

Service Type Outlet Form 2014–15

A separate Service type outlet form should be filled in for each NDA-funded service type outlet (i.e. for each NDA-funded service type provided at or from a given location). Your NDA funding department should have filled in items A–G before your agency received this form. Please check the responses using the Data Guide—pages 18–32, initially for any queries you may have.

A. Funded agency ID

B. Service type outlet ID

C. Service type .

D. Service type outlet postcode

E. Service type outlet SLA

F. Funding jurisdiction

G. Agency sector

Service type outlet name:

Funded service type:

Please verify the information provided above.

Contact Name

Title or position

Email

Phone number

Fax number

Please turn over >

1. Has this service type outlet been funded for the full financial year?

Yes 1

No 2

See Data Guide page 33

2. How many weeks per year does this service type outlet usually operate?

See Data Guide page 34

'No regular pattern of operation through a year' includes seasonal services such as Christmas holiday programs.

No regular pattern or 90

3. How many days per week does this service type outlet usually operate?

See Data Guide page 35

'No regular pattern of operation through a week' includes school holiday programs.

No regular pattern or 90

4. How many hours per day does this service type outlet usually operate?

See Data Guide page 36

'No regular daily pattern of operation' includes flexible hours, on call, 24 hour sleepover etc. Please do not provide the number of hours per week.

No regular pattern or 90

Staff hours: What were the total hours worked by staff (including those worked by contracted staff) and volunteers working on behalf of this service type outlet:

5. In the 7-day reference week preceding the end of the reporting period?

Paid staff –
paid hours worked by staff including contracted staff.

a)

Unpaid staff –
unpaid hours worked by staff and volunteers.

b)

See Data Guide page 37

6. In a typical (or average) 7-day week?

a)

b)

See Data Guide page 40

Please enter a dash (–) in the right hand box for any category where the value is 'nil'. Please round hours up to the nearest whole hour.

If the service type of this service outlet is 'Other support' (7.01–7.04) please do not complete question 7 and do not fill out any Service user forms.

7. How many service users received this service type from this service type outlet during the reporting period?

See Data Guide page 43

Please do not provide numbers of 'beds' or 'places' or 'instances of service'.

Thank you for your time and effort.

Service User Form 2014–15

Service types 1.05–1.07, 2.06, 3.01, 3.03, 4.01–4.05 should complete all questions on this form for each service user who received a service within the reporting period. Service types 1.01–1.04, 1.08, 2.01–2.05 and 2.07 should complete all questions except 17e and 17f; service type 3.02 should fill out at least questions B, 1 and 2—Linkage key elements and items 17a–17b; and service types 5.01 and 5.02 should fill out all questions except 12b–c and 12e (some carer questions).

B. Service type outlet ID

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See Data Guide page 47

Please copy the Service type outlet ID from the related Service Type Outlet Form.

1. Record ID

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See Data Guide page 48

2. Statistical Linkage Key

2a. Letters of surname

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

See Data Guide pages 49–50

2b. Letters of given name

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See Data Guide pages 51–52

2c. Date of birth

d	d	m	m	y	y	y	y

See Data Guide page 53. If not known, estimate year, enter 01/01 for day and month and tick 2d.

2d. Is the service user's date of birth an **estimate**?

Yes ☐ 1

See Data Guide pages 54

2e. What is the service user's **sex**?

Male ☐ 1 Female ☐ 2

See Data Guide pages 55

Service type 3.02 - Recreation/holiday program services, go to Question 17.

3. Is the service user of **Aboriginal** or **Torres Strait Islander** origin?

See Data Guide pages 56–57

Aboriginal but not Torres Strait Islander origin ☐ 1

Torres Strait Islander but not Aboriginal origin ☐ 2

Both Aboriginal and Torres Strait Islander origin ☐ 3

Neither Aboriginal nor Torres Strait Islander origin ☐ 4

Responses must not be based on the perceptions of anyone other than the person, or their advocate. The 'look' of a person has proven to be an unreliable way for another person to assess someone's Indigenous origin.

4. In which **country** was the service user **born**?

See Data Guide page 58-59

- | | |
|---|---|
| Australia <input type="checkbox"/> 1101 | Scotland <input type="checkbox"/> 2105 |
| England <input type="checkbox"/> 2102 | Greece <input type="checkbox"/> 3207 |
| New Zealand <input type="checkbox"/> 1201 | Germany <input type="checkbox"/> 2304 |
| Italy <input type="checkbox"/> 3104 | Philippines <input type="checkbox"/> 5204 |
| Viet Nam <input type="checkbox"/> 5105 | India <input type="checkbox"/> 7103 |

If other country please specify _____

Where the country of birth is known but is not specified in the classification, please specify it in the space provided.

