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Productivity Commission

Caring for
Older Australians

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Publications Inquiries:

Media and Publications
Productivity Commission
Locked Bag 2 Collins Street East
Melbourne VIC 8003

Tel: (03) 9653 2244
Fax: (03) 9653 2303
Email: maps@pc.gov.au

General Inquiries:

Tel: (03) 9653 2100 or (02) 6240 3200

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The Productivity Commission

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed most simply, is to help governments make better policies, in the long term interest of the Australian community.

The Commission's independence is underpinned by an Act of Parliament. Its processes and outputs are open to public scrutiny and are driven by concern for the wellbeing of the community as a whole.

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Australian Government
Productivity Commission

Canberra Office

Level 2, 15 Moore Street
Canberra City ACT 2600
GPO Box 1428
Canberra City ACT 2600
Telephone 02 6240 3200
Facsimile 02 6240 3399

Melbourne Office

Telephone 03 9653 2100

28 June 2011

The Hon Bill Shorten MP
Assistant Treasurer
Parliament House
CANBERRA ACT 2600
Dear Assistant Treasurer

In accordance with Section 11 of the *Productivity Commission Act 1998*, we have pleasure in submitting to you the Commission's final report into Caring for Older Australians.

Yours sincerely

Handwritten signature of Mike Woods in cursive script.

Mike Woods
Presiding Commissioner

Handwritten signature of Robert Fitzgerald in cursive script.

Robert Fitzgerald AM
Commissioner

Handwritten signature of Sue Macri in cursive script.

Sue Macri AM
Associate Commissioner

Terms of reference

PRODUCTIVITY COMMISSION INQUIRY INTO AGED CARE

I, NICK SHERRY, Assistant Treasurer, pursuant to Parts 2 and 3 of the *Productivity Commission Act 1998*, hereby refer aged care to the Commission for inquiry and report by April 2011. The Commission is to hold hearings for the purpose of the inquiry and produce a draft report by December 2010.

Background

Aged care is an important component of Australia's health system. The National Health and Hospitals Reform Commission (NHHRC) considered that significant reform is needed to the aged care system, including its relationship to the rest of the health system, if it is to meet the challenges of an older and increasingly diverse population. These challenges include:

- a significant increase in demand with the ageing of Australia's population;
- significant shifts in the type of care demanded, with:
 - : an increased preference for independent living arrangements and choice in aged care services,
 - : greater levels of affluence among older people, recognising that income and asset levels vary widely;
 - : changing patterns of disease among the aged, including the increasing incidence of chronic disease such as dementia, severe arthritis and serious visual and hearing impairments, and the costs associated with care;
 - : reduced access to carers and family support due to changes in social and economic circumstances;
 - : the diverse geographic spread of the Australian population; and
 - : an increasing need for psycho geriatric care and for skilled palliative care;
- the need to secure a significant expansion in the aged care workforce at a time of 'age induced' tightening of the labour market and wage differentials with other comparable sectors.

Taking into account the findings of the NHHRC, the Government's proposition for a National Health and Hospitals Network, other recent reviews, including the Senate Standing Committee on Finance and Public Administration's *Inquiry into residential and community aged care in Australia*, and the Productivity Commission's 2009 *Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services* as well as the relevant conclusions of the forthcoming *Australia's Future Tax System* review, the Productivity Commission is requested to develop detailed options for redesigning Australia's aged care system to ensure it can meet the challenges facing it in coming decades.

The inquiry should also have regard to the Government's social inclusion agenda as it relates to older Australians.

Scope of the Inquiry

The Commission is requested to:

