

Comparability and consistency of community care meta-data

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Comparability and consistency of community care meta-data

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Kerrily Jeffery

and

Trish Ryan

Australian Institute of Health and Welfare
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Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Kerrily Jeffery
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1172

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Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
CACP	Community Aged Care Package
DoHA	Commonwealth Department of Health and Ageing
HACC	Home and Community Care
MDS	Minimum Data Set
NCCS	National Classification of Community Services
NCSDC	National Community Services Data Committee
NCSDD	National Community Services Data Dictionary
NCSIM-M	National Community Services Information Model (Modified)
NCSIMG	National Community Service Information Management Group
NHDD	National Health Data Dictionary
NHIMG	National Health Information Management Group
NRCP	National Respite for Carers Program

1. Introduction

This report on the consistency and comparability of community care data collections was undertaken by the Australian Institute of Health and Welfare for the Community Care Branch of the Commonwealth Department of Health and Ageing, under the Community Care Data Development Project Memorandum of Understanding. This report focuses on national data collections for four major national community care programs:

- the Home and Community Care program (HACC)
- the Aged Care Assessment Program (ACAP)
- the Community Aged Care Package program (CACP), and
- the National Respite for Carers Program (NRCP)

Data reported for each of these collections will be used for national policy, program planning and accountability purposes. Quality data that is consistent with national standards wherever possible and allows for valid comparison between jurisdictions or planning regions is essential for government agencies in the community services sector and community groups for policy development and service planning and monitoring. The development of nationally consistent data was put forward as a major objective by all signatories to the *National Community Services Information Agreement* (1997), and is a key goal of the Community Care Data Development Project. The *National Community Services Information Development Plan* (SCCSISA 1999) formally identified the need for quality national community services data, recognising that data consistency will improve the quality of data by reducing the need to map, re-enter and translate data, and will reduce the cost of developing, collecting, aggregating and analysing data.

As well as reporting on an assessment for consistency with national standards, this report also identifies and discusses differences between community care data collections. Variations in data definitions and coding options can affect the comparability of data available for national or cross-program analysis. At times, variations may be necessary to accurately reflect the nature of a specific program. This may not be a problem where data reported according to different code sets can be mapped to a common higher level of coding that is meaningful across all community care programs. However, if variations occur between code sets or underlying definitions result in data that cannot be mapped or compared then the capacity of these major national community care data collections to support policy, planning and performance monitoring across all of these closely related programs may be compromised.

2. Methodology

2.1 Mapping data elements to the National Community Services Information Model Version 1.0 (modified)

The National Community Services Information Model Version 1.0 (modified) (NCSIM-M)¹ (see Appendix A) provides the conceptual framework and a common language for data development under the Community Care Data Development Project. The Model provides a structure for organising entities (or ‘things’ of interest) and data elements (or variables) that describe those ‘things’ or entities. Mapping all the data elements from each of the four community care data collections to the framework of the NCSIM-M groups data elements together where they are reporting on the same (or a similar) piece of information. Sometimes data elements with different names, definitions and code sets are in fact reporting on the same piece of information. By mapping them to the Model, it is easier to see where a national standard may already exist for the information.

The mapping exercise (Appendix B) maps all the data elements from the HACC MDS Version 1.0, ACAP MDS Version 2.0, CACP (Draft) and NRCP MDS Version 1.0 data collections to national standard data elements from the National Community Services Data Dictionary Version 2.0 (NCSDD), which are also mapped to the higher level of the NCSIM-M. The data elements have been mapped to discreet NCSIM-M model entities according to the method set out in the NCSDD. A full version of the mapping that includes all the NCSIM-M entities is included at Appendix B. The mapping is represented using an excel spreadsheet, where data elements that are reporting on the same piece of information are mapped to each other across the same row. Data elements that are reporting on different pieces of information but still related to the same Model entity are mapped on different rows. The discussion of consistency with national standards and between data collections in Section 3 includes the relevant sections of the mapping interspersed throughout the discussion (an explanation of the methodology used to determine consistency is outlined in Sections 2.3 and 2.4).

The NCSIM-M is grouped into fourteen separate entities, which identify different areas of interest for community services data collections. Not all the entities have community care data elements that are mapped to them. The entities that do not have mapped data elements from any of the four community care collections are shaded grey. (See Appendix A).

¹ The NCSIM was modified for the purposes of this project and involved the inclusion of some entities from the National Health Information Model Version 2.0 Draft.

There are ten NCSIM entities that have data elements from one or more of the four community care data collections mapped to them. These can be grouped (below) into 3 main descriptive categories (see Table 1).

Table 1: Categories of data elements and related NCSIM – M entities

Descriptive category	NCSIM (modified) entities
Data elements that describe people receiving assistance and the agencies that are providing the assistance.	Party Party characteristics Party role Need Person/participation/independence Location
Data elements that describe the assistance people are receiving (eg. What type? How much? Which settings? When?).	Care plan (NHIM V2 Draft) Event Location (Service delivery setting)
Data elements that describe a program, in terms of resourcing, policy objectives, planning and performance.	Enabling factors Business factors (NHIM V2 draft)
Entities that do not have any community care data elements mapped to them.	Health and Welfare service Program Outcome Environment Service

2.2 Documentation of community care data collections used for assessment of consistency

- Home and Community Care Data Dictionary Version 1.0 (plus HACC Guidelines Version 1.4, 30 March 2000)
- Aged Care Assessment Program Data Dictionary Version 1.0 (developed to support the ACAP MDS Version 2.0)
- Draft Community Aged Care Packages Data Dictionary (June 2000)
- National Respite for Carers Program Data Dictionary Version 1.0 (February 2001)

It is acknowledged that there may have been some changes made to these documents since undertaking this assessment of consistency and comparability. This is particularly the case for the Community Aged Care Packages Data Dictionary which should be finalised by the end of 2001. The data collections that these documents support are at different stages of implementation. The HACC MDS Version 1.0 has been collected since 1 January 2001. The ACAP MDS Version 2.0 is scheduled for collection no earlier than 1 July 2002. Version 1.0 of the ACAP MDS forms the basis of the current national data collection in this program. The NRCP MDS is being trialed with all NRCP funded Carer Respite Centres and Carer Resource Centres from July 2001 to June 2002. As yet, there is no agreed timeframe for implementing a new national data collection in the CACP program.

2.3 Which national and international standards are used to assess for consistency and why?

The following national and international standards have been used when assessing community care data collections for consistency:

National Community Services Information Model Version 1.0 (modified), 2000 (NCSIM-M)

National Health Information Model Version 2.0 Draft (Care Plan and Business factors entities), 2001 (NHIM)

National Community Services Data Dictionary Version 2, 2000 (NCSDD)

National Health Data Dictionary Version 10, 2001 (NHDD)

National Classifications of Community Services Version 1.0, 1997 (NCCS)

Published Australian Bureau of Statistics (ABS) Classifications (eg. Australian Standard Classification of Countries)

Published ABS Statistical concepts (e.g. ABS Standards for Statistics on Cultural and Language Diversity 1999, ABS Survey of Disability, Ageing and Carers 1998)

International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (1998) (ICD10-AM)

International Classification of Functioning, Disability and Health WHO, 2001, (ICF)

The first five national standards listed above have been endorsed by the National Community Services Information Management Group (NCSIMG) or the National Health Information Management Group (NHIMG) for use in all national community services or health information development projects. Both NCSIMG and NHIMG endorse the use of Australian Bureau of Statistics standards where relevant.

Consistency with ABS standards will allow comparability of national community care data about clients with ABS population data. National standards that have been excluded from the assessment for consistency include HL7 and standards published by Standards Australia. These standards have not been included as their focus is on electronic transmissions protocols, and this report focuses on the content and meaning of data definitions, rather than transmission methods.

2.4 Assessing for consistency with national standards

In order to assess for consistency with national standards a data element definition must be clear, concise, unambiguous, comprehensive and provide sufficient information to ensure that all those who collect, provide, analyse and use the data, clearly understands it's meaning. If a data element definition does not meet these criteria, it is not possible to assess for consistency with national standards. In these cases, data elements in the mapping exercise (at Appendix B and throughout Section 3) have been graded as 'unable to determine'.

A data element definition should conform to the template endorsed by the NCSIMG and NHIMG. This template is based on the ISO/IEC Standard 11179 Specification and Standardisation of Data Elements issued by the International Organization for Standardization and the International Electrotechnical Commission (see Box 1 below).

Box 1: Template used for the specification of data elements			
<<Name>>			
<i>Admin. Status:</i>			
Identifying and definitional attributes			
<i>Data element type:</i>			
<i>Definition:</i>	(What is it you want to know and why?)		
<i>Context:</i>	(Who wants to know it and why?)		
Relational and representational attributes			
<i>Datatype:</i>	<i>Representational form:</i>		
<i>Field size:</i>	<i>Min:</i>	<i>Max:</i>	<i>Representational layout:</i>
<i>Data domain:</i>	(What is the range of possible answers?)		
<i>Guide for use:</i>	(Which one of the possible answers should I choose?)		
<i>Collection methods:</i>	(How and when should this information be obtained?)		
<i>Related data:</i>	(What other information is connected to this information?)		
Administrative attributes			
<i>Source document:</i>			
<i>Source organisation:</i>			
<i>Comments:</i>	(What else do I need to know to understand this definition?)		

In this report the 2 key attributes or fields of a data element definition used as the basis for assessing consistency are:

Definition (ie. what is it you want to know?)

Data domain (ie. what is the range of possible answers?)

These are the two components of a data element definition that are essential for comparative data analysis. For example, in order to compare the amount of HACC funded personal care provided in one reporting period with CACP funded personal care in the same period, the Definition of ‘personal care’ needs to be consistent across both programs. This will ensure that the same activity (ie. assistance with eating,

toileting, bathing, dressing, mobility and transfer) is being measured using the same unit of measurement (ie. hours) across both programs. Without consistency across Definitions and Data domains, accurate and reliable comparisons across programs are not possible. Likewise, amounts of the same activity in different programs cannot be aggregated to provide an overall view of this Commonwealth funded activity across programs.

In addition, the Collection methods and Comments attributes or fields are also important in assessing the more minor details of consistency. For example, information under the Collection methods field can tell us whether a data element is self-reported or reported by the service provider. Different instructions under Collection methods can generate significant differences in data collections. For example, self-reported *Indigenous status* (ie. a person identifies themselves as Indigenous) is known to be far more reliable information than *Indigenous status* as reported by a service provider. If the Collection methods field in a data element definition differs between data sets, this needs to be taken into account when analysing the data.

In the above example of *Indigenous status* the requirement for the data to be self-reported is actually part of the national standard (NCSDD, NHDD, ABS) and has been considered in the assessment for consistency. In other cases, there may be no specified requirement for the collection method included in the national standard.

The Collection methods field of a data element definition also contains important information about how questions should be asked of respondents. For example, the NCSDD V2 data element *Indigenous status* states in the Definition field that *Indigenous status* is based on self-identification, descent and community acceptance. However, under Collection methods it states that the data should be collected using the ABS standard question, which asks 'are you (or is the person) of Aboriginal or Torres Strait Islander origin? Therefore, the data element actually records information about self-identified origin (or descent) and makes no reference to the third aspect of Indigenous origin or community acceptance.

The Comments attribute of a data element definition may also be important in assessing for consistency, as it sometimes contains information about relationships between data elements that needs to be taken into account. For example, in the HACC data element *Service delivery setting*, it is noted in the Comments attribute that this data element must be cross-referenced with *Accommodation setting* to enable mapping to the *National Classifications of Community Services*. It is important to be aware of the overall structure of a data collection, and the relationships between data elements in order to assess for consistency. However, usually it is the Data Definition and Data domain attributes that are the key criteria used to assess for consistency.

