Report on Government Services 2022

PART F, SECTION 14: RELEASED ON 25 JANUARY 2022

14 Aged care services

This section is presented in a new online format. Dynamic data visualisations replace the static chapter format used in previous editions. Machine readable data are also available for download. A guide is available on accessing information in the new format.

Impact of COVID-19 on data for the Aged care services section

COVID-19 may affect data in this Report in a number of ways. This includes in respect of actual performance (that is, the impact of COVID-19 on service delivery during 2020 and 2021 which is reflected in the data results), and the collection and processing of data (that is, the ability of data providers to undertake data collection and process results for inclusion in the Report).

For the Aged care services section, there has been some impact on the data that is attributable to COVID-19, but this has not affected either the comparability or completeness of any indicators. The data affected relate to the measurement of compliance with aged care quality standards.

This section focuses on government funded care and support services for older people and their carers, which are provided at home, in the community and in residential care facilities.

The **Indicator Results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator Framework.** The same data are also available in CSV format.

Context

Objectives for aged care services

The aged care system aims to promote the wellbeing and independence of older people (and their carers), by enabling them to stay in their own homes or by assisting them in residential care. Governments seek to achieve this aim by subsidising aged care services that are:

- accessible — including timely and affordable
- appropriate to meet the needs of clients — person-centred, with an emphasis on integrated care, ageing in place and restorative approaches
- high quality and safely delivered.

Governments aim for aged care services to meet these objectives in an equitable and efficient manner.

Service overview

As people age they may need care and support to maintain health, social connectedness, wellbeing and the independence to remain in their homes and communities. Around two in five older people reported being in need of assistance as they aged (ABS 2019). Much of the care and support for older people is provided by family members, friends or neighbours (ABS 2019). But not everyone's

care needs can be fully met through this care and support and 80 per cent of older people will access some form of government funded aged care service before death (AIHW 2018).

Government funded aged care services are provided to those who both want them and have been assessed as being in need of them. Services assist people who can no longer live without support to access appropriate care in their home, in the community or in a residential care facility. Approved aged care service providers receive government funding to provide these services and are required to meet minimum standards as well as demonstrate commitment to continuous improvement in quality of care.

Roles and responsibilities

Regulation and policy oversight of aged care services are predominantly the role of the Australian Government. The *Aged Care Act 1997* (Cwlth) and the accompanying Aged Care Principles are the main regulatory instruments establishing the framework for aged care services in Australia. Provisions of the Act cover service planning, user rights, eligibility for care, funding, quality assurance and accountability and other matters. There are also a number of independent statutory bodies that have important responsibilities in relation to aged care services: the Aged Care Quality and Safety Commission, the Aged Care Pricing Commissioner, and the National Aged Care Advocacy Program. In addition, the Aged Care Sector Committee advises the Australian Government on aged care policy development and implementation[1].

State and Territory governments are funded by the Australian Government to provide comprehensive assessment services through the day-to-day operation and administration of Aged Care Assessment Teams (ACAT)[2].

The Australian Government funds residential aged care, home care and home support, with State, Territory and local governments also funding and/or delivering some of these services directly — for example, a small proportion of residential aged care facilities are owned by State and Territory governments. However, most services are delivered by non-government providers (tables 14A.10−11) such as private-for-profit, religious and charitable organisations.

The Australian Government and State and Territory governments jointly administer/fund the Transition Care and Multi-Purpose Service (MPS) programs.

While the Australian Government subsidises a significant[3] portion of the cost of providing aged care, clients and residents are expected to contribute where they can and may be charged fees and payments by service providers.

---

1. In 2020, the Committee released its vision for quality in aged care, to complement the Aged Care Quality Standards and the Charter of Aged Care Rights (Aged Care Sector Committee 2020).
2. While ACAT undertake comprehensive assessment for services under the Aged Care Act, lower entry-level service needs are assessed by Australian Government funded Regional Assessment Services (RAS). An ACAT is referred to as an Aged Care Assessment Service in Victoria.
3. In 2019-20, the Commonwealth Government contribution to aged care of $16.8 billion* covered approximately 77 per cent of total expenditure in the aged care sector (*excludes CHSP [Commonwealth Home Support Programme] contribution of $2.6 billion) (Aged Care Financing Authority 2021).

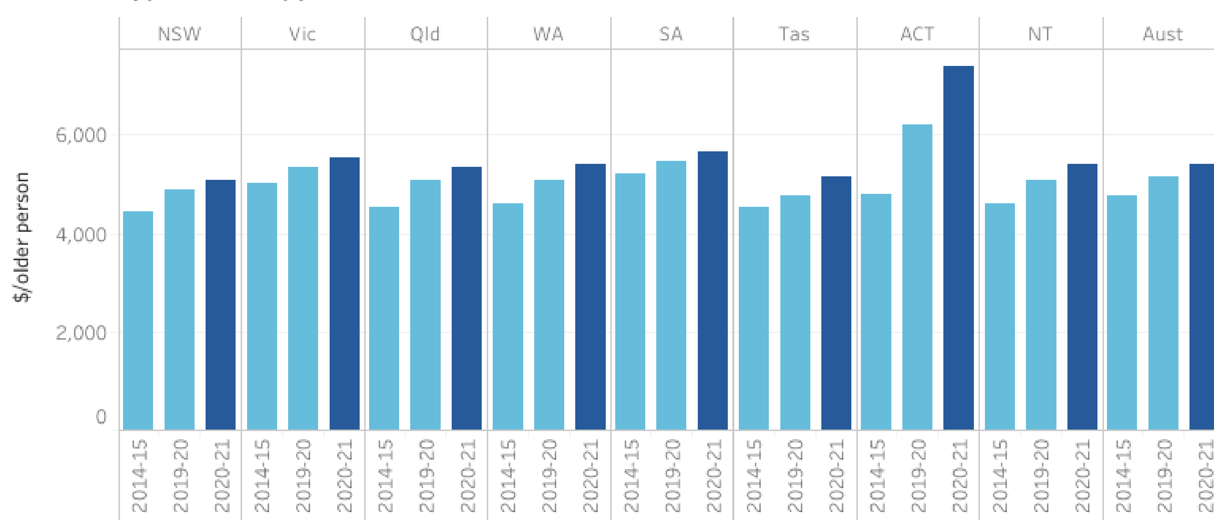
Funding

Government recurrent expenditure on aged care services was $23.6 billion in 2020-21 or $5385 per older person (table 14A.4 and figure 14.1).

Select years(s):
Multiple values

Select program type:
- Assessment and Information Services
- Home Care and Support Services
- Residential and Flexible Care Services
- All Aged Care Services

Figure 14.1 **Real Expenditure per person aged 50+ (Aboriginal and Torres Strait Islander) and 65+ years old (Non-Indigenous), All Aged Care Services (2020-21 dollars)**
by jurisdiction, by year



Source: table 14A.4

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ a b | e a u

Residential aged care services accounted for the largest proportion of expenditure in 2020-21 ($14.3 billion, or 60.7 per cent). Home care and home support services accounted for much of the remainder ($7.8 billion) (table 14A.3).

The Australian Government provided 98.5 per cent of the government funding for aged care services in 2020-21. State and Territory governments provided the remainder (table 14A.3). Detailed expenditure data by program are contained in tables 14A.3-8.

Size and scope

Aged care target population

Demand for aged care services is driven by the size and health of the older population. The Australian population is ageing rapidly, with the proportion of people aged 65 years or over in the total population projected to increase from 15 per cent at 30 June 2017 to between 21 and 23 per cent in 2066 (ABS 2018a). Although the Aboriginal and Torres Strait Islander population is also ageing, life expectancy at birth for Aboriginal and Torres Strait Islander people is lower when compared with the non-Indigenous population (ABS 2018b).

The aged care target population is defined as all people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years (this aligns with the funding arrangements as specified under the National Health Reform Agreement). This aged care target population differs from the Australian Government's aged care 'planning population' of people aged 70 years or over which is used, along with the population of Aboriginal and Torres Strait Islander people aged 50–69 years in some cases, to allocate places under the Aged Care Act. See the 'Key terms and references' tab for a definition of the aged care planning population.

Types of care and support

Home care and home support

Governments provide services to help older people remain, or return to living independently, in their homes. Carers can also access respite care through home care and home support programs:

- the Commonwealth Home Support Programme (CHSP) helps older people to access entry-level support services to remain living independently and safely at home and in their community. Services available under the CHSP include domestic assistance, personal care, social support, allied health and respite services. Table 14A.22 provides a full list of CHSP services
- the Home Care Packages Program helps people with complex care needs to live independently in their own homes. There are four levels of care ranging from low level care needs (Home Care Package Level 1) to high care needs (Home Care Package Level 4). Services provided under these packages are tailored to the individual and might include personal care (such as showering), support services (such as cleaning) and/or clinical care (such as nursing and allied health support). As at 30 June 2021, 176 105 people were recipients of Home Care Packages, of which 40.3 per cent received a Home Care Package Level 2 (table 14A.9)
- Department of Veterans' Affairs (DVA) community care for eligible veterans — Veteran Home Care (VHC) services provide domestic assistance, home and garden maintenance, and respite for people with low care needs; DVA community nursing services provide acute/post-acute support and maintenance and palliative care for people with high care needs or disability. In 2020-21, 35 659 older veterans were approved for VHC services and 12 187 older veterans received community nursing services, representing 27.7 and 9.5 per cent of older eligible veterans respectively (table 14A.7).

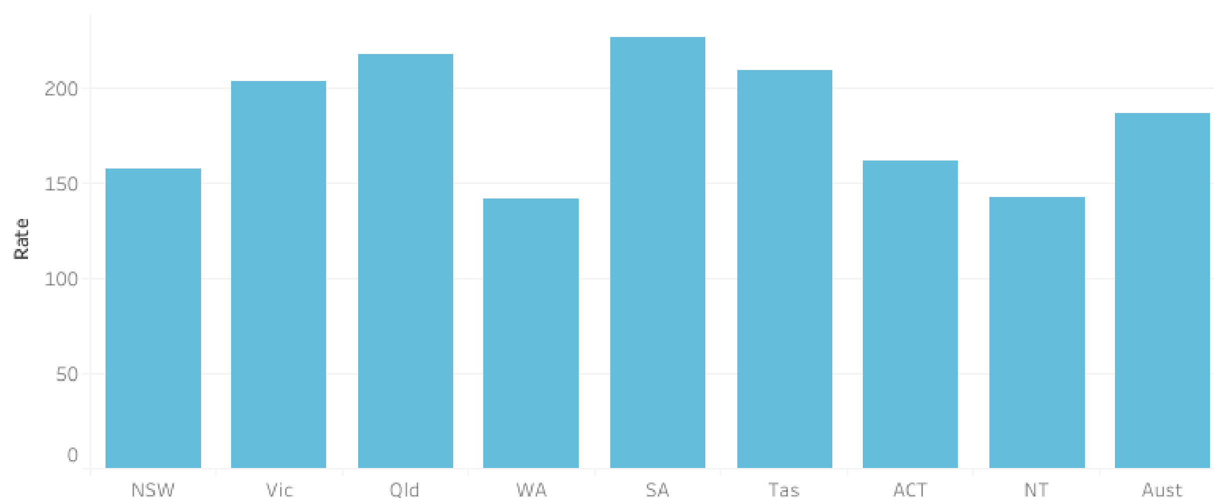
In 2020-21, there were 816 793 older CHSP clients nationally , equivalent to around 186.6 older clients per 1000 older people (figure 14.2). There were a further 210 309 older clients of Home Care Packages, equivalent to around 48.0 older clients per 1000 older people (table 14A.2).

