
13 Aged care services

The aged care system comprises all services specifically designed to meet the care and support needs of frail 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. The services covered include:

- residential services, which provide high care, low care and residential respite care (*Report on Government Services 2009* (2009 Report), box 13.1)
- community care services and flexible services, which include Home and Community Care (HACC) program services, Community Aged Care Packages (CACPs), the Extended Aged Care at Home (EACH) program, the EACH Dementia program, the Transition Care Program (TCP), and the Department of Veterans' Affairs (DVA) Veterans' Home Care (VHC)¹ and Community Nursing programs
- respite services, which include HACC respite and centre-based day care and the National Respite for Carers Program (NRCP)
- assessment services, which are largely provided by the Aged Care Assessment Program (ACAP).

Service overview

Services for older people are provided on the basis of the frailty or functional disability of the recipients as distinct from specific age criteria. Nevertheless, in the absence of more specific information, this Report uses people aged 70 years or over as a proxy for the likelihood of a person in the general population requiring these services. Particular groups (notably Indigenous people) may require various services at a younger age. For Indigenous people, those aged 50 years or over are used as a proxy for the likelihood of requiring aged care services. The Australian Government also uses these age proxies for planning the allocation of residential care, CACP, EACH and EACH Dementia packages.

¹ Unless otherwise stated, HACC expenditure excludes the DVA expenditure on VHC.

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 formal, publicly funded services covered represent only a small proportion of total assistance provided to frail older people. Extended family and partners are the largest source of emotional, practical and financial support for older people: more than 90 per cent of older people living in the community in 2003 who required help with self-care, mobility or communications received assistance from the informal care network of family, friends and neighbours (ABS 2004a). Many people receive assistance from both formal aged care services and informal sources. Older people also purchase support services in the private market, and these services are not covered in this chapter.

Indigenous data in the aged care chapter

The aged care chapter in the 2009 Report contains the following information on Indigenous people:

- aged care assessment team assessment rates, 2006-07
- age profile and target population differences between Indigenous and other Australians, June 2006
- Indigenous permanent residents classified as high or low care and Indigenous CACP, and EACH at 30 June 2008: age specific usage rates per 1000 persons by remoteness
- variation in the proportions of special needs target populations accessing aged care services from their proportion in the target population as a whole, June 2008 (per cent)
- residents per 1000 target population, 30 June 2008
- Community Aged Care Package recipients per 1000 target population, 30 June 2008
- recipients of HACC services by age and Indigenous status, 2007-08
- Commonwealth Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2008.

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

- target population data, by location ('000)
- Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality, 30 June, 2008
- HACC client characteristics, 2007-08
- comparative characteristics of Indigenous HACC clients, 2007-08
- Australian Government expenditure on Aged Community Care Programs, 2007-08 (\$ million).

Attachment tables

Attachment tables for data within the aged care services chapter of this compendium are contained in attachment 13A of the compendium. These tables are identified in references throughout this chapter by an 'A' suffix (for example, table 13A.3 is table 3 in the aged care services attachment). As the data are directly sourced from the 2009 Report, the compendium also notes where the original table, figure or text in the 2009 Report can be found. For example, where the compendium refers to '2009 Report, p. 13.15' this is page 15 of chapter 13 of the 2009 Report, and '2009 Report, table 13A.2' is attachment table 2 of attachment 13 of the 2009 Report.

