# 13 Aged care services

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| Attachment tables |
| Attachment tables are identified in references throughout this Indigenous Compendium by an ‘A’ prefix (for example, in this chapter, table 13A.1). As the data are directly sourced from the 2015 Report, the Compendium also notes where the original table, figure or text in the 2015 Report can be found. For example, where the Compendium refers to ‘2015 Report, p. 13.1’, this is page 1 of chapter 13 of the 2015 Report, and ‘2015 Report, table 13A.1’ is table 1 of attachment 13A of the 2015 Report. A list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the full attachment tables are available from the Review website at www.pc.gov.au/research/recurring/report-on-government-services. |
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The Aged care services chapter (chapter 13) in the *Report on Government*   
*Services 2015* (2015 Report) reports on the performance of Aged care services in Australia. Data are reported for Aboriginal and Torres Strait Islander 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.

Improvements to the reporting of aged care services in this edition include addition of a measure on ‘access to Transition Care services by Indigenous status’ for the ‘use by different groups’ indicator.

Services for older people are provided on the basis of frailty or disability. Government funded aged care services covered in this chapter include:

* information and assessment services that seek to ensure that older people who may need aged care, and their carers, know about and can access the appropriate support services to meet these needs — services include those provided under the Commonwealth Respite and Carelink Centres and the Aged Care Assessment Program (ACAP)
* residential care services, which provide supported accommodation for older people who are unable to continue living independently in their own homes, services include permanent and respite high and low level care
* community care services, which provide home based care and assistance to help older people remain, or return to, living independently in the community as long as possible — services include those provided under the Home Care Packages Program, Home and Community Care (HACC), and the Department of Veterans’ Affairs (DVA) Veterans’ Home Care (VHC) and Community Nursing programs
* community care respite services which provide support to carers to allow them a break from their usual care arrangements, including 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 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, Aged Care Innovative Pool and National Aboriginal and Torres Strait Islander Flexible Aged Care Program
* specific support services address particular needs such as those identified under the Community Visitors Scheme and the National Aged Care Advocacy Program.

### Aboriginal and Torres Strait Islander data in the Aged care services chapter

The Aged care services chapter in the 2015 Report contains the following data for Aboriginal and Torres Strait Islander Australians:

* age profile and target population differences between Aboriginal and Torres Strait Islander and other Australians
* Aged Care Assessment Team (ACAT) assessment rates
* residents per 1000 aged care target population
* Home Care recipients per 1000 aged care target population
* HACC recipients per 1000 aged care target population
* Older recipients of HACC aged care services, by age and Indigenous status
* TCP clients per 1000 aged care target population
* Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status.

The Aged care services attachment contains additional data relating to Aboriginal and Torres Strait Islander Australians including:

* age care target population
* people receiving aged care services
* government expenditure on aged care services ― in particular, on the National Aboriginal and Torres Strait Islander Flexible Aged Care Program
* Aboriginal and Torres Strait Islander permanent residents and Home Care recipients at June 2014: age-sex specific usage rates per 1000 people, by remoteness
* older HACC client characteristics
* elapsed times for aged care services, by State and Territory
* hospital patient days used by those eligible and waiting for residential aged care

#### **Aboriginal and Torres Strait Islander Australians-specific descriptive information**

#### Characteristics of older Aboriginal and Torres Strait Islander Australians

ABS estimates that 102 612 Aboriginal and Torres Strait Islander Australians were aged 50 years or over in Australia at 30 June 2014 (table 13A.2). Although the Aboriginal and Torres Strait Islander population is also ageing, there are marked differences in the age profile of Aboriginal and Torres Strait Islander Australians compared with   
non‑Indigenous Australians (figure 13.1). Estimates show life expectancy at birth in the Aboriginal and Torres Strait Islander population is around 10.6 years less for males and   
9.5 years less for females when compared with the total Australian population (ABS 2013). Aboriginal and Torres Strait Islander 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.

