13 Aged care services

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The Aged care services chapter (chapter 13) in the *Report on Government*   
*Services 2013* (2013 Report) reports on the performance of Aged care services in each Australian state and territory. Data are reported for Indigenous Australians for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

The aged care system comprises all services specifically designed to meet the care and support needs of older people living in Australia. This chapter focuses on government funded residential and community care for older people and services designed for the carers of older people. Some government expenditure on aged care is not reported, but continual improvements are being made to the coverage and quality of the data.

Major improvements in reporting on aged care services this year include:

* alignment of the aged care target population with the funding arrangements specified under the National Health Reform Agreement (see 2013 Report, box 13.1) — the aged care target population for this year’s Report is all people 65 years or over and Indigenous Australians 50­64 years, revised from all people aged 70 years or over and Indigenous Australians 50­69 years
* inclusion of additional data for the ‘elapsed times for aged care services’ indicator, by remoteness areas, socio-economic index for areas (SEIFA) and Indigenous status

Services for older people are provided on the basis of frailty or functional disability. Government funded aged care services covered in this chapter relate to the three levels of government (Australian, State and Territory, and some local) involved in service funding and delivery. The services covered include:

* assessment and information services, which are largely provided by the Aged Care Assessment Program (ACAP)
* residential care services, which provide permanent high and low level care, and respite high and low level care
* community care services, including home-based care and assistance to help older people remain, or return to, living independently in the community as long as possible. These services include:
* HACC program services
* Community Aged Care Packages (CACP)
* flexible care packages provided under the Extended Aged Care at Home (EACH) and the EACH-Dementia (EACH-D) programs
* services provided by the Department of Veterans’ Affairs (DVA) under the Veterans’ Home Care (VHC)[[1]](#footnote-1) and Community Nursing programs
* community care respite services, which include HACC respite and centre-based day care services and services provided under the National Respite for Carers Program (NRCP)
* services provided in mixed delivery settings, which are designed to provide flexible care or specific support:
* flexible care services, which address the needs of care recipients in ways other than that provided through mainstream residential and community care — services are provided under the Transition Care Program (TCP),   
  Multi-purpose Service (MPS) Program, Innovative Care Pool and National Aboriginal and Torres Strait Islander Flexible Aged Care Program
* specific support services, which are provided to address particular needs such as those under the Long Stay Older Patients (LSOP) initiative and in Day Therapy Centres.

The Aged care services chapter in the 2013 Report contains the following information on Indigenous Australians:

* age profile and target population differences between Indigenous and other Australians, June 2011
* Aged Care Assessment Team (ACAT) assessment rates, 2010-11
* Residents per 1000 aged care target population, 30 June 2012
* CACP recipients per 1000 aged care target population, 30 June 2012
* HACC recipients per 1000 aged care target population,   
  30 June 2012
* Older recipients of HACC aged care services by age and Indigenous status, 2011-12
* Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status, 30 June 2012.

The aged care attachment contains additional data relating to Indigenous Australians including:

* target population data, by location
* people receiving aged care services, 2011-12
* government expenditure on aged care services, by program type
* Indigenous aged care recipients per 1000 people, June 2012
* Older HACC client characteristics, 2011-12
* HACC client characteristics, 2011-12
* comparative characteristics of Indigenous HACC clients, 2011-12
* Access to Commonwealth Respite and Carelink Centres, 2011-12
* Aged care assessments, 2010-11
* Aged care assessments completed under the ACAP for people of all ages,   
  2010-11
* Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12
* Hospital patient days used by those eligible and waiting for residential aged care, 2010-11.

### Indigenous-specific descriptive information

#### Characteristics of older Indigenous Australians

DoHA estimates that about 80 091 Indigenous Australians were aged 50 years or over in Australia at 30 June 2012 (table 13A.2). Although the Indigenous population is also ageing, there are marked differences in the age profile of Indigenous Australians compared with non‑Indigenous Australians (figure 13.1). Estimates show life expectancy at birth in the Indigenous population is around 11.5 years less for males and 9.7 years less for females when compared with the total Australian population (ABS 2009). Indigenous Australians aged 50 years or over are used in this Report as a proxy for the likelihood of requiring aged care services, compared to 65 years or over for the general population.

Figure 13.1 **Age profile and aged care target population differences between Indigenous and other Australians, June 2011**

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| Figure 13.1 Age profile and aged care target population differences between Indigenous and other Australians, June 2011  More details can be found within the text surrounding this image. |

*Source*: ABS (2012) *Australian Demographic Statistics, Mar 2012*, Cat. no. 3101.0, Canberra; 2013 Report, figure 13.6, p. 13.21.