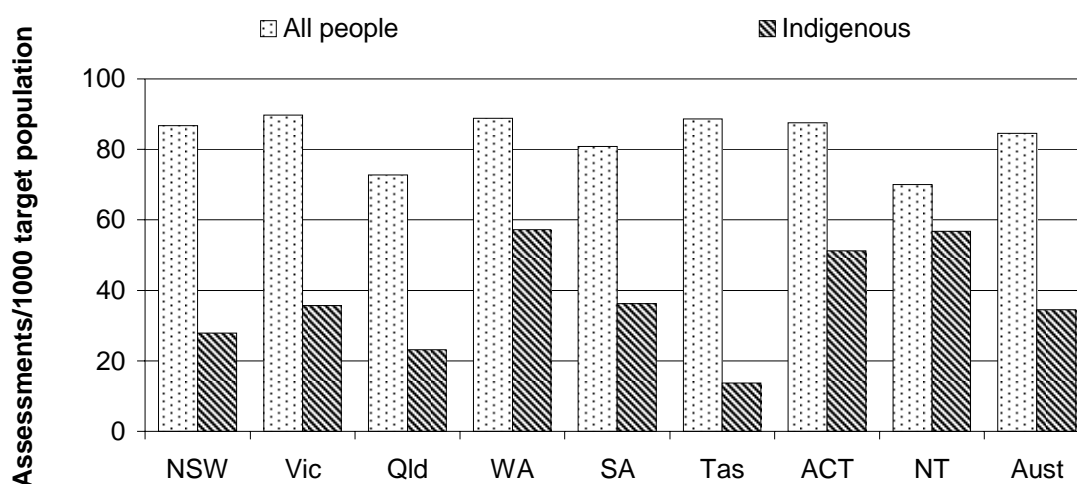
Assessment services

The Australian Government established the ACAP in 1984, based on the assessment processes used by State and Territory health services to determine (1) eligibility for admission into residential care and (2) the level of care required (and thus the subsidy paid to such services). The core objective of the ACAP is to assess the needs of frail older people and assist them to gain access to the most appropriate type of care. Assessment and approval by Aged Care Assessment Teams (ACATs) are mandatory for admission to Australian Government subsidised residential care or receipt of a CACP, EACH package, EACH Dementia package or TCP. People may also be referred by ACATs to other services, such as those funded by the HACC program. An ACAT referral is not mandatory for receipt of other services, such as HACC and VHC services.

The number of assessments per 1000 target population varied across jurisdictions in 2006-07. The national rate was 84.5 assessments per 1000 people aged 70 years or

over and Indigenous people aged 50 years or over and 34.5 per 1000 Indigenous people aged 50 years or over (figure 13.1).

Figure 13.1 **Aged Care Assessment Team assessment rates, 2006-07**^{a b, c, d, e}



^a Includes ACAT assessments for all services. ^b 'All people' includes all assessments of people aged 70 years or over and Indigenous people aged 50 years or over per 1000 people aged 70 years or over and Indigenous people aged 50 years or over. ^c 'Indigenous' includes all assessments of Indigenous people aged 50 years or over per 1000 Indigenous people aged 50 years or over. ^d The number of Indigenous assessments is based on self-identification of Indigenous status. ^e See table 13A.8 for further explanation of these data.

Source: Aged Care Assessment Program National Data Repository (unpublished); table 13A.8; 2009 Report, figure 13.1, p. 13.6.

Indigenous-specific services

Aboriginal and Torres Strait Islander people access mainstream services under the Aged Care Act, including those managed by Aboriginal and Torres Strait Islander organisations, and services funded outside the Act, including those funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Some services managed by non-Indigenous approved providers also have a significant number of Aboriginal and Torres Strait Islander clients.

All aged care services that are funded under the Act are required to provide culturally appropriate care. Whether they are located in a community or residential setting, services may 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 2008, there were 640 flexible places for Indigenous clients allocated outside the *Aged Care Act 1997* under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. This flexible care helps to ensure that Aboriginal and Torres Strait Islander people can access culturally appropriate care services as close as possible to their communities, mainly in rural and remote locations. As part of the 1994 National Strategy, services were established to provide aged care using a flexible model. Communities are encouraged to participate in every aspect of service provision, from the very early planning stages right through to the operation of the services. These services are now funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (DoHA unpublished).

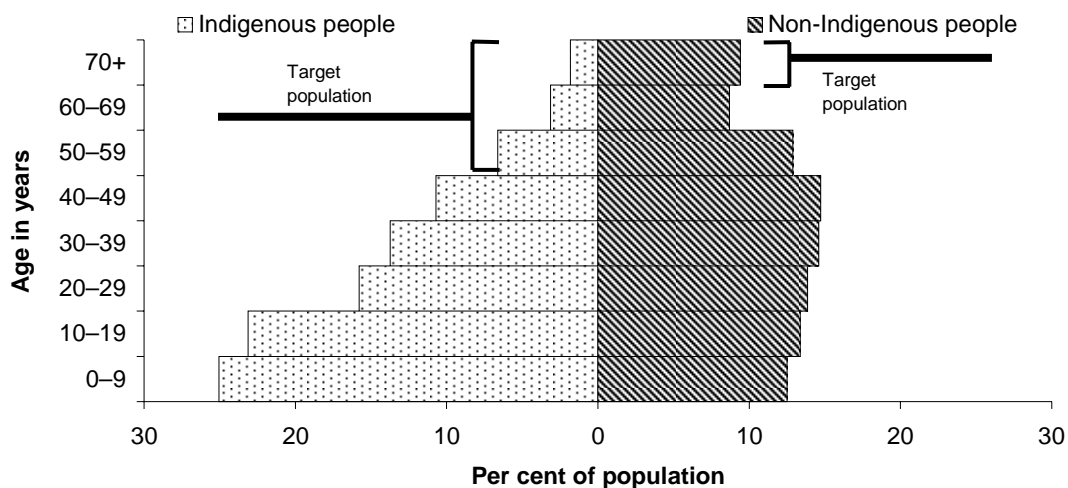
Funding

The Australian Government funds Indigenous specific services. In 2007-08, \$20.9 million was spent on this program (table 13A.9).