1. Systematically examine the social, clinical and institutional aspects of aged care in Australia, building on the substantial base of existing reviews into this sector.
2. Develop regulatory and funding options for residential and community aged care (including services currently delivered under the Home and Community Care program for older people) that:
 - ensure access (in terms of availability and affordability) to an appropriate standard of aged care for all older people in need, with particular attention given to the means of achieving this in specific needs groups including people living in rural and remote locations, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and veterans;
 - : The Commission is specifically requested to examine how well the mainstream service system is meeting the needs of specific needs groups.
 - include appropriate planning mechanisms for the provision of aged care services across rural, remote and metropolitan areas and the mix between residential and community care services;
 - support independence, social participation and social inclusion, including examination of policy, services and infrastructure that support older people remaining in their own homes for longer, participating in the community, and which reduce pressure on the aged care system;
 - are based on business models that reflect the forms of care that older people need and want, and that allow providers to generate alternative revenue streams by diversifying their business models into the delivery of other service modalities;
 - are consistent with reforms occurring in other health services and take into account technical and allocative efficiency issues, recognising that aged care is an integral part of the health system and that changes in the aged care system have the potential to adversely or positively impact upon demand for other care modalities;
 - are financially sustainable for Government and individuals with appropriate levels of private contributions, with transparent financing for services, that reflect the cost of care and provide sufficient revenue to meet quality standards, provide an appropriately skilled and adequately remunerated workforce, and earn a return that will attract the investment, including capital investment, needed to meet future demand. This should take into consideration the separate costs associated with residential services, which include but are not limited to the costs of accommodation and direct care, and services delivered in community settings;

-
- consider the regulatory framework, including options to allow service providers greater flexibility to respond to increasing diversity among older people in terms of their care needs, preferences and financial circumstances, whilst ensuring that care is of an appropriate quality and taking into account the information and market asymmetries that may exist between aged care providers and their frail older clients;
 - minimise the complexity of the aged care system for clients, their families and providers and provide appropriate financial protections and quality assurance for consumers; and
 - allow smooth transitions for consumers between different types and levels of aged care, and between aged, primary, acute, sub-acute, disability services and palliative care services, as need determines.
3. Systematically examine the future workforce requirements of the aged care sector, taking into account factors influencing both the supply of and demand for the aged care workforce, and develop options to ensure that the sector has access to a sufficient and appropriately trained workforce.
 4. Recommend a path for transitioning from the current regulatory arrangements to a new system that ensures continuity of care and allows the sector time to adjust.
 - In developing the transitional arrangements, the Commission should take into account the Government’s medium term fiscal strategy.
 5. Examine whether the regulation of retirement specific living options, including out-of-home services, retirement villages such as independent living units and serviced apartments should be aligned more closely with the rest of the aged care sector, and if so, how this should be achieved.
 6. Assess the medium and long-term fiscal implications of any change in aged care roles and responsibilities

NICK SHERRY

Dated 21 April 2010

Disclosure of interests

The *Productivity Commission Act 1998* specifies that where a Commissioner has or acquires an interest, pecuniary or otherwise, that could conflict with the proper performance of their function during an inquiry he/she must disclose the interests.

Mr Robert Fitzgerald AM has advised the Chairman of the Commission that he holds an interest in the following organisation:

- The Benevolent Society — Vice President (voluntary position)

Ms Susanne Macri AM has advised the Chairman of the Commission that she holds an interest in the following organisations:

- RSL LifeCare — Director (honorary)
- The Royal District Nursing Service (Director)

Current consultancy clients:

- Guild Accountants Pty Ltd
- Simavita Pty Ltd

Acknowledgments

This paper uses unit record data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Project was initiated and is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and is managed by the Melbourne Institute of Applied Economic and Social Research (Melbourne Institute). The findings and views reported in this paper, however, are those of the author and should not be attributed to either FaHCSIA or the Melbourne Institute.

Contents

The Commission's report is in two volumes. **This volume 1 contains the Overview, Recommendations, Summary of proposals, and chapters 1 to 5.** Volume 2 contains chapters 6 to 17, appendix A and references. Below is the table of contents for both volumes. Appendices B–H are referred to in the chapters but not included in this report. They are available on the Commission's website (www.pc.gov.au)

Volume 1	
Letter of transmittal	III
Terms of reference	V
Abbreviations and explanations	XIII
Glossary	XVI
Key points	XXII
Overview	XXIII
Schedule A — Implementation Plan	LIII
Schedule B — What do the reforms mean?	LV
Schedule C — Illustrative cameos	LVII
Caring for Older Australians Recommendations	LXIII
Summary of proposals	LXXXIII
1 About the inquiry	1
1.1 The Commission's brief	3
1.2 What is aged care?	4
1.3 Who are older Australians?	6
1.4 The Commission's approach	8
1.5 A road map to the rest of the report	10
2 The current aged care system	13
2.1 Foundations of Australia's aged care system	14
2.2 Care and support services	17