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| Figure 13.1 Age profile and aged care target population differences between Aboriginal and Torres Strait Islander and other Australians, June 2011 |
| |  | | --- | | Figure 13.5 Age profile and aged care target population differences between Aboriginal and Torres Strait Islander and other Australians, June 2011  More details can be found within the text surrounding this image. | |
| *Source*:ABS (2013) *Australian Demographic Statistics, March 2013*, Cat. no. 3101.0, Canberra;  ABS (2013) *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, Cat. no. 3238.0.55.001; 2015 Report, figure 13.5, p. 13.13. |
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#### 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. There were 95 ACATs   
(94 Australian Government funded) at 30 June 2014 (DSS unpublished). Nationally, there were 52.3 assessments per 1000 people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years in 2012‑13. The rate for Aboriginal and Torres Strait Islander Australians was 23.1 per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over (figure 13.2).

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| Figure 13.2 Aged Care Assessment Team assessment rates,  2012‑13**a, b, c, d, e, f** |
| |  | | --- | | Figure 13.6 Aged Care Assessment Team assessment rates, 2012-13  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 Aboriginal and Torres Strait Islander Australians aged 50–64 years per 1000 people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. c Aboriginal and Torres Strait Islander includes all assessments of Aboriginal and Torres Strait Islander Australians aged 50 years or over per 1000 Aboriginal and Torres Strait Islander Australians aged  50 years or over. d The number of Aboriginal and Torres Strait Islander assessments is based on self‑identification of Indigenous status. e Data were extracted from the Ageing and Aged Care Data Warehouse from preliminary data using the snapshot effective date of 31 August 2014. Future extracts of these data may change. f See table 13A.40 for further explanation of these data. |
| *Source*:Aged Care Assessment Program (ACAP) National Data Repository (unpublished); table 13A.40; 2015 Report, figure 13.6, p. 13.14. |
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#### 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 accommodation, support services (cleaning, laundry and meals) and personal care services
* respite provides short term residential high/low care on a planned or emergency basis (DoHA 2012).

National, Aboriginal and Torres Strait Islander age- and sex-specific usage rates for permanent residential and Home Care services by remoteness category are in table 13A.32.

#### Community care services

The distinctions between the HACC and Home Care are summarised in the 2015 Report,   
table 13.4. DVA VHC and Community Nursing Program services are described in the 2015 Report.

Services provided under the HACC program are basic maintenance and support services, including allied health care, assessment, case management and client care coordination, centre based day care, counselling, support, information and advocacy, domestic assistance, home maintenance, nursing, personal care and respite care, social support, meals, home modification, linen service, goods and equipment and transport. During 2013‑14, the HACC program delivered approximately 9895 hours per 1000 people aged   
65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years (2015 Report, table 13A.33).

Home Care levels 1–2 provides community‑based basic to low level care to older people who are assessed by ACATs as having these care needs, but who are able to live at home with assistance. There were 21.6 places of Home Care levels 1–2 per 1000 people aged   
70 years or over and Aboriginal and Torres Strait Islander Australians aged 50–69 years in June 2014 (2015 Report, table 13A.20). Home Care levels 3–4 provides community‑based intermediate to high level care to older people who are assessed by ACATs as having these care needs, but who have expressed a preference to live at home and are able to do so with assistance. There were 6.1 places of Home Care levels 3–4 per 1000 people aged 70 years or over and Aboriginal and Torres Strait Islander Australians aged 50–69 years in June 2014 (2015 Report, table 13A.20). Older people who access a package of Home Care levels 1–4 can also receive supplements for additional care needs including a Dementia and Cognition Supplement, Veterans’ Supplement for veterans with service‑related mental health conditions, an Oxygen Supplement and an Enteral Feeding Supplement.

Age‑specific usage rates for Home Care, by jurisdiction and remoteness, at 30 June 2014 are included in 2015 Report, tables 13A.26 and 13A.31 respectively. National, Aboriginal and Torres Strait Islander age- and sex-specific usage rates for permanent residential and Home Care services by remoteness category are in table 13A.32. Presentation of age‑specific usage rates raises particular data issues. In particular, if the numbers of people within a particular range for a given service are small, this can lead to apparently large differences in rates across categories.