Characteristics of older Indigenous people

The Department of Health and Ageing (DoHA) estimates that about 62 800 Indigenous people were aged 50 years or over in Australia at 30 June 2008 (table 13A.1). Although the Indigenous population is also ageing, there are marked differences in the age profile of Indigenous Australians compared with non-Indigenous Australians (figure 13.2). Estimates for both males and females show life expectancy at birth in the Indigenous population is around 17 years less than in the total Australian population (ABS 2004b). These figures indicate that Indigenous people are likely to need aged care services earlier in life, compared with the general population.

Figure 13.2 Age profile and target population differences between Indigenous and other Australians, June 2006

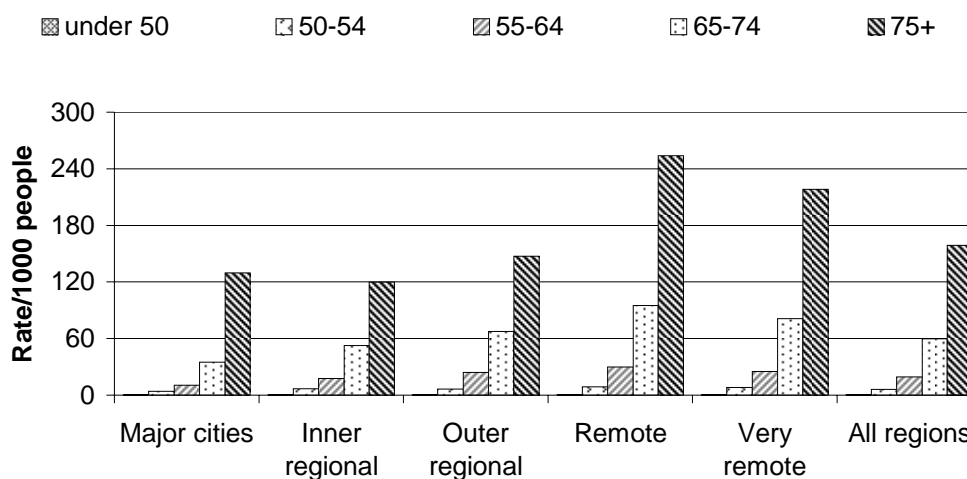


Source: ABS *Experimental Estimates of Aboriginal and Torres Strait Islander Australians*, June 2006, Cat no. 3238.0.55.001, Canberra; 2009 Report, figure 13.6, p. 13.23.

Combined residential and community care services rates

The national age specific usage rates per 1000 Indigenous people for high and low residential care, CACP and EACH in combination at 30 June 2008 is 0.2 for people under 50 rising to 158.7 for people over 75. The data show that Indigenous people tend to access these services at a younger age than the population as a whole. These rates vary by remoteness category (figure 13.3).

Figure 13.3 Indigenous permanent residents classified as high or low care and Indigenous CACP and EACH at 30 June 2008: age specific usage rates per 1000 people by remoteness^{a, b, c, d, e}