2.5 Grades of consistency

When assessing for consistency, there are 6 ‘grades’ of consistency with national standards, which have been developed for the purposes of this report. For ease of reference in the mapping exercise, these grades of consistency have been colour coded to provide a visual representation of the level of data consistency in community care data collections. Further differentiation between levels of consistency (green) is provided by the variations in font (italics and underlining). The grades are colour coded as follows:

KEY	
Data element name	Wholly consistent with national standards
<i>Data element name</i> (italics)	Mostly consistent (in meaning and interpretation) but needs minor changes to enhance consistency
<u>Data element name</u> (underlined)	Data domain is mappable to the national standard, but codes are not as detailed as the national standard.
Data element name	Not applicable (no national standard exists)
Data element name	Unable to determine - not enough information to determine consistency.
Data element name	Not consistent with national standards
National/international standard	National standard against which consistency is assessed.

Wholly consistent with national standards (green, regular text)

All attributes of the data element are entirely consistent with the most recent version of the relevant national standard, and the Data domain is identical to or can be aggregated to the highest level of the national standard. All attributes also contain the most recent guidelines and information relating to the collection and reporting of the data element.

Mostly consistent, but needs minor changes (green, italicised text)

The meaning and interpretation of the data element is consistent with national standards, but one or more attributes require updates that will enhance consistency with the most recent version of the national standard. In many cases, new guidelines have been introduced to the national standard after the data collection was published. For example, the Draft CACP data element *First given name* does not include information in the Guide for use about how to record names for Indigenous people where there is uncertainty about which name to record. The addition of this guideline will effect the recording of names in data sets, which in turn will effect future statistical record linkage based on a statistical linkage key incorporating selected letters of a person’s name.

Data domain is mappable to the national standard, but codes are not as detailed as the national standard (green, underlined)

This category means that the national standard defines a Data domain that is too detailed, or has some codes that are not relevant to the program's national reporting requirements. Ideally, the coding categories in the Data domain should be mappable to at least the highest level of the Data domain in the national standard. This should not prevent data collections from using only those coding categories that are relevant to the program, provided they are codes that can be 'mapped' or 'aggregated' to at least the highest level of the Data domain in the relevant NCSDD data element definition. In situations where the program's needs dictate a higher level of aggregation than that contained in the national standard, the policy and planning needs of the program should determine the Data domain, rather than the highest level of the national standard. For example, the national standard for *Living arrangements* (which was published after the HACC Data Dictionary and during the development of the ACAP MDS Version 2.0 and the Draft CACP Data Dictionary) included a new Data domain with 3 separate codes that relate to the type of family a person lives with:

Lives with spouse/partner

Lives with either spouse/partner and other family member(s) and/or carer (including foster family)

Lives with other family members

It was decided by the ACAP Data Working Group that this level of detail was not required, particularly given the related information provided by the data elements *Carer availability*, *Relationship of carer to care recipient* and *Carer residency status*. In this case, one code 'lives with family' was substituted for the 3 codes listed above. This approach to coding *Living arrangements* is consistent across HACC, ACAP and CACP. However, this means that information about *Living arrangements* in these community care data sets is grouped or coded at a higher level than the NCSDD *Living arrangements* data element definition. Strictly speaking, this makes the data elements in HACC, ACAP and CACP inconsistent with national standards. However, rather than adjust the reporting requirements of these 3 programs, it is recommended that the NCSIMG and the NCSDC be informed of the situation and asked to review the national standard.

Not applicable, no existing national standard (blue, regular text)

Data elements that have no existing relevant national standard may sometimes represent areas where a national standard is needed. In these cases, a submission may be put to the National Community Services Information Management Group to incorporate a new national standard into Version 3 of the National Community Services Data Dictionary. For example, the ACAP data element *Health condition* may be a candidate for a new national standard, as there is no current standard in the NCSDDV2. The absence of a national standard does not always imply a need for one, as some data elements are

specific to a particular program and would not be applicable to other community service organisations. For example, the data element *Personal financial hardship status* in CACP is based on legislation specific to that program.

Unable to determine – insufficient information or lack of internal coherence to determine consistency (orange, regular text)

A data element Definition should be clear, concise, unambiguous, comprehensive and provide sufficient information to ensure that all those who collect, provide, analyse and use the data clearly understand its meaning. If a data element does not meet these criteria then it has been graded as ‘unable to determine’. For example, the NRCP data element *Date of most recent contact* has been graded as ‘unable to determine’ because there is insufficient information to determine how it will be identified and reported by service providers. The Context states that it will be used to define a ‘service episode’, although there is no NRCP data concept for a service episode. There is uncertainty about whether *Date of most recent contact* will be continually overwritten, or whether it will be separately recorded for different service episodes, and it is also not clear which type of service event prompts the recording of such a date.

Data elements are also graded as ‘unable to determine’ if they have a lack of internal coherence between attributes. For example, the NRCP data element *Challenging behaviour* has a Definition field that focuses on the identification of different types of challenging behaviour, while the Data domain field lists different levels of support that the carer reports their care recipient needs. These are two separate concepts that would ideally be defined in separate data elements.

Not consistent with national standards (red, regular text)

These data elements have Definitions and/or Data domains that are not consistent in meaning with relevant national or international standards, and will not yield data that is comparable to other data sets. Data elements have been coded as not consistent only in situations where it is clear a relevant national standard exists that captures similar information to that defined in the data element. If data concepts or data elements are not consistent with national standards, a clear and considered justification is needed, that explains how and why the data element differs from national standards, particularly when the data element name is the same as an existing national standard. In these cases a submission should be made to the NCSIMG/NCSDC to review the existing national standard.

3. Discussion

3.1 Introduction

The following table summarises the assessment of each of the four data collections examined for consistency with national standards using the categorisation described in Section 2.

This report also examines the data elements in each of the four data collections in relation to each other and looks at how inconsistencies may effect future data analysis. The discussion in the following sections of this chapter has been organised around groupings of NCSIM-M entities and the national standards and community care data elements that have been mapped to those entities. Data elements with an asterisk (*) after the name have comments included in Appendix B of this report.

Table 2: Summary of extent of consistency of community care data collections with national standards.

Data element status	HACC	ACAP	CACP	NRCP
Wholly consistent	34	30	28	13
Mostly consistent	3	0	4	3
Not applicable	2	9	15	8
Mappable but codes not as detailed	2	3	2	0
Unable to determine	1	0	0	23
Not consistent	0	0	0	7
Total no. data elements	42	42	49	54

Table 2 reveals that more than half of the data element definitions in the NRCP MDS have been categorised as ‘unable to determine’ or ‘not consistent’ with national standards. The difficulties found in assessing the NRCP MDS warrant particular mention.

The NRCP Data Dictionary (Version 1.0) underpins the NRCP MDS collection which is being trialed with all NRCP funded Carer Respite Centres and Carer Resource Centres from July 2001 to June 2002. Some changes to the NRCP data definitions may have occurred in conjunction with the development of electronic software to support the introduction of the NRCP MDS collection. Such changes may not be reflected in the version of the Data Dictionary used as the basis of this assessment for consistency and comparability of NRCP data definitions.

However, of the 54 data elements included in the NRCP MDS, 23 have been graded as ‘unable to determine’ due to uncertainty about the scope or meaning of the data definition, a lack of information about how the data element is to be recorded or reported, or due to internal inconsistencies within the data element definition.

For example, the definition for *Community respite services purchased* does not describe the unit of measurement to be used (eg. hours, days or visits?). The data element *Challenging behaviour* is another example of an NRCP data element categorised as 'unable to determine', in this case because of internal inconsistencies within the definition. The Definition field of the data element definition implies the data element is a flag to identify care recipients exhibiting 'challenging behaviour', whereas the Data domain field is a categorisation of the level of support required by the person exhibiting 'challenging behaviour' (high, medium, low). It is not clear whether the data element applies to all care recipients, or only to those exhibiting 'challenging behaviour' (which is not defined). The lack of information about what is meant by 'challenging behaviour' also means that data reported according to this data element definition cannot be compared with relevant national standards (ICD-10-AM, ICF, ABS Survey of Disability, Ageing and Carers).

If additional information is available to NRCP service providers recording and reporting the data that is not included in the Data Dictionary, then some of these issues may have been addressed. However, on the basis of the NRCP Data Dictionary used in this report, there is a considerable risk that data reported in the NRCP MDS will be of poor quality in some areas. Furthermore, the extent of variability in interpretation of some data definitions may not be transparent.

In addition to the difficulty of assessing for consistency with national standards, there are also substantial inconsistencies between some NRCP data definitions and the definitions used for the same information in other community care data collections. Again, this is based on the available documentation and some issues may have been addressed elsewhere. If not, these inconsistencies will limit the capacity to compare clients and service activity across the four data collections examined in this report. Perhaps of more importance is the effect such inconsistencies may have on service providers who are required to report the NRCP MDS and one or more of the other community care data sets.

3.2 Client socio-demographic characteristics

PARTY CHARACTERISTICS/ Person characteristics					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Demographic characteristics	Age				
	Date of birth	Date of birth*	Date of birth	Date of birth	Date of birth
	Sex	Sex	Sex	Sex	Sex
Socio-cultural characteristic	Country of birth	Country of birth	Country of birth	Country of birth	Country of birth
	First language spoken				
	Indigenous status	Indigenous status*	Indigenous status	Indigenous status	Indigenous status*
	Main lang. other than Eng. spoken at home	Main language spoken at home*	Main lang. other than English spoken at home*	Main language spoken at home*	Main lang. other than English spoken at home
	Marital status				Marital status
	Proficiency in spoken English		Proficiency in spoken English*	Proficiency in spoken English*	

Date of birth, Sex and Country of birth are consistent across all programs. NRCP *Indigenous status* specifies a Data domain that is inconsistent with the national standard. It contains code 10 for 'Indigenous - not further defined', and code 20 'Non indigenous - not further stated'. This is inconsistent with coding in the NCSDD and may represent a problem for future data analysis as NRCP data will not always separately identify Aboriginal people from Torres Strait Islander people. This problem may have arisen if the HACC Data Dictionary Version 1.0 was used as the basis for the NRCP data element, without reference to the HACC Guidelines Version 1.4. The guidelines updated the HACC MDS to bring it into line with the NCSDD Version 2 (which was published after the HACC Data Dictionary).

The Australian Bureau of Statistics recommends new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society than the previous method of categorising people as being of Non-English Speaking Background (NESB). The core data elements recommended by the ABS are *Indigenous status, Country of birth (or Birthplace), Main language other than English spoken at home* and *Proficiency in spoken English*. The ABS standard was released after the HACC Data Dictionary Version 1.0 was developed. Consequently, HACC does not include *Proficiency in spoken English* and *Main language spoken at home* is included rather than *Main language other than English spoken at home*. However, at this stage the process for the analysis and interpretation of these data elements as a set remains unclear and further clarification is needed via the National Community Services Information Management Group. The inclusion of the 3 data elements in the ACAP MDS and CACP data reporting requirements will then be considered by the respective working groups. In ACAP, the two data elements *Main language other than English spoken at home* and *Proficiency in spoken English*, are labelled with a status of

DRAFT and will remain so until further investigation of the standard for identification of cultural and linguistic diversity.

The possibility of using a methodology developed by the Department of Immigration and Multicultural Affairs for identifying potential disadvantage related to cultural and linguistic diversity has been raised with the ACAP Data Working Group. If adopted, this approach would only require ACATs to report *Country of birth* for each client. This approach could also be adopted for CACP, HACC and NRCP data reporting requirements. HACC and NRCP also include *Country of birth*, which means that this data element may be able to be used as the minimum information required for reporting on cultural and linguistic diversity across all the community care data collections, where the purpose of the information is related to identifying whether people belonging to this 'special needs' group (previously known as NESB) have equitable access to the program.

