Australian Government
Australian Institute of Health and Welfare

43 bulletin

The ins and outs of residential respite care

In summary

Residential respite care is central to the aged care system, with many people who use community care programs also accessing residential respite, and many people entering permanent residential aged care having previously used such respite care. There are a number of questions that are of interest when looking at how residential respite care fits into the aged care system which can be examined by looking at transitions between programs. For example, how do people access residential respite care and have they been using other services beforehand? Where do people go when they leave respite care, and what other service programs do they use after the period of respite?

Analysis of transition patterns shows the following:

- Many people access residential respite care while they are receiving services through the Home and Community Care (HACC) and Community Aged Care Packages (CACP) programs. However, with only just over one-half of respite clients having used such community care before their period of respite care, this is not the only route to respite care.
- A small number of people begin using community care following a period of residential respite care.
- A large minority of residential respite care users are admitted to permanent residential aged care (RAC) soon after their period of respite care, with 40% of people who complete a period of respite care in one quarter being admitted to permanent residential care by the end of the following quarter.
- Around one in four people admitted into permanent RAC have recently used residential respite care; over half of these recent respite users have also used HACC and/or CACP services.
- Among users of residential respite care, use of community care services appears to delay entry into permanent residential aged care: around 46% of people who use residential respite but neither HACC nor CACP services in one quarter are admitted to permanent RAC by the end of the next quarter, compared with 35% of those who also access these community care services.

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Introduction

While many older people who need assistance with activities of daily living manage on their own at home with help from family and friends, others rely on aged care services or a combination of services and assistance from their social network. In general terms, the aged care system in Australia consists of three main components: care given by family and friends; community care services provided to people still living at home; and residential care (AIHW 2005:Chapter 4). While much of the analysis of the aged care system has focussed on either community care or residential care, knowledge of the relationship between community care and residential care is critical to understanding the current system. It also provides an important basis for planning adequate provision of services to meet the needs of the growing number of older people. With recent data developments, it has become possible to develop a picture of transitions between services by linking the various data collected on different aged care programs.

