167	0
50–54	4	24	35	13	13	9	1	99	1
55–59	15	46	74	14	61	18	2	230	1
60–64	23	91	137	18	303	12	7	591	6
65–69	65	136	244	35	645	30	10	1,165	15
70–74	118	185	339	85	1,062	24	7	1,820	13
75–79	271	240	357	161	1,282	39	18	2,368	20
80–84	350	255	365	267	1,099	80	18	2,434	15
85–89	380	225	282	321	739	58	14	2,019	36
90–94	205	112	120	163	241	32	3	876	15
95+	60	14	32	45	53	9	2	215	4
<i>Total</i>	<i>1,504</i>	<i>1,350</i>	<i>2,013</i>	<i>1,168</i>	<i>5,519</i>	<i>344</i>	<i>86</i>	<i>11,984</i>	<i>126</i>
Age not stated	13	31	29	5	34	2	0	114	7
<b>Persons<sup>(b)</sup></b>									
0–49	19	31	52	95	40	52	11	300	2
50–54	12	30	48	25	23	17	1	156	1
55–59	28	63	101	26	88	28	3	337	2
60–64	40	128	182	30	416	21	15	832	10
65–69	97	201	335	57	879	38	11	1,618	17
70–74	168	289	443	118	1,508	39	13	2,578	25
75–79	375	344	494	243	1,762	64	26	3,308	31
80–84	492	371	471	346	1,464	101	22	3,267	24
85–89	489	314	365	399	963	73	17	2,620	43
90–94	274	148	154	204	325	36	4	1,145	22
95+	81	23	41	55	69	10	3	282	5
<b>Total</b>	<b>2,075</b>	<b>1,942</b>	<b>2,686</b>	<b>1,598</b>	<b>7,537</b>	<b>479</b>	<b>126</b>	<b>16,443</b>	<b>182</b>
Age not stated	23	42	36	7	49	2	0	159	131

(continued)

Table A1 (continued): DTC care recipients, age and sex, by jurisdiction<sup>(a)</sup>, DTC census 2002

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Sex/age</b>	<b>Per cent</b>								
<b>Male</b>									
0–49	1.0	1.7	3.6	11.7	1.0	14.8	17.9	3.1	4.4
50–54	1.4	0.9	2.1	2.4	0.5	6.3	0.0	1.3	0.0
55–59	2.4	3.0	4.0	2.7	1.3	7.8	2.6	2.4	2.2
60–64	3.2	6.4	6.8	2.9	5.6	7.0	20.5	5.5	6.7
65–69	6.0	11.3	13.9	5.4	11.6	4.7	2.6	10.3	4.4
70–74	9.2	16.9	15.7	7.6	22.1	11.7	15.4	17.1	17.8
75–79	19.4	17.8	20.8	19.3	23.6	18.0	20.5	21.3	22.2
80–84	26.4	19.1	15.2	17.8	18.0	16.4	10.3	18.6	13.3
85–89	17.8	15.4	11.6	17.8	11.4	10.9	5.1	13.2	15.6
90–94	10.6	6.0	5.2	10.0	4.3	2.3	2.6	5.9	11.1
95+	2.6	1.5	1.1	2.2	0.7	0.0	2.6	1.3	2.2
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<b>Females</b>									
0–49	0.9	1.6	1.4	3.9	0.4	9.6	4.7	1.4	0.0
50–54	0.3	1.8	1.7	1.1	0.2	2.6	1.2	0.8	0.8
55–59	1.0	3.4	3.7	1.2	1.1	5.2	2.3	1.9	0.8
60–64	1.5	6.7	6.8	1.5	5.5	3.5	8.1	4.9	4.8
65–69	4.3	10.1	12.1	3.0	11.7	8.7	11.6	9.7	11.9
70–74	7.8	13.7	16.8	7.3	19.2	7.0	8.1	15.2	10.3
75–79	18.0	17.8	17.7	13.8	23.2	11.3	20.9	19.8	15.9
80–84	23.3	18.9	18.1	22.9	19.9	23.3	20.9	20.3	11.9
85–89	25.3	16.7	14.0	27.5	13.4	16.9	16.3	16.8	28.6
90–94	13.6	8.3	6.0	14.0	4.4	9.3	3.5	7.3	11.9
95+	4.0	1.0	1.6	3.9	1.0	2.6	2.3	1.8	3.2
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<b>Persons<sup>(b)</sup></b>									
0–49	0.9	1.6	1.9	5.9	0.5	10.9	8.7	1.8	1.1
50–54	0.6	1.5	1.8	1.6	0.3	3.5	0.8	0.9	0.5
55–59	1.3	3.2	3.8	1.6	1.2	5.8	2.4	2.0	1.1
60–64	1.9	6.6	6.8	1.9	5.5	4.4	11.9	5.1	5.5
65–69	4.7	10.4	12.5	3.6	11.7	7.9	8.7	9.8	9.3
70–74	8.1	14.9	16.5	7.4	20.0	8.1	10.3	15.7	13.7
75–79	18.1	17.7	18.4	15.2	23.4	13.4	20.6	20.1	17.0
80–84	23.7	19.1	17.5	21.7	19.4	21.1	17.5	19.9	13.2
85–89	23.6	16.2	13.6	25.0	12.8	15.2	13.5	15.9	23.6
90–94	13.2	7.6	5.7	12.8	4.3	7.5	3.2	7.0	12.1
95+	3.9	1.2	1.5	3.4	0.9	2.1	2.4	1.7	2.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT not included as numbers are too small

(b) Persons includes care recipients with sex not stated.

**Table A2: DTC care recipients, age- and sex-specific utilisation rates per 1,000 population<sup>(a)</sup>, by jurisdiction<sup>(b)</sup>, DTC census 2002**

<b>Sex/Age</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>NT</b>	<b>Australia</b>
<b>Males</b>								
0–49	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.0
50–54	0.0	0.0	0.1	0.2	0.2	0.5	0.0	0.1
55–59	0.1	0.1	0.3	0.2	0.6	0.8	0.2	0.2
60–64	0.1	0.3	0.6	0.3	3.2	0.8	2.7	0.6
65–69	0.3	0.7	1.4	0.7	7.8	0.7	0.6	1.3
70–74	0.4	1.2	1.9	1.2	15.6	1.9	5.1	2.4
75–79	1.2	1.6	3.3	4.1	21.7	3.8	13.5	3.9
80–84	2.9	3.2	4.2	7.0	28.3	6.3	15.6	6.1
85+	5.5	5.7	7.9	17.4	40.8	7.7	16.7	10.5
<i>Total</i>	<i>0.2</i>	<i>0.2</i>	<i>0.3</i>	<i>0.4</i>	<i>2.6</i>	<i>0.6</i>	<i>0.4</i>	<i>0.4</i>
<b>Female</b>								
0–49	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.0
50–54	0.0	0.1	0.3	0.2	0.2	0.6	0.2	0.2
55–59	0.1	0.4	0.8	0.3	1.5	1.4	0.6	0.5
60–64	0.2	0.9	1.8	0.5	8.9	1.1	3.3	1.5
65–69	0.5	1.5	4.1	1.1	21.7	3.2	7.8	3.4
70–74	1.0	2.1	5.9	3.0	35.0	2.7	7.6	5.5
75–79	2.6	3.2	7.3	6.8	46.2	5.0	30.6	8.2
80–84	4.8	4.9	10.6	16.4	57.1	14.4	43.7	12.1
85+	10.0	7.3	14.4	33.1	58.5	20.2	61.9	17.3
<i>Total</i>	<i>0.5</i>	<i>0.6</i>	<i>1.1</i>	<i>1.2</i>	<i>7.2</i>	<i>1.4</i>	<i>0.9</i>	<i>1.2</i>
<b>Persons<sup>(c)</sup></b>								
0–49	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.0
50–54	0.0	0.1	0.2	0.2	0.2	0.5	0.1	0.1
55–59	0.1	0.3	0.5	0.3	1.1	1.1	0.4	0.3
60–64	0.1	0.6	1.2	0.4	6.2	1.0	2.9	1.0
65–69	0.4	1.2	2.8	0.9	15.1	2.1	3.8	2.4
70–74	0.7	1.8	4.0	2.1	26.3	2.3	6.2	4.1
75–79	2.0	2.6	5.6	5.7	36.2	4.6	22.1	6.4
80–84	4.2	4.4	8.2	13.0	46.6	11.4	32.9	10.0
85+	9.1	6.9	12.6	28.5	53.5	16.8	43.9	15.5
<b>Total</b>	<b>0.3</b>	<b>0.4</b>	<b>0.7</b>	<b>0.8</b>	<b>5.0</b>	<b>1.0</b>	<b>0.6</b>	<b>0.9</b>

(a) Based on ABS final 2001 census figures.

(b) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(c) Persons includes care recipients with sex not stated.

**Table A3: DTC care recipients, age and sex, by Indigenous status, DTC census 2002**

Sex/age	Indigenous		Non-Indigenous		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>Males</b>						
0–49	6	5.0	113	95.0	119	100.0
50–69	14	1.8	781	98.2	795	100.0
70+	6	0.2	3,164	99.8	3,170	100.0
<i>Total</i>	<i>26</i>	<i>0.6</i>	<i>4,058</i>	<i>99.4</i>	<i>4,084</i>	<i>100.0</i>
Age not stated	3	8.1	34	91.9	37	100.0
<b>Females</b>						
0–49	5	3.3	145	96.7	150	100.0
50–69	16	0.8	2,049	99.2	2,065	100.0
70+	21	0.2	9,602	99.8	9,623	100.0
<i>Total</i>	<i>42</i>	<i>0.4</i>	<i>11,796</i>	<i>99.6</i>	<i>11,838</i>	<i>100.0</i>
Age not stated	1	0.9	109	99.1	110	100.0
<b>Persons<sup>(a)</sup></b>						
0–49	11	4.0	261	96.0	272	100.0
50–69	31	1.1	2,876	98.9	2,907	100.0
70+	28	0.2	13,013	99.8	13,041	100.0
<b>Total</b>	<b>70</b>	<b>0.4</b>	<b>15,854</b>	<b>99.6</b>	<b>16,220</b>	<b>100.0</b>
Age not stated	4	2.6	149	97.4	153	100.0

(a) Persons includes care recipients with sex not stated.

Note: There were 542 care recipients with unknown Indigenous status who have been excluded from the table.

**Table A4: DTC care recipients, Indigenous status, by jurisdiction<sup>(a)</sup>, DTC census 2002**

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
	Number								
Indigenous	7	2	27	6	13	3	15	73	1
Non-Indigenous	1,979	1,965	2,618	1,567	7,478	434	108	16,149	150
<b>Total</b>	<b>1,986</b>	<b>1,967</b>	<b>2,645</b>	<b>1,573</b>	<b>7,491</b>	<b>437</b>	<b>123</b>	<b>16,222</b>	<b>151</b>
Per cent									
Indigenous	0.4	0.1	1.0	0.4	0.2	0.7	12.2	0.5	0.7
Non-Indigenous	99.6	99.9	99.0	99.6	99.8	99.3	87.8	99.5	99.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

Note: There were 542 care recipients with unknown Indigenous status, who have been excluded from the table.

**Table A5: DTC care recipients, age and sex, by country of birth according to main language spoken, DTC census 2002**

Sex/age	Overseas born				Total	Not stated
	Australian born	English speaking country	Non-English speaking country	Unknown		
	Per cent					Number
<b>Males</b>						
0–49	4.3	1.1	0.9	8.7	3.2	0
50–64	10.1	6.6	7.9	15.4	9.1	5
65–74	25.4	28.3	34.6	10.6	27.3	11
75–84	37.5	43.8	43.3	38.5	39.9	13
85+	22.6	20.2	13.3	26.9	20.5	4
<i>Total (%)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	—
<i>Total (number)</i>	<i>2,445</i>	<i>877</i>	<i>746</i>	<i>104</i>	<i>4,172</i>	<i>33</i>
Age not stated	26	2	5	5	38	3
<b>Females</b>						
0–49	1.6	0.7	0.7	3.9	1.4	1
50–64	7.6	6.6	9.1	7.5	7.7	8
65–74	22.5	26.0	34.4	24.3	24.9	18
75–84	39.2	41.5	41.2	40.8	40.0	38
85+	29.1	25.2	14.6	23.5	26.1	34
<i>Total (%)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	—
<i>Total (number)</i>	<i>7,944</i>	<i>1,951</i>	<i>1,861</i>	<i>255</i>	<i>12,011</i>	<i>99</i>
Age not stated	59	21	18	17	115	6
<b>Persons<sup>(a)</sup></b>						
0–49	2.2	0.8	0.8	5.2	1.8	1
50–64	8.2	6.6	8.8	9.8	8.0	13
65–74	23.1	26.8	34.6	21.0	25.5	29
75–84	38.8	42.2	41.6	39.6	39.9	53
85+	27.6	23.6	14.3	24.3	24.7	40
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	—
<b>Total (number)</b>	<b>10,601</b>	<b>2,871</b>	<b>2,651</b>	<b>366</b>	<b>16,489</b>	<b>136</b>
Age not stated	87	27	24	22	160	130

(a) Persons includes care recipients with sex not stated.

Note: For the purposes of this report, people born overseas from an English speaking country are defined as those born in Ireland, the United Kingdom, New Zealand, the United States of America, Canada and South Africa. All other people who were not born in Australia are included in the group born overseas from a non-English speaking country.

**Table A6: DTC care recipients, dementia status, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Dementia status</b>	<b>Number</b>								
With dementia	346	110	169	132	346	30	18	1,179	28
Without dementia	1,720	1,851	2,518	1,462	7,162	442	107	15,380	120
<b>Total</b>	<b>2,066</b>	<b>1,961</b>	<b>2,687</b>	<b>1,594</b>	<b>7,508</b>	<b>472</b>	<b>125</b>	<b>16,561</b>	<b>148</b>
	<b>Per cent</b>								
With dementia	16.7	5.6	6.3	8.3	4.6	6.4	14.4	7.1	18.9
Without dementia	83.3	94.4	93.7	91.7	95.4	93.6	85.6	92.9	81.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

Note: There were 354 care recipients with unknown dementia status, who have been excluded from the table.

**Table A7: DTC care recipients, Dementia status by age and sex, DTC census 2002**

Sex/age group	With dementia		Without dementia		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
<b>Males</b>						
0–49	1	0.8	127	99.2	128	100.0
50–69	40	4.9	774	95.1	814	100.0
70+	296	9.2	2,911	90.8	3,207	100.0
<i>Total</i>	<i>337</i>	<i>8.1</i>	<i>3,812</i>	<i>91.9</i>	<i>4,149</i>	<i>100.0</i>
Age not stated	1	2.9	34	97.1	35	100.0
<b>Females</b>						
0–49	3	1.8	162	98.2	165	100.0
50–69	33	1.6	2,049	98.4	2,082	100.0
70+	752	7.8	8,946	92.2	9,698	100.0
<i>Total</i>	<i>788</i>	<i>6.6</i>	<i>11,157</i>	<i>93.4</i>	<i>11,945</i>	<i>100.0</i>
Age not stated	6	5.1	112	94.9	118	100.0
<b>Persons<sup>(a)</sup></b>						
0–49	4	1.4	292	98.6	296	100.0
50–69	75	2.5	2,868	97.5	2,943	100.0
70+	1,091	8.3	12,066	91.7	13,157	100.0
<b>Total</b>	<b>1,170</b>	<b>7.1</b>	<b>15,226</b>	<b>92.9</b>	<b>16,396</b>	<b>100.0</b>
Age not stated	9	5.5	156	94.5	165	100.0

(a) Persons includes care recipients with sex not stated.

Note: There were 354 care recipients with unknown dementia status who have been excluded from the table.

Table A8: DTC care recipients with and without dementia, age and sex, by carer status, DTC census 2002

Sex/age	Care recipients with dementia					Care recipients without dementia				
	Has a carer	Has no carer	Total	Total	Not stated	Has a carer	Has no carer	Total	Total	Not stated
	Per cent			Number		Per cent			Number	
<b>Males</b>										
0–49	0.0	0.0	0.0	0	1	70.4	29.6	100.0	108	19
50–69	74.2	25.8	100.0	31	9	36.8	63.2	100.0	673	101
70+	82.8	17.2	100.0	174	122	32.7	67.3	100.0	2,361	550
<i>Total</i>	<i>81.5</i>	<i>18.5</i>	<i>100.0</i>	<i>205</i>	<i>132</i>	<i>34.9</i>	<i>65.1</i>	<i>100.0</i>	<i>3,142</i>	<i>670</i>
Age not stated	1	0	—	1	0	4	16	—	20	16
<b>Females</b>										
0–49	100.0	0.0	100.0	2	1	70.4	29.6	100.0	108	19
50–69	52.6	47.4	100.0	19	14	17.9	82.1	100.0	1,872	132
70+	68.8	31.2	100.0	292	460	20.1	79.9	100.0	7,061	1,885
<i>Total</i>	<i>68.1</i>	<i>31.9</i>	<i>100.0</i>	<i>313</i>	<i>475</i>	<i>20.2</i>	<i>79.8</i>	<i>100.0</i>	<i>9,041</i>	<i>2,036</i>
Age not stated	2	1	—	3	3	11	62	—	73	39
<b>Persons(a)</b>										
0–49	100.0	0.0	100.0	2	2	70.3	29.7	100.0	219	38
50–69	66.7	33.3	100.0	51	24	22.8	77.2	100.0	2,584	239
70+	74.1	25.9	100.0	478	613	23.4	76.6	100.0	9,578	2,488
<b>Total</b>	<b>73.4</b>	<b>26.6</b>	<b>100.0</b>	<b>531</b>	<b>639</b>	<b>24.1</b>	<b>75.9</b>	<b>100.0</b>	<b>12,381</b>	<b>2,765</b>
Age not stated	4	1	—	5	4	16	82	—	98	58

(a) Persons includes care recipients with sex not stated

**Table A9: DTC care recipients, accommodation type, by sex and age of care recipient, DTC census 2002**

Accommodation type	0-49	50-64	65-74	75-84	85+	Total	Not stated
	Number						
<b>Males</b>							
Boarding house/hostel	1	0	4	5	1	11	0
Independent in retirement village	1	12	59	221	155	448	2
Private residence—owned/purchasing	65	215	753	959	279	2,271	15
Private—type unknown	5	23	37	72	41	178	2
Private rental	15	24	57	50	12	158	1
Public place/temporary shelter	0	0	0	0	1	1	0
Public rental or community housing	12	40	101	98	33	284	0
RAC <sup>(a)</sup> service—low level care	3	25	82	196	302	608	7
Short-term crisis/emergency	1	0	1	2	1	5	0
Supported community accommodation	16	24	15	7	5	67	0
Other institutional care	2	8	6	12	6	34	0
Other	3	7	11	13	10	44	1
<b>Total</b>	<b>124</b>	<b>378</b>	<b>1,126</b>	<b>1,635</b>	<b>846</b>	<b>4,109</b>	<b>28</b>
Accommodation type not stated	8	8	24	41	15	96	13
<b>Females</b>							
Boarding house/hostel	0	0	2	2	3	7	0
Independent in retirement village	8	31	260	919	621	1,839	7
Private residence—owned/purchasing	69	612	1,954	2,322	792	5,749	40
Private—type unknown	11	53	130	184	98	476	6
Private rental	15	65	133	168	59	440	2
Public place/temporary shelter	0	0	0	0	1	1	0
Public rental or community housing	18	84	287	365	140	894	6
RAC <sup>(a)</sup> service—low level care	4	27	117	650	1,264	2,062	16
Short-term crisis/emergency	0	0	0	3	4	7	0
Supported community accommodation	20	17	25	34	38	134	0
Other institutional care	5	5	12	23	22	67	2
Other	7	6	20	45	54	132	3
<b>Total</b>	<b>157</b>	<b>900</b>	<b>2,940</b>	<b>4,715</b>	<b>3,096</b>	<b>11,808</b>	<b>82</b>
Accommodation type not stated	10	28	73	122	69	302	39
<b>Persons<sup>(b)</sup></b>							
Boarding house/hostel	1	0	6	7	5	19	0
Independent in retirement village	9	43	325	1,167	782	2,326	12
Private residence—owned/purchasing	136	841	2,758	3,334	1,086	8,155	56
Private—type unknown	16	76	171	260	142	665	9
Private rental	30	91	190	221	71	603	4
Public place/temporary shelter	0	0	0	0	2	2	0
Public rental or community housing	30	126	392	467	173	1,188	6
RAC <sup>(a)</sup> service—low level care	7	53	201	859	1,598	2,718	25
Short-term crisis/emergency	1	0	1	6	5	13	0
Supported community accommodation	37	43	42	43	44	209	0
Other institutional care	7	15	20	43	54	139	2
Other	10	13	31	58	67	179	4
<b>Total</b>	<b>284</b>	<b>1,301</b>	<b>4,137</b>	<b>6,465</b>	<b>4,029</b>	<b>16,216</b>	<b>290</b>
Accommodation type not stated	18	37	101	165	88	409	172

(continued)



**Table A9 (continued): DTC care recipients, accommodation type, by sex and age of care recipient, DTC census 2002**

Accommodation type	0-49	50-64	65-74	75-84	85+	Total
	Per cent					
<b>Males</b>						
Boarding house/hostel	0.8	0.0	0.4	0.3	0.1	0.3
Independent in retirement village	0.8	3.2	5.2	13.5	18.3	10.9
Private residence—owned/purchasing	52.4	56.9	66.9	58.7	33.0	55.3
Private—type unknown	4.0	6.1	3.3	4.4	4.8	4.3
Private rental	12.1	6.3	5.1	3.1	1.4	3.8
Public place/temporary shelter	0.0	0.0	0.0	0.0	0.1	0.0
Public rental or community housing	9.7	10.6	9.0	6.0	3.9	6.9
RAC <sup>(a)</sup> service—low level care	2.4	6.6	7.3	12.0	35.7	14.8
Short-term crisis/emergency	0.8	0.0	0.1	0.1	0.1	0.1
Supported community accommodation	12.9	6.3	1.3	0.4	0.6	1.6
Other institutional care	1.6	2.1	0.5	0.7	0.7	0.8
Other	2.4	1.9	1.0	0.8	1.2	1.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<b>Females</b>						
Boarding house/hostel	0.0	0.0	0.1	0.0	0.1	0.1
Independent in retirement village	5.1	3.4	8.8	19.5	20.1	15.6
Private residence—owned/purchasing	43.9	68.0	66.5	49.2	25.6	48.7
Private—type unknown	7.0	5.9	4.4	3.9	3.2	4.0
Private rental	9.6	7.2	4.5	3.6	1.9	3.7
Public place/temporary shelter	0.0	0.0	0.0	0.0	0.0	0.0
Public rental or community housing	11.5	9.3	9.8	7.7	4.5	7.6
RAC <sup>(a)</sup> service—low level care	2.5	3.0	4.0	13.8	40.8	17.5
Short-term crisis/emergency	0.0	0.0	0.0	0.1	0.1	0.1
Supported community accommodation	12.7	1.9	0.9	0.7	1.2	1.1
Other institutional care	3.2	0.6	0.4	0.5	0.7	0.6
Other	4.5	0.7	0.7	1.0	1.7	1.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<b>Persons<sup>(b)</sup></b>						
Boarding house/hostel	0.4	0.0	0.1	0.1	0.1	0.1
Independent in retirement village	3.2	3.3	7.9	18.1	19.4	14.3
Private residence—owned/purchasing	47.9	64.6	66.7	51.6	27.0	50.3
Private—type unknown	5.6	5.8	4.1	4.0	3.5	4.1
Private rental	10.6	7.0	4.6	3.4	1.8	3.7
Public place/temporary shelter	0.0	0.0	0.0	0.0	0.0	0.0
Public rental or community housing	10.6	9.7	9.5	7.2	4.3	7.3
RAC <sup>(a)</sup> service—low level care	2.5	4.1	4.9	13.3	39.7	16.8
Short-term crisis/emergency	0.4	0.0	0.0	0.1	0.1	0.1
Supported community accommodation	13.0	3.3	1.0	0.7	1.1	1.3
Other institutional care	2.5	1.2	0.5	0.7	1.3	0.9
Other	3.5	1.0	0.7	0.9	1.7	1.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) RAC=residential aged care

(b) Persons includes care recipients with sex not stated.

Table A10: DTC care recipients, accommodation type, by carer availability and age of care recipient, DTC census 2002

Accommodation type	0-49		50-64		65-74		75-84		85+		Total		Not stated
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
<b>Has a carer</b>													
Boarding house/hostel	1	0.7	0	0.0	3	0.4	1	0.1	2	0.3	7	0.2	0
Independent in retirement village	1	0.7	2	0.6	37	4.8	171	12.7	129	18.1	340	10.3	1
Private residence—owned/purchasing	91	64.1	242	74.9	581	74.7	909	67.6	420	59.1	2,243	68.0	8
Private—type unknown	11	7.7	17	5.3	41	5.3	99	7.4	70	9.8	238	7.2	5
Private rental	13	9.2	25	7.7	38	4.9	53	3.9	26	3.7	155	4.7	1
Public rental or community housing	13	9.2	22	6.8	62	8.0	91	6.8	39	5.5	227	6.9	1
RAC <sup>(a)</sup> service—low level care	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	1	0.0	0
Supported community accommodation	5	3.5	12	3.7	13	1.7	8	0.6	9	1.3	47	1.4	0
Other	7	4.9	3	0.9	3	0.4	11	0.8	16	2.3	40	1.2	2
<b>Total persons with a carer</b>	<b>142</b>	<b>100.0</b>	<b>323</b>	<b>100.0</b>	<b>778</b>	<b>100.0</b>	<b>1,344</b>	<b>100.0</b>	<b>711</b>	<b>100.0</b>	<b>3,298</b>	<b>100.0</b>	<b>18</b>
Accommodation type not stated	6	—	9	—	25	—	40	—	27	—	107	—	3
<b>Has no carer</b>													
Boarding house/hostel	0	0.0	0	0.0	3	0.1	6	0.1	3	0.2	12	0.1	0
Independent in retirement village	8	8.0	38	4.5	282	9.4	955	23.7	623	39.8	1,906	19.9	9
Private residence—owned/purchasing	43	43.0	575	67.7	2,104	69.8	2,333	57.9	640	40.9	5,695	59.6	43
Private—type unknown	5	5.0	52	6.1	111	3.7	139	3.5	57	3.6	364	3.8	3
Private rental	15	15.0	65	7.7	146	4.8	165	4.1	43	2.7	434	4.5	3
Public place/temporary shelter	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.0	0
Public rental or community housing	17	17.0	102	12.0	323	10.7	371	9.2	132	8.4	945	9.9	4
RAC <sup>(a)</sup> service—low level care	0	0.0	0	0.0	1	0.0	1	0.0	12	0.8	14	0.1	0
Short-term crisis/emergency accommodation	1	1.0	0	0.0	0	0.0	1	0.0	0	0.0	2	0.0	0
Supported community accommodation	11	11.0	11	1.3	20	0.7	30	0.7	32	2.0	104	1.1	0
Other	0	0.0	6	0.7	23	0.8	27	0.7	23	1.5	79	0.8	0
<b>Total persons with no carer</b>	<b>100</b>	<b>100.0</b>	<b>849</b>	<b>100.0</b>	<b>3,013</b>	<b>100.0</b>	<b>4,028</b>	<b>100.0</b>	<b>1,566</b>	<b>100.0</b>	<b>9,556</b>	<b>100.0</b>	<b>62</b>
Accommodation type not stated	4	—	23	—	44	—	63	—	27	—	161	—	23

(a) RAC=residential aged care.

**Table A11: DTC care recipients, accommodation type by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
<b>Accommodation type</b>	<b>Number</b>								
Boarding house/hostel	5	1	1	1	8	2	1	19	0
Independent in retirement village	514	216	271	503	782	20	16	2,322	16
Private residence—owned/purchasing	464	962	1,369	416	4,678	226	48	8,163	48
Private—type unknown	97	289	107	19	145	6	3	666	8
Private rental	30	47	161	41	286	27	6	598	9
Public place/temporary shelter	0	0	1	0	0	0	0	1	1
Public rental or community housing	19	71	111	61	861	38	21	1,182	12
RAC <sup>(b)</sup> service—low level care	790	257	555	419	609	68	8	2,706	37
Short-term crisis/emergency accommodation	1	0	12	0	0	0	0	13	0
Supported community accommodation	15	38	39	31	49	33	3	208	1
Other institutional care	58	7	11	33	4	8	20	141	0
Other	66	21	17	5	39	34	0	182	1
<b>Total persons</b>	<b>2,059</b>	<b>1,909</b>	<b>2,655</b>	<b>1,529</b>	<b>7,461</b>	<b>462</b>	<b>126</b>	<b>16,201</b>	<b>133</b>
Accommodation type not stated	39	75	67	76	125	19	0	401	180
	<b>Per cent</b>								
Boarding house/hostel	0.2	0.1	0.0	0.1	0.1	0.4	0.8	0.1	
Independent in retirement village	25.0	11.3	10.2	32.9	10.5	4.3	12.7	14.3	
Private residence—owned/purchasing	22.5	50.4	51.6	27.2	62.7	48.9	38.1	50.4	
Private—type unknown	4.7	15.1	4.0	1.2	1.9	1.3	2.4	4.1	
Private rental	1.5	2.5	6.1	2.7	3.8	5.8	4.8	3.7	
Public place/temporary shelter	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Public rental or community housing	0.9	3.7	4.2	4.0	11.5	8.2	16.7	7.3	
RAC <sup>(b)</sup> service—low level care	38.4	13.5	20.9	27.4	8.2	14.7	6.3	16.7	
Short-term crisis/emergency accommodation	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.1	
Supported community accommodation	0.7	2.0	1.5	2.0	0.7	7.1	2.4	1.3	
Other institutional care	2.8	0.4	0.4	2.2	0.1	1.7	15.9	0.9	
Other	3.2	1.1	0.6	0.3	0.5	7.4	0.0	1.1	
<b>Total persons</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) RAC=residential aged care.

Table A12: DTC care recipients, carer availability, by age and sex, DTC census 2002

Sex/age	Has a carer (No. = 3,426)	Has no carer (No.=9,802)	Total (No.=13,228)	Total	Not stated
	Per cent			Number	
<b>Males</b>					
0–49	71.2	28.8	100.0	111	21
50–64	42.0	58.0	100.0	324	62
65–74	32.7	67.3	100.0	1,010	140
75–84	36.4	63.6	100.0	1,411	265
85+	42.1	57.9	100.0	523	338
<i>Total</i>	37.8	62.2	100.0	3,379	826
Age not stated	6	18	—	24	17
<b>Females</b>					
0–49	48.6	51.4	100.0	138	29
50–64	22.2	77.8	100.0	861	67
65–74	16.5	83.5	100.0	2,779	234
75–84	21.2	78.8	100.0	3,974	863
85+	28.4	71.6	100.0	1,776	1,389
<i>Total</i>	21.6	78.4	100.0	9,528	2,582
Age not stated	13	63	—	76	45
<b>Persons<sup>(a)</sup></b>					
0–49	58.7	41.3	100.0	252	50
50–64	27.6	72.4	100.0	1,204	134
65–74	20.8	79.2	100.0	3,860	378
75–84	25.3	74.7	100.0	5,475	1,155
85+	31.7	68.3	100.0	2,331	1,786
<b>Total</b>	<b>25.9</b>	<b>74.1</b>	<b>100.0</b>	<b>13,122</b>	<b>3,503</b>
Age not stated	21	85	—	106	184

(a) Persons includes care recipients with sex not stated.