Select age group:

- 50-64 years old (Aboriginal and Torres Strait Islander people)
- 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people)
- 65-69 years old
- 70-74 years old
- 75-79 years old
- 80-84 years old
- 85-89 years old
- 90+ years old

Figure 14.2 **Rate of older clients aged 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people) in Commonwealth Home Support Program, per 1000 people aged 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people), 2020-21**

by jurisdiction



Source: table 14A.2

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

Residential care services

Residential aged care is provided in aged care homes on a permanent or respite basis. Residents receive accommodation, support (cleaning, laundry and meals) and personal care services (such as assistance with showering and toileting). Residents who have been assessed as requiring it may also receive mobility aids, continence products and tailored therapy services, as well as more complex nursing care.

For permanent residents, the Aged Care Funding Instrument (ACFI) is used to appraise care needs and the annual subsidy available through the Australian Government. Residents can be reappraised as their care needs change. Respite residents are not appraised under the ACFI but are classified as high or low care based on their ACAT approval.

The planning framework for services provided under the Aged Care Act aims to keep the growth in residential aged care places[4] in line with growth in the older population, and to ensure a balance of services across Australia, including services for people with lower levels of need and in rural and remote areas. Nationally, at 30 June 2021, the number of residential care places was 74.2 per 1000 people in the aged care planning population (i.e., aged 70 years or over) (table 14A.14). If the population of Aboriginal and Torres Strait Islander people aged 50–69 years is taken into account,

the rate is 71.2 per 1000 older people (table 14A.15). This rate is higher in major cities (76.0) compared to regional areas (63.7) and remote/very remote areas (40.1) (tables 14A.16).

During 2020-21, 238 702 older people were in permanent care (54.5 per 1000 older people) and 67 140 in respite care (15.3 per 1000 older people) (table 14A.2 and figure 14.3). At 30 June 2021, the occupancy rate for residential aged care was 86.8 per cent — the lowest rate over the 10 years of reported data (table 14A.13).

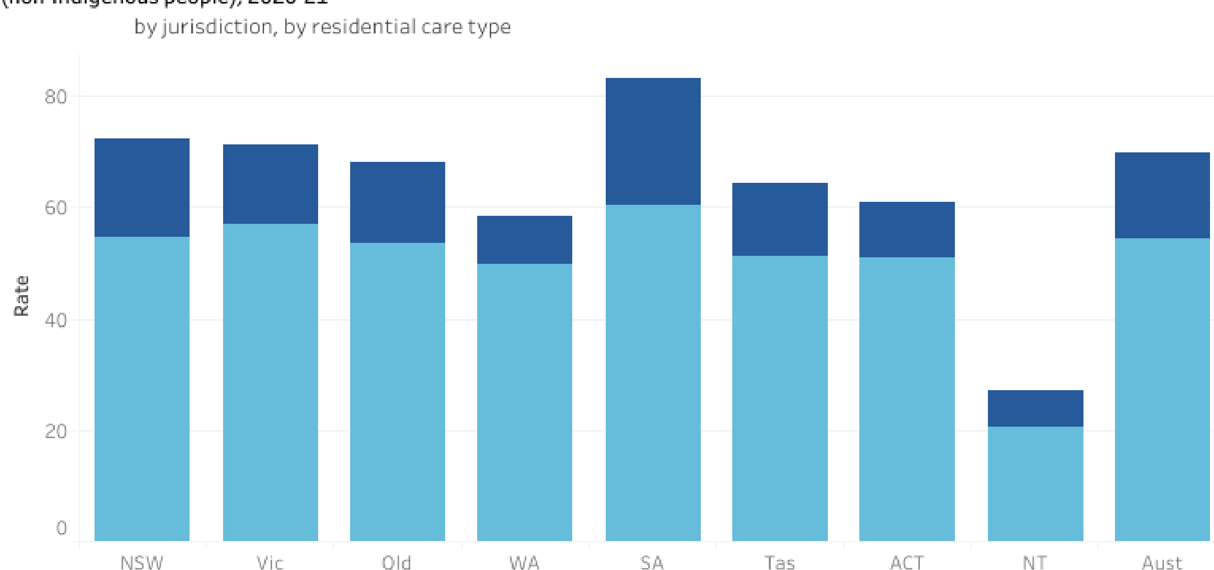
Select age group:

- 50-64 years old (Aboriginal and Torres Strait Islander people)
- 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people)
- 65-69 years old
- 70-74 years old
- 75-79 years old
- 80-84 years old
- 85-89 years old
- 90+ years old

Residential care - respite   Residential care - permanent

Figure 14.3 **Rate of older clients aged 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people) in residential care, per 1000 people aged 50+ (Aboriginal and Torres Strait Islander people) and 65+ years old (non-Indigenous people), 2020-21**

by jurisdiction, by residential care type



Source: table 14A.2

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ a b | e a u

Flexible care services

Where mainstream residential or home care services are unable to cater for an older person's specific needs, flexible care options are available:

- Transition Care provides goal-oriented and therapy-focussed care on a time-limited basis to older people after a hospital stay, to help maximise their independence and functional decline, thereby avoiding premature entry to residential aged care. During 2020-21, there were 23 486 older clients of Transition Care (table 14A.2).

- Short-term restorative care (STRC) is similar to transition care, and aims to improve the physical functioning, wellbeing and independence of older people, but without the need to have been in hospital. In 2020-21, 6167 people aged 65 years or over received STRC services, with 859 people receiving care at 30 June 2021 (Department of Health 2021b).
- The MPS program delivers flexible and integrated health and aged care services to Short term restorative care (STRC) is similar to transition care, and aims to improve the physical functioning, wellbeing and independence of older people, but without the need to have been in hospital. At 30 June 2021 there were 3688 operational MPS program places (Department of Health 2021b).
- The National Aboriginal and Torres Strait Islander Flexible Aged Care Program funds service providers to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community. Services funded under this program can deliver a mix of residential and home care services. At 30 June 2021, there were 1304 operational flexible places under this program (Department of Health 2021b).

Supporting programs

Governments fund 'Workforce and Quality' and 'Ageing and Service improvement' programs to monitor compliance with the accreditation and quality frameworks, and ensure appropriately skilled staff are available to deliver home and residential care services and to address care issues associated with a predicted rise in the prevalence of dementia. Staff providing home and residential care, and the physical environment at residential facilities, are critical to the health, safety and client experience of care and support.

The Aged Care Act does not prescribe the qualifications required by staff nor the number of staff required to be employed by an aged care service (Department of Health 2018), but the Aged Care Quality Standards include a human resources standard that all government funded aged care providers are required to comply with. Standard 7 requires aged care providers and residences to employ staff with the right skills and qualifications to look after clients and residents, and that aged care workforce interactions with clients and residents should be kind, caring and respectful of clients' and residents' identity, culture, and diversity. Table 14.2 in this section provides data on the proportion of assessed aged care providers that met these standards.

Providers have responsibility for ensuring that their workforce upholds the rights of clients and residents as outlined in the Charter of Aged Care Rights.

In 2020, 27.9 per cent of full time equivalent (FTE) direct care staff at aged care homes were either nurses or allied health professionals, down from 28.5 per cent in 2016 (Department of Health 2017a, 2021a). The physical environment at residential facilities is assessed as part of ongoing accreditation processes by the Aged Care Quality and Safety Commission (tables 14A.33–36).

Accessing care

Information services

Services such as 'My Aged Care' provide older people, their families and carers with information to help them access timely and appropriate care, and find approved aged care services in their local area.

Assessment services

An assessment of need by an ACAT (Aged Care Assessment Service in Victoria), is mandatory for admission to residential care, to receive a Home Care Package, or enter STRC or Transition Care. ACATs also make recommendations regarding the most appropriate long-term care arrangements for clients (table 14A.30). Since 2014, approvals for care from most assessments do not lapse. Assessments for other aged care programs are primarily conducted by other assessment services (for example, Regional Assessment Services (RAS) for CHSP).

Not everyone assessed by an ACAT is approved for care, and some people are approved for more than one type of care. For older people in 2020-21, there were 181 962 completed ACAT assessments (equivalent to 41.6 per 1000 older people) and 202 858 approvals for residential aged care and the Home Care Package program (tables 14A.23–24). ACAT approval rates for Home Care Packages and residential aged care significantly increase with client age (table 14A.24).

Elapsed times — time taken from ACAT approval to access care

The time between an ACAT approval and an older person's access to an aged care service (or offer of a package in the case of Home Care, as distinct from access to care) can be influenced by a range of factors (both service- and person-related) including:

- availability of places/packages and services (which can increase waiting times)
- an older person's:
  - preference to remain at home for as long as possible, going into approved residential aged care at a later date or not at all (choosing instead to access formal home care, or support from family, friends or the community)
  - need to delay entry into residential aged care due to personal circumstances, such as selling their home
  - decision to reject an offer due to the cost or location.

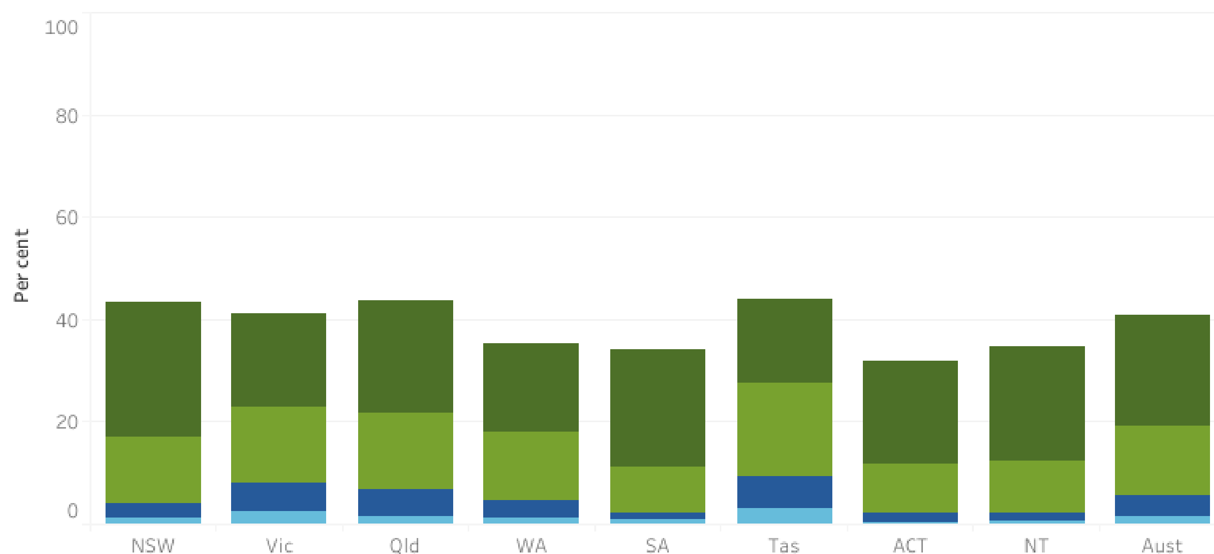
For Home Care Packages, once the assignment of a Package has been made, a client has 56 calendar days to enter into a Home Care Agreement with an approved provider. Clients are able to apply for an extension of 28 days, giving them a total of 84 calendar days in which to enter into an agreement with a provider. This time period is not captured in the elapsed times data for Home Care Packages reported below.

