
13 Aged care services

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Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' suffix (for example, in this chapter, table 13A.3). As the data are directly sourced from the 2011 Report, the Compendium also notes where the original table, figure or text in the 2011 Report can be found. For example, where the Compendium refers to '2011 Report, p. 13.15' this is page 15 of chapter 13 of the 2011 Report, and '2011 Report, table 13A.2' is attachment table 2 of attachment 13A of the 2011 Report. A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Aged care services chapter (chapter 13) in the *Report on Government Services 2011* (2011 Report) reports on the performance of Aged care services in each Australian State and Territory. Data are reported for Indigenous people 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 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.

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) can 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. People aged 70 years or over plus Indigenous people aged 50–69 years are used as a proxy ‘target’ population for aged care services in this Report. The Australian Government uses this population as a ‘planning population’ to allocate aged care places under the *Aged Care Act 1997*. Nationally, the proportion of the population who are in this category was 9.8 per cent, although the proportion varies across jurisdictions (table 13A.1 and 2011 Report, table 13A.1).

Government funded aged care services covered in this chapter relate to the three levels of government (Australian, State and Territory, and some local) involved in service funding and delivery. The services covered include:

- assessment and information services, which are largely provided by the Aged Care Assessment Program (ACAP)
- residential care services, which provide permanent high level and low level care, and respite high/low level care
- community care services, including home-based care and assistance to help older people remain, or return to, living independently in the community as long as possible. These services include:
 - HACC program services
 - CACP
 - flexible care services provided under the EACH and the EACH-D programs
 - services provided by the Department of Veterans’ Affairs (DVA) under the Veterans’ Home Care (VHC)¹ and Community Nursing programs
- community care respite services, which include HACC respite and centre-based day care services and services provided under the NRCP
- services provided in mixed delivery settings, which are designed to provide flexible care or specific support:

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

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- flexible care services, which address the needs of care recipients in ways other than that provided through mainstream residential and community care — services are provided under the Transition Care Program (TCP), Multi-purpose Service Program (MPS), Innovative Care Pool and National Aboriginal and Torres Strait Islander Flexible Aged Care Program
 - specific support services, which are provided to address particular needs such as those under the Long Stay Older Patients initiative and in Day Therapy Centres.

Older Australians are also users of other government services covered in this Report, including disability services (chapter 14), specialised mental health services (chapter 12), and housing assistance (chapter 16). Understanding the relationship between the health system and the aged care system is of particular importance (preface E and chapters 10–12), given that people aged 65 years or over account for around 50 per cent of all patient days in public hospitals (AIHW 2009). Interactions between health and aged care services are critical for the performance of both systems: for example, the number of operational residential aged care places can affect demand for public hospital beds, and throughput of older patients in acute and sub-acute care has a substantial effect on demand for residential and community aged care.

Indigenous data in the Aged care chapter

The Aged care services chapter in the 2011 Report contains the following information on Indigenous people:

- age profile and target population differences between Indigenous and other Australians, June 2006
- Aged Care Assessment Team (ACAT) assessment rates, 2008-09
- variation in the proportions of Indigenous populations accessing aged care services from their proportion in the target population as a whole, June 2010
- residents per 1000 target population, 30 June 2010
- CACP recipients per 1000 target population, 30 June 2010
- recipients of HACC services by age and Indigenous status, 2009-10
- Commonwealth Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2010.

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

- target population data, by location
- government expenditure on Indigenous specific programs, 2009-10
- Indigenous permanent residents classified as high or low care and Indigenous CACP, EACH and EACH-D at 30 June 2010: age specific usage rates per 1000 people by remoteness
- Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients and by locality, 30 June 2010
- HACC client characteristics, 2009-10
- comparative characteristics of Indigenous HACC clients, 2009-10
- hospital patient days used by those eligible and waiting for residential aged care, 2008-09
- falls resulting in patient harm in residential aged care and treated in hospital, 2008-09.

Indigenous-specific services

Indigenous-specific services —National Aboriginal and Torres Strait Islander Flexible Aged Care Program

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

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

Some services managed by non-Indigenous approved providers also have significant numbers of Aboriginal and Torres Strait Islander clients. All aged care services that are funded under the *Aged Care Act 1997* are required to provide culturally appropriate care. Whether they are located in a community or residential