**Table A13: DTC care recipients, Carer residency by age and sex, DTC census 2002**

Sex/age	Co-resident	Non-resident	Total	Total	Not stated
	Per cent			Number	
<b>Males</b>					
0–49	80.8	19.2	100.0	78	1
50–64	88.8	11.2	100.0	134	2
65–74	95.0	5.0	100.0	318	12
75–84	86.8	13.2	100.0	501	12
85+	72.6	27.4	100.0	215	5
<i>Total</i>	<i>86.3</i>	<i>13.7</i>	<i>100.0</i>	<i>1,246</i>	<i>32</i>
Age not stated	2	3	—	5	1
<b>Females</b>					
0–49	83.1	16.9	100.0	65	2
50–64	85.6	14.4	100.0	188	3
65–74	76.9	23.1	100.0	438	20
75–84	58.6	41.4	100.0	817	24
85+	51.9	48.1	100.0	489	16
<i>Total</i>	<i>64.3</i>	<i>35.7</i>	<i>100.0</i>	<i>1,997</i>	<i>65</i>
Age not stated	10	2	—	12	1
<b>Persons<sup>(a)</sup></b>					
0–49	81.4	18.6	100.0	145	3
50–64	86.9	13.1	100.0	327	5
65–74	84.4	15.6	100.0	770	33
75–84	69.2	30.8	100.0	1,348	36
85+	58.4	41.6	100.0	717	21
<b>Total</b>	<b>72.7</b>	<b>27.3</b>	<b>100.0</b>	<b>3,307</b>	<b>98</b>
Age not stated	14	5	—	19	2

(a) Persons includes care recipients with sex not stated.

**Table A14: DTC care recipients, sex and area of severe or profound core activity limitation, by carer availability and residence, DTC census 2002**

Sex/ core activity limitation	Residency of carer			Total	Not stated
	Co-resident	Non-resident	Has no carer		
Number					
<b>Males</b>					
Communication	342	32	81	455	250
Mobility	547	80	121	748	336
Self care	651	61	153	865	480
None of the above	224	57	1,817	2,327	229
<b>Females</b>					
Communication	282	92	213	587	634
Mobility	634	280	395	1,309	1,148
Self care	717	259	537	1,513	1,530
None of the above	342	294	6,512	7,817	669
<b>Persons<sup>(a)</sup></b>					
Communication	633	127	300	1,060	933
Mobility	1,205	369	524	2,098	1,549
Self care	1,393	326	702	2,421	2,080
None of the above	580	358	8,460	10,316	918
<b>Per cent</b>					
<b>Males</b>					
Communication	75.2	7.0	17.8	100.0	
Mobility	73.1	10.7	16.2	100.0	
Self care	75.3	7.1	17.7	100.0	
None of the above	9.6	2.4	78.1	100.0	
<b>Females</b>					
Communication	48.0	15.7	36.3	100.0	
Mobility	48.4	21.4	30.2	100.0	
Self care	47.4	17.1	35.5	100.0	
None of the above	4.4	3.8	83.3	100.0	
<b>Persons<sup>(a)</sup></b>					
Communication	59.7	12.0	28.3	100.0	
Mobility	57.4	17.6	25.0	100.0	
Self care	57.5	13.5	29.0	100.0	
None of the above	5.6	3.5	82.0	100.0	

(a) Persons includes care recipients with sex not stated.

**Table A15: DTC care recipients, relationship of carer, by age and sex of care recipient, DTC census 2002**

Sex/age of care recipient	Carer					Total	Total	Not stated
	Spouse/ partner	Daughter/ son	Parent	Other relative	Friend/ neighbour			
	Percent							
<b>Males</b>								
0-49	41.0	4.9	45.9	6.6	1.6	100.0	61	18
50-64	83.5	5.8	1.7	5.8	3.3	100.0	121	15
65-74	88.7	6.1	0.3	2.9	1.9	100.0	311	19
75-84	81.7	14.9	0.0	1.0	2.3	100.0	482	31
85+	58.3	36.8	0.0	2.0	2.9	100.0	204	16
<i>Total</i>	<i>77.6</i>	<i>14.9</i>	<i>2.6</i>	<i>2.5</i>	<i>2.4</i>	<i>100.0</i>	<i>1,179</i>	<i>99</i>
Age not stated (number)	0	1	0	0	0	—	1	5
<b>Females</b>								
0-49	37.1	8.1	48.4	6.5	0.0	100.0	62	5
50-64	72.7	16.5	4.0	5.1	1.7	100.0	176	15
65-74	64.5	30.2	0.0	1.7	3.6	100.0	417	41
75-84	38.1	52.5	0.1	3.9	5.4	100.0	741	100
85+	14.2	71.1	0.0	9.0	5.6	100.0	443	62
<i>Total</i>	<i>41.6</i>	<i>47.0</i>	<i>2.1</i>	<i>4.8</i>	<i>4.5</i>	<i>100.0</i>	<i>1,839</i>	<i>223</i>
Age not stated (number)	4	7	2	0	0	—	13	0
<b>Persons<sup>(a)</sup></b>								
0-49	38.7	6.5	47.6	6.5	0.8	100.0	124	24
50-64	77.2	11.9	3.3	5.3	2.3	100.0	302	30
65-74	74.6	20.1	0.1	2.3	2.8	100.0	741	62
75-84	55.0	37.9	0.1	2.9	4.2	100.0	1,251	133
85+	27.8	60.5	0.0	6.7	5.0	100.0	659	79
<b>Total persons</b>	<b>55.4</b>	<b>34.6</b>	<b>2.3</b>	<b>3.9</b>	<b>3.7</b>	<b>100.0</b>	<b>3,077</b>	<b>328</b>
Age not stated (number)	6	8	2	0	0	—	16	5

(a) Persons includes care recipients with sex not stated.

**Table A16: DTC care recipients with carers, accommodation type, by carer residency, DTC census 2002**

Accommodation type	Co-resident carer		Non-resident carer		Total		Not stated
	No.	%	No.	%	No.	%	No.
Boarding house/hostel	4	0.2	2	0.2	6	0.2	1
Independent in retirement village	161	6.9	161	18.1	322	10.0	19
Private residence—owned/purchasing	1,722	73.9	474	53.4	2,196	68.2	55
Private—type unknown	182	7.8	52	5.9	234	7.3	9
Private rental	113	4.8	39	4.4	152	4.7	4
Public rental or community housing	94	4.0	127	14.3	221	6.9	7
RAC <sup>(a)</sup> service - low level care	1	0.0	0	0.0	1	0.0	0
Supported community accommodation	19	0.8	26	2.9	45	1.4	2
Other	34	1.5	7	0.8	41	1.3	1
<b>Total persons</b>	<b>2,330</b>	<b>100.0</b>	<b>888</b>	<b>100.0</b>	<b>3,218</b>	<b>100.0</b>	<b>98</b>
Accommodation type not stated	88	—	20	—	108	—	2

(a) RAC=residential aged care.



**Table A17: DTC care recipients, age and sex, by number of severe or profound core activity limitations, DTC census 2002**

Sex/age	Number of core activity limitations								Total No.	Not stated No.
	None		1		2		3			
	No.	%	No.	%	No.	%	No.	%		
<b>Males</b>										
0-49	40	31.3	30	23.4	27	21.1	31	24.2	128	4
50-64	190	50.8	79	21.1	59	15.8	46	12.3	374	12
65-74	728	65.2	165	14.8	131	11.7	93	8.3	1,117	33
75-84	983	61.6	252	15.8	208	13.0	153	9.6	1,596	80
85+	372	46.2	188	23.4	155	19.3	90	11.2	805	56
<i>Total</i>	<i>2,313</i>	<i>57.5</i>	<i>714</i>	<i>17.8</i>	<i>580</i>	<i>14.4</i>	<i>413</i>	<i>10.3</i>	<i>4,020</i>	<i>185</i>
Age not stated	21	—	8	—	2	—	3	—	34	7
<b>Females</b>										
0-49	76	47.8	38	23.9	22	13.8	23	14.5	159	8
50-64	673	75.4	102	11.4	67	7.5	50	5.6	892	36
65-74	2,362	81.2	264	9.1	197	6.8	87	3.0	2,910	103
75-84	3,231	69.9	649	14.0	513	11.1	232	5.0	4,625	212
85+	1,423	47.8	620	20.8	599	20.1	335	11.3	2,977	188
<i>Total</i>	<i>7,765</i>	<i>67.2</i>	<i>1,673</i>	<i>14.5</i>	<i>1,398</i>	<i>12.1</i>	<i>727</i>	<i>6.3</i>	<i>11,563</i>	<i>547</i>
Age not stated	66	—	12	—	7	—	15	—	100	21
<b>Persons<sup>(a)</sup></b>										
0-49	116	40.0	68	23.4	50	17.2	56	19.3	290	12
50-64	874	67.8	185	14.3	130	10.1	101	7.8	1,290	48
65-74	3,150	76.8	433	10.6	334	8.1	183	4.5	4,100	138
75-84	4,284	67.6	921	14.5	731	11.5	398	6.3	6,334	296
85+	1,818	47.0	823	21.3	768	19.9	459	11.9	3,868	249
<b>Total</b>	<b>10,242</b>	<b>64.5</b>	<b>2,430</b>	<b>15.3</b>	<b>2,013</b>	<b>12.7</b>	<b>1,197</b>	<b>7.5</b>	<b>15,882</b>	<b>743</b>
Age not stated	95	—	20	—	10	—	18	—	143	147

(a) Persons includes care recipients with sex not stated.

**Table A 18: DTC care recipients, severe or profound core activity limitation, by age and sex, DTC census 2002**

Sex/age	Core activity limitation								Total	Not stated
	Self care		Mobility		Communication		None			
	No.	%	No.	%	No.	%	No.	%		
<b>Males</b>										
0-49	61	47.7	67	52.3	49	38.3	40	31.3	128	4
50-64	145	38.8	103	27.5	87	23.3	190	50.8	374	12
65-74	306	27.4	238	21.3	162	14.5	728	65.2	1,117	33
75-84	479	30.0	401	25.1	247	15.5	983	61.6	1,596	80
85+	344	42.7	268	33.3	156	19.4	372	46.2	805	56
<i>Total</i>	<i>1,335</i>	<i>33.2</i>	<i>1,077</i>	<i>26.8</i>	<i>701</i>	<i>17.4</i>	<i>2,313</i>	<i>57.5</i>	<i>4,020</i>	<i>185</i>
Age not stated	10	—	7	—	4	—	21	—	34	7
<b>Females</b>										
0-49	63	39.6	49	30.8	39	24.5	76	47.8	159	8
50-64	170	19.1	145	16.3	71	8.0	673	75.4	892	36
65-74	421	14.5	327	11.2	171	5.9	2,362	81.2	2,910	103
75-84	1,084	23.4	878	19.0	409	8.8	3,231	69.9	4,625	212
85+	1,275	42.8	1,035	34.8	513	17.2	1,423	47.8	2,977	188
<i>Total</i>	<i>3,013</i>	<i>26.1</i>	<i>2,434</i>	<i>21.0</i>	<i>1,203</i>	<i>10.4</i>	<i>7,765</i>	<i>67.2</i>	<i>11,563</i>	<i>547</i>
Age not stated	30	—	23	—	18	—	66	—	100	21
<b>Persons<sup>(a)</sup></b>										
0-49	126	43.4	119	41.0	91	31.4	116	40.0	290	12
50-64	326	25.3	257	19.9	165	12.8	874	67.8	1,290	48
65-74	738	18.0	575	14.0	337	8.2	3,150	76.8	4,100	138
75-84	1,595	25.2	1,311	20.7	671	10.6	4,284	67.6	6,334	296
85+	1,675	43.3	1,354	35.0	707	18.3	1,818	47.0	3,868	249
<b>Total</b>	<b>4,460</b>	<b>28.1</b>	<b>3,616</b>	<b>22.8</b>	<b>1,971</b>	<b>12.4</b>	<b>10,242</b>	<b>64.5</b>	<b>15,882</b>	<b>743</b>
Age not stated	41	—	31	—	22	—	95	—	143	147

(a) Persons includes care recipients with sex not stated.

**Table A19: DTC care recipients with and without dementia, severe or profound core activity limitation, by age, DTC census 2002**

Dementia status/age	Core activity limitation								Total	Not stated
	Self care		Mobility		Communication		None			
	No.	%	No.	%	No.	%	No.	%	No.	No.
<b>Has dementia</b>										
0-49	3	75.0	2	50.0	4	100.0	0	0	4	0
50-64	17	58.6	10	34.5	11	37.9	10	34.5	29	2
65-74	91	71.1	64	50.0	63	49.2	23	18.0	128	3
75-84	343	73.1	236	50.3	229	48.8	85	18.1	469	27
85+	397	82.2	287	59.4	248	51.3	60	12.4	483	25
<i>Total</i>	<i>851</i>	<i>76.9</i>	<i>599</i>	<i>54.2</i>	<i>555</i>	<i>50.2</i>	<i>178</i>	<i>16.2</i>	<i>1113</i>	<i>57</i>
Age not stated	5	—	4	—	4	—	2	—	8	1
<b>No dementia</b>										
0-49	120	42.7	116	41.3	84	29.9	116	41.3	281	11
50-64	304	24.4	246	19.7	152	12.2	856	68.6	1248	45
65-74	640	16.3	503	12.8	271	6.9	3,103	78.8	3936	124
75-84	1,238	21.3	1,060	18.3	433	7.5	4,162	71.8	5800	245
85+	1,255	37.7	1,053	31.6	452	13.6	1,741	52.3	3332	204
<i>Total</i>	<i>3,557</i>	<i>24.4</i>	<i>2,978</i>	<i>20.4</i>	<i>1,392</i>	<i>9.5</i>	<i>9,978</i>	<i>68.4</i>	<i>14597</i>	<i>629</i>
Age not stated	35	—	25	—	17	—	93	—	133	23
<b>All persons<sup>(a)</sup></b>										
0-49	126	41.7	119	39.4	91	30.1	116	40.0	290	12
50-64	326	24.4	257	19.2	165	12.3	874	67.8	1,290	48
65-74	738	17.4	575	13.6	337	8.0	3,150	76.8	4,100	138
75-84	1,595	24.1	1,311	19.8	671	10.1	4,284	67.6	6,334	296
85+	1,675	40.7	1,354	32.9	707	17.2	1,818	47.0	3,868	249
<b>Total</b>	<b>4,460</b>	<b>26.8</b>	<b>3,616</b>	<b>21.8</b>	<b>1,971</b>	<b>11.9</b>	<b>10,242</b>	<b>64.5</b>	<b>15,882</b>	<b>743</b>
Age not stated	41	—	31	—	22	—	95	—	143	147

(a) Persons includes care recipients with dementia status not stated.

Note: Percentages do not add up to 100% as care recipients may have more than one core activity limitation.

**Table A20: DTC care recipients, severe or profound core activity limitation, by Indigenous status and age, DTC census 2002**

Dementia status/age	Core activity limitation								Total	Not stated
	Self care		Mobility		Communication		None			
	No.	%	No.	%	No.	%	No.	%		
<b>Indigenous</b>										
0–49	7	63.6	8	72.7	6	54.5	3	27.3	11	0
50–64	9	40.9	8	36.4	7	31.8	10	45.5	22	0
65–74	8	61.5	4	30.8	6	46.2	5	38.5	13	1
75–84	12	70.6	8	47.1	5	29.4	4	23.5	17	0
85+	2	33.3	4	66.7	2	33.3	2	33.3	6	0
<i>Total</i>	<b>38</b>	<b>55.1</b>	<b>32</b>	<b>46.4</b>	<b>26</b>	<b>37.7</b>	<b>24</b>	<b>34.8</b>	<b>69</b>	<b>1</b>
Age not stated	0	—	0	—	0	—	3	—	3	1
<b>Non-Indigenous</b>										
0–49	92	36.9	100	40.2	68	27.3	111	44.6	249	12
50–64	305	24.8	241	19.6	150	12.2	843	68.4	1232	46
65–74	718	17.9	552	13.7	321	8.0	3,104	77.2	4019	129
75–84	1,551	25.1	1,253	20.3	641	10.4	4,210	68.2	6176	277
85+	1,638	43.4	1,300	34.4	683	18.1	1,796	47.6	3777	233
<i>Total females</i>	<b>4,304</b>	<b>28.1</b>	<b>3,446</b>	<b>22.5</b>	<b>1,863</b>	<b>12.2</b>	<b>10,064</b>	<b>65.7</b>	<b>15452</b>	<b>698</b>
Age not stated	36	—	26	—	18	—	85	—	126	23
<b>Persons<sup>(a)</sup></b>										
0–49	126	41.7	119	39.4	91	30.1	116	40.0	290	12
50–64	326	24.4	257	19.2	165	12.3	874	67.8	1,290	48
65–74	738	17.4	575	13.6	337	8.0	3,150	76.8	4,100	138
75–84	1,595	24.1	1,311	19.8	671	10.1	4,284	67.6	6,334	296
85+	1,675	40.7	1,354	32.9	707	17.2	1,818	47.0	3,868	249
<b>Total persons</b>	<b>4,460</b>	<b>26.8</b>	<b>3,616</b>	<b>21.8</b>	<b>1,971</b>	<b>11.9</b>	<b>10,242</b>	<b>64.5</b>	<b>15,882</b>	<b>743</b>
Age not stated	41	—	31	—	22	—	95	—	143	147

(a) Persons includes care recipients with sex not stated.

Note: Percentages do not add up to 100% as care recipients may have more than one core activity limitation.

**Table A21: DTC care recipients, age and country of birth according to main language spoken, by type of severe or profound core activity limitation, DTC census 2002**

Country of birth/age	Core activity limitation								Total	Not stated
	Self care		Mobility		Communication		None			
	No.	%	No.	%	No.	%	No.	%		
<b>Australian born</b>										
0–49	100	43.7	93	40.6	72	31.4	90	39.3	229	9
50–64	227	27.1	175	20.9	107	12.8	547	65.3	838	29
65–74	459	19.3	362	15.2	190	8.0	1,795	75.6	2375	73
75–84	1,066	26.9	897	22.7	425	10.7	2,599	65.7	3957	160
85+	1,244	44.6	1,015	36.4	507	18.2	1,273	45.6	2792	139
<i>Total</i>	<i>3,096</i>	<i>30.4</i>	<i>2,542</i>	<i>24.9</i>	<i>1,301</i>	<i>12.8</i>	<i>6,304</i>	<i>61.9</i>	<i>10191</i>	<i>410</i>
Age not stated	32	—	24	—	17	—	44	—	81	6
<b>Overseas born English speaking country</b>										
0–49	5	20.8	11	45.8	5	20.8	13	54.2	24	0
50–64	39	21.1	37	20.0	22	11.9	132	71.4	185	5
65–74	93	12.5	82	11.1	45	6.1	620	83.6	742	26
75–84	235	20.2	198	17.1	93	8.0	860	74.1	1161	51
85+	251	39.8	193	30.6	94	14.9	333	52.8	631	46
<i>Total</i>	<i>623</i>	<i>22.7</i>	<i>521</i>	<i>19.0</i>	<i>259</i>	<i>9.4</i>	<i>1,958</i>	<i>71.4</i>	<i>2743</i>	<i>128</i>
Age not stated	3	—	3	—	2	—	19	—	22	5
<b>Overseas born Non-English speaking country</b>										
0–49	7	41.2	5	29.4	4	23.5	9	52.9	17	3
50–64	46	20.7	35	15.8	26	11.7	165	74.3	222	10
65–74	167	18.7	115	12.8	96	10.7	670	74.9	895	21
75–84	247	23.2	170	16.0	135	12.7	742	69.7	1065	38
85+	139	38.6	106	29.4	86	23.9	185	51.4	360	20
<i>Total</i>	<i>606</i>	<i>23.7</i>	<i>431</i>	<i>16.8</i>	<i>347</i>	<i>13.6</i>	<i>1,771</i>	<i>69.2</i>	<i>2559</i>	<i>92</i>
Age not stated	2	—	1	—	0	—	19	—	21	3
<b>Persons<sup>(a)</sup></b>										
0–49	126	41.7	119	39.4	91	30.1	116	40.0	290	12
50–64	326	24.4	257	19.2	165	12.3	874	67.8	1,290	48
65–74	738	17.4	575	13.6	337	8.0	3,150	76.8	4,100	138
75–84	1,595	24.1	1,311	19.8	671	10.1	4,284	67.6	6,334	296
85+	1,675	40.7	1,354	32.9	707	17.2	1,818	47.0	3,868	249
<b>Total</b>	<b>4,460</b>	<b>26.8</b>	<b>3,616</b>	<b>21.8</b>	<b>1,971</b>	<b>11.9</b>	<b>10,242</b>	<b>64.5</b>	<b>15,882</b>	<b>743</b>
Age not stated	41	—	31	—	22	—	95	—	143	147

(a) Persons includes care recipients with sex not stated.

**Notes**

1. Percentages do not add up to 100% as care recipients may have more than one core activity limitation.
2. For the purposes of this report, people born overseas from an English speaking country are defined as those born in Ireland, the United Kingdom, New Zealand, the United States of America, Canada and South Africa. All other people who were not born in Australia are included in the group born overseas from a non-English speaking country.

**Table A22: DTC care recipients, health condition that was the main reason for referral grouped by body system, by sex and jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Sex/health condition</b>	<b>Number</b>								
<b>Males</b>									
Infectious and parasitic diseases	0	1	5	1	9	0	0	16	0
Neoplasms (tumours/cancers)	5	2	2	3	4	0	2	18	0
Blood diseases	1	0	1	0	0	0	0	2	0
Endocrine, nutritional & metabolic disorders	12	10	34	2	284	3	2	347	1
Mental & behavioural disorders	95	29	31	26	66	28	5	280	6
Diseases—nervous system	32	46	38	12	100	10	7	245	4
Diseases—eye & anexa	18	7	6	167	28	1	0	227	2
Diseases—ear & mastoid process	25	0	8	1	2	0	0	36	0
Diseases—circulatory system	71	110	103	30	204	27	5	550	3
Diseases—respiratory system	8	6	15	2	24	1	1	57	1
Diseases—digestive system	1	2	2	1	0	0	0	6	0
Diseases—skin & subcutaneous tissue	9	21	83	30	417	5	1	566	4
Diseases—musculoskeletal system & connective tissue	82	96	111	25	309	18	2	643	5
Diseases—genitourinary system	1	1	2	0	2	0	0	6	1
Congenital malformations, deformations and chromosomal abnormalities	1	0	2	0	2	0	1	6	0
Injury, poisoning & external causes	20	31	32	9	78	2	2	174	1
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	32	94	36	22	108	8	10	310	3
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	31	46	55	17	74	12	1	236	2
Factors influencing health status	43	25	28	59	159	10	0	324	2
Not diagnosed	14	9	35	3	47	0	0	108	3
Not stated	5	7	8	1	17	3	0	41	10
<b>Total males</b>	<b>506</b>	<b>543</b>	<b>637</b>	<b>411</b>	<b>1,934</b>	<b>128</b>	<b>39</b>	<b>4,198</b>	<b>48</b>
<b>Females</b>									
Infectious and parasitic diseases	3	2	3	2	34	1	0	45	0
Neoplasms (tumours/cancers)	13	10	9	5	15	4	0	56	0
Blood diseases	2	0	0	1	2	0	0	5	0
Endocrine, nutritional & metabolic disorders	18	20	68	13	522	11	0	652	4
Mental & behavioural disorders	235	58	76	68	168	54	6	665	11
Diseases—nervous system	34	64	54	12	102	10	9	285	2
Diseases—eye & anexa	85	4	11	242	86	10	4	442	4
Diseases—ear & mastoid process	89	3	16	3	7	6	0	124	0
Diseases—circulatory system	157	122	125	43	253	44	10	754	7
Diseases—respiratory system	20	10	33	8	40	3	1	115	1
Diseases—digestive system	7	0	2	2	6	1	1	19	0
Diseases—skin & subcutaneous tissue	30	93	382	196	1,505	19	8	2,233	19
Diseases—musculoskeletal system & connective tissue	337	460	641	139	1,246	100	23	2,946	32
Diseases—genitourinary system	5	2	1	6	9	0	0	23	1
Congenital malformations, deformations and chromosomal abnormalities	3	1	3	0	4	3	0	14	0
Injury, poisoning & external causes	44	119	117	26	251	10	4	571	6
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	100	195	112	58	353	20	14	852	6
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	62	73	202	47	205	29	4	622	4
Factors influencing health status	212	65	69	280	500	15	1	1,142	6
Not diagnosed	27	40	88	13	178	0	0	346	5
Not stated	30	40	30	9	67	6	1	183	29
<b>Total females</b>	<b>1,513</b>	<b>1,381</b>	<b>2,042</b>	<b>1,173</b>	<b>5,553</b>	<b>346</b>	<b>86</b>	<b>12,094</b>	<b>137</b>

(continued)

**Table A22 (continued): DTC care recipients, health condition that was the main reason for referral grouped by body system, by sex and jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Sex / health condition</b>	<b>Number</b>								
<b>Persons<sup>(c)</sup></b>									
Infectious and parasitic diseases	3	3	8	3	44	1	0	62	0
Neoplasms (tumours/cancers)	22	13	12	8	20	4	2	81	0
Blood diseases	3	0	1	1	2	0	0	7	0
Endocrine, nutritional & metabolic disorders	30	30	104	15	814	14	2	1,009	5
Mental & behavioural disorders	352	91	111	95	237	82	11	979	18
Diseases—nervous system	72	111	93	25	204	20	16	541	6
Diseases—eye & andexa	105	11	18	414	115	11	4	678	6
Diseases—ear & mastoid process	114	3	24	4	9	6	0	160	0
Diseases—circulatory system	243	240	232	74	467	73	15	1,344	10
Diseases—respiratory system	29	16	49	10	64	4	2	174	2
Diseases—digestive system	8	2	4	3	6	1	1	25	0
Diseases—skin & subcutaneous tissue	40	118	468	227	1,932	24	9	2,818	25
Diseases—musculoskeletal system & connective tissue	424	572	763	167	1,586	120	26	3,658	41
Diseases—genitourinary system	6	3	3	6	11	0	0	29	2
Congenital malformations, deformations and chromosomal abnormalities	4	1	5	0	6	3	1	20	0
Injury, poisoning & external causes	71	153	154	37	335	12	6	768	9
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	137	298	154	80	466	29	24	1,188	9
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	93	122	259	67	283	41	5	870	6
Factors influencing health status	260	93	98	342	670	27	1	1,491	9
Not diagnosed	41	50	123	17	229	0	0	460	8
Not stated	37	54	39	10	86	9	1	236	161
<b>Total persons</b>	<b>2,094</b>	<b>1,984</b>	<b>2,722</b>	<b>1,605</b>	<b>7,586</b>	<b>481</b>	<b>126</b>	<b>16,598</b>	<b>317</b>
	<b>Per cent</b>								
<b>Males</b>									
Infectious and parasitic diseases	0.0	0.2	0.8	0.2	0.5	0.0	0.0	0.4	
Neoplasms (tumours/cancers)	1.0	0.4	0.3	0.7	0.2	0.0	5.1	0.4	
Blood diseases	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	
Endocrine, nutritional & metabolic disorders	2.4	1.8	5.3	0.5	14.7	2.3	5.1	8.3	
Mental & behavioural disorders	18.8	5.3	4.9	6.3	3.4	21.9	12.8	6.7	
Diseases—nervous system	6.3	8.5	6.0	2.9	5.2	7.8	17.9	5.8	
Diseases—eye & andexa	3.6	1.3	0.9	40.6	1.4	0.8	0.0	5.4	
Diseases—ear & mastoid process	4.9	0.0	1.3	0.2	0.1	0.0	0.0	0.9	
Diseases—circulatory system	14.0	20.3	16.2	7.3	10.5	21.1	12.8	13.1	
Diseases—respiratory system	1.6	1.1	2.4	0.5	1.2	0.8	2.6	1.4	
Diseases—digestive system	0.2	0.4	0.3	0.2	0.0	0.0	0.0	0.1	
Diseases—skin & subcutaneous tissue	1.8	3.9	13.0	7.3	21.6	3.9	2.6	13.5	
Diseases—musculoskeletal system & connective tissue	16.2	17.7	17.4	6.1	16.0	14.1	5.1	15.3	
Diseases—genitourinary system	0.2	0.2	0.3	0.0	0.1	0.0	0.0	0.1	
Congenital malformations, deformations and chromosomal abnormalities	0.2	0.0	0.3	0.0	0.1	0.0	2.6	0.1	
Injury, poisoning & external causes	4.0	5.7	5.0	2.2	4.0	1.6	5.1	4.1	
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	6.3	17.3	5.7	5.4	5.6	6.3	25.6	7.4	
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	6.1	8.5	8.6	4.1	3.8	9.4	2.6	5.6	
Factors influencing health status	8.5	4.6	4.4	14.4	8.2	7.8	0.0	7.7	
Not diagnosed	2.8	1.7	5.5	0.7	2.4	0.0	0.0	2.6	
Not stated	1.0	1.3	1.3	0.2	0.9	2.3	0.0	1.0	
<b>Total males</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

(continued)

**Table A22 (continued): DTC care recipients, health condition that was the main reason for referral grouped by body system, by sex and jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total
Sex / health condition	Per cent							
<b>Females</b>								
Infectious and parasitic diseases	0.2	0.1	0.1	0.2	0.6	0.3	0.0	0.4
Neoplasms (tumours/cancers)	0.9	0.7	0.4	0.4	0.3	1.2	0.0	0.5
Blood diseases	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Endocrine, nutritional & metabolic disorders	1.2	1.4	3.3	1.1	9.4	3.2	0.0	5.4
Mental & behavioural disorders	15.5	4.2	3.7	5.8	3.0	15.6	7.0	5.5
Diseases—nervous system	2.2	4.6	2.6	1.0	1.8	2.9	10.5	2.4
Diseases—eye & anexa	5.6	0.3	0.5	20.6	1.5	2.9	4.7	3.7
Diseases—ear & mastoid process	5.9	0.2	0.8	0.3	0.1	1.7	0.0	1.0
Diseases—circulatory system	10.4	8.8	6.1	3.7	4.6	12.7	11.6	6.2
Diseases—respiratory system	1.3	0.7	1.6	0.7	0.7	0.9	1.2	1.0
Diseases—digestive system	0.5	0.0	0.1	0.2	0.1	0.3	1.2	0.2
Diseases—skin & subcutaneous tissue	2.0	6.7	18.7	16.7	27.1	5.5	9.3	18.5
Diseases—musculoskeletal system & connective tissue	22.3	33.3	31.4	11.8	22.4	28.9	26.7	24.4
Diseases—genitourinary system	0.3	0.1	0.0	0.5	0.2	0.0	0.0	0.2
Congenital malformations, deformations and chromosomal abnormalities	0.2	0.1	0.1	0.0	0.1	0.9	0.0	0.1
Injury, poisoning & external causes	2.9	8.6	5.7	2.2	4.5	2.9	4.7	4.7
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	6.6	14.1	5.5	4.9	6.4	5.8	16.3	7.0
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	4.1	5.3	9.9	4.0	3.7	8.4	4.7	5.1
Factors influencing health status	14.0	4.7	3.4	23.9	9.0	4.3	1.2	9.4
Not diagnosed	1.8	2.9	4.3	1.1	3.2	0.0	0.0	2.9
Not stated	2.0	2.9	1.5	0.8	1.2	1.7	1.2	1.5
<b>Total females</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Persons<sup>(c)</sup></b>								
Infectious and parasitic diseases	0.1	0.2	0.3	0.2	0.6	0.2	0.0	0.4
Neoplasms (tumours/cancers)	1.1	0.7	0.4	0.5	0.3	0.8	1.6	0.5
Blood diseases	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Endocrine, nutritional & metabolic disorders	1.4	1.5	3.8	0.9	10.7	2.9	1.6	6.1
Mental & behavioural disorders	16.8	4.6	4.1	5.9	3.1	17.0	8.7	5.9
Diseases—nervous system	3.4	5.6	3.4	1.6	2.7	4.2	12.7	3.3
Diseases—eye & anexa	5.0	0.6	0.7	25.8	1.5	2.3	3.2	4.1
Diseases—ear & mastoid process	5.4	0.2	0.9	0.2	0.1	1.2	0.0	1.0
Diseases—circulatory system	11.6	12.1	8.5	4.6	6.2	15.2	11.9	8.1
Diseases—respiratory system	1.4	0.8	1.8	0.6	0.8	0.8	1.6	1.0
Diseases—digestive system	0.4	0.1	0.1	0.2	0.1	0.2	0.8	0.2
Diseases—skin & subcutaneous tissue	1.9	5.9	17.2	14.1	25.5	5.0	7.1	17.0
Diseases—musculoskeletal system & connective tissue	20.2	28.8	28.0	10.4	20.9	24.9	20.6	22.0
Diseases—genitourinary system	0.3	0.2	0.1	0.4	0.1	0.0	0.0	0.2
Congenital malformations, deformations and chromosomal abnormalities	0.2	0.1	0.2	0.0	0.1	0.6	0.8	0.1
Injury, poisoning & external causes	3.4	7.7	5.7	2.3	4.4	2.5	4.8	4.6
Symptoms & signs n.o.s. or n.e.c. <sup>(b)</sup>	6.5	15.0	5.7	5.0	6.1	6.0	19.0	7.2
Other condition n.o.s. or n.e.c. <sup>(b)</sup>	4.4	6.1	9.5	4.2	3.7	8.5	4.0	5.2
Factors influencing health status	12.4	4.7	3.6	21.3	8.8	5.6	0.8	9.0
Not diagnosed	2.0	2.5	4.5	1.1	3.0	0.0	0.0	2.8
Not stated	1.8	2.7	1.4	0.6	1.1	1.9	0.8	1.4
<b>Total persons</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) n.o.s. = not otherwise specified, n.e.c. = not elsewhere specified.

