

Service Coordination Tool Templates 2006 reference guide



**Service Coordination Tool Templates 2006
reference guide**

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Abbreviations

ACAS	Aged Care Assessment Service
BATS	Better Access To Services
BHC	Better Health Channel
CCDS	Common Client Data Set
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HSD	Human Services Directory
INI	Initial needs identification
MDS	Minimum Data Set
PCP	Primary Care Partnership
PPPS	Practices, processes, protocols and systems
SACS	Sub-acute Ambulatory Care Services
SCP	Service Coordination Plan
SCTT	Service Coordination Tool Templates
SPTM	Self-paced training module
VSRF	Victorian Statewide Referral Form

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About this guide

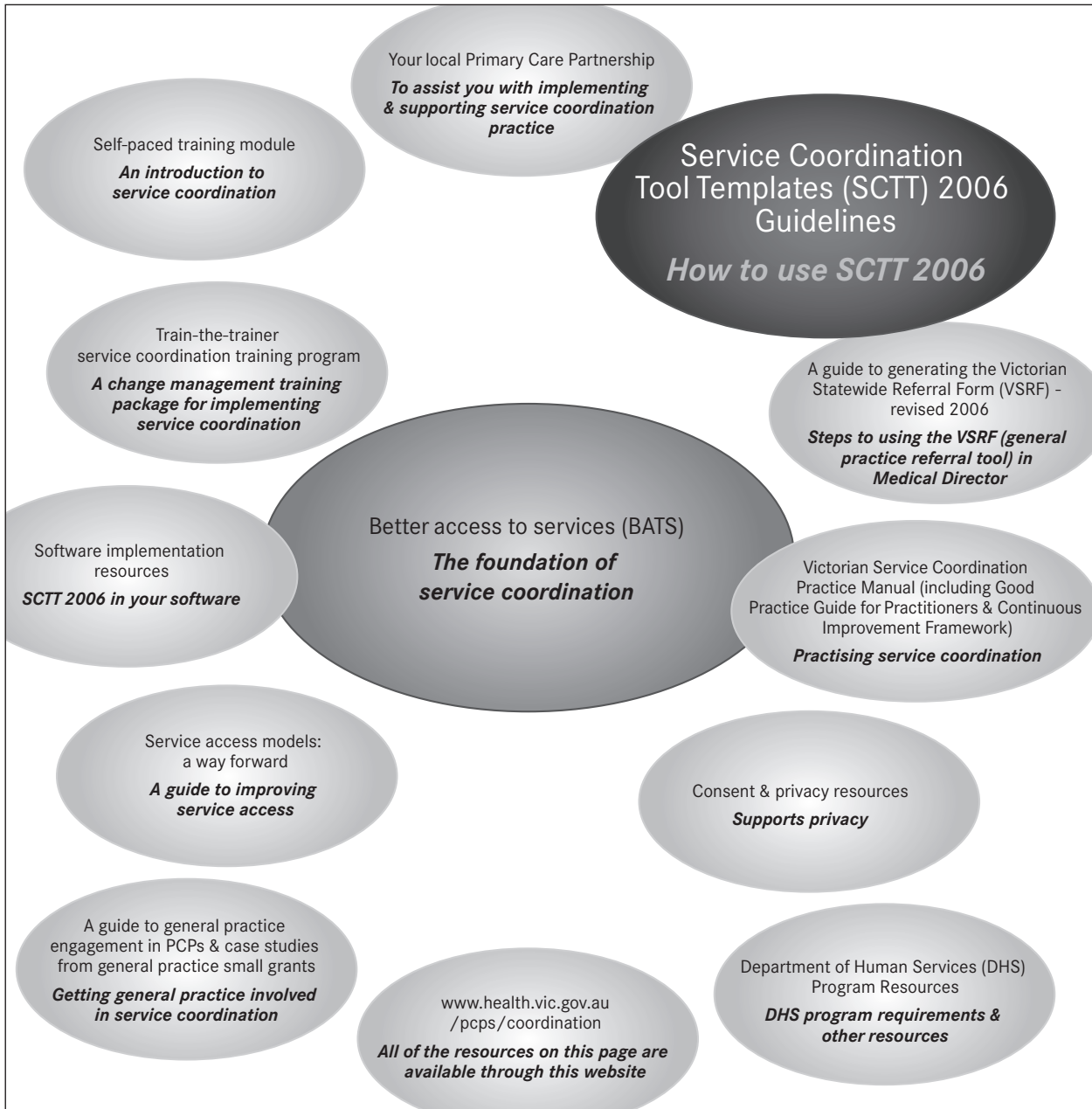
The *Service Coordination Tool Templates 2006 reference guide* contains detailed information on completing and coding all items in the Service Coordination Tool Templates (SCTT). It also includes appendices with the full list of codes for country of birth, preferred language and service type. This guide is a supporting publication to the *Service Coordination Tool Templates 2006 user guide*.

The *SCTT 2006 user guide* is a practical resource to assist in the use of the SCTT to facilitate service coordination. It provides an introduction to the SCTT and their place in service coordination; an overview of the templates; and a brief description of each template and guide to their use. This guide can be used as an introduction to the use of the SCTT, and as an ongoing resource and reference guide. It incorporates changes to the SCTT resulting from the Tool Templates Revision Process conducted in 2005.

The *reference guide* and the *user guide* are located at: www.health.vic.gov.au/pcps/coordination

Where to learn about Service Coordination

Aside from this resource, Service Coordination Tool Templates (SCTT) 2006 Guidelines, there are a number of other resources that can assist you to learn about Service Coordination.



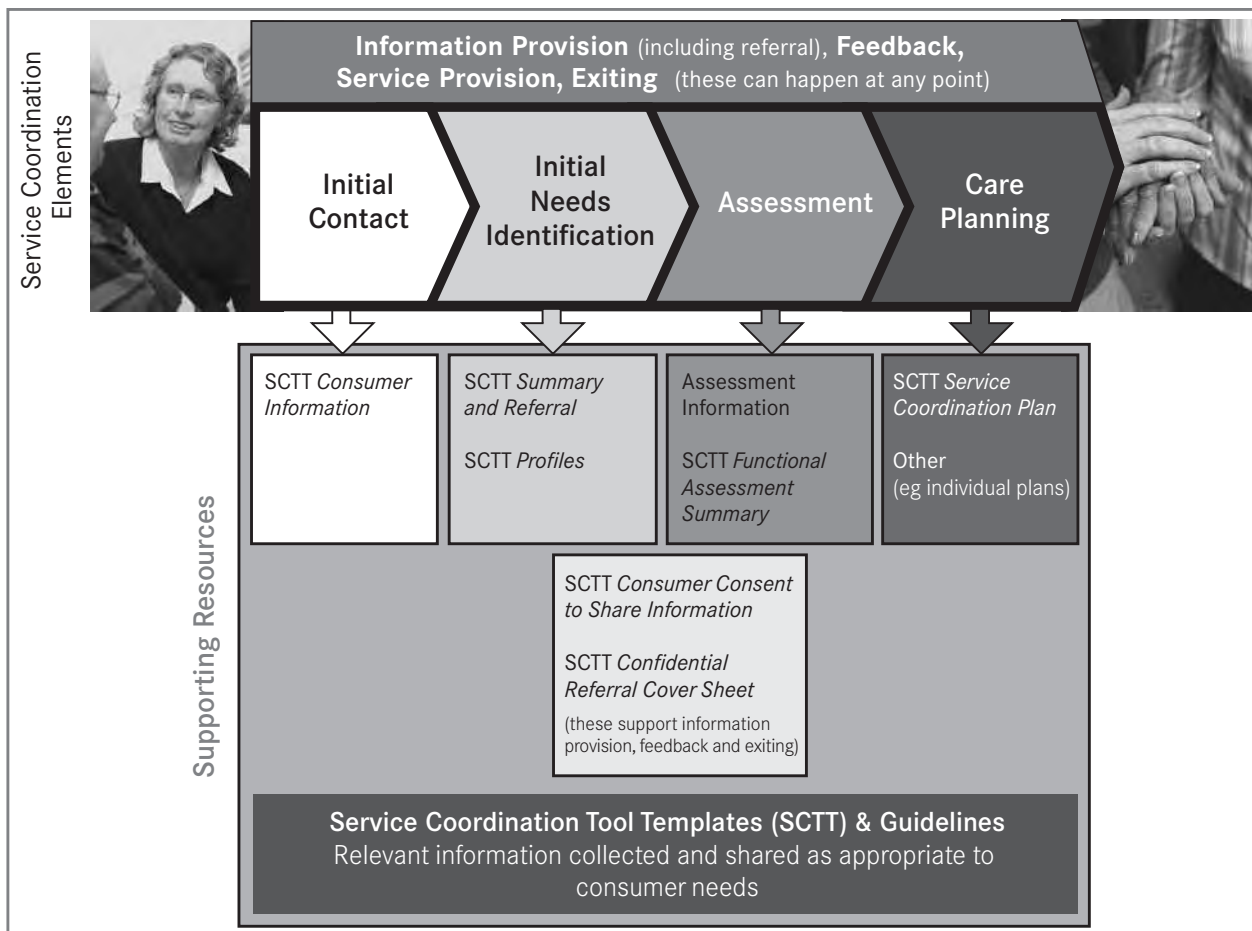
Overview of the SCTT

Figure 1 depicts the components of service coordination as identified in the Better Access To Services framework (BATS) and the resources, such as the SCTT, that have been developed to support their implementation. Some components are more likely to happen in sequence, such as initial contact, needs identification, assessment and care planning. Others, such as exiting, service provision, feedback and referral, may happen at any time during the interaction with the consumer, depending on their need. Similarly, how the components are delivered may differ across settings, for example in some agencies initial needs identification is carried out by a different person (such as an intake worker) at a different time to assessment (for example, physiotherapist). In other agencies, it is the same person doing initial needs identification and assessment at the same time.