3.3 Client labour and income characteristics

PARTY CHARACTERISTICS/ Person characteristics					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Labour characteristic	Employment status				Paid employment participation*
	Employment status (fulltime/part-time)				
	Labour force status				
	Occupation		Assessor profession		
Income characteristic	Principal source of income				
	Sources of cash income	Government pension/benefit status			Government pension/benefit status*
				Financial hardship (concept)	
				Personal financial hardship status	
			DVA entitlement	DVA entitlement	DVA cardholder status*

Paid employment participation has been included in the NRCP data dictionary, due to policy interest in the labour force status of carers. However these data will not be comparable with ABS data, as this information is only relevant to people that are in the labour force (that is, employed or seeking employment), and these guidelines are not stated in the data element. The Data domain also confuses employment status (full-time/part-time) with tenure (eg. casual/seasonal). It is possible for someone to be both full-time and seasonal, but there are no guidelines for recording this, and the difference between the two is not clearly stated. Therefore the collection and reporting method for recording these data may be inconsistent and unreliable, and the data will not be comparable with ABS population data (these data are not currently collected in the other community care data sets examined here).

Information about *Government pension/benefit status* are collected by HACC (for all clients) and NRCP (for both carers and care recipients), with Data domains that are the same, except for the inclusion of an extra code 'Carer allowance' under the NRCP Data domain. This extra code can be mapped to HACC's 'Other government pension or benefit'. It will therefore be possible to compare the government pension/benefit status of carers and care recipients assisted by the NRCP with the HACC client population.

Veterans and war widows have recently become a Commonwealth 'special needs' group across HACC, ACAP, CACP and NRCP. There is no current national standard for identifying veterans and war widows, nor is there a standard classification for DVA entitlement. The CACP data element *Veteran or war widow status* (mapped to Person characteristics/other person characteristic) identifies all veterans and war widows regardless of their pension/benefit status. Decisions are yet to be made about which data element(s) are to be included in the CACP data collection to identify veterans and war widows. CACP and ACAP will be consistent if the ACAP data element *DVA entitlement status* is included in the CACP collection. HACC and NRCP identify clients who are veterans through *Government pension/benefit status*, although this method of reporting only identifies veterans and war widows that are receiving a DVA pension.

NRCP *DVA cardholder status* is not fully consistent with the codes specified in ACAP and, potentially, CACP. NRCP specifies a code 'Not a DVA cardholder' which appears to equate cardholder status with DVA entitlement status. On DVA's advice, the ACAP data element *DVA entitlement status* separately identifies persons with no card but with an entitlement from those with no card and no entitlement. For the purposes of comparison with NRCP data, it will be necessary to map the 2 codes specified in ACAP and, potentially, CACP to the code 'Not a DVA cardholder' in the NRCP, which effectively excludes any information about people with DVA entitlements, but no DVA card. However, if this group constitutes only a small number of people, it will not be a major issue for analysis.

3.4 Client accommodation/living characteristics

PARTY CHARACTERISTICS/ Person characteristics					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Accommodation/ living characteristic	Carer co-residency	Carer residency status*	Carer residency status	Carer residency status	Co-residency of carer*
	Dwelling (concept)				
	Homelessness (concept)				
	Landlord type				
	Living arrangements	<i>Living arrangements*</i>	<i>Living arrangements*</i>	<i>Living arrangements*</i>	
	Residential setting	Accommodation setting (current)	Accommodation setting - usual*	Accommodation setting (current)*	
	Tenure type	<i>Tenure (included in Accomm setting)*</i>	<i>Tenure (included in Accomm setting)*</i>	<i>Tenure (included in accomm setting)*</i>	
		Accomm setting after cessation of services			

Carer residency status has been included in each of the data collections and is consistent across HACC, ACAP and CACP. NRCP’s *Co-residency of carer* has been graded ‘unable to determine’ as it is not clear whether this data element should be collected for primary carers or other carers, or both types of carers.

According to the Carer Resource Centre Reporting Model and the Carer Respite Centre Reporting Model *Co-residency of carer* will be recorded against carer records, in respect to one or more care recipients. However, it is not clear whether it will be possible to link the co-residency status with related care recipient records, which would allow analysis of the characteristics of care recipients who live with or do not live with their carers. These data could then be compared with clients of other programs who have carers.

Living arrangements has also been included in HACC, ACAP and CACP. The Data domains for *Living arrangements* in HACC, ACAP and CACP are not as detailed as the national standard, for reasons which were discussed earlier in section 2.5. This does not present any problem for cross-program analysis however, as each Definition and Data domain is consistent across the three collections.

One of the reasons why *Carer residency status* and *Living arrangements* is of interest is because of the relationship between living with someone else (particularly if they are a carer) and the availability of some support to a client. NRCP includes *Marital status* (mapped to Person characteristics/socio-cultural characteristics area of the NCSIM-M, see Section 3.2) for the same reason (see the Context field of the definition). *Marital status* in the NRCP is consistent with national standards and is to be reported for both carers and care recipients. Other NRCP data elements that report on the support available to carers include *Informal support* (which reports on the number of support relationships available to the carer) and *Current use of formal services* (mapped to Person/participation/independence in the NCSIM-M, see Section 3.7).

Marital status is also collected for NRCP care recipients. However, some information about the care recipient's marital status could be derived from *Relationship of carer to care recipient* assuming a link can be made between a carer's record and that of their care recipient(s).

HACC, ACAP and CACP have not included *Marital status*. This is primarily because whether a client lived alone or not (*Living arrangements*) and whether they had a carer who was either co-resident or non-resident (*Carer residency status, Carer availability*) were seen as providing a more relevant indication of available informal support than a person's marital status. For example, a person may be married and still living alone, and generally more vulnerable than someone who is not married and lives with others.

In HACC, ACAP and CACP the data element *Accommodation setting* will provide data on whether clients live in private settings, supported accommodation or institutional settings, and the type of tenure associated with the dwelling (where relevant). 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. These data across HACC, ACAP and CACP will provide information about this area of policy interest. The tenure component of *Accommodation setting* for each of the three programs is mappable to the national standard, but does not incorporate two extra codes, 'private residence - rent free' and 'private residence - shared equity or rent/buy scheme'. These two tenure situations are relatively uncommon and are mappable to the code 'other' for HACC, ACAP and CACP, and were not identified as necessary by data working groups for policy and planning purposes.

Accommodation setting has not been included in the NRCP possibly because the primary focus of NRCP is on carers. However, the NRCP data collection does include information about care recipients, and data on their accommodation setting and tenure may have more policy relevance, and would allow comparisons across HACC, ACAP and CACP clients.

3.5 Client location

LOCATION					
NCSIM - M	NCSDD	HACC	ACAP	CACP	NRCP
Address	Address			Recipient residential address	
				Provider location address	
				Provider contact address	
	Geographic identifier (concept)				
	Geographic location	Area of residence			
	Postcode	Postcode	Postcode		Postcode
	State/Territory identifier				
	Suburb/town/locality name	Suburb/town/locality name	Suburb/town/locality name		Suburb/town/locality name

Data is collected on the geographic location of all clients consistently across all four data collections. Each collection specifies *Postcode* and *Suburb/town/locality name* as a reporting requirement for clients (in NRCP, these data will be collected for carers only) to indicate their geographic area of residence. CACP data for *Postcode* and *Suburb/town/locality name* can be derived from the data element *Recipient residential address*. A combination of *Postcode* and *Suburb/town/locality name* can be mapped to a Statistical Local Area (SLA), using ABS concordance software. SLA is an ABS Australian Standard Geographical Classification, and will enable statistical analysis of the location of community care clients across service planning regions and across rural, remote and metropolitan areas, using the Rural, Remote and Metropolitan Area Classification (RRMA) or the Accessibility/Remoteness Index of Australia (ARIA).

3.6 Carers and care recipients

PARTY ROLE/ Person role					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Carer role	Informal carer (concept)	Carer (concept)*		Informal carer (concept)*	Carer (concept)*
	ABS Disability Ageing Carers				Carer role*
	Carer availability*	Carer - existence of*	Carer availability*	Carer availability*	
	Relationship of carer to care recipient	Relationship of carer to care recipient*	Relationship of carer to care recipient	Relationship of carer to care recipient	Relationship of carer to care recipient*
					Number of care recipients*
					Date caring role commenced
					Time spent caring*
Recipient role	Client (concept)	HACC client (concept)	ACAT client (concept)	CCP recipient	
			Client ID	Recipient ID	
	Volunteer				
	ABS Disability Ageing Carers				Care recipient (concept)*

Data about the existence of carers, where they live and their relationship to their care recipient is specified as a reporting requirement across all four community care data collections. The role of carers has been identified as an area of significant policy interest in recent years, as informal care and support networks play a critical role in helping frail older persons and younger persons with a disability to remain living at home. Information about carers is therefore of fundamental importance in assessing the ongoing needs of clients and their carers, and in service planning.

Informal carers

The Definition of *Informal carer*, based on the national standard, is consistent across HACC, ACAP and CACP, and all data collected and reported about carers in these data sets will be comparable. For example, it will be possible to analyse the number of carers assisted (either directly or indirectly) across programs, and to compare carer characteristics, such as their residency status with and relationship to their care recipients. The *Informal carer* Definition within the NRCP Carer data element is not, however, consistent with national standards. The NRCP Definition states 'A carer is a person of any age who provides any informal assistance, in terms of help or supervision, to a person with a disability or long-term condition, or who is elderly (ie. aged 60 years or over)'. This Definition is inconsistent with the NCSDD *Informal carer* concept, which describes a carer as someone who provides *regular and sustained* assistance to someone, and it is recognised (in the Context) that this assistance helps the person to remain living in their own home. This inconsistency may not present a problem for

future data analysis if it can be assumed that most (if not all) carers receiving assistance from the NRCP would be providing regular and sustained assistance to their care recipients. However, the nature of the caring role is not consistent with national standards, according to the data Definition. Also, the NRCP Definition of carer states that the assistance needs to be for people with a disability or long-term condition, or who are aged 60 years or over. This may be to attain consistency with the ABS Survey of Disability, Ageing and Carers; however, it does not include an explanation of what is meant by 'disability' or 'long term condition'.

In ACAP, the absence of an *Informal carer* concept is not a significant problem as the carer concept is defined within *Carer availability* and this definition is consistent with the Definition of *Carer availability* in the NCSDD. However, the NCSDD data element *Carer availability* states in the Guide for use field that the data element should be self-reported by the client, that is, a reflection of their own view. Whereas the ACAP data element *Carer availability* includes an extra guideline to help Aged Care Assessment Teams decide whether someone should be described as a carer. The guideline states '*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*'. A guideline to clarify the level or nature of assistance provided to a client that warranted the "carer" label being assigned to the person was requested by ACATs involved in the Pilot Test of Version 2.0 of the ACAP MDS and supported by the ACAP Data Working Group. Informal carers play a major role in helping frail or vulnerable persons to live in the community. There was some concern that a client may describe any person that helps them as a carer, regardless of whether the person actually assists them on a regular and sustained basis and in ways that assist the client to remain living in the community.

This guideline may help to prevent the overestimation of the number of ACAP clients with carers. However, it does take the emphasis in the Guide for use away from care recipients self-reporting this information towards the need for service providers to exercise some judgement in the matter.

Primary carers

The ABS Survey of Disability, Ageing and Carers definition of *Primary carer* includes a person of any age who provides the most informal assistance, in terms of help or supervision, to a person in one or more of the core activities (communication, mobility and self care). Version 2.0 of the ACAP MDS includes the data elements *Carer availability* and *Activity limitations* which identify whether the person has a carer, and whether the person sometimes or always needs the help or supervision of another person in a range of activity areas including self-care, mobility and communication. The ACAP MDS Version 2.0 also includes the data elements *Current assistance with activities* and *Source of current assistance with activities*, which identifies the types of assistance (e.g. self care) the person is currently receiving, and whether the assistance is being received through formal or informal sources. These two data elements provide more specific information on whether people are actually receiving assistance with the core activities of self-care, mobility or communication, and

whether it is being provided by an informal source (most likely the carer, where one exists). These data will provide an indication of the existence of primary carers, as they specify whether the carer (or 'informal source') is actually providing the care recipient with assistance in self-care, mobility or communication. If using the data elements *Carer availability* and *Activity limitations* to identify primary carers, it should be noted that it cannot always be assumed that a person who needs assistance with core activities and has a carer (especially a co-resident carer), is necessarily receiving this type of assistance from their identified carer, although this is likely to be so in most cases. ACAP's *Current assistance with activities* and *Source of current assistance* provides a more accurate identification of primary carers although the category of "informal" source of assistance is broader than carers.