2.3	The financing of aged care	29
2.4	Regulation of aged care	32
2.5	Aged care and other social policy areas	34
3	Drivers of future demand	37
3.1	Population ageing and demand for aged care	39
3.2	A growing diversity of aged care needs	46
3.3	Trends in the availability of informal carers	56
3.4	The influence of price and wealth on demand	59
3.5	Calculating the trends in demand	65
4	A framework for assessing aged care	71
4.1	A new vision for care and support	72
4.2	Caring for older Australians — what role for government?	74
4.3	‘Wellbeing’ of the community — the key objective	76
4.4	Criteria for assessment	95
5	Assessment of the current aged care system	101
5.1	Access, continuity and choice is limited	102
5.2	Pricing, subsidies and co-contributions are inequitable and distort investment	119
5.3	Regulatory burdens are excessive	127
5.4	How much reform is required?	131

Volume 2

6	Who should pay?	1
6.1	Are existing funding arrangements sustainable?	2
6.2	Who should pay and what should they pay for?	11
7	Paying in practice	27
7.1	Accommodation costs — applying the principles	28
7.2	Everyday living expenses — applying the principles	65
7.3	Care costs — putting the principles into practice	68
8	Options for broadening the funding base	95
8.1	Saving accounts and superannuation	96
8.2	Drawing on housing equity to pay for care costs	101
8.3	Insurance for aged care	116

9	Care: Access, coverage and delivery	129
9.1	An aged care gateway: information, needs assessment and care coordination	130
9.2	Improving care continuity and enhancing consumer choice	155
9.3	Associated reforms	174
10	Quality of care and support	185
10.1	Defining and measuring quality of care and support	188
10.2	Current measures to ensure quality of care	190
10.3	How effective is the current quality framework?	194
10.4	Building the evidence on quality of care	207
10.5	Access to health care and what it means for quality care	219
11	Catering for diversity	237
11.1	Diversity in demand for aged care services	238
11.2	Socially disadvantaged people	242
11.3	Older Australians from culturally and linguistically diverse backgrounds	246
11.4	Gay, lesbian, bi-sexual, transgender and intersex people	253
11.5	Veterans	256
11.6	Aboriginal and Torres Strait Islander people	259
11.7	Older Australians living in rural and remote locations	265
12	Age-friendly housing and retirement villages	275
12.1	Improving choice of age-friendly housing	277
12.2	Improving the age friendliness of communities	294
12.3	Improving rental choices for older Australians	299
12.4	Regulation of retirement living options	308
12.5	Residential care building regulations	323
13	Informal carers and volunteers	325
13.1	Some facts about informal carers	326
13.2	Reasons for supporting carers	327
13.3	Current system of support available for informal carers	329
13.4	Ways to better support informal carers	333
13.5	Volunteers	342

14	The formal aged care workforce	347
14.1	Who delivers care services to the aged?	348
14.2	Future aged care workforce requirements	353
14.3	Addressing direct care workforce challenges	357
15	Regulation — the future direction	387
15.1	What are the current regulations?	388
15.2	Improving Australian Government governance arrangements for aged care	392
15.3	Implementing ‘responsive regulation’ with appropriate standards and streamlined reporting	428
15.4	Reducing the extent and burden of regulation	442
15.5	Clarifying and simplifying jurisdictional responsibilities and harmonising regulation	447
16	Aged care policy research and evaluation	457
16.1	Improving data collection and access	458
16.2	Building a better evidence base	465
16.3	Research capacity	475
17	Reform implementation	481
17.1	An implementation framework	482
17.2	Grandfathering arrangements	487
17.3	Mitigating the risks from the reform implementation	489
17.4	Sequencing of reform	495
17.5	What do the reforms mean for older Australians, their carers and service providers?	507
A	Conduct of the inquiry	515
	References	533
B	Cameos	
C	New aged care model options	
D	International experience	
E	Cost and workforce implications	
F	Aged care regulation	
G	Past recommendations	
H	The survey of disability, ageing and carers	