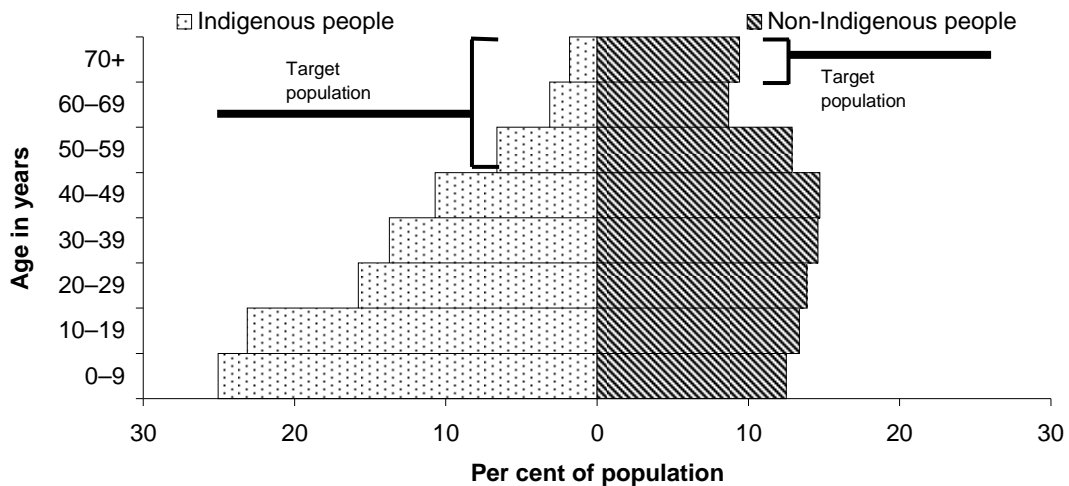
setting, services may be subject to specific conditions of allocation in relation to the proportion of care to be provided to particular groups of people, including Aboriginal and Torres Strait Islander people.

The Australian Government spent \$23.4 million on Indigenous specific services delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Characteristics of older Indigenous people

The DoHA estimates that about 67 107 Indigenous people were aged 50 years or over in Australia at 30 June 2010 (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 13.1). Estimates show life expectancy at birth in the Indigenous population is around 11.5 years less for males and 9.7 years less for females when compared with the total Australian population (ABS 2009). These figures indicate that Indigenous people are likely to need aged care services earlier in life, compared with the general population.

Figure 13.1 Age profile and target population differences between Indigenous and other Australians, June 2006

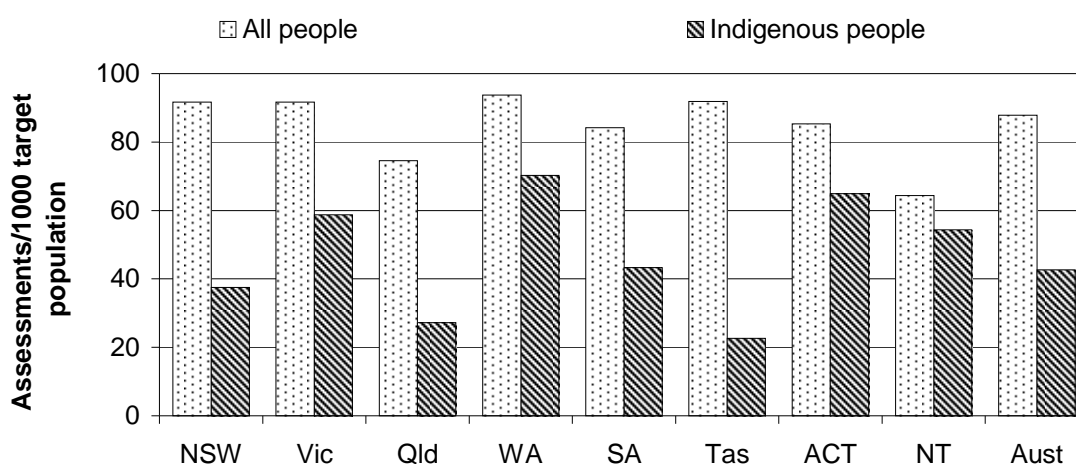


Source: ABS (2008) *Experimental Estimates of Aboriginal and Torres Strait Islander Australians*, June 2006, Cat. no. 3238.0.55.001, Canberra, 2011 Report, figure 13.5, p. 13.19.

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. The number of assessments of people aged 70 years or over and Indigenous people aged 50–69 years per 1000 target population varied across jurisdictions in 2008-09. The national rate was 87.8 assessments per 1000 people aged 70 years or over and Indigenous people aged 50-69 years. The rate for Indigenous people was 42.7 per 1000 Indigenous people aged 50 years or over (figure 13.2). Data on the numbers and rates of assessment for people of all ages by age group, Indigenous status, remoteness of residence and Socio-Economic Indexes for Areas (SEIFA), are in table 13A.15.

Figure 13.2 **Aged Care Assessment Team assessment rates, 2008-09**^{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.14 for further explanation of these data.