(c) Persons includes care recipients with sex not stated.

Note: Health conditions have been classified in accordance with categories of health conditions used in the *International Statistical Classification of Diseases and Related Health Problems* (10th revision).



**Table A23: DTC care recipients, top 10 specific health conditions that were the main reason for referral, by jurisdiction<sup>(a)</sup>, DTC census 2002 (males only)**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
<b>Health condition (males)</b>	<b>Number</b>								
Other skin diseases	8	21	82	28	413	5	0	557	5
Cerebrovascular disease	39	93	88	23	130	17	4	394	1
Diabetes mellitus—type 2	7	8	26	2	246	2	2	293	1
Arthritis and related disorders <sup>(b)</sup>	37	55	47	9	127	13	2	290	3
Back problems	32	26	52	10	124	5	0	249	2
Life-management difficulty	5	6	8	50	110	0	0	179	3
Parkinson's disease	16	30	19	7	83	0	4	159	2
Gait & mobility abnormalities	12	52	16	15	41	4	4	144	1
Blindness (both eyes or one)	4	4	4	103	12	0	0	127	2
Dementia in Alzheimer's disease	38	11	9	2	39	4	3	106	3
<b>Total males with at least one reported health condition<sup>(c)</sup></b>	<b>487</b>	<b>527</b>	<b>594</b>	<b>407</b>	<b>1,870</b>	<b>122</b>	<b>37</b>	<b>4,044</b>	<b>40</b>
	<b>Per cent</b>								
Other skin diseases	1.6	4.0	13.8	6.9	22.1	4.1	0.0	13.8	
Cerebrovascular disease	8.0	17.6	14.8	5.7	7.0	13.9	10.8	9.7	
Diabetes mellitus—type 2	1.4	1.5	4.4	0.5	13.2	1.6	5.4	7.2	
Arthritis and related disorders <sup>(b)</sup>	7.6	10.4	7.9	2.2	6.8	10.7	5.4	7.2	
Back problems	6.6	4.9	8.8	2.5	6.6	4.1	0.0	6.2	
Life-management difficulty	1.0	1.1	1.3	12.3	5.9	0.0	0.0	4.4	
Parkinson's disease	3.3	5.7	3.2	1.7	4.4	0.0	10.8	3.9	
Gait & mobility abnormalities	2.5	9.9	2.7	3.7	2.2	3.3	10.8	3.6	
Blindness (both eyes or one)	0.8	0.8	0.7	25.3	0.6	0.0	0.0	3.1	
Dementia in Alzheimer's disease	7.8	2.1	1.5	0.5	2.1	3.3	8.1	2.6	
<b>Total males with at least one reported health condition<sup>(c)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Excludes rheumatoid arthritis.

(c) This total represents the number of care recipients who reported at least one health condition. Care recipients with no health condition diagnosed or stated are excluded.

**Table A24: DTC care recipients, top 10 specific health conditions that were the main reason for referral, by jurisdiction<sup>(a)</sup>, DTC census 2002 (females only)**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
<b>Health condition (females)</b>	<b>Number</b>								
Other skin diseases	24	92	381	191	1,498	18	8	2,212	18
Arthritis and related disorders <sup>(b)</sup>	186	268	309	80	560	81	14	1,498	15
Back problems	91	98	192	30	389	9	5	814	6
Life-management difficulty	15	14	16	234	344	0	0	623	0
Diabetes mellitus—type 2	8	13	50	6	441	8	0	526	3
Cerebrovascular disease	57	91	76	20	109	15	9	377	3
Social environment problems	168	7	37	26	73	13	0	324	4
Musculoskeletal disorders	26	27	82	9	168	0	0	312	7
Gait & mobility abnormalities	27	74	25	33	111	10	5	285	3
Dementia in Alzheimer's disease	81	24	31	19	94	2	5	256	4
<b>Total females with at least one reported health condition<sup>(c)</sup></b>	<b>1,456</b>	<b>1,301</b>	<b>1,924</b>	<b>1,151</b>	<b>5,308</b>	<b>339</b>	<b>84</b>	<b>11,563</b>	<b>105</b>
	<b>Per cent</b>								
Other skin diseases	1.6	7.1	19.8	16.6	28.2	5.3	9.5	19.1	
Arthritis and related problems <sup>(b)</sup>	12.8	20.6	16.1	7.0	10.6	23.9	16.7	13.0	
Back problems	6.3	7.5	10.0	2.6	7.3	2.7	6.0	7.0	
Life-management difficulty	1.0	1.1	0.8	20.3	6.5	0.0	0.0	5.4	
Diabetes mellitus—type 2	0.5	1.0	2.6	0.5	8.3	2.4	0.0	4.5	
Cerebrovascular disease	3.9	7.0	4.0	1.7	2.1	4.4	10.7	3.3	
Social environment problems	11.5	0.5	1.9	2.3	1.4	3.8	0.0	2.8	
Musculoskeletal disorders	1.8	2.1	4.3	0.8	3.2	0.0	0.0	2.7	
Gait & mobility abnormalities	1.9	5.7	1.3	2.9	2.1	2.9	6.0	2.5	
Dementia in Alzheimer's disease	5.6	1.8	1.6	1.7	1.8	0.6	6.0	2.2	
<b>Total females with at least one reported health condition<sup>(c)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Excludes rheumatoid arthritis.

(c) This total represents the number of care recipients who reported at least one health condition. Care recipients with no health condition diagnosed or stated are excluded.

**Table A25: DTC care recipients, top 10 specific health conditions that were the main reason for referral, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
<b>Health condition</b>	<b>Number</b>								
Other skin diseases	33	117	466	220	1,921	23	9	2,789	24
Arthritis and related conditions <sup>(b)</sup>	226	333	362	89	701	95	17	1,823	18
Back problems	124	126	249	41	523	15	5	1,083	12
Diabetes mellitus—type 2	15	21	78	8	693	10	2	827	4
Life-management difficulty	20	21	24	286	462	0	0	813	4
Cerebrovascular disease	102	190	166	44	243	33	13	791	4
Gait & mobility abnormalities	40	129	41	48	153	14	9	434	4
Social environment problems	200	14	53	33	102	22	0	424	4
Dementia in Alzheimer's	141	36	43	21	134	6	8	389	8
Blindness (both eyes or one)	32	7	5	242	38	3	0	327	4
<b>Total persons with at least one reported health condition<sup>(c)</sup></b>	<b>2,016</b>	<b>1,880</b>	<b>2,560</b>	<b>1,578</b>	<b>7,271</b>	<b>471</b>	<b>125</b>	<b>15,901</b>	<b>149</b>
	<b>Per cent</b>								
Other skin diseases	1.6	6.2	18.2	13.9	26.4	4.9	7.2	17.5	
Arthritis and related conditions <sup>(b)</sup>	11.2	17.7	14.1	5.6	9.6	20.2	13.6	11.5	
Back problems	6.2	6.7	9.7	2.6	7.2	3.2	4.0	6.8	
Diabetes mellitus—type 2	0.7	1.1	3.0	0.5	9.5	2.1	1.6	5.2	
Life-management difficulty	1.0	1.1	0.9	18.1	6.4	0.0	0.0	5.1	
Cerebrovascular disease	5.1	10.1	6.5	2.8	3.3	7.0	10.4	5.0	
Gait & mobility abnormalities	2.0	6.9	1.6	3.0	2.1	3.0	7.2	2.7	
Social environment problems	9.9	0.7	2.1	2.1	1.4	4.7	0.0	2.7	
Dementia in Alzheimer's	7.0	1.9	1.7	1.3	1.8	1.3	6.4	2.4	
Blindness (both eyes or one)	1.6	0.4	0.2	15.3	0.5	0.6	0.0	2.1	
<b>Total persons with at least one reported health condition<sup>(c)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Excludes rheumatoid arthritis.

(c) This total represents the number of care recipients who reported at least one health condition. Care recipients with no health condition diagnosed or stated are excluded.

**Table A26: DTC care recipients, health condition grouped by body system for which therapy was provided, by sex and age, census period, 2002**

Sex/hHealth condition	0-49	50-64	65-74	75-84	85+	Total	Total	Not stated
	Per cent						Number	
<b>Males</b>								
Infectious and parasitic diseases	0.8	0.5	1.5	1.7	1.7	1.5	63	0
Neoplasms (tumours/cancers)	0.0	0.8	0.8	0.8	1.7	1.0	40	0
Blood diseases	0.0	0.0	0.3	0.2	0.3	0.2	10	0
Endocrine, nutritional & metabolic disorders	1.5	12.2	14.9	11.3	6.3	11.0	464	1
Mental & behavioural disorders	10.6	13.0	6.6	10.0	12.7	9.9	417	4
Diseases—nervous system	14.4	11.1	9.7	7.9	3.7	8.0	338	1
Diseases—eye & adnexa	34.8	7.3	3.1	6.6	10.9	7.5	314	0
Diseases—ear & mastoid process	0.8	1.0	0.7	1.8	5.9	2.2	94	0
Diseases—circulatory system	4.5	26.7	22.3	23.2	21.6	22.4	940	2
Diseases—respiratory system	0.8	2.3	3.7	3.5	3.9	3.4	145	0
Diseases—digestive system	0.0	0.5	0.4	1.3	1.5	1.0	42	0
Diseases—skin & subcutaneous tissue	5.3	12.4	31.0	29.2	29.5	27.5	1,155	9
Diseases—musculoskeletal system & connective tissue	11.4	24.6	26.1	26.1	29.2	26.1	1,099	13
Diseases—genitourinary system	0.0	1.6	0.4	0.8	1.2	0.8	34	0
Congenital malformations, deformations and chromosomal abnormalities	2.3	0.8	0.0	0.0	0.1	0.2	7	0
Injury, poisoning & external causes	11.4	9.8	6.2	5.7	4.4	6.1	257	2
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	30.3	40.7	31.8	34.5	36.5	34.6	1,455	5
Other health condition n.o.s. or n.e.c. <sup>(a)</sup>	9.1	11.1	8.6	9.1	7.7	8.9	373	3
Factors influencing health status	16.7	25.9	18.4	21.8	25.1	21.8	916	11
<i>Total conditions (number)</i>	<i>204</i>	<i>781</i>	<i>2,143</i>	<i>3,279</i>	<i>1,756</i>	<i>8,163</i>	<i>8,163</i>	<i>51</i>
Not diagnosed	1.5	2.6	2.0	2.6	2.2	2.3	97	1
<i>Total males (number)</i>	<i>132</i>	<i>386</i>	<i>1,150</i>	<i>1,676</i>	<i>861</i>	<i>4,205</i>	<i>4,205</i>	<i>41</i>
<b>Females</b>								
Infectious and parasitic diseases	1.8	0.5	1.5	1.5	1.3	1.4	168	3
Neoplasms (tumours/cancers)	2.4	0.5	1.1	1.1	0.9	1.0	123	2
Blood diseases	0.0	0.0	0.2	0.2	0.3	0.2	23	0
Endocrine, nutritional & metabolic disorders	3.6	9.9	11.1	9.2	5.5	8.7	1,052	4
Mental & behavioural disorders	13.8	6.1	4.5	9.3	13.1	8.9	1,082	5
Diseases—nervous system	9.0	5.4	3.9	3.3	2.4	3.4	416	4
Diseases—eye & adnexa	24.0	4.3	2.2	5.3	10.9	6.2	748	2
Diseases—ear & mastoid process	0.0	0.2	0.7	1.7	5.7	2.4	285	1
Diseases—circulatory system	7.8	11.9	12.2	16.3	18.2	15.3	1,853	8
Diseases—respiratory system	0.6	2.3	3.3	2.6	2.7	2.8	334	0
Diseases—digestive system	0.0	0.3	0.7	0.8	1.5	0.9	113	0
Diseases—skin & subcutaneous tissue	10.8	18.6	35.8	36.1	31.6	33.2	4,019	32
Diseases—musculoskeletal system & connective tissue	16.2	51.3	46.5	39.3	38.9	41.6	5,036	47
Diseases—genitourinary system	0.6	0.8	0.5	1.0	1.8	1.1	130	0
Congenital malformations, deformations and chromosomal abnormalities	3.0	0.3	0.2	0.0	0.0	0.1	15	0
Injury, poisoning & external causes	4.8	8.7	6.6	6.6	6.9	6.8	825	3
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	28.1	32.4	25.8	32.2	38.7	32.3	3,908	14
Other health condition n.o.s. or n.e.c. <sup>(a)</sup>	7.2	7.9	8.7	8.0	6.7	7.8	944	3
Factors influencing health status	21.6	18.9	15.8	20.6	23.6	20.1	2,434	36
<i>Total conditions (number)</i>	<i>259</i>	<i>1,674</i>	<i>5,460</i>	<i>9,445</i>	<i>6,670</i>	<i>—</i>	<i>23,508</i>	<i>164</i>
Not diagnosed	2.4	2.7	3.5	2.8	2.1	2.8	337	5
<i>Total females (number)</i>	<i>167</i>	<i>928</i>	<i>3,013</i>	<i>4,837</i>	<i>3,165</i>	<i>—</i>	<i>12,110</i>	<i>121</i>

(continued)

**Table A26 (continued): DTC care recipients, health condition grouped by body system for which therapy was provided, by sex and age, census period, 2002**

Sex/health condition	0–49	50–64	65–74	75–84	85+	Total	Total	Not
	Per cent						Number	stated
<b>Persons<sup>(b)</sup></b>								
Infectious and parasitic diseases	1.3	0.5	1.5	1.6	1.4	1.4	234	3
Neoplasms (tumours/cancers)	1.3	0.7	1.0	1.1	1.1	1.0	172	2
Blood diseases	0.0	0.0	0.2	0.2	0.3	0.2	35	0
Endocrine, nutritional & metabolic disorders	2.6	10.4	12.2	9.7	5.7	9.3	1,542	5
Mental & behavioural disorders	12.3	8.1	5.1	9.5	13.4	9.3	1,548	10
Diseases—nervous system	11.3	7.0	5.5	4.5	2.7	4.6	768	5
Diseases—eye & adnexa	28.8	5.3	2.5	5.6	10.8	6.5	1,080	3
Diseases—ear & mastoid process	0.3	0.4	0.7	1.7	5.9	2.4	392	1
Diseases—circulatory system	6.3	16.2	15.1	18.0	19.1	17.2	2,858	15
Diseases—respiratory system	0.7	2.2	3.4	2.9	2.9	2.9	488	0
Diseases—digestive system	0.0	0.4	0.6	1.0	1.5	1.0	158	1
Diseases—skin & subcutaneous tissue	8.3	16.8	34.3	34.2	30.7	31.5	5,232	41
Diseases—musculoskeletal system & connective tissue	13.9	43.3	40.9	36.0	36.9	37.6	6,259	61
Diseases—genitourinary system	0.3	1.0	0.5	1.0	1.6	1.0	165	0
Congenital malformations, deformations and chromosomal abnormalities	2.6	0.4	0.1	0.0	0.0	0.1	22	0
Injury, poisoning & external causes	8.3	9.1	6.5	6.5	6.4	6.7	1,114	6
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	28.8	34.5	27.5	32.9	38.0	32.8	5,456	20
Other health condition n.o.s. or n.e.c. <sup>(a)</sup>	7.9	8.7	8.5	8.2	6.8	8.0	1,329	6
Factors influencing health status	19.5	20.9	16.7	21.0	24.4	20.7	3,443	50
<i>Total conditions (number)</i>	<i>467</i>	<i>2,491</i>	<i>7,743</i>	<i>12,953</i>	<i>8,641</i>	—	<i>32,295</i>	<i>229</i>
Not diagnosed	2.0	2.8	3.1	2.7	2.1	2.7	443	6
<b>Total persons (number)</b>	<b>302</b>	<b>1,338</b>	<b>4,238</b>	<b>6,630</b>	<b>4,117</b>	—	<b>16,625</b>	<b>290</b>

(a) n.o.s. = not otherwise specified, n.e.c. = not elsewhere specified

(b) Persons includes care recipients with sex not stated.

Note: Health conditions have been classified in accordance with categories of health conditions used in the *International Statistical Classification of Diseases and Related Health Problems* (10th revision).

**Table A27: DTC care recipients, health condition grouped by body system for which therapy provided, by severe or profound core activity limitation status, DTC census 2002**

Health condition	With Limitation		Without Limitation		Total		Limitation not stated
	No.	Column %	No.	Column %	No.	Column %	No.
Infectious and parasitic diseases	12	0.2	50	0.5	62	0.4	0
Neoplasms (tumours/cancers)	42	0.7	38	0.4	80	0.5	1
Blood diseases	4	0.1	3	0.0	7	0.0	0
Endocrine, nutritional & metabolic disorders	179	3.0	817	8.0	996	6.2	18
Mental & behavioural disorders	783	13.1	178	1.7	961	6.0	36
Diseases—nervous system	395	6.6	140	1.4	535	3.4	12
Diseases—eye & adnexa	315	5.3	361	3.5	676	4.2	8
Diseases—ear & mastoid process	98	1.6	62	0.6	160	1.0	0
Diseases—circulatory system	837	14.0	492	4.8	1,329	8.3	25
Diseases—respiratory system	68	1.1	101	1.0	169	1.1	7
Diseases—digestive system	11	0.2	13	0.1	24	0.2	1
Diseases—skin & subcutaneous tissue	601	10.1	2,209	21.7	2,810	17.6	33
Diseases—musculoskeletal system and connective tissue	842	14.1	2,776	27.3	3,618	22.7	81
Diseases—genitourinary system	12	0.2	18	0.2	30	0.2	1
Congenital malformations, deformations and chromosomal abnormalities	15	0.3	5	0.0	20	0.1	0
Injury, poisoning & external causes	265	4.4	488	4.8	753	4.7	24
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	543	9.1	613	6.0	1,156	7.2	41
Other health condition n.o.s. or n.e.c. <sup>(a)</sup>	294	4.9	537	5.3	831	5.2	45
Factors Influencing health status	498	8.4	960	9.4	1,458	9.1	42
Not diagnosed	149	2.5	311	3.1	295	1.8	173
<b>Total persons</b>	<b>5,963</b>	<b>100.0</b>	<b>10,172</b>	<b>100.0</b>	<b>15,970</b>	<b>100.0</b>	<b>548</b>
Not stated	80	—	144	—	389	—	8
	<b>No.</b>	<b>Row %</b>	<b>No.</b>	<b>Row %</b>	<b>No.</b>	<b>Row %</b>	<b>No.</b>
Infectious and parasitic diseases	12	19.4	50	80.6	62	100.0	0
Neoplasms (tumours/cancers)	42	52.5	38	47.5	80	100.0	1
Blood diseases	4	57.1	3	42.9	7	100.0	0
Endocrine, nutritional & metabolic disorders	179	18.0	817	82.0	996	100.0	18
Mental & behavioural disorders	783	81.5	178	18.5	961	100.0	36
Diseases—nervous system	395	73.8	140	26.2	535	100.0	12
Diseases—eye & adnexa	315	46.6	361	53.4	676	100.0	8
Diseases—ear & mastoid process	98	61.3	62	38.8	160	100.0	0
Diseases—circulatory system	837	63.0	492	37.0	1,329	100.0	25
Diseases—respiratory system	68	40.2	101	59.8	169	100.0	7
Diseases—digestive system	11	45.8	13	54.2	24	100.0	1
Diseases—skin & subcutaneous tissue	601	21.4	2,209	78.6	2,810	100.0	33
Diseases—musculoskeletal system and connective tissue	842	23.3	2,776	76.7	3,618	100.0	81
Diseases—genitourinary system	12	40.0	18	60.0	30	100.0	1
Congenital malformations, deformations and chromosomal abnormalities	15	75.0	5	25.0	20	100.0	0
Injury, poisoning & external causes	265	35.2	488	64.8	753	100.0	24
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	543	47.0	613	53.0	1,156	100.0	41
Other health condition n.o.s. or n.e.c. <sup>(a)</sup>	294	35.4	537	64.6	831	100.0	45
Factors Influencing health status	498	34.2	960	65.8	1,458	100.0	42
Not diagnosed	149	50.5	311	105.4	295	100.0	173
<b>Total persons</b>	<b>5,963</b>	<b>37.3</b>	<b>10,172</b>	<b>63.7</b>	<b>15,970</b>	<b>100.0</b>	<b>548</b>
Not stated	80	—	144	—	389	—	8

(a) n.o.s. = not otherwise specified, n.e.c. = not elsewhere specified

Note: Health conditions have been classified in accordance with categories of health conditions used in the *International Statistical Classification of Diseases and Related Health Problems* (10th revision). Each care recipients may have up to 5 conditions recorded.

**Table A28: DTC care recipients, health condition grouped by body system for which therapy was provided, by severe or profound core activity limitation, DTC census 2002**

Health condition	Self care	Mobility	Comm- unication	No limit	Total persons	
	Per cent (column)				Number	
Infectious and parasitic diseases	0.2	0.2	0.2	0.5	0.4	62
Neoplasms (tumours/cancers)	0.8	0.9	0.9	0.4	0.5	81
Blood diseases	0.0	0.0	0.1	0.0	0.0	7
Endocrine, nutritional & metabolic disorders	3.1	2.6	2.4	8.0	6.1	1,014
Mental & behavioural disorders	15.5	12.7	24.1	1.8	6.0	997
Diseases—nervous system	7.2	8.5	8.0	1.4	3.3	547
Diseases—eye & andexa	3.4	5.5	5.1	3.6	4.1	684
Diseases—ear & mastoid process	1.4	0.8	2.8	0.6	1.0	160
Diseases—circulatory system	15.1	15.8	16.4	4.9	8.2	1,354
Diseases—respiratory system	1.3	1.2	0.8	1.0	1.1	176
Diseases—digestive system	0.2	0.2	0.1	0.1	0.2	25
Diseases—skin & subcutaneous tissue	8.4	7.2	6.0	21.7	17.2	2,843
Diseases—musculoskeletal system & connective tissue	13.8	13.6	9.0	27.2	22.4	3,699
Diseases—genitourinary system	0.2	0.1	0.3	0.2	0.2	31
Congenital malformations, deformations and chromosomal abnormalities	0.2	0.2	0.5	0.1	0.1	20
Injury, poisoning & external causes	4.8	4.8	2.4	4.8	4.7	777
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	8.8	10.7	6.8	6.0	7.2	1,197
Other condition n.o.s. or n.e.c. <sup>(a)</sup>	5.4	4.3	3.2	5.3	5.3	876
Factors influencing health status	8.7	9.0	8.9	9.4	9.1	1,500
Not diagnosed	1.3	1.7	2.0	3.1	2.8	468
<b>Total persons (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>—</b>
<b>Total persons (number)</b>	<b>4,445</b>	<b>3,602</b>	<b>1,964</b>	<b>10,193</b>	<b>—</b>	<b>16,518</b>
Not stated (number)	56	45	29	144	—	397
	Per cent (row) <sup>(b)</sup>				Number	
Infectious and parasitic diseases	14.5	11.3	6.5	80.6	100.0	62
Neoplasms (tumours/cancers)	45.7	38.3	22.2	46.9	100.0	81
Blood diseases	28.6	14.3	14.3	42.9	100.0	7
Endocrine, nutritional & metabolic disorders	13.4	9.2	4.6	80.7	100.0	1,014
Mental & behavioural disorders	69.2	46.0	47.5	18.0	100.0	997
Diseases—nervous system	58.7	55.8	28.7	25.6	100.0	547
Diseases—eye & andexa	22.4	28.9	14.8	53.2	100.0	684
Diseases—ear & mastoid process	39.4	18.8	34.4	38.8	100.0	160
Diseases—circulatory system	49.6	41.9	23.8	36.6	100.0	1,354
Diseases—respiratory system	31.8	25.6	9.1	58.0	100.0	176
Diseases—digestive system	40.0	28.0	4.0	52.0	100.0	25
Diseases—skin & subcutaneous tissue	13.2	9.1	4.1	77.8	100.0	2,843
Diseases—musculoskeletal system & connective tissue	16.6	13.3	4.8	75.0	100.0	3,699
Diseases—genitourinary system	29.0	12.9	19.4	58.1	100.0	31
Congenital malformations, deformations and chromosomal abnormalities	55.0	30.0	45.0	30.0	100.0	20
Injury, poisoning & external causes	27.5	22.1	6.2	62.9	100.0	777
Symptoms & signs n.o.s. or n.e.c. <sup>(a)</sup>	32.6	32.2	11.2	51.5	100.0	1,197
Other condition n.o.s. or n.e.c. <sup>(a)</sup>	27.4	17.8	7.2	61.3	100.0	876
Factors influencing health status	25.8	21.7	11.6	64.1	100.0	1,500
Not diagnosed	12.2	13.0	8.5	66.7	100.0	468
<b>Total persons</b>	<b>26.9</b>	<b>21.8</b>	<b>11.9</b>	<b>61.7</b>	<b>100.0</b>	<b>—</b>
<b>Total persons (number)</b>	<b>4,445</b>	<b>3,602</b>	<b>1,964</b>	<b>10,193</b>	<b>—</b>	<b>16,518</b>
Not stated (number)	56	45	29	144	—	397

(a) n.o.s. = not otherwise specified, n.e.c. = not elsewhere specified.

(b) As care recipients may have more than one severe or profound core activity limitation the row total may be greater than 100%.

Note: Health conditions have been classified in accordance with categories of health conditions used in the *International Statistical Classification of Diseases and Related Health Problems* (10th revision). Each care recipient may have up to 5 conditions recorded.

**Table A29: DTC care recipients, receipt of Australian Government income support, by jurisdiction<sup>(a)</sup>, DTC census 2002.**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Pension status</b>	<b>Number</b>								
Receives Australian Government income support	1,807	1,574	2,398	1,309	7,212	447	111	14,858	7
No Australian Government income support	242	218	177	140	246	27	15	1,065	—
<b>Total</b>	<b>2,049</b>	<b>1,792</b>	<b>2,575</b>	<b>1,449</b>	<b>7,458</b>	<b>474</b>	<b>126</b>	<b>15,923</b>	<b>—</b>
Unknown	353	192	147	156	128	7	0	983	2
	<b>Per cent</b>								
Receives Australian Government income support	88.2	87.8	93.1	90.3	96.7	94.3	88.1	93.3	
No Australian Government income support	11.8	12.2	6.9	9.7	3.3	5.7	11.9	6.7	
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.



Table A30: DTC care recipients, type of government pension or benefit, by age and sex, DTC census 2002

Sex/age	Received a government pension							All pensions	No Pension	Total	Not stated/unknown
	Aged Pension	Veterans' Affairs Pension	Disability Support Pension	Carer Payment (Pension)	Unemployment related benefits	Other	Pension—type unknown				
	Per cent										Number
<b>Males</b>											
0–49	0.3	0.0	25.1	12.5	16.7	28.6	0.0	2.7	7.3	3.1	9
50–64	2.8	0.8	58.7	62.5	83.3	57.1	9.9	8.4	19.0	9.1	19
65–74	35.1	3.7	9.4	0.0	0.0	14.3	22.5	27.7	23.7	27.4	50
75–84	40.1	67.8	5.1	25.0	0.0	0.0	40.5	40.5	33.7	40.0	72
85+	21.7	27.7	1.7	0.0	0.0	0.0	27.0	20.7	16.3	20.4	43
<i>Total males</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	—
<i>Total males (number)</i>	<i>2,713</i>	<i>516</i>	<i>351</i>	<i>8</i>	<i>6</i>	<i>7</i>	<i>111</i>	<i>3,712</i>	<i>300</i>	<i>4,012</i>	<i>193</i>
Age not stated (number)	19	3	2	0	0	0	2	26	1	27	14
<b>Females</b>											
0–49	0.2	0.3	26.0	3.1	33.3	11.1	0.7	1.2	3.9	1.4	10
50–64	4.7	1.7	58.9	65.6	66.7	72.2	9.7	6.9	18.6	7.6	51
65–74	27.9	11.7	5.2	15.6	0.0	8.3	21.2	25.3	21.1	25.1	122
75–84	40.0	59.7	4.4	15.6	0.0	5.6	43.4	40.5	31.8	39.9	233
85+	27.1	26.6	5.5	0.0	0.0	2.8	25.0	26.1	24.6	26.0	164
<i>Total females</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	—
<i>Total females (number)</i>	<i>9,093</i>	<i>974</i>	<i>365</i>	<i>32</i>	<i>6</i>	<i>36</i>	<i>288</i>	<i>10,794</i>	<i>736</i>	<i>11,530</i>	<i>580</i>
Age not stated (number)	54	7	4	0	0	0	1	66	5	71	51
<b>Persons<sup>(a)</sup></b>											
0–49	0.2	0.2	25.4	5.0	25.0	13.6	0.5	1.6	4.8	1.8	20
50–64	4.2	1.4	59.2	65.0	75.0	68.2	10.3	7.2	18.6	8.0	73
65–74	29.5	8.9	7.1	12.5	0.0	9.1	21.6	25.9	21.8	25.6	179
75–84	40.1	62.5	4.7	17.5	0.0	6.8	41.9	40.5	32.2	39.9	310
85+	26.0	27.0	3.6	0.0	0.0	2.3	25.7	24.8	22.5	24.6	216
<b>Total persons</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	—
<b>Total persons (number)</b>	<b>12,024</b>	<b>1,513</b>	<b>728</b>	<b>40</b>	<b>12</b>	<b>44</b>	<b>408</b>	<b>14,769</b>	<b>1,058</b>	<b>15,827</b>	<b>798</b>
Age not stated (number)	77	10	6	0	0	0	3	96	7	103	187

(a) Persons includes care recipients with sex not stated.