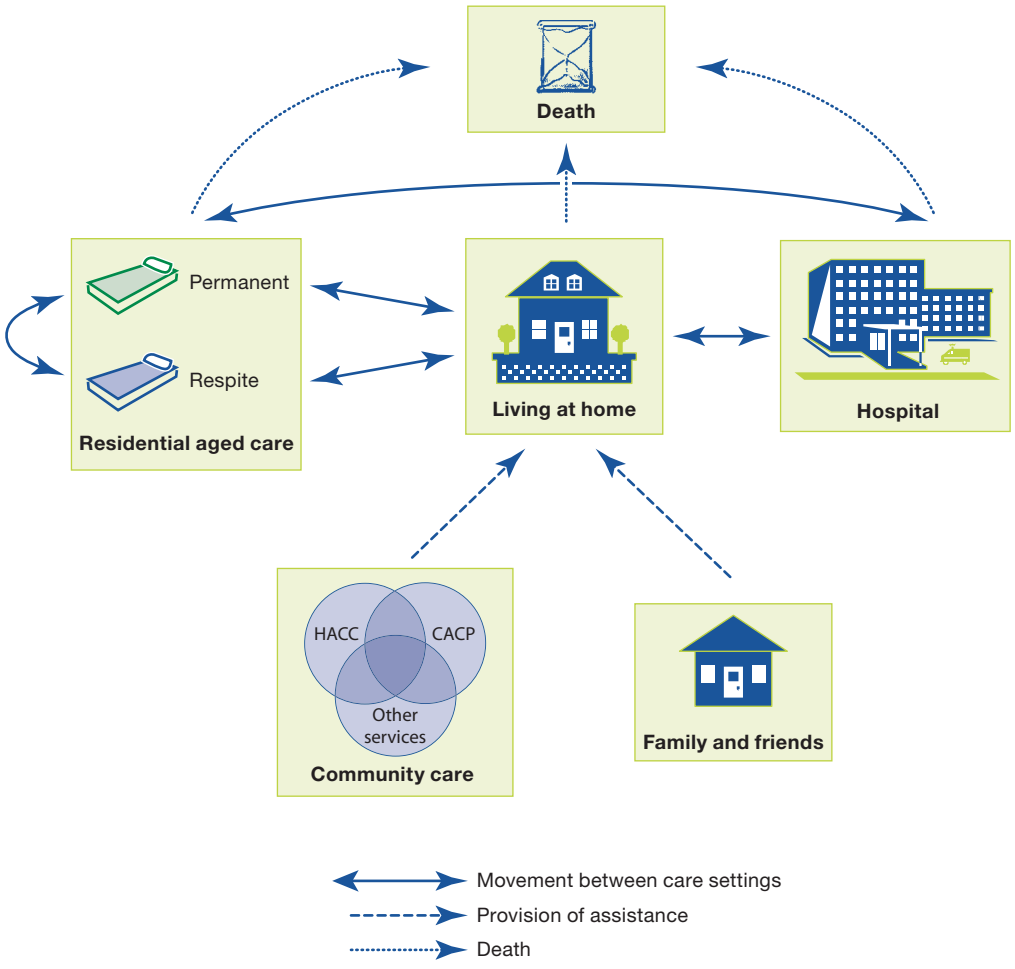


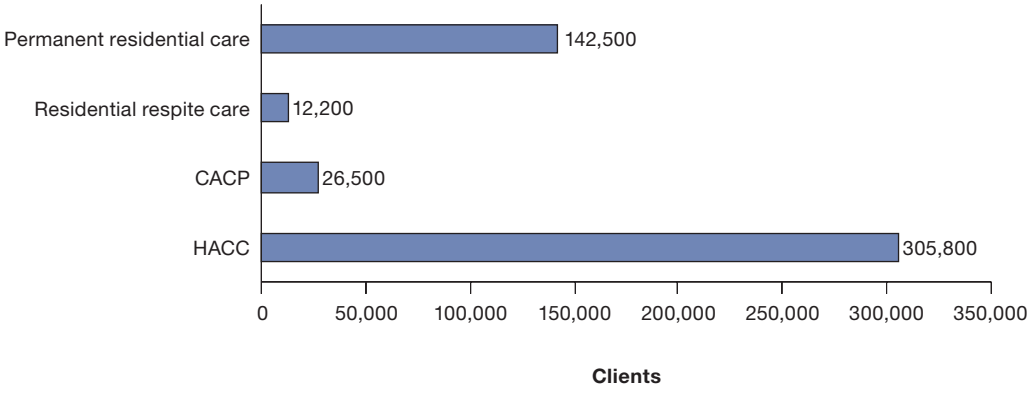
Figure 1: Possible sources of assistance, and movements between care settings

This bulletin looks at relationships between residential respite care, Home and Community Care (HACC), Community Aged Care Packages (CACPs) and permanent residential aged care. Possible movements of people between care programs are illustrated in Figure 1. From this it can be seen that people can access care from a number of sources at any one time, and that movement between care programs is not necessarily only in one direction. As an example of a care pathway, consider an older person living independently at home who has a fall. After a period of hospitalisation, the person returns home and receives a range of HACC services to aid convalescence. Later, the person may become frail, managing to stay at home through a combination of a CACP and assistance from family members. When the main family carer goes away for a short holiday the person has difficulty coping at home and so goes into residential respite care. Finally, the person can no longer safely remain at home, and so is admitted into permanent residential aged care.

The analysis in this bulletin examines quarterly movements during the period 1 July 2002 – 31 March 2003, and extends an earlier study of quarter-to-quarter transitions (see AIHW: Karmel 2005b). To allow the analysis to focus on movements between services for older people, the investigation is restricted to transitions by people aged 65 and over. Numbers have been rounded in the text and figures to aid the discussion.

The aged care services

Three main programs provide care services to older people in Australia: the residential aged care (RAC) program, the Home and Community Care (HACC) program, and Community Aged Care Packages (CACPs) (Figure 2). A brief description of these programs is given below. There are also a number of other programs providing care to people living in the community, such as Veterans' Home Care and the National Respite for Carers Program, but it has not been possible to include these in the current analysis. A description of these other services is given in *Australia's welfare 2005* (AIHW 2005:162–72). In the following discussion, for ease of reference the term 'community care' is used to refer to the HACC and CACP programs.



Note: Clients may access more than one program in a quarter.

Sources: Table 1; AIHW: Karmel 2005b:tables A2.1 and A2.8; AIHW analysis of DoHA ACCMIS.

Figure 2: Use of selected aged care programs, October–December 2002 (people aged 65 and over)

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Residential aged care services provide accommodation and support for older people who can no longer live at home. To enter residential care, people must have the appropriate approval from an Aged Care Assessment Team (ACAT). Two levels of care are available: low-level care and high-level care. Short-term respite care services are also available. On 1 October 2002, 131,000 people aged 65 and over were in permanent residential care and 2,600 were in respite care. Throughout the 3 months to 31 December 2002, 15,200 people older people had admissions into permanent RAC, and nearly 10,000 were admitted for one or more periods of residential respite care (Table 1). In total, during the quarter 142,500 people aged 65 and over used permanent residential care, and 12,200 people accessed residential respite care; 6,400 and 560 younger people, respectively, also used these services.

The bulk of home- and community-based services for older people is provided under the auspices of HACC (Figure 2). The HACC target population is people of all ages requiring assistance because of 'moderate, severe or profound disabilities' (and their carers) (DHAC 1999:clause 4), and the aim of the program is to enhance the independence of people in these groups and thereby avoid their premature or inappropriate admission to long-term residential care. The program includes home nursing services, delivered meals, home help and home maintenance services, transport and shopping assistance, allied health services, home- and centre-based respite care, and advice and assistance of various kinds. HACC also provides brokered or coordinated care for some clients, through community options or linkages projects. During the December quarter 2002, at least 390,400 clients received services through HACC; of these, just over three-quarters (305,800) were aged 65 or more (AIHW: Karmel 2005b:58; estimates exclude cases with poor linkage key data—see also Box 1).

Community Aged Care Packages are designed to provide support services for older people with complex needs living at home who would otherwise be eligible for admission to low-level residential care. They provide a range of home-based services, excluding home nursing assistance (which may, however, be provided through HACC), with care being coordinated by the package provider. For a person to receive a package, he or she requires an ACAT approval specifically for a CACP. Between October and December 2002, 26,500 older people used a CACP (AIHW: Karmel 2005b:65). CACPs were also provided to just over 2,000 people aged under 65. Previous analysis indicates that almost 40% of CACP recipients access HACC services at the same time (AIHW: Karmel & Braun 2004:6).

Box 1: Methods

Data

The data used in this analysis came from two sources:

- *administrative by-product data collected for the RAC (respite and permanent care) and CACP programs and stored in the Department of Health and Ageing's Aged and Community Care Management Information System (ACCMIS). Data for episodes of care between 1 April 2002 and 31 March 2003 were included in this study*
- *the HACC quarterly minimum data set (MDS) collections for the September and December 2002 quarters (MDS version 1).*

Unlike ACCMIS, the HACC MDS version 1 does not contain service start and end dates so that it is only possible to examine movements relating to this program on a quarter-by-quarter basis. Therefore, to facilitate comparisons of

movements between residential respite care and each of HACC, CACP and permanent RAC, investigations have been restricted to a quarterly timeframe for all programs. Only service use by people aged at least 65 by 31 December 2002 has been included.