Abbreviations and explanations

AAT	Administrative Appeals Tribunal
ABS	Australian Bureau of Statistics
ACC	Aged Care Commissioner
AACC	Australian Aged Care Commission
ACAR	Aged Care Approval Round
ACAT	Aged Care Assessment Team
ACCC	Australian Competition and Consumer Commission
ACD	Advance Care Directive
ACAA	Aged Care Association of Australia
ACFI	Aged Care Funding Instrument
ACSA	Aged and Community Services Australia
ACSAA	Aged Care Standards and Accreditation Agency
ADL	Activities of daily living
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
ALGA	Australian Local Government Association
AMA	Australian Medical Association
ANAO	Australian National Audit Office
ANF	Australian Nursing Federation
ASIC	Australian Securities and Investments Commission
BCA	Building Code of Australia
CACP	Community Aged Care Package
CALD	Culturally and linguistically diverse
CCIP	Community Care Intermediate Package
CDC	Consumer-directed care
CEDA	Committee for the Economic Development of Australia
CIS	Complaints Investigation Scheme
COAG	Council of Australian Governments
COPO	Commonwealth Own-Purpose Outlays
COTA	Council on the Ageing
CQC	Care Quality Commission

CSIRO	Commonwealth Scientific and Industrial Research Organisation
DoHA	Department of Health and Ageing
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
EACH-D	Extended Aged Care at Home Dementia
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FPA	Financial Planning Association of Australia
Gateway	Australian Seniors Gateway Agency
GDP	Gross domestic product
GLBTI	Gay, lesbian, bi-sexual, transgender and intersex
GP	General Practitioner
HACC	Home and Community Care
HILDA	Household, Income and Labour Dynamics in Australia
HMM	Home maintenance and modification
IADL	Instrumental activities of daily living
ICT	Information and communications technology
IGR	Intergenerational Report
ILU	Independent living unit
LHMU	Liquor, Hospitality and Miscellaneous Union (United Voice)
LTC	Long term care
LTCI	Long term care insurance
MDS	Minimum Data Set
MPS	Multi-purpose Services
NACA	National Aged Care Alliance
NCAC	National Childcare Accreditation Council
NCS	National Carer Strategy
NDIS	National Disability Insurance Scheme
NESB	Non-English speaking backgrounds
NFP	Not-for-profit
NHHRC	National Health and Hospitals Reform Commission
NHSC	National Housing Supply Council
NQRF	National Quality Reporting Framework
NRCP	National Respite for Carers Program
NSA	National Seniors Australia
OACC	Office of the Aged Care Commissioner
OACQC	Office of Aged Care Quality and Compliance

OECD	Organisation for Economic Co-operation and Development
OHS	Occupational health and safety
PAYG	Pay-as-you-go
PC	Productivity Commission
PCA	Palliative Care Australia
RACF	Residential aged care facility
RCS	Resident Classification Scale
RTO	Registered Training Organisation
RVA	Retirement Village Association
RVRA	Retirement Village Residents Association
SCARC	Senate Community Affairs References Committee
SCRGSP	Steering Committee for the Review of Government Service Provision
SEQUAL	Senior Australians Equity Release Association of Lenders
SSAT	Social Security Appeals Tribunal
UK	United Kingdom
UN	United Nations
US	United States of America
UTS	University of Technology Sydney
VCEC	Victorian Competition and Efficiency Commission
VHC	Veterans' Home Care
WHO	World Health Organization

Explanations

Billion	The convention used for a billion is a thousand million (10 ⁹).
Key points of emphasis	<i>Key points of emphasis in the body of the report are highlighted using italics, as this is.</i>
Recommendations	<i>Recommendations in the body of the report are highlighted using bold italics with an outside border, as this is.</i>