Source: Aged Care Assessment Program National Data Repository (unpublished); table 13A.14, 2011 Report, figure 13.6, p. 13.20.

Community care services

Changing government policies over the past decade — shifting the balance of care away from the more intensive types of residential care towards home-based care — have meant that the CACP, EACH and EACH-D programs have become increasingly important components of the aged care system.

Indigenous age specific usage rates for CACP, EACH and EACH-D by remoteness category are in table 13A.9.

Framework of performance indicators

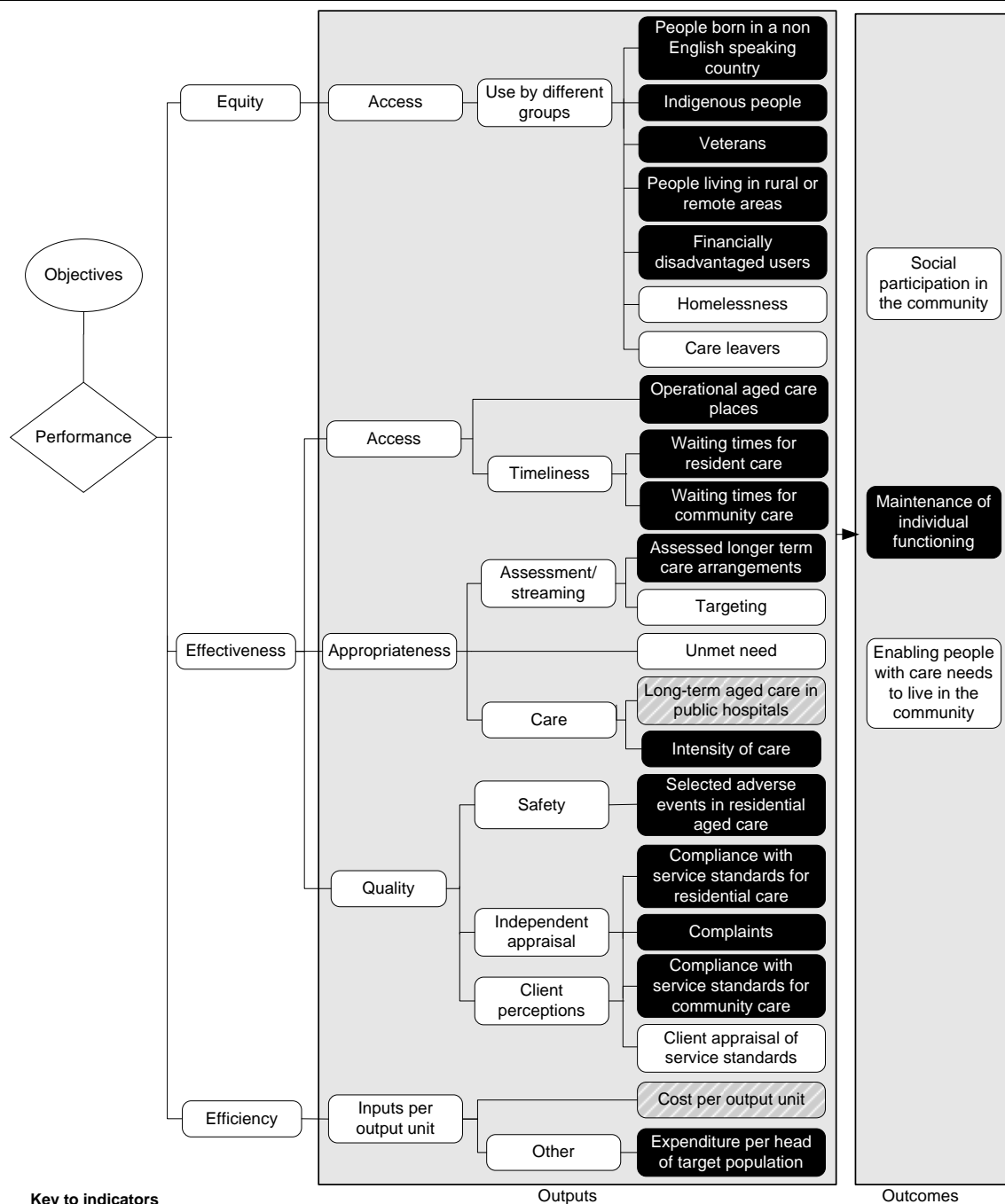
The Aged care services performance indicator framework outlined in figure 13.3 identifies the principal aged care services activity areas considered in the 2011 Report. Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret 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 2011 Report, they may include references to data not reported for Indigenous people and therefore not included in this Compendium.