**Table A31: DTC care recipients, place therapy provided, by jurisdiction<sup>(a)</sup>, DTC census 2002**

Therapy location <sup>(b)</sup>	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
	Number								
Centre-based—DTC	1,573	1,856	2,522	1,222	6,366	467	123	14,129	251
Centre-based—non-DTC	94	87	89	69	1,059	0	27	1,425	15
Home	462	77	115	410	183	9	14	1,270	22
Other	5	5	12	71	130	1	0	224	1
<b>Total care recipients</b>	<b>2,094</b>	<b>1,984</b>	<b>2,722</b>	<b>1,605</b>	<b>7,586</b>	<b>481</b>	<b>126</b>	<b>16,598</b>	<b>317</b>
	Per cent <sup>(c)</sup>								
Centre-based—DTC	75.1	93.5	92.7	76.1	83.9	97.1	97.6	85.1	79.2
Centre-based—non-DTC	4.5	4.4	3.3	4.3	14.0	0.0	21.4	8.6	4.7
Home	22.1	3.9	4.2	25.5	2.4	1.9	11.1	7.7	6.9
Other	0.2	0.3	0.4	4.4	1.7	0.2	0.0	1.3	0.3

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Some care recipients received therapy in more than one location. Therefore the sum of the care recipients who received therapy at different locations may be larger than the number of care recipients in that jurisdiction.

(c) Percentages are based on the total number of care recipients in each jurisdiction. These percentages add to more than 100%.

**Table A32: DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
Therapy/service	Number								
<b>Individual</b>									
Occupational therapy	165	396	166	262	207	127	33	1,356	17
Physiotherapy	627	1,066	905	340	1,575	60	68	4,641	84
Hydrotherapy	87	16	147	2	70	20	21	363	7
Speech therapy	16	50	94	0	63	1	1	225	1
Podiatry	285	415	1,104	799	4,783	178	61	7,625	120
Diversional therapy	714	72	302	56	120	32	24	1,320	18
Social work	80	29	7	185	67	3	1	372	6
Nursing services	856	223	161	187	87	120	53	1,687	38
Other therapies	83	124	25	195	189	29	0	645	13
<b>Group</b>									
Occupational therapy	109	283	43	302	361	158	42	1,298	33
Physiotherapy	146	474	90	164	479	194	52	1,599	32
Hydrotherapy	96	63	261	18	224	134	13	809	11
Speech therapy	2	14	23	0	30	0	3	72	1
Podiatry	6	3	3	0	2	0	0	14	1
Diversional therapy	895	202	475	129	286	0	32	2,019	72
Social work	24	6	10	0	69	0	0	109	1
Nursing services	86	24	0	0	11	0	0	121	1
Other therapies	122	97	32	37	496	0	0	784	14
<b>All clients—group/individual</b>									
Occupational therapy	255	558	185	493	528	170	45	2,234	45
Physiotherapy	710	1,363	975	462	1,918	218	82	5,728	107
Hydrotherapy	182	73	403	19	263	153	29	1,122	14
Speech therapy	17	59	116	0	89	1	4	286	2
Podiatry	290	418	1,105	799	4,785	178	61	7,636	121
Diversional therapy	1,080	211	531	165	365	32	32	2,416	77
Social work	90	32	17	185	122	3	1	450	7
Nursing services	902	247	161	187	89	120	53	1,759	39
Other therapies <sup>(b)</sup>	192	298	60	236	656	30	0	1,275	22
<b>Ancillary services—all clients<sup>(c)</sup></b>									
Food services	762	261	401	297	289	197	48	2,255	55
Transport to and from the DTC	502	366	544	196	429	217	58	2,312	41
<b>Number of care recipients</b>	<b>2,098</b>	<b>1,984</b>	<b>2,722</b>	<b>1,605</b>	<b>7,586</b>	<b>481</b>	<b>126</b>	<b>16,602</b>	<b>313</b>

(continued)

**Table A32 (continued): DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia	Not stated
Therapy/service	Per cent (of total care recipients in each jurisdiction)								
<b>Individual</b>									
Occupational therapy	7.9	20.0	6.1	16.3	2.7	26.4	26.2	8.2	5.4
Physiotherapy	29.9	53.7	33.2	21.2	20.8	12.5	54.0	28.0	26.8
Hydrotherapy	4.1	0.8	5.4	0.1	0.9	4.2	16.7	2.2	2.2
Speech therapy	0.8	2.5	3.5	0.0	0.8	0.2	0.8	1.4	0.3
Podiatry	13.6	20.9	40.6	49.8	63.1	37.0	48.4	45.9	38.3
Diversional therapy	34.0	3.6	11.1	3.5	1.6	6.7	19.0	8.0	5.8
Social work	3.8	1.5	0.3	11.5	0.9	0.6	0.8	2.2	1.9
Nursing services	40.8	11.2	5.9	11.7	1.1	24.9	42.1	10.2	12.1
Other therapies	4.0	6.3	0.9	12.1	2.5	6.0	0.0	3.9	4.2
<b>Group</b>									
Occupational therapy	5.2	14.3	1.6	18.8	4.8	32.8	33.3	7.8	10.5
Physiotherapy	7.0	23.9	3.3	10.2	6.3	40.3	41.3	9.6	10.2
Hydrotherapy	4.6	3.2	9.6	1.1	3.0	27.9	10.3	4.9	3.5
Speech therapy	0.1	0.7	0.8	0.0	0.4	0.0	2.4	0.4	0.3
Podiatry	0.3	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.3
Diversional therapy	42.7	10.2	17.5	8.0	3.8	0.0	25.4	12.2	23.0
Social work	1.1	0.3	0.4	0.0	0.9	0.0	0.0	0.7	0.3
Nursing services	4.1	1.2	0.0	0.0	0.1	0.0	0.0	0.7	0.3
Other therapies	5.8	4.9	1.2	2.3	6.5	0.0	0.0	4.7	4.5
<b>All clients—group/individual</b>									
Occupational therapy	12.2	28.1	6.8	30.7	7.0	35.3	35.7	13.5	14.4
Physiotherapy	33.8	68.7	35.8	28.8	25.3	45.3	65.1	34.5	34.2
Hydrotherapy	8.7	3.7	14.8	1.2	3.5	31.8	23.0	6.8	4.5
Speech therapy	0.8	3.0	4.3	0.0	1.2	0.2	3.2	1.7	0.6
Podiatry	13.8	21.1	40.6	49.8	63.1	37.0	48.4	46.0	38.7
Diversional therapy	51.5	10.6	19.5	10.3	4.8	6.7	25.4	14.6	24.6
Social work	4.3	1.6	0.6	11.5	1.6	0.6	0.8	2.7	2.2
Nursing services	43.0	12.4	5.9	11.7	1.2	24.9	42.1	10.6	12.5
Other therapies <sup>(b)</sup>	8.2	10.6	2.1	13.6	7.8	6.0	0.0	7.7	7.0
<b>Ancillary services—all clients<sup>(c)</sup></b>									
Food services	36.3	13.2	14.7	18.5	3.8	41.0	38.1	13.6	17.6
Transport to and from the DTC	23.9	18.4	20.0	12.2	5.7	45.1	46.0	13.9	13.1
<b>Number of care recipients</b>	<b>2,098</b>	<b>1,984</b>	<b>2,722</b>	<b>1,605</b>	<b>7,586</b>	<b>481</b>	<b>126</b>	<b>16,602</b>	<b>313</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Includes 203 clients where mode of delivery was not stated.

(c) Ancillary services are provided in conjunction with relevant therapy.

Note: As care recipients may receive both group and individual therapy, the sum of individual and group therapies may be greater than those receiving that type of therapy. In addition, care recipients may receive more than one type of therapy, therefore the sum of the types of therapy may be more than 100%.

**Table A33: DTC care recipients, types of therapies and ancillary services provided, by dementia status, DTC census 2002**

Therapy/service	Diagnosed with dementia (No.=1,179)		No dementia (No.=15,382)		Total (No.=16,561)		Not stated (No.=354)
	No.	%	No.	%	No.	%	No.
<b>DTC therapy</b>							
Occupational therapy	298	25.3	1,936	12.6	2,259	13.5	45
Physiotherapy	410	34.8	5,291	34.4	5,736	34.4	134
Hydrotherapy	19	1.6	1,098	7.1	1,119	6.7	19
Speech therapy	13	1.1	273	1.8	287	1.7	2
Podiatry	407	34.5	7,230	47.0	7,672	46.1	120
Diversional therapy	560	47.5	1,865	12.1	2,472	14.6	68
Social work	26	2.2	424	2.8	452	2.7	7
Nursing services	293	24.9	1,473	9.6	1,791	10.7	32
Other therapies	141	12.0	1,346	8.8	1,499	9.0	13
<b>Ancillary services<sup>(a)</sup></b>							
Food services	504	42.7	1,757	11.4	2,304	13.7	49
Transport to and from the DTC	280	23.7	2,030	13.2	2,334	13.9	43

(a) Ancillary services are provided in conjunction with relevant therapy.

Note: Care recipients may receive more than one type of therapy, therefore the sum of the types of therapy may be more than 100%.

**Table A34: DTC care recipients, types of therapies and ancillary services provided, by Indigenous status, DTC census 2002**

Therapy/service	Indigenous (No.=74)		Non-Indigenous (No.=16,299)		Unknown Indigenous status (No.=207)		Total (No.=16,580)		Not stated (No.=335)
	No.	%	No.	%	No.	%	No.	%	No.
<b>DTC therapy</b>									
Occupational therapy	9	12.2	2,208	13.5	13	6.3	2,256	13.6	49
Physiotherapy	21	28.4	5,617	34.5	75	36.2	5,776	34.8	122
Hydrotherapy	8	10.8	1,069	6.6	46	22.2	1,140	6.9	13
Speech therapy	4	5.4	274	1.7	6	2.9	291	1.8	4
Podiatry	18	24.3	7,544	46.3	50	24.2	7,683	46.3	145
Diversional therapy	28	37.8	2,334	14.3	78	37.7	2,492	15.0	53
Social work	5	6.8	431	2.6	17	8.2	462	2.8	4
Nursing services	8	10.8	1,736	10.7	26	12.6	1,791	10.8	28
Other therapies	10	13.5	1,426	8.7	53	25.6	1,511	9.1	11
<b>Ancillary services<sup>(a)</sup></b>									
Food services	12	16.2	2,165	13.3	82	39.6	2,288	13.8	51
Transport to and from the DTC	18	24.3	2,222	13.6	60	29.0	2,338	14.1	53

(a) Ancillary services are provided in conjunction with relevant therapy.

Note: Care recipients may receive more than one type of therapy, therefore the sum of the types of therapy may be more than 100%.

**Table A35: DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by mode of delivery, DTC census 2002**

Therapy/service	Care recipients receiving individual therapy	Care recipients receiving group therapy	All care recipients receiving types of therapy - regardless of group/individual
	Number		
<b>DTC therapies</b>			
Occupational therapy	1,373	1,331	2,279
Physiotherapy	4,725	1,631	5,835
Hydrotherapy	370	820	1,136
Speech therapy	226	73	288
Podiatry	7,745	15	7,757
Diversional therapy	1,338	2,091	2,493
Social work	378	110	457
Nursing services	1,725	122	1,798
Other therapies	658	798	1,500 <sup>(a)</sup>
<b>Ancillary services<sup>(b)</sup></b>			
Food services	—	—	2,310
Transport to and from the DTC	—	—	2,353
<b>Per cent<sup>(c)</sup></b>			
<b>DTC therapies</b>			
Occupational therapy	8.1	7.9	13.5
Physiotherapy	27.9	9.6	34.5
Hydrotherapy	2.2	4.8	6.7
Speech therapy	1.3	0.4	1.7
Podiatry	45.8	0.1	45.9
Diversional therapy	7.9	12.4	14.7
Social work	2.2	0.7	2.7
Nursing services	10.2	0.7	10.6
Other therapies	3.9	4.7	8.9 <sup>(a)</sup>
<b>Ancillary services<sup>(b)</sup></b>			
Food services	—	—	13.7
Transport to and from the DTC	—	—	13.9

(a) Includes 203 clients where mode of delivery was not stated.

(b) Ancillary services are provided in conjunction with relevant therapy.

(c) Percentages are based on the total number of care recipients receiving assistance from Day Therapy Centres (16,915).

*Note:* As care recipients may receive more than one type of therapy the sum of the types of therapy may be more than 100%. In addition care recipients may receive the same therapy individually or as part of a group, the percent of care recipients receiving a therapy may be less than the sum of those receiving individual and group therapies.

**Table A36: DTC care recipients, types of therapies and ancillary services provided, by country of birth (according to main language spoken), DTC census 2002**

Therapy/ service	Australian born (No.=10,688)		Overseas born English speaking country (No.=2,898)		Overseas born non-English speaking country (No.=2,675)		Unknown country of birth (No.=388)		Total (No.=16,649)		Not stated (No.=266)
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
<b>DTC therapies</b>											
Occupational therapy	1,526	14.3	332	11.5	327	12.2	47	12.1	2,288	13.7	47
Physiotherapy	3,728	34.9	884	30.5	1,012	37.8	102	26.3	5,868	35.2	109
Hydrotherapy	749	7.0	174	6.0	160	6.0	39	10.1	1,156	6.9	14
Speech therapy	175	1.6	60	2.1	41	1.5	7	1.8	291	1.7	5
Podiatry	4,640	43.4	1,566	54.0	1,307	48.9	140	36.1	7,852	47.2	104
Diversional therapy	1,884	17.6	282	9.7	232	8.7	56	14.4	2,511	15.1	39
Social work	278	2.6	80	2.8	65	2.4	31	8.0	473	2.8	3
Nursing services	1,366	12.8	249	8.6	137	5.1	21	5.4	1,807	10.9	25
Other therapies	830	7.8	232	8.0	162	6.1	63	16.2	1,333	8.0	10
<b>Ancillary services<sup>(a)</sup></b>											
Food services	1,636	15.3	324	11.2	261	9.8	62	16.0	2,343	14.1	27
Transport to and from the DTC	1,602	15.0	352	12.1	334	12.5	41	10.6	2,384	14.3	24

(a) Ancillary services are provided in conjunction with relevant therapy.

**Notes**

1. For the purposes of this report, people born overseas from an English speaking country are defined as those born in Ireland, the United Kingdom, New Zealand, the United States of America, Canada and South Africa. All other people who were not born in Australia are included in the group born overseas from a non-English speaking country.
2. Care recipients may receive more than one type of therapy. Consequently the percentage of clients receiving therapies adds up to more than 100%.

**Table A37: DTC care recipients, types of therapies and ancillary services provided, by carer availability, DTC census 2002**

Therapy/service	Has a carer (No.=3,426)		Has no carer (No.=9,802)		Unknown (No.=437)		Total (No.=13,665)		Not stated (No.=3,250)	
	No.	%	No.	%	No.	%	No.	%	No.	
<b>DTC therapies</b>										
Occupational therapy	1,031	30.1	665	6.8	37	8.5	1,733	12.7	546	
Physiotherapy	1,496	43.7	2,980	30.4	104	23.8	4,580	33.5	1,255	
Hydrotherapy	236	6.9	769	7.8	24	5.5	1,029	7.5	107	
Speech therapy	165	4.8	78	0.8	0	0.0	243	1.8	45	
Podiatry	991	28.9	5,253	53.6	185	42.3	6,429	47.0	1,328	
Diversional therapy	646	18.9	510	5.2	29	6.6	1,185	8.7	1,308	
Social work	165	4.8	189	1.9	40	9.2	394	2.9	63	
Nursing services	444	13.0	562	5.7	7	1.6	1,013	7.4	785	
Other therapies	497	14.5	752	7.7	80	18.3	1,329	9.7	171	
<b>Ancillary services<sup>(a)</sup></b>										
Food services	1,036	30.2	567	5.8	31	7.1	1,634	12.0	676	
Transport to and from the DTC	969	28.3	947	9.7	54	12.4	1,970	14.4	383	

(a) Ancillary services are provided in conjunction with relevant therapy.

Note: Care recipients may receive more than one type of therapy. Consequently the percentage of clients receiving therapies adds up to more than 100%.

**Table A38: DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by living arrangements of care recipients who were reported to have a carer, DTC census 2002**

Therapy/service	Co-resident carer (No.=2,418)		Non-resident carer (No.=908)		Unknown (No.=14)		Total (No.=3,340)		Not stated (No.=86)	
	No.	%	No.	%	No.	%	No.	%	No.	
<b>DTC therapies</b>										
Occupational therapy	762	31.5	259	28.5	4	28.6	1,031	30.9	6	
Physiotherapy	1,113	46.0	352	38.8	3	21.4	1,496	44.8	28	
Hydrotherapy	179	7.4	55	6.1	0	0.0	236	7.1	2	
Speech therapy	143	5.9	17	1.9	2	14.3	165	4.9	3	
Podiatry	640	26.5	298	32.8	8	57.1	991	29.7	45	
Diversional therapy	426	17.6	211	23.2	2	14.3	646	19.3	7	
Social work	99	4.1	64	7.0	1	7.1	165	4.9	1	
Nursing services	297	12.3	141	15.5	1	7.1	444	13.3	5	
Other therapies	365	15.1	127	14.0	0	0.0	497	14.9	5	
<b>Ancillary services<sup>(a)</sup></b>										
Food services	707	29.2	318	35.0	2	14.3	1,036	31.0	9	
Transport to and from the DTC	606	25.1	349	38.4	3	21.4	969	29.0	11	

(a) Ancillary services are provided in conjunction with relevant therapy.

Note: Care recipients may receive more than one type of therapy. Consequently the percentage of clients receiving therapies adds up to more than 100%.



**Table A39: DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by number of severe or profound core activity limitations, DTC census 2002**

Therapy/service/ mode of delivery	Number of core activity limitations						Total
	0	1	2	3	At least one	Not stated/ unknown	
	Number						
<b>DTC therapies</b>							
<b>Individual</b>							
Occupational therapy	473	279	379	187	845	55	1,373
Physiotherapy	2,484	808	744	462	2,014	227	4,725
Hydrotherapy	201	39	86	27	152	17	370
Speech therapy	60	58	48	55	161	5	226
Podiatry	5,284	917	678	454	2,049	412	7,745
Diversional therapy	265	266	398	355	1,019	54	1,338
Social work	202	46	66	33	145	31	378
Nursing services	544	361	433	338	1,132	49	1,725
Other therapies	379	112	87	52	251	28	658
<b>Group</b>							
Occupational therapy	389	279	363	218	860	82	1,331
Physiotherapy	853	272	276	153	701	77	1,631
Hydrotherapy	644	76	55	28	159	17	820
Speech therapy	9	20	19	24	63	1	73
Podiatry	7	1	4	2	7	1	15
Diversional therapy	515	495	558	401	1,454	122	2,091
Social work	85	3	6	3	12	13	110
Nursing services	37	43	19	21	83	2	122
Other therapies	512	104	78	69	251	35	798
<b>All clients - group/individual</b>							
Occupational therapy	771	469	588	333	1,390	118	2,279
Physiotherapy	3,129	967	912	550	2,429	277	5,835
Hydrotherapy	806	111	136	53	300	30	1,136
Speech therapy	68	74	64	76	214	6	288
Podiatry	5,291	918	681	455	2,054	412	7,757
Diversional therapy	605	547	651	550	1,748	140	2,493
Social work	265	47	67	35	149	43	457
Nursing services	570	386	445	347	1,178	50	1,798
Other therapies <sup>(a)</sup>	914	234	177	108	519	67	1,500
<b>Ancillary services<sup>(b)</sup></b>							
Food services	494	553	666	461	1,273	136	2,310
Transport to and from the DTC	951	524	523	226	1,680	129	2,353
<b>Number of care recipients</b>	<b>10,319</b>	<b>2,450</b>	<b>2,023</b>	<b>1,215</b>	<b>5,688</b>	<b>910</b>	<b>16,915</b>

(continued)

**Table A39 (continued): DTC care recipients, types of therapies and ancillary services provided in individual and group sessions, by number of severe or profound core activity limitations, DTC census 2002**

Therapy/service/ mode of delivery	Number of core activity limitations						Total
	0	1	2	3	At least one	Not stated/ unknown	
	Per cent						
<b>DTC therapies</b>							
<b>Individual</b>							
Occupational therapy	4.6	11.4	18.7	15.4	14.9	6.0	8.1
Physiotherapy	24.1	33.0	36.8	38.0	35.4	24.9	27.9
Hydrotherapy	1.9	1.6	4.3	2.2	2.7	1.9	2.2
Speech therapy	0.6	2.4	2.4	4.5	2.8	0.5	1.3
Podiatry	51.2	37.4	33.5	37.4	36.0	45.3	45.8
Diversional therapy	2.6	10.9	19.7	29.2	17.9	5.9	7.9
Social work	2.0	1.9	3.3	2.7	2.5	3.4	2.2
Nursing services	5.3	14.7	21.4	27.8	19.9	5.4	10.2
Other therapies	3.7	4.6	4.3	4.3	4.4	3.1	3.9
<b>Group</b>							
Occupational therapy	3.8	11.4	17.9	17.9	15.1	9.0	7.9
Physiotherapy	8.3	11.1	13.6	12.6	12.3	8.5	9.6
Hydrotherapy	6.2	3.1	2.7	2.3	2.8	1.9	4.8
Speech therapy	0.1	0.8	0.9	2.0	1.1	0.1	0.4
Podiatry	0.1	0.0	0.2	0.2	0.1	0.1	0.1
Diversional therapy	5.0	20.2	27.6	33.0	25.6	13.4	12.4
Social work	0.8	0.1	0.3	0.2	0.2	1.4	0.7
Nursing services	0.4	1.8	0.9	1.7	1.5	0.2	0.7
Other therapies	5.0	4.2	3.9	5.7	4.4	3.8	4.7
<b>All clients - group/individual</b>							
Occupational therapy	7.5	19.1	29.1	27.4	24.4	13.0	13.5
Physiotherapy	30.3	39.5	45.1	45.3	42.7	30.4	34.5
Hydrotherapy	7.8	4.5	6.7	4.4	5.3	3.3	6.7
Speech therapy	0.7	3.0	3.2	6.3	3.8	0.7	1.7
Podiatry	51.3	37.5	33.7	37.4	36.1	45.3	45.9
Diversional therapy	5.9	22.3	32.2	45.3	30.7	15.4	14.7
Social work	2.6	1.9	3.3	2.9	2.6	4.7	2.7
Nursing services	5.5	15.8	22.0	28.6	20.7	5.5	10.6
Other therapies <sup>(a)</sup>	8.9	9.6	8.7	8.9	9.1	7.4	8.9
<b>Ancillary services<sup>(b)</sup></b>							
Food services	4.8	22.6	32.9	37.9	29.5	14.9	13.7
Transport to and from the DTC	9.2	21.4	25.9	18.6	22.4	14.2	13.9
<b>Number of care recipients</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Includes 203 clients where mode of delivery was not stated.

(b) Ancillary services are provided in conjunction with relevant therapy.

Note: Where limitation not stated (556 cases), the figures have been excluded from the table. However, these figures have been considered in the overall totals and for percentage purposes.

**Table A40: DTC care recipients, type of severe or profound core activity limitations, by number of therapies received, DTC census 2002**

Core activity limitation	Number of therapies received							Total
	0	1	2	3	4	5	6+	
	Number							
Communication	0	790	443	395	239	92	34	1,993
Mobility	6	1,573	855	593	387	173	60	3,647
Self care	5	2,105	1,034	698	430	171	58	4,501
Any limitation	11	3,034	1,341	857	522	200	78	6,043
No limitation	16	8,393	1,352	348	149	38	20	10,316
<b>Total recipients<sup>(a)</sup></b>	<b>72</b>	<b>11,763</b>	<b>2,784</b>	<b>1,258</b>	<b>694</b>	<b>242</b>	<b>102</b>	<b>16,915</b>
Per cent (row)								
Communication	0.0	39.6	22.2	19.8	12.0	4.6	1.7	100.0
Mobility	0.2	43.1	23.4	16.3	10.6	4.7	1.6	100.0
Self care	0.1	46.8	23.0	15.5	9.6	3.8	1.3	100.0
Any limitation	0.2	50.2	22.2	14.2	8.6	3.3	1.3	100.0
No limitation	0.2	81.4	13.1	3.4	1.4	0.4	0.2	100.0
<b>Total recipients<sup>(a)</sup></b>	<b>0.4</b>	<b>69.5</b>	<b>16.5</b>	<b>7.4</b>	<b>4.1</b>	<b>1.4</b>	<b>0.6</b>	<b>100.0</b>
Per cent (column)								
Communication	0.0	6.7	15.9	31.4	34.4	38.0	33.3	11.8
Mobility	8.3	13.4	30.7	47.1	55.8	71.5	58.8	21.6
Self care	6.9	17.9	37.1	55.5	62.0	70.7	56.9	26.6
Any limitation	15.3	25.8	48.2	68.1	75.2	82.6	76.5	35.7
No limitation	22.2	71.4	48.6	27.7	21.5	15.7	19.6	61.0
<b>Total recipients<sup>(a)</sup></b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Total includes 556 recipients where limitation status not stated.

**Table A41: DTC care recipients, main reason for the cessation of therapy, by age, DTC census 2002**

Reason for cessation	Under	60–64	65–69	70–74	75–79	80–84	85+	Unknown	Total
	60								
	<b>Number</b>								
Client no longer needs therapy from DTC	33	41	68	90	117	90	92	9	540
Client referred or moved to another agency	6	9	13	10	11	15	15	0	79
Client moved out of area	2	0	2	2	3	3	6	0	18
Client terminated therapy	2	5	8	10	16	14	7	2	64
Client funding status change	1	1	0	1	1	2	7	0	13
Client died	1	0	0	1	2	4	1	3	12
Other	4	2	3	2	7	5	8	1	32
Not stated	3	4	12	12	13	14	23	3	84
<b>Total</b>	<b>52</b>	<b>62</b>	<b>106</b>	<b>128</b>	<b>170</b>	<b>147</b>	<b>159</b>	<b>18</b>	<b>842</b>
	<b>Per cent</b>								
Client no longer needs therapy from DTC	63.5	66.1	64.2	70.3	68.8	61.2	57.9	50.0	64.1
Client referred or moved to another agency	11.5	14.5	12.3	7.8	6.5	10.2	9.4	0.0	9.4
Client moved out of area	3.8	0.0	1.9	1.6	1.8	2.0	3.8	0.0	2.1
Client terminated therapy	3.8	8.1	7.5	7.8	9.4	9.5	4.4	11.1	7.6
Client funding status change	1.9	1.6	0.0	0.8	0.6	1.4	4.4	0.0	1.5
Client died	1.9	0.0	0.0	0.8	1.2	2.7	0.6	16.7	1.4
Other	7.7	3.2	2.8	1.6	4.1	3.4	5.0	5.6	3.8
Not stated	5.8	6.5	11.3	9.4	7.6	9.5	14.5	16.7	10.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table A42: DTC care recipients, Duration of care by currency of client status relative to current referral, by jurisdiction<sup>(a)</sup>, DTC census 2002**

Currency of client status/ duration of care	NSW	Vic	Qld	WA	SA	Tas	NT	Aust	Australia— cumulative total	Not stated	Total
	Per cent										No.
<b>Ceased therapy</b>											
<3 months	81.4	57.0	66.9	79.5	68.7	0.0	100.0	68.6	68.6	37.5	510
3–<6 months	5.8	22.8	17.3	3.8	16.4	0.0	0.0	15.2	83.8	12.5	114
6–<12 months	4.7	10.7	7.5	10.3	5.7	0.0	0.0	7.4	91.2	4.2	55
1–<5 years	5.8	9.4	7.5	2.6	7.5	0.0	0.0	7.1	98.4	0.0	52
5–<10 years	2.3	0.0	0.0	3.8	1.8	0.0	0.0	1.4	99.7	4.2	11
10–<15 years	0.0	0.0	0.8	0.0	0.0	100.0	0.0	0.3	100.0	4.2	3
15–<21 years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>745</b>
Not stated <sup>(c)</sup>	15.7	8.0	12.5	8.2	10.2	50.0	0.0	10.8	–	27.3	97
<b>Ongoing therapy<sup>(c)</sup></b>											
<3 months	29.5	35.1	29.7	26.0	21.5	17.6	17.7	25.5	25.5	22.7	3,765
3–<6 months	8.7	16.3	11.8	8.7	8.3	10.9	10.6	9.9	35.4	8.4	1,459
6–<12 months	9.2	16.2	16.1	9.8	10.9	12.2	10.6	12.0	47.4	10.4	1,767
1–<5 years	41.2	27.4	32.0	36.1	40.9	37.6	46.9	37.6	85.0	38.6	5,550
5–<10 years	8.5	4.3	7.2	13.3	14.4	15.4	6.2	11.3	96.3	13.1	1,670
10–<15 years	2.0	0.8	2.7	4.5	2.8	4.6	6.2	2.7	99.0	1.2	396
15–<21 years	0.9	0.0	0.5	1.6	1.3	1.7	1.8	1.0	100.0	0.0	148
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>14,755</b>
Not stated <sup>(b)</sup>	4.7	2.1	8.6	1.7	1.4	3.4	5.8	3.2	–	5.3	495
<b>All care recipients<sup>(d)</sup></b>											
<3 months	31.0	35.0	32.7	27.8	23.2	17.7	19.3	27.3	27.3	22.4	4,440
3–<6 months	8.5	16.5	12.2	8.4	8.8	11.0	10.1	10.2	37.6	7.7	1,662
6–<12 months	9.3	15.9	15.7	10.1	10.8	12.3	10.1	12.0	49.5	9.3	1,942
1–<5 years	40.1	27.2	30.0	34.9	39.5	37.3	47.1	36.1	85.7	31.9	5,882
5–<10 years	8.4	4.3	6.5	13.2	13.8	15.3	5.9	10.8	96.4	11.5	1,757
10–<15 years	1.9	1.1	2.4	4.3	2.8	4.7	5.9	2.6	99.1	1.3	424
15–<21 years	0.8	0.0	0.5	1.4	1.2	1.7	1.7	0.9	100.0	0.0	151
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>16,258</b>
Not stated <sup>(c)</sup>	5.6	2.6	8.9	2.1	1.8	3.5	5.6	3.7	–	13.8	657

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

(b) Not stated relates to care recipients where the duration of therapy could not be calculated because the date of referral was not reported.

(c) Includes only those care recipients who were known to be still receiving therapy at the end of the census period.

(d) Includes care recipients where the currency of therapy status could not be determined (that is, the question on whether the care recipient ceased receiving therapy during the census period (Form A question 21). For these care recipients it is assumed that therapy continued after the census period.