Figure 1 indicates the templates that may be useful to support the collection of information at each stage.

Service Coordination Elements and Supporting Resources

Service Coordination Tool Templates (SCTT)



Use of the SCTT

Use of the SCTT is determined by your agency's business processes and care responsibilities. As part of your interaction with a consumer, you will capture relevant information (data) that you may want to record for the purposes of registration, service provision and referral. It is up to individual agencies as to whether the SCTT is used for registration; however, the main use of the SCTT is to share relevant consumer health and care information between service providers when making referrals. The SCTT have been designed to assist practitioners to record and/or share this information in a standardised way. The templates are embedded in most client information management software applications used by health and community service agencies. This means that the template data is collected via a software user interface that will not necessarily resemble the actual templates.

For referral purposes, the SCTT comprises **core**, **optional** and **supplementary** templates.

Core templates	
Confidential Referral Cover Sheet Consumer Information Summary and Referral Information	These templates should be used to make a referral to another agency/service provider. They contain the minimum information for an effective referral, that is, the information necessary for an agency or service provider to act on your referral.
Consumer Consent to Share Information	This template records the consumer's consent to disclose information. ¹ It is a requirement to obtain the consumer's consent to share information. The template should be sent to the agency/service provider only if requested.

The other templates used for particular referrals will depend on the consumer's needs, agency/funding requirements, program specific requirements (for example, the Home and Community Care (HACC) program requires specific templates to be sent with each referral), and local protocols.

Optional templates	
Profile: Functional Profile: Living and Caring Arrangements Profile: Health Behaviours Profile: Health Conditions Profile: Psychosocial	These templates allow further information to be collected on those areas relevant to the consumer's circumstances and presenting problems. Not all profiles will be relevant for every consumer and, depending on available information and relevance to consumer needs, specific information within a profile may not be required, that is, it may be appropriate to send partially completed templates.
Service Coordination Plan	This template should be completed for those consumers with both multi-agency involvement and complex needs.

¹ The associated one page brochure *Your information – it's private*, can also be provided to the consumer.

Supplementary template	
Functional Assessment Summary	<p>Supplementary templates are designed to be used in particular circumstances by practitioners with specific skills.</p> <p>This template is used to transfer information following an assessment of the consumer's functional abilities and need for assistance.</p>
Other resources	
Service Coordination Tool Templates Code Sets	This double-sided sheet contains a listing of all codes on the templates for paper-based formats.
GP Referral Template (Victorian Statewide Referral Form)	<p>This template was developed for general practitioners (GPs) to refer to other health and human services providers. It is based on the SCTT and includes items most likely to be relevant to GPs.</p> <p>The template can be created from information usually recorded in common GP software.</p> <p>GPs will be encouraged to use this template to refer to other health and human services.</p>

Completing the templates

In SCTT 2006, the code sets have been removed from the templates and replaced by a line and a code box. The codes are listed on a separate double-sided document. People entering the data into software with the SCTT embedded, will see a drop-down list and be able to choose the appropriate description and code. For referral purposes, the description of the item as well as the code should be included. Client management software with the SCTT embedded system will auto-populate the relevant items with the description and code. For paper-based referrals, the text answer **and** the appropriate code must be written for each item coded and those completing the SCTT should refer to the codes on the double-sided document.

This information collected by – this section documents the name and service provider details of the person who collected the consumer information on the template. This may or may not be the same person who forwards the consumer's information to another agency for the purposes of referral or feedback.

Superseded information – when consumer information that has previously been recorded requires amending, the relevant template(s) should be completed again and a printed copy of both the previous and the amended template(s) retained. The date of collection recorded at the bottom of the template will indicate which template is the most recent.

Core templates

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Confidential Referral Cover Sheet

A cover sheet required for all referrals to other agencies with a section for the receiver to acknowledge receipt of the referral.

Consumer details

Complete the consumer information contained in the Consumer Information template or affix a label.

Referral to

The name and position of the person to whom the consumer is referred to, and the details of their organisation.

Agency/Service Provider sending referral

The name and position of the person sending the referral and the details of their organisation.

Priority

Priority is the relative urgency of this consumer in relation to other consumers who require the same service. Priority will usually be determined through initial needs identification (INI), or assessment process (if done)—see also the *Statewide Service Coordination Practice Manual*.

The referrer should indicate the priority of the referral as:

- Low—can be held over if demand is high
- Routine—attend in date order or waitlist the consumer
- Urgent - needs immediate attention, consumer should have priority over others being seen routinely from a waiting list

Renewal (ACAS)—this box should only be completed when referring to ACAS for the renewal of an approval for residential care, respite care or packaged care. If this box is ticked, put the type of care, level of care and date of expiry of current approval in the 'reason for referral' on the Summary and Referral Information template. There is no need to tick a priority box as this will be determined by the ACAS.

List of attachments

Tick the boxes to indicate the templates sent in addition to those required for all referrals (that is, Consumer Information and Summary and Referral).

Referral acknowledgement

This section should be completed by the receiving agency/service provider to acknowledge receipt of the referral and to indicate whether the referral is accepted or not and, if not, the reason(s) for not proceeding.

For a copy of the Confidential Referral Cover Sheet template refer to the *user guide* page 13.

Consumer Information

The Consumer Information template is to collect common demographic and other essential consumer information that can be shared with another service provider. The information should be obtained for all consumers on initial contact, or as soon as practical, and kept up-to-date as details change.

UR number

An identification number issued by the initial contact agency for use in identifying a consumer. Any interchange of consumer identifier numbers must be performed in accordance with Victorian and Commonwealth privacy legislation and associated guidelines.

Consumer details

Family name

The consumer's family name or surname.

Given name/s

The consumer's given name or names by which they are commonly known.

Date of birth

Record the consumer's date of birth as accurately as possible in dd/mm/yyyy format.

Where the exact date of birth is not known, estimate the consumer's age to derive the year of birth then record 01/01/yyyy (estimated year). The following item (Is the date of birth estimated?) should then be coded 1. If it is not possible to approximate the date of birth, record NA.

Is the date of birth estimated?

Codes as follows:

- 1 Estimated
- 2 Not estimated

Preferred name/s

The name commonly used by the person if different from given name. This can also be used to record any other names or aliases that the consumer commonly uses or by which they are commonly known.

Sex

The biological sex of the consumer. Indeterminate should only be coded for infants under 90 days of age whose sex has not been determined. Intersex should only be coded for a person, who, because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female, including transgender, transsexual, and chromosomally indeterminate individuals who identify with a particular sex (male or female).

Code as follows:

- 1 Male
- 2 Female
- 3 Indeterminate
- 4 Intersex
- 9 Not stated/inadequately described

Title

The title the person commonly uses.

Contact address

The address to be used when data is captured for contact and case management purposes. This will mainly be the person's usual address, but it may not be. For example, a post-acute consumer may be staying at another address while they recuperate. The contact address may also be any other address nominated by the consumer (for example, a young person may wish to nominate the address of a friend rather than their own address).

Contact address is made up of the following elements:

- street number and street name
- suburb/town/city
- postcode.

If the person currently lives in a country other than Australia, record this under suburb/town.

If the person is homeless, the contact address should be used to record any way to contact the consumer. This may be 'nil' or might be a particular venue where contact can be made. Some consumers may not wish to have a contact address disclosed.

If there are particular requirements, for example: 'Mrs. Brown does not answer phone. Contact daughter only', use the Comments box.

Usual address

Record if different from contact address. Collect same elements as contact address. Otherwise, record 'NA'. Note that the usual address is required to determine eligibility for some services. However, if a consumer nominates a contact address, the usual address should not be used to make contact with the consumer. Note that the usual address may include a mailing address in the case of trustees or administrators.

Contact phone number/s (tick preferred)

The consumer's contact telephone number to be captured for contact and case management purposes. Ask the consumer to nominate the number they prefer to be contacted at and, for each number, to nominate whether or not a message can be left.

Record work numbers if different from usual telephone as well as other contact numbers such as fax, mobile and email address (if one is available) for contact and case management purposes. Otherwise, record 'NA'.

Country of birth

The country that the consumer identifies as being the one in which they were born.

Write in the country and/or use the Australian Bureau of Statistics standard four-digit code—see Appendix 1.

Indigenous status

Record a number in the box to indicate the consumer's Indigenous status. An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Code as follows:

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Both Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated/inadequately described

The consumer should be informed during data capture that the answer given or refusal to answer will not affect the consumer's access to services.

Need for interpreter services

This is the consumer's self-assessed need for an interpreter. This may include a sign language interpreter.

Code as follows:

- 1 Interpreter needed
- 2 Interpreter not needed
- 9 Not stated/inadequately described

Preferred language

Record the consumer's preferred language if a 'need for interpreter services' was indicated in the box above (Code 1). If the person uses sign language or has special communication needs, record this here.

Write in the preferred language and/or use the ABS standard four-digit code—see Appendix 2. If the question is irrelevant record 'NA'.

Communication method

Record the consumer's preferred mode of communication.

Code as follows:

- 0 Child aged under five years (not applicable)
- 1 Little or no effective communication
- 2 Sign language
- 3 Other effective non-spoken communication (for example, e-mail)
- 4 Spoken language (effective)
- 8 Other method of communication
- 9 Not stated/inadequately described

General practitioner

The name and contact details of the consumer's usual GP. If none, record 'NA'. If the consumer sees more than one GP, record the one identified by the consumer as their usual or preferred. If they see a GP in more than one place, record the most common place.