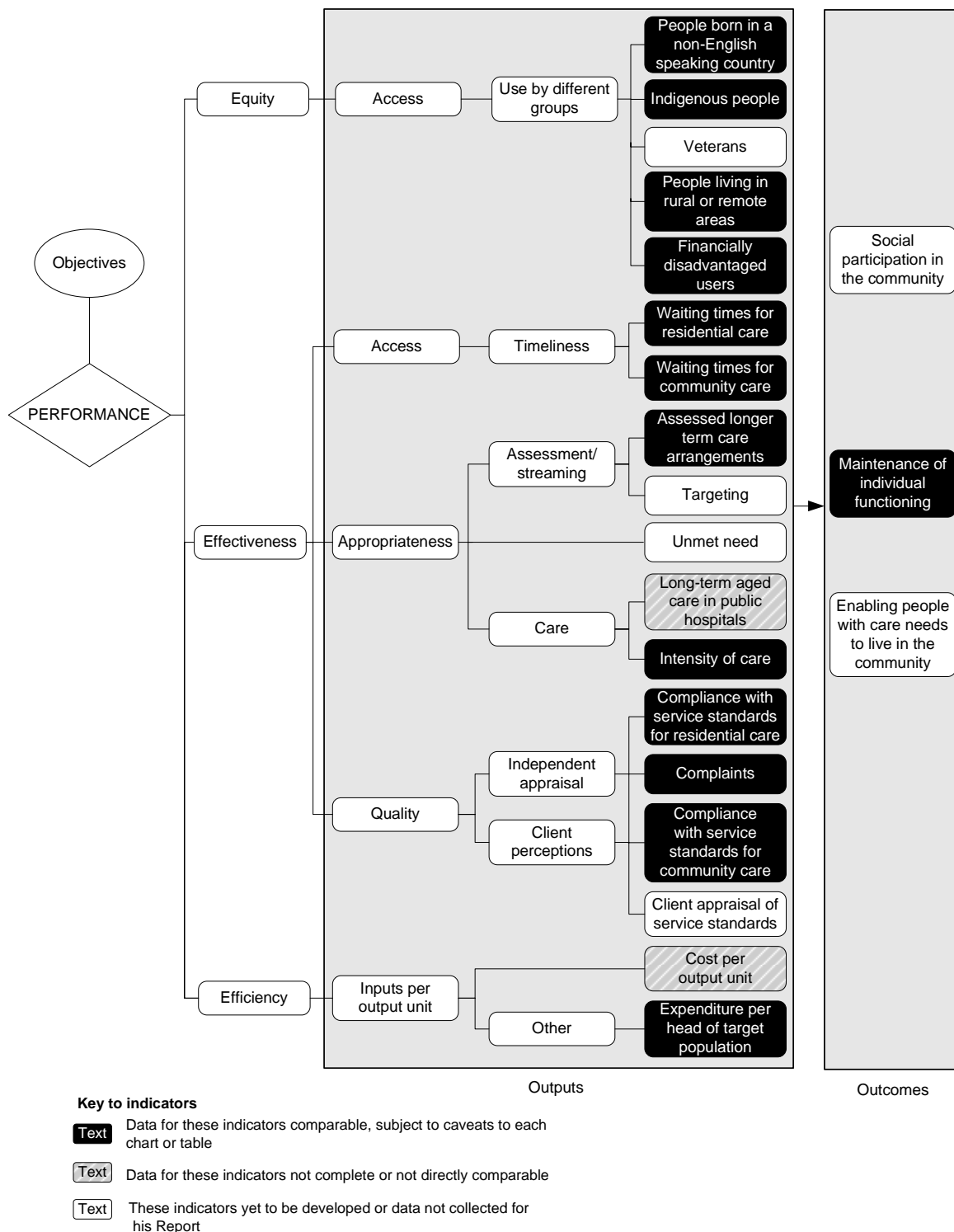
^a Geographical data are based on the ABS Australian Standard Geographic Classification of Remoteness Areas 2001. Data are classified according to an index of remoteness which rates each ABS Census District based on the number and size of towns, the distance to major towns and urban centres. ^b Indigenous population data for June 2008 are determined using DoHA unpublished projections. This is a different measure from those used for these age specific usage data in previous reports. See table 13A.11 for more detail. ^c Includes residential places categorised as 'high care' or 'low care', under either the ACFI or the RCS. See 2009 Report, box 13.1 for more information. ^d Residents without a recorded RCS/ACFI were omitted. ^e These figures exclude places and packages funded by Multi-purpose services and those provided by flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

Source: DoHA (unpublished); table 13A.11; 2009 Report, figure 13.12, p. 13.33.

Framework of performance indicators

Data for Indigenous people are reported for a subset of the performance indicators for aged care services in the 2009 Report. It is important to interpret these data in the context of the broader performance indicator framework outlined in figure 13.4. The performance indicator framework shows which data are comparable in the 2009 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

Figure 13.4 Performance indicators for aged care services



Source: 2009 Report, figure 13.13, p. 13.35.

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).

Box 13.1 Use by different groups

‘Use by different groups’ is defined as:

- the number of people born in non-English speaking countries using residential services, CACPs, EACH and HACC services, divided by the number of people born in non-English speaking countries aged 70 years or over, benchmarked against the rate at which the general population accesses the service
- the number of Indigenous people using residential services, CACP, EACH and HACC services, divided by the number of Indigenous people aged 50 years or over (because Indigenous people tend to require aged care services at a younger age than the general population) benchmarked against the rate at which the general population accesses the service
- the rate of contacts with Commonwealth Carelink Centres for Indigenous people compared with all people
- 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 70 years or over plus Indigenous people aged 50–69 years for major cities, inner regional areas, outer regional areas, remote areas and very remote areas
- the number of new residents classified as concessional or assisted or supported, divided by the number of new residents.

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 people 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.

(Continued on next page)

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 Indigenous communities, people born in non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, and veterans (including widows and widowers of veterans).

Several factors need to be considered in interpreting the results for this set of indicators:

- Cultural differences may influence the extent to which people born in non-English speaking countries use different types of services.
- Cultural differences and geographic location may influence the extent to which Indigenous people use different types of services.
- The availability of informal care and support may influence the use of aged care services in different population groups.

No data were available to report on veterans for this indicator.

Data reported for this indicator are comparable.