Linkage

To examine transitions between programs, the September and December 2002 quarters of the HACC MDS were each linked to the RAC and CACP data. Links between RAC and CACP data were also established. A statistical linkage key (SLK-581, based on five letters of name, date of birth and sex) was used to distinguish between clients. Deterministic matching via this key was then used to link records across data sets, allowing the identification of movement between services. Before data linkage was carried out, ethics approval to undertake the linkage and subsequent analysis was obtained from the Australian Institute of Health and Welfare's Ethics Committee. A detailed description of the statistical linkage key SLK-581, and the protocols and procedures used to establish links between the data sets, are given in two earlier reports (see AIHW: Karmel 2005a: chapters 4–5 for linkage protocols, and AIHW: Karmel 2005b:6 for the specific linkage practices used in this study).

A number of factors affect the accuracy of the data linkage, including the prevalence of the same linkage key for different people, the quality of data used in the components of the linkage key, the coverage of the data collections, and the accuracy of program entry and exit dates. Detailed discussion of the linkage quality and validity is contained in Transitions between aged care services *(AIHW: Karmel 2005b: Chapter 3). In summary, although not 100% accurate, the SLK-581 linkage key is sufficiently detailed and well-reported to be able to identify transitions between aged care programs. Overall, the estimates of movement between services are likely to be underestimates rather than overestimates, especially when involving interactions with HACC, mainly because not all HACC agencies participate in the data collection (for the December 2002 quarterly collection, 86% of HACC agencies submitted data (DoHA 2003)). Inaccuracies in identifying entry and exit dates, in particular for the community care programs, may also affect the identification of movements involving these programs.*

Measuring transitions

Analysis of movements between programs is complicated by both the lack of service dates on the HACC MDS and by concurrent use of programs (HACC, CACP and respite care). To allow for these problems, the analysis concentrated on quarter-to-quarter movements. In addition, the following approach was taken to measure transitions:

- *For all service programs, cases with poor linkage key data were excluded.*
- *Transitions between HACC and another program were measured by identifying people who used HACC but not the other program in one quarter and who started/finished using the other program in the second quarter.*
- *Quarterly transitions* ***into*** *one dated program (that is, the CACP or RAC programs) from another were measured by considering admissions to the second program in the second quarter, and identifying people who had previously used the first program since the beginning of the previous quarter.*
- *Quarterly transitions* ***from*** *one dated program (that is, the CACP or RAC programs) into another were measured by considering separations from the first program in the first quarter, and identifying people who subsequently used the second program by the end of the later quarter.*
- *To avoid double counting, where relevant multiple transitions/ program use were identified.*

Note that the different treatment of transitions for HACC and dated programs, necessitated by data limitations, leads to a relative undercount of transitions from HACC to other programs as within quarter movements cannot be included. In addition, there may be some further (but minor) undercount of transitions to and from HACC as infrequent users of HACC services may not be identified as HACC program users in the HACC MDS for a particular quarter (for example, those receiving infrequently provided services such as home modifications or equipment). Finally, people who only use HACC-provided respite care are not included as HACC clients because—under HACC MDS version 1 reporting rules—the carer should be recorded as the HACC client (respite care services are reported for 1% of older HACC clients (AIHW 2003:302, 2005:164).

Detailed descriptions of the measured program transitions are given in Tables 7 and 8.

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Residential respite care at a glance

Residential respite care provides short-term care in Australian Government subsidised aged care homes and is generally for people who are in temporary need of care and who intend to return to the community. Such care is important both for people who need a higher level of care just for the short term and as a component of the carer support system, whether for emergency care or to provide a 'break' while carers attend to other affairs or take a holiday. Except for emergency situations, a person must be assessed as needing residential respite care by an ACAT. A person can have up to 63 days of respite care in a financial year, with the possibility of extensions of 21 days at a time if an ACAT considers this necessary (DoHA 2004). People using residential respite care may also access HACC and/or CACP services when they are at home.

People who enter and receive respite care in Australian Government subsidised RAC services can be asked to pay a daily care fee (capped at $27.54 per day as at 1 January 2005). Respite residents do not pay an accommodation charge or accommodation bond, nor do they have to pay any additional income-tested charges (see AIHW 2005:187–9 for an overview of user contributions to RAC).

On 1 October 2002, 2,600 people aged 65 and over were in residential respite care, and during the December quarter nearly 10,000 people started and 10,300 finished at least one period of respite care so that, overall, 12,200 older people used residential respite in the quarter (Table 1). This compares with 142,500 people using permanent RAC, including 15,200 who had an admission and 14,200 who had a separation in the quarter.