The draft CACP Data Dictionary also includes *Activity limitations* as well as *Carer availability*. This is a pre-requisite to identifying carers who fit the ABS definition of primary carer. However, the proposed CACP data collection does not include information about the assistance provided by carers to the person for whom they care. So, although the CACP data will identify persons with a severe or profound core activity restriction and whether or not they have a carer, the data will not identify primary carers (in ABS terms).

The HACC MDS includes *Carer – existence of* (consistent with *Carer availability*) but doesn't include *Activity limitations* or an equivalent data element. Future inclusion of dependency items in the HACC MDS would result in data that identifies HACC clients with a severe or profound core activity restriction (in ABS terms) if the data identifies persons needing assistance, sometimes or always, in one or more of the activity areas of self care, mobility and communication. However, unless the HACC MDS also includes data elements that identify the activity areas in which carers provide assistance, the data set will not identify primary carers (in ABS terms).

The NRCP Definition of *Primary carer* is not consistent with the ABS standard, which will result in NRCP data about primary carers not being comparable with other community care data sets, or ABS data from the ABS Survey of Disability, Ageing and Carers. The NRCP *Primary carer* Definition states that '*the Primary carer is someone who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities, or who is disabled as a consequence of ageing or illness*'. This Definition is inconsistent with the ABS Definition of primary carer, which includes that the carer must be providing assistance with self care, mobility or communication, for a period that is ongoing, or likely to be ongoing, for at least six months. Without further information about the care recipients need for assistance in activity areas that are consistent with ABS categories, or clarification of the meaning of 'a person with one or more disabilities' and 'disabled as a consequence of ageing and illness' persons identified as Primary carers in NRCP cannot be reliably compared with ABS data or HACC, ACAP and CACP data.

3.7 Client functional characteristics and health status

PARTY CHARACTERISTICS/ Person characteristics					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Disability characteristic	Disability (concept)				
	Disability grouping - Australian				Care recipient's primary disability
	Disability grouping - International				
Functional characteristic	Body functions		Body function impairments*		
	Body structures				
	Communication method				
	ICD10-AM		Health condition*		Dementia*
					Challenging behaviour*

PERSON/ PARTICIPATION/ INDEPENDENCE					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
	Activity areas		Activity limitations		Care recipient's level of need*
	NCCS classifications				Care recipient's primary care needs*
	Activity - level of difficulty				
	Assistance with activity				
	Participation areas				
	Participation extent				
	Participation - satisfaction level				

Data about the functional characteristics and health status of clients are collected in both ACAP and the NRCP (for care recipients, not carers). CACP data may eventually draw on ACAP data related to CACP care recipients by linking the two data sets. HACC dependency data items are currently being developed by the Centre for Health Service Development at the University of Wollongong. The ACAP data elements *Health condition*, in conjunction with *Body function impairments* (currently draft status) and *Activity limitations*, provide information that assists in describing the overall health status of the ACAP client population. *Health condition* allows for the reporting of up to ten diseases or disorders diagnosed as a health concern for the person, using a code list based on the *International Classification of Diseases and related health problems, Australian modification (ICD10-AM)* as the Data domain.

Body function impairments allows for the reporting of impairments in body function even in the absence of diagnosed health conditions known to be the cause of the impairment, and uses a code list based on the WHO *International Classification of Functioning, Disability and Health* (ICF), as the Data domain. However, *Body function impairments* currently has a draft status in the ACAP data dictionary and the Aged Care Assessment Program Data Working Group will engage in further work on the data element before implementation in the ACAP MDS.

Activity limitations reports on the activities in which the help or supervision of another individual is needed by the person, and uses a categorisation of activities that is consistent with the NCSDD, the ABS *Survey of Disability, Ageing and Carers* and the ICF. Thus the ACAP MDS will provide data that is comparable with data from the ABS National Health Survey, the ABS *Survey of Disability, Ageing and Carers* and potentially other national and international population health data.

The NRCP data dictionary includes the data elements *Challenging behaviour* and *Dementia* to describe aspects of the functional/health status of care recipients whose carers receive assistance through the program. As discussed in Section 2.4, the data element *Challenging behaviour* has been graded 'unable to determine' as there is a lack of internal consistency between the Definition and the Data domain. *Challenging behaviour* was developed for the NRCP MDS, and does not appear to be based on any national or international standard classification such as ICD10-AM, ICF, or any data items used in the ABS *Survey of Disability, Ageing and Carers* or data elements defined in the NCSDD. Therefore, these data will not be comparable with ACAP *Health condition* and *Body function impairments* data (which includes some codes to describe dementia related behaviours) or any other national/international data on functional/health status.

The data element *Dementia* has also been included in NRCP as a flag for reporting whether or not a care recipient has been diagnosed with dementia. This code will be mappable to dementia codes reported for ACAP *Health condition* data, although NRCP data will not be as detailed as ACAP data, which has the capacity to identify different types of dementia.

The NRCP also includes *Care recipient's level of need*, which is similar to, but inconsistent with national and international standards, and ACAP's *Activity limitations*. *Care recipient's level of need* specifies a Data domain with codes that specify a high, moderate or low need for support. Each of these 3 levels is split into two components regarding whether or not there are any additional factors, listed in the Guide for use. These additional factors include 'nursing requirements, continence, disruptive/challenging behaviour (which is also identified under the NRCP data element *Challenging behaviour*), dangerous behaviour, disturbed sleep, wandering and extreme emotional dependence'. There is no provision for these additional factors to be coded separately for each person's record.

The distinction between high and moderate levels relates to the *number of tasks* of daily living (listed as self care, mobility and communication) a persons needs assistance with (ie. most or some tasks), whereas the low-level category relates to the *amount of assistance* the person needs (i.e. little). Without a separate listing of self-care,

mobility and communication, and whether or not the person sometimes or always needs assistance in any or all these areas, these data cannot be reliably compared with ABS or ACAP data.

The NRCP data element *Care recipient's primary care needs* collects information about the type of care required by the care recipient, using the *National Classification of Community Services* (NCCS) classification Group 33: People with particular health needs. This classification includes for example 'specific primary health care needs', 'acute health care needs' and 'palliative care needs'. According to the NCCS, however, people with disabilities with ongoing needs for assistance should not be coded to this classification, but should be coded to Group 36: People with disabilities. The Group 36 classification is consistent with ABS standards and the ICF, and classifies people according to whether they need assistance with self care, mobility, communication, interpersonal and social skills, education/learning, work, leisure/civic and community life, and other/unspecified. NRCP data about *Care recipient's primary care needs* will not therefore be comparable with ABS, ICF or ACAP data.

Data about the type of disability that causes most difficulty to NRCP care recipients will be collected through the NRCP data element *Care recipient's primary disability*. This data element is consistent with the NCSDD Disability grouping – Australian national, which in turn is mappable to the Disability grouping – International, and is also consistent with the CSDA MDS Version 1.0 (Commonwealth/State Disability Agreement Minimum Data Set version 1.0) and the ABS Survey of Disability, Ageing and Carers.

3.8 Statistical record linkage and client unit record files

PARTY CHARACTERISTICS/ Person characteristics					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Other person characteristic	Family name	Family name/surname*	Family name/surname	Family name/surname*	Family name/surname*
	Given name	First given name*	First given name	First given name*	First given name*
				Veteran or war widow status	

PARTY ROLE					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Agency role	Record linkage (concept)	Record linkage (concept)*	Record linkage (concept)		Record linkage (concept)
		Letters of name*	Letters of name	Letters of name*	Letters of name*

Each of the four community care data sets specify the same method of statistical record linkage, using a combination of *Letters of name*, *Date of birth* and *Sex*. Statistical record linkage is a process that identifies client records from different agencies within a program and potentially across programs that appear to belong to the same

person. The process is designed to provide a far more accurate count of the number of people assisted by a program (by ensuring that one person using services provided by different agencies is counted only once). Statistical record linkage also facilitates analysis of multiple service use and provides a more comprehensive picture of the range of assistance provided to an individual with the use of a program's funds.

The data elements required for record linkage are consistent with national standards across each collection. Minor changes are required to the Guide for use in *Family name/surname* and *First given name* for HACC, CACP and NRCP, to include rules for coding Indigenous people's names where there is uncertainty about which name to record.

There is no current national standard for *Letters of name*, which is included in the statistical linkage key originally specified in HACC, and subsequently used in each of the community care data sets. The *Letters of name* data element is consistent across all data collections, although NRCP requires updating so that '9's' are recorded if a person's *Family name/surname* or *First given name* is missing altogether, rather than 2's which was the previous method specified in HACC, but updated in the HACC Guidelines Version 1.4.

It has been clearly stated in HACC, ACAP and CACP data dictionaries that the data collections are client centred, and are based on individual client unit record files submitted by agencies. In HACC, a client can be either a care recipient or a carer. For carers that are HACC clients, the same data collection/reporting requirements are employed as for other HACC clients, and it is specified that any respite care assistance received should be recorded against carer records rather than care recipient records, as this type of assistance is targeted at carers. It was suggested in the HACC data dictionary (under the heading 'Scope and limitations of version 1.0') that future developments could include the development of a statistical linkage key for carers. For more information see either the *Final Report on the HACC MDS project* (1998) or *Summary of issues for consideration in the development of Version 2.0 of the HACC MDS* (2001).

In the NRCP data dictionary model, it appears that all data elements relating to both direct respite assistance received and 'indirect' respite received (e.g. domestic assistance) are to be recorded 'in respect of each care recipient'. However, it is not clear from the data dictionary how the data set is to be constructed. It is most likely that individual records relating to care recipients are linked to carer records, which would allow the aggregation of assistance received against carer records, as well as care recipient records. However, it may also be that care recipient records are generated separately to carer records without any data linkage key between care dyads.

The instruction that all assistance should be recorded against carer records appears to contradict the underlying NRCP model that the carer is the client and not the care recipient (that is, that respite care is primarily assistance for the carer rather than the care recipient). In cases where carers have more than one care recipient, recording assistance received against each care recipient may overestimate the amount of

respite care provided, as assistance may be recorded more than once for carers of more than one care recipient. For example, 2 hours of ‘in-home respite’ provided for two elderly parents (care recipients) at the same time would be recorded against each care recipient, resulting in 4 hours of respite being reported for the carer, rather than 2 hours.

These differences in the reporting of assistance received may affect the comparability of NRCP data with HACC data, as the amount of respite assistance received by NRCP carers may not be reliably comparable with the amount of respite assistance received by HACC carers. (See Section 3.9.3 for more discussion of methods used to measure NRCP assistance received).

3.9 Assistance received

A key objective of all community care data collections is to provide data on the assistance received by clients through programs (that is, what actually happened) as opposed to planning and resourcing information (what should happen). Furthermore, the concept of ‘assistance received’ refers to what the person actually gets, aside from the administrative costs involved in providing that assistance. Each community care data collection includes data elements that collect **key dates** associated with service provision, to enable calculations of the length of stay of clients within a program (**service episodes**), as well as the currency of the data that is reported. Data elements relating to service provision also specify the **types of assistance** that were provided and the **quantity of assistance** provided. The categorisation of types of assistance is designed to describe assistance received by a client in terms that are sufficiently generic to identify where the same type of assistance is received by a client despite differences in program-specific funding category terminology.

3.9.1 Service provision profile of clients at entry into program

PERSON/ PARTICIPATION/ INDEPENDENCE					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
	Activity areas (classification)		Current assistance with activities		
			Source of current assist. with activities		
			Government program support at assessment		Current use of formal services*
			Respite care use		
					Informal support

ACAP and NRCP include information on the service usage profile of clients at entry into the respective programs. There are currently no national standard definitions

relating to the support or assistance received by people before entry into programs, although there are national standard classifications relating to types of assistance. ACAP's *Current assistance with activities* has used the classification of activity areas specified in the NCSDD, also consistent with the ICF. There are no national standards relating to Commonwealth funded program classifications, probably because program labels are subject to frequent change and restructuring.