##### Services provided in mixed delivery setting

Information on the size/scope of a selection of the programs delivering services in mixed delivery settings is outlined in detail in the 2015 Report. The National Aboriginal and Torres Strait Islander Flexible Aged Care Program is one such service and there were 30 aged care services funded to deliver 739 flexible aged care places under that program at 30 June 2013 (DSS unpublished). Under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program the Australian Government 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. Services funded under this Program operate outside the regulatory framework of the *Aged Care Act 1997*.

### Framework of performance indicators

The performance indicators for Aged care services are in figure 13.3. Data for Aboriginal and Torres Strait Islander 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 2015 Report, they may include references to data not reported for Aboriginal and Torres Strait Islander Australians and therefore not included in this Compendium.

The Council of Australian Governments (COAG) agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The *National Healthcare Agreement* (NHA) covers the area of health and aged care, and health indicators in the *National Indigenous Reform Agreement* (NIRA) establish specific outcomes for reducing the level of disadvantage experienced by Aboriginal and Torres Strait Islander Australians. Both agreements include sets of performance indicators. Performance indicators reported in this chapter are aligned with health performance indicators in the most recent version of the NHA, where relevant.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of aged care services   
(figure 13.3). The performance indicator framework shows which data are complete and comparable in the 2015 Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability and data completeness from a Report wide perspective (2015 Report,   
section 1.6).

The Report’s statistical context chapter 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 Aboriginal and Torres Strait Islander and ethnic status) (chapter 2).

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| Figure 13.3 Aged care services performance indicator framework |
| |  | | --- | | Figure 13.8 Aged care services performance indicator framework  More details can be found within the text surrounding this image. | |
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*Source*: 2015 Report, figure 13.8, p. 13.22.

### 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). Data presented for this indicator are organised by the relevant special needs groups.

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| Box 13.1 Use by different groups |
| ‘Use by different groups’ has four measures defined as follows:   * the number of Aboriginal and Torres Strait Islander Australians using residential services, Home Care, Home and Community Care (HACC) and Transition Care services, divided by the number of Aboriginal and Torres Strait Islander Australians aged 50 years or over (because Aboriginal and Torres Strait Islander Australians tend to require aged care services at a younger age than the general population), compared with the rate/proportions at which the total aged care target population (people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years) access these services * the rate of contacts with Commonwealth Respite and Carelink Centres for Aboriginal and Torres Strait Islander Australians compared with the rate for all people * 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 Department of Veterans’ Affairs (DVA) Gold or White card holder * 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.   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 Aboriginal and Torres Strait Islander 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. |
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| Box 13.1 (continued) |
| 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 Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, 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, people who are care leavers[[1]](#footnote-1), parents separated from their children by forced adoption or removal and lesbian, gay, bisexual, transgender and intersex people.  Several factors need to be considered in interpreting the results for this set of measures:   * Cultural differences and geographic location can influence the extent to which Aboriginal and Torres Strait Islander 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.   In previous editions of this Report, proxy measures of access (number of recipients/hours per 1000 aged care target population) were reported across states and territories for people born in non‑English speaking countries (for residential care, Home Care and HACC) and for people who live in regional or remote areas (for HACC). Data for these measures are no longer reported due to data quality concerns regarding the derived relevant aged care target populations used for the denominators. Data are still available by State and Territory on the proportion of all residential and Home Care recipients who are from non‑English speaking countries (2015 Report, table 13A.24) and nationally on the number of residential and Home Care recipients per 1000 aged care target population for people from regional and remote areas (table 13A.32, 2015 Report, tables 13A.21 and 13A.31).  Data reported for the four measures for this indicator are:   * comparable (subject to caveats) across jurisdictions for all measures and comparable over time for the ‘access to residential services by financially disadvantaged users’ and ‘access by veterans’ measures, but not comparable over time for measures that use the aged care target populations as they are based on different Census years (see footnotes to table 13A.2 for details) * complete for the current reporting period (subject to caveats). All required 2013‑14 data are available for all jurisdictions.   Data quality information for these measures is at www.pc.gov.au/research/recurring/report-on-government-services. Data quality information for some service types (HACC and Transition Care) is under development. |
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#### Access to residential aged care services by Aboriginal and Torres Strait Islander Australians

Nationally at 30 June 2014, Aboriginal and Torres Strait Islander Australians had lower rates of use of aged care residential services (18.5 per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over), compared with the population as a whole   
(51.1 per 1000 people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years) (figure 13.4).