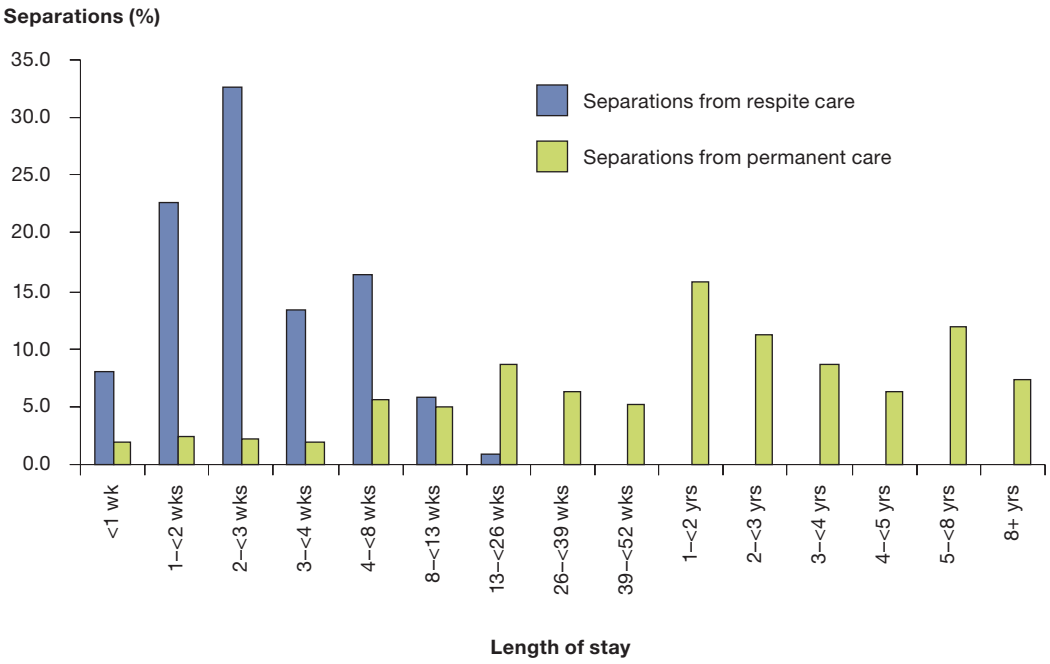
The different purposes of respite and permanent RAC result in quite different lengths of stay and reasons for separation. Annually, just over 60% of respite care episodes last 3 weeks or less while two-thirds of periods of permanent care last at least 9 months (Figure 3; AIHW 2005:Table A4.4).

Because of its short-term nature, the age profiles of people starting and ending a period of respite care are very similar, with just over 40% of respite clients being aged 85 and over. In contrast, and not surprisingly, people who are admitted to permanent care in a RAC service tend to be younger than those who finish: 48% of older people who started permanent RAC in the December quarter 2002 were aged at least 85 compared with 56% who ended a period of care.

Table 1: People aged 65 and over using residential aged care, October–December 2002 (per cent)

	Respite			Permanent		
Age	People with admissions	People with separations	All people using respite care	People with admissions	People with separations	All people using permanent care
65–69	4.6	4.7	4.6	3.2	2.6	3.2
70–74	9.4	9.4	9.2	7.4	5.9	6.7
75–79	17.6	17.8	17.8	15.9	12.9	13.8
80–84	26.5	26.3	26.1	25.8	22.4	23.0
85–89	26.1	25.7	26.1	26.9	26.5	27.2
90–94	12.6	13.1	13.0	16.4	20.5	19.0
95+	3.1	3.2	3.2	4.4	9.1	7.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (no.)	**9,961**	**10,300**	**12,162**	**15,163**	**14,162**	**142,493**

Source: AIHW analysis of DoHA ACCMIS.



Note: Figure combines episodes of care involving same- and next-day transfers within care type (i.e. respite or permanent care).

Source: AIHW 2005:Figure 4.4.

Figure 3: Length of stay of older clients who left residential aged care during 2003–04 (people aged 65 and over)

Reflecting the greater longevity of women, the proportion of RAC residents who are female increases with age for both respite and permanent clients (Table 2). However, compared with permanent residents, respite residents are more likely to be men, with men making up 37% of older people using residential respite care but only 27% of those using permanent RAC.

Table 2: People aged 65 and over using residential aged care, by age and sex, October–December 2002 (per cent)

	Respite			Permanent		
Age	Male	Female	All people	Male	Female	All people
65–69	53.1	46.9	100.0	50.3	49.7	100.0
70–74	50.1	49.9	100.0	45.5	54.5	100.0
75–79	44.2	55.8	100.0	36.3	63.7	100.0
80–84	36.8	63.2	100.0	28.1	71.9	100.0
85–89	29.6	70.4	100.0	23.5	76.5	100.0
90–94	27.2	72.8	100.0	18.7	81.3	100.0
95+	24.7	75.3	100.0	14.8	85.2	100.0
Total	**36.6**	**63.4**	**100.0**	**27.1**	**72.9**	**100.0**
Total (no.)	**4,448**	**7,714**	**12,162**	**38,642**	**103,851**	**142,493**

Source: AIHW analysis of DoHA ACCMIS.

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As the name 'respite' suggests, the majority of clients admitted to residential respite care return to the community: about two-thirds (68%) of people using respite care in the December quarter 2002 returned to their home following their period of care, with very few stays ending with the death of the client (1%; Table 3). However, following 14% of separations from respite care the person remained in residential aged care. This is in stark contrast to permanent residents, with over 60% of periods of care for these clients ending with their death, and a further 24% involving a transfer within the residential aged care program.

Table 3: Reason for discharge from residential aged care for clients aged 65 and over, October–December 2002 (per cent)

Reason for discharge	Respite	Permanent
Death	1.3	64.2
Return to family or home	68.1	3.0
To hospital	4.2	4.4
To other RAC (hostel or nursing home)	14.4	24.1
Other	12.0	4.2
Total	**100.0**	**100.0**
Total separations (no.)	**11,346**	**14,652**

Notes

1. Table is for clients who would have been aged at least 65 by 31 December 2002.
2. Table excludes 108 cases with missing data on reason for discharge.
3. Transfers are treated as distinct separations.

Source: AIHW analysis of DoHA ACCMIS.