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

COAG has agreed six National Agreements (NAs) 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 NHA covers the area of health and aged care. The Agreement include sets of performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council. Revisions have been made to the performance indicators reported in this chapter to align with the performance indicators in the NHA.

Figure 13.3 Performance indicators for aged care services



Key to indicators

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Source: 2011 Report, figure 13.10, p. 13.32.

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 by eight measures:

- variation in the proportion of people accessing residential services, HACC, CACPs, EACH and EACH-D services who are born in a non-English speaking country, from the proportion of people in the target population who are born in a non-English speaking country
- variation in the proportion of people accessing residential services, HACC, CACPs, EACH and EACH-D services who are Indigenous, from the proportion of people in the target population who are Indigenous
- the number of people born in non-English speaking countries using residential services, CACPs, EACH and EACH-D, 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 (number of people aged 70 years or over plus Indigenous people aged 50–69 years) accesses the service
- the number of Indigenous people using residential services, CACP, EACH, and EACH-D 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 (number of people aged 70 years or over plus Indigenous people aged 50–69 years) accesses the service
- the number of veterans aged 70 years or over in residential care divided by the total number of eligible veterans aged 70 years or over, where a veteran is defined as a DVA Gold or White card holder
- access to HACC services for people living in rural or remote areas — the number of hours of HACC service received (and, separately, meals provided) divided by the number of people aged 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 rate of contacts with Commonwealth Respite and Carelink Centres for Indigenous people benchmarked against the rate for all people
- the number of new residents classified as concessional or assisted or supported, divided by the number of new residents.

(Continued next page)

Box 13.1 (continued)

In general, usage rates for special needs groups similar to those for the broader aged care population are desirable, but interpretation of results differs for some special needs groups because:

- there is evidence that Indigenous 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.

Use by different groups is a proxy indicator of equitable access. Various groups are identified by the *Aged Care Act 1997* and its principles (regulations) as having special needs, including people from Indigenous communities, people born in non-English speaking countries, people who live in rural or remote areas, people who are financially or socially disadvantaged, veterans (including widows and widowers of veterans), homelessness and care leavers.

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.

Data reported for this indicator are comparable.

Data quality information for two measures (access to residential aged care services by Indigenous people and people born in a mainly non-English speaking country and access to aged care community programs by Indigenous people and people born in a mainly non-English speaking country) defined for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

Data quality information for the other measures is under development.

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, HACC, CACP, EACH and EACH-D services by Indigenous people

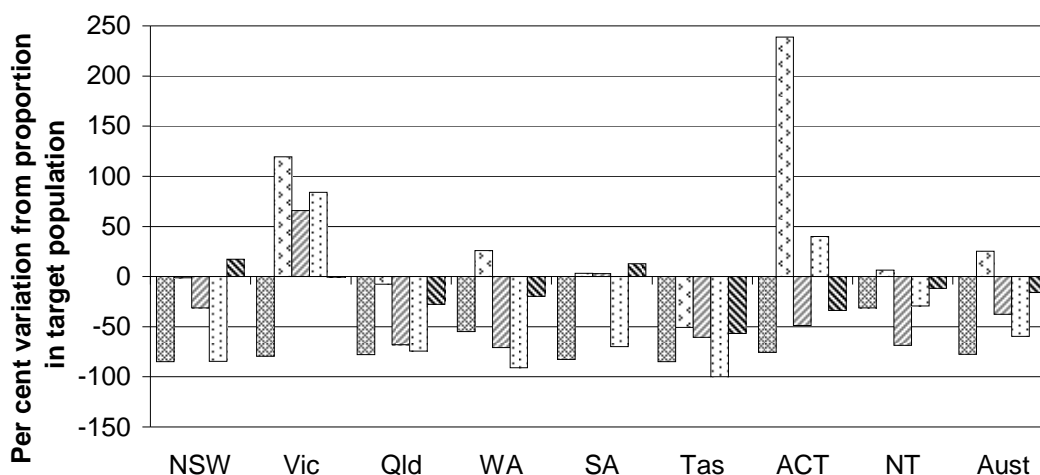
In comparison to their proportion of the target population as a whole, Indigenous people are under-represented in access to residential care, HACC, EACH and EACH-D services (figure 13.4).

However, in relation to the CACP program in the majority of jurisdictions and nationally, Indigenous people are over-represented, compared with the proportion of this group in the target population. Figure 13.4 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 will 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, a negative percentage will be observed.