Who the agency can contact if necessary

Person 1 name:

Record the contact person/s and their relationship to the consumer. Record contact details using the same elements as contact address. Record both home and work telephone numbers where relevant.

Code relationship to consumer as follows:

- 0 Not applicable
- 1 Wife/female partner
- 2 Husband/male partner
- 3 Mother
- 4 Father
- 5 Daughter
- 6 Son

- 7 Daughter in law
- 8 Son in law
- 9 Other relative – female
- 10 Other relative – male
- 11 Friend/neighbour – female
- 12 Friend/neighbour – male
- 13 Guardian
- 14 Authorised representative
- 15 Case manager
- 16 Other service provider
- 99 Not stated/inadequately described

Particular attention should be given to ensuring the identification of a carer if applicable.

Code: Is this person the consumer's carer?:

- 1 Yes
- 2 No
- 3 Unsure
- 9 Not stated/inadequately described

Government pensioner/benefit status

Record a number in the box to indicate whether the consumer receives a pension or other benefit from the Commonwealth Government by selecting the code for the pension or benefit type.

Code as follows:

- 1 Aged pension
- 2 Department of Veterans' Affairs (DVA) pension
- 3 Disability support pension
- 4 Carer payment (pension)
- 5 Unemployment related benefits
- 6 Other government pension or benefit
- 7 No government pension or benefit
- 9 Not stated/inadequately described

Health Care Card holder status

Record a number in the box to indicate whether the consumer is a Health Care Card holder or not. If they hold a card record the number.

Code as follows:

- 1 Yes
- 2 No
- 9 Not stated/inadequately described

Medicare card

Record the number of the consumer's Medicare card.

Health insurance status

The primary purpose of this item is for billing and to allow a health professional to know whether the consumer can access privately funded services such as private dental and allied health services. If the consumer has health insurance, record the name of insurer and the appropriate card number. If the question is irrelevant or the information is not known, record 'NA'.

DVA card status

Record the consumer's Department of Veterans' Affairs (DVA) card status. Record the relevant card number in the box. Note a code of 1, 2 or 3 here should correspond with code of 2 in the Government pension/benefit status item above.

Code as follows:

- 1 DVA entitlement–gold card
- 2 DVA entitlement–white card
- 3 DVA entitlement–other
- 4 No DVA entitlement
- 9 Not stated/inadequately described

Compensables funding source

This item indicates whether the consumer is eligible for services paid by a third party payer such as the Transport Accident Commission, DVA, WorkCover or other insurances and third party payment arrangements.

Code as follows:

- 0 Not applicable
- 1 Transport Accident Commission
- 2 Department of Veterans' Affairs
- 3 WorkCover
- 4 Other

Comments

This box can be used to record the source of referral if your agency requires this information, or for other comments relevant to the particular consumer.

This information collected by:

This section documents the name and service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Consumer Information template refer to the *user guide* page 14.

Summary and Referral Information

The Summary and Referral Information template is to record and share a summary of the consumer's problems/issues and a referral action plan. This template is required for all referrals initiated at the various stages of the care continuum, that is following initial needs identification, following assessment and care planning, and following a review of existing consumers' needs.

Consumer details

Complete (or auto-populate) the consumer information contained in the Consumer Information template; or affix a label.

Presenting issue(s) as identified by consumer

Use this section to record presenting problems and consumer issues relevant to the referral. These issues may be those identified by the consumer.

Reason for referral

Record the reason(s) for referring the consumer to the service provider.

Description of issues as identified by the INI

Current presentation/episode; presenting problems

Record any relevant features observed by the practitioner, described by the consumer, and/or identified through the initial needs identification process.

Significant histories

Record relevant recent and past history of the consumer's medical, functional/living skills, social or emotional issues.

Medications

Record any medications currently taken by the consumer.

Other

Record any other issues relevant to the agency/service provider and/or consumer.

Alerts

Allergies

Record the consumer's allergies if they have any.

Risks

Four different perspectives on risk can be considered:

- Situations in which the consumer is at risk for any reason.
- Situations in which the consumer represents a risk to a health or community care worker, either intentional or unintentional.
- Situations in which there is an occupational health risk to a health or community care worker for any other reason.
- Situations in which the consumer presents a physical or emotional risk to other people, including family, friends and neighbours.

Code as follows:

- 1 No risk identified
- 2 Consumer at risk
- 3 Health or community care worker at risk
- 4 Others at risk
- 9 Not stated/inadequately described

In some circumstances, more than one type or category of risk may apply to a consumer. In these cases select the code that identifies the primary or most significant risk. A description of this and any other risks should be outlined in the 'Additional comments including urgency' box below.

Additional comments including urgency

Urgency is a relative concept. It refers to the relative priority of this consumer in relation to other consumers who require that same service. Remember that comments about urgency will be used as relevant information by an agency receiving the referral, and a statement that the situation is urgent is a recommendation that the consumer have priority over others being seen routinely from a waiting list.

The use of urgency and priority descriptions should be based on the practices, protocols and processes adopted by agencies. Where urgency and service priority are recorded this should be done in text.

Current services

Use this section to record details of services used by the consumer in the last three months. The purpose of listing a set of current services being used (a utilisation profile) is twofold:

1. The information will often suggest consumer problems and issues that have not been identified to this point.
2. Current service use will need to be taken into account in formulating an action plan and, if necessary, in developing a service coordination plan with the consumer.

Consider all health and community services, including (but not limited to) alternate therapists, aged care, alcohol and drug, community health, counselling, dental care, disability, emergency accommodation, family planning, home care, hospital inpatient, hospital outpatient, hospital emergency, maternal and child health, medical (GP), medical (specialist), men's health, mental health, palliative care, rehabilitation, residential aged care, respite care, self help groups, sexual health, women's health, youth services.

Code as follows:

- For the codes for service type contained in the Human Services Directory, see Appendix 3, page 55

Referral action plan

This section summarises the action required, that is, a list of referrals and the purpose of each referral. If the person completing the tool template will continue to see the consumer, this should also be listed here.

Complete the following sections for each agency/service provider.

Agency

The name of the agency/service provider.

Service type

- For the codes for service type contained in the Human Services Directory, see Appendix 3, page 55

Phone number

Record the contact phone number of the agency/service provider.

Purpose of referral

A brief description of the service required. For example, for physiotherapy (service type code 181) the purpose of referral might be 'right knee pain'.

Consumer consent

A set of codes to record whether the consumer consents to the recommended referral(s) and/or to the sharing of information.

Code as follows:

- 1 Yes, consumer consents to referral and to sharing of information as specified on consumer consent form
- 2 Yes, consumer consents to referral but not to sharing of information
- 3 No, consumer has not consented to this referral but there is a statutory requirement for referral and sharing of information
- 9 Not stated/inadequately described

For more information refer to the section on Consumer Consent to Share Information.

Referral method

The method of referral to the agency/service provider.

Code as follows:

- 1 Faxed to agency
- 2 Posted to agency
- 3 Electronic (email/web/messaging)
- 4 Delivered by consumer (by hand/hardcopy)
- 5 Other
- 9 Not stated/inadequately described

Feedback to

Whether feedback on the referral is required and the name of practitioner requiring comments/feedback on the referral/assessment outcome and plan.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency for the purposes of referral or feedback.

For a copy of the Summary and Referral Information template refer to the *user guide* page 15.

Consumer Consent to Share Information

A template to record freely given consumer consent to share their information with a specific agency/ies for a specific purpose/s.

As well as providing a means for recording consent, the Consumer Consent to Share Information template is intended to facilitate discussion of the referral with the consumer. This discussion should include the proposed uses of the information and disclosures, and provide the consumer with information about privacy.

The *Health Records Act 2001* Health Privacy Principle 2 (Use and Disclosure)² places limits on when and how an organisation can share information. The term ‘use’ means using and sharing within the organisation; the term ‘disclosure’ means sharing outside the organisation. The essential principle is that a consumer’s health information may only be used or disclosed for the purpose for which it was collected, that is the **primary purpose**. If the information is to be used for a different (**secondary**) purpose, then consent should usually be obtained. Referral to another service (either within or outside an agency) would normally be considered a **secondary purpose**.

The key points are that the consent must be:

- **Informed** – that is, the consumer understands what is being consented to and for what purpose. Points 1 to 4 in the checklist at the bottom of the template are intended to assist the practitioner to fulfil this requirement. Point 1 requires the practitioner to provide the consumer with an adequate and appropriate explanation of the proposed disclosure of information and to discuss the reasons for this, ensuring as far as possible that the consumer has a clear understanding of what is proposed.
- **Freely given** – the consumer must be made aware that they have the right to refuse consent and that this will not impact on any referral that may be made (that receiving the service is not conditional on providing consent).
- **Specific** – consent must relate to the information referred to in Section 1 of the template and must be as specific as practicable.
- **Current** – consent must be current. If there is a subsequent referral, new consent must be obtained.

Section 1: Proposed information uses and disclosures

The consent for use and disclosure relates specifically to the details set out in the table contained in this section of the Consumer Consent to Share Information template.

Service type

The type of service (for example, physiotherapy) to which a referral is proposed should be specified in this column. Stating the type of service clarifies the **purpose** for proposed disclosures. It also takes into account the fact that diverse services may be provided within a large scale agency, and differentiates between them, for example, allowing release of psychiatric records to a person’s psychiatric service, but not to their podiatrist.

Name of agency

This column should specify the name of the agency (for example, Royal Melbourne Hospital), where this is appropriate. Nominating a particular agency name enables the practitioner or consumer to specify with whom the information may be shared or to indicate a preference for a particular provider or group of providers.