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| Figure 13.4 Residents per 1000 aged care target population, 30 June 2014**a, b** |
| |  | | --- | | Figure 13.9 Residents per 1000 aged care target population, 30 June 2014  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 Aboriginal and Torres Strait Islander Australians aged 50–64 years. b Aboriginal and Torres Strait Islander residents data are per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. |
| *Source*:DSS (unpublished); table 13A.25 and 2015 Report, table 13A.22; 2015 Report, figure 13.9,  p. 13.26. |
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#### Access to Home Care by Aboriginal and Torres Strait Islander Australians

Nationally at 30 June 2014, the number of Aboriginal and Torres Strait Islander recipients of Home Care per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over was 22.1, compared to a total of 17.2 per 1000 of the aged care target population (people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years) (figure 13.5).

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| Figure 13.5 Home Care recipients per 1000 aged care target population, 30 June 2014**a, b, c** |
| |  | | --- | | Figure 13.10 Home Care recipients per 1000 aged care target population, 30 June 2014  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 Aboriginal and Torres Strait Islander Australians aged 50–64 years. b Aboriginal and Torres Strait Islander recipients data are per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. c The ACT has a very small Aboriginal and Torres Strait Islander population aged 50 years or over (table 13A.2), and a small number of places result in a very high provision ratio. |
| *Source*:DSS (unpublished); table 13A.25 and 2015 Report, table 13A.22; 2015 Report, figure 13.10,  p. 13.27. |
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#### Access to HACC aged care services by Aboriginal and Torres Strait Islander Australians

Nationally in 2013‑14, the number of Aboriginal and Torres Strait Islander HACC recipients per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over was 197.9 compared to a total of 218.3 per 1000 of the aged care target population (people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged   
50–64 years) (figure 13.6).

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| Figure 13.6 HACC recipients per 1000 aged care target population, 2013‑14**a, b** |
| |  | | --- | | Figure 13.11 HACC recipients per 1000 aged care target population, 2013-14  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 Aboriginal and Torres Strait Islander Australians aged 50–64 years. b Aboriginal and Torres Strait Islander recipients data are per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. |
| *Source*:DSS (unpublished) Home and Community Care (HACC) Minimum Data Set; table 13A.23;  2015 Report, figure 13.11, p. 13.28. |
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There are substantial differences in the age profile across the Aboriginal and Torres Strait Islander and non‑Indigenous populations. This reflects the difference in morbidity and mortality trends between Aboriginal and Torres Strait Islander Australians and the general population. The proportion of older Aboriginal and Torres Strait Islander HACC clients (aged 65 years or over) who are aged 80 years or over is 26.9 per cent and the proportion of non‑Indigenous HACC clients who are aged 80 years or over is 54.5 per cent   
(figure 13.7).

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| Figure 13.7 Older recipients of HACC aged care services by age and Indigenous status, 2013‑14**a, b, c** |
| |  | | --- | | **Proportion of older Aboriginal and Torres Strait Islander HACC clients, by age cohort**  **Figure 13.12 Older recipients of HACC aged care services by age and Indigenous status, 2013-14  Proportion of older Aboriginal and Torres Strait Islander 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 13.12 Older recipients of HACC aged care services by age and Indigenous status, 2013-14  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 older HACC clients with unknown Indigenous status differed across jurisdictions. Nationally, the proportion of older HACC clients with unknown or null Indigenous status was 6.3 per cent  (table 13A.36). c The Aboriginal and Torres Strait Islander proportions are derived using data contained in table 13A.37. |
| Source: DSS (unpublished); table 13A.37; 2015 Report, figure 13.12, p. 13.29. |
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#### Access to TCP services by Aboriginal and Torres Strait Islander Australians

Nationally, the number of Aboriginal and Torres Strait Islander TCP clients per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over was 1.6 compared to a total of 6.5 clients per 1000 non‑Indigenous people aged 65 years or over   
(figure 13.8).