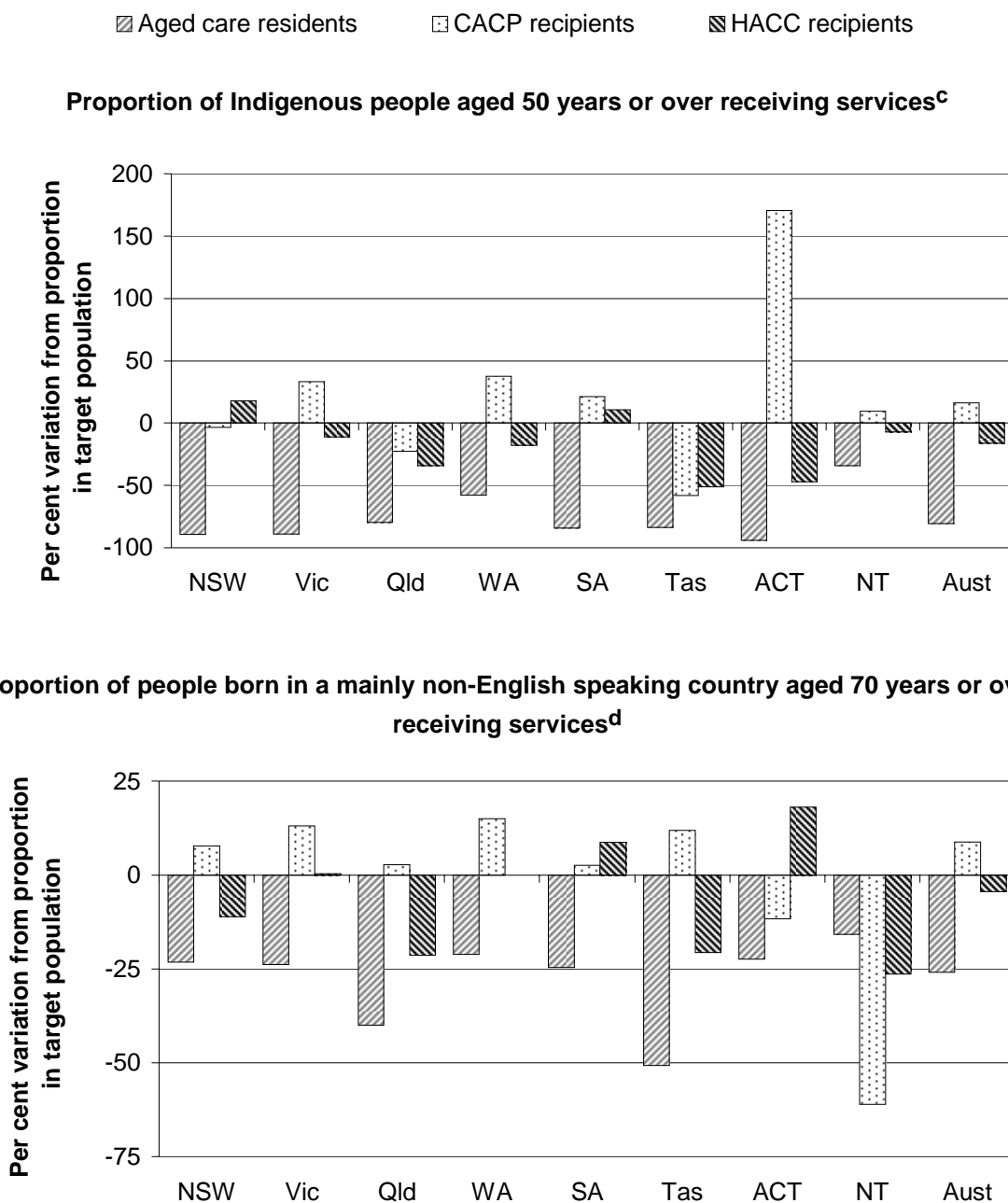
Data presented for this indicator are organised by the type of service provided, with sub-sections for the relevant special needs groups reported against that service.

Access to residential care services, CACP and HACC services by Indigenous people and people born in a mainly non-English speaking country

In general, Indigenous people and people born in a mainly non-English speaking country are under-represented in some aspects of access to residential care, CACP and HACC services in comparison to their proportion of the target population as a whole.

However, in relation to the CACP program in the majority of jurisdictions and nationally, Indigenous people and people born in a mainly non-English speaking country are over-represented, compared to the proportion of this group in the target population. Figure 13.5 demonstrates this over- and under-representation by reflecting the variation in the rate of access of the special needs target population from their proportion in the target population as a whole. If the special needs group accessed services in proportion to their general representation in the target population, no percentage variation would be observed. If they access services at a greater rate, a positive percentage from the benchmark rate will be observed, or, if services are accessed at a lower rate, the bar will be negative (figure 13.5).