There is also no current national standard for defining formal versus informal types of assistance, which may represent another area where a national standard is required. As discussed in Section 3.6, ACAP includes data on the *Source of current assistance received*, which collects information on whether the types of activities identified under *Current assistance received* are provided by informal carers or formal providers. ACAP's *Government program support at assessment* collects information on which Commonwealth funded programs are providing assistance to the person at entry to their service episode. ACAP's *Respite care use* collects information on whether the person has used residential or community based respite care.

The client data available in Version 2.0 of the ACAP MDS would also be available for people that move onto the CACP program, if it is possible to link ACAP 2624 data with CACP Payment Claim form data. However, this will only be possible if the 2624 incorporates all the information from Version 2.0 of the ACAP MDS. These ACAP data would provide a service provision profile of CACP clients prior to receiving a CACP.

NRCP data on a person's service usage profile at entry to a service episode will be reported by *Current use of formal services*. This data element states in the Definition that it is intended to report on the current pattern of formal service use by the carer, although this is not consistent with the Data domain which relates to services received by both the carer and the care recipient. (This data element was not graded as 'unable to determine' in relation to consistency with national standards as there is no current national standard for this information). *Current use of formal services* does not specify a categorisation of service types, such as program funded service types (eg. HACC) or generic types of assistance (such as domestic assistance). Rather, the Data domain specifies whether the carer or care recipient is receiving 'formal services' that are not further defined. Therefore, these data on the service usage profile of clients prior to entry into an NRCP service episode will not be as comprehensive, and will only be comparable with the service usage profile of ACAP clients on the basis of the distinction between formal and informal sources of assistance.

NRCP's *Informal support* collects information about the relationship(s) of the person(s) providing informal assistance to the carer. Information about the relationship of person(s) providing support to carers is similar to a data item in the ABS Survey of Disability Ageing and Carers, *Relationship of main source of assistance to primary carer*, which includes the same Data domain. However, the NRCP data element will not be comparable with ABS data, as the ABS Data domain allows only single response coding for the person providing the most assistance to the carer, whereas the NRCP data element allows a multiple coding response for more than

one relationship. It should also be noted that this data element will be a count of the number of relationships providing assistance to the carer, and not the number of people providing assistance, (i.e. people who have the same relationship to the carer, e.g. 'daughter', will only be coded once under the relevant code).

The HACC MDS does not contain information about the source and nature of assistance received by clients prior to (or at) entry to the program, except to the extent that *Carer-existence of* indicates the presence of some informal support to HACC clients who are frail older people or younger people with disabilities (ie not relevant to HACC clients who are carers).

3.9.2 Service episodes and key dates

EVENT/Health & Welfare service event					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Referral event	Referral date		Referral date		
	Referral/contact method				
	Referral source	Source of referral*			Source of referral*
Assessment of eligibility for service	Assistance type requested				
	Assistance - reason not provided				Reason inability to respond to request
				Approval from date	
Entry into service event	Assistance request date		First intervention date		
	First service contact date	Date of entry into HACC service	First face-to-face contact date	Date commence. care plan assist.	Date of first contact*
Assessment event			ACAT comprehensive assessment (concept)		
	Assessment date	Date of last assessment			
	Assistance urgency		Priority category		Nature of most recent contact (urgency)*
	Eligibility status				
Exit/discharge from service	Last service contact date	Date of exit from HACC service episode*	Assessment end date	Date of cessation	Date of most recent contact*
	Service cessation reason	Main reason for cessation of services	Reason for ending assessment	Reason for cessation	
Determination of legal status event					
Other health and welfare event					
Other event					Nature of most recent contact (time)*

The NCSDD *Service episode* concept (mapped to the *Service provision event* entity under Section 3.9.3) defines an episode as the length of time during which a client receives assistance from an agency. In conjunction with information about the amount and type of assistance received by clients, information about the length of *Service episode* also gives some indication of the intensity of assistance provided by

agencies. The nature of a *Service episode* and the dates and concepts used to define it will differ between programs, according to the nature of the program and the assistance that it provides.

In HACC, the *Service episode* concept has been defined by *Date of entry into HACC service episode* and *Date of exit from HACC service episode*. However, these two dates are not current reporting requirements for HACC, as there was some confusion reported by providers about applying the concept of a *Service episode* in the field. HACC has now moved to 3 month reporting periods, which act as a de facto or proxy service episode, in the absence of a date of entry and a date of exit.

ACAP includes *ACAT comprehensive assessment* to define a service episode for the purposes of the ACAP MDS Version 2.0, which effectively excludes some types of service activity also undertaken by ACATs from the reporting requirements of the MDS. CACP has defined a *Service episode* as the length of time between *Date of commencement of care plan assistance* and *Date of cessation*, which excludes service activity that occurs before the commencement of the care plan.

NRCP does not include a definition of a service episode concept although reference is made throughout the Data Dictionary to “service episodes”. The NRCP MDS includes key dates, *Date of first contact* and *Date of most recent contact*, that may be intended to assist with measuring a service episode. The NRCP *Date of first contact* has been graded as ‘unable to determine’ as it is not clear how or whether it will be used to define more than one service episode over a reporting period. The NRCP *Date of most recent contact* has also been graded as ‘unable to determine’ because there is insufficient information to determine how it will be identified (e.g. how service providers will distinguish ‘initiating calls’ from ‘subsequent calls’). There is uncertainty regarding whether *Date of most recent contact* will be continually overwritten, or which type of service event prompts the recording of such a date.

Both HACC and NRCP have specified the same Data domain for *Source of referral*. These data will be comparable across both programs, however it is not possible to determine whether the HACC/NRCP Data domains will be mappable to NCSDD *Referral source*, as the NCSDD codes will be undergoing further development and testing.

ACAP includes data elements that measure the appropriateness of the length of time that a client waited for a comprehensive assessment of their care needs by the ACAT (*Referral date*, *First intervention date* and *Priority category*). The person is assigned a *Priority category* at the time of referral. *Priority category* is consistent with the national standard *Assistance urgency*, which measures ‘urgency’ as an assessed time period within which assistance is needed by the person. The NRCP also includes the data element *Nature of most recent contact – urgency* that records whether a contact made by a carer was urgent or non-urgent, but does not include a description of the factors or circumstances that warrant an ‘urgent’ or ‘non-urgent’ categorisation. Neither does the NRCP data element identify the timeframe within which an urgent request for assistance should be met. Given the likely variability in some providers’ views of what is urgent and non-urgent, comparability of these data within the NRCP MDS data set is suspect.

The mapping below illustrates the comparability of data across HACC, CACP and ACAP for reasons for cessation of services to clients. All three data sets are consistent with national standards. HACC and CACP share the same Data domain, largely because the nature of the two programs is quite similar – both provide long term assistance to clients, and the reasons why clients cease receiving services are often similar. ACAP provides comprehensive assessment assistance over a short period of time, rather than long-term service provision, and therefore the ACAP data element *Reason for ending assessment* is different to HACC and CACP to suit the needs of the program. Therefore, although the ACAP codes are mappable to the national standard, the codes that map to the NCSDD code ‘Client referred or moved to another agency’ are different to the codes mapped for HACC and CACP. The NRCF data set does not include information about the reasons for cessation of services to clients.

Table 3: Mapping of Service cessation reason across NCSDD, HACC, CACP and ACAP.

NCSDD	HACC	CACP	ACAP
Client no longer needs assistance from agency	Client no longer needs assistance from agency	Recipient no longer needs assistance from provider	Assessment complete – care plan developed to the point of effective referral
Client referred or moved to other agency	Client moved to residential, institutional or supported accommodation setting	Recipient no longer needs assistance from provider – moved to setting with 24-hour care.	Assessment incomplete – client transferred to another ACAT.
	Clients needs have increased – other service provider required	Recipient referred to other community care program	Assessment incomplete – client’s medical condition unstable, requires acute care before assessment
			Assessment incomplete – client’s functional status unstable, requires rehabilitation before assessment
Client’s needs have not changed but agency can or will no longer provide assistance	Services terminated due to budget/staffing constraints Services terminated due to Occupational Health and Safety (OHS) reasons	Service terminated due to budget constraints	
Client moved out of area	Client moved out of area	Client moved out of area	
Client terminated service	Client terminated service	Client terminated service	Assessment incomplete – client withdrew
Client died	Client died	Client died	Assessment incomplete – client died
Other reason	Other	Other	Other reason
Not stated/inadequately described	Not stated/inadequately described	Not stated/inadequately described	Not stated/inadequately described

3.9.3 Service events, types and quantities of assistance

EVENT/Health & Welfare service event					
NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
Service provision event	Assistance received	Amount of assistance received (time)		Amount of assistance received (time)	Referral to services*
		Amount of assistance received (quantity)		Amount of assistance received (quantity)	Community respite services booked
		Amount of assistance received (cost)		Amount of assistance received (cost)	Residential respite services booked
		Total amount of assist received (time)*		Total amount of assist received (time)*	Community respite services purchased
		Total amount of assist received (quantity)		Total amount of assist received (quantity)	Residential respite services purchased
		Total amount of assist received (cost)		Total amount of assist received (cost)	Indirect respite/other services purchased
		Total assist with goods and equipment received			Individualised respite purchases
					Respite hours purchased
					Cost of comm. respite services purchased
					Cost of resi. respite services purchased
					Cost of indirect respite purchased
					Cost of individualised respite purchases
	Assistance received date	Date of receipt of assistance		Date of receipt of assistance	
	Assistance type	Primary type of assistance received		Primary type of assistance received	Type of assistance
	Goods and equipment received	Assistance with goods and equipment received			
	Service episode (concept)	HACC service episode (concept)*		CACP Service episode (concept)	
	Service event (concept)	HACC service event (concept)			Service event*
		Funding source category		Funding source category	
				Number of provided packages	
Case management event	Case management plan indicator				

The *Service event* concept is generally described by a cluster of data elements that provide information about where it happened, what assistance was received and how much. What constitutes a *Service event* is influenced by the Definition of ‘assistance’. That is, every interaction between an agency and a client may not be considered of sufficient significance to warrant recording as a *Service event*, and specific program requirements and the issue of data collection burden will influence how ‘assistance’ is defined.

Service event has been defined in HACC and CACP to relate to the specific types of assistance for clients that are listed in the data element *Primary type of assistance received*. The unit of measurement for reporting an amount of assistance varies by type of assistance. The units of measurement specified in HACC and CACP are consistent for types of assistance common to both programs. They are also consistent with the NCSDD.

In the case of NRCP, all assistance related data elements have been graded as 'unable to determine'. This is because it is not stated in the data elements how different types of assistance will be measured or quantified.

The NRCP Definition of *Service event* has also been graded as 'unable to determine', as the types of activities that comprise a service event have not been clearly defined, which would also help to define the scope of the collection. NRCP *Service event* does not appear to exclude any type of assistance from the collection, and therefore any contact between a client and an NRCP agency should be recorded, according to the definitions set out in the NRCP data dictionary. When reviewing the NRCP data dictionary, the AIHW project team documented concerns about the scope of the collection (see the paper produced for DoHA, *Review of draft data elements proposed for the NRCP (Carer Respite Centre) MDS*). A collection that includes information about every client contact and all types of service activity may place a considerable burden on service providers, with the risk that poor quality data may be reported as a result. The service event concept has not been operationalised in the ACAP MDS V2.0. That is this data set reports on service episodes (i.e. comprehensive assessments) rather than reporting information derived from a record of each service event (i.e. total amount of time taken to assess a client by adding up the duration of each contact with the client).

