

1 Introduction

This report is the sixth annual compilation of national administrative by-product data prepared by the Australian Institute of Health and Welfare (AIHW) on Community Aged Care Packages (CACP) – an Australian Government-funded program designed to provide assistance to enable frail or disabled older people with complex care needs to continue living in the community. These packages provide an alternative to low level residential aged care. For data on residential aged care there is a companion volume, also released annually, entitled *Residential Aged Care in Australia 2003–04* (AIHW 2005).

The report contains a set of tables compiled from the Aged and Community Care Management Information System (ACCMIS), managed and regularly updated by the Australian Government Department of Health and Ageing. The aim of this report is to highlight the characteristics of care recipients and patterns of service provision of the Community Aged Care Package program. The data reported provide a summary of:

- growth trends in Community Aged Care Packages over time;
- the number of Community Aged Care Packages at 30 June 2004;
- the number of outlets providing these packages throughout Australia;
- socio-demographic characteristics of care package recipients;
- service provision for ‘special needs’ groups;
- the number of admissions and separations between 1 July 2003 and 30 June 2004; and
- state and territory variations.

To date, service-providing outlets have not been required to routinely report information such as the type of assistance received by care recipients, their levels of dependency and carer support. Although some state and territory offices of the Australian Government Department of Health and Ageing collect a wide range of data – including types of assistance received, carer availability and staff composition – from service-providing outlets from time to time, national data are not available for inclusion in this report.

In late 2002, a national census of Community Aged Care Package providers was conducted. The service outlets were given the option to run the census on any 7 consecutive days in a 4 week period during September–October 2002. The census collected data about the service outlets and about the care recipients, including demographic information, living and care arrangements, care needs and service provision. This material was published in the report *Community Aged Care Packages Census 2002* (AIHW 2004b).

For further background information on the program as well as earlier data on the use and provision of Community Aged Care Packages, readers should refer to the report entitled *Community Aged Care Packages: How Do They Compare?* (Mathur et al. 1997) or previous editions of this publication (for example, AIHW 2004a). National publications such as the biennial *Australia’s Welfare 2003* (AIHW 2003) also report on selected aspects of the program.

The EACH Program

After some time as a pilot initiative, the Extended Aged Care at Home (EACH) program is being implemented as an ongoing element in the delivery of aged care services. The program complements CACP and is designed to provide an alternative to high level residential aged

care for people living in the community. The next report in this series is expected to also include substantially similar data on the EACH program and recipients.

At 30 June 2004 there were 860 EACH packages available with 707 care recipients. This level of occupancy is to be expected in a new program as it becomes established.

A census of EACH packages and care recipients was conducted by the AIHW on behalf of the Australian Government of Health and Ageing in May 2002. Data were collected over a one-week period and the results were published in the report titled *Extended Aged Care at Home Census 2002* (AIHW 2004c).

2 Main features

2.1 Community Aged Care Packages

Community Aged Care Packages were initiated in 1992 as a Commonwealth-funded program to provide an alternative to low level residential aged care for older people living in the community. From 30 June 1992 to 30 June 2004, as Table 1 shows, the provision of Community Aged Care Packages per 1,000 persons aged 70 years and over has risen from 0.2 to 15.6.

In the last year, the number of operational packages increased by 1,182 to reach 29,063. The number of packages quadrupled between 1997 and 2001, when the corresponding provision ratio, which measures packages per 1,000 persons aged 70 years and over, rose from 3.9 to 14.1. Since 2001, growth has continued at a slower rate with the provision ratio increasing from 14.1 to 15.6. Tables A1 and A2 show these changes by state/territory and remoteness.

Table 1: Number of operational Community Aged Care Packages and the provision ratio per 1,000 persons aged 70 years and over, 30 June 1992 to 30 June 2004

Year	Community Aged Care Packages	Packages per 1,000 persons aged 70 years and over ^(a)
1992	235	0.2
1993	470	0.3
1994	1,227	0.9
1995	2,542	1.7
1996	4,431	2.9
1997	6,124	3.9
1998	10,046	6.3
1999	13,753	8.3
2000	18,309	10.8
2001	24,630	14.1
2002	26,425	14.8
2003	27,881	15.3
2004	29,063	15.6

(a) The ratios are based on ABS population estimates released in December 2004, cat. no.3101.0 and are recalculated back to 1997. (ABS 2004b).

