# Informal carer—relationship to care recipient, code N Exported from METEOR (AIHW's Metadata Online Registry)

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## Informal carer—relationship to care recipient, code N

#### Identifying and definitional attributes

Metadata item type: Data Element

**Short name:** Relationship of carer to care recipient

METEOR identifier: 270012

**Registration status:** Community Services (retired), Standard 01/03/2005

Health, Recorded 13/05/2008

**Definition:** The relationship of the informal carer to the person for whom they care, as

represented by a code.

Data Element Concept: Informal carer—relationship to care recipient

Value Domain: Relationship code N

#### Value domain attributes

#### Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

ValueMeaningPermissible values:1Spouse/ partner2Parent3Child4Child-in-law5Other relative6Friend/ neighbour

**Supplementary values:** 9 Not stated/inadequately described

#### **Data element attributes**

### Collection and usage attributes

#### Guide for use:

This data element should always be used to record the relationship of the carer to the person for whom they care, regardless of whether the client of the agency is the carer or the person for whom they care.

For example, if a woman were caring for her frail aged mother-in-law, the agency would record that the carer is the daughter-in-law of the care recipient (i.e. code 4). Similarly, if a man were caring for his disabled son, then the agency would record that the carer is the father of the care recipient (i.e. code 2).

If a person has more than one carer (e.g. a spouse and a son), the coding response to relationship of carer to care recipient should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain living at home. The expressed views of the client and/ or their carer or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer in this regard.

CODE 1 includes de facto and same sex partnerships.

**Collection methods:** To obtain greater detailed information about carers data can be collected using

other elements such as Person—age (community services), total years N[NN] and

Person-sex, code N etc.

Comments: There is inconsistency between the definition of informal carer and the ABS

definition of principal carer.

The ABS defines a primary carer as a person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self care). This may not be appropriate for community services agencies wishing to obtain information about a person's carer regardless of the amount of time that care is for, or the types of care provided.

#### Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

Origin: Home and Community Care (HACC) Data Dictionary Version 1.0, 1998

#### Relational attributes

Related metadata references:

Is re-engineered from Relationship of carer to care recipient, version 1, DE, NCSDD, NCSIMG, Superseded 01/03/2005.pdf (16.3 KB)

No registration status

See also Informal carer—multiple care recipient status, code N Community Services (retired), Recorded 16/11/2009

**Specifications:** 

Implementation in Data Set Home and Community Care MDS 2009 Community Services (retired), Recorded 16/11/2009

Implementation start date: 11/05/2006

Conditional obligation: Recorded if the HACC client has a carer (see Person informal carer existence indicator, code N).

DSS specific information:

Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance provided by the HACC program to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal caregiving in the community. The inclusion of this information in the HACC MDS enables useful comparisons between caring relationships supported by the HACC program and those reported in the national population data from the ABS Survey of Disability, Ageing and Carers.

The agency should record this data element at the beginning of each HACC service episode for any client who has a carer (i.e. Carer's existence of code 1). The agency should also assess the currency of this information at subsequent assessments/re-assessments within a HACC service episode and should update the agency's record of the Carer for more than one person if necessary.

Reporting requirements:

This data element is required for reporting within the HACC MDS collection for any HACC client who has a carer (i.e. Carer's existence of code 1).

Agencies are required to report the most recent information about caring for more than one person that the agency has recorded for the person.

Information provided by the agency about the Carer for more than one person will be considered to be at least as up to date as the Date of last update reported for the person. This is in line with the request that agencies assess and update the information they have about the Carer at the beginning of each HACC service episode as well as at subsequent assessments/re-assessments within any given HACC service episode.

If the agency's system or records do not provide sufficient information to accurately report on this data element, the agency should use code 99 Not stated/inadequately described.

A HACC client may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element Relationship of Carer to care recipient relates to the carer who is identified as providing the most significant amount and type of care and assistance.

The process of identifying a single person who provides the most significant care and assistance is similar to that used by the Australian Bureau of Statistics in the 2003 Survey of Disability, Ageing and Carers to identify 'principal carers'. However, reliable comparisons of ABS 'principal carers' and Carers identified in the HACC MDS cannot be made without the inclusion of additional information in the HACC MDS about the types of assistance needed by care recipients and provided by Carers. Future developments in the HACC MDS will take this issue into consideration.