Table 4: Repeat use of residential aged care by people aged 65 and over (per cent)

Number of episodes	Within a quarter: October–December 2002		Within a year: April 2002 – March 2003	
	Respite	Permanent	Respite	Permanent
1	88.7	97.1	70.8	90.7
2	10.2	2.8	19.6	8.6
3	0.9	0.1	6.3	0.6
4	0.1	—	2.2	—
5	—	—	0.8	—
6+	—	—	0.3	—
Total	**100.0**	**100.0**	**100.0**	**100.0**
Total (no.)	**12,162**	**142,493**	**32,194**	**175,870**

Notes

1. Table is for clients who would have been aged at least 65 by 31 December 2002.
2. Table includes all episodes of care within the period, including those still ongoing at the end of the period. Transfers are treated as distinct separations.

Source: AIHW analysis of DoHA ACCMIS.

While many people access residential care only occasionally, some people make repeated use of the program (Table 4). For the December 2002 quarter, 11% of people who used residential respite care had at least two periods of care in the quarter, with 1% using respite care three or more times. Unsurprisingly, over a year repeat use is more common, and nearly 30% of people accessing residential respite care in the year ending 31 March 2003 had more than one admission to respite care; around one-third of these repeat users had three or more periods of respite care. As expected, multiple admissions to permanent care are rarer.

In the scheme of things

There are a number of questions that are of interest when looking at how residential respite care fits into the aged care system which can be examined by looking at transitions between services. These include:

- How do people access residential respite care?
- Have they been using other services beforehand?
- Where do they go when they leave residential respite care?
- What other services do they use after the period of respite care?

To and from respite care

Residential respite care is often used as a support service by people living at home (and their carers), and so can delay or obviate the need to enter permanent RAC. It can also be a stepping stone towards permanent RAC. Less commonly, people may be connected (or re-connected) to community care services as a result of a period of respite care. These interactions are illustrated in Figure 4.

As noted earlier, in the December quarter 2002 almost 12,200 people used residential respite care. Over half of these people (6,600, or 55%) were accessing community care programs when they started their period of respite care (Table 7). Reflecting the much larger size of the HACC program compared with the CACP program, 87% of the respite care clients with concurrent use of community care were receiving HACC services and 24% were on a CACP (including 11% who received assistance from both programs).

Although many people access residential respite care more than once over a year (see previous discussion), more of those accessing such care in a quarter have used only community care, and not residential respite care, in the preceding quarter (Table 5). For example, of the nearly 10,000 people with admissions to residential respite care in the December quarter 2002, around 2,400 had used residential respite in the September quarter (over 60% with community care as well) compared with 4,200 who had used only HACC or CACP services (Table 5; Table 7; Figure 4).[1] Again reflecting the relative size of the two programs, 85% of the community care users were receiving HACC services and 27% were on a CACP (including 12% who were accessing both programs).

As seen in earlier analyses (AIHW: Liu & Choi 1996), while many people finishing an episode of residential respite care return home and access the same care programs they were

1 A small number of people also moved from permanent to respite RAC: 120 people with respite admissions in the December quarter had used permanent RAC sometime since 1 July 2002.

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using beforehand, many change their care shortly after. Of the 10,300 people who finished an episode of residential respite care in the December quarter 2002, 40% (4,120) had been admitted to permanent care by the end of March 2003 (Table 5). Almost half (48%, or 1,970/4,120) of these movers had also been receiving community care services during the December quarter. A higher proportion of those who had not recently used community care were admitted to permanent RAC by the end of the following quarter than those who had: 46% of people who only used residential respite care in the December quarter 2002 had been admitted to permanent RAC by 31 March 2003, compared with 35% of those who had also accessed HACC and/or CACP services.

In general, people tend to access respite care via community care rather than the other way around. However, a relatively small number of people start accessing community care, or re-connect with such programs, after a period of residential respite care. Among people who finished respite care in the September quarter 2002, an estimated 750 who had not used community care in that quarter were in receipt of such services by the end of the following quarter.

Table 5: Transitions into and out of residential respite care, around October–December 2002 (people aged 65 and over)

	Admitted into residential respite care in December quarter					
Program use in September quarter prior to admission to respite care in December quarter	**With residential respite care in September quarter**		**Without residential respite care in September quarter**		**Total**	
	Number	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
HACC and/or CACP	1,450	61.5	4,170	54.8	5,620	56.4
Respite care only	910	38.5	. .	. .	910	9.1
Neither	. .	. .	3,430	45.2	3,430	34.5
Total in residential respite care in December quarter	**2,360**	**100.0**	**7,600**	**100.0**	**9,960**	**100.0**