*Aged Care Assessments*

Aged care assessments are designed to assess the care needs of older people and assist them to gain access to the most appropriate type of care. Nationally, the number of assessments per 1000 people aged 65 years or over and Indigenous Australians aged 50–64 years was 54.3 assessments, but this varied across jurisdictions. The rate for Indigenous Australians was 33.0 per 1000 Indigenous Australians aged 50 years or over (figure 13.2). Data on the numbers and rates of assessment for people of all ages by age group, Indigenous status and remoteness of residence are in table 13A.82.

Figure 13.2 **Aged Care Assessment Team assessment rates,   
2010-11a, b, c, d, e**

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| Figure 13.2 Aged Care Assessment Team assessment rates, 2010-11  More details can be found within the text surrounding this image. |

**a** Includes ACAT assessments for all services. **b** All Australians includes all assessments of people aged 65 years or over and Indigenous Australians aged 50 years or over per 1000 people aged 65 years or over and Indigenous Australians aged 50 years or over. **c** Indigenous includes all assessments of Indigenous Australians aged 50 years or over per 1000 Indigenous Australians aged 50 years or over. **d** The number of Indigenous assessments is based on self-identification of Indigenous status. **e** See table 13A.80 for further explanation of these data.

*Source*: Aged Care Assessment Program National Data Repository (unpublished); table 13A.80; 2013 Report, figure 13.7, p. 13.22.

*Residential care services*

Residential care services provide permanent high level and low level care and respite high/low level care:

• high care combines services such as nursing care, continence aids, basic medical and pharmaceutical supplies and therapy services with the types of services provided in low care such as accommodation, support services (cleaning, laundry and meals) and personal care services

• low care focuses on personal care services, accommodation, support services (cleaning, laundry and meals) and some allied health services such as physiotherapy — nursing care can be given when required

• respite provides short term residential high/low care on a planned or emergency basis (DoHA 2012).

National, Indigenous age specific usage rates for all these services by remoteness category are in table 13A.47.

*Indigenous specific services ― National Aboriginal and Torres Strait Islander Flexible Aged Care Program*

Flexible models of care are provided under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Services funded under the Program operate outside the regulatory framework of the *Aged Care Act 1997*. Aboriginal and Torres Strait Islander people also access mainstream services under the *Aged Care Act 1997*, including those managed by Aboriginal and Torres Strait Islander organisations.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program funds organisations to provide quality, flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and community. Flexible Aged Care services can deliver a mix of residential and community aged care services to meet the needs of the community.

In addition to the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, some services managed by non-Indigenous approved providers also have significant numbers of Aboriginal and Torres Strait Islander clients. All aged care services that are funded under the *Aged Care Act 1997* are required to provide culturally appropriate care. Whether they are provided in a community or residential setting, services can be subject to specific conditions of allocation in relation to the proportion of care to be provided to particular groups of people, including Aboriginal and Torres Strait Islander people.

At 30 June 2012, there were 29 aged care services funded to deliver 675 flexible aged care places under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (DoHA unpublished). The Australian Government spent   
$26.9 million on Indigenous specific services delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and other aged care services funded under the *Aged Care Act 1997* that provide care to a significant number of older Aboriginal and Torres Strait Islander people (table 13A.5).

### Framework of performance indicators

The performance indicators for Aged care services are in figure 13.3. Data for Indigenous Australians are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Indicator boxes presented throughout the chapter provide information about the reported indicators. As these are sourced directly from the 2013 Report, they may include references to data not reported for Indigenous Australians and therefore not included in this Compendium.

The Report’s statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 13.3 Aged care services performance indicator framework

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| Figure 13.3 Aged care services performance indicator framework  More details can be found within the text surrounding this image. |

*Source*: 2013 Report, figure 13.11, p. 13.36.

### Use by different groups

‘Use by different groups’ is an indicator of governments’ objective for the aged care system to provide equitable access to aged care services for all people who require these services (box 13.1).