Figure 13.5 Variation in the proportions of special needs target populations accessing aged care services from their proportion in the target population as a whole, June 2008 (per cent)^{a, b}



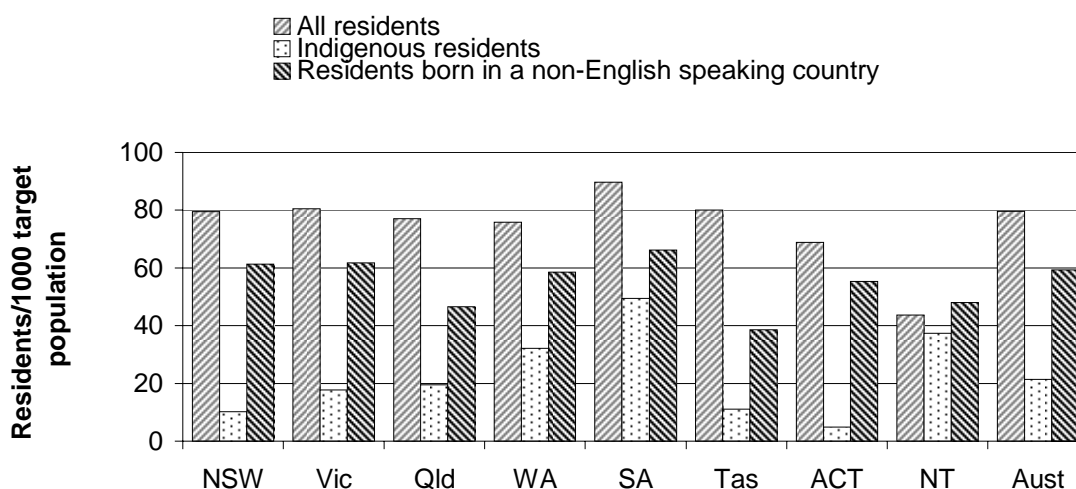
^a The proportion of HACC agencies that submitted data for the year varied between jurisdictions and actual service levels were higher than stated. ^b Reports provisional HACC data that have not been validated and may be subject to revision. ^c The ACT has a very small Indigenous population aged 50 years or over (table 13A.1) and a small number of packages result in a very high provision ratio. ^d There is no variation between the proportion of WA HACC recipients for this group and their proportion in the target population.

Source: DoHA (unpublished); table 13A.4; 2009 Report, figure 13.14, p. 13.39.

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

In all jurisdictions at 30 June 2008, on average, Indigenous people and people born in non-English speaking countries had lower rates of use of aged care residential services (21.4 and 59.3 per 1000 of the relevant target populations respectively), compared with the population as a whole (79.6 per 1000) (figure 13.6).

Figure 13.6 Residents per 1000 target population, 30 June 2008^{a, b, c}



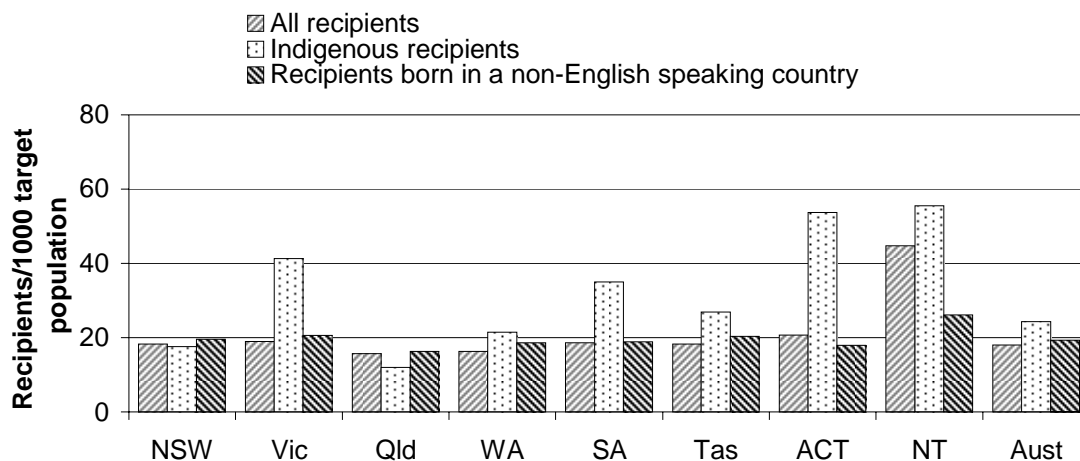
^a All residents data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years. ^b Indigenous residents data are per 1000 Indigenous people aged 50 years or over. ^c Data for residents from a non-English speaking country are per 1000 people from non-English speaking countries aged 70 years or over.

Source: DoHA (unpublished); table 13A.2 and 2009 Report, tables 13A.13 and 13A.15; 2009 Report, figure 13.15, p. 13.40.