Figure 13.4 Variation in the proportions of Indigenous populations accessing aged care services from their proportion in the target population as a whole, June 2010^{a, b, c}

Aged care residents
 CACP recipients
 EACH recipients
 EACH-D recipients
 HACC clients

Proportion of Indigenous people aged 50 years or over receiving services^{d, e}



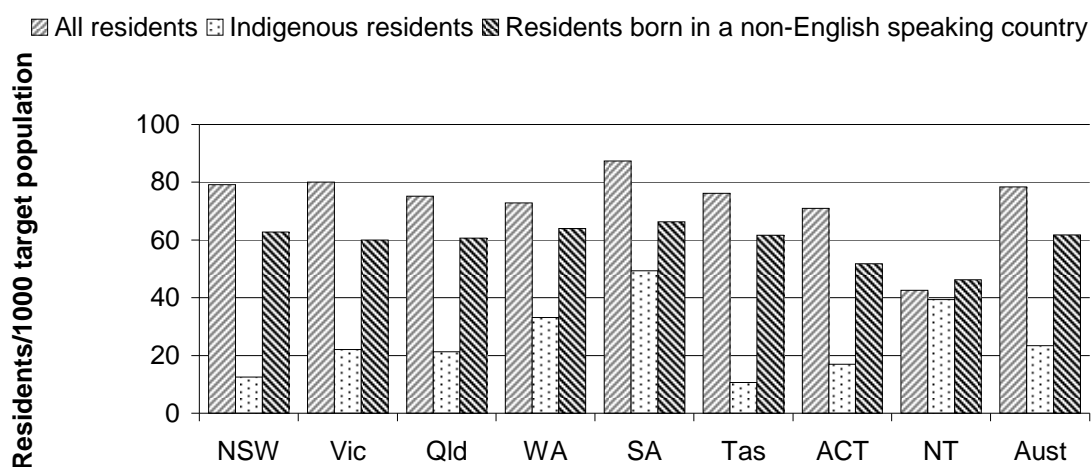
^a The proportion of HACC funded agencies that submitted Minimum Data Set data for 2009-10 differed across jurisdictions and ranged from 91 per cent to 100 per cent. Consequently, actual service levels were higher than stated. ^b Reports provisional HACC data that have not been validated and may be subject to revision. ^c Some of these proportions are calculated using small numbers. In particular, this applies to the proportions for EACH and EACH-D. One example is the Tasmanian EACH-D proportion for people born in a mainly non-English speaking country which is calculated using a number between 10 and 20. See 2011 Report table 13A.30 for more details. ^d The ACT has a very small Indigenous population aged 50 years or over (table 13A.2) and a small number of CACP recipients results in a very high provision ratio. ^e Excludes National Aboriginal and Torres Strait Islander Flexible Aged Care Program recipients.

Source: DoHA (unpublished); table 13A.6; 2011 Report, figure 13.11, p. 13.37.

Access to residential aged care services by Indigenous people

In all jurisdictions at 30 June 2010, on average, Indigenous people had lower rates of use of aged care residential services (23.4 and 61.8 per 1000 of the relevant target populations respectively), compared with the population as a whole (78.4 per 1000) (figure 13.5).

Figure 13.5 Residents per 1000 target population, 30 June 2010^{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.

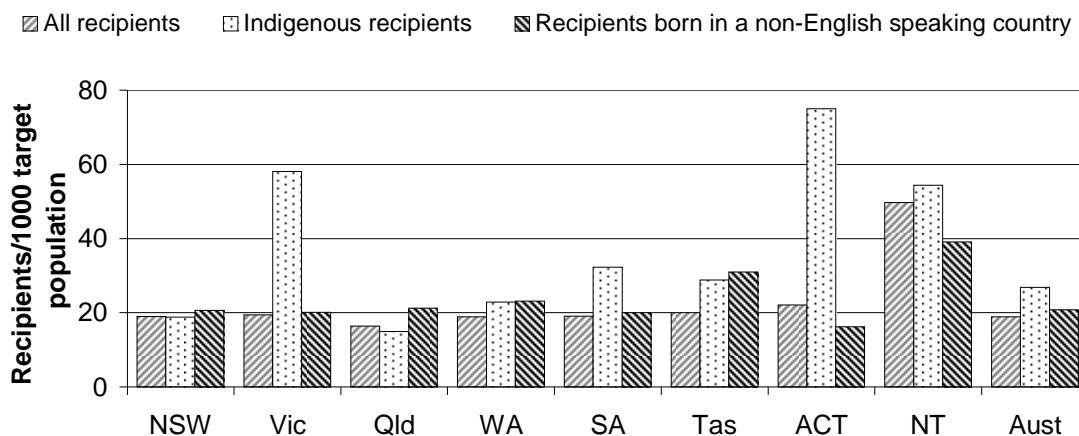
Source: DoHA (unpublished); tables 13A.4 and 13A.7; 2011 Report, table 13A.31; 2011 Report, figure 13.12, p. 13.38

Age specific usage rates for these services, by jurisdiction and remoteness are included in the Report. These data suggest there is significant variation in usage rates by remoteness area. In general, differences amongst jurisdictions are less marked than differences between remoteness areas (tables 13A.5, 13A.13, 13A.14).