**Table A43: DTC care recipients, descriptive statistics for duration of care, by currency of client status and jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Aust.
	Months							
<b>Ceased care recipients</b>								
Average	4.6	4.6	4.7	5.7	5.4	—	—	5.5
Minimum	0	0	0	0	0	—	—	0
Median	0.8	2.7	1.2	0.9	1.8	—	—	1.6
75th percentile	2	4.4	3.9	2.6	3.5	—	—	3.6
90th percentile	8.5	10.7	9.3	7.8	9.5	—	—	9.5
Maximum	104.2	42.4	131.2	105.1	89.4	—	—	161.5
Number of care recipients	86	149	133	78	281	—	—	745
<b>Ongoing care recipients</b>								
Average	25.3	14.4	22.5	33	33	35.5	32.5	28.4
Minimum	0	0.1	0	0	0	0.1	0.1	0
Median	13.3	5.6	8.7	15.2	18.5	17.7	17.6	13.7
75th percentile	35.1	16.5	28.5	47.5	47.8	54.7	35.8	38.9
90th percentile	65.3	38.5	62.5	95.3	84.5	78.7	82	76.8
Maximum	244.5	162.2	228.9	247.9	250	246	198.1	250
Number of care recipients	1,818	1,621	2,221	1,410	6,875	460	113	14,755
<b>All care recipients</b>								
Average	24.6	14.9	20.9	32.1	31.8	35.6	31.8	27.3
Minimum	0	0	0	0	0	0.1	0.1	0
Median	12.5	5.6	7.9	14.2	16.9	17.5	17.6	12.3
75th percentile	34.2	16.9	25.9	45.6	45.4	54.7	34.6	37.3
90th percentile	64.3	41.1	57	93.7	83.2	79.9	78.4	75.1
Maximum	244.5	168.9	228.9	247.9	250	246	198.1	250
Number of care recipients	1,981	1,933	2,480	1,571	7,447	464	119	16,258

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

*Notes*

1. Duration of care could not be calculated for 657 care recipients.
2. Australian totals include records where jurisdiction is not stated.
3. Where the cessation of therapy is not answered records are excluded from these calculations.

**Table A44: DTC care recipients, existence of care plans, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total	Not stated
<b>Number</b>									
<b>Existence of care plan</b>									
Yes	1,564	2,405	1,696	1,464	6,746	360	87	14,322	121
No	498	291	255	134	777	117	36	2,108	29
<b>Total</b>	<b>2,062</b>	<b>2,696</b>	<b>1,951</b>	<b>1,598</b>	<b>7,523</b>	<b>477</b>	<b>123</b>	<b>16,430</b>	<b>150</b>
Not stated	36	26	33	7	63	4	3	172	163
<b>Per cent</b>									
Yes	75.8	89.2	86.9	91.6	89.7	75.5	70.7	87.2	80.7
No	24.2	10.8	13.1	8.4	10.3	24.5	29.3	12.8	19.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the residence of the care recipient. ACT is not included as numbers are too small.

**Table A45: Day Therapy Centres, location relative to a residential aged care service (RAC), by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
<b>Number</b>								
Co-located with RAC	30	20	26	14	32	4	2	128
Other location	2	7	2	7	17	0	0	35
Not stated	3	4	0	0	0	0	0	7
<i>Total locations<sup>(a)</sup></i>	<i>35</i>	<i>31</i>	<i>28</i>	<i>21</i>	<i>49</i>	<i>4</i>	<i>2</i>	<i>170</i>
<b>Total DTCs</b>	<b>34</b>	<b>23</b>	<b>28</b>	<b>15</b>	<b>32</b>	<b>4</b>	<b>2</b>	<b>138</b>

(a) Jurisdiction is based on the address of the DTC. There are no DTCs located in the ACT.

(b) Some DTCs provided therapy in more than one location.

**Table A46: Day Therapy Centres, reported residential location of care recipients for DTC agencies that were co-located with a residential aged care service, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
<b>Number</b>								
<b>Residential location of care recipients</b>								
At aged care service	11	1	3	5	2	1	0	23
In the community	3	5	1	2	4	0	0	15
Both aged care service and community	15	14	21	6	26	3	2	87
<b>Total</b>	<b>29</b>	<b>20</b>	<b>25</b>	<b>13</b>	<b>32</b>	<b>4</b>	<b>2</b>	<b>125</b>
Not stated	1	0	1	1	0	0	0	3
<b>Per cent</b>								
At aged care service	37.9	5.0	12.0	38.5	6.3	25.0	0.0	18.4
In the community	10.3	25.0	4.0	15.4	12.5	0.0	0.0	12.0
Both aged care service and community	51.7	70.0	84.0	46.2	81.3	75.0	100.0	69.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the address of the DTC. There are not DTCs located in the ACT.

**Table A 47: Day Therapy Centres, main sources of care recipient referrals as a proportion of overall nominations as one of the top three nominations, by jurisdiction(a), DTC census 2002**

Referral sources	NSW	Vic	Qld	WA	SA	Tas	NT	Total	No.
	Per cent								
Aged Care Assessment Team	17.7	11.6	3.8	18.4	6.3	8.3	16.7	10.6	40
Family/friend	15.2	2.9	7.7	2.6	2.1	0.0	16.7	6.4	24
General practitioner	15.2	18.8	26.9	28.9	29.5	25.0	16.7	23.6	89
Other health or community care service	11.4	14.5	23.1	10.5	27.4	25.0	33.3	19.1	72
Hospital	10.1	21.7	11.5	10.5	13.7	16.7	16.7	13.8	52
Residential aged care service	17.7	10.1	15.4	18.4	12.6	8.3	0.0	14.1	53
Self-referral	12.7	14.5	11.5	7.9	8.4	16.7	0.0	11.1	42
Other	0.0	5.8	0.0	2.6	0.0	0.0	0.0	1.3	5
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>—</b>
<b>Total (number)</b>	<b>79</b>	<b>69</b>	<b>78</b>	<b>38</b>	<b>95</b>	<b>12</b>	<b>6</b>	<b>—</b>	<b>377</b>

(a) Jurisdiction is based on the address of the DTC. There are not DTCs located in the ACT.

Note: This table is based on the responses to Form A question 7. It includes responses from DTCs that ticked referral sources but did not order their selection.



**Table A48: Day Therapy Centres, main referral sources of care recipients to DTC agencies, by order of priority<sup>(a)</sup>, DTC census 2002**

Referral sources	Order of priority		
	1st	2nd	3rd
	<b>Number</b>		
Aged Care Assessment Team	10	13	8
Family/friend	3	5	11
General practitioner	37	14	11
Other health or community care service	9	21	26
Hospital	7	15	14
Residential aged care service	19	11	5
Self-referral	6	12	13
Other	2	2	1
<b>Total</b>	<b>93</b>	<b>93</b>	<b>89</b>
	<b>Per cent of DTCs</b>		
Aged Care Assessment Team	10.8	14.0	9.0
Family/friend	3.2	5.4	12.4
General practitioner	39.8	15.1	12.4
Other health or community care service	9.7	22.6	29.2
Hospital	7.5	16.1	15.7
Residential aged care service	20.4	11.8	5.6
Self-referral	6.5	12.9	14.6
Other	2.2	2.2	1.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) "1st" represents the most common source of referral.

Note: Excludes DTCs that did not show order of preference.

**Table A49: Day Therapy Centres, occupational categories of employed staff, by jurisdiction, DTC census 2002**

Occupation	NSW	Vic	Qld	WA	SA	Tas	NT	Total
	Number of DTCs							
Allied health assistant(s)	9	20	20	9	29	1	2	90
Coordinator	14	21	20	8	28	3	2	96
Diversional therapist(s)	23	5	12	3	10	2	1	56
Nurse(s)	14	12	9	3	7	2	2	49
Occupational therapist(s)	6	14	17	11	21	1	1	71
Physiotherapist(s)	20	22	26	12	31	3	2	116
Podiatrist(s)	10	11	21	12	30	4	1	89
Social worker(s)	4	4	1	2	5	0	0	16
Speech therapist(s)	0	9	16	0	9	0	0	34
Other administrative staff	9	10	16	5	19	3	1	63
Other	11	11	20	4	13	1	2	62
<b>Total DTCs</b>	<b>34</b>	<b>23</b>	<b>28</b>	<b>15</b>	<b>32</b>	<b>4</b>	<b>2</b>	<b>138</b>
	Per cent							
Allied health assistant(s)	29.0	87.0	75.0	60.0	90.6	25.0	100.0	67.4
Coordinator	45.2	91.3	71.4	53.3	87.5	75.0	100.0	71.1
Diversional therapist(s)	74.2	21.7	42.9	20.0	31.3	50.0	50.0	41.5
Nurse(s)	45.2	52.2	32.1	20.0	21.9	50.0	100.0	36.3
Occupational therapist(s)	19.4	60.9	60.7	73.3	65.6	25.0	50.0	52.6
Physiotherapist(s)	64.5	95.7	92.9	80.0	96.9	75.0	100.0	85.9
Podiatrist(s)	32.3	47.8	78.6	80.0	93.8	100.0	50.0	66.7
Social worker(s)	12.9	17.4	7.1	13.3	15.6	0.0	0.0	12.6
Speech therapist(s)	0.0	39.1	57.1	0.0	28.1	0.0	0.0	25.2
Other administrative staff	29.0	43.5	57.1	33.3	59.4	75.0	50.0	46.7
Other	35.5	47.8	71.4	26.7	40.6	25.0	100.0	45.9
<b>Total DTCs</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table A50: Day Therapy Centres, weekly hours worked by employed staff, by occupation, census period, 2002**

<b>Occupation</b>	<b>Number of hours</b>	<b>Number of DTCs</b>	<b>Average weekly hours per DTC</b>
Allied health assistant(s)	5,118.6	91	56.2
Coordinator	3,311.1	96	34.5
Diversional therapist(s)	3,070.0	56	54.9
Nurse(s)	1,724.6	49	35.2
Occupational therapist(s)	1,504.0	71	21.2
Physiotherapist(s)	4,500.8	116	38.8
Podiatrist(s)	1,425.9	90	15.8
Social worker(s)	348.5	17	20.5
Speech therapist(s)	414.0	34	12.2
Other administrative staff	1,386.1	63	22.0
Other	3,158.7	62	50.9
<b>Total</b>	<b>25,966.2</b>	<b>138</b>	<b>186.8</b>

**Table A51: Day Therapy Centres, staffing profile statistics, DTC census 2002**

<b>Occupation</b>	<b>Total weekly staff hours</b>			
	<b>Minimum</b>	<b>Maximum</b>	<b>Median</b>	<b>Mean</b>
Allied health assistant(s)	1.0	184.0	45.0	56.2
Coordinator	1.0	830.0	22.5	34.5
Diversional therapist(s)	3.0	542.0	33.0	54.9
Nurse(s)	1.0	318.0	10.0	35.2
Occupational therapist(s)	0.1	73.0	20.0	21.2
Physiotherapist(s)	0.1	500.0	26.8	38.8
Podiatrist(s)	0.6	180.0	7.8	15.9
Social worker(s)	1.0	94.0	8.0	20.5
Speech therapist(s)	1.0	120.0	7.8	12.2
Other administrative staff	0.5	89.0	20.0	22.0
Other	3.0	662.0	23.8	50.9
<b>Total</b>	<b>0.1</b>	<b>830.0</b>	<b>21.0</b>	<b>35.0</b>

**Table A52: Day Therapy Centres, types of therapy and ancillary services provided, by jurisdiction<sup>(a)</sup>, DTC census 2002**

	NSW	Vic	Qld	WA	SA	Tas	NT	Total
<b>Type of therapy/service</b>	<b>Number</b>							
<b>DTC therapies</b>								
Diversional therapy	26	7	12	7	8	1	1	62
Group activities	16	18	19	8	28	1	1	91
Hydrotherapy	7	5	9	2	17	2	2	44
Nursing services	18	14	8	4	11	2	2	59
Occupational therapy	6	15	17	13	23	1	1	76
Physiotherapy	22	22	26	12	31	3	2	118
Podiatry	14	14	22	13	31	4	1	99
Social work	5	5	3	3	5	0	0	21
Speech therapy	1	10	17	1	11	0	0	40
Other	3	4	9	1	6	1	0	24
<b>Ancillary services<sup>(b)</sup></b>								
Transport	18	13	18	5	15	3	1	73
Food services	16	6	12	8	11	3	2	58
<b>Number of DTCs</b>	<b>34</b>	<b>23</b>	<b>28</b>	<b>15</b>	<b>32</b>	<b>4</b>	<b>2</b>	<b>138</b>
<b>Per cent</b>								
<b>DTC therapies</b>								
Diversional therapy	76.5	30.4	42.9	46.7	25.0	25.0	50.0	44.9
Group activities	47.1	78.3	67.9	53.3	87.5	25.0	50.0	65.9
Hydrotherapy	20.6	21.7	32.1	13.3	53.1	50.0	100.0	31.9
Nursing services	52.9	60.9	28.6	26.7	34.4	50.0	100.0	42.8
Occupational therapy	17.6	65.2	60.7	86.7	71.9	25.0	50.0	55.1
Physiotherapy	64.7	95.7	92.9	80.0	96.9	75.0	100.0	85.5
Podiatry	41.2	60.9	78.6	86.7	96.9	100.0	50.0	71.7
Social work	14.7	21.7	10.7	20.0	15.6	0.0	0.0	15.2
Speech therapy	2.9	43.5	60.7	6.7	34.4	0.0	0.0	29.0
Other	8.8	17.4	32.1	6.7	18.8	25.0	0.0	17.4
<b>Ancillary services<sup>(b)</sup></b>								
Transport	52.9	56.5	64.3	33.3	46.9	75.0	50.0	52.9
Food services	47.1	26.1	42.9	53.3	34.4	75.0	100.0	42.0
<b>Number of DTCs</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Jurisdiction is based on the location of the DTC. There are no DTCs in the ACT.

(b) Ancillary services are provided in conjunction with relevant therapy.

**Table A53: Day Therapy Centres, number of types of therapy<sup>(a)</sup> provided, by jurisdiction<sup>(b)</sup>, DTC census 2002**

Number of therapy types <sup>(a)</sup>	NSW	Vic	Qld	WA	SA	Tas	NT	Total
	Number of DTCs							
1	3	1	0	2	0	0	0	6
2	5	3	1	0	0	1	0	10
3	6	2	5	1	3	1	0	18
4	5	3	3	5	4	1	1	22
5	8	4	8	4	8	0	0	32
6	1	5	5	2	9	1	1	24
7	3	3	5	1	5	0	0	17
8	0	0	1	0	1	0	0	2
9	0	2	0	0	1	0	0	3
Unknown	3	0	0	0	1	0	0	4
<b>Total DTCs</b>	<b>34</b>	<b>23</b>	<b>28</b>	<b>15</b>	<b>32</b>	<b>4</b>	<b>2</b>	<b>138</b>
Per cent								
1	8.8	4.3	0.0	13.3	0.0	0.0	0.0	4.3
2	14.7	13.0	3.6	0.0	0.0	25.0	0.0	7.2
3	17.6	8.7	17.9	6.7	9.4	25.0	0.0	13.0
4	14.7	13.0	10.7	33.3	12.5	25.0	50.0	15.9
5	23.5	17.4	28.6	26.7	25.0	0.0	0.0	23.2
6	2.9	21.7	17.9	13.3	28.1	25.0	50.0	17.4
7	8.8	13.0	17.9	6.7	15.6	0.0	0.0	12.3
8	0.0	0.0	3.6	0.0	3.1	0.0	0.0	1.4
9	0.0	8.7	0.0	0.0	3.1	0.0	0.0	2.2
Unknown	8.8	0.0	0.0	0.0	3.1	0.0	0.0	2.9
<b>Total DTCs</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Ancillary services (i.e. transport and food services) are not included in the calculations for this table.

(b) Jurisdiction is based on the location of the DTC. There are no DTCs in the ACT.

# Appendix 2: Department of Health and Ageing letter to Day Therapy Centres

Dear Centre Manager,

## National Census of Day Therapy Centres

In the 2001 Budget, the Commonwealth Government provided additional funding for the National Day Therapy Centre (DTC) Program to allow the development of a small number of new innovative services. This funding also provides the opportunity to evaluate the work of existing Day Therapy Centres. As a first step in this evaluation process, the Department of Health and Ageing has commissioned the Australian Institute of Health and Welfare (AIHW) to undertake a national census of all day therapy centres.

Over the last twelve months a number of DTC services have been working with AIHW in the development of a Day Therapy Centre Data Dictionary and the documentation for the service provision census. These services also participated in extensive field-testing of the census documentation.

The census data collection will cover all service provision activity occurring within the four week period from Monday 21 October to Saturday 17 November 2002. The aim of the collection of data is to provide a national profile of service provision to assist in the assessment of the overall effectiveness of the program. It will provide the Department and DTC providers with useful information for the management and future planning of the program.

The Australian Institute of Health and Welfare (AIHW) has overall responsibility for the management of the census and is also responsible for data collation and analysis. AIHW have drawn up the census documentation and their data handling protocols to comply with the provisions of the *Privacy Act 1988*. In addition, the Census Guidelines will provide information to assist service providers to meet their obligations under National Privacy Principles of the *Privacy Amendment (Private Sector) Act 2000*.

Full instructions and guidelines to assist providers to complete the census will be provided with the census forms by 30 September 2002. From early October 2002 through to late January 2003, AIHW will staff a helpline to provide any additional guidance and information that service providers might require. This helpline can be contacted on 1800 82 28 28.

The AIHW census package will comprise the following components:

- Covering letter from AIHW
- Guidelines to the DTC Program National Census
- Census Form A - DTC data
- Census Form B - Client data
- Census Form C - additional questions
- 2 reply paid envelopes for return of forms.

All census forms, including Form C which covers information on the types of clients attending the DTC during the census period are to be completed by the service providers, not by centre clients.

The timeframes for the census project are:

- 30 September 2002 – AIHW census package including forms to be mailed by AIHW to reach providers by 30 September 2002
- 30 September 2002 – census package also to be available on the AIHW website at [http://www.aihw.gov.au/agedcare/dtc/dtc\\_census.html](http://www.aihw.gov.au/agedcare/dtc/dtc_census.html).
- Early October AIHW 1800 helpline to become available
- 21 October – 17 November – census forms to be completed by service providers during this period
- 1 November 2002 – return census Form A – DTC Data to AIHW in the reply paid envelope provided in the census package
- 29 November 2002 – latest return-by date for census Form B (client data) plus C (additional questions) in the reply paid envelope provided
- 15 June 2003 – a summary report to be made available to providers on census results.

To assist the AIHW in estimating the number of census forms it needs to provide to each service provider and to identify the languages in which client information about the census should be printed, can you please complete the attached preliminary census information form.

This form should be returned to the AIHW by 30 August 2002 in the enclosed replied paid envelope, or fax to (02) 6244 1199.

If you have any questions regarding the census survey, please contact Anne McNeill on (02) 6289 5534 or Rick Donnelly, DTC Project officer on (02) 6289 5783 in the Department of Health and Ageing.

Fiona Nicholls

Director

Assessment & Community Care Section

Community Care Branch

(21) August 2002

# Appendix 3: Day Therapy Centre census poster (text)

## DAY THERAPY CENTRES

This day therapy centre (DTC) is taking part in an Australia-wide census. During the one-month census period, all centres throughout Australia will be filling in census forms about the people who get therapy from them.

### What is the purpose of this census?

- The information we are collecting will be used to produce statistics needed for better planning of DTC services and other important community services.

### How will information be collected?

- DTC staff will complete questionnaires and part of the information will come from your client file.
- You may ask DTC staff to show you your file and you can tell the staff not to supply your information.

### How will your privacy be protected?

- Your full name and address will not be recorded on the Census form, to protect you against unintended identification. A code will be created using some of your details so that in future it can be used for statistical matching with other records. This will help to obtain a more complete picture of the way the community uses aged care services.
- The completed forms will be sent to the Australian Institute of Health and Welfare (AIHW), which is running the Census for the Commonwealth Department of Health and Ageing. By law, all the forms must be kept confidential at the AIHW. Your information will be used to produce statistics about current therapies provided by DTCs and some common characteristics of DTC clients. Once the statistics are produced, all forms will be destroyed.

## HELPLINE:

If you would like to find out more information please phone the free call number 1800 82 2828

Australia's Day Therapy Centres

**Starts:** 21 October 2002

**Finishes:** 17 November 2002    Census 2002



# Appendix 4: Census forms

<p><b>Day Therapy Centre (DTC) Program</b></p> <p><b>Census Form A - DTC data</b></p> <p>This form should be completed by each Commonwealth-funded DTC agency providing therapy.</p>	<p><i>For office use only</i></p> <p>DTC ID: _____</p>												
<p><b>1. DTC agency name</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
<p><b>2. Postal address of DTC agency</b>          This is the address to which all mail for the DTC agency should be directed.</p> <div style="border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p style="text-align: right; font-size: small;">State/Territory <span style="margin-left: 100px;">Postcode</span></p> </div>													
<p><b>3. Please record the contact details for a person we can contact if we have any queries about the census forms.</b>          If more than one person takes part in completing the forms, one contact person should be nominated. This may or may not be the DTC Coordinator.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><i>Name</i></td> <td style="width: 50%;"><i>Position</i></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><i>Phone</i></td> <td><i>Fax</i></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><i>e-mail</i></td> <td></td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>		<i>Name</i>	<i>Position</i>	_____	_____	<i>Phone</i>	<i>Fax</i>	_____	_____	<i>e-mail</i>		_____	
<i>Name</i>	<i>Position</i>												
_____	_____												
<i>Phone</i>	<i>Fax</i>												
_____	_____												
<i>e-mail</i>													
_____													
<p><b>4. Please specify the suburb or town in which your DTC agency is located and whether or not it is co-located with a residential aged care service.</b>          If you provide therapy from more than 1 location, please provide the suburb or town for each location. If more than 3 locations please attach a list.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; font-size: small;"> <b>Co-located with residential aged care service</b> </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;">                 Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2             </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;">                 Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2             </td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="text-align: center;">                 Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2             </td> </tr> </table>			<b>Co-located with residential aged care service</b>		Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2		Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2		Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2				
	<b>Co-located with residential aged care service</b>												
	Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2												
	Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2												
	Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2												
<p><b>5. If your DTC agency is <u>co-located</u> with a residential aged care service, do your DTC clients live:</b></p> <p style="text-align: center;">                 At that residential aged care service <input type="checkbox"/> 1      In the community <input type="checkbox"/> 2      Both <input type="checkbox"/> 3             </p>													
<p><b>6. Please identify the operating (or catchment) area in which your DTC agency provides therapy to clients.</b>          It is preferable that this area be identified by using postcodes, however if this is not possible or appropriate then local government areas (LGAs) may be provided. If LGAs are provided, this should be clearly marked. If the DTC agency services clients from a wide area, but provides a transport service for a smaller area only, the larger area should be reported. If your DTC agency is co-located with a residential aged care service and all DTC clients live within that service, please report the name and the postcode of that residential aged care service. If more space is required, please attach a list.</p> <div style="border: 1px solid black; padding: 10px; height: 100px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>													

**7. Please indicate the three main sources from which your DTC agency receives referrals.**

Please list the three main sources in order of priority, with '1' being the most common source. 'Other health or community care service' includes community health services, Commonwealth Rehabilitation Centres (CRC), Community Options/Linkages.

GP	<input type="checkbox"/>	Other health or community care service	<input type="checkbox"/>
Residential aged care service	<input type="checkbox"/>	Family/friend	<input type="checkbox"/>
ACAT	<input type="checkbox"/>	Self-referral	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

**8. What percentage of your DTC funding do you spend on direct service delivery to clients?**

Direct service delivery in the DTC context covers funding spent on therapy or additional services provided to clients on an interactive or face-to-face basis or on their behalf. Please see below for details of what should be included and excluded when calculating the amount spent on direct service delivery. This percentage should be calculated in relation to the funding received in the 12 months preceding the census period.

**Please tick one box only.**

Less than 60%  1      60-69%  2      70-79%  3      80-89%  4      90-100%  5

**What should be included?**

Wages for employees involved in direct service delivery (e.g. physiotherapists, allied health assistants, bus drivers, etc). This also includes all salary on-costs, workers compensation and superannuation for these employees.  
 (Part of) the wages for the coordinator, where that coordinator spends time providing approved DTC therapy or additional services to clients.  
 Sub-contracted client services, e.g. contract care staff  
 Purchase of aids and equipment  
 Travel to/from clients  
 Transport of clients  
 Meals provided to clients  
 Cost of interpreters  
 Client advocacy

**What should not be included?**

Wages for administrators (including salary on-costs, workers compensation and superannuation for administrators) and other administration costs such as stationery, postage, etc. (Administration directly related to client care is considered direct service delivery, e.g. writing patient notes, calling a client's carer, etc.)  
 Keeping statistics  
 Staff training  
 Computer expenses  
 Subscriptions  
 Repairs and maintenance  
 Advertising  
 Cleaning  
 Operating costs such as rent, insurance, electricity, telephone, accounting, bank charges

**9. Please describe the care planning process you have in place for DTC clients.**

Please include details on how a care plan is developed (i.e. with the client and/or carer); the main elements, e.g. client's needs, goals of care, activities and strategies to achieve the goals, recommendations for therapy and referrals, provision for discharge, time limits for review; and whether care plans are developed for all clients.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Please describe the fee charging policy you have in place for DTC therapy and services.**

Please include details of exemptions and upper limits for clients receiving multiple therapies and services.


**11. Please identify the current staffing profile of your DTC agency.**

Include only the profile of staff **remunerated out of DTC funding** and the number of hours worked each week. Details should be provided on the average weekly hours worked by staff, calculated over the 12 months preceding the census period. Hours should be added up for multiple staff belonging to each discipline. For example, if the DTC agency employs 2 full time physiotherapists who each work 38 hours per week, the total hours recorded should be 76 hours. Or if the DTC agency employs 3 part time diversional therapists who each work 20 hours, the total hours recorded should be 60 hours.

If a staff member performs more than one function, that person's hours should be distributed over multiple boxes. For example, if the DTC agency employs an occupational therapist who works 10 hours as a coordinator and 20 hours as an occupational therapist, the 10 hours should be recorded in the coordinator box and the 20 hours in the occupational therapist box.

	Hours		Hours
Occupational therapist(s)	<input style="width: 40px; height: 20px;" type="text"/>	Social worker(s)	<input style="width: 40px; height: 20px;" type="text"/>
Physiotherapist(s)	<input style="width: 40px; height: 20px;" type="text"/>	Nurse(s)	<input style="width: 40px; height: 20px;" type="text"/>
Speech therapist(s)	<input style="width: 40px; height: 20px;" type="text"/>	Coordinator	<input style="width: 40px; height: 20px;" type="text"/>
Podiatrist(s)	<input style="width: 40px; height: 20px;" type="text"/>	Other administrative staff	<input style="width: 40px; height: 20px;" type="text"/>
Diversional therapist(s)	<input style="width: 40px; height: 20px;" type="text"/>	Other (please specify)	<input style="width: 40px; height: 20px;" type="text"/>
Allied health assistant(s)	<input style="width: 40px; height: 20px;" type="text"/>	<div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>	

**Coordinator:** this include duties such as administration related to the day-to-day running of the DTC agency, administration related to client care, and client advocacy (e.g. telephone calls with clients or carers, telephone calls made on behalf of clients, etc.). Not included are client-care duties that can be classified under another discipline, e.g. if the coordinator is a qualified nurse, the time spent on nursing duties with DTC clients should be reported in the 'nurse' box.

**12. Please tick the range of assistance your DTC agency currently provides.**

This only includes the range of assistance currently provided by your DTC agency **out of DTC funding**.

- |   |   |
|---|---|
| Occupational therapy <input type="radio"/> 1              | Diversional therapy <input type="radio"/> 1       |
| Physiotherapy <input type="radio"/> 1                     | Social work <input type="radio"/> 1               |
| Hydrotherapy <input type="radio"/> 1                      | Nursing services <input type="radio"/> 1          |
| Speech therapy <input type="radio"/> 1                    | Food services <input type="radio"/> 1             |
| Podiatry <input type="radio"/> 1                          | Transport (to & from DTC) <input type="radio"/> 1 |
| Group activities (please specify) <input type="radio"/> 1 | Other (please specify) <input type="radio"/> 1    |

**I confirm that the clients of this DTC agency who have attended during the census period have been given the following information either verbally or in writing.**

- This DTC is taking part in an Australia wide census. During the one-month census period, all centres throughout Australia will be filling in census forms about all the people who get therapy from them.
- This information is needed to find out what therapies older people are getting, as the main group who use DTCs.
- Your full name and address will not be recorded on the census form, to protect you against unintended identification. However, a code will be created using some of your details, so that in future it may be used for statistical matching with other records. This may help to obtain a more complete picture of the way the community uses aged care services.
- Part of the information that will be reported in this census will come from your file in this centre. You have the right to see that file. You can also tell us not to supply information about you.
- The completed forms will all be sent to the Australian Institute of Health and Welfare (AIHW), which is running the census for the Commonwealth Department of Health and Ageing. By law, all the forms must be kept confidential at AIHW. None of your information can be given to anyone outside of AIHW. It will only be used to produce statistics about current therapies provided by DTCs and about some common characteristics of DTC clients. Once the statistics are produced, all forms will be destroyed. The statistics will be used to produce a report on how the DTC system is working.

Signature

Date

Name of person signing

Position at DTC

***Thank you for your time taken in completing this form.***

For office use only

DTC ID:

## Day Therapy Centre (DTC) Program

### Census Form B - Client data

This form should be completed for all clients who fall within the scope of the census and who receive therapy from a DTC agency during the census period.

DTC agency name

1. DTC client ID

This ID is the code which the DTC agency allocates to each client for whom a census form is completed. The structure of the DTC client ID code may vary according to each DTC agency and may be a combination of alphabetic and numeric characters. It may be an ID code used on an agency basis to identify the client's records in the DTC agency, or a code assigned to the client's record specifically for the DTC census.

#### 2. Selected letters of care recipient's name

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. In order to enable statistical record linkage with other data collections, DTC staff should record the person's full (formal) first given name and family name/surname.

2a. Please record the 2nd, 3rd and 5th letters of the client's family name/surname and

2b. Please record the 2nd and 3rd letters of the client's first given name.

Please use block capital letters.

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

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

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

For further information and examples see the Guidelines

2a. Letters of family name/surname

1st	2nd	3rd	4th	5th	6th

2b. Letters of given name

3. What is the person's sex?

Please tick one box only.

Male

1

Female

2

4. What is the person's date of birth?

d	d	m	m	y	y	y	y

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

If the actual **date of birth of the person is not known**, DTC agencies should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: *0101 estimated year of birth*.

It is important that DTC agencies do not record estimated dates of birth by using '00' for the day, month or year as this may not be considered a valid date by the system processing the data.

**5. Does the person identify themselves as being of Aboriginal or Torres Strait Islander descent?**

Information about Indigenous status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin. For persons of both Aboriginal and Torres Strait Islander origin both 'Yes' boxes are to be ticked. Responses to this question should not be based on the perceptions of anyone other than the client or their advocate. Non-Indigenous status should not be taken as default in the presence of no other evidence.

No	<input type="checkbox"/>	4	} 3	code for data entry if both boxes are ticked
Yes, Aboriginal	<input type="checkbox"/>	1		
Yes, Torres Strait Islander	<input type="checkbox"/>	2		
Unknown	<input type="checkbox"/>	5		

**6. In which country was the person born?**

Please select from the following list. If the country in which the person was born does not appear on this list, please refer to the alphabetical code list in Appendix A on page 28 of the Guidelines, and write the name of the country under 'Other (please specify)'. If you cannot find the country on this list, refer to the list of countries arranged by region on page 24.

When the **country of birth has not been supplied** by the client upon request or where insufficient information has been supplied by the client to choose a country code, tick not supplied/insufficient information.