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| Box 13.1 Use by different groups |
| ‘Use by different groups’ has six measures defined as follows:   * the number of people born in non-English speaking countries using residential services, CACPs, EACH, EACH-D and HACC services divided by the number of people born in non-English speaking countries aged 65 years or over, compared with the rates at which the total aged care target population (people aged 65 years or over and Indigenous Australians aged 50–64 years) access these services * the number of Indigenous Australians using residential services, CACP, EACH, EACH-D and HACC services, divided by the number of Indigenous Australians aged 50 years or over (because Indigenous Australians tend to require aged care services at a younger age than the general population), compared with the rates at which the total aged care target population (people aged 65 years or over and Indigenous Australians aged 50–64 years) access these services * the number of veterans aged 65 years or over in residential care divided by the total number of eligible veterans aged 65 years or over, where a veteran is defined as a DVA Gold or White card holder * access to HACC services for people living in rural or remote areas — the number of hours of HACC service received (and, separately, meals provided) divided by the number of people aged 65 years or over and Indigenous Australians aged 50–64 years for major cities, inner regional areas, outer regional areas, remote areas and very remote areas * the rate of contacts with Commonwealth Respite and Carelink Centres for Indigenous Australians compared with the rate for all people * access to residential aged care services for financially disadvantaged people * the proportion of new residents classified as supported * the proportion of permanent resident care days classified as concessional, assisted or supported. |
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| Box 13.1 (Continued) |
| In general, usage rates for special needs groups similar to those for the broader aged care population are desirable, but interpretation of results differs for some special needs groups because:   * there is evidence that Indigenous Australians have higher disability rates than those of the general population, which suggests a greater level of need for services compared with those in the broader aged care population * for financially disadvantaged users, Australian Government planning guidelines require that services allocate a minimum proportion of residential places for concessional, assisted or supported residents. These targets range from 16 per cent to 40 per cent of places, depending on the service’s region. Usage rates equal to, or higher than, the minimum rates are desirable.   Use by different groups is a proxy indicator of equitable access. Various groups are identified by the *Aged Care Act 1997* and its principles (regulations) as having special needs, including people from Indigenous communities, people born in non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, veterans (including widows and widowers of veterans), people who are homeless or at risk of becoming homeless, or who are care leavers. A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both), at some time during their lifetime (DoHA 2012).  Several factors need to be considered in interpreting the results for this set of measures:   * Cultural differences can influence the extent to which people born in non-English speaking countries use different types of services. * Cultural differences and geographic location can influence the extent to which Indigenous Australians use different types of services. * The availability of informal care and support can influence the use of aged care services in different population groups.   Data reported for this indicator are comparable.  Information about data quality for four measures defined for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013. Data quality information for the other measures is under development. |
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Data presented for this indicator are organised by the type of service provided, with sub-sections for the relevant special needs groups reported against that service.

#### Access to residential aged care services by Indigenous Australians and people born in a non-English speaking country

In all jurisdictions at 30 June 2012, on average, Indigenous Australians and people born in non-English speaking countries had lower rates of use of aged care residential services (21.2 and 42.5 per 1000 of the relevant aged care target populations respectively), compared with the population as a whole (52.6 per 1000)   
(figure 13.4).

Figure 13.4 **Residents per 1000 aged care target population, 30 June 2012a, b, c**

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| Figure 13.4 Residents per 1000 aged care target population, 30 June 2012  More details can be found within the text surrounding this image. |

**a** All residents data are per 1000 people aged 65 years or over and Indigenous Australians aged 50–64 years. **b** Indigenous residents data are per 1000 Indigenous Australians aged 50 years or over. **c** Data for residents from a non-English speaking country are per 1000 people from non-English speaking countries aged 65 years or over.

*Source*: DoHA (unpublished); table 13A.35 and 2013 Report, tables 13A.28 and 13A.32; 2013 Report, figure 13.12, p. 13.40.

#### Access to CACP services by Indigenous Australians and people born in a non-English speaking country

Nationally, the number of Indigenous CACP recipients per 1000 Indigenous Australians aged 50 years or over was 24.5 and the numbers of CACP recipients from non‑English speaking countries per 1000 of the relevant aged care target population was 14.3. These numbers compare to a total of 13.3 per 1000 of the aged care target population (people aged 65 years or over and Indigenous Australians aged 50–64 years) (figure 13.5).

Figure 13.5 **Community Aged Care Package recipients per 1000 aged care target population, 30 June 2012a, b, c, d, e**

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| Figure 13.5 Community Aged Care Package recipients per 1000 aged care target population, 30 June 2012  More details can be found within the text surrounding this image. |

**a** All recipients data are per 1000 people aged 65 years or over and Indigenous Australians aged   
50–64 years. **b** Indigenous recipients data are per 1000 Indigenous Australians aged 50 years or over. **c** Data for recipients from non-English speaking countries are per 1000 people from non-English speaking countries aged 65 years or over. **d** The ACT has a very small Indigenous population aged 50 years or over   
(table 13A.2), and a small number of packages result in a very high provision ratio. **e** CACPs provide a more flexible model of care, more suitable to remote Indigenous communities, so areas such as the NT have a higher rate of CACP recipients per 1000 people.