Access to aged care community programs by Indigenous

The number of Indigenous CACP recipients per 1000 Indigenous people aged 50 years or over was 26.8 nationally. These figures compare to a total of 18.9 per 1000 of the target population (people aged 70 years or over plus Indigenous people aged 50–69 years) (figure 13.6).

Figure 13.6 Community Aged Care Package recipients per 1000 target population, 30 June 2010^{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.2), and a small number of packages result in a very high provision ratio. ^e CACPs provide a more flexible model of care, more suitable to remote Indigenous communities, so areas such as the NT have a higher rate of CACP recipients per 1000 people.

Source: DoHA (unpublished); tables 13A.4 and 13A.7; 2011 Report, table 13A.31; 2011 Report, figure 13.13, p. 13.39.

Age–sex specific usage rates by jurisdiction, remoteness and Indigenous usage vary between jurisdictions and remoteness categories for CACP. For EACH and EACH-D, the differences are less marked. However, the EACH and EACH-D programs are small and growing rapidly (table 13A.9; 2011 Report, tables 13A.39-40 and 13A.43-44).

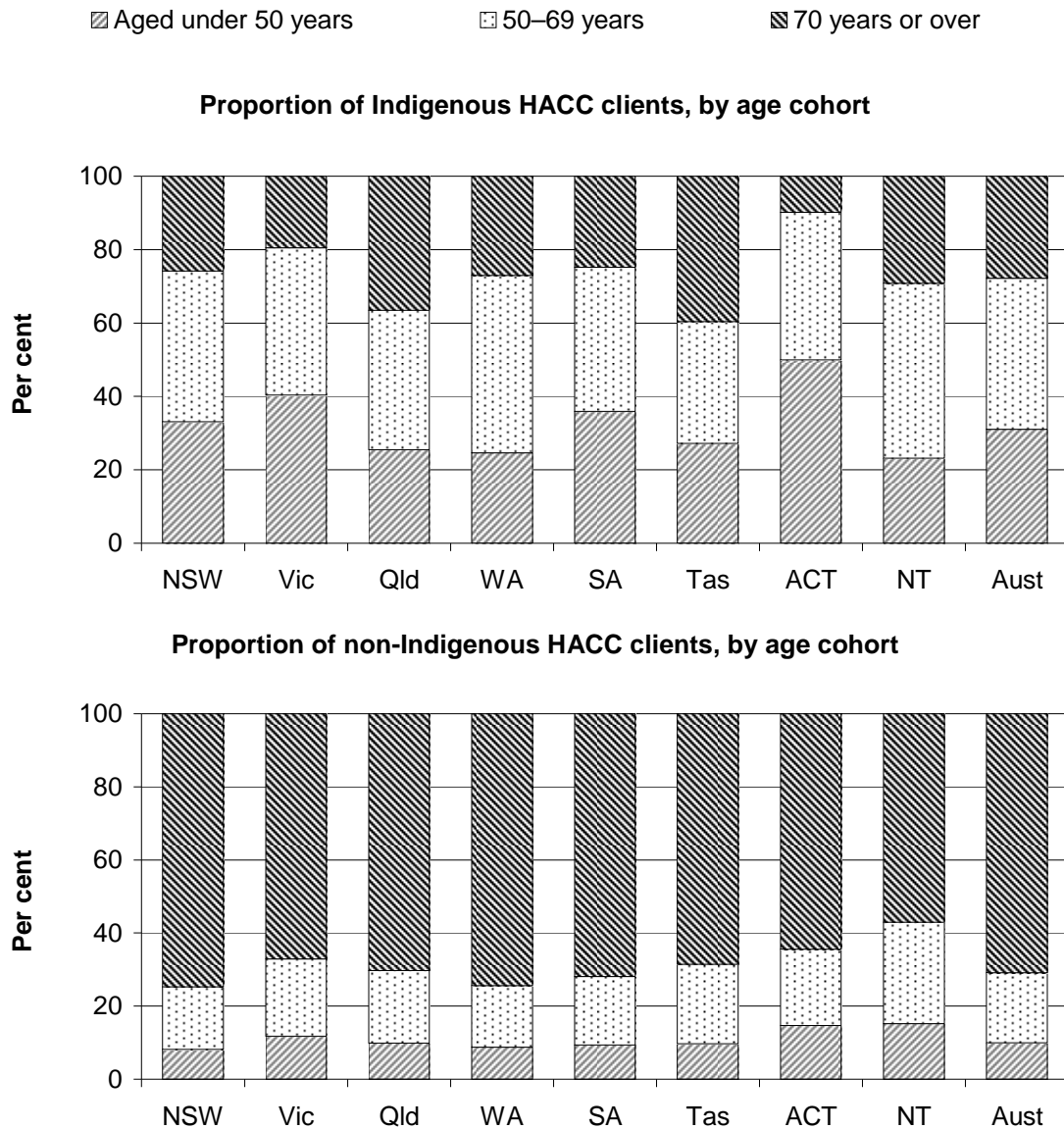
Access to the HACC program

HACC services are provided in the client's home or community for people with 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 clients aged 70 years or over during 2009-10 was 69.4 per cent (table 13A.10).

Reported use of HACC services showed a substantial difference between all users and Indigenous users across all age groups in 2009-10. 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 27.8 per cent and the proportion of non-Indigenous HACC clients who are aged 70 years or over is 70.8 per cent (figure 13.7).

Figure 13.7 Recipients of HACC services by age and Indigenous status, 2009-10^{a, b}



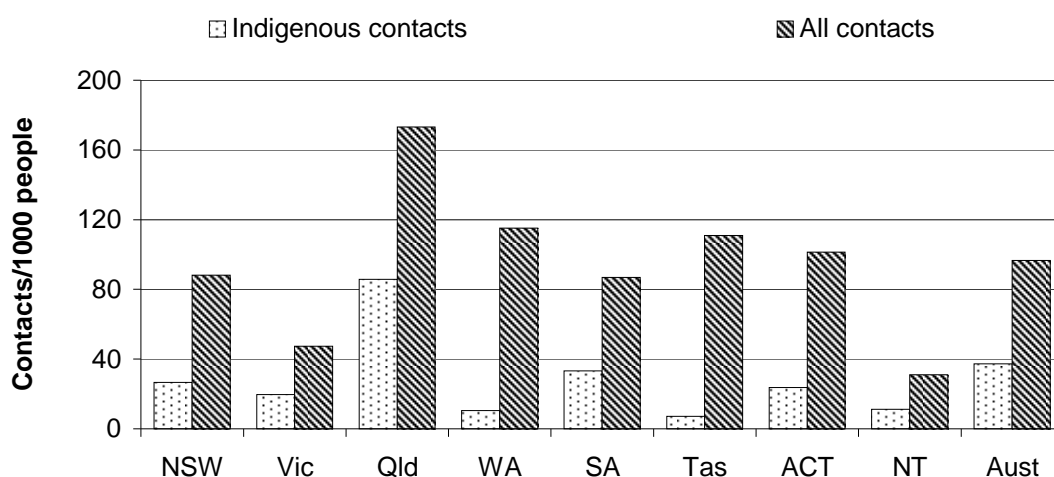