Note: From 2000, the data in this table include packages provided by Multi-Purpose Services and flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

The data presented in this section of the report include Community Aged Care Packages provided by Multi-Purpose Services and services receiving flexible funding under the

Aboriginal and Torres Strait Islander Aged Care Strategy¹, as well as those (the majority) provided under the Community Aged Care Package program.

The distribution of packages among states and territories generally reflects the distribution of the Australian population.

At 30 June 2004 there were 29,063 packages throughout Australia. The majority of these packages were in New South Wales and Victoria (34% and 25% respectively) (Table A3). Queensland had 16% of the packages, followed by South Australia (9%) and Western Australia (8%). The remaining packages were distributed across Tasmania (3%), the Northern Territory (2%) and the Australian Capital Territory (1%).

Major cities accounted for 63% of packages while 23% of packages were in inner regional areas. The distribution of packages among outer regional areas, remote and very remote areas was 9%, 2% and 2% respectively (Table A3).

The provision ratio of packages per 1,000 persons aged 70 years and over was lowest in Queensland at 14.4 and highest in the Northern Territory at 117.8. The higher level of provision in the Northern Territory is a consequence of a comparatively young population profile and a comparatively large Indigenous population. As a result of their poorer health status, Indigenous people require access to community care at younger ages, on average, than do non-Indigenous people. If the population figures include Indigenous people aged between 50 years and 69 years as well as the general population aged 70 years and over, a different picture emerges. For the Northern Territory, the ratio reduces from 117.8 to 58.7, whereas the aggregate Australian ratio only reduces from 15.6 to 15.3 (Table A2).

The provision ratio of packages per 1,000 persons aged 70 years and over was highest in very remote regions (85.0) and remote regions (28.2). The provision ratio was lowest in outer regional areas (14.4), while in major cities it was 15.2 (Table A2).

2.2 Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy

At 30 June 2004, there were 95 Multi-Purpose Services providing 1,757 residential care places and 204 packages, and 29 services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy providing 336 residential care places and 243 packages. At 30 June 2003, the comparable figures were 1,643 residential care places and 167 packages for Multi-Purpose Services, and 306 residential care places and 114 packages for services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy (AIHW 2004a).

In the remainder of this report, data presented pertain only to the mainstream Community Aged Care Package program. Further data on Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy are not available as their recipients are not included in the current national database.

1. Further information on these services and their use by Indigenous Australians can be found in *Australia's Welfare 2003* (AIHW 2003).

2.3 Service outlets

There were 959 service outlets providing 28,616 mainstream packages throughout Australia, at 30 June 2004. The majority of outlets (83%) were located in the four largest Australian states, namely New South Wales, Victoria, Queensland and Western Australia. The Australian Capital Territory had the smallest share of outlets providing packages (less than 1%) (Table A5).