5. Does the service user require **interpreter services**?

See Data Guide page 60

- Yes - for spoken language other than English ☐ 1 Yes - for non-spoken communication ☐ 2 No ☐ 3

6. What is the service user's most effective **method of communication**?

- Spoken language (effective) ☐ 1
- Sign language (effective) ☐ 2
- Other effective non-spoken communication
- e.g. Canon Communicator, Compic ☐ 3
- Little, or no effective communication ☐ 4
- Child aged under 5 years (not applicable) ☐ 5

See Data Guide page 61

This item is considered 'not applicable' to young children. Hence children aged 0–4 years should **always** be coded as 'Child aged under 5 years'.

7. Does the service user usually **live alone** or **with others**?

See Data Guide page 62

- Lives alone ☐ 1
- Lives with family ☐ 2
- Lives with others ☐ 3

'Usually' means 4 or more days per week on average.

The service user's living arrangements must relate to the same place described in residential setting (see question 9).

8. What is the **postcode** of the service user's usual residence?

See Data Guide page 63

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The service user's postcode must relate to their residential setting (see question 9).

9. What is the service user's usual **residential setting**?

See Data Guide pages
64-65

- Private residence ☐ 1
- Residence within an Aboriginal community ☐ 2
- Domestic-scale supported living facility
– e.g. group homes ☐ 3
- Supported accommodation facility
– e.g. hostels, supported residential services or facilities ☐ 4
- Boarding house/private hotel ☐ 5
- Independent living unit within a retirement village ☐ 6
- Residential aged care facility
– nursing home or aged care hostel ☐ 7
- Psychiatric/mental health community care facility ☐ 8
- Hospital ☐ 9
- Short term crisis, emergency or transitional accommodation
– e.g. night shelters, refuges, hostels for the homeless, halfway houses ☐ 10
- Public place/temporary shelter ☐ 11
- Other ☐ 12

The type of physical accommodation the person usually resides in ('usually' means 4 or more days per week on average).

10. What are the service user's **primary** and **other significant disability group(s)**?

a. Primary disability group

Tick 1 box only

<input type="checkbox"/> 1	Intellectual	<input type="checkbox"/>
<input type="checkbox"/> 2	Specific learning/ADD - other than Intellectual	<input type="checkbox"/>
<input type="checkbox"/> 3	Autism - including Asperger's Syndrome	<input type="checkbox"/>
<input type="checkbox"/> 4	Physical	<input type="checkbox"/>
<input type="checkbox"/> 5	Acquired brain injury	<input type="checkbox"/>
<input type="checkbox"/> 6	Neurological - including epilepsy & Alzheimer's Disease	<input type="checkbox"/>
<input type="checkbox"/> 7	Deafblind - dual sensory	<input type="checkbox"/>
<input type="checkbox"/> 8	Vision	<input type="checkbox"/>
<input type="checkbox"/> 9	Hearing	<input type="checkbox"/>
<input type="checkbox"/> 10	Speech	<input type="checkbox"/>
<input type="checkbox"/> 11	Psychiatric	<input type="checkbox"/>
<input type="checkbox"/> 12	Developmental Delay - only valid for a child aged 0–5 years	<input type="checkbox"/>

b. Other significant disability group(s)

Tick all other significant disabilities

Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.

See Data Guide pages
66–69

11. How often does the service user need personal help or

See Data Guide pages
70-72

supervision with activities or participation in the following life areas?

Please indicate the level of help or supervision required for each life area (rows a–i) by ticking only one level of help or supervision (columns 1–5).

The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)	1) Unable to do or always needs help/supervision in this life area	2) Sometimes needs help/supervision in this life area	3) Does not need help/supervision in this life area but uses aids or equipment	4) Does not need help/supervision in this life area and does not use aids or equipment	5) Not applicable
LIFE AREA					
a) Self-care e.g. washing oneself, dressing, eating, toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) Mobility e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Communication e.g. making oneself understood, in own native language or preferred method of communication if applicable, and understanding others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Interpersonal interactions and relationships e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e) Learning, applying knowledge and general tasks and demands e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) Education e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) Community (civic) and economic life e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h) Domestic life e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) Working e.g. actions, behaviours and tasks to obtain and retain paid employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

NOTE: In the following questions 'not applicable' is a valid response **only if** the person is **0–4** years old.

NOTE: In the following questions 'not applicable' is a valid response **only if** the person is **0–14** years old.

12. Carer arrangements (informal)

See Data Guide page 73-74

The following questions are asking about the presence of an **informal carer** who provides support to the service user (i.e. these questions are **not about paid carers**)

12a. Does the service user have an **informal carer**, such as a family member, friend or neighbour, **who provides care and assistance** on a regular and sustained basis?

Yes ☐ 1

>Go to 12b

No ☐ 2

>Go to 13

'Regular' and 'sustained' in this instance means that care or assistance has been ongoing, or likely to be ongoing for at least six months.

12b. Does the carer assist the service user in the area(s) of **self-care, mobility or communication**?