If a client has not entered into a Home Care Agreement by the required time, their Home Care Package will be withdrawn. If the client later decides that they want to receive home care services, they can re join the National Priority System (NPS). They will re-enter the NPS based on their approval date and hence are not disadvantaged (Department of Health 2017b).

In 2020-21, 41.1 per cent of older people entered residential aged care within 3 months of their ACAT approval (figure 14.4); the median elapsed time was 163 days, an increase from 148 days in 2019-20 and higher than 152 days in 2018-19 (table 14A.25). Further data on elapsed times for residential aged care are included in tables 14A.25–28.

Select year:
2020-21

Figure 14.4 **Elapsed time between ACAT approval and entry into aged care services, All permanent residents, 2020-21**
by jurisdiction, by specified elapsed time periods



Source: table 14A.25

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ableau

In 2020-21, median elapsed times for a Home Care Package ranged from 6 months for a Level 1 package to 15 months for a Level 3 package; lower than for 2019-20 (figure 14.5).

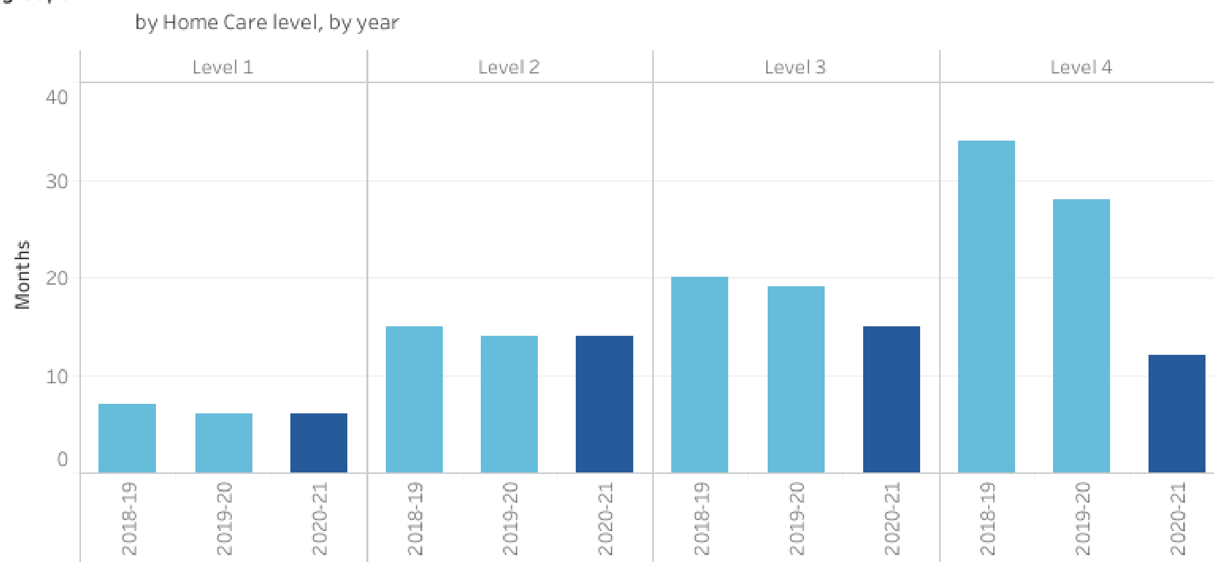
Select jurisdction:
Aust

Select percentile:
- 50th (selected)
- 90th

Select priority group:
- All priority groups (selected)
- Medium priority
- High priority

Figure 14.5 **Elapsed time between ACAT approval and entry into aged care services at the 50th percentile, Aust, All priority groups**

by Home Care level, by year



Source: table 14A.25

Data tables are referenced above by a '14A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

+ a b | e a u

4. Up until February 2017, Home care places were also allocated under this framework. Under the Increasing Choices initiative introduced 27 February 2017, Home Care Packages are allocated to consumers rather than providers (consumers then choose a provider). At the same time, short-term restorative care places were introduced and are important in ensuring access to services across geographic locations.

Indicator framework

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of aged care services.

The performance indicator framework shows which data are complete and comparable in this Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Section 1 discusses data comparability and completeness from a Report-wide perspective. In addition to the contextual information for this service area (see Context tab), the Report's statistical context (Section 2) contains data that may assist in interpreting the performance indicators presented in this section.

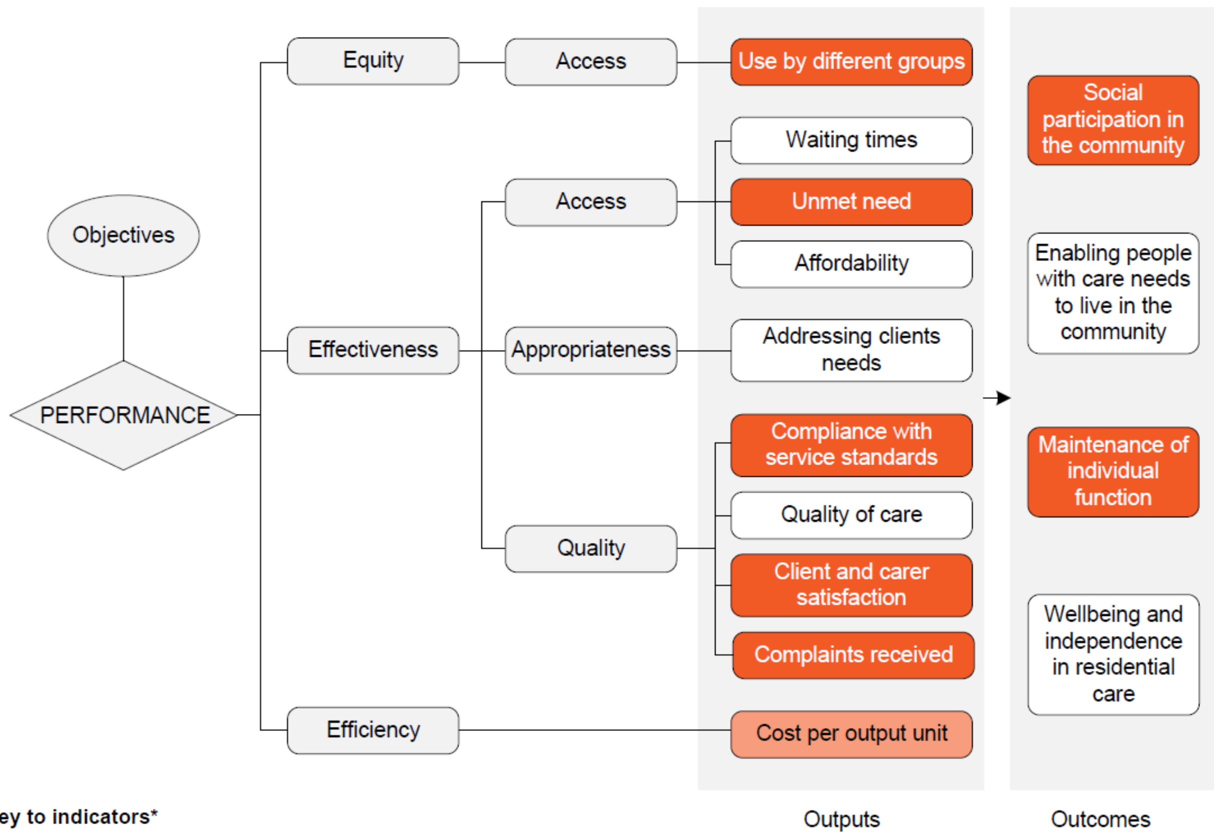
Improvements to performance reporting for aged care services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see section 1). Output information is also critical for equitable, efficient and effective management of government services.

Outcomes

Outcomes are the impact of services on the status of an individual or group (see section 1).



Key to indicators*

Text	Most recent data for all measures are comparable and complete
Text	Most recent data for at least one measure are comparable and complete
Text	Most recent data for all measures are either not comparable and/or not complete
Text	No data reported and/or no measures yet developed

* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the section

Indicator results

An overview of the Aged care services performance indicator results are presented. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of aged care services.

Information to assist the interpretation of these data can be found with the indicators below and all data (footnotes and data sources) are available for download from Download supporting material. Data tables are identified by a '14A' prefix (for example, table 14A.1).

All data are available for download as an excel spreadsheet and as a CSV dataset — refer to Download supporting material. Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

1. Use by different groups

'Use by different groups' is an indicator of governments' objective to subsidise aged care services in an equitable manner.

'Use by different groups' is defined as the proportion of service clients who are from a selected equity group, compared with the proportion of the aged care target population who are from that selected equity group.

The proportion of service clients from a particular selected equity group should be broadly similar to the proportion of the aged care target population who are from that selected equity group.

There are nine selected equity groups identified by the *Aged Care Act 1997* (Cwlth) (referred to as 'special needs' groups in the Act; see the 'Key terms and references' tab for details). Data are reported for three selected equity groups (Aboriginal and Torres Strait Islander people; people from Culturally and Linguistically Diverse (CALD) backgrounds; and people receiving aged care services in outer regional, remote/very remote areas. People from CALD backgrounds are defined as those born overseas from countries other than the United Kingdom, Ireland, New Zealand, Canada, South Africa and the United States of America.

Measures for veterans (including widows and widowers of veterans) and for those who are financially and socially disadvantaged are currently under development (although data are available on the proportion of all permanent residents' care days used by financially disadvantaged residents, see table 14A.21). Data are not available for reporting on the remaining selected equity groups.

Several factors should be considered when interpreting these data.

- Selected equity groups may have greater need for aged care services. Compared to the rest of the population Aboriginal and Torres Strait Islander Australians have higher rates of disability, lower life expectancy and an increased likelihood of requiring aged care services at a younger age. Because of these factors, the target population for Aboriginal and Torres Strait Islander Australians is people aged 50 years or over, compared to 65 years or over for other population groups.
- Cultural differences and the availability of care and support from family, friends or neighbours can also affect the use of services across different population groups. Stronger support networks can reduce the need for government funded aged care services, or for particular government funded service types.

Differences in the representation of a selected equity group in services compared to their representation in the aged care target population varied across service types and groups. Nationally:

- Aboriginal and Torres Strait Islander people are overrepresented for Home Care Packages, but are underrepresented in all other service types
- people from CALD backgrounds are overrepresented amongst those accessing Home Care Packages, but underrepresented in all other service types
- people receiving aged care services in rural and remote areas are overrepresented amongst those accessing CHSP, but underrepresented in all other service types (table 14.1).

Data are comparable (subject to caveats) across jurisdictions and over time.

Data are complete (subject to caveats) for the current reporting period.