Type of information

This column allows the consumer to record any specific limitations on the disclosure of their health information including recording that they do not consent to some or all of their information being shared with another health provider.

Complete this column in either of the following ways:

- refer to specific sections of the SCTT, for example, Consumer Information and/or Summary and Referral Information. If this option is used, the consumer must be provided with a copy of the relevant pages and a copy of the Consumer Consent to Share Information
- or
- indicate clearly the specific information to be disclosed, for example, medical information related directly to foot ailments–history of diabetes, record of falls.

Section 2: Record of consumer consent

2(a): Written consumer consent

This section records the consumer’s written consent to the disclosure of particular information to specific services detailed in Section 1. Once signed, dated and witnessed, a copy of this template should be provided to the consumer.

Authorised representative

The consumer must have the capacity to understand the nature of what they are consenting to and the implications of providing or withholding consent. Where the practitioner is satisfied that the consumer does not have the capacity to make a decision about disclosure of their information, consent can only be sought from the consumer’s ‘**authorised representative**’.

Section 85(6) of the *Health Records Act 2001* defines the classifications of individuals that may act as ‘authorised representatives’. These are:

- guardians
- attorneys under enduring powers of attorney
- agents under the *Medical Treatment Act 1988*
- administrators under the *Guardianship and Administration Act 1986*
- parents (in the case of a child without capacity)
- a person otherwise empowered to act or make decisions in the best interests of the person.

Proof of the representative’s authority must be sighted and a copy of that document placed on the consumer’s file.

Where the authority is not conferred by a document, such as a Guardianship or Administration Order or Enduring Power of Attorney, an acceptable form of proof is a properly completed and witnessed **statutory declaration** containing sufficient information to reasonably satisfy the practitioner that the nominated representative can make decisions in the consumer’s best interests. Where this level of formality is not appropriate or practicable, the practitioner should clearly note on the consumer’s file their reasons for believing that the nominated representative can make decisions in the consumer’s best interests.

Witnessing consent

The practitioner can witness the consumer’s signature to the consent. The practitioner must also print their name and designation next to their signature.

People under the age of 18 years

The *Health Records Act 2001* does not specify the minimum age at which a young person can legally give consent. In making an assessment, the practitioner should use professional judgement as to whether the child or adolescent has the capacity and maturity to understand the nature and effect of giving or withholding the proposed consent. Age will be relevant, but not decisive (except in the case of very young children).

Use of interpreter

If an interpreter is required to assist the consumer, then the practitioner must be satisfied that the consumer is able to clearly understand the discussion and to participate in it. This is important in relation to the terms of the consent, as clear communication and comprehension are essential to informed consent. Where it is unclear that the consumer understands the nature and implications of providing consent because of language difficulties, then the practitioner should not pursue obtaining consent without first engaging an interpreter to facilitate discussions.

2(b): Verbal consent

This section provides for a record of verbal consent and should only be completed where it is not reasonably practical to obtain written consent. For example, this will apply where the initial needs identification is being undertaken by phone. The question of whether or not it is appropriate to seek consent by phone is one that the practitioner will determine in the circumstances, including any evidence relating to the capacity of the consumer. However, if the initial needs identification indicates that the consumer would have to attend a consultation in person in order to effectively complete the screening process, then the consent template should not be completed by phone, unless there is a reason for urgent referral in the meantime.

If the consumer does not consent

Where the consumer indicates that they do not consent to some or all of their information being released, this should be clearly stated. There is no requirement for the consumer to sign the consent form. However, the practitioner should make a record on the Referral Action Plan section of the Summary and Referral Information template. The consumer should be advised that the referral for service can still proceed but that they will be required to provide the same or similar levels of information to the next provider.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Consumer Consent to Share Information template refer to the *user guide* page 17.

Optional templates

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Profiles

The five profiles in the SCTT have two purposes:

- as a guide to the initial needs identification process
- as a guide to the provision of relevant referral information on the consumer's health and wellbeing to other service providers.

Completing the profiles is optional, how your agency uses the profiles will depend on your agency business and your agency's relationship with the consumer. Before using the profiles, ask the consumer if they are willing to discuss further issues. Use questions such as 'Can I ask you about some other issues that often impact on people's health?' or 'Are there any other issues you'd like to discuss or concerns you have?'. Such questions need to be appropriate to the age and circumstances of the consumer. If the consumer has other issues and it is appropriate to address them at this time, consider completing the relevant profiles.

Issue/s	Consider completing:
Functional status and need for assistance in activities of daily living – consider overall health, age-related problems, disabilities	Functional
Determinants of health – consider living arrangements, housing, carer issues, work, financial, legal	Living and Caring Arrangements
Health behaviours – consider lifestyle issues	Health Behaviours
Health conditions – consider overall health, age-related problems, disabilities, use of medicines	Health Conditions
Psychosocial – consider mental health and emotional well-being, personal and social supports, family and personal relationships	Psychosocial

For screening and intake purposes, other information relevant to program areas and service delivery should be used to supplement the information in these profiles. For initial needs identification purposes, complete only those profiles relevant to the consumer's presenting problems and needs.

For referral purposes, send the profiles relevant to the consumer's need and the purpose of the referral (additional/supplementary screening information can be sent as an attachment to the referral). In some cases, specific information within a profile will not be required and you will not need to complete all questions. If your agency has completed a detailed assessment of the consumer, send an assessment summary as an attachment to the referral instead of, or in addition to, the relevant profiles.

The profiles are not designed as diagnostic tools, nor are they assessment tools.

Profile: Functional

This profile is to assist workers/practitioners to screen for the consumer's need for assistance with activities of daily living. The profile may be used by programs such as mental health, housing or community health, as part of the initial needs identification process to assist in determining if a consumer needs assistance at home, and the need for a referral to a HACC agency.

The areas of daily living covered in the profile are:

- domestic activities
- personal care
- mobility
- using transport
- other, including managing money and medications.

The profile also contains questions on the consumer's cognition and challenging behaviour. These should not be asked directly of the consumer but based on any appropriate information available, such as interviewing or observation, information in a referral letter, and/or information from a carer, relative, friend or referring agency.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Profile: Functional template refer to the *user guide* page 20.

Profile: Living and Caring Arrangements

Consider using this profile if the consumer has, or may have, issues and needs in relation to their housing and living arrangements; employment; finances; legal issues, including decision-making capacity; and/or carer arrangements.

Living arrangements

The consumer's living arrangements need to be taken into account in formulating an action plan.

Code as follows:

- 0 Not applicable
- 1 Lives alone
- 2 Lives with family
- 3 Lives with others
- 9 Not stated/inadequately described

Make any comments or summary notes on living arrangements and family situation in the box provided. Note there is separate carer information within this profile.

Accommodation

Record the description of the accommodation that best matches where the consumer usually lives (that is, describes the accommodation of the usual address on the Consumer Information template). Note that there are fewer codes in SCTT 2006 than the previous version.

Code as follows:

- 1 Private residence – owned/purchasing (includes mobile home)
- 2 Private residence – private rental
- 3 Private residence – public rental
- 4 Independent living unit within a retirement village
- 5 Boarding house/private hotel
- 6 Short term crisis, emergency or transitional accommodation facility (includes the category 'Temporary shelter within an Aboriginal community')
- 7 Supported accommodation or supported living facility (includes 'Domestic-scale supported living facility' and 'Supported accommodation facility') not including Alcohol and drugs treatment residence
- 8 Institutional setting (includes 'Residential aged care facility' and 'Psychiatric/metal health community care facility')
- 9 Public place/temporary shelter/homeless
- 10 Private residence rented from Aboriginal community
- 11 Alcohol and drugs treatment residence
- 12 Prison/remand centre/youth training centre
- 13 Statutory client accommodation (not prison/remand centre/youth training centre)
- 15 Other
- 99 Not stated/inadequately described

Night shelters, refuges, hostels for the homeless and halfway houses should be coded as 6. A group home for people with a disability should be coded as 7. Hostels for people with disabilities and Supported Residential Services should be coded as 7. Consumers living in a residential aged care facility (nursing home or aged care hostel) should be assigned a code of 8. If the question is irrelevant or the information is not known, record a code of 99.

Make any comments or summary notes on the consumer's accommodation in the box provided.

Employment status

Ask about the person's current employment status and occupation, and record their status using the codes below. If the question is irrelevant or the information is not known, record a code of 9.

Code as follows:

- 1 Child not at school
- 2 Student
- 3 Employed
- 4 Unemployed
- 5 Home duties
- 6 Other
- 9 Not stated/inadequately described

Make any comments or summary notes on the consumer's employment status in the box provided.

Financial and legal profile

Mental Health Act status

Legal issues might include any relevant court orders or mental health or guardianship orders, depending on the person's circumstances and presenting problems.

Code as follows:

- 0 Not applicable
- 1 Voluntary
- 2 Involuntary
- 3 Community treatment order (CTO)
- 9 Not stated/inadequately described

Other legal order

Record if the consumer is subject to any other legal order.

Decision-making responsibility

Consider the four aspects of decision-making responsibility and code as below.

Q1: Is the consumer making their own decisions?

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Q2: Who makes the consumer's legal decisions?

Code as follows:

- 1 Self
- 2 Power of attorney
- 3 Guardian

Q3: Who makes the consumer's financial decisions?

Code as follows:

- 1 Self
- 2 Power of attorney
- 3 Administrator
- 4 Parent or guardian
- 9 Not stated/inadequately described

Q4: Do you have a concern that the consumer is not capable of making their own decisions?

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

If, in your opinion, the answer to Question 4 is 'not sure' or 'no', consider the need for assistance, the need for a cognitive assessment and the implications for consent (see instructions on the consent template). If the question is irrelevant or the information is not known, record a code of 9.