3.9.4 Care Plan

CARE PLAN					
NCSIM-M	NCSD	HACC	ACAP	CACP	NRCP
			Government program support recommended		
			Recomm. formal assist. with activities		
			Recommended long term care setting		
			Respite care recommended		

ACAP includes data elements (above) that relate to recommendations made by an Aged Care Assessment Team for long term care arrangements for clients. The Care Plan entity has in fact been 'borrowed' from the National Health Information Model (Version 2 draft), as there is no current equivalent entity in the National Community Services Information Model (see Section 2.1). Although *Recommended formal assistance with activities* and *Recommended long term care setting* are not represented as having relevant national standards, both specify a Data domain that is consistent with the national standard for classifying types of assistance and accommodation settings.

3.9.5 Service delivery settings

LOCATION					
NCSIM - M	NCSDD	HACC	ACAP	CACP	NRCP
Setting					
Service delivery setting	Service delivery setting	Service delivery setting	First face-to-face contact setting*		

HACC and ACAP data on *Service delivery setting* are consistent with national standards. HACC currently specifies that *Service delivery setting* is only reported for 'Nursing Care', 'Allied Health Care' and 'Meals'. CACP has not included a *Service delivery setting* data element. Except for 'day centre care' and 'social and community participation', it can reasonably be assumed that CACP assistance is received at 'home'.

Data on service delivery settings may require further development in the future. The National Classifications of Community Services is currently being revised (Version 2 due for release in 2002), future work on identifying and reporting on service delivery settings should be consistent with this national standard. In addition, current data elements using this standard should be reviewed for ongoing consistency.

Appendix A

NCSIM Version 1.0 (modified)

PARTY

PERSON

AGENCY

PARTY GROUP

FAMILY

HOUSEHOLD

TARGET GROUP

OTHER PARTY GROUP

National Community Services Information Model Version 1.0 (Modified)
 Prepared by the Community Care and Community Health Unit
 Australian Institute of Health and Welfare
 GPO Box 570, Canberra ACT Australia 2601
 Phone: (02) 6244 1000 Fax: (02) 6244 1199

NEED

PERSON PARTICIPATION/ INDEPENDENCE

CARE PLAN

ENVIRONMENT

TOOLS AND EQUIPMENT

PERSONAL SUPPORT

SOCIAL AND CULTURAL ENVIRONMENT

ECONOMIC AND POLITICAL ENVIRONMENT

HUMAN-MADE PHYSICAL ENVIRONMENT

NATURAL ENVIRONMENT

PARTY CHARACTERISTICS

PERSON CHARACTERISTICS

DEMOGRAPHIC CHARACTERISTIC

SOCIO-CULTURAL CHARACTERISTIC

EDUCATIONAL CHARACTERISTIC

LABOUR CHARACTERISTIC

ACCOMMODATION/LIVING CHARACTERISTIC

INCOME CHARACTERISTIC

LEGAL CHARACTERISTIC

IMPAIRMENT CHARACTERISTIC

DISABILITY CHARACTERISTIC

FUNCTIONAL CHARACTERISTIC

OTHER PERSON CHARACTERISTIC

PARTY GROUP CHARACTERISTIC

FAMILY CHARACTERISTIC

FAMILY INCOME CHARACTERISTIC

OTHER FAMILY CHARACTERISTIC

HOUSEHOLD CHARACTERISTIC

HOUSEHOLD INCOME CHARACTERISTIC

OTHER HOUSEHOLD CHARACTERISTIC

AGENCY CHARACTERISTIC

STATE OF WELLBEING

PERSON VIEW

EVENT

PERSON EVENT

BIRTH EVENT

LIFE EVENT

DEATH EVENT

ENVIRONMENTAL EVENT

ENVIRONMENTAL MODIFICATION EVENT

ECONOMIC TRANSACTION EVENT

EXPENDITURE

TRANSFER/SUBSIDY

REVENUE/RECEIPT

COMMUNITY/FAMILY EVENT

INFORMAL CARER ASSISTANCE EVENT

INFORMAL CARE EVENT

HEALTH AND WELFARE SERVICE EVENT

REFERRAL EVENT

ASSESSMENT FOR ELIGIBILITY FOR SERVICE EVENT

ENTRY INTO SERVICE EVENT

ASSESSMENT EVENT

SERVICE PROVISION EVENT

CASE MANAGEMENT EVENT

LEAVE FROM SERVICE EVENT

EXIT/DISCHARGE FROM SERVICE EVENT

DETERMINATION OF LEGAL STATUS EVENT

OTHER HEALTH AND WELFARE EVENT

OTHER EVENT

SERVICE

FEE STRUCTURE

ACTIVITY

ENABLING FACTORS

RESOURCE

KNOWLEDGE FACTOR

AVAILABILITY FACTOR

ACCESSIBILITY FACTOR

BUSINESS FACTORS

BUSINESS STATEMENT

HEALTH AND WELFARE POLICY/ PLAN

HEALTH AND WELFARE POLICY/PLAN ELEMENT

VISION/MISSION

GOAL/OBJECTIVE

PRIORITY

PERFORMANCE INDICATOR

OTHER POLICY/PLAN ELEMENT

BUSINESS PROGRAM

BUSINESS AGREEMENT

FUNDING AGREEMENT

EMPLOYMENT

OTHER AGREEMENT

PERFORMANCE GOAL

BENCHMARK

STANDARD

PARTY ROLE

PERSON ROLE

CITIZEN ROLE

FAMILY RELATIONSHIP ROLE

CARER ROLE

RECIPIENT ROLE

SERVICE PROVIDER ROLE (person)

AGENCY ROLE

SERVICE PROVIDER ROLE (AGENCY)

SERVICE FUNDER ROLE

SERVICE PURCHASER ROLE

OTHER ROLE

HEALTH AND WELFARE SERVICE PROGRAM

OUTCOME

LOCATION

ADDRESS

SETTING

SERVICE DELIVERY SETTING

OTHER SETTING

Appendix B

Mapping of community care data sets (full version)

Mapping of national community care data collections and assessment for consistency with national standards.

KEY	
Data element name	Wholly consistent with national standards
<i>Data element name (italics)</i>	Mostly consistent (in meaning and interpretation) but needs minor changes to enhance consistency
<u>Data element name (underlined)</u>	Data domain is mappable to the national standard, but codes are not as detailed as the national standard.
Data element name	Not applicable (no national standard exists)
Data element name	Unable to determine - not enough information to determine consistency.
Data element name	Not consistent with national standards
Data element name *	Data elements with a * have a comment in the 'Comments' attachment
National/international standard	National standard

National and international Standards include:

- National Community Services Information Model Version 1.0 (modified) (2000) (NCSIM-M)
 - National Health Information Model Version 2.0 Draft
 - National Community Services Data Dictionary Version 2 (2000) (NCSDD)
 - National Classification of Community Services Version 1.0 (1997) (NCCS)
- Where relevant NCSDD standards do not exist, other standards have been used. These are identified in **bold** in the mapping and include:*
- National Health Data Dictionary Version 10 (2001) (NHDD)
 - International statistical Classification of Diseases and related health problems, 10th revision, Australian Modification (1998) (ICD10-AM)
 - International classification of functioning, disability and health. World Health Organisation (WHO) (2001).
 - Australian Bureau of Statistics published standards and classifications

Exclusions:

- HL7
- Standards published by Standards Australia.

Community Care Data Collections assessed for consistency with national standards include:

- **HACC**: Home and Community Care Data Dictionary Version 1.0, 1998, taking into account changes in HACC Guidelines Version 1.4 and the HACC MDS Data Linkage Key Technical Guidelines.
- **ACAP**: Aged Care Assessment Program Data Dictionary Version 1.0, Final Draft, May 2001.
- **CACP**: Community Aged Care Packages Program Data Dictionary Draft Version 1.0, June 2000 (incl. three draft data elements developed May 2001)
- **NRCP**: National Respite for Carers Program National Minimum Data Set Draft Data Dictionary Version 1.0, February 2001.

Assessment for consistency has been based on available documentation at the time. There may have been some changes made to data dictionaries and guidelines during the course of this project.

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
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PARTY					
Person					
Agency	Agency (concept)	HACC agency (concept)*		CCP Provider (concept)*	Carer respite/resource centre
Party Group					
Family	Family (concept)				
Household	Household (concept)				
Target group	Target groups				
Other party group					

PARTY CHARACTERISTICS					
Person characteristics					
Demographic characteristics	Age				
	Date of birth	Date of birth*	Date of birth	Date of birth	Date of birth
	Sex	Sex	Sex	Sex	Sex
Socio-cultural characteristic	Country of birth	Country of birth	Country of birth	Country of birth	Country of birth
	First language spoken				
	Indigenous status	Indigenous status*	Indigenous status	Indigenous status	Indigenous status*
	Main lang. other than Eng. spoken at home	Main language spoken at home*	Main lang. other than English spoken at home*	Main language spoken at home*	Main lang. other than English spoken at home
	Marital status				Marital status
	Proficiency in spoken English		Proficiency in spoken English*	Proficiency in spoken English*	
	Religious affiliation				
	Year of arrival in Australia				
Educational characteristic	Education field				
	Education level				
Labour characteristic	Employment status				Paid employment participation*
	Employment status (fulltime/part-time)				
	Labour force status				
	Occupation		Assessor profession		
Accommodation/living characteristic	Carer co-residency	Carer residency status*	Carer residency status	Carer residency status	Co-residency of carer*
	Dwelling (concept)				
	Homelessness (concept)				
	Landlord type				
	Living arrangements	<i>Living arrangements*</i>	<i>Living arrangements*</i>	<i>Living arrangements*</i>	
	Residential setting	Accommodation setting (current)*	Accommodation setting - usual*	Accommodation setting (usual)*	
	Tenure type	<i>Tenure (included in Accommm setting)*</i>	<i>Tenure (included in Accommm setting)*</i>	<i>Tenure (included in accommm setting)*</i>	
		Accomm setting after cessation of services			

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
PARTY CHARACTERISTICS/ Person characteristics continued					
Income characteristic	Principal source of income				
	Sources of cash income	Government pension/benefit status			Government pension/benefit status*
				Financial hardship (concept)	
				Personal financial hardship status	
			DVA entitlement	DVA entitlement	DVA cardholder status*
Legal characteristic	Legal order				
Impairment characteristic	Impairment extent				
Disability characteristic	Disability (concept)				
	Disability grouping - Australian				Care recipient's primary disability
	Disability grouping - International				
Functional characteristic	Body functions		Body function impairments*		
	Body structures				
	Communication method				
	ICD10-AM		Health condition*		Dementia*
					Challenging behaviour*
Other person characteristic	Family name	Family name/surname*	Family name/surname	Family name/surname*	Family name/surname*
	Given name	First given name*	First given name	First given name*	First given name*
				Veteran or war widow status	
Party group characteristics/ family characteristics					
Family income characteristics					
Other family characteristic	Family type				
Party group characteristics/ Household characteristics					
Household income characteristic	Income unit (concept)				
Other household characteristic	Household type				
	Relationship in household				
Agency characteristic	Agency identifier (concept)		ACAT ID	Provider name	Carer respite/resource centre identification
				Provider number	
				Provider type	
	Full-time equivalent paid staff				
	Full-time equivalent volunteer/unpaid staff				
	Hours per week paid staff				
	Hours per week volunteer/unpaid staff				Volunteer services*
	Service operation days				
	Service operation hours				
	Service operation weeks				
	Service types available				
State of wellbeing					
Person view					

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
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PARTY ROLE					
Person role					
Citizen role					
Family relationship role					
Carer role	Informal carer (concept)	Carer (concept)*		Informal carer (concept)*	Carer*
	ABS Surv. Disability, Ageing and Carers				Carer role*
	Carer availability	Carer - existence of*	Carer availability*	Carer availability*	
	Relationship of carer to care recipient	Relationship of carer to care recipient*			
					Number of care recipients
					Date caring role commenced
					Time spent caring*
Recipient role	Client (concept)	HACC client (concept)	ACAT client (concept)	CCP recipient	Care recipient*
			Client ID	Recipient ID	
	Volunteer				
Service provider role (person)					
Agency role	Record linkage (concept)	Record linkage (concept)*	Record linkage (concept)		Record linkage (concept)
		Letters of name*	Letters of name	Letters of name*	Letters of name*
Service provider role					
Service funder role					
Service purchaser role					
Other role					