Australia	<input type="checkbox"/>	1101	Italy	<input type="checkbox"/>	3104	Netherlands	<input type="checkbox"/>	2308	Poland	<input type="checkbox"/>	3307
England	<input type="checkbox"/>	2102	Greece	<input type="checkbox"/>	3207	New Zealand	<input type="checkbox"/>	1201	Malta	<input type="checkbox"/>	3105
Ireland	<input type="checkbox"/>	2201	Germany	<input type="checkbox"/>	2304	China (excl. Taiwan)	<input type="checkbox"/>	6101	India	<input type="checkbox"/>	7103
Not supplied/ insufficient information	<input type="checkbox"/>	0000	Other (please specify)	<input type="checkbox"/>	→ <input style="width: 200px; height: 20px;" type="text"/>						

**7a. Is the person in receipt of an income support payment from the Commonwealth government in the form of a government pension or benefit?**

This question does not assume that the pension or benefit is the person's main or only source of income. It relates to income only, not to any other subsidies a person may receive from the government. This question is designed to reflect the receipt of either a full or part Commonwealth government pension or benefit. Where the person receives a government pension or benefit as a supplement to other income (e.g. wages, superannuation, etc.) they should still be regarded as receiving a pension/benefit and coded accordingly. **Please tick one box only.**

**No:** should be used for people who do not receive a Government pension or benefit and for people whose only source of income is a superannuation pension (i.e. self-funded retirees). This includes government superannuation pensions.

Yes	<input type="checkbox"/>	1	} Go to question 8
No	<input type="checkbox"/>	2	
Unknown	<input type="checkbox"/>	3	

**7b. If yes, please specify the type of government pension or benefit the person is receiving.**

**Other government pension or benefit: should be used for clients who are in receipt of income from participation in a Community Development Employment Project (CDEP). Please tick one box only.**

Aged Pension	<input type="checkbox"/>	1	Unemployment related benefits	<input type="checkbox"/>	5	Unknown	<input type="checkbox"/>	7
Veterans' Affairs Pension	<input type="checkbox"/>	2	Other (please specify)	<input type="checkbox"/>	6	<input style="width: 150px; height: 20px;" type="text"/>		
Disability Support Pension	<input type="checkbox"/>	3						
Carer Payment (Pension)	<input type="checkbox"/>	4						

**8. In which suburb, town or locality does the person live?**

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

If the person has **no usual place of residence** (e.g. prolonged period of transience) record AAAA. If the person's usual place of residence is **not known** record ZZZZ.

**9. What is the postcode for the address at which the person lives?**

The Australia Post Postcode book is updated more than once a year as postcodes are constantly changing. DTC agencies should use the most up-to-date Postcode book available for the DTC census period.

The postcode should not relate to a postal address different from the physical address at which the person is living.

If the person has **no usual place of residence** (e.g. prolonged period of transience) record 0000. If the person's postcode is **not known** record 9999.

**10. In what type of accommodation does the person live?**

Tick relevant box(es).

Private residence

Please specify tenure: ←

Owned/purchasing  1

Private rental  2

Public rental or community housing  3

Unknown  4

Independent living within a retirement village  5

Boarding house/rooming house/private hotel  6

Short-term crisis, emergency or transitional accommodation  7

Supported community accommodation  8

Residential aged care service - low level care  9

Other institutional care  10

Public place/temporary shelter  11

Other (please specify)  12

Unknown  13

Go to Question 14

The 'private residence' codes include private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. These codes distinguish between different types of tenure associated with private residences. If the person lives in a private residence, but the **tenure is not known**, the private residence box should be ticked, along with the 'unknown' box. Where the person's tenure over the residence is not clear (e.g. living rent free with friends or family), the code used should reflect the type of tenure primarily associated with the dwelling.

**Private residence—owned/purchasing:** Includes private residences which are owned or being purchased either by the person or another member of their household or family (including a non-resident relative).

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

**Private residence—public rental or community housing:** Includes private residences secured through State/Territory Housing Authorities (public rental) or through community or cooperative housing groups.

**Independent living within a retirement village:** Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence. Persons living in a retirement village with the provision of care services should be coded to Supported community accommodation.

**Short-term crisis, emergency or transitional accommodation:** Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institutional-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services—such as meals, counselling, information or advocacy—but are not intended to function as a permanent or ongoing accommodation option. This code should only be used when the person is living in this type of setting while receiving therapy from the DTC agency and has no other usual accommodation setting.

**Supported community accommodation:** Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only)). Persons living in aged care hostels should be coded to Residential aged care—low level care.

**Residential aged care service—low level care:** Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels) and multi-purpose services or multi-purpose centres, who are receiving low level care. This category includes Indigenous Flexible Pilots.

**Other institutional care:** Includes other institutional settings which provide care and accommodation services such as hospitals, hospices and long-stay residential psychiatric institutions.

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

**Other:** Includes all other types of settings.

**11. Does the person have a carer?**

This question should be answered for all clients whose accommodation setting is in the community, i.e. those clients whose accommodation setting is either a private residence, independent living unit within a retirement village, boarding house/rooming house/private hotel, short-term crisis, emergency or transitional accommodation, supported community accommodation or public place/temporary shelter as specified in Question 10. **Please tick one box only.**

- Has a carer  1
  - Has no carer  2
  - Unknown  4
- } **Go to Question 14** \_\_\_\_\_

This question is purely descriptive of a client's circumstances. It is not intended to reflect whether a client is considered by the DTC agency to need a carer or not; or whether an identified 'carer' is considered to be capable of undertaking the caring role. In line with this, the expressed views of the client and/or their carer or significant other should be used as the basis for determining whether the client is recorded as having a carer or not.

A **carer is someone who provides** care and/or assistance to the person on a regular and sustained basis. If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer. Excluded from the definition of carers are paid workers or volunteers organised by formal services (including paid staff in funded group houses).

When asking a client about the availability of a carer, it is important for DTC agencies to recognise that a carer does not always live with the person for whom they care. That is, a person providing care and assistance to the client does not have to live with the client in order to be called a carer. The availability of a carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case.

**12. Does their carer live with them?**

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, this question relates to the carer who is identified as providing the most care and assistance. The expressed views of the client and/or their carer(s) or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer. **Please tick one box only.**

- Co-resident carer  1
- Non-resident carer  2
- Unknown  4

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

**13. What is the relationship of the carer to the person?**

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, this question relates to the carer who is identified by the client and/or their carer as providing the most significant amount and type of care and assistance. **Please tick one box only.**

- |                      |                            |                          |                             |
|----------------------|----------------------------|--------------------------|-----------------------------|
| Wife/female partner  | <input type="checkbox"/> 1 | Son-in-law               | <input type="checkbox"/> 8  |
| Husband/male partner | <input type="checkbox"/> 2 | Other female relative    | <input type="checkbox"/> 9  |
| Mother               | <input type="checkbox"/> 3 | Other male relative      | <input type="checkbox"/> 10 |
| Father               | <input type="checkbox"/> 4 | Friend/ neighbour—female | <input type="checkbox"/> 11 |
| Daughter             | <input type="checkbox"/> 5 | Friend/ neighbour—male   | <input type="checkbox"/> 12 |
| Son                  | <input type="checkbox"/> 6 | Unknown                  | <input type="checkbox"/> 14 |
| Daughter-in-law      | <input type="checkbox"/> 7 |                          |                             |

**Wife/female partner & Husband/male partner** includes defacto and same sex partnerships.

**14. What was the date on which the person had their first assessment in relation to their current referral for therapy?**

             
*d d m m y y y y*

This date **should always be recorded as an 8-digit valid date** comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, DTC agencies should use zeros to ensure that the date contains the required 8 digits. For example, for a person who first received therapy from the DTC agency on the 1st of July, 1998, their *Date of initial assessment* would be reported as 01071998.



**15. What was the health condition that was recorded as the main reason for referral in relation to the person's first assessment for their current referral for therapy?**

Two lists of health conditions are provided at Appendix B of the Guidelines, one presented by body system (p. 32) and one in alphabetical order (p. 35). Either of these lists can be used when answering this question.

If **no health condition** has been diagnosed, code as 0000.

If the person has been referred due to a **condition that is not listed** or due to a **medical procedure**, code as 1899, and specify in the box provided. For example, this code should be used if the person is referred due to a hip or knee replacement or a surgical leg amputation (non-traumatic).

If code is 1899, please specify the condition:

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**Injury, poisoning & certain other consequences of external causes (1601–1698):** These codes should only be used to record injuries e.g. dislocations, sprains, strains; traumatic amputations, i.e. as a result of an injury or accident; fractures; poisoning by drugs, medicaments and biological substances, e.g. narcotics, analgesics, antiparkinsonism drugs, including overdose of these substances; and other injury poisoning and consequences of external causes, e.g. multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite.

**Symptoms & signs n.o.s. or n.e.c (1701–1798):** These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

**Factors influencing health status (1901–1904):** These codes should only be used to record a circumstance or problem which influences a person's health status, but is not in itself a health condition, regardless of whether a related diagnosed disease or disorder is also reported.

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**16. Was a care plan developed for the person?**

This records whether or not a care plan has been developed for the client. A care plan is a personal plan that includes a statement of the client's strengths and needs, goals of care and activities/strategies to achieve the goals, recommendations for therapy and referrals to other service providers, the provision for discharge where appropriate and time limits with the provision for review and renewal. Clients should be consulted in the development of the care plan. The client's family/carer may also be consulted where appropriate. **Please tick one box only.**

Yes  1  
No  2

While an overall care plan may exist for a particular client, individual therapists may also have developed therapy-specific treatment plans for this client. In this case this question refers to the overall care plan. Where such an overall plan does not exist, a therapy-specific treatment plan may be referred to as a 'care plan', provided that this treatment plan complies with the above definition. This means that it needs to include the following ingredients: the client's strengths and weaknesses in relation to the condition treated; treatment goals; activities/strategies to achieve the goals; recommendations for referrals to other service providers where appropriate; provision for discharge where appropriate; and time limits with the provision for review and renewal.

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**17. Has the person been formally diagnosed with dementia by a medical practitioner to the knowledge of the DTC agency?**

Please tick one box only.

Yes  1  
No  2

**Yes: This code should only be reported if the person has been formally diagnosed by a medical practitioner. Do not use this code if the diagnosis is not clear, e.g. 'confusion', 'memory loss', etc.**

If the person has developed dementia since treatment at the DTC agency, the person should only be recorded as having dementia if the DTC agency has been notified by a medical practitioner that the person has dementia.

**No:** This code should be used when the DTC agency has not been notified that a formal diagnosis of dementia has been made, even when staff of the DTC agency believe that the care recipient has dementia.

**18. Please indicate whether, at the time of the census, the person sometimes or always needs help or supervision from another person in one or more of the following activities. Multiple boxes may be ticked.**

	Sometimes/always	Unknown
a Self care	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b Mobility	<input type="checkbox"/> 1	<input type="checkbox"/> 9
c Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 9
d None of the above	<input type="checkbox"/> 2	

This information should be reported for all DTC clients at the time of the census. The client's need for assistance or supervision from another person should take into account their use of aids or equipment. That is, if a client independently uses an aid to help them with a particular activity, they should not be recorded as needing the help or supervision of another individual.

**Self care:** Refers to assistance or supervision of another person with daily self care tasks such as eating, showering/bathing, dressing, toileting and managing incontinence. The independent use of aids and equipment should not be recorded against this code. E.g. if someone is able to shower with the help of equipment (i.e. not requiring the help or supervision of another individual), the self care box should not be ticked.

**Mobility:** Refers to assistance or supervision of another person with activities such as maintaining or changing body position, walking, carrying (e.g. a glass of water), moving and manipulating objects, getting in or out of bed or a chair. The independent use of aids and equipment should not be recorded against this code. E.g. if someone is able to walk with the help of a walking stick (i.e. not requiring the help or supervision of another individual), the mobility box should not be ticked.

**Communication:** Refers to assistance or supervision of another person with understanding others, making oneself understood by others. The independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code. E.g. if someone is able to communicate with the help of a hearing aid (i.e. not requiring the help or supervision of another individual), the communication box should not be ticked.

**None of the above:** Should be recorded when the assistance or supervision of another person with self care, mobility or communication is not needed by the person.

**Unknown:** Should be recorded when the need for assistance or supervision of another person cannot be ascertained for any reason.

**19. Please identify the health condition(s) for which the person has received therapy during the census period.**

Two lists of health conditions are provided at Appendix B of the Guidelines, one presented by body system (p. 32) and one in alphabetical order (p. 35). Either of these lists can be used when answering this question.

If **no health condition** has been diagnosed, code as 0000.

Up to **5 health conditions may be reported** for the person. It is not important in what order the conditions are reported.

If the person has been referred due to a **condition that is not listed** or due to a **medical procedure**, code as 1899, and specify in the box provided. For example, this code should be used if the person is referred due to a hip or knee replacement or a surgical leg amputation (non-traumatic).

<p>a <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>b <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>c <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>d <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>e <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>If code is 1899, please specify the condition:</p> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>
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**Injury, poisoning & certain other consequences of external causes (1601–1698):** These codes should only be used to record injuries e.g. dislocations, sprains, strains; traumatic amputations, i.e. as a result of an injury or accident; fractures; poisoning by drugs, medicaments and biological substances, e.g. narcotics, analgesics, antiparkinsonism drugs, including overdose of these substances; and other injury poisoning and consequences of external causes, e.g. multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite.

**Symptoms & signs n.o.s. or n.e.c (1701–1798):** These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

**Factors influencing health status (1901–1904):** These codes should only be used to record a circumstance or problem which influences a person's health status, but is not in itself a health condition, regardless of whether a related diagnosed disease or disorder is also reported.

**20a. What type of DTC-funded therapy was provided to the person during the census period?**

Please indicate whether the therapy was provided individually or in a group. **Multiple boxes may be ticked.**

	<b>Individual</b>	<b>Group</b>	
Occupational therapy	<input type="radio"/> 1	<input type="radio"/> 1	<b>Group:</b> Includes a person's attendance at group therapy provided by the DTC agency. A group therapy session is considered a DTC activity, provided that particular therapy is a part of the person's care plan, and an individual record is kept of that person's attendance.
Physiotherapy	<input type="radio"/> 1	<input type="radio"/> 1	
Hydrotherapy	<input type="radio"/> 1	<input type="radio"/> 1	
Speech therapy	<input type="radio"/> 1	<input type="radio"/> 1	
Podiatry	<input type="radio"/> 1	<input type="radio"/> 1	
Diversional therapy	<input type="radio"/> 1	<input type="radio"/> 1	
Social work	<input type="radio"/> 1	<input type="radio"/> 1	
Nursing services	<input type="radio"/> 1	<input type="radio"/> 1	
Other (please specify)	<input type="radio"/> 1	<input type="radio"/> 1	

**Nursing services:** includes services provided to the client formally as part of their personal care plan, either individually or in a group, such as blood pressure/glucose monitoring or the provision of education and advice, e.g. incontinence clinic. This item also includes time spent informally providing treatment for cuts and bruises and other injuries/conditions for which DTC clients need attention while visiting the DTC agency.

**20b. Where was the therapy recorded under question 20a provided?**

Multiple boxes may be ticked.

Centre-based (at DTC)	<input type="radio"/> 1	Other (please specify)	<input type="radio"/> 1
Centre-based (other than a DTC)	<input type="radio"/> 1	<div style="border: 1px solid black; width: 200px; height: 30px;"></div>	
At the person's home	<input type="radio"/> 1		

**Centre-based (at DTC agency):** Includes the setting where the DTC is located. Where the DTC operates from more than one location and the therapy is provided at one of these locations, this option, 'Centre-based (at DTC)', should be ticked.

**Centre-based (other than a DTC agency):** Includes settings within another public or private building in which DTC therapy is provided, excluding the person's home or a DTC agency.

**Home:** Includes therapy provided at the client's own residence. This includes cases where the client lives in a residential aged care service setting, and individual therapy is provided to the person in the space in which they live at that setting. Where the DTC agency is co-located within the residential aged care service setting, it does not include therapy provided within the DTC space. In that case, the answer to this question is 'Centre-based (at DTC agency)'.

**20c. In addition, did your DTC agency provide the person with one or both of the following services?**

Multiple boxes may be ticked.

Food services	<input type="radio"/> 1	Transport to and from the DTC	<input type="radio"/> 1
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**Food services:** are meals provided in conjunction with relevant therapy, i.e. this service is provided in addition to therapy recorded under question 20a.

**Transport:** only includes transport to and from the DTC agency.

**21a. Has the person ceased to receive DTC-funded therapy?**

**Yes:** The person has ceased to receive DTC-funded therapy for their current referral. This includes clients who live in a residential aged care service and commence receiving high level care instead of low level care, or clients in low level care who become eligible for therapy funding under the Resident Classification Scale (RCS questions 19 & 20). For the purposes of this census, these clients cease to be DTC clients if the cost of DTC therapy is fully recovered from the residential aged care service.

**No:** Includes clients who are currently inactive but are still on the books and who may resume therapy under their current referral, e.g. 'review phase clients'. **Please tick one box only.**

Yes  1

No  2

*If no, there are no more questions to be answered*

**21b. If yes, what was the date on which the person last received therapy from the DTC agency?**

             
d d    m m    y y y y

This date **should always be recorded as an 8-digit valid date** comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, DTC agencies should use zeros to ensure that the date contains the required 8 digits. For example, for a person who last received therapy from the DTC agency on the 1st of July, 2002, their *Date of exit* would be reported as 01072002.

**22. What was the main reason that the person ceased to receive therapy from the DTC agency?**

Where the client has ceased to receive therapy for more than one reason, the DTC agency should record the main or primary reason for the cessation of therapy. **Please tick one box only.**

- Client no longer needs therapy from the DTC  1
- Client referred or moved to other agency  2
- Client funding status change  3
- Client moved out of area  4
- Client died  6
- Client terminated therapy  5
- Other (please specify)  7

**Client no longer needs therapy from the DTC:** Includes situations where the client's problem has been resolved (or longer exists) or the client is able to manage without the assistance of the DTC agency.

**Client referred or moved to other agency:** Includes situations where the client's changing dependency or need for assistance has reached the point where the DTC agency can no longer provide the necessary therapy and the client is referred to a more appropriate agency. This includes situations where the DTC agency's assistance is no longer needed or can no longer be provided because the client has moved into an institutional setting e.g. hospital.

**Client funding status change:** Includes situations where the DTC agency's assistance is no longer needed or can no longer be provided because the client has moved into a high level residential care service. This also includes situations where clients who live in a residential aged care service commence receiving high level care instead of low level care, or where clients in low level care become eligible for therapy funding under the Resident Classification Scale (RCS questions 19 & 20), and the cost is fully recovered by the DTC agency.

**Client moved out of area:** Includes situations where the client ceased to receive therapy from the DTC agency because the client moved out of the geographic area of coverage of the DTC agency. That is, the reason the DTC agency ceases to assist the client is primarily because of a change in the client's residential location and not because of any change in their need for therapy.

**Client terminated service:** Includes situations where the decision to cease receiving therapy from the DTC agency was made by the client. That is, it was the client's choice and not the result of any DTC agency assessment of need or change in the client's external circumstances. If the client had not made this choice they would have continued to receive therapy from the DTC agency.

**Thank you for your time and help completing this form.** ←

# Census Form C

## (Additional questions)

1. In **Table 1**, DTC clients have been divided into four groups by type of client. Please provide the total number of clients in each group who received therapy at your DTC agency during the census period.

A definition of each of these categories follows:

- 1 **Clients who live in residential aged care and who receive high level care** – those clients who are classified in RCS 1–4.
- 2 **Clients who live in residential aged care and who receive low level care** – those clients who are classified in RCS 5–8.
- 3 **Older clients who live in the community (e.g. their own home)** – those aged clients who do not reside in residential aged care facilities and who receive therapy.
- 4 **Other clients** – include clients who receive therapy for conditions related to a disability or a compensable accident, special community needs clients, non-aged care clients and any other unclassified clients.

Please include in this count all clients who attended, regardless of whether they fall within the census definition of a DTC client. For example, a client for whom the cost of therapy is fully recovered should be included in this count, but not in the census. This means that this total count may be higher than the number of client forms you return to AIHW.

**Table 1**

Client group	Number
A. Clients who live in residential aged care and who receive high level care	
B. Clients who live in residential aged care and who receive low level care	
C. Older clients who live in the community (e.g. their own home)	
D. Other clients	
Total	

2. In **Table 2** (overleaf), please provide information about the type of therapy and the number of hours each therapy was provided for each client group (census period only).

**Table 2**

<b>A. Clients who live in residential aged care and who receive high level care</b>		<b>B. Clients who live in residential aged care and who receive low level care</b>		<b>C. Older clients who live in the community (e.g. their own home)</b>		<b>D. Other clients</b>	
Type of therapy	No. of hours	Type of therapy	No. of hours	Type of therapy	No. of hours	Type of therapy	No. of hours

# Appendix 5: Day Therapy Centres 2002 census guidelines

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# 1 Introduction

## 1.1 Background

The Day Therapy Centre (DTC) Program provides a wide range of therapies such as physiotherapy, occupational therapy, speech therapy and podiatry to frail and older people living in the community and to residents of Commonwealth-funded residential aged care facilities. These therapies are offered to individuals or groups of clients to assist them to maintain or recover a level of independence which will allow them to remain either in the community or in low level residential care.

In March 2001, the Commonwealth Department of Health and Ageing contracted the Australian Institute of Health and Welfare (the Institute) to undertake a project to identify information required for planning, monitoring and evaluation of the DTC Program. During the first phase of this project work was undertaken to identify the information required to monitor the DTC Program's performance against its policy objectives. Since then, a Data Dictionary has been developed that includes definitions of draft performance indicators and the individual data items needed to report these indicators and to assist with planning and policy development in the DTC Program. Census forms to be used for the collection of these data items were also developed.

In order to test the newly developed DTC census forms, a field test was conducted involving 13 DTC agencies from New South Wales, Victoria and South Australia. A second stage of this field test, aimed at testing the second draft of the census forms and the draft guidelines document, was conducted with nine DTC agencies from Queensland and Western Australia.

It should be recognised that the national census is only one of several measures designed to assist with planning, monitoring and evaluation of the Program. However, the need to support future performance measurement and planning significantly influenced the content of the DTC national census.

## 1.2 Objectives of the DTC national census

The objectives of the DTC national census are to:

- provide Commonwealth DTC program managers with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes; and
- facilitate consistency and comparability of DTC data with national standards and other relevant information in the health and community services field.

## 1.3 About these guidelines

These guidelines have been developed as a companion document to the census forms providing contextual information on the individual questions included on the census forms, in particular why the information is important. They should be particularly useful to

Commonwealth staff and DTC staff directly involved in the collection and reporting of information about their DTC agency and its clients.

Chapter 2 of the guidelines describes the scope of the census: which agencies, which clients and which services are included. This chapter also contains information about two additional questions (Form C) relating to the types of DTC therapies provided by the DTC to the specified client groups, described in more detail in Chapter 7.

Chapter 3 contains important information about privacy and consent issues.

Chapter 4 contains information about how and when to complete this census, where to send completed forms, and details of the helpdesk.

Chapter 5 contains information relating to the DTC census form (Form A).

Chapter 6 contains information relating to the Client census form (Form B).

Chapter 7 contains two additional questions relating to the types of therapies provided by the DTC to the specified client groups (Form C).

DTC staff allocated to complete the census forms are strongly encouraged to read these guidelines. They provide definitions of what is meant by a Day Therapy Centre, a 'DTC client' and a 'DTC therapy' (Chapter 2). They also provide some information about each question on the census forms, i.e. the definition and context of each question (Chapters 5 and 6).

## 2 Scope of the census

### 2.1 Which agencies?

This census covers all organisations delivering therapy funded through the Commonwealth Day Therapy Centre Program. A DTC agency is an organisation or organisational sub-unit that is responsible for the provision of DTC-funded therapy to clients. Some agencies may also administer programs other than DTC-funded therapy. Such agencies are considered DTC agencies if they also provide DTC-funded therapy to clients.

### 2.2 Which clients?

A DTC client is a person who receives DTC-funded therapy from the organisation.

For clients with a Department of Veterans' Affairs (DVA) Gold Card, the DTC agency cannot recover the cost of DTC-funded therapy from DVA. These clients are therefore included within the scope of this census.

**Please note** that clients who receive therapy at the DTC agency but for whom the cost of this therapy is fully recovered are not DTC clients for the purposes of this census. This includes clients who receive therapy at the DTC agency, but who live in a residential aged care service where they receive high level care, and for whom the cost of this therapy is fully recovered from that residential aged care service. It also includes clients who live in a residential aged care service where they receive low level care, but for whom the residential aged care service receives therapy funding under the Resident Classification Scale (RCS questions 19 & 20), and for whom the cost of this therapy is fully recovered.

### 2.3 Form C—additional information

As an adjunct to the census, DTC agencies should record details of all therapy provided and the groupings of the clients receiving therapy, according to the four nominated groups. Defining details of the categories are included on Form C. The first table on the form requires only total numbers of clients seen, classified by residency and need. The second table requests that clients who receive therapy should be divided into the same four groups and that the type of therapy and for how long it is provided is also recorded. At the end of the census period the completed form should be returned with the completed Forms A and B.

### 2.4 Which services?

A DTC therapy is a therapy that is provided under DTC funding and has been approved as a DTC therapy by the Commonwealth Department of Health and Ageing. A DTC therapy may be provided to an individual client or to a group of clients, and may be provided at the DTC agency or other centre, at the client's home or at another appropriate venue.

DTC therapies include:

- occupational therapy
- speech therapy
- physiotherapy
- hydrotherapy
- podiatry
- diversional therapy
- nursing services
- social work
- personal services (e.g. hygiene).

Therapies other than those included in the above list may be offered by the DTC agency, provided that approval has been given by the relevant State office of the Commonwealth Department of Health and Ageing.

Besides therapy, DTC agencies may also provide food services (in conjunction with relevant therapy) and transport (to and from the DTC agency only).

Some agencies may also administer programs other than DTC-funded services such as residential aged care services, Community Aged Care Packages, Home and Community Care Program, National Respite for Carers Program or community nursing programs. Services exclusively funded under those programs do not fall within the scope of the DTC census. However, if a service to an individual client or a group of clients is funded by both DTC and other funding sources, such a service is considered a DTC service. For example, if a group of clients attends an exercise session funded through both the HACC and DTC Programs, such a session falls within the scope of this census. A person attending such a session is considered a DTC client, provided that the particular therapy is a part of the person's care plan, and an individual record is kept of that person's attendance.

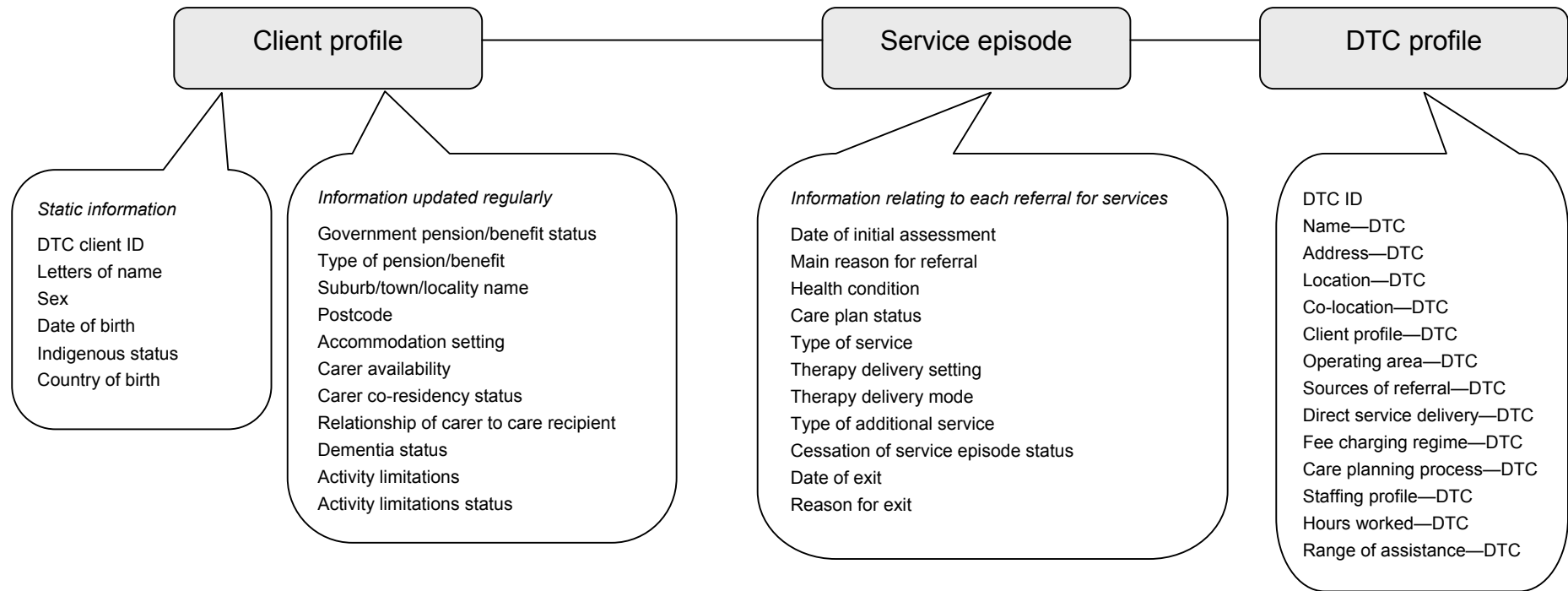
## 2.5 Information to be collected

The diagram below shows that there are broadly three types of questions:

1. Questions that ask for information about each DTC client who received therapy from the DTC agency during the census period. These include items that describe;
  - static information, provided once only, e.g. sex, Indigenous status, country of birth; or
  - information updated at the time of first assessment for each new referral to the DTC agency, e.g. postcode, health condition, accommodation setting.
2. Questions that ask for information about the therapy episode for each client who received therapy from the DTC agency during the census period. This information relates to each referral for therapy at the DTC agency.
3. Questions that ask for information about the DTC agency itself.

## Diagram of the Day Therapy Centre National Census

(5)



## 3 Privacy and consent

In December 2001 the *Privacy Amendment (Private Sector) Act 2000* came into effect, which requires private sector (and non-government agencies) to comply with specific standards when handling personal information. Below is an outline of the Australian Institute of Health and Welfare (AIHW) and its responsibility and policies in relation to data custodianship as well as a description of the AIHW's understanding of DTC agencies' responsibility in relation to data privacy issues. However, the views expressed are not to be taken as legal advice.

### 3.1 Privacy

#### The Privacy Act

The *Privacy Act 1988* contains 11 Information Privacy Principles (IPPs) which govern the conduct of Commonwealth and Australian Capital Territory Government agencies in the collection, management, use and disclosure of records containing personal information. These Principles have stood the test of time in a decade of rapid technical development.

The *Privacy Amendment (Private Sector) Act 2000* came into effect on 21 December 2001. This Act extends the coverage of the Privacy Act to protect personal information in the private sector. The Amendment Act includes 10 National Privacy Principles (NPPs) which set the base line standards for privacy protection by private sector (and non-government) organisations. An information sheet developed by the Office of the Federal Privacy Commissioner about the new private sector privacy law is attached (Appendix C). Further information on privacy can be obtained from the Federal Privacy Commissioner's web site at [www.privacy.gov.au](http://www.privacy.gov.au).

#### AIHW and its data policies

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information. The AIHW was set up by an Act of Parliament to report to the nation on the state of its health and welfare. As an independent agency, it works with many government and non-government bodies across the nation to generate reliable, regular and current facts and figures on the health and welfare of Australians.