Table 14.1 **Representation of selected equity groups in the aged care target population, compared with their representation in older clients of aged care services (per cent)** (a)

by jurisdiction, by selected equity group

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and Torres Strait Islander people	Target population at 30 June	2021	3.7	1.0	4.7	4.4	2.3	5.4	2.4	44.8	3.5
	Aged Care Assessment Program	2020-21	2.4	0.7	2.6	2.3	1.8	2.4	1.0	30.3	2.1
	Residential care	2021	1.0	0.3	1.7	1.8	0.6	1.1	0.3	36.8	1.1
	Home Care Levels 1-2	2021	4.4	2.6	3.4	3.4	3.0	4.4	3.7	62.6	3.8
	Home Care Levels 3-4	2021	4.9	2.1	3.7	2.5	2.4	3.8	5.1	36.4	3.6
	CHSP	2020-21	3.2	1.2	3.5	2.4	2.2	2.9	1.1	39.2	2.7
	Transition care	2021	2.3	0.2	2.5	0.9	0.8	–	–	7.7	1.4
CALD backgrounds	Target population at 30 June	2016	26.5	31.1	12.5	20.8	19.8	8.0	25.6	20.9	23.3
	Aged Care Assessment Program	2020-21	26.0	34.8	12.2	21.1	21.2	7.6	24.0	20.0	24.3
	Residential care	2021	22.4	25.9	10.7	19.0	18.2	7.4	22.4	16.3	19.9
	Home Care Levels 1-2	2021	29.2	42.3	13.9	26.5	20.3	9.8	25.8	10.3	29.2
	Home Care Levels 3-4	2021	30.8	44.8	16.5	26.4	27.9	10.2	27.3	22.5	30.4
	CHSP	2020-21	22.3	31.2	11.0	20.4	19.4	7.4	28.2	18.7	21.2
	Transition care	2021	18.5	30.2	11.8	23.0	20.1	3.6	19.0	25.8	20.3
Rural and remote areas	Target population at 30 June	2021	8.0	5.9	15.9	12.4	15.9	36.6	..	100.0	11.2
	Aged Care Assessment Program	2020-21	8.1	6.6	15.7	10.7	14.2	30.1	–	100.0	10.8
	Residential care	2021	5.6	4.8	12.7	7.7	10.0	24.6	–	100.0	8.0
	Home Care Levels 1-4	2021	11.3	3.5	11.8	6.5	12.6	14.2	..	100.0	9.2
	CHSP	2020-21	10.7	7.4	14.6	11.6	16.7	34.8	–	99.8	12.3
	Transition care	2021	6.1	1.7	9.6	6.6	–	4.7	–	100.0	6.0

Source: table 14A.17, 14A.18, 14A.19

.. Not applicable. – Nil or rounded to zero.

(a) The ACT does not have outer regional and remote/very remote areas; the NT comprises only outer regional and remote/very remote areas.

+ a b | e a u

2. Waiting times

'Waiting times' is an indicator of governments' objective to subsidise aged care services that are accessible.

'Waiting times' is defined as the proportion of older people who have an ACAT approval and are ready to take up care, who are able to enter residential care or commence Home Care within three months.

Higher proportions of admission to residential care or commencement of Home Care within three months are desirable.

Data for this indicator are not available. The elapsed time between approval for care and commencement of care is reported on the 'Context' tab in this section.

3. Unmet need

'Unmet need' is an indicator of governments' objective of subsidising aged care services that are accessible.

'Unmet need' measures the need for aged care services relative to the access to services. Two measures of unmet need (one is a proxy) are reported.

Unmet need in the community

The 'Unmet need in the community' measure is the proportion of older people (aged 65 years or over) who were living in households and reported being in need of assistance, that also reported that their need was not fully met.

A low or decreasing proportion of people reporting their need as not fully met is desirable.

Comparability of the NT results against other jurisdictions for this indicator are affected by the scope of the Survey of Disability Ageing and Carers (SDAC) as it does not include people living in discrete Aboriginal and Torres Strait Islander communities or very remote areas.

Hospital patient days used by aged care type patients

The 'Hospital patient days used by aged care type patients' is a *proxy* measure of unmet need defined as the proportion of hospital patient days (for overnight separations only) that were for aged care type patients (see 'Key terms and references' tab for further details).

Hospital inpatient services are geared towards shorter periods of acute care aimed at addressing serious illness or injury, or diagnosis. The needs of older people for maintenance care (particularly for extended periods of time) can be better met in residential aged care services than hospitals.

Understanding the relationship between the aged care and health systems is important as interactions are critical for the performance of both systems. The number of operational residential aged care places can affect demand for public hospital beds, just as the number of older patients in acute and subacute care and the time they spend in hospital can affect demand for aged care services.

A low or decreasing proportion of patient days used by aged care type patients is desirable.

The data should be interpreted with caution, because:

- days for patients who have not completed their period of care in a hospital are not included

- identification in hospital as aged care patient type may not reflect a person's eligibility for residential care services (this is determined by an ACAT assessment) or reliably reflect access issues for residential aged care from the acute care sector — data (utilising appropriate linked hospital separations and ACAT approvals) are not available at this time
- the diagnosis codes for aged care patient type may not be applied consistently across jurisdictions or over time
- the denominator (all patient days for overnight separations) does not directly reflect the need for aged care services.

Nationally in 2018, 34.0 per cent of older people who were living in households and in need of assistance, reported that their need was not fully met (figure 14.6a). The proportion was higher for those with a profound or severe disability (41.7 per cent) than for those without a disability (20.5 per cent) (table 14A.30).

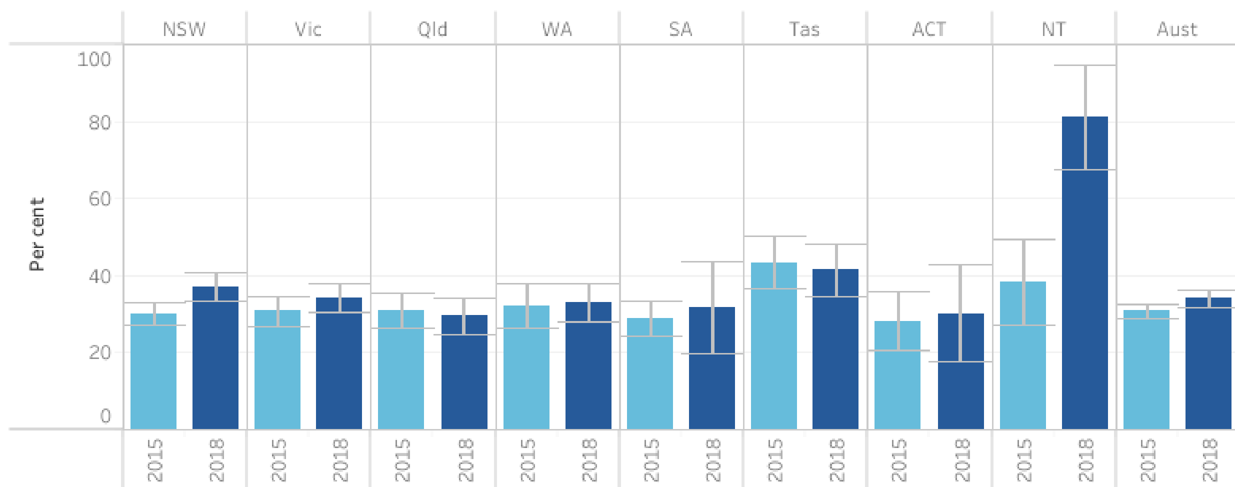
Nationally in 2019-20, the rate of all hospital patient days used by patients waiting for residential aged care was 10.0 per 1000 patient days (figure 14.6b). Rates were lower for Aboriginal and Torres Strait Islander people compared to other Australians, but higher for people from lower compared to higher socioeconomic areas and for people in remote compared to non-remote areas (table 14A.32). The proportion of separations for 'aged care type' patients[5] waiting 35 days or longer was 9.5 per cent nationally in 2019-20 (table 14A.31).

(all measures) Data are comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data are complete (subject to caveats) for the current reporting period.

Select disability status (applies to figure 14.6a):
Need fully met
Need not fully met

Figure 14.6a Measure 1: **Older People living in households and needing assistance with at least one everyday activity (Need not fully met) (a), (b)**
by jurisdiction, by year

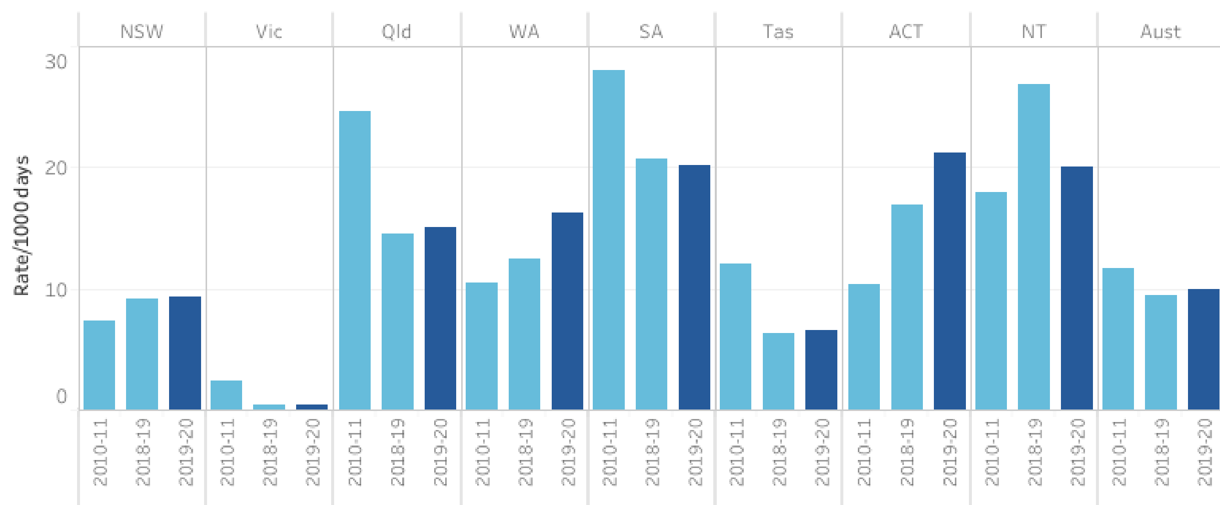


Source: table 14A.30

(a) Confidence intervals are not available where the proportion has a relative standard error greater than 50 per cent. (b) See data tables for information on non-publication of data for individual jurisdictions.

Select year(s) (applies to figure 14.6b):
Multiple values

Figure 14.6b Measure 2: **Hospital patient days used by those eligible and waiting for residential aged care**
by jurisdiction, by year



Source: table 14A.32

+ a b | e a u

5. The scope of these aged care type patients is slightly different to that defined for the indicator. See table 14A.31 for details.

4. Affordability

'Affordability' is an indicator of governments' objective to subsidise aged care services to make them affordable for those that need them.

'Affordability' is defined as the out-of-pocket costs for aged care services (after subsidies) as a proportion of disposable income.

Low or decreasing out-of-pocket cost for aged care services as a proportion of disposable income represents more affordable aged care services and is desirable.

Data are not yet available for reporting against this indicator.

5. Addressing client needs

'Addressing client needs' is an indicator of governments' objective to subsidise aged care services that are appropriate to meet the needs of clients — person-centred, with an emphasis on integrated care, ageing in place and restorative approaches.

'Addressing client needs' will measure the extent to which:

- care recipients or their representatives had input into the planning of their care
- the supports identified in the care planning process to address an individual's needs were provided (match of needs)
- individual interests, customs, beliefs and cultural and ethnic backgrounds were valued and fostered.

Data are not yet available for reporting against this indicator.

6. Compliance with service standards

'Compliance with service standards' is an indicator of governments' objective to subsidise high quality aged care services.

'Compliance with service standards' measures the extent to which approved aged care services are meeting expected standards. Measures are reported for residential care, and home care and home support.

Residential care — reaccreditation

For residential aged care, the proportion of accredited facilities given three-year re-accreditation is reported. Three years is the longest period for which re-accreditation can be granted (in most cases), so if a service is re-accredited for this period it implies a higher level of service quality than for those re-accredited for a shorter period. Further information on the accreditation standards and process is available at www.agedcarequality.gov.au.

Data for this measure do not include new facilities (1.0 per cent of all residential care facilities) that have not been re-accredited as at 30 June 2021 (table 14A.36).