Glossary

Activities of daily living (ADLs)	ADLs are a core set of self-care or personal care activities that include bathing and washing, dressing, feeding, getting in and out of bed, getting to and from the toilet and continence management.
Aged care	A range of services required by older persons (generally 65 years and over (or 50 years and over for Indigenous Australians)) with a reduced degree of functional capacity (physical or cognitive) and who are consequently dependent for an extended period of time on help with basic ADLs. Aged care is frequently provided in combination with basic medical services (such as help with wound dressing, pain management, medication, health monitoring), prevention, reablement or palliative care services.
Aged Care Assessment Team (ACAT)	A multidisciplinary team of health professionals responsible for determining the care needs and services an individual may require. ACATs are known as Aged Care Assessment Services in Victoria.
Aged Care Funding Instrument (ACFI)	The ACFI is a resource allocation instrument which focuses on three domains that differentials care needs among residents. The ACFI assesses core needs as a basis for allocating funding.
Aged Care Planning Region	The geographical region used by the Department of Health and Ageing in its Aged Care Approvals Round.
Aged care recipient	People receiving aged care services in institutions or at home.
Ageing in place	The provision of care which allows a person to remain in their home or in the same residential care facility even if their care needs change.
Ambulatory care	Care on a non-admitted or outpatient basis; patients usually 'walk in and walk out'.
Approved Provider	Approved Providers are organisations approved by the Australian Government, to receive subsidies for the provision of aged care services and accommodation to residents within an aged care home, or for the provision of care and services to people in the community.
Australian Aged Care System	The aged care system that is proposed by the Commission in this report. Services provided under this system would require an entitlement and includes personal care, nursing care, reablement services, home modification services and planned respite. It does not include Community and Carer support services.
Baby boomer	A baby boomer is someone born during the demographic birth boom immediately following World War II to around the early 1960s.
Care coordination	The coordination of services, provided with the aim of enhancing care delivery and transitions, and including preliminary care plans and identification of the need for more intensive case management.

Care leaver	A person brought up in care away from their family as state wards or home children raised in Children’s Homes, orphanages or other institutions, or in foster care.
Care recipient	A person who is receiving care and support, either in the community, in their own home or in a residential aged care facility.
Care setting	Means the place where recipients of care services live.
Case management	An essential aspect of care delivery provided to individuals and including ongoing monitoring of support, detailed planning of clinical care and other aspects of delivery. Provided in part by residential aged care facilities and community care providers to people receiving care.
Clearinghouse	A central access point which serves the needs of users of a specific field and body of knowledge. Similar to a repository, clearinghouses often receive, organise and disseminate information, which can range from broad research and information provision to more specific data networks.
Commonwealth own purpose outlays (COPO)	Outlays made directly by the Commonwealth (Australian Government) in providing a service or function to the community. These outlays are made solely by the Commonwealth for their own purpose and therefore do not pass ‘to’ or ‘through’ the States and Territories.
Community and carers support services	Community and carers support services are low intensity services which can be accessed either directly or through entitlements or referrals. Services would include meal preparation, community transport, day therapy and carer support services.
Community Aged Care Package (CACP)	Individually planned and coordinated packages of care tailored to help older Australians with low-level care needs to remain living in their homes. They are funded by the Australian Government.
Community care	Is provided to people with functional restrictions who mainly reside in their own home. It also applies to the use of institutions on a temporary basis to support continued living at home — such as community care centres and respite. Community care also includes specially designed, ‘assisted or adapted living arrangements’ for people who require help on a regular basis while guaranteeing a high degree of autonomy and self-control.
Community care services	Home and Community Care (HACC) services, Community Aged Care Packages (CACPs), Extended Aged Care at Home packages (EACH), Extended Aged Care at Home Dementia packages (EACH-D), Veterans’ Home Care (VHC), Community Nursing and respite services.
Consumer	Someone that uses aged care services and products.
Consumer-directed care (CDC)	An approach to care that allows people to have greater choice and control over the care and support services they receive, to the extent that they are capable and wish to do so. The concept of ‘choice’ in CDC varies, and can include allowing people to make choices about the types of care services and benefits they access, the delivery of those services and benefits, or choice of service provider.
Everyday living expenses	Includes food, laundry, heating and cooling and social activities.