NEED					
	Assistance request reason (concept)	Reason for HACC client status*			
	Interpreter services required				
					Carer need*

PERSON/ PARTICIPATION/ INDEPENDENCE					
	Activity areas		Activity limitations		Care recipient's level of need*
					Care recipient's primary care needs*
	Activity - level of difficulty				
	Assistance with activity				
	Participation areas				
	Participation extent				
	Participation - satisfaction level				
	(Activity areas)		Current assistance with activities*		
			Source of current assist. with activities		
			Government program support at assessment		Current use of formal services*
			Respite care use		
					Informal support*

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
CARE PLAN					
Note: there are no NHDD data elements mapped to this entity.			Government program support recommended		
			Recomm. formal assist. with activities*		
			Recommended long term care setting*		
			Respite care recommended		
EVENT					
Person event					
Birth event					
Life event	Adoption (concept)				
	Child abuse and neglect type				
Death event					
Environmental event					
Environmental modification event					
Economic transaction event					
	Capital - stock				
	Non-financial asset type				
Expenditure	Capital expenditure - gross				
	Capital expenditure - net				
	Recurrent expenditure			Recurrent expenditure*	
Transfer/subsidy					
Revenue/receipt	Revenue				
Community/family event					
Informal carer assistance event					
Informal care event					
Health & Welfare service event					
Referral event	Referral date		Referral date		
	Referral/contact method				
	Referral source	Source of referral*			Source of referral*
Assessment of eligibility for service event	Assistance type requested				
	Assistance - reason not provided			Approval from date	Reason inability to respond to request
Entry into service event	Assistance request date		First intervention date		
	First service contact date	Date of entry into HACC service episode*	First face-to-face contact date	Date of commencement of care plan assistance	Date of first contact*
Assessment event			ACAT comprehensive assessment (concept)		
	Assessment date	Date of last assessment			
	Assistance urgency		Priority category		Nature of most recent contact (urgency)*
	Eligibility status				

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
---------	-------	------	------	------	------

EVENT/ Health and Welfare Service event continued					
Service provision event	Assistance received	Amount of assistance received (time)		Amount of assistance received (time)	Referral to services*
		Amount of assistance received (quantity)		Amount of assistance received (quantity)	Community respite services booked
		Amount of assistance received (cost)		Amount of assistance received (cost)	Residential respite services booked
		Total amount of assist received (time)*		Total amount of assist received (time)*	Community respite services purchased
		Total amount of assist received (quantity)*		Total amount of assist received (quantity)*	Residential respite services purchased
		Total amount of assist received (cost)*		Total amount of assist received (cost)*	Indirect respite/other services purchased
		Total assist with goods and equipment received			Individualised respite purchases
					Respite hours purchased
					Cost of comm. respite services purchased
					Cost of resi. respite services purchased
					Cost of indirect respite purchased
					Cost of individualised respite purchases
	Assistance received date	Date of receipt of assistance		Date of receipt of assistance	
	Assistance type	Primary type of assistance received		Primary type of assistance received	Type of assistance
	Goods and equipment received	Assistance with goods and equipment received			
	Service episode (concept)	HACC service episode (concept)*		CCP Service episode (concept)	
	Service event (concept)	HACC service event (concept)			Service event*
		Funding source category		Funding source category	
				Number of provided packages	
Case management event	Case management plan indicator				
Leave from service event				Leave start date	
				Leave return date	
				Reason for leave	
NHDD Exit/leave from service event	Total amount of leave (hospital setting)			Amount of leave taken*	
Exit/discharge from service	Last service contact date	Date of exit from HACC service episode*	Assessment end date	Date of cessation	Date of most recent contact*
	Service cessation reason	Main reason for cessation of services	Reason for ending assessment	Reason for cessation	
Determination of legal status event					
Other health and welfare event					Nature of most recent contact (time)*
Other event					

HEALTH AND WELFARE SERVICE PROGRAM (no NCSDD data elements are mapped to this entity).

OUTCOME (no NCSDD data elements are mapped to this entity)

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
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LOCATION					
Address	Address			Recipient residential address	
				Provider location address	
				Provider contact address	
	Geographic identifier (concept)				
	Geographic location	Area of residence			
	Postcode	Postcode	Postcode		Postcode
	State/Territory identifier				
	Suburb/town/locality name	Suburb/town/locality name	Suburb/town/locality name		Suburb/town/locality name
Setting					
Service delivery setting	Service delivery setting	Service delivery setting	First face-to-face contact setting*		
Other setting					

ENVIRONMENT					
	Environmental factors				
	Environmental factors - extent of influence				
Tools and equipment					
Personal support					
Social and cultural environment					
Economic and political environment					
Human-made physical environment					
Natural environment					

SERVICE (no national standards or data elements mapped to this entity)					
Fee structure					
Activity					

ENABLING FACTORS					
Resource				Number of approved packages	
			ACAT funding		
Knowledge factor					
Availability factor					
Accessibility factor					

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
BUSINESS FACTORS					
Business statement					
Health & welfare policy/plan					
Health & welfare policy/plan element					
Vision/mission			National level policy objective	National level policy objective	
Goal/objective			Lower level policy objectives	Lower level policy objectives	
Priority					
Performance indicator	Performance indicators (various)				
Equity			% older ACAT clients who are ATSI	% older CACP care recipients who are ATSI	
			% older ACAT clients cult/ling diverse	% older care recipients cult/ling diverse	
			% older ACAT clients rural/remote areas	% older CACP care recipients rural/remote	
			% older people assessed by ACATs	% older people who are CACP recipients	
			% older people sev/prof restrict assessed by ACATs	% older people sev/prof who are CACP recipients	
			% ACAT clients receiving timely assistance	% CACP providers meeting financial hardship target	
			% younger people sev/prof restrict assessed by ACATs	% CACP agencies met vets/war widows target	
			% older ACAT clients with dementia	% older CACP recipients who are vets/war widows	
				% CACP recipients receiving more than one type assist	
				% service episodes prov. at least 6hrs per week assist	
Effectiveness			% recomms for resi care for clients not 'at risk'	% CACP recipients 'at risk' of entry into res care	
			% recomms for resi care for younger clients	% older people approved for CACP who commence	
			% older people with dementia recomb for community settings	Ratio of approved CACPs per 1,000 older persons	
			% older people 'at risk' recommended for a CACP	% CACP providers providing assist all days of year	
			% recomms for comm. for clients assessed in comm.	% CACP recipients reviewed within last 12mth period	
			% recomms for community for clients assessed in hospital	% CACP recipients received assist assessed as needing	
Quality			% multidisciplinary assessmnts for 'at risk'	% CACP agreements signed by recipients	
				% CACP providers policies personal info	
				% CACP agencies include info on complaints procs	
Efficiency			Cost per unit output	Average no.hours of assist per CACP	
				% income spent on direct care	

Mapping of national community care data collections and assessment for consistency with national standards.

NCSIM-M	NCSDD	HACC	ACAP	CACP	NRCP
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BUSINESS FACTORS continued					
Other policy/plan element					
Business program					
Business agreement					
Funding agreement					
Employment					
Other agreement					
Performance goal					
Benchmark					
Standard					

COMMENTS

Mapping of national community care data collections and assessment for consistency with national standards.

HACC	
HACC agency (concept)	Mapped to Party role/Agency role in the HACC model. Could be mapped to Party/Agency for consistency with NCSDD.
Date of birth	Has estimated date as 0101 est. year of birth, ACAP has 0107 est. year of birth which is consistent with Centrelink. ACAP's method is particularly relevant to Aboriginal clients living in remote areas where dates of birth are often unknown and Centrelink's records are commonly used as the standard for consistent recording.
Indigenous status	HACC, ACAP and CACP indigenous status definition is based on self-identification only, and is different to the NCSDD definition, although the meaning is consistent. The wording of the NCSDD definition is under review.
	HACC data dictionary V1.0 includes code 10 'indigenous nfd' and code 20 'non-indigenous nfd'. Guidelines 1.4 state that this is no longer a reporting requirement.
Main language spoken at home	Current ABS standards on cultural/linguistic diversity have not been confirmed.
	According to Guidelines 1.4, coding for ATSI languages has been simplified to include only 2 codes, Aboriginal languages and Torres Strait Islander languages. This is consistent with ACAP. CACP lists 12 indigenous languages. NRCP data dictionary does not include a coding list for languages.
Carer residency status	Mapped to Environment/Personal support in HACC model. Could be mapped to Party characteristics/Accommodation-living characteristics for consistency with NCSDD.
Living arrangements	Has codes that are mappable to national standard, but not as detailed (ie. maps down to the standard rather than up). The NCSDD currently includes 3 codes under 'lives with family', and another code for 'separate arrangements'.
Accommodation setting	The person's accommodation setting is defined as where the person lives while receiving services, which is different to where the person 'usually lives' in ACAP.
	Has codes that are mappable to the national standard, but not as detailed. Codes for tenure do not include codes for 'Private residence - rent free', and 'private residence - shared equity or rent/buy scheme'. These 2 codes from the national standard can be mapped to HACC's 'other', and are relatively uncommon codes.
Family name/surname and First given name	Mapped to Person role/recipient role in the model. Could be mapped to Party characteristics/other person characteristics for consistency with NCSDD.
	Guide for use requires updating (for consistency with national standard) to include rules for coding ATSI people's names where there is uncertainty about which name to record (ie. record name on Centrelink card).
Carer (concept)	Leaves out some of the detail found in the NCSDD version, about carer's role in maintaining care recipient's ability to remain at home. This information could be included to improve consistency across data sets in identifying carers.
Carer - existence of	Does not have same guideline as ACAP re: identifying carers where there is some doubt.
Record linkage	Mapped to Party role/Person role/Recipient role in the HACC model. Could be mapped to Agency role for consistency with national standard.
Letters of name	Has a guideline stated in 'HACC MDS Data Linkage Guidelines' that when a person's name is missing altogether, 9's should be recorded for all 3 letters of surname and 2 letters of first name. This is not stated in the guidelines 1.4 (The data dictionary specifies that 2's should be recorded in these situations).
	Is mapped to Party characteristic/Person characteristic/Other person characteristic. Could be mapped to Party role/Agency role for consistency with NCSDD.
Reason for HACC client status	Consistent with the NCSDD definition, although the NCSDD data domain has not yet been developed.
	Mapped to Party role/Person role/Recipient role in HACC. Could be mapped to 'Need' for consistency with NCSDD.
Source of referral	Difficult to assess consistency with NCSDD as the categories 'Health agency' and 'Community services agency' in NCSDD are not comprehensively defined, and it is not possible to determine with certainty where HACC codes should be mapped. The NCSDD DE is to undergo further development and testing.
Date of entry into HACC service episode	Not a reporting requirement according to Guidelines 1.4.

COMMENTS**Mapping of national community care data collections and assessment for consistency with national standards.**

HACC Total amount of assistance received (time), (quantity), (cost) and (goods and services)	Mapped to the OUTCOME entity in the HACC model. Could be mapped to Event/service provision event for consistency with NCSDD.
Service episode	Date of entry into HACC service episode and Date of exit from HACC service episode are no longer reporting requirements according to Guidelines 1.4.
	This DE concept is mapped to Health and Welfare Service event in the HACC model. Could be mapped to Event/service provision event for consistency with NCSDD.
Date of exit from HACC service episode	Not a current reporting requirement.

COMMENTS

Mapping of national community care data collections and assessment for consistency with national standards.