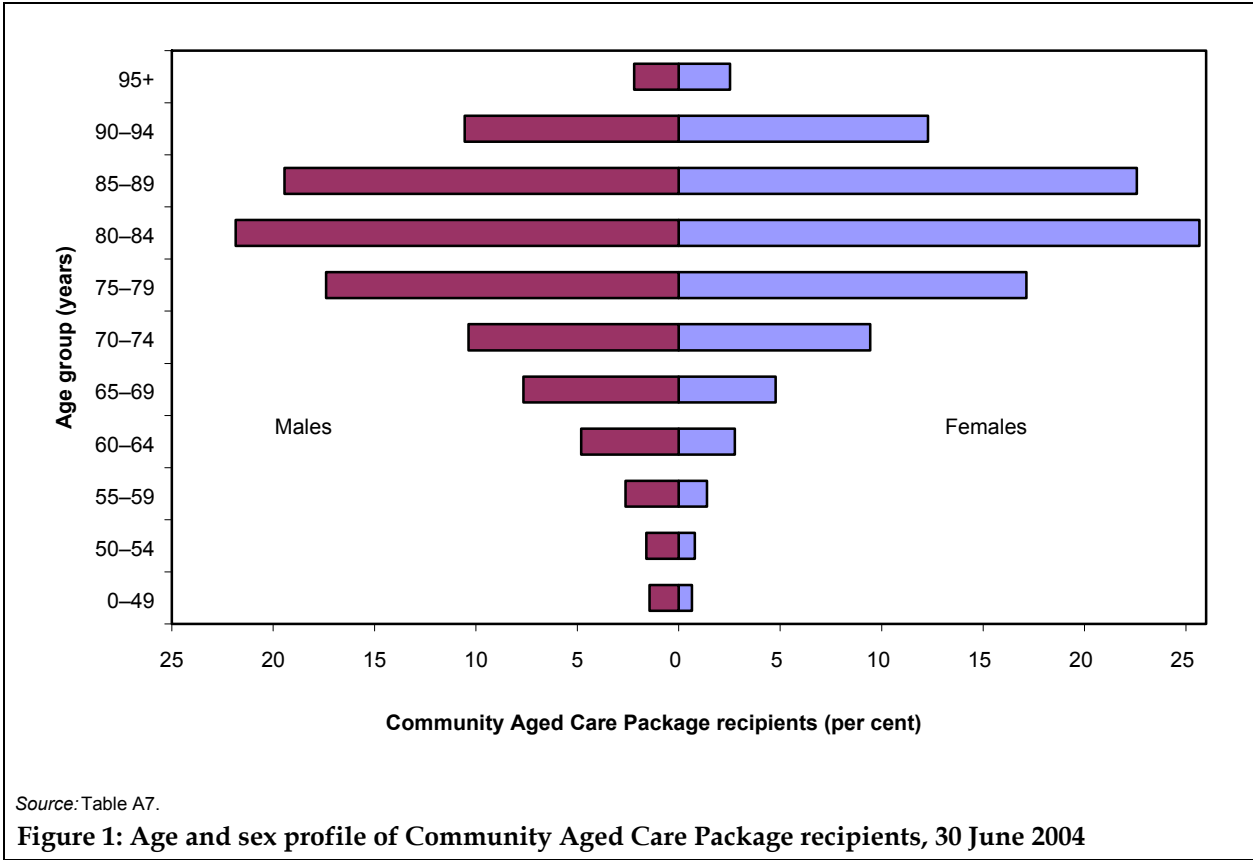
The majority of service outlets were either operated by the religious or charitable sector (56%), or were community-based outlets (22%). Of the remainder, 18% were run by state and local governments and 4% by the private (commercial) sector.

On average, there were 30 packages per outlet. However, the outlet size varied greatly across Australia, with nearly half of all outlets having between 1 and 20 packages, and 29% having between 21 and 40 packages. Of the ten largest outlets, each responsible for more than 120 care packages, five were located in Victoria, two were located in New South Wales and one outlet was located in each of Queensland, Western Australia and South Australia (Table A5).

As expected, outlets operating in remote and very remote areas were small in size, with the majority having 20 packages or less. Significant numbers of larger outlets of more than 60 packages each could be found mainly operating in areas of high population density, such as major cities and inner regional areas of Australia (Table A6).

2.4 Socio-demographic characteristics

Age and sex profiles



The majority of the 27,657 care recipients² at 30 June 2004 were aged 80 years and over (60%) compared to 58% at 30 June 1999. Those aged 90 years and over accounted for 14% (Table A7). Female recipients predominated in absolute numbers, with 19,664 female recipients and 7,993 male recipients (Table A7). Female recipients at 30 June 2004 accounted for 52% of recipients aged under 50 years and 74% of recipients aged 85 years and over. Female recipients tended to be older than their male counterparts (Figure 1). Of total clients, 57% were women aged 75 years or over.

Younger care recipients (aged under 65 years)

The Community Aged Care Package program targets older people in the community who have complex care needs. Younger people with disabilities can only receive packages if their care needs fit the criteria of the program and if there are no other appropriate services operating in their area (DHAC 1999). Consequently, it is not common for younger people with disabilities to access the program: just under 7% of care recipients were aged under 65 years, and under 1% of care recipients were under the age of 50 years (Table A7). A higher

2. Each allocated package is provided to one specific service recipient, referred to as a funded care recipient. However, when all the allocated packages provided by a service outlet are filled but the funding for these packages allows for additional service to be provided to other care recipients, outlets may provide services to additional people, referred to as supplementary care recipients. The Community Aged Care Package census, noted earlier, reported 3.3% of all CACP recipients as supplementary care recipients (AIHW 2004b).

proportion of male recipients were under the age of 65 years (10%) compared with females (6%), although in absolute numbers, females outnumbered male clients among younger clients (1,096 females compared with 839 males) (Figure 1 and Table A7).