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| Figure 13.8 TCP clients per 1000 aged care target population,  2013‑14**a, b, c** |
| |  | | --- | | Figure 13.13 TCP clients per 1000 aged care target population, 2013-14   More details can be found within the text surrounding this image. | |
| a Non‑Indigenous recipients data are per 1000 people aged 65 years or over. b Aboriginal and Torres Strait Islander recipients data are per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. c Data for Aboriginal and Torres Strait Islander recipients are not published for Tasmania and  the ACT. |
| *Source*:DSS (unpublished); table 13A.3; 2015 Report, figure 13.13, p. 13.30. |
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#### Access by Aboriginal and Torres Strait Islander Australians to Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres provide information on a range of community services and supports available locally or anywhere in Australia, the costs of services, assessment processes and eligibility criteria. The national rate at which Aboriginal and Torres Strait Islander Australians contacted Respite and Carelink Centres at 30 June 2014, was 26.2 people per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. The rate for all Australians was 93.4 per 1000 people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. These figures varied across jurisdictions (figure 13.9).

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| Figure 13.9 Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status,  30 June 2014**a, b, c, d** |
| |  | | --- | | Figure 13.14 Commonwealth Respite and Carelink Centres, contacts per 1000 aged care target population, by Indigenous status, 30 June 2014   More details can be found within the text surrounding this image. | |
| a Contacts include phone calls, visits, emails and facsimiles. b Aboriginal and Torres Strait Islander contacts refer to contacts by Aboriginal and Torres Strait Islander Australians per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over. c All contacts refers to contacts per 1000 aged  65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. d Indigenous status is determined through people making contact self‑identifying themselves as Aboriginal and Torres Strait Islander. Therefore, there is likely to be substantial under reporting of Indigenous status. |
| *Source*:DSS (unpublished); table 13A.39; 2015 Report, figure 13.14, p. 13.31. |
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### Expenditure per head of aged care target population

‘Expenditure per head of aged care target population’ is an indicator of governments’ objective to deliver efficient aged care services (box 13.2).

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| Box 13.2 Expenditure per head of aged care target population |
| ‘Expenditure per head of aged care target population’ is defined as government inputs (expenditure) divided by the number of people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. Expenditure per person in the aged care target population is reported for residential care, Home Care and multi‑purpose and Aboriginal and Torres Strait Islander specific services combined and reported separately for the three main service types: residential care services, Home Care and HACC.  This is a proxy indicator of efficiency and needs to be interpreted with caution as it measures cost per head of the aged care target population, not cost per unit of service. While high or increasing expenditure per person can reflect deteriorating efficiency, it can also reflect changes in aspects of the service (such as better quality of services) or in the characteristics of clients receiving the service (such as their geographic location or level of care need). Similarly, low or declining expenditure per person can reflect improving efficiency or a decrease in service standards.  Data reported for this indicator are:   * comparable (subject to caveats) across jurisdictions for all services, but a break in series means that data from 2012‑13 are not comparable to data for earlier years * complete for the current reporting period (subject to caveats). All required 2013‑14 data are available for all jurisdictions.   Data quality information for HACC expenditure is at www.pc.gov.au/research/recurring/report-on-government-services. Data quality information for the other services is under development. |
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Governments’ expenditure on residential care, Home Care and on Multi‑Purpose and Aboriginal and Torres Strait Islander specific services combined per person aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years was $3233 nationally in 2013‑14 (figure 13.10).