High or increasing proportions of services that are re-accredited for three years are desirable.

Compliance with Aged Care Quality Standards

On 1 July 2019, the Aged Care Quality Standards took effect for organisations providing all types of Commonwealth-subsidised aged care services.

- Standard 1 — Consumer dignity and choice
- Standard 2 — Ongoing assessment and planning with consumers
- Standard 3 — Personal care and clinical care
- Standard 4 — Services and supports for daily living
- Standard 5 — Organisation’s service environment
- Standard 6 — Feedback and complaints
- Standard 7 — Human resources
- Standard 8 — Organisational governance.

High or increasing proportions of services that met all expected outcomes are desirable.

During 2020-21, 75.5 per cent of the 752 services re-accredited that year were given three year accreditation status; up from 68.4 per cent in 2019-20 (table 14A.33). As at 30 June 2021, 87.3 per cent of the 2682 re-accredited residential aged care services had been given three year accreditation, down from 89.4 per cent at 30 June 2020 (figure14.7).

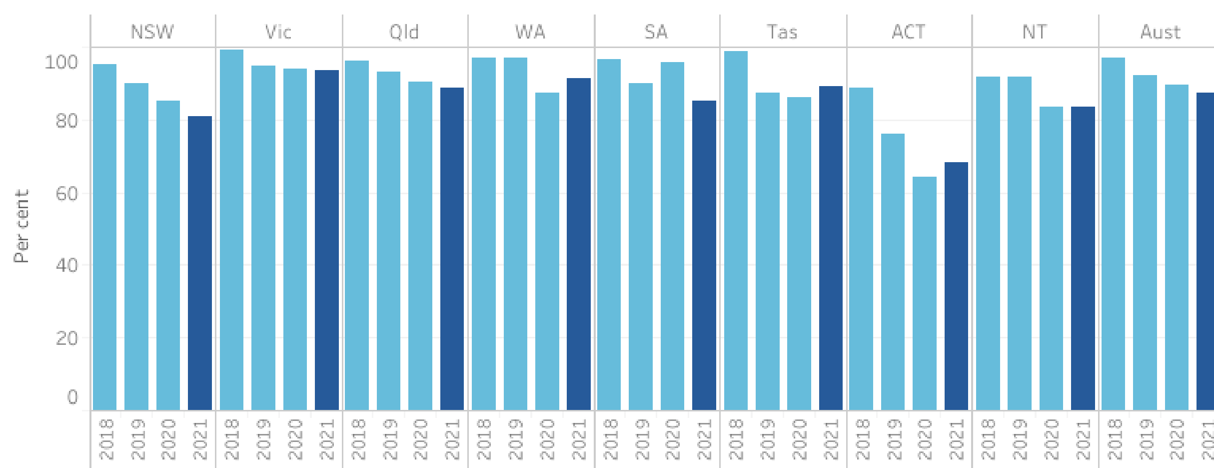
For Australian Government subsidised aged care services, 20.0 per cent of the reviews scheduled to be done over the period 2019 to 2022 had been completed by 30 June 2021 for residential aged care services, and 1.8 per cent had been completed for home care and support (table 14A.38). The proportions of residential aged care and home care and home support service providers reviewed during 2020-21 that achieved all expected outcomes for each of the three standards are in table 14.2.

■ (all measures) Data are comparable (subject to caveats) across jurisdictions and over time (Measure 2: first year of new service standards so no time series).

■ (all measures) Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to figure 14.7):
All

Figure 14.7 Measure 1: **Re-accreditation period in effect as at 30 June, 3 years**
by jurisdiction, by year



Source: table 14A.36

Table 14.2 Meaure 2: **Compliance with Aged Care Quality Standards, 2020-21**
by jurisdiction, by provider, by service standards

			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Residential aged care site audits	Standard 1	%	68.6	95.9	97.2	77.4	84.1	100.0	100.0	33.3	84.2
	Standard 2	%	44.8	81.3	89.6	67.9	58.7	76.5	83.3	–	66.9
	Standard 3	%	31.4	71.5	79.2	45.3	44.4	76.5	50.0	33.3	54.3
	Standard 4	%	63.4	90.2	98.1	79.2	85.7	94.1	66.7	66.7	81.4
	Standard 5	%	69.2	91.9	91.5	92.5	79.4	100.0	83.3	66.7	83.2
	Standard 6	%	63.4	87.8	90.6	92.5	88.9	94.1	66.7	66.7	81.0
	Standard 7	%	42.4	85.4	88.7	60.4	61.9	94.1	50.0	66.7	67.0
	Standard 8	%	45.3	79.7	88.7	60.4	60.3	76.5	83.3	66.7	66.3
	Reviews conducted (a)	no.	172	123	106	53	63	17	6	3	543
Home care and support service providers quality audits	Standard 1	%	83.3	83.3	52.9	66.7	..	..	..	..	72.0
	Standard 2	%	61.1	50.0	35.3	66.7	..	..	..	..	50.0
	Standard 3	%	77.8	58.3	47.1	100.0	..	..	..	..	64.0
	Standard 4	%	83.3	75.0	82.4	66.7	..	..	..	..	80.0
	Standard 5	%	..	..	..	..	..	..	..	..	..
	Standard 6	%	88.9	58.3	82.4	66.7	..	..	..	..	78.0
	Standard 7	%	88.9	75.0	70.6	66.7	..	..	..	..	78.0
	Standard 8	%	77.8	50.0	41.2	66.7	..	..	..	..	58.0
	Reviews conducted (a)	no.	18	12	17	3	–	–	–	–	50

Source: table 14A.38
.. Not applicable. – Nil or rounded to zero.

(a) Reviews conducted between the start and end of the financial year.

+ableau

7. Quality of care

'Quality of care' is an indicator of governments' objective to subsidise high quality aged care services.

'Quality of care' is defined as the standards achieved by residential aged care services in providing for the personal, functional, clinical and psycho-social wellbeing of their residents.

Higher quality of care is desirable.

No appropriate direct measure of quality of care is available; two potential measures have been identified for this indicator.

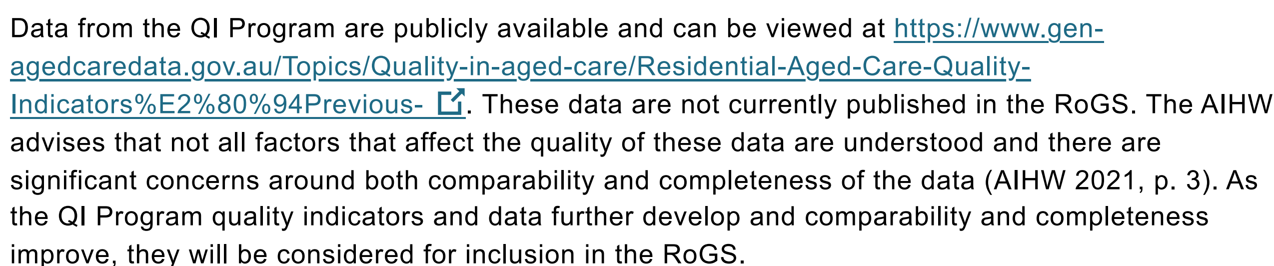
Selected incidents in residential aged care

Data are not available for reporting against this measure.

From 1 July 2019, the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019 took effect and the *National Aged Care Mandatory Quality Indicator Program* (QI Program) commenced. The previously voluntary QI Program had been operating since 2016.

Between 1 July 2019 and 30 June 2021, the QI Program publicly reported on the prevalence of pressure injuries, use of physical restraint and unplanned weight loss quality indicators, on a quarterly basis.

Following a review of the QI Program indicators in 2020, the QI Program expanded on 1 July 2021 to include new quality indicators for falls and major injury, and medication management. There have also been updates to the existing three quality indicators.



Data from the QI Program are publicly available and can be viewed at https://www.gen-agedcaredata.gov.au/Topics/Quality-in-aged-care/Residential-Aged-Care-Quality-Indicators%E2%80%94Previous-. These data are not currently published in the RoGS. The AIHW advises that not all factors that affect the quality of these data are understood and there are significant concerns around both comparability and completeness of the data (AIHW 2021, p. 3). As the QI Program quality indicators and data further develop and comparability and completeness improve, they will be considered for inclusion in the RoGS.

On 1 April 2021, the Serious Incident Response Scheme (SIRS) was introduced, complementing existing provider reporting obligations under the Aged Care Act by requiring providers to report serious incidents to the Aged Care Quality and Safety Commission, and to use incident data to drive quality improvement. Previously, residential aged care providers were required to report assaults and incidents of missing residents. Under SIRS providers must report a range of additional incidents to the Commission, including unexplained death, psychological or emotional abuse, and neglect. From 1 April 2021 to 30 June 2021, 4354 SIRS notifications were received by the Commission (ACQSC 2021).

Hospital leave days from residential aged care for preventable causes

Data are not available for reporting against this measure.

'Hospital leave days from residential aged care for preventable causes' is being investigated as a proxy measure and would indicate the days that were spent out-of-residence due to preventable causes.

8. Client and carer satisfaction

'Client and carer satisfaction' is an indicator of government's objective to subsidise high quality aged care services.

'Client and carer satisfaction' is defined by four measures:

- the proportion of people aged 65 years or over living in households, who are satisfied with the *range* of organised and formal service options available
- the proportion of people aged 65 years or over living in households, who are satisfied with the *quality* of assistance received from organised and formal services in the last six months
- the proportion of primary carers living in households (caring for people aged 65 years or over), who are satisfied with the *range* of formal service options available to help them in their caring role
- the proportion of primary carers living in households (caring for people aged 65 years or over), who are satisfied with the *quality* of assistance received from formal services in the last six months to help them in their caring role.

A high or increasing proportion of clients and carers who are satisfied is desirable as it suggests that the service received was of a higher quality.

Comparability of the NT results against other jurisdictions for this indicator are affected by the scope of the SDAC as it does not include people living in discrete Aboriginal and Torres Strait Islander communities or very remote areas.

> Nationally in 2018, 71.2 per cent of people aged 65 years or over who reported a need for, or received formal services in the previous six months, were satisfied with the *range* of services available — a decrease from 2015, but similar to 2012 (figure 14.8a).

> Of people aged 65 years or over who received formal services in the previous six months, 84.4 per cent were satisfied with the *quality* of assistance they received (table 14A.43) — a decrease from 2015 and 2012 (89.2 per cent and 88.6 per cent respectively).

> For primary carers of people aged 65 years or over, the proportion who were satisfied with the *range* of organised services available to help them in their caring role was 36.1 per cent in 2018 — a decrease of around 10 percentage points from 2015 and 2012 (figure 14.8b).

> Around 7 in 10 primary carers (71.3 per cent) were satisfied with the *quality* of services provided to help them in their caring role — down from 84.7 per cent in 2012 (table 14A.45).

(all measures) Data are comparable (subject to caveats) across jurisdictions and over time.

(all measures) Data are complete (subject to caveats) for the current reporting period.