Access to aged care community programs by Indigenous people and people born in a mainly non-English speaking country

The number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over was 24.3 nationally and the numbers of CACP recipients from non-English speaking countries per 1000 of the relevant target population was 19.3 nationally. These figures compare to a total of 18.0 per 1000 of the target population (people aged 70 years or over plus Indigenous people aged 50–69 years) (figure 13.7).

Figure 13.7 **Community Aged Care Package recipients per 1000 target population, 30 June 2008^{a, b, c, d, e}**



^a All recipients data are per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years. ^b Indigenous recipients data are per 1000 Indigenous people aged 50 years or over. ^c Data for recipients from non-English speaking countries are per 1000 people from non-English speaking countries aged 70 years or over. ^d The ACT has a very small Indigenous population aged 50 years or over (table 13A.1), 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.2, 2009 Report, tables 13A.13 and 13A.15; 2009 Report, figure 13.16, p. 13.41.

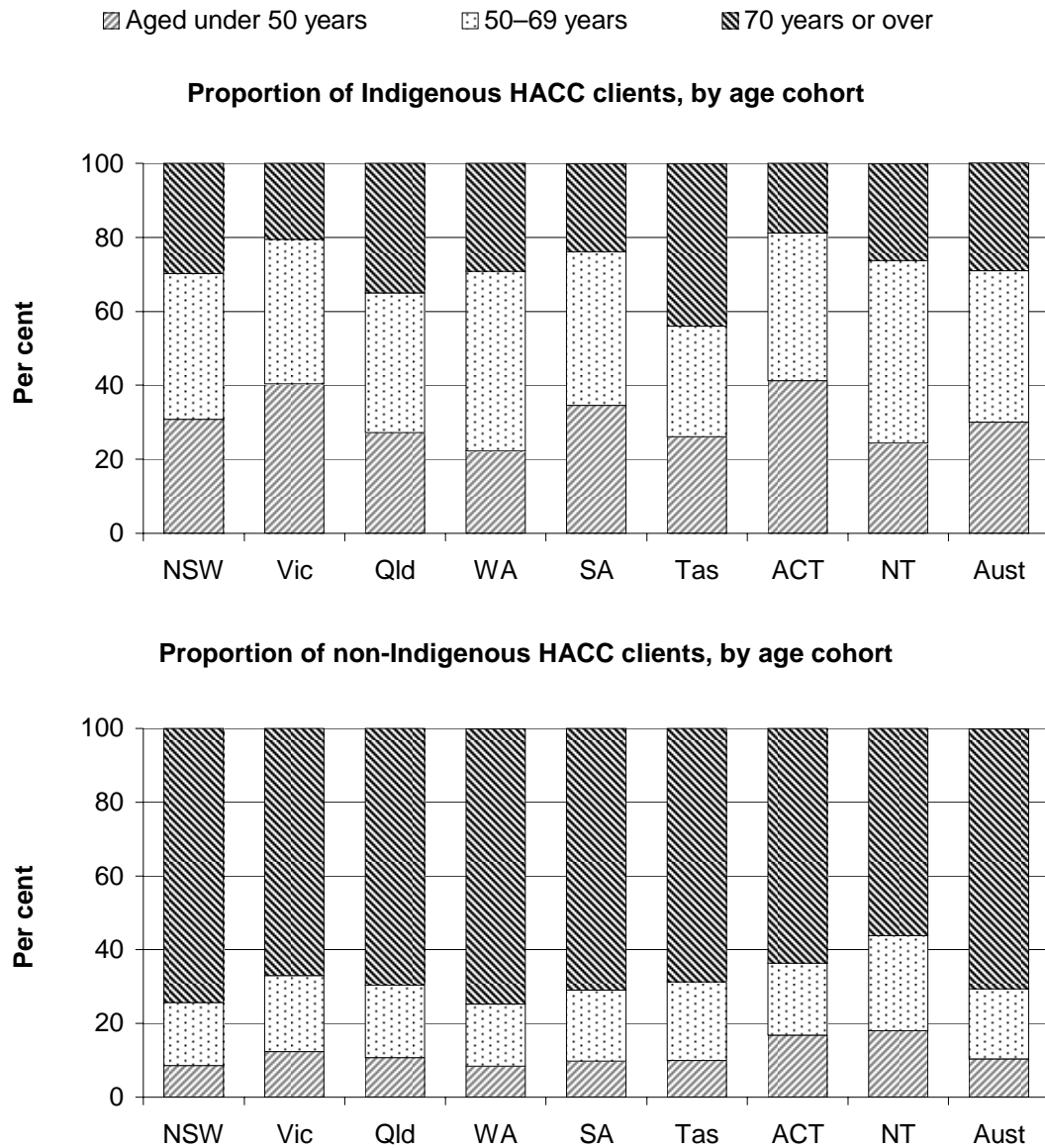
Age–sex specific usage rates by jurisdiction, remoteness and Indigenous usage vary between jurisdictions and remoteness categories for CACP. For EACH, the differences are less marked. However, the EACH program is small and growing rapidly (table 13A.11 and 2009 Report, tables 13A.60-61 and 13A.63-64).