Birthplace and preferred language

Birthplace and preferred language were recorded for 94% of care package recipients. Of those recipients who reported their birthplace, about 3 in 10 were born overseas (31%)³. Due to the adoption of the ABS Standard Australian Classification of Countries (SACC) in the data provided to the AIHW, clients from the United Kingdom/Ireland are counted separately from clients in other North/West Europe. Clients born in the United Kingdom/Ireland accounted for about 10% of care recipients. Approximately 3% were born in North/West Europe while 11% were born in Southern or Eastern Europe. People born in Asia accounted for 4% of care recipients (Table A10).

Nationally, 85% of all responding care recipients indicated that English was their preferred language, while 11% preferred another European language. Australian Indigenous languages accounted for just over 1% of preferred languages of all respondents (Table A11).

Usual residence status

Of the 27,615 care recipients who reported their usual residence status at the time of application for a Community Aged Care Package, the majority were home owners or purchasers (60%). Care recipients who lived in public rental housing comprised 12% while those who lived in a private rental property or were boarding or lodging accounted for 9% (Table A12).

The Northern Territory stood out from the other states and territories, with 42% of all responding care recipients indicating public rental housing as their usual residence compared with 20% or less in every other state and territory. Care should be taken when interpreting this figure, however, given the small number of care recipients in the Northern Territory.

Living arrangements

The question that care recipients were asked in relation to their living arrangements at the time of application for a package was: 'With whom do you normally live?' Of those for whom a response was recorded, a large proportion of care recipients reported normally living alone (52%) or with family 38% (Table A13).

2.5 'Special needs' groups

There are particular groups of older Australians who are more likely to be disadvantaged in accessing aged care services compared with older Australians in general. These groups are defined by the *Aged Care Act 1997* as 'special needs' groups, which include those who live in rural or remote areas, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with personal financial hardship and veterans. One of the government's objectives is for aged care services to specifically target the needs of these groups of people in order for them to have equitable access to the program.

3. Here and elsewhere in the text of this report, missing data have been excluded from the percentage base.

Indigenous care recipients⁴

In total, there were 1,098 care recipients who were identified as Indigenous Australians at 30 June 2004, making up 4.0% of identified recipients. There were 351 (1.3%) care recipients whose Indigenous status was unknown or not stated.

In the Northern Territory, 60.5% of care recipients recorded that they were Indigenous. Western Australia had the next highest proportion of Indigenous care recipients, at 6.8%. The proportion of Indigenous care recipients reported in other jurisdictions ranged from 1.4% in Victoria to 4.1% in the Australian Capital Territory (Table A14).

As shown in Table A15, remote and very remote areas of Australia were home to a high proportion (40%) of the Indigenous care recipients at 30 June 2004. A further 24% of the Indigenous care recipients lived in outer regional areas. The remaining Indigenous care recipients lived in major cities (15%) and inner regional areas (21%).