Select measure, people who received formal assistance:

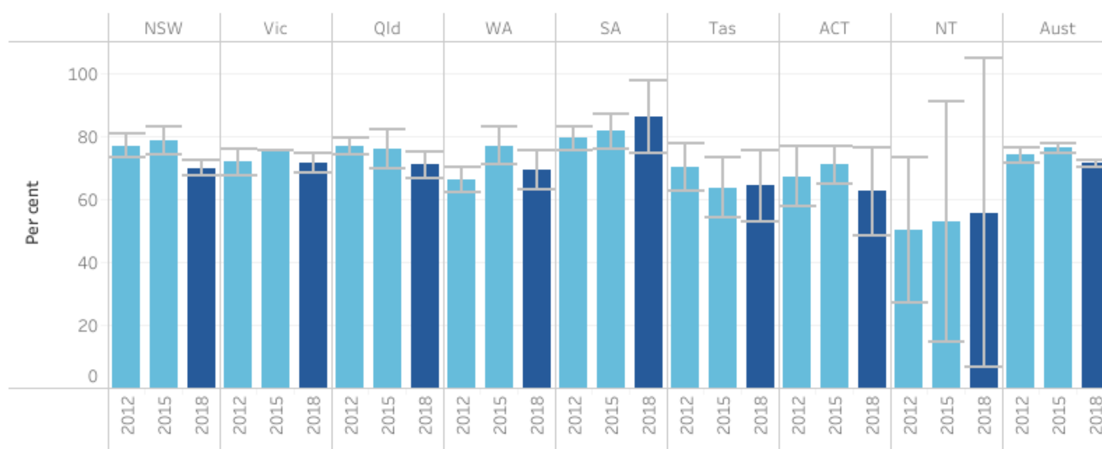
- Measure 1: who are satisfied with the range of organised services available (selected)
- Measure 2: who are satisfied with the quality of assistance

Select dissaggregation
(applies to figure 14.8a and figure 14.8b):

- Major cities
- Regional and remote areas
- All areas (selected)

Figure 14.8a **People who received formal assistance from organised and formal services with at least one activity in the last 6 months who are satisfied with the range of organised services available (a), (b)**

by jurisdiction, by year



Source: table 14A.44

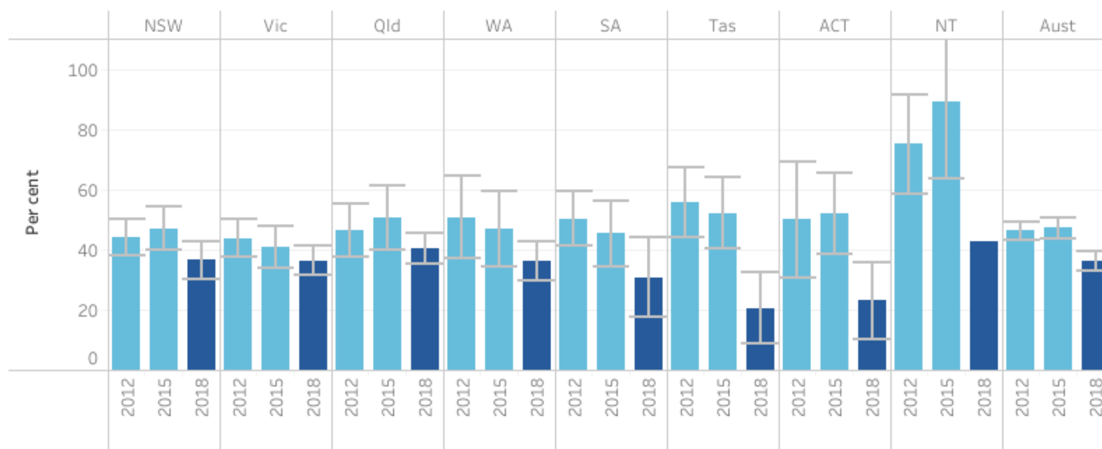
(a) For Measure 2, for the NT in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50 per cent. (b) There are no major cities in Tasmania; no outer regional or remote areas in the ACT; no major cities or inner regional areas in the NT.

Select measure, primary carers:

- Measure 3: who are satisfied with the range of organised services available (selected)
- Measure 4: who are satisfied with the quality of assistance

Figure 14.8b **Primary carers (carers of people aged 65 years or over) who received formal assistance in their caring role from organised services in the last 6 months who are satisfied with the range of organised services available (a), (b)**

by jurisdiction, by year



Source: table 14A.46

(a) For Measure 3, for the NT in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50 per cent. (b) There are no major cities in Tasmania, no outer regional or remote areas in the ACT, no major cities or inner regional areas in the NT.

+ a b | e a u

9. Complaints received

'Complaints received' is an indicator of governments' objective to subsidise high quality aged care services.

'Complaints received' is defined as the number of in-scope complaints received by the Aged Care Quality and Safety Commission for residential aged care services per 1000 residential aged care residents (permanent and respite). Complaints within scope relate to Australian Government funded providers of residential care, Home Care, CHSP or flexible aged care services.

All else being equal, a low or decreasing rate of complaints can suggest higher quality services. However, a high or increasing rate of complaints may not necessarily mean lower quality services as it may reflect more effective complaints reporting and monitoring arrangements.

Further information on the operation of the Aged Care Quality and Safety Commission is available at www.agedcarequality.gov.au.

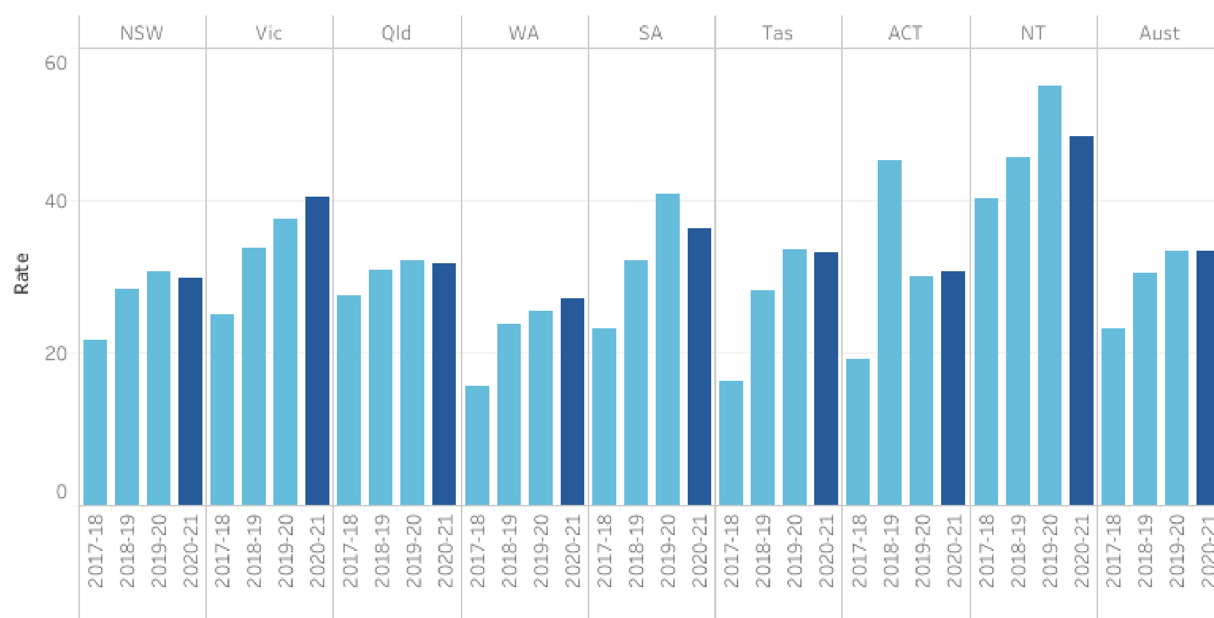
> During 2020-21, a total of 9220 in-scope complaints were received. Nationally, 6383 complaints were for residential care services (permanent and respite), which equated to 33.4 complaints per 1000 residential care residents, similar to the rate in the previous year (figure 14.9).

Data are comparable (subject to caveats) across jurisdictions and over time.

Data are complete (subject to caveats) for the current reporting period.

Figure 14.9 **Complaints received for Residential aged care (permanent and respite), per 1000 residential aged care residents (permanent and respite)**

by jurisdiction, by year



Source: table 14A.37

+ a b | e a u

10. Cost per output unit

'Cost per output unit' is an indicator of governments' objective to subsidise aged care services in an efficient manner.

'Cost per output unit' is defined by two measures:

- Australian Government expenditure per ACAT assessment — Australian Government expenditure on the Aged Care Assessment Program divided by the number of completed assessments
- expenditure per hour of service for CHSP — Australian Government expenditure on services, divided by the number of hours of service provided.

While high or increasing cost per output unit may reflect deteriorating efficiency, it may also reflect changes in aspects of the service (such as greater time spent with clients) or differences in the characteristics of clients (such as their geographic location). Similarly, while low or declining cost per output unit may reflect improving efficiency it may also reflect declining quality.

Not all expenditure is included in these measures. Expenditure by local governments and non-government sources on services (for example, client fees for CHSP) and State and Territory governments' contributions to the cost of ACAT assessments are not included.

Efficiency (cost per unit) measures for residential care and home care are under development.

> Nationally, the average Australian Government expenditure per ACAT assessment during 2020-21 was $702.86 (figure 14.10a).

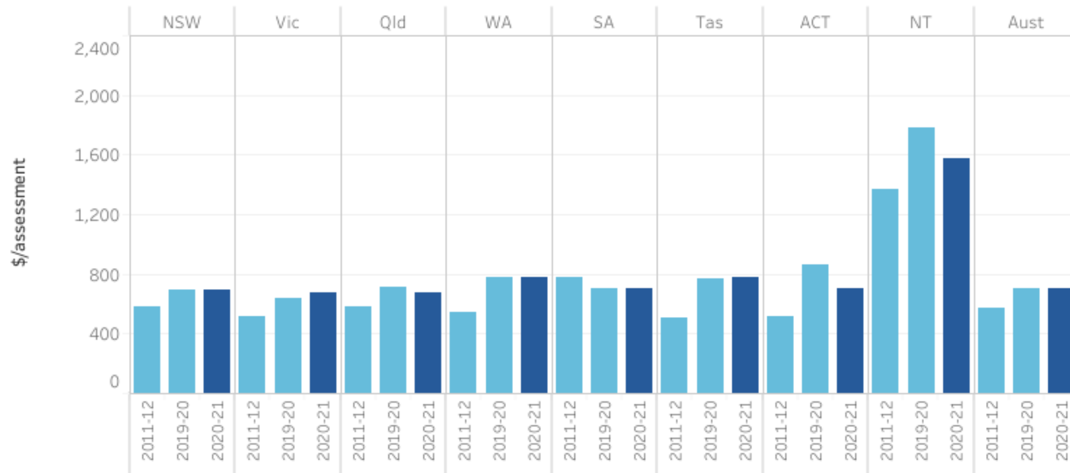
> In 2020-21, Australian Government expenditure on CHSP services per hour was higher for nursing and allied health than for domestic assistance and personal care (figure 14.10b and 14.10c).

(measure 1) Data are comparable (subject to caveats) across jurisdictions and over time.

(measure 1) Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to figure 14.10a):
Multiple values

Figure 14.10a Measure 1: **Cost per output unit - Australian Government expenditure per ACAT assessment (2020-21 dollars)** by jurisdiction, by year



Source: table 14A.47

(measure 2) Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.

(measure 2) Data are complete (subject to caveats) for the current reporting period.