Access to the HACC program by Indigenous people and by remoteness area

HACC services are provided in the client’s home or community for people with a moderate, severe or profound disability and their carers. The focus of this chapter is all people 70 years or over and Indigenous people aged 50–69 years. The proportion of HACC recipients aged 70 years or over during 2007-08 was 68.9 per cent (table 13A.5).

Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2007-08. This reflects the difference in morbidity and mortality trends between Indigenous people and the general population. The proportion of Indigenous HACC clients who are aged 70 years or over is 29.1 per cent and the proportion of non-Indigenous HACC clients who are aged 70 years or over is 70.5 per cent (figure 13.8).

Figure 13.8 Recipients of HACC services by age and Indigenous status, 2007-08^a



^a Reports provisional HACC data that have not been validated and may be subject to revision.

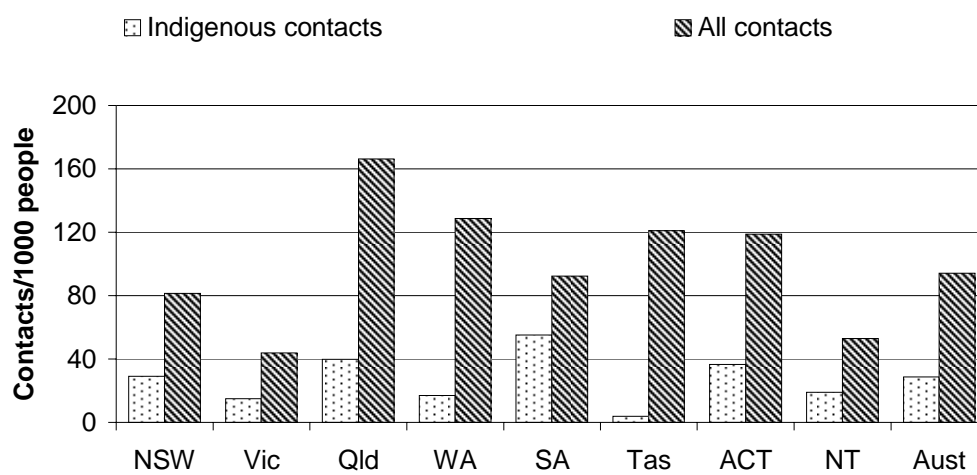
Source: DoHA (unpublished); table 13A.6; 2009 Report, figure 13.17, p. 13.43.

Access by Indigenous people to Commonwealth Carelink Centres

Commonwealth 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 people contacted Carelink

Centres at 30 June 2008, was 28.6 people per 1000 Indigenous people in the Indigenous target population (Indigenous people aged 50 years and over). The rate for all Australians was 94.1 per 1000 people in the target population (people aged 70 years or over plus Indigenous people aged 50–69). These figures varied across jurisdictions (figure 13.9).

Figure 13.9 Commonwealth Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2008^{a, b, c}



^a Contacts with Carelink include phone calls, visits, emails and facsimiles. ^b Indigenous contacts refer to contacts by Indigenous people per 1000 Indigenous people in the target population. ^c All contacts refers to contacts per 1000 target population.

Source: DoHA (unpublished); table 13A.10; 2009 Report, figure 13.18, p. 13.44.

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 an 'A' suffix (for example, table 13A.3 is table 3 in the aged care services attachment). The tables included in the attachment are listed below.

- Table 13A.1** Target population data, by location ('000)
- Table 13A.2** Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients, 30 June
- Table 13A.3** Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality, 30 June
- Table 13A.4** Aged care recipients from special needs groups, June 2008 (per cent)
- Table 13A.5** HACC client characteristics, 2007-08
- Table 13A.6** Distribution of HACC clients, by age and Indigenous status, 2007-08 (per cent)
- Table 13A.7** Comparative characteristics of Indigenous HACC clients, 2007-08
- Table 13A.8** Aged care assessments
- Table 13A.9** Australian Government expenditure on Aged Community Care Programs, 2007-08 (\$ million)
- Table 13A.10** Access to Commonwealth Carelink Centres, 2007-08
- Table 13A.11** Indigenous permanent residents classified as high or low care and Indigenous CACP, and EACH at 30 June 2008: age-sex specific usage rates per 1000 people by remoteness

References

ABS (Australian Bureau of Statistics) 2004a, *Survey of Disability, Ageing and Carers*, 2003, Cat no. 4430.0, Canberra.

— 2004b, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat no. 3238.0, Canberra.