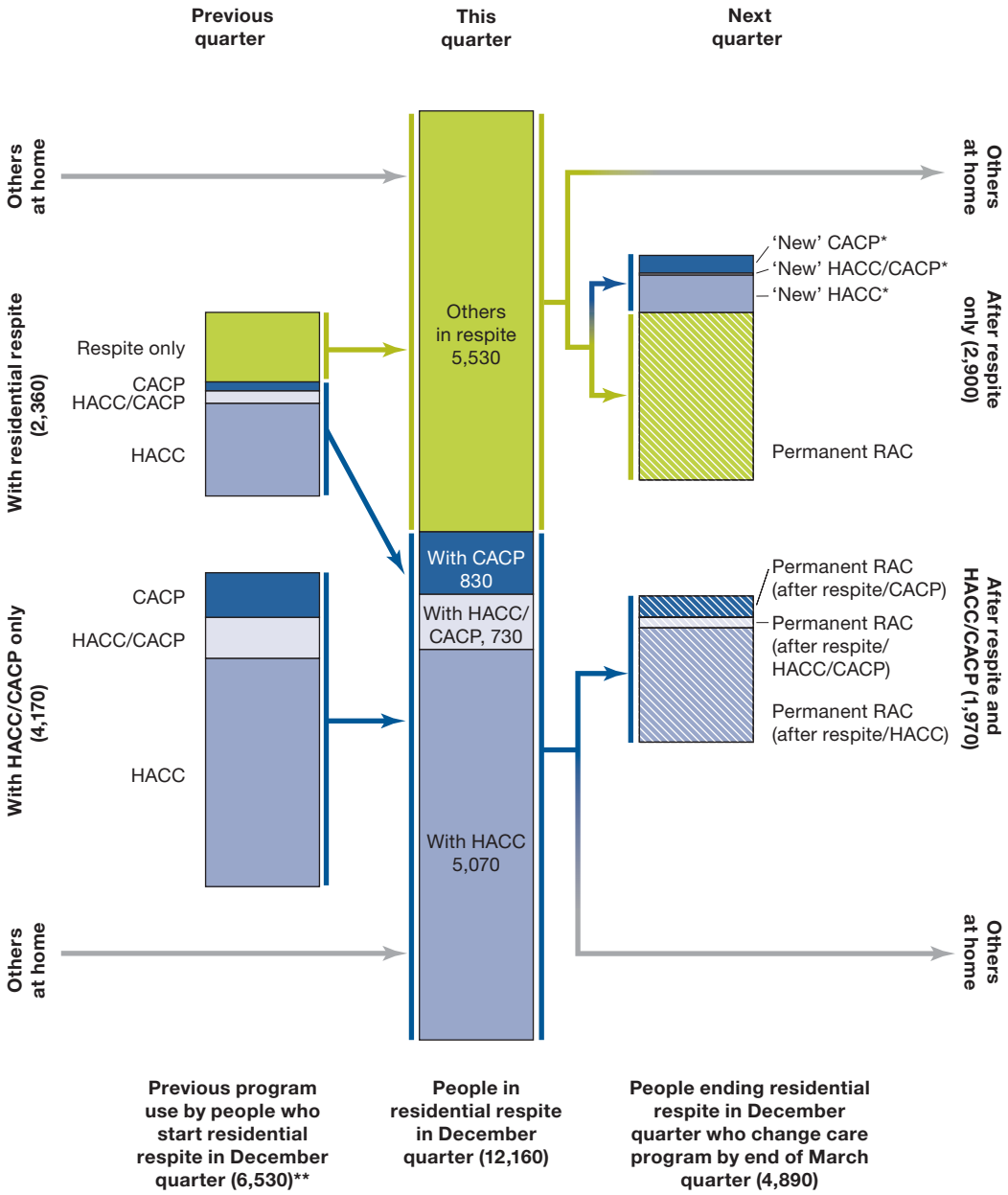
	Leaving residential respite care in December quarter					
Program use in March quarter after residential respite care ending in December quarter	**Residential respite care only in December quarter**		**Residential respite care with HACC/CACP in December quarter**		**Total**	
	Number	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
New/renew HACC and/or CACP by end March quarter	[a]750	15.9	. .	. .	[a]750	[b]7.3
To permanent RAC by end March quarter	2,150	45.7	1,970	35.1	4,120	40.0
Other	[b]1,800	[b]38.3	3,630	64.9	[b]5,430	[b]47.2
Total who had left residential respite care in December quarter	**4,700**	**100.0**	**5,600**	**100.0**	**10,300**	**100.0**

Note: Numbers have been rounded to nearest 10 (see Box 1).

(a) Estimate for movements for previous quarter.

(b) Approximate only as uses estimate for previous quarter—see note (a).

Sources: AIHW analysis of DoHA ACCMIS; Table 1; Table 7.



* 'New' includes people re-connected to programs after a gap of at least 3 months. Figures are estimated from movements between September and December quarters.

** Previous use of permanent residential care not included: 120 people with respite admissions in the December quarter had used permanent RAC sometime since 1 July 2002.

Note: Estimates of movement from and to HACC are likely to be undercounts. See Box 1.

Source: Table 7.

Figure 4: Transitions into and out of residential respite care, around October–December 2002 (people aged 65 and over)

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Going to permanent care

From the above it can be seen that a substantial proportion of the people who use residential respite care in one quarter are admitted into permanent residential care by the end of the next quarter. However, looking at transitions from the perspective of permanent RAC, use of residential respite care is by no means a necessary precursor to entry into permanent residential care.