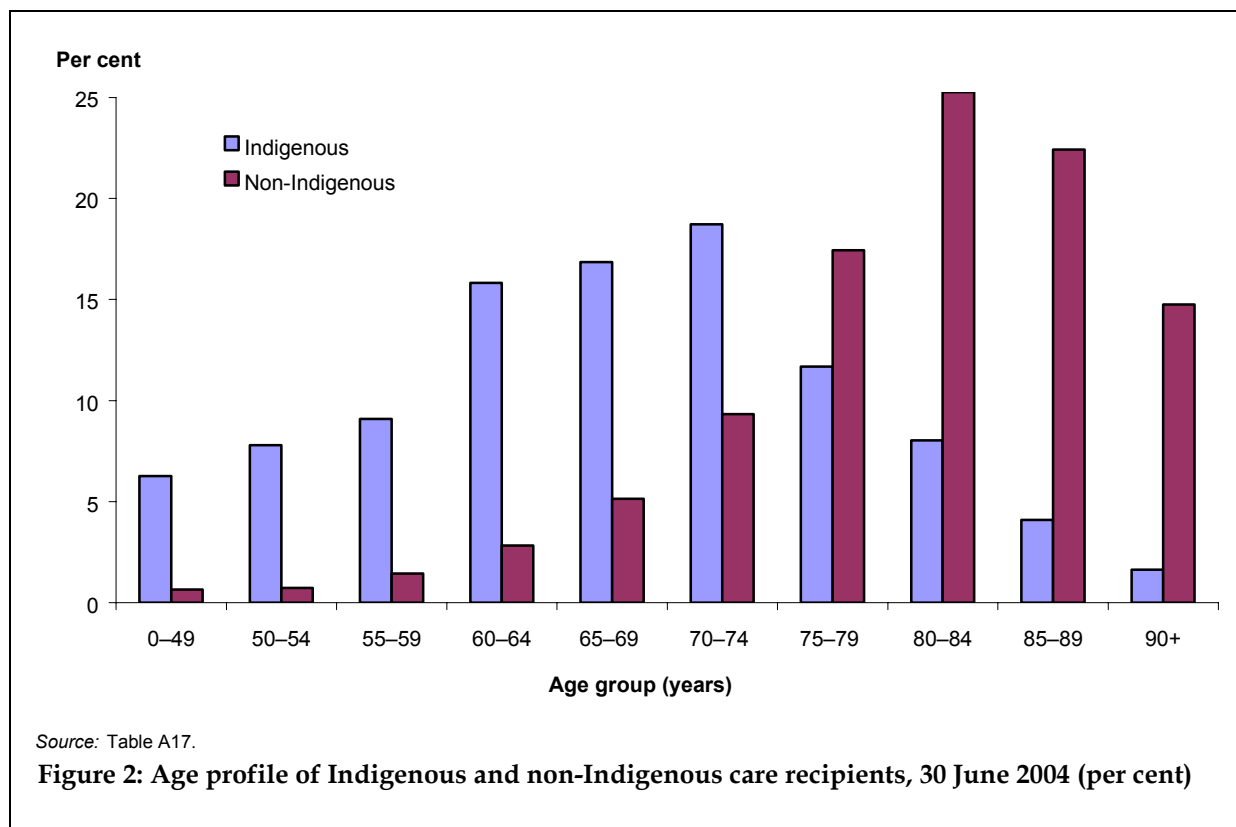
In addition, there were 243 packages provided to Indigenous care recipients by services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy, representing a substantial increase on the previous year. No further data are available on the characteristics of care recipients receiving packages under the Strategy. It is probable that a proportion of the 204 packages available from Multi-Purpose Services were also used by Indigenous clients. However, further data are not available.

The age profile of this subgroup of care recipients is considerably younger than that of the general population of care recipients (Figure 2), with 6% aged under 50 years, 50% aged between 50 and 69 years, and 44% aged 70 years and over (compared with less than 1%, 10% and 89% respectively for non-Indigenous care recipients) (Table A16).

Using the Australian Bureau of Statistics Indigenous population projections (ABS 2004a) the ratio of Indigenous people receiving Community Aged Care Packages, including those receiving packages under the Aboriginal and Torres Strait Islander Aged Care Strategy, was 25.9 per 1,000 Indigenous persons aged 50 years and over at 30 June 2004.

Age-specific usage rates are an important element in understanding service use by Indigenous recipients. Table A17 shows usage rates for Indigenous care recipients by age and sex. At 30 June 2004, the ratio of Indigenous Australians receiving packages was 32.9 per 1,000 Indigenous persons aged 65–69 years, 55.6 per 1,000 Indigenous persons aged 70–74 years, and 71.2 per 1,000 persons aged 75 years and over. The comparable figures for non-Indigenous Australians were 1.8, 4.0 and 17.2 respectively.

4. In this report, Indigenous Australians are defined as those people who were reported as being of either Aboriginal or Torres Strait Islander origin or both.



Care recipients from culturally and linguistically diverse backgrounds

For the purposes of this report, people from culturally and linguistically diverse backgrounds are defined as those who were born in countries other than Australia, Ireland, the United Kingdom, New Zealand, the United States of America, Canada and South Africa. Overall, there were 6,301 care recipients from culturally and linguistically diverse backgrounds receiving packages at 30 June 2004, accounting for 23% of care recipients (Table A18).