The AIHW operates under the *AIHW Act 1987*, which has strong confidentiality provisions. It is bound by this legislation as well as by privacy legislation and has a strong culture of ensuring data security. The AIHW has documented policies and procedures which provide guidelines for staff and researchers regarding the collection, storage, use and release of data collected under the AIHW Act. Some relevant AIHW principles relating to data custodianship can be found in Appendix D.

## 3.2 Consent and information-handling practices

### Consent

It is the responsibility of each DTC agency to inform every client who receives therapy from the DTC during the census period that data about them will be sent to the AIHW as part of the national census. This is necessary in order for the DTC census to comply with Commonwealth privacy legislation.

It is important that the clients of each DTC agency are made aware not only that information is being sent to AIHW, but that these data will be used only for statistical purposes and will not be used to affect entitlement to DTC therapy.

The following statement should be given in writing or be read out to each DTC client who is part of the census, or their custodian. This might occur at the time of treatment during the census period, or at any other time, provided it is done before the census form is sent to AIHW. As part of the census documentations, the AIHW is providing translations of this statement in several common languages. Please use these translations where appropriate.

### Privacy statement

- This day therapy centre (DTC) is taking part in an Australia-wide census. During the one-month Census period, all centres throughout Australia will be filling in Census forms about all the people who get therapy from them.
- This information is needed to find out what therapies older people are getting, as the main group of people who use DTCs.
- Your full name and address will not be recorded on the census form, to protect you against unintended identification. However, a code has been created using some of your details, so that in future it may be used for statistical matching with other records. This may help to obtain a more complete picture of the way the community uses aged care services.
- Part of the information that will be reported in this census will come from your file in this centre. You have the right to see that file. You can also tell us not to supply information about you.
- The completed forms will all be sent to the Australian Institute of Health and Welfare (AIHW), which is running the census for the Commonwealth Department of Health and Ageing. By law, all the forms must be kept confidential at AIHW. None of your information can be given to anyone outside of AIHW. It will only be used to produce statistics about current therapies provided by DTCs and about some common characteristics of DTC clients. Once the statistics are produced, all forms will be destroyed. The statistics will be used to produce a report on how the DTC system is working.

### Refusal of consent

From time to time a client may not wish for information about them to be forwarded to the AIHW for national collation.



It is important that you explain the following to clients:

- All information sent to AIHW about DTC clients is non-identifying, i.e. their name and address is not forwarded to anyone.
- Consistent with privacy legislation, the AIHW goes to great lengths to ensure that a person's identity cannot be established in any published material. For example, data are not published according to small geographic areas (e.g. postcodes) where it may be possible that only a small number of people with certain characteristics live.
- Information will enhance the planning and monitoring of the DTC program.

Where a DTC client is still unwilling for information about them to be transmitted, that person's wishes should be respected and a census form **only answering questions 14, 20, 21 and 22** should be sent to AIHW.

The AIHW is responsible for ensuring that data dissemination is carried out without compromising confidentiality of DTC agencies as well as DTC clients.

## Information-handling practices

Under National Privacy Principle 5.1 of the *Privacy Amendment (Private Sector) Act 2000* relevant agencies must set out in a document clearly expressed policies on their management of personal information. Agencies that have not developed such a privacy policy are encouraged to read the Federal Privacy Commissioner's information sheet (see Appendix C). Further information on privacy can be obtained from the Federal Privacy Commissioner's website at [www.privacy.gov.au](http://www.privacy.gov.au).

Appendix C discusses the requirements of two Commonwealth Acts, the *Privacy Act 1988* and the *Privacy Amendment (Private Sector) Act 2000*. DTC agencies should be aware that they may also be subject to State or Territory legislation.

## 4 Completing this census

### 4.1 When is the census period?

The census period **starts** on **Monday 21 October 2002**.

The **last day** of the census period is **Sunday 17 November 2002**.

### 4.2 What census material will be sent and when?

The AIHW will post a census pack to your day therapy centre (DTC) in the first week of October 2002. The pack will contain:

- **Two posters** – for display in the DTC. The posters announce the census and give information about the privacy rights of all clients.
- **Guidelines (this booklet)** – is designed to be an easy reference for DTCs for everything you need to know about the DTC census. Explanatory comments are included about each question in the census (refer to sections 5, 6 and 7)
- **Form A** – for return to AIHW after completion.
- **Multiple copies of Form B** – one copy for each client that is expected to receive therapy. The number of forms equates to the number of clients that was recently advised by your DTC to the AIHW.
- **Form C** – for return to AIHW when completed after the census period.
- **Envelopes** – a small envelope for the return of Form A. A large envelope for the return of the completed Form Bs and Form C. Some DTCs will need to return additional forms in envelopes which they supply.

### 4.3 The forms (and when to return them)

There are three forms associated with the census.

- **Form A** – only seeks data about the DTC.

**Form A** should be completed upon receipt and **returned** in the envelope provided, as soon as possible, but no **later than Friday 8 November 2002**.

- **Form B** – only relates to client data.

**Form B** should be completed for each client who falls within the scope of the census and receives therapy from the DTC during the census period. Only one census form (Form B) is required for each client. **No Form B** should be returned **before the end** of the census period.

All completed **Form Bs** should be returned no later than **Monday 9 December 2002**.

- **Form C** – additional questions.

**Form C** should be completed after the last day of the census period. It seeks information about the total number of clients seen during the census period, classified by residency and need. It also seeks information about the type of therapy provided and its duration (also refer

section 2.3). **Form C** should be returned, together with all completed Form Bs, no later than **Monday 9 December 2002**.

DTC Census  
AIHW  
Locked Bag 8502  
GPO  
CANBERRA ACT 2601

## 4.4 Help

The AIHW has established an e-mail and telephone helpdesk at its Canberra office to provide assistance from 4 October 2002 to 21 December 2002.

You can e-mail us at [DTC-helpdesk@aihw.gov.au](mailto:DTC-helpdesk@aihw.gov.au)

Free call telephone **1800 82 28 28**

Telephone assistance will be available between 10am and 4pm EST.

## 4.5 Copies of census material

Copies of all census materials can be downloaded from the census web page at:

[http://www.aihw.gov.au/agedcare/dtc/dtc\\_census.html](http://www.aihw.gov.au/agedcare/dtc/dtc_census.html).

Or feel free to contact the Helpdesk.

## **5 Form A (DTC form)**

The questions included on census Form A (DTC form) assist in providing a profile of Day Therapy Centre (DTC) agencies.

### **1 DTC agency name**

The name of the DTC taking part in the census.

#### **Why is this information important?**

This information is required to facilitate contact with the DTC.

### **2 Postal address**

The address to which all mail for the DTC agency should be directed.

#### **Why is this information important?**

This information is required to facilitate contact with the DTC.

### **3 Contact details**

The contact details of the person who can be contacted if there are any queries about the census forms.

#### **Why is this information important?**

This information is required to facilitate contact with the DTC.

### **4 Location of the DTC agency**

The suburb or town where the DTC agency is located, and whether the DTC agency is co-located with a residential aged care service.

#### **Why is this information important?**

This information helps to identify the location(s) from where DTC agencies provide therapy, which DTC agencies provide therapy from multiple locations, and which DTC agencies are co-located with a residential aged care service, thus contributing to a profile of the DTC agency. This type of detail about the location from which the DTC agency provides therapy assists in assessing the accessibility of DTC services.

## **5 Client profile**

Whether the client group that receives therapy at the DTC agency lives at the residential aged care service, in the community or both.

### **Why is this information important?**

This information assists in providing a profile of the DTC agency's client group.

## **6 Operating area**

The operating (or catchment) area in which the DTC agency provides therapy to clients.

### **Why is this information important?**

This information facilitates the analysis of therapy provision in relation to demographic and other characteristics of the population of a geographic area.

## **7 Sources of referral**

The three main sources from which the DTC agency receives referrals.

### **Why is this information important?**

This provides information about the referral patterns of DTC agencies, and allows comparison of referral sources between geographic areas.

## **8 Percentage of direct service delivery**

The percentage of total DTC funding spent on direct service delivery to clients. Direct service delivery in the DTC context covers funding spent on therapy and additional services provided to clients on an interactive or face-to-face basis or on their behalf, e.g. meetings with the carer and client advocacy.

### **Why is this information important?**

This information assists in the measurement of the efficiency of the DTC Program.

## **9 Care planning process**

The care planning process the DTC agency has in place for DTC clients.

### **Why is this information important?**

The development of individual care plans is an important part of a DTC's role, because it is one of the cornerstones in providing a quality and focused service to clients. This information will give an indication of the range of care planning processes that are in place across DTC agencies.

## **10 Fee charging policy**

The fee charging policy that is in place at the DTC agency.

### **Why is this information important?**

This information will give an indication of the range of fee charging policies that are in place across DTC agencies.

## **11 Staffing profile**

The profile of the staff remunerated out of DTC funding and the number of hours worked each week.

### **Why is this information important?**

In conjunction with information about the range of assistance provided by the DTC agency, this information assists in providing a profile of the DTC agency.

## **12 Range of assistance**

The range of assistance currently provided by your DTC agency out of DTC funding.

### **Why is this information important?**

In conjunction with information about the staffing profile of the DTC agency, this information assists in providing a profile of the DTC agency.

## 6 Form B (Client form)

*If a client does not consent to the supply of personal information, a census form should still be returned. It should only contain the answers to questions 14, 20, 21 and 22. These questions relate only to service provision information and cannot be used to identify a client.*

### 1 DTC client ID

This ID is the code which the DTC agency allocates to each client for whom a census form is completed.

#### **Why is this information important?**

This code may be used to identify particular records that require some follow-up contact with a DTC agency to resolve any queries on the data reported.

### 2 Letters of person's name

A specific combination of letters selected from the person's family name/surname and their first given name to assist with statistical record linkage.

#### **Why is this information important?**

The person's full name is not required for the DTC census. However, DTC agencies are required to report selected letters of the person's *Family name/surname* and *First given name*. These will be used in combination with the person's *Date of birth* and *Sex* in order to link client records for statistical purposes. Statistical record linkage refers to the bringing together of two or more records that are believed to belong to the same individual. The use of a statistical linkage key facilitates cross-program analysis, for example with the Home and Community Care (HACC) Program, Community Aged Care Package (CACP) Program or the Aged Care Assessment Program (ACAP), and would be of particular value to the aged and community care sector as well as the health and community services field more broadly.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The statistical linkage key is designed to protect the person against unintended identification. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes, i.e. it will not be used to identify an individual. For more information on privacy, see Chapter 3 of these guidelines.

### **3 Sex**

#### **Why is this information important?**

The sex of the person is required for demographic analyses of clients' patterns of service utilisation in the DTC Program. The sex of the person is also used in conjunction with the data elements *Letters of name* and *Date of birth* for statistical record linkage purposes.

### **4 Date of birth**

#### **Why is this information important?**

This information is required for many purposes in the DTC Program. The DTC Program is designed to assist older Australians. The date of birth question is used to derive an age profile of DTC clients. *Date of birth* is also combined with the data elements *Letters of name* and *Sex* to construct a statistical linkage key.

The 1st of January is used for estimated dates of birth to align with the National Community Services Data Dictionary Version 2, the CACP Data Dictionary Version 1.0 and established practice in the HACC MDS Version 1.0.

### **5 Indigenous status**

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

#### **Why is this information important?**

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

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

### **6 Country of birth**

The country in which the person was born.



### **Why is this information important?**

This information can be analysed to derive measures of access to DTC agencies by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

## **7a Government pension/benefit status**

Whether or not the person is in receipt of an income support payment from the Commonwealth Government in the form of a government pension or benefit.

### **Why is this information important?**

Information about clients' receipt of a government pension or benefit is an indicator of the extent of financial disadvantage among DTC clients.

## **7b Type of pension/benefit**

The type of pension/benefit the person is receiving.

### **Why is this information important?**

Information about the type of government pension or benefit helps to identify DTC client subgroups of particular policy interest, such as veterans, carers and people with disabilities.

## **8 Suburb/town/locality name**

The name of the geographic area in which the person lives at the time of the census.

### **Why is this information important?**

In conjunction with the data element *Postcode* (see p.16), this data element describes the geographic location where a client lives. Geographic location is important in the analysis of the spatial distribution of clients. This information allows for the comparison of DTC client groups with the general population by geographic area and assists with planning and reporting on the accessibility of DTC agencies at a regional level.

Suburb/town/locality name together with Postcode is used to derive the Statistical Local Area (SLA) in which the person lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ASGC) and of Commonwealth aged care planning regions.

## **9 Postcode**

The postal code for the geographic location where the person lives.

### **Why is this information important?**

In conjunction with *Suburb/town/locality name*, this item describes the geographic location where the person lives. Geographic location is important in the analysis of the spatial distribution of clients. This information allows for the comparison of DTC client groups with the general population by geographic area and assists with planning and reporting on the accessibility of DTC agency at a regional level.

Suburb/town/locality together with *Postcode* is used to derive the SLA in which the person lives. SLAs are the basic building blocks of the ASGC and of Commonwealth aged care planning regions.

## **10 Accommodation setting**

This is the setting in which the person lives at the time of the census.

### **Why is this information important?**

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

## **11 Carer availability**

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

### **Why is this information important?**

Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and younger people with disabilities within the community. The absence of an informal carer has been identified as a significant risk factor contributing to institutionalisation among the frail aged population.

## **12 Carer co-residency status**

Information on whether or not a carer lives with the person for whom they care.

### **Why is this information important?**

It helps to establish a profile of the characteristics of informal carers and as such it increases our knowledge about the dynamics and patterns of the provision of informal care to clients of the DTC Program. In particular, whether or not the carer lives with the person for whom they care is one indication of the level of informal support available to clients and of the intensity of care provided by the carer.

## 13 Relationship of carer to care recipient

A description of the relationship of the carer to the person for whom they care.

### Why is this information important?

Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the services provided by DTC agencies to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal caregiving in the community.

## 14 Date of initial assessment

This records the date on which the person had their first assessment in relation to their current referral for therapy. **This question should be answered for all clients.**

### Why is this information important?

This information may be used in conjunction with the data element *Date of exit* to provide an indication of the length of stay of clients in the DTC Program.

## 15 Main reason for referral

This question identifies the health condition that was recorded as the main reason for referral to the DTC agency at the time of the client's first assessment for their current referral.

### Why is this information important?

DTC clients are always referred to the DTC agency, whether self-referred or referred by a family member, GP or other agency. This question provides information about the types of conditions for which clients are referred to the DTC agency. In conjunction with the data item *Health condition*, this item also gives an understanding of whether or not clients usually continue to be treated for the condition for which they were referred, and whether other conditions are treated concurrently or subsequently. This information also assists with comparing DTC clients with the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers and with comparisons to other data sets, e.g. Aged Care Assessment Program MDS Version 2.0.

## 16 Care plan status

This records whether or not a care plan has been developed for the client. A care plan is a personal plan that includes a statement of the client's strengths and needs, goals of care and activities/strategies to achieve the goals, recommendations for therapy and referrals to other service providers, the provision for discharge where appropriate and time limits with the provision for review and renewal. Clients should be consulted in the development of the care plan. The client's family/carer may also be consulted where appropriate.

### **Why is this information important?**

The initial assessment of clients by the DTC agency establishes a basis from which progress or maintenance of function can be evaluated. The development of individual care plans is an important part of a DTC's role, because it is one of the cornerstones in providing a quality and focused service to clients. The development of the client's individual care plan is considered the most important outcome of that initial assessment process. This question provides information on the proportion of DTC clients for whom a care plan is developed.

## **17 Dementia status**

This records whether or not the person has been diagnosed with dementia to the knowledge of the DTC agency.

### **Why is this information important?**

Information on whether the person has dementia assists in the identification of people who are 'at risk' of entry into residential aged care. Having dementia is considered one of the five risk factors, along with: being 80 years or over (or 60 years or over for care recipients who are Aboriginal and/or Torres Strait Islander people), having a severe or profound core activity restriction, not having an informal carer, or living alone. Any person who has four or more of these characteristics can reasonably be considered vulnerable to admission to a residential aged care home. This information also provides information on the proportion of DTC clients with dementia, which is an indicator, in conjunction with other measures, on whether access to the DTC Program is based on need.

## **18 Activity limitations**

This describes the activities in which the help or supervision of another individual is currently needed by the person, either sometimes or always, as assessed by the DTC agency.

### **Why is this information important?**

Information about the activities in which the client needs assistance, as assessed by the DTC agency determines whether the person has a severe or profound core activity restriction and can be compared with information about members of the general population needing these types of assistance, as identified by the ABS in the Survey of Disability, Ageing and Carers.

## **19 Health condition**

This describes the diagnosed disease(s) or disorder(s) for which the person currently receives therapy from the DTC agency.

### **Why is this information important?**

This information establishes a profile of DTC clients' health conditions that are treated by the DTC agency. In conjunction with the data item *Main reason for referral*, this item gives an

understanding of whether or not clients usually continue to be treated for the condition for which they were referred, and whether other conditions are treated concurrently or subsequently. This information also assists with comparing DTC clients with the ABS Survey of Disability, Ageing and Carers and with comparisons to other data sets, e.g. Aged Care Assessment Program MDS Version 2.0.

## 20a Type of therapy and therapy delivery mode

This describes the type of therapy provided to a client during the census period, and whether this therapy was provided on an individual basis or in a group context. **This question should be answered for all clients.**

### Why is this information important?

Information about the types of therapy received by a DTC client is of fundamental importance to program planning and accountability. In conjunction with information about the client's characteristics and circumstances, this information contributes to an understanding of the ways in which DTC agencies have responded to their clients' needs.

## 20b Therapy delivery setting

This describes the setting in which the therapy was provided. **This question should be answered for all clients.**

### Why is this information important?

Information about the settings in which DTC clients receive treatment is of fundamental importance to program planning and accountability. In conjunction with information about the client's characteristics and circumstances, this information contributes to an understanding of the ways in which DTC agencies have responded to their clients' needs. With an increasing emphasis on accessibility for older people living in the community, the DTC Program needs to respond with flexibility to community needs by providing community based therapy in a variety of settings. This information will contribute to a better understanding of the ways in which DTC agencies may be addressing this issue.

## 20c Type of additional service

This describes the type of additional service provided to a client during the census period. **This question should be answered for all clients.**

### Why is this information important?

This information, in conjunction with *Type of therapy*, *Therapy delivery mode* and *Therapy delivery setting* describes the range of services that a client received during the census period. Information about the types of services received by a DTC client is of fundamental importance to program planning and accountability. In conjunction with information about

the client's characteristics and circumstances, this information contributes to an understanding of the ways in which DTC agencies have responded to their clients' needs.

## **21a Cessation of therapy episode status**

This records whether or not the client ceased to receive DTC-funded therapy during the census period. **This question should be answered for all clients.**

### **Why is this information important?**

This information may be used in conjunction with *Date of initial assessment* and *Date of exit* to provide an indication of the length of stay of clients in the DTC Program.

## **21b Date of exit**

The date on which the person ceased to receive DTC-funded therapy. **This question should be answered for all clients.**

### **Why is this information important?**

This information may be used in conjunction with the data element *Date of initial assessment* to provide an indication of the length of stay of clients in the DTC Program.

## **22 Reason for exit**

This records the main reason that the person ceased to receive therapy from the DTC agency. **This question should be answered for all clients.**

### **Why is this information important?**

This provides information about the circumstances surrounding the discharge of a client from the DTC Program. This information contributes to a general understanding of the patterns of client movement out of the DTC Program.

## 7 Form C (Additional questions)

These are additional questions regarding the total client profile of the DTC and the different patterns of therapy provision to clients in different care settings.

### Question 1

Records the number of clients that the DTC provides therapy for in each of the client groups specified in Table 1. Defining details of the categories are included on the form.

#### **Why is this information important?**

This information provides a picture of the total client profile.

### Question 2

For each of the client groups specified in Table 2, this question records the different types of therapy provided by the DTC and how many hours of each therapy were provided.

#### **Why is this information important?**

This information provides a picture of the patterns of therapy provision for clients in different care settings.

# Appendix A

**Code list for country of birth using the Standard Australian Classification of Countries  
1998 4-digit level, Australian Bureau of Statistics Catalogue No. 1269.0**

Listing by geographical region .....	24-26
Alphabetical code list for country of birth .....	27-28



# Listing of country of birth by geographical region

## 1 Oceania and Antarctica

- 11 Australia (includes External Territories)
  - 1101 Australia
  - 1102 Norfolk Island
  - 1199 Australian External Territories, nec
- 12 New Zealand
  - 1201 New Zealand
- 13 Melanesia
  - 1301 New Caledonia
  - 1302 Papua New Guinea
  - 1303 Solomon Islands
  - 1304 Vanuatu
- 14 Micronesia
  - 1401 Guam
  - 1402 Kiribati
  - 1403 Marshall Islands
  - 1404 Micronesia, Federated States of
  - 1405 Nauru
  - 1406 Northern Mariana Islands
  - 1407 Palau
- 15 Polynesia (excludes Hawaii)
  - 1501 Cook Islands
  - 1502 Fiji
  - 1503 French Polynesia
  - 1504 Niue
  - 1505 Samoa
  - 1506 Samoa, American
  - 1507 Tokelau
  - 1508 Tonga
  - 1511 Tuvalu
  - 1512 Wallis and Futuna
  - 1599 Polynesia (excludes Hawaii), nec
- 16 Antarctica
  - 1601 Adelie Land (France)
  - 1602 Argentinian Antarctic Territory
  - 1603 Australian Antarctic Territory
  - 1604 British Antarctic Territory
  - 1605 Chilean Antarctic Territory
  - 1606 Queen Maud Land (Norway)
  - 1607 Ross Dependency (New Zealand)

## 2 North-West Europe

- 21 United Kingdom
  - 2101 Channel Islands
  - 2102 England
  - 2103 Isle of Man
  - 2104 Northern Ireland
  - 2105 Scotland
  - 2106 Wales
- 22 Ireland
  - 2201 Ireland

## 23 Western Europe

- 2301 Austria
- 2302 Belgium
- 2303 France
- 2304 Germany
- 2305 Liechtenstein
- 2306 Luxembourg
- 2307 Monaco
- 2308 Netherlands
- 2311 Switzerland

## 24 Northern Europe

- 2401 Denmark
- 2402 Faeroe Islands
- 2403 Finland
- 2404 Greenland
- 2405 Iceland
- 2406 Norway
- 2407 Sweden

## 3 Southern and Eastern Europe

### 31 Southern Europe

- 3101 Andorra
- 3102 Gibraltar
- 3103 Holy See
- 3104 Italy
- 3105 Malta
- 3106 Portugal
- 3107 San Marino
- 3108 Spain

### 32 South Eastern Europe

- 3201 Albania
- 3202 Bosnia and Herzegovina
- 3203 Bulgaria
- 3204 Croatia
- 3205 Cyprus
- 3206 Former Yugoslav Republic of Macedonia (FYROM)
- 3207 Greece
- 3208 Moldova
- 3211 Romania
- 3212 Slovenia
- 3213 Yugoslavia, Federal Republic of

### 33 Eastern Europe

- 3301 Belarus
- 3302 Czech Republic
- 3303 Estonia
- 3304 Hungary
- 3305 Latvia
- 3306 Lithuania
- 3307 Poland
- 3308 Russian Federation
- 3311 Slovakia
- 3312 Ukraine

## DTC CENSUS 2002 GUIDELINES

### 4 North Africa and the Middle East

- 41 East North Africa
  - 4101 Algeria
  - 4102 Egypt
  - 4103 Libya
  - 4104 Morocco
  - 4105 Sudan
  - 4106 Tunisia
  - 4107 Western Sahara
  - 4199 North Africa, nec
- 42 Middle East
  - 4201 Bahrain
  - 4202 Gaza Strip and West Bank
  - 4203 Iran
  - 4204 Iraq
  - 4205 Israel
  - 4206 Jordan
  - 4207 Kuwait
  
  - 4208 Lebanon
  - 4211 Oman
  - 4212 Qatar
  - 4213 Saudi Arabia
  - 4214 Syria
  - 4215 Turkey
  - 4216 United Arab Emirates
  - 4217 Yemen

### 5 South-East Asia

- 51 Mainland South-East Asia
  - 5101 Burma (Myanmar)
  - 5102 Cambodia
  - 5103 Laos
  - 5104 Thailand
  - 5105 Viet Nam
- 52 Maritime South-East Asia
  - 5201 Brunei Darussalam
  - 5202 Indonesia
  - 5203 Malaysia
  - 5204 Philippines
  - 5205 Singapore
  - 5206 East Timor

### 6 North-East Asia

- 61 Chinese Asia (includes Mongolia)
  - 6101 China (excludes SARs and Taiwan Province)
  - 6102 Hong Kong (SAR of China)
  - 6103 Macau (SAR of China)
  - 6104 Mongolia
  - 6105 Taiwan
- 62 Japan and the Koreas
  - 6201 Japan
  - 6202 Korea, Democratic People's Republic of (North)
  - 6203 Korea, Republic of (South)

### 7 Southern and Central Asia

- 71 Southern Asia
  - 7101 Bangladesh
  - 7102 Bhutan
  - 7103 India
  - 7104 Maldives
  - 7105 Nepal
  - 7106 Pakistan
  - 7107 Sri Lanka
- 72 Central Asia
  - 7201 Afghanistan
  - 7202 Armenia
  - 7203 Azerbaijan
  - 7204 Georgia
  - 7205 Kazakhstan
  - 7206 Kyrgyz Republic
  - 7207 Tajikistan
  - 7208 Turkmenistan
  - 7211 Uzbekistan

### Americas

- 81 Northern America
  - 8101 Bermuda
  - 8102 Canada
  - 8103 St Pierre and Miquelon
  - 8104 United States of America
- 82 South America
  - 8201 Argentina
  - 8202 Bolivia
  - 8203 Brazil
  - 8204 Chile
  - 8205 Colombia
  - 8206 Ecuador
  - 8207 Falkland Islands
  - 8208 French Guiana
  - 8211 Guyana
  - 8212 Paraguay
  - 8213 Peru
  - 8214 Suriname
  - 8215 Uruguay
  - 8216 Venezuela
  - 8299 South America, nec
- 83 Central America
  - 8301 Belize
  - 8302 Costa Rica
  - 8303 El Salvador
  - 8304 Guatemala
  - 8305 Honduras
  - 8306 Mexico
  - 8307 Nicaragua
  - 8308 Panama

## DTC CENSUS 2002 GUIDELINES

### 84 Caribbean

- 8401 Anguilla
- 8402 Antigua and Barbuda
- 8403 Aruba
- 8404 Bahamas
- 8405 Barbados
- 8406 Cayman Islands
- 8407 Cuba
- 8408 Dominica
- 8411 Dominican Republic
- 8412 Grenada
- 8413 Guadeloupe
- 8414 Haiti
- 8415 Jamaica
- 8416 Martinique
- 8417 Montserrat
- 8418 Netherlands Antilles
- 8421 Puerto Rico
- 8422 St Kitts and Nevis
- 8423 St Lucia
- 8424 St Vincent and the Grenadines
- 8425 Trinidad and Tobago
- 8426 Turks and Caicos Islands
- 8427 Virgin Islands, British
- 8428 Virgin Islands, United States

### 9 Sub-Saharan Africa

#### 91 Central and West Africa

- 9101 Benin
- 9102 Burkina Faso
- 9103 Cameroon
- 9104 Cape Verde
- 9105 Central African Republic
- 9106 Chad
- 9107 Congo
- 9108 Congo, Democratic Republic of
- 9111 Cote d'Ivoire
- 9112 Equatorial Guinea
- 9113 Gabon
  
- 9114 Gambia
- 9115 Ghana
- 9116 Guinea
- 9117 Guinea-Bissau
- 9118 Liberia
- 9121 Mali
- 9122 Mauritania
- 9123 Niger
- 9124 Nigeria
- 9125 Sao Tome and Principe
- 9126 Senegal
- 9127 Sierra Leone
- 9128 Togo

#### 92 Southern and East Africa

- 9201 Angola
- 9202 Botswana
- 9203 Burundi
- 9204 Comoros
- 9205 Djibouti
- 9206 Eritrea
- 9207 Ethiopia
- 9208 Kenya
- 9211 Lesotho
- 9212 Madagascar
- 9213 Malawi
- 9214 Mauritius
- 9215 Mayotte
- 9216 Mozambique
- 9217 Namibia
- 9218 Reunion
- 9221 Rwanda
- 9222 St Helena
- 9223 Seychelles
- 9224 Somalia
- 9225 South Africa
- 9226 Swaziland
- 9227 Tanzania
- 9228 Uganda
- 9231 Zambia
- 9232 Zimbabwe
- 9299 Southern and East Africa, nec

## Alphabetical code list for Country of birth

Adélie Land (France)	1601	Czech Republic	3302
Afghanistan	7201	Denmark	2401
Albania	3201	Djibouti	9205
Algeria	4101	Ecuador	8206
Andorra	3101	Egypt	4102
Angola	9201	El Salvador	8303
Anguilla	8401	Dominica	8408
Antigua and Barbuda	8402	Dominican Republic	8411
Argentina	8201	East Timor	5206
Argentinian Antarctic Territory	1602	England	2102
Armenia	7202	Equatorial Guinea	9112
Aruba	8403	Eritrea	9206
Australia	1101	Estonia	3303
Australian Antarctic Territory	1603	Ethiopia	9207
Australian External Territories nec	1199	Faeroe Islands	2402
Austria	2301	Falkland Islands	8207
Azerbaijan	7203	Fiji	1502
Bahamas	8404	Finland	2403
Bahrain	4201	Former Yugoslav Republic of Macedonia (FYROM)	3206
Bangladesh	7101	France	2303
Barbados	8405	French Guiana	8208
Belarus	3301	French Polynesia	1503
Belgium	2302	Gabon	9113
Belize	8301	Gambia	9114
Benin	9101	Gaza Strip and West Bank	4202
Bermuda	8101	Georgia	7204
Bhutan	7102	Germany	2304
Bolivia	8202	Ghana	9115
Bosnia and Herzegovina	3202	Gibraltar	3102
Botswana	9202	Greece	3207
Brazil	8203	Greenland	2404
British Antarctic Territory	1604	Grenada	8412
Brunei Darussalam	5201	Guadeloupe	8413
Bulgaria	3203	Guam	1401
Burkina Faso	9102	Guatemala	8304
Burma (Myanmar)	5101	Guinea	9116
Burundi	9203	Guinea-Bissau	9117
Cambodia	5102	Guyana	8211
Cameroon	9103	Haiti	8414
Canada	8102	Holy See	3103
Cape Verde	9104	Honduras	8305
Cayman Islands	8406	Hong Kong (SAR of China)	6102
Central African Republic	9105	Hungary	3304
Chad	9106	Iceland	2405
Channel Islands	2101	India	7103
Chile	8204	Indonesia	5202
Chilean Antarctic Territory	1605	Iran	4203
China (excludes SARs and Taiwan Province)	6101	Iraq	4204
Colombia	8205	Ireland	2201
Comoros	9204	Isle of Man	2103
Congo	9107	Israel	4205
Congo, Democratic Republic of	9108	Italy	3104
Cook Islands	1501	Jamaica	8415
Costa Rica	8302	Japan	6201
Cote d'Ivoire	9111	Jordan	4206
Croatia	3204	Kazakhstan	7205
Cuba	8407	Kenya	9208
Cyprus	3205	Kiribati	1402