*Source*: DoHA (unpublished); table 13A.35 and 2013 Report, tables 13A.28 and 13A.32; 2013 Report, figure 13.13, p. 13.41.

#### Access to HACC aged care services by Indigenous Australians and people born in a non-English speaking country

Nationally, the number of Indigenous HACC recipients per 1000 Indigenous Australians aged 50 years or over was 219.1 and the numbers of HACC recipients from non‑English speaking countries per 1000 people aged 65 years or over was 220.8. These numbers compare to a total of 225.3 per 1000 of the aged care target population (people aged 65 years or over and Indigenous Australians aged   
50–64 years) (figure 13.6).

Figure 13.6 **HACC recipients per 1000 aged care target population,   
30 June 2012a, b, c**

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| Figure 13.6 HACC recipients per 1000 aged care target population, 30 June 2012  More details instructions can be found within the text surrounding this image. |

**a** All recipients data are per 1000 people aged 65 years or over and Indigenous Australians aged 50–64 years. **b** Indigenous recipients data are per 1000 Indigenous Australians aged 50 years or over. **c** Data for recipients from non-English speaking countries are per 1000 people from non-English speaking countries aged 65 years or over.

*Source*: DoHA (unpublished); table 13A.31; 2013 Report, figure 13.14, p. 13.42.

There are substantial differences in the age profile across the Indigenous and   
non-Indigenous populations. This reflects the difference in morbidity and mortality trends between Indigenous Australians and the general population. The proportion of older Indigenous HACC clients (aged 65 years or over) who are aged 80 years or over is 25.5 per cent and the proportion of non-Indigenous HACC clients who are aged 80 years or over is 54.7 per cent (figure 13.7).

Figure 13.7 **Older recipients of HACC aged care services by age and Indigenous status, 2011-12a, b, c**

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| **More details can be found within the text surrounding this image.Proportion of older Indigenous HACC clients, by age cohort**  Figure 13.7 Older recipients of HACC aged care services by age and Indigenous status, 2011-12 - Proportion of older Indigenous HACC clients, by age cohort.  More details can be found within the text surrounding this image. |
| **Proportion of older non-Indigenous HACC clients, by age cohort**  Figure 13.16 Older recipients of HACC aged care services by age and Indigenous status, 2011-12 - Proportion of older non-Indigenous HACC clients, by age cohort.  More details can be found within the text surrounding this image. |

**a** Reports provisional HACC data that have not been validated and may be subject to revision. **b** The proportion of HACC clients with unknown Indigenous status differed across jurisdictions. Nationally, the proportion of HACC clients with unknown or null Indigenous status was 6.1 per cent (table 13A.73). **c** The Indigenous proportions are derived using data contained in table 13A.75.

Source: DoHA (unpublished); table 13A.75; 2013 Report, figure 13.16, p. 13.45.

#### Access by Indigenous Australians to Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres are information centres for older people, people with disabilities, carers and service providers. Information is provided on community services and aged care, disability and other support services available locally or anywhere in Australia, the costs of services, assessment processes and eligibility criteria. The national rate at which Indigenous Australians contacted Respite and Carelink Centres at 30 June 2012, was 55.6 people per 1000 Indigenous Australians in the Indigenous target population (Indigenous Australians aged 50 years or over). The rate for all Australians was 151.5 per 1000 people in the target population (people aged 65 years or over and Indigenous Australians aged 50–64 years). These figures varied across jurisdictions (figure 13.8).

Figure 13.8 **Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status, 30 June 2012a, b, c, d**

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| Figure 13.8 Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status, 30 June 2012  More details can be found within the text surrounding this image. |

**a** Contacts include phone calls, visits, emails and facsimiles. **b** Indigenous contacts refer to contacts by Indigenous Australians per 1000 Indigenous Australians aged 50 years or over. **c** All contacts refers to contacts per 1000 aged 65 years of over and Indigenous Australians aged 50-64 years. **d** Indigenous status is determined through people making contact self-identifying themselves as Indigenous. Therefore, there is likely to be substantial under-reporting of Indigenous status.

*Source*: DoHA (unpublished); table 13A.79; 2013 Report, figure 13.17, p. 13.46.