^a Reports provisional HACC data that have not been validated and may be subject to revision. ^b The proportion of HACC clients with unknown Indigenous status differed across jurisdictions. Nationally, the proportion of all HACC clients with unknown Indigenous status was 8.6 per cent (2011 Report, table 13A.59).

Source: DoHA (unpublished); table 13A.11; 2011 Report, figure 13.15, p. 13.42.

Access by Indigenous people to Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres are information centres for older people, people with disabilities, carers and service providers. Information is provided on community services and aged care, disability and other support services available locally or anywhere in Australia, the costs of services, assessment processes and eligibility criteria. The national rate at which Indigenous people contacted Respite and Carelink Centres at 30 June 2010, was 37.3 people per 1000 Indigenous people in the Indigenous target population (Indigenous people aged 50 years or over). The rate for all Australians was 96.6 per 1000 people in the target population (people aged 70 years or over plus Indigenous people aged 50–69 years). These figures varied across jurisdictions (figure 13.8).

Figure 13.8 Commonwealth Respite and Carelink Centres, contacts per 1000 target population, by Indigenous status, 30 June 2010^{a, b, c, d}



^a Contacts 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. ^d People making contact self identify as Indigenous. Therefore, there is likely to be substantial under-reporting of Indigenous status.

Source: DoHA (unpublished); table 13A.13; 2011 Report, figure 13.16, p. 13.43.

Definitions of key terms and indicators

Aged care

Formal services funded and/or provided by governments that respond to the functional and social needs of frail older people, and the needs of their carers. Community aged care services aim to optimise independence and to assist frail 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. Generally, the target groups of aged care services are people aged 70 years or over and Indigenous people aged 50 years or over.