Based on Australian Institute of Health and Welfare projections of ABS estimated resident population by country of birth, the number of Australian-born people receiving permanent care at 30 June 2004 was estimated to be 11.6 per 1,000 persons aged 75-84 years and 32.7 per 1,000 aged 85 years and over. The corresponding rates for English-speaking persons who were overseas born were slightly lower at 11.0 and 31.4 respectively, whereas the corresponding usage rates for persons overseas-born persons from culturally and linguistically diverse backgrounds were 16.1 and 38.3 per 1,000 (Table A19).

Care recipients in financial hardship

For the purposes of the Community Aged Care Package program, a person with financial hardship is defined as someone 'who did not own a home in the 2 years before the reference time; and at the reference time was in receipt of the maximum basic rate of pension or benefit' (DHAC 1999). The program requires service providers to allocate a proportion of packages to people in financial hardship. The specified proportion of allocations varies from region to region depending mainly on the existing service provision levels in the region

where the outlet is located. Outlets providing Housing-Linked Packages are specifically obliged to reserve all their places for care recipients in financial hardship. Housing Linked Care Packages have the same eligibility criteria as general care packages. They are aimed at persons with financial hardship living in designated rental housing developments. These could range from congregate settings with high concentrations of aged people, such as boarding houses to detached public housing spread across a particular suburb.

At 30 June 2004, 959 outlets were providing Community Aged Care Packages throughout Australia. Almost all (99%) were required to allocate at least 10% of their total packages to care recipients in financial hardship, with the majority (78%) having a target set between 11% and 30% (Table A20). There were 87 outlets with a requirement to provide more than 90% of their care packages to care recipients in financial hardship. The Northern Territory was the most exceptional case with 17% of the outlets having a target of more than 90% and 37% with a target of more than 80%. This reflects the higher proportion of people identified as being in financial hardship in the Northern Territory. Victoria had a similar proportion of outlets with a target in excess of 90% (16%), but had no outlets with a target between 81% and 90%. Eleven per-cent of outlets in New South Wales had a target of more than 80%. In addition, outlets in remote and very remote regions were more likely than others to have targets of 80% of recipients in financial hardship (Table A21).

Overall, 8,021 (29%) packages were allocated for financial hardship (Table A23), with the Northern Territory also having the highest proportion of such cases (80%).

The proportion of care recipients identified as being in financial hardship for each state and territory is presented in Table A22. These figures should be treated with caution as financial hardship status was not reported for 22% of mainstream care recipients, with non-response rates varying considerably across jurisdictions. Of those for whom financial hardship status was reported, 46% were in financial hardship and 54% were not. The most distinctive variations to the national average can be seen in the Australian Capital Territory and the Northern Territory with financial hardship identified in 62% and 100% of recorded recipients respectively (Table A22).

When the actual number of packages provided for people in financial hardship in each state and territory (Table A23) is compared with the actual number of recorded recipients in financial hardship (Table A22), it is evident that in each state and territory, with the exception of the Northern Territory, there are at least as many package recipients in financial hardship as there are targeted packages. As noted above, there is a high level of missing data about financial hardship status, and this particularly affects data from the Northern Territory. Noting that 100% of those reporting financial hardship status in the Northern Territory were in financial hardship, if 37% of those people in the Northern Territory with missing data were in this situation, then the number of recipients in financial hardship would equal the number of targeted packages in that territory.

Care recipients in outer regional and remote areas

As shown in Table A8, 3,298 Community Aged Care Package recipients lived in outer regional, remote and very remote areas of Australia.⁵ This number accounted for 12% of all care recipients at 30 June 2004 (9% in outer regional areas and 3% in remote and very remote areas). The age profile for care recipients in these regions is younger than for care recipients in major cities and inner regional areas, with 26% of care recipients in outer regional areas and remote areas under the age of 70 years (compared with 10% and 13% of care recipients

5. The ABS remoteness structure used in these tables, the Australian Standard Geographical Classification, replaces the geographical classification used in previous issues of this series.

aged less than 70 years in major cities and inner regional areas, respectively). This difference in the age profile is more marked when care recipients in very remote areas are viewed separately, amongst whom care recipients under the age of 70 years accounted for approximately 45% of recipients. This age profile of care recipients in remote and very remote areas is likely to be influenced by the younger age profile of Indigenous care recipients. Indigenous care recipients comprised 35% of care recipients in remote areas and 68% of recipients in very remote areas.