Financial situation

Financial issues might include whether there is some financial risk in their immediate circumstances. The person's financial situation may need to be taken into account in formulating an action plan.

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Consumer's carer information**Carer availability**

Record whether the consumer has an informal carer or not. A carer is family member, friend or neighbour providing regular and sustained care and assistance to the consumer without payment (except for the carer's allowance/payment). If the consumer is living in residential or other institutional care, code 0.

Code as follows:

- 0 Not applicable
- 1 Has a carer
- 2 Has no carer
- 9 Not stated/inadequately described

Carer residency status

Record whether the carer lives with the consumer or not. If there is more than one carer, record the person providing the most care and assistance. If the consumer has no carer or is living in residential or other institutional care, code 0.

Code as follows:

- 0 Not applicable
- 1 Co-resident carer
- 2 Non-resident carer
- 9 Not stated/inadequately described

Relationship of carer to care recipient

Record the relationship of the main carer to the consumer (that is, the person recorded in the previous item). If the consumer has no carer or is living in residential or other institutional care, code 0.

Code as follows:

- 0 Not applicable
- 1 Wife/female partner
- 2 Husband/male partner
- 3 Mother
- 4 Father
- 5 Daughter
- 6 Son
- 7 Daughter in law
- 8 Son in law
- 9 Other relative – female
- 10 Other relative – male
- 11 Friend/neighbour – female
- 12 Friend/neighbour – male
- 99 Not stated/inadequately described

Carer allowance/carer payment

Record whether the carer is receiving the carer allowance or payment.

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Sustainability of carer arrangements

Record whether the current carer arrangements are sustainable without additional services or support.

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Threats to carer arrangement

Record whether there any threats to the current carer arrangements, and provide further information in the comments box below.

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

If the consumer has a carer, consider whether the carer's own needs are being met. If not, complete a separate initial needs identification for the carer and/or make the appropriate referral to a carer support agency or information service.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Profile: Living and Caring Arrangements template refer to the *user guide* page 21.

Profile: Health Behaviours

Consider using this profile if the consumer has, or may have, health behaviours or risk factors that could be changed and improve their health and wellbeing.

The behaviours in this template have been identified as responsible for large proportions of the overall burden of disease in Australia.³ The data indicate that targeting smoking, hazardous drinking, physical activity and obesity in consumers may be the most worthwhile in terms of improving health and wellbeing.

Nutritional risk

These questions are taken from the HACC Program Nutritional Risk Tool. A Yes answer to one or more questions means that nutritional risk exists. Tick the bottom box (No risk identified) if all questions are negative.

Smoking

Consider referral to an appropriate smoking cessation program if consumer currently smokes.

Alcohol

Consider referral to an appropriate program if responses indicate that alcohol consumption is a health issue.

Physical activity

Consider referral to an appropriate program if answer is No.

Physical fitness

Consider completing both the Functional Profile and the need for referral if the response can be judged as 'light' or 'very light'.

General health assessment

Discuss a referral to a GP if the consumer has not been assessed in the last 2–5 years.

Comment box including other relevant issues

The comment box should be used as a place to summarise the information gathered or to record any other relevant issues about health behaviours and risks. Use your own judgement to probe for sensitive issues such as substance abuse (legal or illegal) and safe sex habits.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Profile: Health Behaviours template refer to the *user guide* page 22.

³ Australian Burden of Disease Study, Mathers et al. (2000); DVA D677; and Enhanced Primary Care Assessment Form (Vic)

Profile: Health Conditions

Consider using this profile if the consumer has, or may have, issues and needs in relation to their health status and/or specific health conditions.

Overall health

Q1: General health

This question is taken from the widely used SF-36 health survey. Self-reported health has been shown to agree well with objective measures of health. If the consumer rates their health as fair or poor, consider whether their health is impacting on their ability to manage activities of daily living (see Functional Profile).

In asking the consumer about their own assessment of their overall health, inquire about whether they have experienced any recent changes in their health. If the consumer reports that they have had significant changes, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about the changes.

Code as follows:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 Not stated/inadequately described

Q2: Impact of health on normal activities

Use the answers to this question to identify any issues that may require action. If the consumer reports that their health interfered with their normal activities 'moderately' or 'quite a bit' over the past four weeks, consider using the Functional Profile.

Code as follows:

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 9 Not stated/inadequately described

Pain

If the consumer reports that they have had severe or very severe bodily pain over the past four weeks, ascertain whether the consumer is already under the care of a medical practitioner and whether they have told their medical practitioner about their pain. If not, refer the consumer back to their GP and consider whether pain is impacting on their ability to manage activities of daily living (see Functional Profile) or on their personal or social relationships.

Code as follows:

- 1 None
- 2 Very mild
- 3 Moderate
- 4 Severe
- 5 Very severe
- 99 Not stated/inadequately described

Hearing

If the consumer reports any problems with hearing, consider using the Functional Profile and making appropriate referrals.

Code as follows:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 Not stated/inadequately described

Vision

If the consumer reports any problems, consider using the Functional Profile and making appropriate referrals.

Q1: Eyesight for reading

Q2: Long distance eyesight

Q1 and Q2

Code as follows:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 Not stated/inadequately described

Falls

If the consumer reports any problems, consider using the Functional Profile and making appropriate referrals.

Q1: Fear of falling

Q2: Fall/s in the last six months

Q1 and Q2

Code as follows:

- 1 Yes
- 2 No
- 3 Not sure
- 9 Not stated/inadequately described

Health conditions

In considering health conditions, check whether the consumer may have had any problems in the past that might be related to their present problem. This may include overall health, hospital stays, medical interventions or other conditions or disabilities. Also inquire about any current conditions the consumer may have that have been long-standing, persistent or recurrent. If the consumer reports that they have a chronic condition, ascertain whether they are already under the care of a medical practitioner and whether any plan of long-term management, coordinated care or self-help is in place.

Current medications

Use this listing to identify the number and type of medications the consumer is currently using, including over the counter and alternative treatments. If the number and/or mixture of medications indicates a risk of poly-pharmacy (that is, more than five), consider referring the consumer to a medical practitioner for a domiciliary medication management review.

Comments

Use this box to summarise information on health conditions or to capture any information not recorded elsewhere.

This information collected by:

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For a copy of the Profile: Health Conditions template refer to the *user guide* page 23.

Profile: Psychosocial

Consider using this profile if the consumer has, or may have, issues and needs for personal and social support, family and personal relationships, and/or mental health and wellbeing.

Personal and social support

Use this question if you feel that it is appropriate to the consumer's presenting problems.

Code as follows:

- 1 Yes, as much as I wanted
- 2 Yes, quite a bit
- 3 Yes, some
- 4 Yes, a little
- 5 No, not at all
- 9 Not stated/inadequately described

Ask about the person's current personal and family relationships, including whether they are experiencing any particular difficulties relating to their presenting problem(s). If the consumer has little or no social support, consider referral and the possibility of completing a Functional Profile. The person's social support situation may need to be taken into account in formulating an action plan. Provide further comments in the box.

Mental health and wellbeing

The K10 is a validated scale designed to assist in identifying people with a serious mental illness. The version presented in this template is for the health professional to read to the client and should be administered using the original instructions from the developers—see www.hcp.med.harvard.edu/ncs/k6_scales.php

It is not appropriate for the tool score to be used in a referral to another practitioner if the questions have not been asked as they are designed.

The K10 scale has five response categories and the score is the sum of those responses. Record a score for each question and total them at completion. The score range is from 10 to 50. If the score is 16 or more, consider referral for a mental health assessment to a GP, community health counsellor or mental health professional (for example, psychologist or psychiatrist). If you think the person may have a serious mental illness and/or be at risk of self-harm, seek advice from the triage clinician at the public specialist mental health service applicable to your area.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Profile: Psychosocial template refer to the *user guide* page 24.

Service Coordination Plan

The Service Coordination Plan records the individual care plans of all workers/practitioners or agencies involved in the consumer's care to allow a coordinated approach to service delivery.

Who should have a Service Coordination Plan?

The Service Coordination Plan is only completed for those consumers with both multi-agency involvement and complex needs. There is no one definition of 'complex' that is appropriate to all age groups and service types. As a general guide, consumers who should have a Service Coordination Plan are those who:

- are being seen by more than one agency and more than one discipline
- have multiple issues/problems that need to be addressed concurrently
- whose outcomes are likely to be better if the care and services they receive are coordinated across agencies and over time.

Many Service Coordination Plans will be developed for consumers who meet the criteria for a GP to prepare a care plan, for which there is a Medicare rebate under the General Practice Enhanced Primary Care items. To be eligible for a Medicare rebate, Enhanced Primary Care multidisciplinary team care plans and case conferences may only be provided for:

- patients with one or more chronic or terminal conditions and complex care needs requiring multidisciplinary care from a team of health and care providers, including the patient's GP (from MBS book, May 2002).

However, other agencies may develop Service Coordination Plans for consumers who do not meet the EPC criteria but still require a multidisciplinary approach to care planning.

Participants in care planning process

Normally, the consumer and key worker would be involved in the service coordination planning process.⁴ This information is recorded in the first section of the Service Coordination Plan. If the consumer is a family unit or more than one person, then the plan is based on the person with the existing unique identifier and completed core initial needs identification forms. Make a new initial needs identification for additional consumers covered by a common plan. Complete the Consumer Consent to Share Information template if informed consent has been obtained from the consumer, or the person representing the consumer

A carer or family friend who attends should be noted as part of the core initial needs identification content. The Living and Caring Arrangements profile should indicate whether there is a substitute decision maker or legal guardian authorised to act on the consumer's behalf.