ACAP	
Main language other than English spoken at home	The AIHW are seeking further clarification from the NCSIMG on the core set of ABS variables for measuring cultural and linguistic diversity. This advice will determine whether Main language and Proficiency in spoken English are listed as 'current' reporting requirements.
Proficiency in spoken English	The AIHW are seeking further clarification from the NCSIMG on the core set of ABS variables for measuring cultural and linguistic diversity. This advice will determine whether Main language and Proficiency in spoken English are listed as 'current' reporting requirements.
Living arrangements:	Data domain is mappable but not as detailed as the national standard. The NCSDD currently includes 3 codes for 'lives with family', and another code for 'separate arrangements'. This level of detail was not required for ACAP policy and planning purposes.
Accommodation setting - usual	This is a self-reported data element (using the ABS standard question). Does not use the ABS six month rule for defining usual residence (as in CACP). There is no NCSDD standard for defining 'usual' residence.
	Has codes that are mappable to the national standard, but not as detailed. Codes for tenure do not include codes for 'Private residence - rent free', and 'private residence - shared equity or rent/buy scheme'. These 2 codes from the national standard can be mapped to ACAP's 'other', and are relatively uncommon codes.
Body function impairments	Currently draft status in the dictionary, and will be subject to further work before it is implemented in version 2.0 of the MDS.
Health condition	Only relevant national standard is ICD10-AM. There is a similar data element called 'Medical diagnosis' used in the Community Nursing Minimum Data Set Australia (CNMDSA) which uses the ICD10-AM code list for the data domain, which is not included in the current National Health Data Dictionary. Apart from this, there are no similar data elements.
Carer availability	Has an extra code 'not applicable' which screens out people living in institutional care. This does not present a problem for consistency as community care clients generally live in the community. The 'not applicable' code is also consistent with the NHDD carer availability data element, which has a code 'Not applicable person in residential care'.
	Has a guideline in Guide for use about when to record a carer when in doubt, which is not included in HACC, CACP or NRCP.
Current assistance with activities	Definition is not based on a national standard, although the Data domain is based on the NCSDD Activity areas.
First face-to-face contact setting	Data domain does not include codes as detailed as the national standard (eg. independent living, supported accommodation setting, general community setting), as these codes were not required for policy and planning purposes.
Recommended long term care setting	Data domain is based on NCSDD Assistance received categories.
Recommended formal assistance with activities	Data domain is based on NCSDD Residential setting categories.

COMMENTS

Mapping of national community care data collections and assessment for consistency with national standards.

CACP	
CCP Provider (concept)	Mapped to Party role/ Agency role in the CACP DD. Could be mapped to Party/Agency for consistency with NCSDD.
Main language spoken at home	Includes 12 codes for Australian Indigenous languages (unlike HACC).
	Has used Main language spoken at home rather than Main language other than English spoken at home. The AIHW are seeking further clarification from the NCSIMG on the core set of ABS variables for measuring cultural and linguistic diversity. This advice will determine whether Main language and Proficiency in spoken English are listed as 'current' reporting requirements.
Proficiency in spoken English	The AIHW are seeking further clarification from the NCSIMG on the core set of ABS variables for measuring cultural and linguistic diversity. This advice will determine whether Main language and Proficiency in spoken English are listed as 'current' reporting requirements.
Living arrangements	CACP used same data domain as ACAP, which is mappable to but not as detailed as the national standard.
Accommodation setting	Defined as the setting in which the person usually lives. Usual is defined according to the ABS rule as 'that address where the person has lived or intends to live for a total of 6 months or more'. This rule not included in ACAP, where it is based on self-reporting only.
	Has codes that are mappable to the national standard, but not as detailed. Codes for tenure do not include codes for 'Private residence - rent free', and 'private residence - shared equity or rent/buy scheme'. These 2 codes from the national standard can be mapped to HACC's 'other', and are relatively uncommon codes.
Family name/surname	Meaning is consistent with national standards, although:
	1. Guide for use requires information about how to record names for ATSI people where there is uncertainty about which name to record.
	2. Collection methods requires updating to include more comprehensive guidelines about recording surnames.
First given name	First given name meaning is consistent with NCSDD, although:
	1. Guide for use requires information from NCSDD about coding ATSI names where there is uncertainty about which name to record (currently blank).
	2. Collection methods requires updating to be more comprehensive.
Informal Carer (concept)	Omits some of the detail found in the NCSDD version, about carer's role in maintaining care recipient's ability to remain at home. This information could be included to promote consistency in identifying carers.
Carer availability	Definition slightly different to national standard: should include the words 'regular and sustained basis' not just 'sustained basis'.
	Does not include ACAP guideline for identifying carers where there is some doubt.
Letters of name	Is mapped to Party role/person role/recipient role in the CACP model. Could be mapped to Party role/Agency role for consistency with NCSDD.
Recurrent expenditure	Definition is consistent with NCSDD Recurrent expenditure, although it has codes in the data domain under 'non-employee expenses' that do not have a direct equivalent in the NCSDD DE (as noted in the data domain). This DE may not be included in final data dictionary.
CACP Total amount of assistance received (time), (quantity) and (cost)	These DEs are mapped to the OUTCOME entity in the CACP model. Could be mapped to Event/ Service provision event for consistency with national standard.
Amount of leave taken	Similar to the NHDD Total leave days, which is defined as 'Sum of the length of leave (date returned from leave minus date went on leave) for all periods within the hospital stay'. Has extra guidelines in the NHDD about which days should be counted.

COMMENTS

Mapping of national community care data collections and assessment for consistency with national standards.

NRCP	
Indigenous status	The Data domain includes codes 10 for 'indigenous - not further stated' and code 20 'Non-indigenous (not further stated)'. This is not mappable to the NCSDD or the other community care data collections.
Paid employment participation	Inconsistent with national standards as it confuses employment status (full-time/part-time) with tenure (eg. casual/seasonal). This DE is only relevant to people that are in the labour force, which is not stated (the Labour force status DE has not be included).
Co-residency of carer	Has been graded 'unable to determine' as it is not clear whether this data element is collected for primary carers or other carers, or both.
Government pension/benefit status	Mostly consistent with national standards, but needs minor changes: the wording of the definition combines the collection methods and definition: 'Statement by carer or care recipient of...'. The reporting of this information may not be in the form of a verbal statement if the information is received via referral or other means.
	The data domain is consistent with and mappable to HACC. It contains one extra code, 'carer allowance' which could be mapped to HACC's 'other government pension or benefit'.
DVA cardholder status	Not consistent with ACAP DVA entitlement, as the code 'not a DVA card holder' is not mappable to codes 3 and 4 'DVA entitlement - no card' and 'no DVA entitlement'.
	Definition combines the collection methods with definition, and implies that this data element is only recorded for those that have a DVA card.
Dementia	Is mappable to ICD10-AM, although not as detailed as the ACAP codes for dementia.
Challenging behaviour	Unable to determine as there is a lack of internal consistency between the definition (focusing on the identification of behavioural problems of the care recipient) and the data domain (which focuses on the level of support needed by the care recipient).
	If the focus is on identifying behavioural problems, comparability with other data collections could be achieved by developing a code list based on ICDIH-2, with use of a qualifier to indicate the severity of the impairment.
Family name/surname	Meaning is consistent with national standards, although the Guide for use requires information about how to record names for ATSI people where there is uncertainty about which name to record.
First given name	Meaning is consistent with NCSDD, although Guide for use requires information about coding ATSI names where there is uncertainty about which name to record.
Volunteer services	Unable to determine consistency. 'The incidence of service matches of a volunteer to a carer and in respect of each care recipient during a service event'? Unclear as to what is being counted, and there is no definition of service event.
Carer concept	DE contains 2 concepts - primary carer and carer. Both definitions are inconsistent with national standards. Primary carer definition is inconsistent with the ABS definition of Primary carer, as it leaves out the fact that 'The assistance has be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities of self care, mobility or communication'. NRCP Carer definition states 'A carer is a person of any age who provides any informal assistance, in terms of help or supervision, to a person with a disability or long-term condition, or who is elderly (ie. aged 60 years or over)'. This definition is inconsistent with the NCSDD definition of informal carer, where a carer provides <i>regular</i> and <i>sustained</i> assistance to someone, and it is recognised (in the context) that this assistance helps the person to remain living in their own home.
Carer role	Does not define 'carer role', rather contains 2 definitions for primary carer and other carer (same as the 'Carer' data concept). Neither definition is consistent with ABS or NCSDD national standards.
Relationship of carer to care recipient	Unable to determine' as it is not clear whether this is collected for primary carers or other carers.
Number of care recipients	Is measuring a similar data item in the ABS Survey of Disability, Ageing and carers, called 'Carer status', which has codes for 'primary carer and other carer; primary carer only; carer, but not a primary carer'.
Time spent caring:	Is measuring a similar data item in the ABS Survey of Disability, Ageing and Carers called 'Average number of hours spent caring per week', although specifies different data domain.

COMMENTS

Mapping of national community care data collections and assessment for consistency with national standards.

Care recipient:	The context has cited information relevant only to the ABS survey, relating to the different types of data that were collected for care recipients, according to their residency status with carers. This is not applicable to the NRCP. Therefore this has been graded 'unable to determine' due to confusion around what a care recipient is for the purposes of the NRCP.
Letters of name	Requires updating to be consistent with all other data collections whereby 9's are recorded if a person's Surname or First given name is missing altogether.
Carer need	Unable to determine' as the definition is not consistent with the guide for use. (Definition refers to an assessment of the carer's need <i>at the time of contact</i> , guide for use refers to an assessment of what the carer <i>'usually experiences'</i>).
	ABS Survey of Disability, Ageing and Carers have similar data items related to carer need such as existence of fall-back carers and whether they have an unmet need for assistance.
Care recipient's level of need	Aims to measure the level of need for support of the care recipient, using a data domain that does not distinguish between types of activity limitations. This is inconsistent with the ABS Survey of Disability, Ageing and Carers and current measures of need and dependency in ACAP and CACP, which collect data on specific activity limitations.
Care recipient's primary care needs	According to NCCS, people with disabilities should not be coded to the NCCS specific primary health needs. Instead they should be coded to group 36: People with disabilities. More work would need to be done to develop this classification further.
Current use of formal services:	Does not define what types of services are to be reported, and whether they are program funding categories or generic types of assistance categories;
	Data element definition is inconsistent with data domain: Definition states this DE reports on the service usage pattern of the carer, and the data domain states it is service usage by both carer and care recipient.
Informal support	Data domain is consistent with the ABS Survey of Disability, Ageing and Carers 'Relationship of main source of assistance to primary carer'. However, the definition is not consistent with the ABS item. ABS allows single response coding, and NRCP allows multiple response coding for all people providing assistance. The NRCP definition is also inconsistent with its own data domain, as this DE reports on the types of <i>relationships</i> the carer has which provide them with informal support, rather than the type of support itself, or the number of <i>people</i> that are providing the support (two people can be providing support who have the same relationship to the carer and are therefore counted once only).
Source of referral	Code 7 'Other community service - health' does not map to a discreet NCSDD category of health agency or community service agency. This has been graded 'unable to determine' as the NCSDD DE is to undergo further testing.
Date of first contact	Unable to determine as it is not clear as to how it will measure a service episode, or what type of event requires recording of Date of first contact.
Nature of most recent contact (urgency)	Definition and data domain are inconsistent with NCSDD Assistance urgency.
All NRCP assistance related data elements (including services booked, purchased and measured in cost)	All NRCP assistance related data elements (including services booked, purchased and measured in cost) have been graded as 'Unable to determine' as the unit of measurement for each type of assistance is not defined, and a service event has not been defined.
Service event	Graded as 'unable to determine' as the types of activities that comprise a service event have not been defined. The data element does not exclude any type of assistance from the definition, and therefore any contact between a client and an NRCP funded staff member should be recorded, according to the definitions set out in the data dictionary.
Date of most recent contact	'Unable to determine', as it is not clear how this date will define a service episode. It appears that there will only be one date of most recent contact recorded for each carer, which is continually overwritten. Therefore it will measure the entire period of the time the carer has been on the books, but not any notion of 'service episode'.
	What is the difference between an 'initiating phone call' (which is recorded), and a 'subsequent phone call?' (which is not to be recorded). May be very difficult to interpret consistently in the field.
Nature of most recent contact (time)	Is a reporting requirement for every Date of most recent contact.