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### Definitions of key terms and indicators

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| **Aged care** | Formal services funded and/or provided by governments that respond to the functional and social needs of older people, and the needs of their carers. Community aged care services aim to optimise independence and to assist older people to stay in their own homes, while residential care services provide accommodation and care for those who can no longer be assisted to stay at home. Assessment of care needs is an important component of aged care.  The majority of aged care services assist in activities of daily living such as personal care (for example, bathing and dressing), housekeeping and meal provision. Other services aim to promote social participation and connectedness. These services are delivered by trained aged care workers and volunteers. However, aged care services may also be delivered by health professionals such as nurses and occupational therapists.  Aged care services generally aim to promote wellbeing and foster function rather than to treat illness. Although some aged care services such as transition care have a specific restorative role, they are distinguished from the health services described in Part E of this Report.  Aged care services may be funded through programs specifically or mainly directed to older people, or through programs that address the needs of people of different ages. |
| **Aged care target population** | The Aged care target population is defined as people aged 65 years or over and Indigenous Australians aged 50–64 years. This is the population specified in the *National Health Reform Agreement* who are within the scope of, and funded for services under, the national aged care system (except in Victoria and WA). |
| **Care leaver** | A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during their lifetime (DoHA 2012). |
| **Disability** | A limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities. |
| **Personal care** | Assistance in undertaking personal tasks (for example, bathing). |
| **Places** | A capacity within an aged care service for the provision of residential care, community care or flexible care in the residential care context to an individual (*Aged Care Act 1997 (Cwlth)*); also refers to ‘beds’ (*Aged Care (Consequential Provisions) Act 1997 (Cwlth)*, s.16). |
| **Real expenditure** | Actual expenditure adjusted for changes in prices, using the GDP(E) price deflator and expressed in terms of final year prices. |
| **Resident** | For the purposes of the *Aged Care Act 1997*, a person who is being provided with residential care through an aged care service conducted by an approved provider under the Act. |
| **Respite care** | Alternative care arrangements for dependent people living in the community, with the primary purpose of giving a carer or a care recipient a short term break from their usual care arrangement. |
| **Special needs groups** | Section 11-3 of the *Aged Care Act 1997*, specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking countries; people who live in rural or remote areas; and people who are financially or socially disadvantaged. Principles (Regulations) made under s. 11-3 also specify veterans, people who are homeless or at risk of becoming homeless, and care leavers as special needs groups |
| **Veterans** | Veterans, war widows, widowers and dependants who hold a Repatriation Health Card and are entitled to medical and other treatment at the Department of Veterans' Affairs' expense under the *Veterans' Entitlement Act 1986*, the *Social Security and Veterans' Entitlements Amendment (No2) Act 1987*, the *Veterans' Entitlement (Transitional Provisions and Consequential Amendments) Act 1986* and the *Military Rehabilitation and Compensation Act 2004*. |

### List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a ‘13A’ prefix (for example, table 13A.1 is table 1 in the Aged care services attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

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| **Table 13A.2** | Target population data, by location ('000) |
| **Table 13A.4** | People receiving aged care services, 2011-12 |
| **Table 13A.5** | Government expenditure on aged care services, 2011-12 ($ million) |
| **Table 13A.6** | Government real expenditure on aged care services, by program type (2011-12$) |
| **Table 13A.7** | Australian Government (DOHA) real expenditure on assessment and information services (2011-12$) |
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| **Table 13A.31** | HACC recipients per 1000 people in a special needs group |
| **Table 13A.35** | Indigenous aged care recipients per 1000 Indigenous Australians aged 50 years or over and as a proportion of all recipients, 30 June |
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| **Table 13A.78** | Comparative characteristics of Indigenous HACC clients |
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| **Table 13A.80** | Aged care assessments |
| **Table 13A.82** | Aged care assessments completed under the ACAP for people of all ages |
| **Table 13A.86** | Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 |
| **Table 13A.90** | Hospital patient days used by those eligible and waiting for residential aged care |

### References

ABS 2009, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005-2007*, Cat. no. 3302.0.55.003, Canberra.

DoHA (Department of Health and Ageing) 2012, *Report on the Operation of the Aged Care Act 1997, 1 July 2011 — 30 June 2012, Canberra,* www.health.gov.au/internet/main/publishing.nsf/Content/ageing-reports-acarep-2012.htm (accessed 10 December 2012).

1. Unless otherwise stated, HACC expenditure excludes the DVA expenditure on VHC. [↑](#footnote-ref-1)