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Korea, Democratic People's Republic of (North)	6202	Romania	3211
Korea, Republic of (South)	6203	Ross Dependency (New Zealand)	1607
Kuwait	4207	Russian Federation	3308
Kyrgyz Republic	7206	Rwanda	9221
Laos	5103	Samoa	1505
Latvia	3305	Samoa, American	1506
Lebanon	4208	San Marino	3107
Lesotho	9211	Sao Tomé and Príncipe	9125
Liberia	9118	Saudi Arabia	4213
Libya	4103	Scotland	2105
Liechtenstein	2305	Senegal	9126
Lithuania	3306	Seychelles	9223
Luxembourg	2306	Sierra Leone	9127
Macau (SAR of China)	6103	Singapore	5205
Madagascar	9212	Slovakia	3311
Malawi	9213	Slovenia	3212
Malaysia	5203	Solomon Islands	1303
Maldives	7104	Somalia	9224
Mali	9121	South Africa	9225
Malta	3105	South America, nec	8299
Marshall Islands	1403	Southern and East Africa, nec	9299
Martinique	8416	Spain	3108
Mauritania	9122	Sri Lanka	7107
Mauritius	9214	St Helena	9222
Mayotte	9215	St Kitts and Nevis	8422
Mexico	8306	St Lucia	8423
Micronesia, Federated States of	1404	St Pierre and Miquelon	8103
Moldova	3208	St Vincent and the Grenadines	8424
Monaco	2307	Sudan	4105
Mongolia	6104	Suriname	8214
Montserrat	8417	Swaziland	9226
Morocco	4104	Sweden	2407
Mozambique	9216	Switzerland	2311
Namibia	9217	Syria	4214
Nauru	1405	Taiwan	6105
Nepal	7105	Tajikistan	7207
Netherlands	2308	Tanzania	9227
Netherlands Antilles	8418	Thailand	5104
New Caledonia	1301	Togo	9128
New Zealand	1201	Tokelau	1507
Nicaragua	8307	Tonga	1508
Niger	9123	Trinidad and Tobago	8425
Nigeria	9124	Tunisia	4106
Niue	1504	Turkey	4215
Norfolk Island	1102	Turkmenistan	7208
North Africa, nec	4199	Turks and Caicos Islands	8426
Northern Ireland	2104	Tuvalu	1511
Northern Mariana Islands	1406	Uganda	9228
Norway	2406	Ukraine	3312
Oman	4211	United Arab Emirates	4216
Pakistan	7106	United States of America	8104
Palau	1407	Uruguay	8215
Panama	8308	Uzbekistan	7211
Papua New Guinea	1302	Vanuatu	1304
Paraguay	8212	Venezuela	8216
Peru	8213	Viet Nam	5105
Philippines	5204	Virgin Islands, British	8427
Poland	3307	Virgin Islands, United States	8428
Polynesia (excludes Hawaii), nec	1599	Wales	2106
Portugal	3106	Wallis and Futuna	1512
Puerto Rico	8421	Western Sahara	4107
Qatar	4212	Yemen	4217
Queen Maud Land (Norway)	1606	Yugoslavia, Federal Republic of	3213
Réunion	9218	Zambia	9231
		Zimbabwe	9232

# Appendix B

## Code list for health condition

Listing for health condition by body system .....	30-32
Listing for health condition – alphabetical.....	33-38

## Listing for health condition by body system

Code	Health condition	Code	Health condition
	<b>Certain infectious &amp; parasitic diseases</b>		<b>Mental &amp; behavioural disorders cont.</b>
0198	Other infectious & parasitic diseases n.o.s or n.e.c	0550	Psychoses & depression/Mood affective disorders (includes schizophrenia, paranoid states)
	<b>Neoplasms (tumours/cancers)</b>	0560	Other neurotic, stress related & somatoform disorders n.o.s or n.e.c (includes phobic & anxiety disorders, obsessive-compulsive disorder, nervous tension, stress)
0201	Head & neck cancer	0570	Intellectual & developmental disorders
0202	Stomach cancer	0580	Other mental & behavioural disorders (includes adult personality & behavioural disorders, speech impediment)
0203	Colorectal (bowel) cancer	0581	Mental & behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis alcoholic)
0204	Lung cancer	0598	Other mental & behavioural disorders n.o.s or n.e.c
0205	Skin cancer		<b>Diseases of the nervous system<sup>1</sup></b>
0206	Breast cancer	0602	Huntington's disease
0207	Prostate cancer	0603	Motor neurone disease
0208	Brain cancer	0604	Parkinson's disease
0209	Non-Hodgkin's lymphoma	0605	Transient cerebral ischaemic attacks (T.I.A.'s) <sup>2</sup>
0210	Leukaemia	0607	Multiple sclerosis
0211	Other malignant tumours n.o.s or n.e.c	0611	Paralysis—non-traumatic (includes hemiplegia, paraplegia, quadriplegia, & other paralytic syndromes, excludes spinal cord injury)
0298	Other neoplasms (includes benign tumours and tumours of unknown or uncertain behaviour)	0698	Other diseases of the nervous system n.o.s or n.e.c (includes epilepsy, muscular dystrophy, migraines, sleep disorders, Bell's palsy, myopathies, meningitis, brain disease/disorders)
	<b>Diseases of the blood &amp; blood forming organs &amp; immune mechanism</b>		<b>Diseases of the eye &amp; adnexa</b>
0301	Anaemia	0701	Cataracts
0398	Other diseases of blood & blood forming organs & immune mechanism n.o.s or n.e.c (includes haemophilia, immunodeficiency disorder (excluding AIDS))	0702	Glaucoma
	<b>Endocrine, nutritional &amp; metabolic disorders</b>	0703	Blindness (both eyes, one eye, one eye & low vision in other eye)
0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)	0704	Poor vision (low vision both eyes, one eye, unspecified visual loss)
0402	Diabetes mellitus—Type 1 (IDDM)	0798	Other disease of the eye & adnexa n.o.s or n.e.c
0403	Diabetes mellitus—Type 2 (NIDDM)		<b>Diseases of the ear &amp; mastoid process</b>
0404	Diabetes mellitus—other specified, unspecified, unable to be specified	0801	Ménière's disease (includes Ménière's syndrome, vertigo)
0405	Malnutrition	0802	Deafness/hearing loss
0406	Nutritional deficiencies	0898	Other diseases of the ear & mastoid process n.o.s or n.e.c. (includes disease of external ear, otitis media, mastoiditis, myringitis, tinnitus)
0498	Other endocrine, nutritional & metabolic disorders n.o.s or n.e.c (includes high cholesterol, hypoparathyroidism, obesity)		<b>Diseases of the circulatory system</b>
	<b>Mental &amp; behavioural disorders</b>	0900	Heart disease (includes angina, myocardial infarction, acute & chronic ischaemic heart disease, congestive heart failure, pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure—unspecified)
0500	Dementia in Alzheimer's disease <sup>1</sup> (includes early onset <65 yrs, late onset >65 yrs, atypical or mixed type, unspecified)		
0510	Vascular dementia (includes acute onset, multi-infarct, subcortical, mixed cortical & subcortical, other vascular, unspecified)		
0520	Dementia in other diseases (includes Pick's, Creutzfeldt-Jakob, Huntington's, Parkinson's, HIV, Lewy Body, other)		
0530	Other dementia n.o.s or n.e.c (includes alcoholic, presenile & senile, unspecified)		
0540	Delirium (includes not superimposed, superimposed, other, unspecified)		

1 In any analysis of 'Diseases of the nervous system' code 0500 Dementia in Alzheimer's disease should be grouped with 0600–0698.

2 In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
	<b>Diseases of the circulatory system cont.</b>		<b>Diseases of the musculoskeletal system &amp; connective tissue</b>
0910	Cerebrovascular disease <sup>2,3</sup> (includes subarachnoid, intracerebral & other intracranial haemorrhage, cerebral infarction, stroke (CVA) unspecified, embolism)	1301	Rheumatoid arthritis
0920	Other diseases of the circulatory system (includes abdominal aortic aneurysm, other arterial or aortic aneurysms)	1302	Other arthritis & related disorders (includes gout, arthrosis, osteoarthritis)
0921	Hypertension (high blood pressure)	1304	Back problems—dorsopathies (includes scoliosis)
0922	Hypotension (low blood pressure)	1306	Osteoporosis
0998	Other diseases of the circulatory system n.o.s or n.e.c (includes atherosclerosis, peripheral vascular disease, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids)	1398	Other disorders of the musculoskeletal system & connective tissue n.o.s or n.e.c (includes rheumatism, osteomyelitis, bunion)
	<b>Diseases of the respiratory system</b>		<b>Diseases of the genitourinary system</b>
1001	Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)	1401	Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis)
1002	Influenza & pneumonia	1402	Urinary tract infection
1003	Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)	1403	Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)
1004	Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)	1498	Other diseases of the genitourinary system n.o.s or n.e.c (prostate, breast & menopause disorders)
1005	Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)		<b>Congenital malformations, deformations &amp; chromosomal abnormalities</b>
1098	Other diseases of the respiratory system n.o.s or n.e.c	1598	Other congenital malformations, deformities & chromosomal abnormalities
	<b>Diseases of the digestive system</b>		<b>Injury, poisoning &amp; certain other consequences of external causes</b>
1101	Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)	1601	Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)
1103	Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)	1602	Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)
1198	Other diseases of the digestive system n.o.s or n.e.c (includes other disease of the gastrointestinal tract & peritoneum, gastritis, other diseases of the gallbladder)	1603	Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)
	<b>Diseases of the skin &amp; subcutaneous tissue</b>	1604	Amputation of the finger/thumb/hand/arm/shoulder—related to injury or accident
1201	Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis, foot infection)	1605	Amputation of toe/ankle/foot/leg—related to injury or accident
1202	Skin allergies (Dermatitis & Eczema)	1606	Fracture of neck (includes cervical spine & vertebra)
1298	Other diseases of the skin & subcutaneous tissue n.o.s or n.e.c (includes bedsore, urticaria, erythema, radiation-related disorders, ingrowing nail, corn, callous, chronic ulcer n.e.c, ulcer of lower limb n.e.c)	1607	Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)
		1608	Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)
		1609	Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)
		1610	Fracture at wrist & hand level
		1611	Fracture of femur (includes hip (neck of femur))
		1612	Fracture of lower leg & foot
		1613	Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)
		1698	Other injury, poisoning & consequences of external causes (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, chilblain, toxic effects of substances of nonmedical source, complications of surgical & medical care)

2 In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

3 Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.

n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified



DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
	<b>Symptoms &amp; signs n.o.s or n.e.c<sup>4</sup></b>		
1702	Cough		
1703	Breathing difficulties/shortness of breath		
1704	Pain	<b>1899</b>	<b>Has other health condition n.o.s or n.e.c</b>
1706	Dysphagia (difficulty in swallowing)		
1707	Bowel/faecal incontinence		<b>Factors influencing health status<sup>5</sup></b>
1708	Unspecified urinary incontinence	1901	Problems related to social environment (includes loneliness, social isolation)
1709	Retention of urine	1902	Problems related to primary support group/family circumstances (includes relationship problems, grief & loss, carer issues)
1711	Disturbances of skin sensation (includes pins & needles, tingling skin)	1903	Problems related to lifestyle (includes inappropriate diet & eating habits, lack of physical exercise)
1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)	1904	Problems related to life-management difficulty (includes stress n.e.c, limitation of activities due to disability)
1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)		
1715	Falls (frequent with unknown aetiology)		
1716	Disorientation (confusion)		
1717	Amnesia (memory disturbance, lack or loss)		
1718	Dizziness & giddiness (light-headedness, vertigo n.o.s)		
1719	Restlessness & agitation		
1720	Unhappiness (worries n.o.s)		
1721	Irritability & anger		
1722	Hostility		
1723	Physical violence		
1724	Slowness & poor responsiveness		
1725	Speech & voice disturbances		
1726	Headache		
1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)		
1728	Blackouts, fainting, convulsions		
1729	Oedema n.e.c (includes fluid retention n.o.s)		
1798	Other symptoms & signs n.o.s or n.e.c (includes gangrene, nausea & vomiting, rash & other nonspecific skin eruption, illness n.o.s, loss of appetite, abnormal weight loss & gain)		

4 These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported

5 These codes should only be used to record a circumstance or problem which influences a person's health status, but is not in itself a health condition, regardless of whether a related diagnosed disease or disorder is also reported.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

## Listing for health condition—alphabetical

Codes beginning with '17' belong to the Symptoms & signs group of the health condition code list and should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported. Codes beginning with '19' belong to the Factors influencing health status group of the health condition code list and should only be used to record a circumstance or problem which influences a person's health status., but is not in itself a health condition, regardless of whether a related diagnosed disease or disorder is also reported.

1 In any analysis of 'Cerebrovascular disease' 'Transient cerebral ischaemic attacks (T.I.A.s) should be included.

2 Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.

3 In any analysis of 'Diseases of the nervous system' code 'Dementia in Alzheimer's disease' should be grouped with 'Diseases of the nervous system'.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

Code	Health condition	Code	Health condition
0920	Abdominal aortic aneurysm	1302	Arthrosis
1101	Abdominal hernia (except congenital)	0570	Asperger's syndrome
1713	Abnormal involuntary movements	1005	Asthma
1798	Abnormal weight gain	1714	Ataxic gait
1798	Abnormal weight loss	0998	Atherosclerosis
1714	Abnormalities of gait & mobility	0570	Autism
	Acquired brain damage—see Injuries	1304	Back problems
1719	Agitation	1298	Bedsores
0198	AIDS/HIV	0580	Behavioural & personality disorders—adult
	Alcoholic dementia—see Dementia	0698	Bell's palsy
1103	Alcoholic liver disease	1728	Blackouts
0581	Alcoholism	0703	Blindness—see also Poor vision
1004	Allergies—respiratory (excl asthma)	0922	Blood pressure—low
1202	Allergies—skin	0921	Blood pressure—high
	Alzheimer's disease—see Dementia	1201	Boil
1717	Amnesia	0203	Bowel (colorectal) cancer
1604	Amputation of finger/thumb/hand/arm/shoulder—related to injury or accident	1707	Bowel incontinence
1605	Amputation of the toe/ankle/foot/leg—related to injury or accident		Brain damage—acquired—see Injuries
0301	Anaemia	0208	Brain cancer
0920	Aneurysms (arterial or aortic)—see also Abdominal aortic aneurysm	0698	Brain disease/disorders
1721	Anger	0206	Breast cancer
0900	Angina	1498	Breast disorders
0560	Anxiety disorders	1703	Breathing difficulties/shortness of breath
0998	Arterial embolism	1003	Bronchitis/bronchiolitis—acute
1302	Arthritis and related disorders—see also Rheumatoid arthritis	1398	Bunion
		1698	Burns
		1298	Callous
		0900	Cardiac arrest
		1902	Carer issues

## DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
0701	Cataracts	1398	Deformities of joints/limbs—acquired
1201	Cellulitis	1598	Deformities of joints/limbs—congenital
0910	Cerebral infarction <sup>1,2</sup>	0540	Delirium—not superimposed on dementia
0698	Cerebral palsy	0540	Delirium—superimposed on dementia
0910	Cerebrovascular accident—cerebral infarction <sup>1,2</sup>	0540	Delirium—other
0910	Cerebrovascular accident—intracerebral haemorrhage <sup>1,2</sup>	0540	Delirium—unspecified
0910	Cerebrovascular accident—other intracranial haemorrhage <sup>1,2</sup>	0530	Dementia—alcoholic
0910	Cerebrovascular accident—subarachnoid haemorrhage <sup>1,2</sup>	0500	Dementia in Alzheimer's with early onset (<65 yrs) <sup>3</sup>
0910	Cerebrovascular accident—unspecified <sup>1,2</sup>	0500	Dementia in Alzheimer's with late onset (>65 yrs) <sup>3</sup>
1698	Chilblain	0500	Dementia in Alzheimer's, atypical or mixed type <sup>3</sup>
1198	Cholecystitis	0500	Dementia in Alzheimer's, unspecified <sup>3</sup>
0498	Cholesterol—high	0520	Dementia in Creutzfeldt-Jakob disease
1598	Chromosomal abnormalities—other	0520	Dementia in HIV disease
1005	Chronic obstructive airways disease (COAD)	0520	Dementia in Huntington's disease
0698	Chronic/postviral fatigue syndrome	0520	Dementia in other specified diseases classified elsewhere
1103	Cirrhosis of liver	0520	Dementia in Parkinson's disease
1005	COAD	0520	Dementia in Pick's disease
1198	Coeliac disease	0510	Dementia—mixed cortical & subcortical vascular
1001	Cold—common	0510	Dementia—multi-infarct
1101	Colitis	0510	Dementia—other vascular
0203	Colorectal (bowel) cancer	0510	Dementia—subcortical vascular
1716	Confusion	0530	Dementia—unspecified (includes presenile & senile dementia)
1598	Congenital brain damage/malformation	0510	Dementia—vascular of acute onset
0906	Congestive heart disease	0510	Dementia—vascular, unspecified
0906	Congestive heart failure	0550	Depression/mood affective disorders
1101	Constipation	1202	Dermatitis
1728	Convulsions	1727	Deterioration—general physical
1298	Corn	0570	Developmental disorders of motor function
1702	Cough	0570	Developmental disorders of speech & language
1713	Cramp	0570	Developmental learning disorders
0498	Cushing's syndrome	0402	Diabetes mellitus—Type 1 (IDDM)
	CVA—see Cerebrovascular accident	0403	Diabetes mellitus—Type 2 (NIDDM)
1401	Cystitis		
0802	Deafness/hearing loss		

DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
0404	Diabetes mellitus—other specified/unspecified/unable to be specified	1201	Foot infection—skin
1101	Diarrhoea	1610	Fracture at wrist & hand level
0198	Diarrhoea & gastroenteritis of presumed infectious origin	1611	Fracture of femur (incl. hip (neck of femur))
1903	Diet—inappropriate	1612	Fracture of lower leg & foot
1904	Disability—limitation of activities due to	1608	Fracture of lumbar spine & pelvis (incl. lumbar vertebra, sacrum, coccyx, sacrum)
1602	Dislocation—arm/hand/shoulder—from injury/accident	1606	Fracture of neck (incl. cervical spine & vertebra)
1603	Dislocation—leg/knee/foot/ankle/hip—from injury/accident	1607	Fracture of rib(s), sternum & thoracic spine (incl. thoracic spine & vertebra)
1698	Dislocation—unspecified	1609	Fracture of shoulder, upper arm & forearm (incl. clavicle, scapula, humerus, radius, ulna)
1716	Disorientation	1698	Fracture—unspecified
1101	Diverticulitis	1698	Fractures—multiple
1718	Dizziness	1698	Frostbite
1304	Dorsopathies	1714	Gait and mobility abnormalities
1598	Down syndrome	1798	Gangrene
1101	Duodenal ulcer	1198	Gastritis
1198	Duodenitis	0198	Gastroenteritis & diarrhoea of presumed infectious origin
1706	Dysphagia (difficulty in swallowing)	1718	Giddiness
0570	Dyspraxia	0702	Glaucoma
0698	Dystonia	1302	Gout
0898	Ear & mastoid process—other diseases of	1902	Grief & loss
0598	Eating disorders	0398	Haemophilia
1903	Eating habits—inappropriate	0998	Haemorrhoids
1202	Eczema	1726	Headache
1005	Emphysema	0201	Head & neck cancer
0698	Encephalitis (excl. viral)	0698	Headache syndromes
1101	Enteritis		Head injuries/acquired brain damage—see Injuries
0698	Epilepsy	0802	Hearing loss
1298	Erythema	0900	Heart attack
1707	Faecal incontinence	0611	Hemiplegia
1728	Fainting	1101	Hernia—abdominal (except congenital)
1715	Falls—frequent with unknown aetiology	0921	High blood pressure
1727	Fatigue	0498	High cholesterol
1103	Fibrosis of liver	0198	HIV/AIDS
1729	Fluid retention n.o.s	1722	Hostility
0198	Foot infection—fungal		

## DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
0602	Huntington's disease	0198	Leprosy
0921	Hypertension	1727	Lethargy
0498	Hypoparathyroidism	0210	Leukaemia
0401	Hyperthyroidism	0198	Listeriosis
0922	Hypotension	1103	Liver disease—alcoholic
0401	Hypothyroidism	1103	Liver disease—toxic
1798	Illness n.o.s	1901	Loneliness
0398	Immune system—other disorders	1902	Loss & grief
0398	Immunodeficiency disorder (excl. AIDS)	1798	Loss of appetite
1201	Impetigo	0922	Low blood pressure
1707	Incontinence—bowel/faecal	0204	Lung cancer
1403	Incontinence—urinary (stress, overflow, reflex, urge)	0209	Lymphoma—non-Hodgkin's
1708	Incontinence—unspecified	1727	Malaise
1002	Influenza	0405	Malnutrition
1298	Ingrowing nail	0898	Mastoiditis
1601	Injuries to the head (incl. injuries to the ear/eye/face/jaw, acquired brain damage)		Memory loss—see Amnesia
1602	Injuries to the arm/hand/shoulder (incl. dislocations, sprains & strains)	0801	Ménière's disease
1603	Injuries to the leg/knee/foot/ankle/hip (incl. dislocations, sprains & strains)	0698	Meningitis (excl. viral)
0698	Insomnia	0198	Meningococcal infection
0402	Insulin dependent diabetes mellitus (IDDM)	1498	Menopause disorders
0570	Intellectual disability	0570	Mental retardation
0910	Intracerebral haemorrhage <sup>1,2</sup>	0698	Migraines
0910	Intracranial haemorrhage—other <sup>1,2</sup>	1714	Mobility & gait abnormalities
1713	Involuntary movements—abnormal	0550	Mood affective disorders/depression
0401	Iodine-deficiency syndrome	0603	Motor Neurone disease
1721	Irritability	0607	Multiple sclerosis
1101	Irritable bowel syndrome	0698	Muscular dystrophy
0900	Ischaemic heart disease—acute & chronic	0900	Myocardial infarction
1901	Isolation—social	0698	Myopathies
1398	Joint/limb deformities—acquired	0898	Myringitis
1401	Kidney and urinary system (bladder) disorders (excl. incontinence & urinary tract infection)	1798	Nausea & vomiting
0581	Korsakov's psychosis (alcoholic)	0201	Neck & head cancer
1001	Laryngitis—acute	1401	Nephritis
0570	Learning disorders—developmental	0560	Nervous tension/stress
		0406	Nutritional deficiencies
		0209	Non-Hodgkin's lymphoma
		0403	Non-insulin dependent diabetes mellitus (NIDDM)

DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
0498	Obesity	1719	Restlessness
0560	Obsessive-compulsive disorder	1709	Retention of urine
1729	Oedema n.e.c	0570	Rett's syndrome
1302	Osteoarthritis	0900	Rheumatic fever
1398	Osteomyelitis	0900	Rheumatic heart disease
1306	Osteoporosis	1398	Rheumatism
0898	Otitis media	1301	Rheumatoid arthritis
0898	Otosclerosis	1004	Rhinitis—chronic
1613	Overdose of drugs, medicaments & biological substances	0198	Scarlet fever
1704	Pain	0698	Schilder's disease
1198	Pancreatitis	0550	Schizophrenia
0611	Paralysis (non-traumatic)	1304	Scoliosis
0611	Paraplegia (non-traumatic)	0198	Septicaemia
0604	Parkinson's disease	1703	Shortness of breath
1198	Peritonitis	1001	Sinusitis—acute
0580	Personality and behavioural disorders—adult	1004	Sinusitis—chronic
1001	Pharyngitis—acute	1202	Skin allergies
0560	Phobic and anxiety disorders	1201	Skin and subcutaneous tissue infections
1727	Physical deterioration—general	0205	Skin cancer
1903	Physical exercise—lack of	1711	Skin sensation disturbances
1723	Physical violence	0698	Sleep apnoea
1711	Pins & needles	1724	Slowness
1002	Pneumonia	1901	Social isolation
1613	Poisoning by drugs, medicaments & biological substances	1713	Spasm
0198	Poliomyelitis	1714	Spastic gait
1724	Poor responsiveness	0580	Speech impediment
0704	Poor vision	1725	Speech & voice disturbances
0698	Postviral fatigue syndrome	1598	Spina bifida
0207	Prostate cancer	1602	Sprain—arm/hand/shoulder—from injury/accident
1499	Prostate disorders	1603	Sprain—leg/knee/foot/ankle/hip—from injury/accident
0900	Pulmonary embolism	1698	Sprain—unspecified
0611	Quadraplegia	1101	Stomach ulcer
1798	Rash	1602	Strain—arm/hand/shoulder—from injury/accident
1902	Relationship problems	1603	Strain—leg/knee/foot/ankle/hip—from injury/accident
1401	Renal failure		
1004	Respiratory allergies (excl. allergic asthma)		

## DTC CENSUS 2002 GUIDELINES

Code	Health condition	Code	Health condition
1698	Strain—unspecified	1725	Voice & speech disturbances
	Stroke—see cerebrovascular accident	1705	Vomiting & nausea
0580	Stammering	1714	Walking difficulty n.e.c.
0202	Stomach cancer	0198	Wart
1903	Stress n.e.c	1798	Weight gain—abnormal
0560	Stress/nervous tension	1798	Weight loss—abnormal
0580	Stuttering	1720	Worries n.o.s.
0910	Subarachnoid haemorrhage <sup>1,2</sup>		
1706	Swallowing difficulty		
0611	Tetraplegia		
0401	Thyroiditis		
0605	T.I.A.s <sup>1</sup>		
1711	Tingling skin		
0898	Tinnitus		
1727	Tiredness		
1001	Tonsillitis—acute		
1103	Toxic liver disease		
0605	Transient cerebral ischaemic attacks (T.I.A.'s) <sup>1</sup>		
1713	Tremor unspecified		
0198	Tuberculosis		
1713	Twitching n.o.s		
1298	Ulcer—chronic n.e.c		
1298	Ulcer—lower limb n.e.c		
1101	Ulcer—stomach/duodenal		
1720	Unhappiness		
1403	Urinary incontinence (stress, overflow, reflex, urge)		
1708	Urinary incontinence—unspecified		
1401	Urinary system disorders		
1402	Urinary tract infection		
1709	Urinary retention		
1298	Urticaria		
0998	Varicose veins		
	Vascular dementia—see dementia		
0801	Vertigo		
1718	Vertigo n.o.s.		
1723	Violence—physical		
0198	Viral meningitis		

# Appendix C

Appendix C is extracted from Information Sheet 1, developed by the Office of the Federal Privacy Commissioner (2001) about the new private sector privacy law. Further information on privacy can be obtained from the Federal Privacy Commissioner's web site at [www.privacy.gov.au](http://www.privacy.gov.au).

## **An overview of the *Privacy Amendment (Private Sector) Act 2000***

The *Privacy Amendment (Private Sector) Act 2000* regulates the way the private sector organisations can collect, use, keep secure and disclose personal information. For the first time, it gives individuals the right to know what information an organisation holds about them and a right to correct that information if it is wrong.

### **What does the Act mean to service users?**

The Act means service users now have the right to know why a private sector organisation is collecting their personal information, what information it holds about them, how it will use the information and who else will get the information. Except for some special circumstances, service users can ask to see this information and for the information to be corrected if it is wrong. Service users can also make a complaint if they think their information is not being handled properly. A service user could also apply to the Federal Court or the Federal Magistrate's court for an order to stop an organisation from engaging in conduct that breaches the National Privacy Principles (NPPs).

### **Who will the new private sector provisions apply to?**

The Act will apply to 'organisations' in the private sector. An organisation can be an individual, a body corporate, a partnership, an unincorporated association or a trust. It will cover:

- businesses, including not-for-profit organisations such as charitable organisations, sports clubs and unions, with a turnover of more than \$3 million;
- federal government contractors;
- health-funded agencies that hold health information (even if their turnover is less than \$3 million);
- organisations that carry on a business that collects or discloses personal information for a benefit, service or advantage (even if their turnover is less than \$3 million);
- small businesses with a turn-over of less than \$3 million that choose to opt-in;
- incorporated State Government business enterprises;
- any organisation that regulations say are covered.

The new provisions will not apply to:



- State or Territory authorities, e.g. Ministers, departments, courts and local government councils;
- political parties and acts of political representatives in relation to electoral matters;
- most small businesses with an annual turnover of less than \$3 million;
- acts or practices in relation to employee records of an individual if the act or practice directly relates to a current or former employment relationship between the employer and the individual;
- acts or practices of media organisations in the practice of journalism.

## **When does the Act come into operation?**

Most organisations, including all health services holding health information, will have 12 months to get ready for the new scheme. The new provisions started to apply on 21 December 2001. Small businesses (except health services) covered by the new provisions have an additional 12 months and the new provisions will apply in December 2002.

## **What are the National Privacy Principles (NPPs)?**

The NPPs set the base line standards for privacy protection. Organisations may have and enforce their own codes. These codes must be approved by the Privacy Commissioner as having obligations at least equivalent to the NPPs and meet other requirements. The code must have an independent code adjudicator to handle complaints. If the code does not provide for a complaints handling mechanism the Privacy Commissioner is the code adjudicator.

Organisations that do not have their own code must comply with the NPPs set out in the *Privacy Amendment (Private Sector) Act*. The Privacy Commissioner handles complaints in these circumstances.

The NPPs are ten principles or rules in the Act about how organisations should handle personal information. They cover collection (NPP 1), use and disclosure (NPP 2), data quality (NPP 3), data security (NPP 4) openness (NPP 5), access and correction (NPP 6), identifiers (NPP 7), anonymity (NPP 8), transborder flow of data (NPP 9) and sensitive information (NPP 10).

Only some of the NPPs will apply to information organisations already hold when the new provisions start to apply. The NPPs relating to data security, data quality when information is used and disclosed, identifiers and transborder flow will apply regardless of when the information was collected. The principle relating to access and correction will apply to all information collected after the new provisions apply, and any already existing information that is used. Those principles relating to collection, use and disclosure, data quality when it is collected, and sensitive information will not apply to information collected before the new provisions start to apply.

## **What is 'personal information'?**

The Act covers personal information. It has special protection for personal information that is sensitive information. The Privacy Act only applies to information that is recorded in some form, which can include in an electronic record.

Personal information is information or an opinion that can identify a person.

Sensitive information is information about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices, criminal record, or health information.

# Appendix D

## AIHW policy and procedures on information security and privacy: excerpt

The AIHW has documented procedures, approved by its Board, covering these topics. These policies and procedures seek to operationalise the requirements of the Institute's legislation and other relevant legislation (i.e *The Privacy Act 1988*). The AIHW has particularly strong attributes as a data custodian as we are bound by our own legislation in addition to privacy legislation and have a strong culture of ensuring data security.

A brief excerpt follows.

### Selected principles on information storage, retention and retrieval

1. Data Custodians are responsible for ensuring their data holdings are protected from unauthorised access, alteration or loss.
2. Paper-based identifiable information must be kept securely locked away when not in use. The minimum requirement is that, outside normal working hours, the information must be stored in locked drawers or cabinets.
3. Particular care must be taken regarding the printout and photocopying of paper-based information. Users must stand by printers, photocopiers and fax machines while this material is being printed, copied, sent or received.
4. Information users must follow normal practice for the use of IT systems to ensure the security and privacy of in-confidence information stored on computer systems including, but not limited to:
  - user account and password protection, use and management
  - automatic screen shutdown or automatic log-off in place on all PCs.
5. Identifiable information must not be copied or removed from Institute premises without specific approval from the relevant Data Custodian (where the release has been approved by the AIHW Ethics Committee).
6. Identifiable information must not be copied to or held on work station hard disks.
7. In published tables, the amount of information in small cells should be reduced to decrease the potential for identification.

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