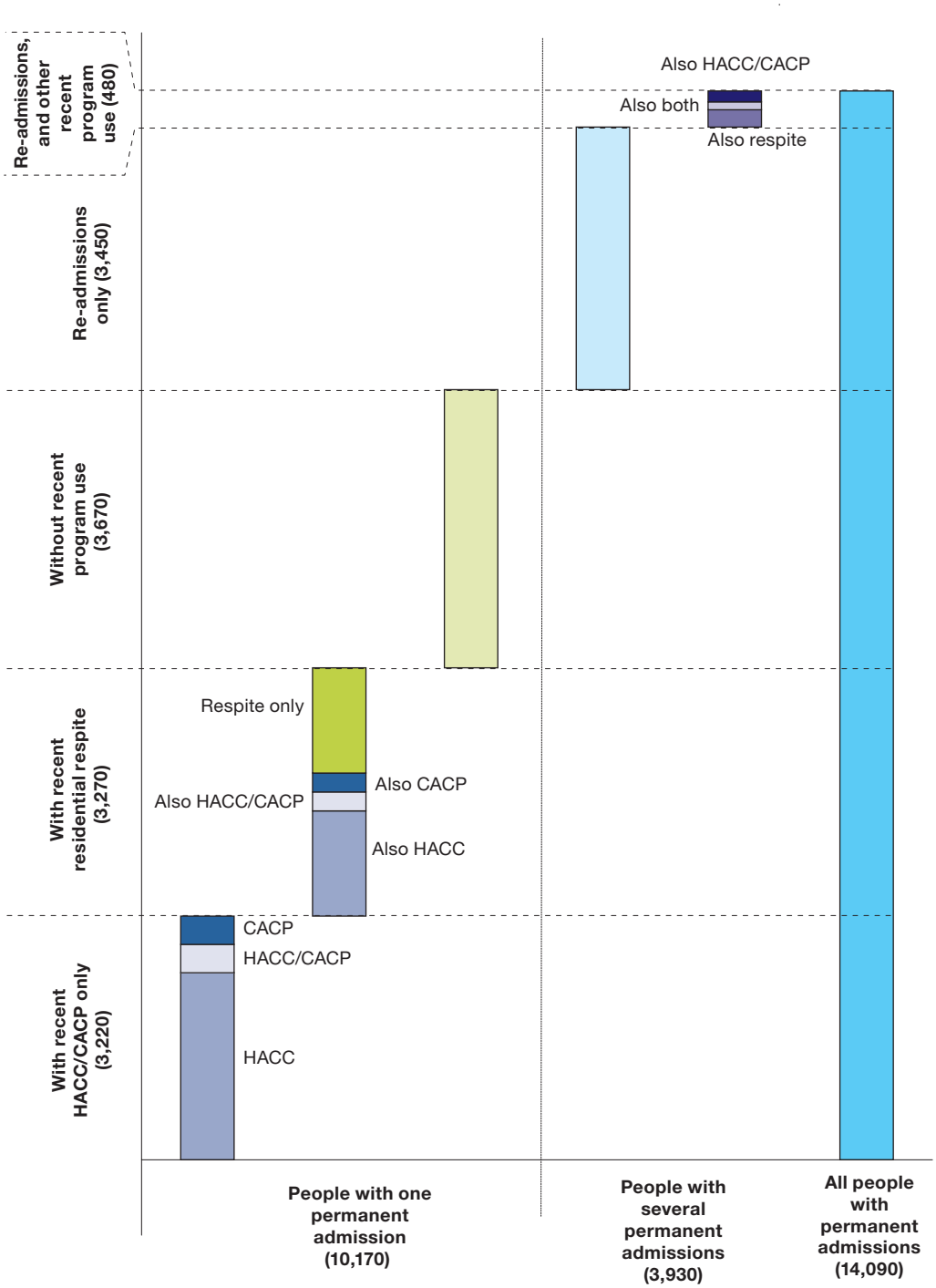
Overall, just over one-quarter of the 14,100 people with a permanent admission in the March quarter 2003 had used residential respite care at some time since October 2002; slightly more than half of these had also accessed community care (Tables 6 and 8, Figure 5). The remainder were split fairly evenly between those with recent use of community care services only (23%), those without recent use of either HACC, CACP or RAC services (26%), and those with previous use of permanent residential care only (that is, re-admission; 25%). Among people re-admitted to permanent RAC, in 80% of cases their last admission in the March quarter involved a same- or next-day transfer between RAC services. Many of those with longer gaps between periods of permanent care were most likely in hospital: 42% of people with more than a 2-day gap were reported on ACCMIS as having been discharged from the earlier period as a result of hospitalisation.

Table 6: Previous aged care program use by people admitted to permanent residential aged care during January–March 2003 (people aged 65+)

	People with one permanent admission		People with several permanent admissions		Total	
Previous program use	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Residential respite care and HACC/CACP	1,880	13.4	90	0.6	1,970	14.0
Residential respite care only	1,390	9.8	230	1.6	1,620	11.5
HACC and/or CACP only	3,220	22.9	160	1.1	3,380	24.0
None of the above	3,670	26.1	3,450	24.5	7,130	50.6
Total	**10,170**	**72.1**	**3,930**	**27.9**	**14,090**	**100.0**

Note: Numbers have been rounded to nearest 10 (see Box 1).

Source: Table 8.



Source: Table 8.

Figure 5: Previous aged care program use by people admitted to permanent residential aged care during January–March 2003 (people aged 65 and over)

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Table 7: Quarterly movements into and out of residential respite care, December quarter 2002

Movement	Detailed description	Number
People using community care but not residential respite care in September 2002 quarter and accessing residential respite care in December quarter 2002		
HACC to respite care	People using HACC and not residential respite care in September 2002 quarter with an admission to residential respite care in December quarter 2002	3,030
CACP to respite care	People on a CACP in September or December 2002 quarters (and not in residential respite care at the same time) before their first admission to residential respite care in December quarter 2002	620
HACC and CACP to respite care	People using HACC and not residential respite care in September 2002 quarter, who were also on a CACP in September 2002 quarter (and not in residential respite care at the same time) before their first admission to residential respite care in December quarter 2002	520
Total		**4,170**
People using residential respite care in September quarter and accessing residential respite care in December quarter 2002		
Respite to respite care, with HACC	People using HACC (not CACP) and residential respite care in September quarter, with an admission to residential respite care in December quarter 2002. (Includes 1,029 identified as also having some community care in December quarter)	1,150
Respite to respite care, with CACP	People using CACP (not HACC) and residential respite care at the same time in September quarter, before their first admission to residential respite care in December quarter 2002. (Includes 119 identified as also having some community care in December quarter)	130
Respite to respite care, with HACC/CACP	People using HACC/CACP and residential respite care at the same time in September quarter, before their first admission to residential respite care in December quarter 2002. (Includes 167 identified as also having some community care in December quarter)	170
Total	*(Includes 1,315 identified as also having some community care in December quarter)*	*1,450*
Respite only to respite care	People using residential respite care (and not community care at the same time) in September quarter, before their first admission to residential respite care in December quarter 2002	910
Total		**2,360**
Concurrent use of community care and residential respite care		
HACC	People using HACC (not CACP) and residential respite care, December quarter 2002	5,070
CACP	People using CACP (not HACC) and residential respite care at the same time, December quarter 2002	830
HACC and CACP	People identified as both using both HACC and CACP and residential respite care at the same time, December quarter 2002	730
Total		*6,630*
Residential respite care only		5,530
Total		**12,160**