Yes ☐ 1

No ☐ 2

Questions 12b–e relate to the informal carer identified in 12a

See Data Guide page 75

12c. Does the carer live in the **same household** as the service user?

Yes, Co-resident carer ☐ 1

No, Non-resident carer ☐ 2

See Data Guide page 76

12d. What **relationship** is the carer to the service user?

See Data Guide page 77-78

Wife/female partner ☐ 1

Daughter-in-law ☐ 7

Husband/male partner ☐ 2

Son-in-law ☐ 8

Mother ☐ 3

Other female relative ☐ 9

Father ☐ 4

Other male relative ☐ 10

Daughter ☐ 5

Friend/neighbour – female ☐ 11

Son ☐ 6

Friend/neighbour – male ☐ 12

When answering this question complete the sentence **The carer is the service user's...**

This question relates to the informal carer identified in 12a

12e. What is the **age group** of the **carer**?

See Data Guide page 79

Less than 15 years ☐ 1

45–64 years ☐ 4

15–24 years ☐ 2

65 years and over ☐ 5

25–44 years ☐ 3

When asking the service user about the age of their carer it is considered more appropriate to ask about broad age groups rather than actual age.

Only complete question 13 if the service user is aged under 16 years.

13. If aged under 16 years: do the service user's parents or guardians receive the **Carer Allowance (Child)**?

See Data Guide page 80

Yes ☐ ₁ No ☐ ₂ Not known ☐ ₃

This question is not asking about Carer Payment even though some parents of children aged less than 16 years receive it in addition to Carer Allowance (Child).

Only complete question 14 if the service user is aged 15 years or more.

14. If aged 15 years or more:

See Data Guide page 81-82

What is the service user's **labour force status**?

Employed ☐ ₁ Unemployed ☐ ₂ Not in the labour force ☐ ₃

Only complete question 15 if the service user is aged 16 years or more.

15. If aged 16 years or more:

See Data Guide page 83

What is the service user's **main source of income**?

Disability Support Pension ☐ ₁ Other income ☐ ₅
Other pension or benefit ☐ ₂ Nil income ☐ ₆
Paid employment ☐ ₃ Not known ☐ ₇
Compensation payments ☐ ₄

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

Continue questions for service users of all ages.

16. Is the service user currently receiving individualised funding under the NDA?

Yes ☐ ₁ No ☐ ₂ Not known ☐ ₃

See Data Guide page 84-85

17. Services received 2013–14

For service types 1.05–1.07, 2.06, 3.01, 3.03 and 4.01–4.05 complete all sections (a) to (f). For all remaining service types (except 6.01–6.05 and 7.01–7.04), please complete sections (a) to (d) only. For service type 3.02, complete items (a) and (b).

Responses to the remaining questions must relate to the service type outlet ID indicated in data item B of the Service User Form.

Note: if the service user received more than 1 service type from your agency you will need to complete a separate Service User Form (see Data Guide pages 14–16).

17a. When did the service user **commence** using this service type?

d	d	m	m	y	y	y	y

See Data Guide page 87-88

A service is a support activity delivered to a person, in accordance with the NDA. Services within the scope of the collection are those for which funding has been provided, during the specified period, by a government organisation operating under the NDA.

17b. When did the service user **last receive** this service type?

d	d	m	m	y	y	y	y

See Data Guide page 89

If the service user is still with the service leave 17c and 17d blank and **>Go to question 17e**

17c. When did the service user **leave** this service type outlet?

See Data Guide page 90

d	d	m	m	y	y	y	y

A service user is considered to leave a service when either:

1. the service user ends the support relationship with the service outlet; or
2. the service outlet ends the support relationship with the service user.

**Only answer this item if item 17c has been coded
(i.e. the service user is no longer receiving the service).**

17d. What **reason** did the service user report for **leaving** this service type outlet?

Service user no longer needs assistance from ☐ 1
service type outlet – moved to mainstream services

See Data Guide page 91-92

Service user no longer needs assistance from ☐ 2
service type outlet – other

Service user moved to residential, institutional ☐ 3
or supported accommodation setting

Service user's needs have increased ☐ 4
– other service type required

Services terminated due to budget/staffing constraints ☐ 5

Services terminated due to Occupational Health ☐ 6
and Safety reasons

Service user moved out of area ☐ 7

Service user died ☐ 8

Service user terminated service ☐ 9

Other ☐ 10

**Questions 17e and 17f only need to be completed by service types 1.05–1.07, 2.06, 3.01, 3.03
and 4.01–4.05.**

Hours received – please indicate the **number of hours**
of support received by the service user for this NDA
service type:

*The amount of NDA-funded support
received by a person for this NDA
service type during the reporting
period.*

17e. In the **7-day reference week**
preceding the end of the
reporting period.

See Data Guide page 93-94

17f. In a **typical (or average)**
7-day week.

See Data Guide page 95

Thank you for your time and effort.