2.6 Admissions and separations

There were 14,425 admissions to a Community Aged Care Package between 1 July 2003 and 30 June 2004 representing a small drop from the previous year. During the same period there were 13,357 separations from packages (Tables A25 and A26) (an increase from the previous year).

Among those ceasing to use a Community Aged Care Package between 1 July 2003 and 30 June 2004, the main reasons reported were that care recipients either left to go to a residential aged care service (48%) or died (19%). A small proportion of care recipients left to be admitted to a hospital (6%) or to move to another community aged care service provider (8%) (Table A26).

This pattern of completed care episodes reflects the patterns seen in most states and territories. The Northern Territory, however, is an exception, with the proportion moving to a residential aged care service being lower (27% of separations compared with 48% nationally) and the proportion of deaths higher (30% compared with 19% nationally). The Northern Territory also had a higher percentage moving to another CACP provider. Care must be taken in interpreting results for the Northern Territory, however, given the small number of separations involved (146).

The proportion of men who left to go to a residential aged care service was somewhat lower (43% of separations involving men) than that for women (50%). Conversely, there was a higher proportion of deaths among men (24%) than among women (16%).

For separations from 1 July 2003 to 30 June 2004, 16% received care for less than 3 months from a service provider before leaving, 33% for 3 months to a year, and 23% between 1 and 2 years. The number of care recipients who received care for more than 2 years from the same service outlet accounted for 28%, compared with 22% in the previous year (Table A27).

The relationship between length of stay and reasons for separations was also examined (Table A28). There does not seem to be a strong correlation between length of stay and reason for separation; however, very short stay (less than 8 weeks) care recipients were less likely to leave a package and enter residential care than longer stay care recipients.

2.7 State and territory variations

The ratio of package provision did not differ greatly among states and territories. With the exception of the Northern Territory, the Australian Capital Territory had the highest ratio of provision at 18.8 packages per 1,000 persons aged 70 years and over, followed by Tasmania (17.6). Other states had ratios of provision ranging from 14.4 to 16.1 packages per 1,000 persons aged 70 years and over. The Northern Territory had a ratio of 117.8 packages per 1,000 persons aged 70 years and over; however, this ratio is not comparable with those of

other states and territories due to the differences in age structure and Indigenous status of the potential clientele in the Northern Territory as well as differences in the proportion of the population living in rural and remote areas (Table A2).

When the population base used to calculate provision ratios is adjusted to include both persons aged 70 years and over and Indigenous Australians aged 50–69 years, the Northern Territory ratio changes to 58.7 packages. The ratios for the states and the Australian Capital Territory are only marginally affected. Indigenous Australians aged 50–69 years are considered by the Australian Government to be part of the potential target group for aged care services.

The size of service-providing outlets varied from one package to 312 packages across the country. The Australian Capital Territory had the highest average, at 65 packages per provider, with the next largest groups being in South Australia (47), Victoria (37) and New South Wales (36). The Northern Territory had the smallest average at 12 packages per service followed by Tasmania (19), Queensland (20) and Western Australia (28) (Table A5). Nearly all of the outlets in the Northern Territory were small – 88% had 20 or fewer packages. Eight outlets in Victoria had 100 packages or more, as did six outlets in New South Wales, two outlets in the Australian Capital Territory and South Australia and one outlet in each of Queensland and Western Australia (Table A5).

When compared with those in the other states and the Australian Capital Territory, care recipients in the Northern Territory had the youngest age profile, with only 58% over the age of 70 years (Table A7). The ‘oldest’ profile was found in Tasmania where care recipients aged 70 years and over made up 94% compared with the national average of 87%.