Extended Aged Care at Home (EACH) packages	Individually planned and coordinated packages of care, tailored to help frail older Australians with high levels of care needs to remain at home. They are funded by the Australian Government.
Extended Aged Care at Home Dementia (EACH-D) packages	An EACH package with a higher level of funding to provide additional care at home for people with dementia. They are funded by the Australian Government.
Extra service	Extra service status allows residential aged care facilities to offer a higher standard of accommodation, services and food and charge extra fees for these. Extra services may be provided throughout the facility or in a specific wing or section. The level of care provided is the same as that provided generally in residential aged care facilities.
Forgotten Australian	See Care leaver
Formal care	Includes all care services that are provided in the context of formal employment regulations, such as through contracted services, by contracted paid care workers.
Grandfathering	The continued application of the status quo to existing users of a system in order to protect against disruptive change.
Home and Community Care (HACC)	A program which provides a broad range of low-level care and support services to help people maintain their independence at home and in the community. HACC is a joint Australian, state and territory government initiative.
High care	The care which is provided for people who have been assessed by an ACAT (or Aged Care Assessment Services in Victoria) and need a high level of assistance with most activities of daily living (ADL). It may include accommodation services as well as personal care.
Informal carers	Are individuals providing aged care on a regular basis (often on an unpaid basis and without contract), for example, spouses/partners, family members, as well as neighbours or friends.
Inpatient	An individual who has been admitted to a hospital or other facility for diagnosis and/or treatment that requires at least an overnight stay.
Instrumental activities of daily living (IADL)	Domestic tasks such as shopping, laundry, vacuuming, cooking a main meal and handling personal affairs.
Low care	The care which is provided for people who have been assessed by an ACAT (or Aged Care Assessment Services in Victoria) and need a low level of assistance with activities such as meals, laundry and cleaning as well as additional help with personal care.
Market failure	Occurs when the allocation of services or goods by a free market is not efficient. Market failure can be caused by information asymmetries, externalities and public goods.
Multidisciplinary care	Where health professionals from multiple disciplines work together to provide team-based care.
Not-for-profit	An organisation that does not distribute profits or surpluses to personal owners or shareholders.
Outpatient	A person treated or seen in a hospital clinic without being admitted.
Palliative care	Care provided for people of all ages who have a life-limiting illness, with little or no prospect of cure and for whom the primary, treatment goals is quality of life. It focuses on 'living well' until death.

Personal care services	Includes assistance with bathing, toileting, eating, dressing, mobility, managing incontinence, community rehabilitation support, assistance in obtaining health and therapy services and support for people with cognitive impairments.
Person-centred care	An approach to care that consciously adopts a person's perspective. This perspective can be characterised around dimensions such as respect for a person's values, preferences and expressed needs; coordination and integration of care; involvement of family and friends; and transition and continuity.
Primary carer	A person who provides the most assistance, in terms of help or supervision, to a person with one or more disabilities on an ongoing basis.
Principal residence	Meaning the principal home as defined in section 11.A of the <i>Social Security Act 1991</i> .
Protected person	A 'protected person' exclusion applies if, at the time of the assets assessment or the date of entry into care (whichever is earlier): <ul style="list-style-type: none"> • the partner or dependent child is living in the resident's former principal residence • a carer eligible for an income support payment has lived in the resident's former principal residence for at least two years • a close relative who is eligible for an income support payment has been living in the resident's former principal residence for at least five years.
Reablement	Intensive and generally time-limited programs aimed at restoring function. Services included as part a reablement approach can include physiotherapy, psychosocial and other education programs, environmental modification and linkages to social activities.
Residential aged care	Refers to facilities (other than hospitals) which provide accommodation and aged care as a package to people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living (ADL). These facilities provide residential aged care combined with either nursing, supervision or other types of personal care required by the residents. Aged care institutions include specially designed institutions where the predominant service component is long-term care and services are provided to people with moderate to severe functional restrictions.
Respite care	Care given as an alternative care arrangement with the primary purpose of giving the carer or a care recipient a short-term break from their usual care arrangement.
Sub-acute services	May include rehabilitation, geriatric evaluation and care management. Some sub-acute services are colloquially referred to as 'low dependency' or 'step up' and 'step down' care, meaning that it can either precede (and potentially avoid) a hospital admission or follow an acute hospital admission. Most sub-acute services can be provided on either an inpatient or ambulatory basis.
Supported residents	A person who qualifies for subsidised aged care accommodation costs because they have total assets below a certain level.

Teaching aged care services	Formalised partnership arrangement between universities and residential aged care facilities which aim to increase the scope for collaborative research, evidence-based practice and ongoing education for nursing staff and allied health students.
Transition care	Short-term care that seeks to optimise the functioning and independence of older people after a hospital stay. It seeks to enable more people to return home after a hospital stay rather than enter a residential aged care facility.
Veterans' Home Care (VHC)	Provides low level home care services to eligible veterans and war widows and widowers.