Select year (applies to Figure 14.10b and Figure 14.10c):
2020-21

Select jurisdiction (applies to Figure 14.10c):
NT

Domestic assistance | Personal Care | Allied Health | Nursing

Measure 2: **Australian Government expenditure on CHSP services per hour, by service type**

Figure 14.10b *National*, **2020-21 (2020-21 dollars)**

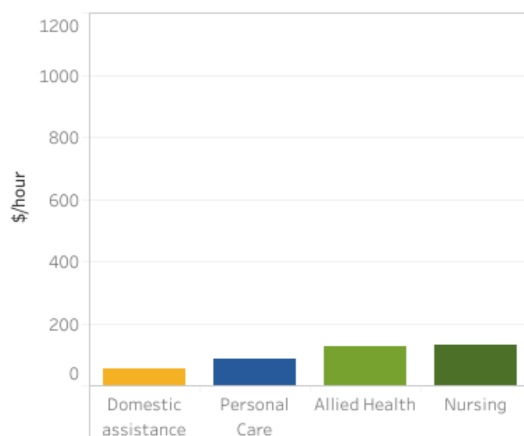
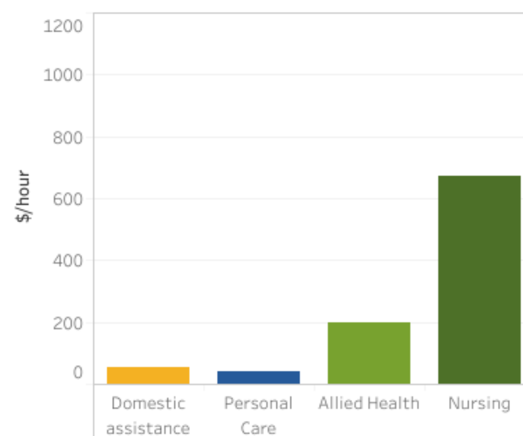


Figure 14.10c *NT*, **2020-21 (2020-21 dollars)**



Source: table 14A.48

+ a b | e a u

11. Social participation in the community

'Social participation in the community' is an indicator of governments' objective to encourage the wellbeing and independence of older people.

'Social participation in the community' is indicative of the wellbeing and independence of older people as defined by three measures, the estimated proportions of older people (aged 65 years or over) who:

- participated in social or community activities away from home in the last three months
- had face-to-face contact with family or friends not living in the same household in the last week
- did not leave home or did not leave home as often as they would like.

These measures are reported by disability status (profound or severe disability, other disability, all disability, without disability) and for all older people. Disability status is used as a *proxy* to identify older people who might need more assistance to support their social participation.

High or increasing proportions of social participation in the community are desirable.

Comparability of the NT results for this indicator are affected by the SDAC as it does not include data for people living in discrete Aboriginal and Torres Strait Islander communities and very remote areas.

Nationally in 2018:

- 94.4 per cent of older people reported having participated in social or community activities away from home in the last three months; similar to 2015 (figure 14.11)
- 77.1 per cent of older people reported having face-to-face contact with family or friends that were not living in the same household in the last week; similar to 2015 (table 14A.50)
- 13.8 per cent of older people reported they did not leave home or did not leave home as often as they would like; similar to 2015 (table 14A.51).

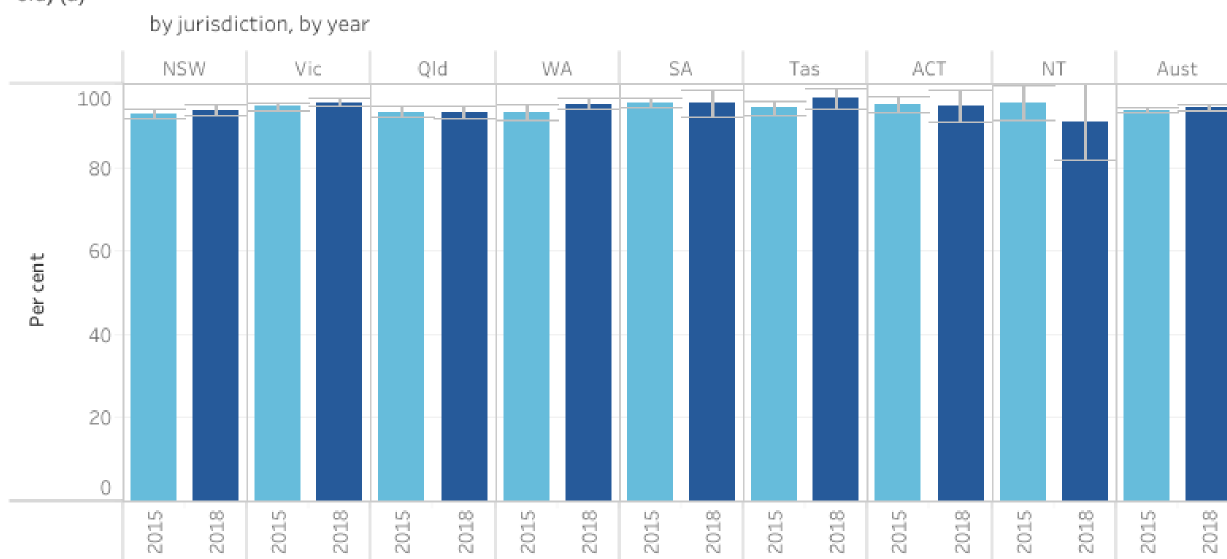
(all measures) Data are comparable (subject to caveats) across jurisdictions.

(all measures) Data are complete (subject to caveats) for the current reporting period.

Select the estimated proportion of older people who:

- Measure 1: Participated in social or community activities away from home in the last three months
- Measure 2: Had face-to-face contact with family or friends not living in the same household in the last week
- Measure 3: Did not leave home or did not leave home as often as they would like

Figure 14.11 **Measure 1: Participated in social or community activities away from home in the last three months (65+ years old) (a)**



Source: table 14A.49

(a) For Measure 3, for the NT in 2018, confidence intervals are not available as the proportion has a relative standard error greater than 50 per cent.

+ a b | e a u

Data are available by disability status in tables 14A.51–53.

12. Enabling people with care needs to live in the community

‘Enabling people with care needs to live in the community’ is an indicator of governments’ objective to promote the wellbeing and independence of older people, by enabling them to stay in their own homes.

Enabling people with care needs to live in the community’ is defined as proportion of older people with care needs who are living in the community.

An increasing proportion of older people with care needs who are living in the community is desirable, where the older person wants to and their health and wellbeing are not compromised. This indicator should be considered alongside the outcome indicator on social participation.

Data are not yet available for reporting against this indicator.

13. Maintenance of individual function

‘Maintenance of individual function’ is an indicator of governments’ objective for aged care services to promote the wellbeing and independence of older people.

‘Maintenance of individual function’ is defined as the improvement in the level of physical function for Transition Care Programme (TCP) clients from entry to exit, measured as the difference between the average Modified Barthel Index (MBI) score on TCP entry and exit.

An increase in the score from entry to exit is desirable.

The MBI is a measure of functioning ranging from 0 (fully dependent) to 100 (fully independent). Data are reported for recipients who completed a TCP episode only. See sub-section 14.4 for details on the TCP.

This indicator needs to be interpreted with caution. The TCP operates with some differences across jurisdictions including differences in health and aged care service systems, local operating procedures and client groups. Variation in the average MBI scores on entry and exit from the program may reflect differences in client groups for the program across jurisdictions. Only completed episodes of Transition Care are included in the calculations for this indicator.

> The TCP is a small program only available directly upon discharge from hospital (in 2020-21 there were 23 275 admissions to the TCP) (table 14A.52). The average duration is around nine weeks, with a maximum duration of 12 weeks (may be extended by a further 6 weeks in some circumstances).

> Nationally in 2020-21, the average MBI score for TCP clients increased from entry (70) to exit (82), as in previous years. Entry and exit scores vary across jurisdictions (figure 14.13).

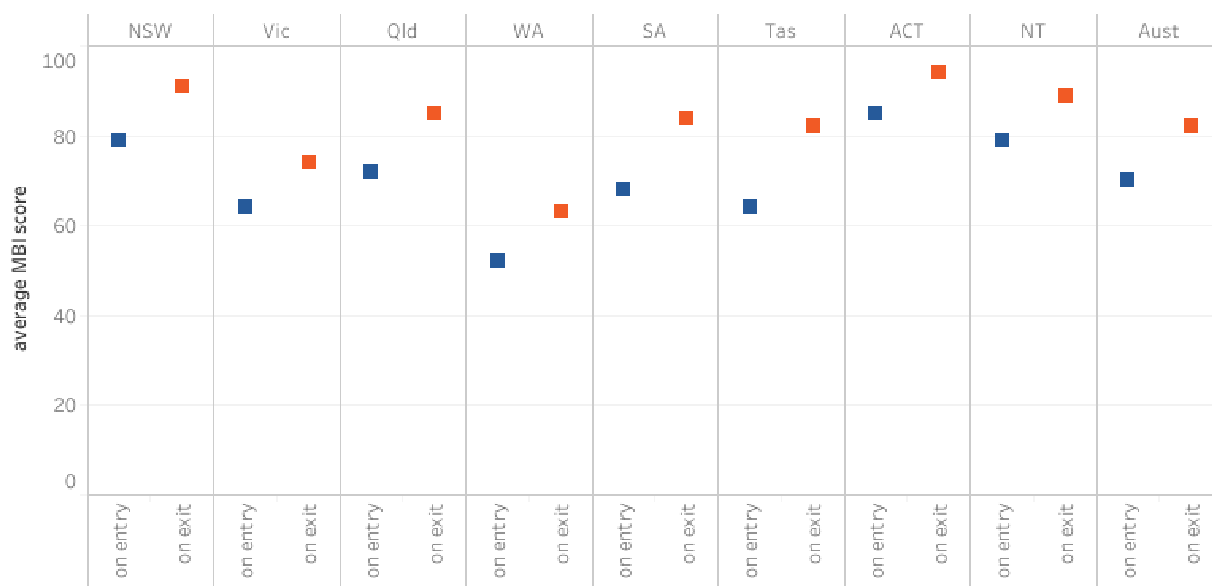
Data are comparable (subject to caveats) across jurisdictions and over time.

Data are complete (subject to caveats) for the current reporting period.

Select year:
2020-21

MBI score on entry
MBI score on exit

Figure 14.12 **Transition Care Program — Average Modified Barthel Index on entry and exit, 2020-21**
by jurisdiction



Source: table 14A.52

+ a b | e a u

14. Wellbeing and independence in residential care

'Wellbeing and independence in residential care' is an indicator of governments' objective to promote the wellbeing and independence of older people, by assisting them in residential care.

'Wellbeing and independence in residential care' is defined as the proportion of older people in residential aged care assessed as having a high quality of life. Quality of life is the degree to which an individual resident's wellbeing meets their personal expectations and those of their carers.

A high or increasing proportion of older people in residential aged care with high quality of life is desirable.

Data are not yet available for reporting against this indicator.

Indigenous data

Performance indicator data for Aboriginal and Torres Strait Islander people in this section are available in the data tables listed below. Further supporting information can be found in the 'Indicator results' tab and data tables.