Details of other participants

The details of all service providers who attend should be listed under provider giving name, designation/agency, contact phone and email or fax number. List the key worker first and other providers in order of importance.

Supporting documentation

A checklist for the client documents (typically items needed before starting) that may inform the care planning process. Also show whether they are attached and add any relevant comments. The person convening the service coordination planning process should ensure that all relevant information and existing plans are available.

Review date

If the plan is to be reviewed record the date of review. It may be reviewed by someone other than the key worker. When to review will depend on the goals of care identified in the service coordination planning process. Consumers with acute or post-acute care needs may have short-term goals of care and providers may expect

⁴ PCPs will have protocols to identify those consumers who would benefit from a SCP, and protocols for determining which agency will play the key worker role.

that care will be completed within weeks or, at most, months. Consumers whose goals are of the maintenance and support type will have goals that cover a much longer time scale and may be indefinite. Setting a regular review date of three months, six months or when a person's needs change is common practice.

Case conference

Tick a box to indicate whether or not a case conference was held.

SCP page 2

Consumer issue/problem

Identify all issues and problems based on the documents indicated in the Supporting Documentation section. Normally the issues/problems would be listed in order of priority, particularly where some goals and actions are contingent on prior goals being achieved or implemented.

Goal

The goals relate to the consumer issue or the problem being addressed in the Service Coordination Plan and are not specific to each service or agency. A consumer issue or problem may have more than one goal. The goal is the best outcome that the consumer can realistically achieve during the period covered by the current Service Coordination Plan. Assessing progress against the agreed goals is a fundamental step in measuring consumer outcomes.

Goals may be coded as suggested below or they may be written in text form. A target date should be inserted for those goals that have clear outcomes that can be dated. It may be necessary to write 'indefinite' for some support/maintenance goals.

Target date

A realistic date for achieving each goal. If the goal is maintenance and support or prevention and early intervention, a target date of "indefinite" may be appropriate.

Action/s to be taken

Action to be taken should be clearly stated. The action should be something designed to improve or maintain health and/or quality of life. Actions such as reviewing, monitoring, reassessment and feedback to the consumer, referral agencies, GP, family, carer should be listed as specific actions, as appropriate. List as many actions per issue as required.

Responsible individual/s or service/s

Identify the individual/s or service/s responsible for the required action.

Proposed start date; review date; issue resolved (date)

Record the proposed start date and review date.

The 'Issue Resolved (Date)' is completed at a subsequent review if the issue has been resolved and no further action is necessary. The date of consumer discharge from a particular service can also be recorded here.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Service Coordination Plan template refer to the *user guide* page 25.

Supplementary template

Functional Assessment Summary

This template is used to transfer assessment level information after a face-to-face assessment of the consumer's functional status and need for assistance. It is a supplementary template and should not be filled out at intake.

The Functional Assessment Summary is **not** designed to be an assessment tool. Agencies that undertake functional assessments will use their own tools in carrying out the assessment and map the outcomes onto this common referral template. The Functional Assessment Summary is a supplementary template to be sent with referrals. The template is appropriate for use by any agency that conducts assessments of the consumers' functioning, for example, HACC, ACAS, Disability, HARP and SACS programs. The items map to the HACC MDS version 2 functional status data items.

If this template is used for referral, the Functional Profile should not also be sent.

Rating of functional abilities

For each activity (for example, housework, transport, shopping) rate the consumer's level of functioning as:

- needs no help or supervision
- needs some help
- or
- completely unable to do the activity.

Consumers should be rated on what they are currently capable of doing rather than what they actually do. In addressing capability for any item, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable challenging behaviour). People able to complete a task only with verbal prompting should not be rated as independent. If you are unable to rate an activity, leave it blank.

The questions on the consumer's cognition and challenging behaviour should not be asked directly of the consumer but based on any appropriate information available, such as interviewing or observation, information in a referral letter, and/or information from a carer, relative, friend or referring agency.

Assessment notes

Use the notes section to describe the client's specific need for assistance as well as other factors impacting on level and type of need, for example, use of aids and equipment/home modifications; assistance provided by carers/other agencies.

Assessment details

Record the date of assessment, assessor's name and other comments at the end of page 2.

This information collected by:

This section documents the name and agency/service provider details of the person who **collected** the client information on the template. This may or may not be the same person who forwards the consumer's information to another agency/service provider for the purposes of referral or feedback.

For a copy of the Functional Assessment Summary template refer to the *user guide* page 27.

Appendices

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Appendix 1: Country of birth

0001	At Sea		
1	Oceania and Antarctica		
11	Australia (includes External Territories)		
1101	Australia		
1102	Norfolk Island		
1199	Australian External Territories, nec		
12	New Zealand		
1201	New Zealand		
13	Melanesia		
1301	New Caledonia		
1302	Papua New Guinea		
1303	Solomon Islands		
1304	Vanuatu		
14	Micronesia		
1401	Guam		
1402	Kiribati		
1403	Marshall Islands		
1404	Micronesia, Federated States of		
1405	Nauru		
1406	Northern Mariana Islands		
1407	Palau		
15	Polynesia (excludes Hawaii)		
1501	Cook Islands		
1502	Fiji		
1503	French Polynesia		
1504	Niue		
1505	Samoa		
1506	Samoa, American		
1507	Tokelau		
1508	Tonga		
1511	Tuvalu		
1512	Wallis and Futuna		
1599	Polynesia (excludes Hawaii), nec		
16	Antarctica		
1601	Adélie Land (France)		
1602	Argentinian Antarctic Territory		
1603	Australian Antarctic Territory		
1604	British Antarctic Territory		
1605	Chilean Antarctic Territory		
1606	Queen Maud Land (Norway)		
1607	Ross Dependency (New Zealand)		
2	North-West Europe		
21	United Kingdom		
2101	Channel Islands		
2102	England		
2103	Isle of Man		
2104	Northern Ireland		
2105	Scotland		
2106	Wales		
22	Ireland		
2201	Ireland		
23	Western Europe		
2301	Austria		
2302	Belgium		
2303	France		
2304	Germany		
2305	Liechtenstein		
2306	Luxembourg		
2307	Monaco		
2308	Netherlands		
2311	Switzerland		
24	Northern Europe		
2401	Denmark		
2402	Faeroe Islands		
2403	Finland		
2404	Greenland		
2405	Iceland		
2406	Norway		
2407	Sweden		

3 Southern and Eastern Europe**31 Southern Europe**

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

32 South East Europe

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

33 Eastern Europe

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

4 North Africa and the Middle East**41 East North Africa**

- 4101 Algeria
- 4102 Egypt
- 4103 Libya
- 4104 Morocco
- 4105 Sudan
- 4106 Tunisia
- 4107 Western Sahara
- 4199 North Africa, nec

42 Middle East

- 4201 Bahrain
- 4202 Gaza Strip and West Bank
- 4203 Iran
- 4204 Iraq
- 4205 Israel
- 4206 Jordan
- 4207 Kuwait
- 4208 Lebanon
- 4211 Oman
- 4212 Qatar
- 4213 Saudi Arabia
- 4214 Syria
- 4215 Turkey
- 4216 United Arab Emirates
- 4217 Yemen

5 South-East Asia**51 Mainland South-East Asia**

- 5101 Burma (Myanmar)
- 5102 Cambodia
- 5103 Laos
- 5104 Thailand
- 5105 Viet Nam

52 Maritime South-East Asia

- 5201 Brunei Darussalam
- 5202 Indonesia
- 5203 Malaysia
- 5204 Philippines
- 5205 Singapore
- 5206 East Timor

6 North-East Asia**61 Chinese Asia (includes Mongolia)**

- 6101 China (excludes SARs and Taiwan Province)
- 6102 Hong Kong (SAR of China)
- 6103 Macau (SAR of China)
- 6104 Mongolia
- 6105 Taiwan

62 Japan and the Koreas

- 6201 Japan
- 6202 Korea, Democratic People's Republic of (North)
- 6203 Korea, Republic of (South)

7 Southern and Central Asia**71 Southern Asia**

- 7101 Bangladesh
- 7102 Bhutan
- 7103 India
- 7104 Maldives
- 7105 Nepal
- 7106 Pakistan
- 7107 Sri Lanka

72 Central Asia

- 7201 Afghanistan
- 7202 Armenia
- 7203 Azerbaijan
- 7204 Georgia
- 7205 Kazakhstan
- 7206 Kyrgyz Republic
- 7207 Tajikistan
- 7208 Turkmenistan
- 7211 Uzbekistan

8 Americas**81 Northern America**

- 8101 Bermuda
- 8102 Canada
- 8103 St Pierre and Miquelon
- 8104 United States of America

82 South America

- 8201 Argentina
- 8202 Bolivia
- 8203 Brazil
- 8204 Chile
- 8205 Colombia
- 8206 Ecuador
- 8207 Falkland Islands
- 8208 French Guiana
- 8211 Guyana
- 8212 Paraguay
- 8213 Peru
- 8214 Suriname
- 8215 Uruguay
- 8216 Venezuela
- 8299 South America, nec

83 Central America

- 8301 Belize
- 8302 Costa Rica
- 8303 El Salvador
- 8304 Guatemala
- 8305 Honduras
- 8306 Mexico
- 8307 Nicaragua
- 8308 Panama

84 Caribbean

- 8401 Anguilla
- 8402 Antigua and Barbuda
- 8403 Aruba
- 8404 Bahamas
- 8405 Barbados
- 8406 Cayman Islands