The composition of care recipients by country of birth also varied among states and territories (Table A10). Excluding recipients who did not respond to this item, in the Australian Capital Territory people born overseas made up 47% of care recipients and in Western Australia this proportion was 42%, while only 16% and 25% of recipients from the Northern Territory and Tasmania respectively were overseas-born. The majority of overseas-born care recipients living in states and territories were from either South/East European countries or the United Kingdom and Ireland.

3 Data sources and limitations

The data presented in this report draw mainly on the aged care data collections on the ACCMIS. This data repository contains information gathered through a number of instruments. Among those instruments, the following two are directly relevant to this report.

- The Aged Care Application and Approval Form (Form 2624). This is a form used for the assessment and approval of a care recipient for either residential aged care, a Community Aged Care Package, or flexible care (for example, an Extended Aged Care at Home Package). This form is completed by a delegate of an Aged Care Assessment Team in consultation with the applicant and signed either by the applicant or someone else on behalf of the applicant.
- The Provider Claim Form – a form completed by the service provider for claiming the Community Care Subsidy that is payable for the service for a payment period, normally a calendar month.

Other instruments through which information on the service providers are gathered include the Approved Provider Status Application and the Community Care Service Agreement between the Australian Government and the service provider.

General population data are taken from the latest AIHW population databases supplied by the ABS.

Care recipients' personal details

All care recipients receiving a Community Aged Care Package must have a valid Aged Care Application and Approval Form (that is, the recipient must have an 'approved' status). This form is normally valid for a period of 12 months from the date of approval. Approval of applications is a responsibility of Aged Care Assessment Teams and their delegates.

The information entered into ACCMIS from the Aged Care Application and Approval Form is the major source for the following data items:

- sex
- date of birth
- Indigenous status
- birthplace
- preferred language
- usual residence status (prior to admission)
- living arrangements (prior to admission).

Some recipient details, such as financial hardship status, are obtained from the Provider Claim Form.

The reporting of the pension status of CACP recipients appears to be in a transition state as the new Aged Care Application and Approval Form is being applied and it was not possible to obtain reliable data at 30 June 2004 for this year's reporting.

The responses for the characteristic usual living arrangements prior to becoming a recipient of a package have changed with the introduction of the new ACAT form on 1 January 2003 and the ACAP data dictionary.

Care recipients' admission and separation details

The Provider Claim Form is sent to the approved service provider at the beginning of a payment period. This form has the details of existing recipients under the care of the service provider (the form would be blank for a new service provider). It is the responsibility of the service provider to check this form for accuracy and record new data and changes relating to new admissions, separations and leave for their care recipients.

The Provider Claim Form is the original source for the following data items:

- date of admission
- date of separation
- separation mode
- length of stay (derived from date of admission and date of separation).

Service providers' details

Details about community aged care service providers are collected through the Approved Provider Status Application and the Community Care Service Agreement between the Australian Government and the service provider. These documents are the primary source for the following data items:

- location of outlets (by both state/territory and geographic area);
- size of outlets (measured in the number of Community Aged Care Packages); and
- financial hardship target percentage.

Limitations of the data

The following points should be noted when interpreting the data presented in this report.

The data used for this report were those available in ACCMIS in December 2004. However, as ACCMIS is 'refreshed' periodically, minor differences in some data will occur depending on the version used for reporting.

- The basis for the general population figure used in the calculation of the service provision ratio was the ABS estimated resident population at 30 June 2004 released in December 2004, along with AIHW calculations on remoteness. The service provision ratios presented in this report may be different from those calculated by the Australian Government Department of Health and Ageing due to differences in the population figures used.
- Some socio-demographic characteristics of care recipients are recorded at the time of application and hence may not reflect the true characteristics of care recipients while receiving care from the program. These characteristics include the care recipients' pension status, usual residence status and their living arrangements. Care recipients' actual financial hardship status may also be different from the status at the initial assessment by the service providers.
- Due to the non-compulsory nature of self-identified Indigenous status, the number of people presented in this report who were of Aboriginal and Torres Strait Islander origin may be an underestimation of the true number using the program.

- Although the location of service-providing outlets can be used to assume the location of Community Aged Care Package care recipients, it is possible that outlets provide services to care recipients who live outside the outlets' jurisdictions or geographic areas.
- The lack of information on areas such as type of assistance received by care recipients, their levels of dependency and carer support means that analysis of recipients' care needs was outside the scope of this report.