Aged care services data disaggregated for Aboriginal and Torres Strait Islander people

Table number	Table title
Table 14A.18	Representation of Aboriginal and Torres Strait Islander people in the aged care target population and aged care recipients
Table 14A.28	Elapsed times for residential aged care, by Indigenous status
Table 14A.32	Hospital patient days used by those eligible and waiting for residential aged care

Key terms and references

Key terms

Term	Definition
Accreditation	Accreditation is a key component of the Australian Government's quality framework for federally funded residential aged care and is a quality assurance system for residential aged care services — based on the principle of continuous improvement. Accreditation requires assessment against the Aged Care Quality Standards - grouped into eight standards: consumer dignity and choice; ongoing assessment and planning with consumers; personal care and clinical care; services and supports for daily living; service environment; feedback and complaints; human resources; and organisational governance.
Aged care	Services funded and/or provided by governments that respond to the functional and social needs of older people, and the needs of their carers. Home care and home support services aim to optimise independence and to assist older people to stay in their own homes, while residential care services provide accommodation and care for those who can no longer be cared for at home. Assessment of care needs is an important component of aged care. The majority of aged care services assist in activities of daily living such as personal care (for example, bathing and dressing), housekeeping and meal provision. Other services aim to promote social participation and connectedness. These services are delivered by trained aged care workers and volunteers. However, aged care services may also be delivered by health professionals such as nurses and occupational therapists. Aged care services generally aim to promote wellbeing and foster function rather than to treat illness. Although some aged care services such as transition care have a specific restorative role, they are distinguished from the health services described in Part E of this Report. Aged care services may be funded through programs specifically or mainly directed to older people, or through programs that address the needs of people of different ages.
Aged care target population	The Aged Care target population is defined as all people (Aboriginal and Torres Strait Islander and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. This is the population within the scope of, and funded for services under, the national aged care system.
Aged care type patient (unmet need indicator)	Aged care type patients are those who are waiting for residential aged care where the care type is *Maintenance*, a diagnosis was reported as *Person awaiting admission to residential aged care service* and the separation mode was not *Other (includes discharge to place of usual residence)*. Includes overnight separations only.

<table>
<tr><th>Term</th><th>Definition</th></tr>
<tr><td>Aged care planning population</td><td>The Aged care planning population is defined as people aged 70 years or over. This is the population used by the Australian Government for its needs-based planning framework to ensure sufficient supply of both places by matching the growth in the number of aged care places with growth in the aged population. It also seeks to ensure balance in the provision of services between metropolitan, regional, rural and remote areas, as well as between people needing differing levels of care.

Under the framework, the Australian Government seeks to achieve and maintain a specified national provision level of subsidised operational aged care places for every 1 000 people aged 70 years or over. This provision level is known as the aged care provision ratio (DoHA 2012).</td></tr>
<tr><td>Aged Care Quality Standards</td><td>From 1 July 2019 organisations providing Australian Government subsidised aged care services have been required to comply with the Aged Care Quality Standards. Organisations are assessed by the Aged Care Quality and Safety Commission and must be able to provide evidence of their compliance with the eight standards (ACQSC 2020):

Standard 1 — Consumer dignity and choice: this standard reflects concepts important in treating consumers with dignity and respect, supporting choice and independence, and fostering social inclusion, health and wellbeing.

Standard 2 — Ongoing assessment and planning with consumers: planned care and services should meet each consumer’s needs, goals and preferences, and optimise their health and wellbeing.

Standard 3 — Personal and clinical care: consumers and the community expect the safe, effective and quality delivery of personal and clinical care, applying to all services delivering personal and clinical care specified in the Quality of Care Principles.

Standard 4 — Service and supports for daily living: covers a wide range of options that aim to support consumers to live as independently as possible.

Standard 5 — Organisation’s service environment: applies to physical service environments that organisations provide for residential care, respite care and day therapy centres.

Standard 6 — Feedback and complaints: requires an organisation to have a fair, accessible, confidential and prompt system for resolving complaints.

Standard 7 — Human resources: requires an organisation to have and use a skilled and qualified workforce.

Standard 8 — Organisational governance: this Standard holds the governing body of an organisation responsible for the organisation and delivery of safe and quality care services.

Further detail on the standards can be found on the ACQSC website at https://agedcarequality.gov.au.</td></tr>
</table>

Term	Definition
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.
Capital expenditure on residential services	Expenditure on building and other capital items, specifically for the provision of Australian Government funded residential aged care.
Care leaver	A care leaver is a person who was in institutional care (such as an orphanage or mental health facility) or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during their lifetime (DoHA 2012).
Centre-based respite	Respite care provided from a facility such as a day care or health centre. Respite care is usually combined with social support services to maintain the functional capabilities of the person receiving care.
Complaint	A complaint by the affected care recipient or his or her representative, or anyone else, to the ACQSC about matters relevant to an approved provider's responsibilities under the *Aged Care Act 1997* (Cwlth) or the Aged Care Principles.
Disability	In the ABS SDAC 2018, a person has a disability if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes: loss of sight (not corrected by glasses or contact lenses); loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, seizures, or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; memory problems or periods of confusion causing restriction; social or behavioural difficulties causing restriction; long term effects of head injury, stroke or other brain damage causing restriction; receiving treatment or medication for any other long term conditions or ailments and still being restricted and any other long term conditions resulting in a restriction.
Elapsed time	The measure of the time elapsed between an ACAT approval and entry into a residential care service or assignment of a Home Care Package.

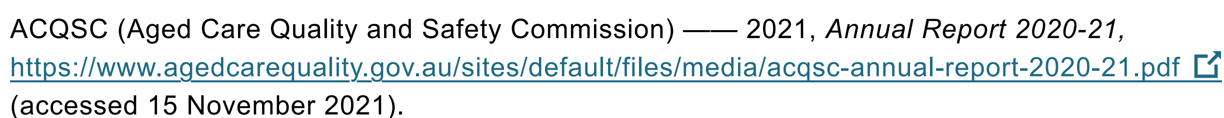
Term	Definition
People from non-English speaking countries	People who were born in non-English speaking countries. English-speaking countries are defined as Australia, New Zealand, the United Kingdom, Ireland, the United States, Canada and South Africa.
People with profound, severe and moderate disability	A person with a profound disability is unable to do, or always needs help with, a core activity task. A person with a severe disability: sometimes needs help with a core activity task, and/or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication. A person with a moderate disability needs no help, but has difficulty with a core activity task.
Older people	All people (Aboriginal and Torres Strait Islander and non-Indigenous) aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years.
Personal care	Assistance in undertaking personal tasks (for example, bathing).
Places	A capacity within an aged care service for the provision of residential care, community care or flexible care in the residential care context to an individual (*Aged Care Act 1997* (Cwlth)); also refers to 'beds' (*Aged Care (Consequential Provisions) Act 1997* (Cwlth), s.16).
Primary carer	In the ABS SDAC, a primary carer is defined as a person who provides the most informal assistance to a person with one or more disabilities, with one or more of the core activities of mobility, self care or communication.
Respite care	Alternative care arrangements for dependent people living in the community, with the primary purpose of giving a carer or a care recipient a short term break from their usual care arrangement.
Selected equity groups	Section 11-3 of the *Aged Care Act 1997* , specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from culturally and linguistically diverse backgrounds; veterans; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are homeless or at risk of becoming homeless; care-leavers; parents separated from their children by forced adoption or removal; and lesbian, gay, bisexual, transgender and intersex people.

Term	Definition
Veterans	Veterans, war widows, widowers and dependants who hold a Repatriation Health Card and are entitled to health services and treatment under the *Veterans' Entitlements Act 1986* (VEA), *Safety, Rehabilitation and Compensation Act 1988* (SRCA) or the *Military Rehabilitation and Compensation Act 2004* (MRCA).

References

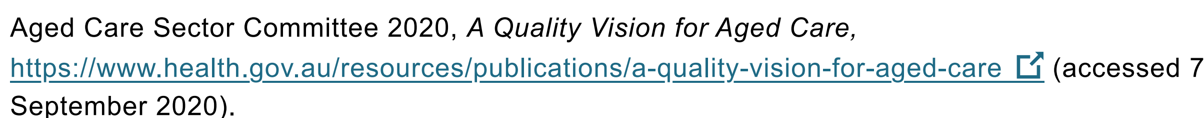
Aged Care Financing Authority 2021, *Ninth Report on the Funding and Financing of the Aged Care Industry – August 2021,* https://www.health.gov.au/sites/default/files/documents/2021/08/ninth-report-on-the-funding-and-financing-of-the-aged-care-industry-july-2021.pdf.

ACQSC (Aged Care Quality and Safety Commission) —— 2021, *Annual Report 2020-21,* https://www.agedcarequality.gov.au/sites/default/files/media/acqsc-annual-report-2020-21.pdf (accessed 15 November 2021).



—— 2020, *Quality Standards,* https://www.agedcarequality.gov.au/providers/standards (accessed 4 September 2020).

Aged Care Sector Committee 2020, *A Quality Vision for Aged Care,* https://www.health.gov.au/resources/publications/a-quality-vision-for-aged-care (accessed 7 September 2020).



ABS 2018a, *Population Projections, Australia, 2017,* Cat. no. 3222.0, Canberra.

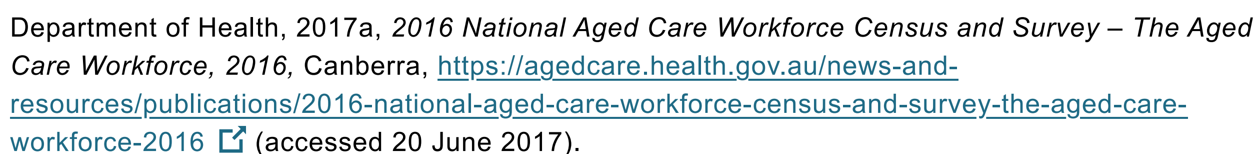
—— 2018b, *Life Tables for Aboriginal and Torres Strait Islander Australians, 2015–2017,* Cat. no. 3302.0.55.003, Canberra.

—— 2019, *Disability, Ageing and Carers Australia: Summary of Findings 2018,* Cat. no. 4430.0,Canberra.

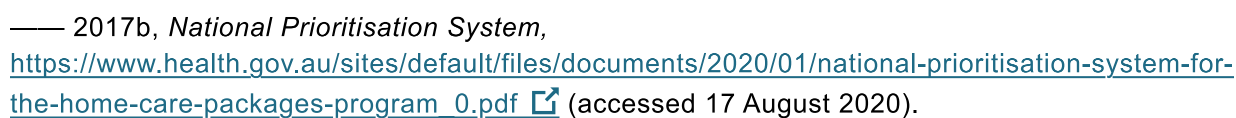
AIHW (Australian Institute of Health and Welfare) 2018, *Cause of death patterns and people's use of aged care: A Pathway in Aged Care analysis of 2012–14 death statistics,* Cat. no. AGE 83, AIHW, Canberra.

—— 2021, Technical notes — National Aged Care Mandatory Quality Indicator Program: 1 January to 31 March 2021, https://gen-agedcaredata.gov.au/www_aihwgen/media/2020-21-Quality-in-aged-care/RACS-QI-technical-notes-Jan-to-Mar-21.pdf (accessed 10 September 2021).

Department of Health, 2017a, *2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016,* Canberra, https://agedcare.health.gov.au/news-and-resources/publications/2016-national-aged-care-workforce-census-and-survey-the-aged-care-workforce-2016 (accessed 20 June 2017).



—— 2017b, *National Prioritisation System,* https://www.health.gov.au/sites/default/files/documents/2020/01/national-prioritisation-system-for-the-home-care-packages-program_0.pdf (accessed 17 August 2020).



—— 2021a, *2020 Aged Care Workforce Census Report,* Canberra.

—— 2021b, *Aged care data snapshot — 2021,* https://www.gen-agedcaredata.gov.au/Resources/Access-data/2021/October/Aged-care-data-snapshot%E2%80%942021 (accessed 30 November 2021).

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

Download supporting material

14 Aged care services data tables (XLSX - 519 Kb)

14 Aged care services dataset (CSV - 1291 Kb)

See the corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).