84 Caribbean (continued)	9121 Mali
8407 Cuba	9122 Mauritania
8408 Dominica	9123 Niger
8411 Dominican Republic	9124 Nigeria
8412 Grenada	9125 Sao Tomé and Príncipe
8413 Guadeloupe	9126 Senegal
8414 Haiti	9127 Sierra Leone
8415 Jamaica	9128 Togo
8416 Martinique	92 Southern and East Africa
8417 Montserrat	9201 Angola
8418 Netherlands Antilles	9202 Botswana
8421 Puerto Rico	9203 Burundi
8422 St Kitts and Nevis	9204 Comoros
8423 St Lucia	9205 Djibouti
8424 St Vincent and the Grenadines	9206 Eritrea
8425 Trinidad and Tobago	9207 Ethiopia
8426 Turks and Caicos Islands	9208 Kenya
8427 Virgin Islands, British	9211 Lesotho
8428 Virgin Islands, United States	9212 Madagascar
9 Sub-Saharan Africa	9213 Malawi
91 Central and West Africa	9214 Mauritius
9101 Benin	9215 Mayotte
9102 Burkina Faso	9216 Mozambique
9103 Cameroon	9217 Namibia
9104 Cape Verde	9218 Réunion
9105 Central African Republic	9221 Rwanda
9106 Chad	9222 St Helena
9107 Congo	9223 Seychelles
9108 Congo, Democratic Republic of	9224 Somalia
9111 Côte d'Ivoire	9225 South Africa
9112 Equatorial Guinea	9226 Swaziland
9113 Gabon	9227 Tanzania
9114 Gambia	9228 Uganda
9115 Ghana	9231 Zambia
9116 Guinea	9232 Zimbabwe
9117 Guinea-Bissau	9299 Southern and East Africa, nec
9118 Liberia	9999 Not stated/Inadequately Described

Appendix 2: Preferred language

1 Northern European	24 Italian
11 Celtic	2401 Italian
1101 Gaelic (Scotland)	25 Maltese
1102 Irish	2501 Maltese
1103 Welsh	29 Other Southern European Languages
1199 Celtic, nec	2901 Basque
12 English	2902 Latin
1201 English	2999 Other Southern European Languages, nec
13 German and related languages	3 Eastern European
1301 German	31 Baltic
1302 Letzeburgish	3101 Latvian
1303 Yiddish	3102 Lithuanian
14 Dutch and related languages	33 Hungarian
1401 Dutch	3301 Hungarian
1402 Frisian	34 East Slavic
1403 Afrikaans	3401 Belorussian
15 Scandanavian	3402 Russian
1501 Danish	3403 Ukrainian
1502 Icelandic	35 South Slavic
1503 Norwegian	3501 Bosnian
1504 Swedish	3502 Bulgarian
1599 Scandinavian, nec	3503 Croatian
16 Finnish and related languages	3504 Macedonian
1601 Estonian	3505 Serbian
1602 Finnish	3506 Slovene
1699 Finnish & Related Languages, nec	3507 Serbo-Croatian/Yugoslavian, so described
2 Southern European	36 West Slavic
21 French	3601 Czech
2101 French	3602 Polish
22 Greek	3603 Slovak
2201 Greek	39 Other Eastern European Languages
23 Iberian Romance	3901 Albanian
2301 Catalan	3903 Aromunian (Macedo-Romanian)
2302 Portuguese	3904 Romanian
2303 Spanish	3905 Romany
2399 Iberian Romance, nec	3999 Other Eastern European Languages, nec

4 Southwestern and Central Asian**41 Iranian**

- 4101 Kurdish
- 4102 Pashto
- 4104 Balochi
- 4105 Dari
- 4106 Persian (excluding Dari)
- 4199 Iranian, nec

42 Middle Eastern Semitic Languages

- 4202 Arabic
- 4203 Assyrian
- 4204 Hebrew
- 4299 Middle Eastern Semitic Languages, nec

43 Turkic

- 4301 Turkish
- 4302 Azeri
- 4303 Tatar
- 4304 Turkmen
- 4305 Uygur
- 4306 Uzbek
- 4399 Turkic, nec

49 Other Southwest and Central Asian Languages

- 4901 Armenian
- 4902 Georgian
- 4999 Other Southwest and Central Asian Languages, nec

5 Southern Asian**51 Dravidian**

- 5101 Kannada
- 5102 Malayalam
- 5103 Tamil
- 5104 Telugu
- 5105 Tulu
- 5199 Dravidian, nec

52 Indo-Aryan

- 5201 Bengali
- 5202 Gujarati
- 5203 Hindi
- 5204 Konkani
- 5205 Marathi
- 5206 Nepali
- 5207 Punjabi
- 5208 Sindhi
- 5211 Sinhalese
- 5212 Urdu
- 5213 Assamese
- 5214 Dhivehi
- 5215 Kashmiri
- 5216 Oriya
- 5299 Indo-Aryan, nec

59 Other Southern Asian Languages

- 5999 Other Southern Asian Languages

6 Southeast Asian**61 Burmese and Related Languages**

- 6101 Burmese
- 6102 Haka
- 6103 Karen
- 6199 Burmese and Related Languages, nec

62 Hmong-Mien

- 6201 Hmong
- 6299 Hmong-Mien, nec

63 Mon-Khmer

- 6301 Khmer
- 6302 Vietnamese
- 6303 Mon
- 6399 Mon-Khmer, nec

64 Tai

- 6401 Lao
- 6402 Thai
- 6499 Tai, nec

65 Southeast Asian Austronesian Languages

6501	Bisaya
6502	Cebuano
6503	Ilokano
6504	Indonesian
6505	Malay
6507	Tetum
6508	Timorese
6511	Tagalog
6512	Filipino
6513	Acehnese
6514	Balinese
6515	Bikol
6516	Iban
6517	Ilonggo (Hiligaynon)
6518	Javanese
6521	Pampangan
6599	Southeast Asian Austronesian Languages, nec

69 Other Southeast Asian Languages

6999	Other Southeast Asian Languages
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7 Eastern Asian**71 Chinese**

7101	Cantonese
7102	Hakka
7103	Hokkien
7104	Mandarin
7105	Teochew
7106	Wu
7199	Chinese, nec

72 Japanese

7201	Japanese
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73 Korean

7301	Korean
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Other Eastern Asian Languages

7901	Tibetan
7902	Mongolian
7999	Other Eastern Asian Languages, nec

8 Australian Indigenous**81 Arnhem Land and Daly River Region Languages**

8101	Anindilyakwa
8102	Burarra
8108	Kunwinjku
8111	Maung
8113	Ngan'gikurunggurr
8114	Nunggubuyu
8115	Rembarrnga
8117	Tiwi
8121	Alawa
8122	Dalabon
8123	Gudanji
8124	Gundjeihmi
8125	Gun-nartpa
8126	Gurr-goni
8127	Iwaidja
8128	Jaminjung
8131	Jawoyn
8132	Jingulu
8133	Kunbarlang
8134	Kune
8135	Kuninjku
8136	Larrakiya
8137	Malak Malak
8138	Mangarrayi
8141	Maringarr
8142	Marra
8143	Marrithiyel
8144	Matngala
8145	Mayali
8146	Murrinh Patha
8147	Na-kara
8148	Ndjébbana (Gunavidji)
8151	Ngalakgan
8152	Ngaliwurru
8153	Nungali

81 Arnhem Land and Daly River Region Languages (continued)

- 8154 Wambaya
- 8155 Wardaman
- 8199 Arnhem Land and Daly River Region Languages, nec

82 Yolngu Matha

- 8211 Galpu
- 8212 Golumala
- 8213 Wangurri
- 8219 Dhangu, nec
- 8221 Dhalwangu
- 8222 Djarrwark
- 8229 Dhay'yi, nec
- 8231 Djambarrpuyngu
- 8232 Djapu
- 8233 Daatiwuy
- 8234 Marrangu
- 8235 Liyagalawumirr
- 8239 Dhuwal, nec
- 8241 Dhuwaya
- 8242 Gumatj
- 8243 Gupapuyngu
- 8244 Guyamirrilili
- 8245 Madarrpa
- 8246 Manggalili
- 8247 Wubulkarra
- 8249 Dhuwala, nec
- 8251 Wurlaki
- 8259 Djinang, nec
- 8261 Ganalbingu
- 8269 Djinba, nec
- 8271 Ritharrngu
- 8279 Yakuy, nec
- 8281 Nhangu
- 8299 Other Yolngu Matha

83 Cape Yorke Peninsula Languages

- 8301 Kuku Yalanji
- 8302 Guugu Yimidhirr
- 8303 Kuuku-Ya'u
- 8304 Wik Mungkan
- 8305 Djabugay
- 8306 Dyrbal
- 8307 Girramay
- 8308 Koko-Bera
- 8311 Kuuk Thayorre
- 8312 Lamalama
- 8313 Yidiny
- 8314 Wik Ngathan
- 8399 Cape York Peninsula Languages, nec

84 Torres Strait Island Languages

- 8401 Kalaw Kawaw Ya/Kalaw Lagaw Ya
- 8402 Meriam Mir
- 8403 Torres Strait Creole

85 Northern Desert Fringe Area Languages

- 8504 Bilinarra
- 8505 Gurindji
- 8506 Gurindji Kriol
- 8507 Jaru
- 8508 Light Warlpiri
- 8511 Malngin
- 8512 Mudburra
- 8513 Ngandi
- 8514 Ngardi
- 8515 Ngarinyman
- 8516 Walmajarri
- 8517 Wanyjirra
- 8518 Warlmanpa
- 8521 Warlpiri
- 8522 Warumungu
- 8599 Northern Desert Fringe Area Languages, nec