Ageing in place in residential care

An approach that aims to provide residents with appropriate care and increased choice by allowing them to remain in the same facility regardless of changes in their level of care needs. It also allows couples with different levels of care needs to be cared for in the same facility. The main facet of 'ageing in place' is that funding is tied to the assessed care needs of the client rather than to the services provided by the facility.

One of the objectives of Australian Government aged care legislation is 'to promote ageing in place through the linking of care and support services to the places where older people prefer to live' (*Aged Care Act 1997* (Cwlth), s.2-1 [1j]).

Disability

A limitation, restriction or impairment that has lasted, or is likely to last, for at least six months and restricts everyday activities.

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 (i) older and frail people with moderate, severe or profound disabilities; (ii) younger people with moderate, severe or profound disabilities; and (iii) such other classes of people as are agreed upon, from time to time, by the Commonwealth Minister and the State Minister. The HACC Target Population is estimated by applying the proportion of people in households with a moderate, severe, or profound disability as reported in the ABS 2003 *Survey of Disability, Ageing and Carers* to the ABS Population Projections by SLA 2002–2022.

High/low care recipient	<p>On entry, a resident is classified as high or low care based on their ACAT assessment and their approved provider's appraisal of their care needs under the ACFI.</p> <p>Residents whose ACAT approval is not limited to low care are classified as high care if they have an ACFI appraisal of:</p> <ul style="list-style-type: none"> • high in Activities of Daily Living, or • high in Complex Health Care, or • high in Behaviour, together with low or medium in at least one of the Activities of Daily Living or Complex Health Care domain, or • medium in at least two of the three domains. <p>All other ACAT approval and ACFI appraisal combinations result in a classification of low level care.</p> <p>A resident's care needs may change over time resulting in a change in classification from low to high level care (ageing in place).</p>
People with a moderate disability	Where a person does not need assistance, but has difficulty with self-care, mobility or communication.
People with a profound disability	Where a person is unable to perform self-care, mobility and/or communication tasks, or always needs assistance.
People with a severe disability	Where a person sometimes needs assistance with self-care, mobility or communication.
Personal care Places	<p>Assistance in undertaking personal tasks (for example, bathing).</p> <p>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 (<i>Aged Care Act 1997 (Cwlth)</i>); also refers to 'beds' (<i>Aged Care (Consequential Provisions) Act 1997 (Cwlth)</i>, s.16).</p>
Resident	For the purposes of the <i>Aged Care Act 1997</i> , 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 their carer a short term break from their usual caring commitments.
Special needs groups	Section 11-3 of the <i>Aged Care Act</i> , specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking countries; people who live in rural or remote areas; and people who are financially or socially disadvantaged. Principles (Regulations) made under s. 11-3 also specify veterans as a special needs group.

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 an 'A' suffix (for example, table 13A.3 is table 3). Attachment tables are provided on the Review website (www.pc.gov.au/gsp).

Table 13A.1	Target population data, by location ('000)
Table 13A.2	People receiving aged care services, 2009-10
Table 13A.3	Government real expenditure on aged care services provided in mixed delivery settings (2009-10 \$)
Table 13A.4	Aged care recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years, 30 June
Table 13A.5	Aged care recipients per 1000 people aged 70 years or over plus Indigenous people aged 50–69 years by locality, 30 June
Table 13A.6	Aged care recipients from special needs groups, June 2010 (per cent)
Table 13A.7	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over and as a proportion of all recipients, 30 June
Table 13A.8	Indigenous aged care recipients per 1000 Indigenous people aged 50 years or over by locality, 30 June
Table 13A.9	Indigenous permanent residents classified as high or low care and Indigenous CACP, EACH and EACH-D at June 2010: age-sex specific usage rates per 1000 people by remoteness
Table 13A.10	HACC client characteristics
Table 13A.11	Distribution of HACC clients, by age and Indigenous status (per cent)
Table 13A.12	Comparative characteristics of Indigenous HACC clients
Table 13A.13	Access to Commonwealth Respite and Carelink Centres, 2009-10
Table 13A.14	Aged care assessments
Table 13A.15	Aged care assessments completed under the ACAP for people of all ages
Table 13A.16	Hospital patient days used by those eligible and waiting for residential aged care
Table 13A.17	Falls resulting in patient harm in residential aged care and treated in hospital

References

- ABS 2009, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005-2007*, Cat no. 3302.0.55.003, Canberra.
- AIHW 2009, *Australian Hospital Statistics 2007-08*, Health Services Series No. 33, Cat no. HSE 71.