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| Figure 13.10 Governments’ expenditure on selected programs, per person in the aged care target population, 2013‑14**a** |
| |  | | --- | | Figure 13.31 Governments’ expenditure on selected programs, per person in the aged care target population, 2013-14  More details can be found within the text surrounding this image. | |
| a Results include State and Territory governments expenditure on residential aged care services and funding of younger people with disability (people aged under 65 years and Aboriginal and Torres Strait Islander Australians aged under 50 years) in residential and home care. The majority of expenditure included is from the Australian Government (DSS and DVA). |
| *Source*:DSS (unpublished); table 13A.9, 2015 Report, tables 13A.7-8; 2015 Report, figure 13.31, p. 13.61. |
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### Definitions of key terms

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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 all people (Aboriginal and Torres Strait Islander and non‑Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander 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). |
| **Comparability** | Data are considered comparable if (subject to caveats) they can be used to inform an assessment of comparative performance. Typically, data are considered comparable when they are collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the data. |
| **Completeness** | Data are considered complete if all required data are available for all jurisdictions that provide the service. |
| **Disability** | A limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities. |
| **Elapsed time** | The measure of the time elapsed between ACAT approval and entry into a residential care service. It has been used in past years as an indicator of access to residential care. |
| **HACC target population** | The HACC target population is people in the Australian community who, without basic maintenance and support services provided under the scope of the HACC Program, would be at risk of premature or inappropriate long term residential care, including older and frail people with moderate, severe or profound disabilities. The HACC target population is estimated by applying the proportion of all people with moderate, severe or profound disability in households, by sex and five year age groups, from the ABS *Survey of Disability, Ageing and Carers* (SDAC) to population projections for the total population in each jurisdiction. To calculate the Aboriginal and Torres Strait Islander 50–64 year component of the HACC target population for older people, the proportion of all people aged 50–64 years in households with moderate, severe or profound disability was multiplied by an additional Indigenous factor of 1.9 (from ABS unpublished analysis) and then applied to DSS Aboriginal and Torres Strait Islander population projections in the 50‒64 years age groups in each jurisdiction. The HACC target population for June 2014 is based on SDAC 2012 while HACC target populations for previous years are based on SDAC 2009. See table 13A.2 for details about the total population projections and the Aboriginal and Torres Strait Islander population used in these calculations. |
| **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). |
| **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 culturally and linguistically diverse backgrounds; veterans; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are homeless or at risk of becoming homeless; care‑leavers; parents separated from their children by forced adoption or removal; and lesbian, gay, bisexual, transgender and intersex (LGBTI) people. |
| **Veterans** | Veterans, war widows, widowers and dependants who hold a Repatriation Health Card and are entitled to health services and treatment under the *Veterans’ Entitlements Act 1986 (VEA), Safety, Rehabilitation and Compensation Act 1988 (SRCA)* or the *Military Rehabilitation and Compensation Act 2004 (MRCA)*. |

### 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/research/recurring/report-on-government-services).

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| **Table 13A.2** | Aged care target population data, by location ('000) |
| **Table 13A.3** | People receiving aged care services, 2013-14 |
| **Table 13A.4** | Government expenditure on aged care services, 2013-14 ($ million) |
| **Table 13A.9** | Government real expenditure on aged care services provided in mixed delivery settings (2013-14$) |
| **Table 13A.23** | HACC recipients per 1000 people, Indigenous status |
| **Table 13A.25** | Aboriginal and Torres Strait Islander aged care recipients of all ages per 1000 Aboriginal and Torres Strait Islander Australians aged 50 years or over and as a proportion of all recipients, 30 June |
| **Table 13A.32** | Aboriginal and Torres Strait Islander permanent residents and Home Care recipients at June 2014: age-sex specific usage rates per 1000 people by remoteness |
| **Table 13A.36** | Older HACC client characteristics |
| **Table 13A.37** | Distribution of older HACC clients, by age and Indigenous status (per cent) |
| **Table 13A.38** | Comparative characteristics of Aboriginal and Torres Strait Islander HACC clients |
| **Table 13A.39** | Access to Commonwealth Respite and Carelink Centres, 2013-14 |
| **Table 13A.40** | Aged care assessments |
| **Table 13A.45** | Elapsed times for aged care services, by State and Territory, by Indigenous status |
| **Table 13A.49** | Hospital patient days used by those eligible and waiting for residential aged care |

### References

ABS 2013, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2010–2012*, 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. 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). [↑](#footnote-ref-1)