86 Arandic	89 Other Australian Indigenous Languages
8603 Alyawarr	8901 Adnymathanha
8604 Anmatyerr	8902 Arabana
8605 Arrernte	8903 Bandjalang
8606 Kaytetye	8904 Banyjima
8699 Arandic, nec	8905 Batjala
87 Western Desert Languages	8906 Bidjara
8703 Antikarinya	8907 Dhanggatti
8704 Kartujarra	8908 Diyari
8705 Kukatha	8911 Gamilaraay
8706 Kukatja	8912 Garrwa
8707 Luritja	8913 Garuwali
8708 Manyjilyjarra	8914 Githabul
8711 Martu Wangka	8915 Gumbaynggir
8712 Ngaanyatjarra	8916 Kanai
8713 Pintupi	8917 Karajarri
8714 Pitjantjatjara	8918 Kariyarra
8715 Wangkajunga	8921 Kurna
8716 Wangkatha	8922 Kayardild
8717 Warnman	8923 Kija
8718 Yankunytjatjara	8924 Kriol
8721 Yulparija	8925 Lardil
8799 Western Desert Language, nec	8926 Mangala
88 Kimberly Area Languages	8927 Muruwari
8801 Bardi	8928 Narungga
8802 Bunuba	8931 Ngarluma
8803 Gooniyandi	8932 Ngarrindjeri
8804 Miriwoong	8933 Nyamal
8805 Ngarinyin	8934 Nyangumarta
8806 Nyikina	8935 Nyungar
8807 Worla	8936 Paakantyi
8808 Worrorra	8937 Palyku/Niyaparli
8811 Wunambal	8938 Wajarri
8812 Yawuru	8941 Wiradjuri
8899 Kimberley Area Languages, nec	8942 Yanyuwa
	8943 Yindjibarndi
	8999 Other Australian Indigenous Languages, nec

9 Other	93 Pacific Austronesian Languages
91 American Languages	9301 Fijian
9101 American Languages	9302 Gilbertese
92 African Languages	9303 Maori (Cook Island)
9201 Acholi	9304 Maori (New Zealand)
9203 Akan	9305 Motu
9205 Mauritian Creole	9306 Nauruan
9206 Oromo	9307 Niue
9207 Shona	9308 Samoan
9208 Somali	9311 Tongan
9211 Swahili	9312 Rotuman
9212 Yoruba	9313 Tokelauan
9213 Zulu	9314 Tuvaluan
9214 Amharic	9315 Yapese
9215 Bemba	9399 Pacific Austronesian Languages, nec
9216 Dinka	94 Oceanian Pidgins and Creoles
9217 Ewe	9401 Tok Pisin
9218 Ga	9402 Bislama
9221 Harari	9403 Hawaiian English
9222 Hausa	9404 Pitcairnese
9223 Igbo	9405 Solomon Islands Pijin
9224 Kikuyu	9499 Oceanian Pidgins and Creoles, nec
9225 Krio	95 Papua New Guinea Papuan Languages
9226 Luganda	9502 Kiwai
9227 Luo	96 Invented Languages
9228 Ndebele	9601 Invented Languages
9231 Nuer	97 Sign Languages
9232 Nyanja (Chichewa)	9701 Auslan
9233 Shilluk	9702 Makaton
9234 Tigré	9799 Sign Languages, nec
9235 Tigrinya	
9236 Tswana	9999 Not stated/inadequately described
9237 Xhosa	
9238 Seychelles Creole	
9299 African Languages, nec	

Appendix 3: Service type

1	Accommodation placement and/or support	37	Delivered meals (meals on wheels)
2	Acquired brain injury information/referral	38	Dermatology
3	Acupuncture	39	Diagnostic radiology
4	Adoption and permanent care information/support	40	Diagnostic ultrasound
5	Adult/community education	41	Dietetics
6	Aged care assessment	42	Disability advocacy
7	Aged care information/referral	43	Disability aids and equipment
8	Aged residential care	44	Disability case management
9	Air ambulance	45	Disability day programs and activities
10	Alexander technique therapy	46	Disability information/referral
11	Ambulance	47	Disability support packages
12	Anaesthesiology	48	Disability supported accommodation
13	Anatomical pathology (including cytopathology and forensic pathology)	49	Drug and/or alcohol counselling
14	Aromatherapy	50	Drug and/or alcohol information/referral
15	Audiology	51	Early childhood intervention
16	Bereavement counselling	52	Emergency medical
17	Biorhythm services	53	Employment placement and/or support
18	Blood donation	54	Endocrinology
19	Blood transport	55	Endodontic
20	Bowen therapy	56	Family counselling and/or family therapy
21	Cardiology	57	Family day care
22	Cardiothoracic surgery	58	Family planning
23	Carer support	59	Family violence counselling
24	Case management for older persons	60	Feldenkrais
25	Cemetery operation	61	Financial assistance
26	Child protection/child abuse notification	62	Financial counselling
27	Children's play programs	63	Financial information/advice
28	Chinese herbal medicine	64	Flying doctor service
29	Chiropractic	65	Food safety
30	Clinical genetics	66	Foster care
31	Clinical pharmacology	67	Friendly visiting
32	Community bus	68	Funeral services
33	Cremation	69	Gastroenterology and hepatology
34	Crisis counselling	70	General dental
35	Crisis/emergency accommodation	71	General practice/GP (doctor)
36	Death service information	72	Generalist counselling
		73	Genetic counselling
		74	Geriatric medicine

75	Gynaecological oncology	111	Mental health advocacy
76	Health advocacy	112	Mental health assessment/triage/crisis response
77	Health counselling	113	Mental health case management/continuing care
78	Health information/referral	114	Mental health information/referral
79	Health regulatory, inspection and/or certification	115	Mental health inpatient services (hospital psychiatric unit) - requires referral
80	Hearing aids and equipment	116	Mental health non-residential rehabilitation
81	Higher education	117	Mental health residential rehabilitation/community care unit
82	Holiday programs	118	Myotherapy
83	Home care/housekeeping assistance	119	Naturopathy
84	Home maintenance and repair	120	Needle and syringe exchange
85	Homelessness support	121	Neonatology and perinatology
86	Homoeopathy	122	Nephrology
87	Housing information/referral	123	Neurology
88	Hydrotherapy	124	Neurosurgery
89	Hypnotherapy	125	Non-residential alcohol and/or drug dependence treatment
90	Immunisation	126	Nuclear medicine
91	Immunology and allergy	127	Nursing
92	Infectious diseases	128	Nutrition
93	Intensive care medicine	129	Obstetric and gynaecological ultrasound
94	Interpreting	130	Obstetrics and gynaecology
95	Juvenile justice	131	Occasional child care
96	Kindergarten inclusion support for children with a disability	132	Occupational medicine
97	Kindergarten/preschool	133	Occupational therapy
98	Kinesiology	134	Ophthalmology
99	Legal advocacy	135	Optometry
100	Legal information/advice/referral	136	Oral medicine
101	Long day child care	137	Oral surgery
102	Magnetic resonance imaging (MRI)	138	Orthodontic
103	Magnetic therapy	139	Orthopaedic surgery
104	Martial arts	140	Osteopathy
105	Massage therapy	141	Otolaryngology - head & neck surgery
106	Material aid	142	Outside school hours care
107	Maternal and child health	143	Paediatric cardiology
108	Mediation	144	Paediatric clinical genetics
109	Medical oncology		
110	Meditation		

145	Paediatric clinical pharmacology	181	Physiotherapy
146	Paediatric endocrinology	182	Pilates
147	Paediatric gastroenterology and hepatology	183	Planned activity groups
148	Paediatric haematology	184	Plastic and reconstructive surgery
149	Paediatric immunology and allergy	185	Playgroup
150	Paediatric Infectious diseases	186	Podiatry
151	Paediatric intensive care medicine	187	Primary education
152	Paediatric medical oncology	188	Problem gambling counselling
153	Paediatric medicine	189	Prosthodontic
154	Paediatric nephrology	190	Psychiatry (requires referral)
155	Paediatric neurology	191	Psychology
156	Paediatric nuclear medicine	192	Public health medicine
157	Paediatric rehabilitation medicine	193	Public rental housing
158	Paediatric rheumatology	194	Quit program
159	Paediatric sleep medicine	195	Radiation oncology
160	Paediatric surgery	196	Reflexology
161	Paediatric thoracic medicine	197	Rehabilitation medicine
162	Paediodontic	198	Reiki
163	Palliative medicine	199	Relationship counselling
164	Parenting and family management support/education	200	Relaxation therapy
165	Pathology - clinical chemistry	201	Reproductive endocrinology and infertility
166	Pathology - general	202	Residential alcohol and/or drug dependence treatment
167	Pathology - genetics	203	Residential/out-of-home care
168	Pathology - haematology	204	Respite care
169	Pathology - immunology	205	Rheumatology
170	Pathology - microbiology	206	School nursing
171	Patient transport	207	Secondary education
172	Periodontic	208	Self defence
173	Personal alarms/alerts	209	Sexual assault counselling
174	Personal care for older persons	210	Sexual health
175	Personal fitness training	211	Shiatsu
176	Pharmacotherapy (for example, methadone) program	212	Sleep medicine
177	Pharmacy	213	Speech pathology/therapy
178	Physical activity group	214	Sporting club
179	Physical activity programs	215	Support for young people leaving care
180	Physical fitness testing	216	Support groups
		217	Surgery - general

218	Thoracic medicine	226	Vocational rehabilitation
219	Toy library	227	Western herbal medicine
220	Training and vocational education	228	Workplace health and/or safety inspection and/or certification
221	Trauma counselling	229	Workplace safety and/or accident prevention
222	Urogynaecology	230	Yoga
223	Urology		
224	Vascular surgery		
225	Victims of crime counselling	999	Other