(continued)

Table 7 (continued): Quarterly movements into and out of residential respite care, December quarter 2002

Movement	Detailed description	Number
People starting permanent residential aged care following a period of residential respite care		
Permanent admission, following respite care only within previous quarter	People with a separation from residential respite care, without concurrent use of community care, in December quarter 2002, who had a subsequent admission to permanent care by the end of March quarter 2003	2,150
Permanent admission, following respite care with HACC within previous quarter	People with a separation from residential respite care in December quarter 2002, who had also used HACC (not CACP) in that quarter, with a subsequent admission to permanent care by the end of March quarter 2003. (Includes 830 people newly accessing residential respite care from community care in December quarter 2002)	1,540
Permanent admission, following respite care with CACP within previous quarter	People with a separation from residential respite care in December quarter 2002, who had also used CACP at the same time (but not HACC) in that quarter, with a subsequent admission to permanent care by the end of March quarter 2003. (Includes 66 people newly accessing residential respite care from community care in December quarter 2002)	280
Permanent admission, following respite care, HACC and CACP within previous quarter	People with a separation from residential respite care in December quarter 2002, who had also used HACC and CACP (concurrent with the respite care) in that quarter, with a subsequent admission to permanent care by the end of March quarter 2003. (Includes 51 people newly accessing residential respite care from community care in December quarter 2002)	140
Total	**(Includes 947 people newly accessing respite from community care in December quarter 2002)**	**4,120**
People starting community care following a period of residential respite care[(a)]		
HACC following respite care	People with a separation from residential respite care in September quarter 2002, who had not accessed community care in that quarter and who used HACC (not CACP) in December 2002 quarter	490
CACP following respite care	People with a separation from residential respite care in September quarter 2002, who subsequently started on a CACP (not HACC) by the end of December 2002 quarter	240
HACC and CACP following respite care	People with a separation from residential respite care in September quarter 2002, who subsequently accessed both HACC and CACP by the end of December 2002 quarter	20
Total		**750**

(a) Movements to community care were estimated for the December 2002 quarter rather than for the March 2003 quarter because of data availability.

Notes

1. Table includes episodes of care for people who would have been aged 65 and over on 31 December 2002, except for movements into community care where age was based on 30 September 2002 (see note (a)).
2. Figures have been rounded to the nearest 10, consequently components may not add to total.

Source: AIHW analysis of linked data.

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Table 8: Quarterly movements into permanent residential aged care, December quarter 2002

Movement	Description	Number
With recent community care (without concurrent use of residential respite care)		
HACC only	People using HACC (not CACP) and not permanent care in December 2002 quarter with an admission to permanent RAC in March quarter 2003	2,490
CACP only	People ending a CACP in December 2002 (and not using HACC) or March 2003 quarters with a subsequent admission to permanent RAC in March quarter 2003	370
HACC/CACP	People using HACC in December 2002 quarter and ending a CACP in December 2002 or March 2003 quarters, with a subsequent admission to permanent RAC in March quarter 2003	370
Total		*3,220*
With recent residential respite care		
Respite care with HACC only	People ending residential respite care in December 2002 or March 2003 quarters, and identified as using HACC (not CACP) in December 2002 quarter, with a subsequent admission to permanent RAC in March quarter 2003	1,370
Respite care with CACP only	People ending residential respite care in December 2002 or March 2003 quarters, and identified as having concurrent use of CACP (not HACC) in December 2002 quarter, with a subsequent admission to permanent RAC in March quarter 2003	260
Respite with HACC/ CACP	People ending residential respite care in December 2002 or March 2003 quarters, and identified as having concurrent use of CACP and HACC in December 2002 quarter, with a subsequent admission to permanent RAC in March quarter 2003	250
Total		*1,880*
Respite care only	People ending residential respite care in December 2002 (and not using community care) or March 2003 quarters, with a subsequent admission to permanent RAC in March quarter 2003	1,390
Total		*3,270*
With recent previous admissions to permanent care: With re-admissions, and had used residential respite care		
Re-admissions, and had used respite care	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used residential respite care care since October 2002 prior to the last permanent RAC re-admission	230
Re-admissions, and had used respite care and HACC	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used residential respite care in December 2002 or March 2003 quarters prior to the last permanent RAC re-admission and HACC in December quarter 2002	40
Re-admissions, and had used respite care and CACP	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used residential respite care with CACP in December 2002 or March 2003 quarters prior to the last permanent RAC re-admission	40
Re-admissions, and had used respite care, HACC and CACP	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used residential respite care with CACP in December 2002 or March 2003 quarters prior to the last permanent RAC re-admission and HACC in December quarter 2002	10
Total		*320*

(continued)

Table 8 (continued): Quarterly movements into permanent residential aged care, December quarter 2002

Movement	Description	Number
With recent previous admissions to permanent care: With re-admissions, and had used community care but not residential respite care		
Re-admissions, and had used HACC	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used HACC in December quarter 2002	90
Re-admissions, and had used CACP	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as having used CACP in December 2002 or March 2003 quarters prior to the last permanent RAC re-admission	50
Re-admissions, and had used HACC and CACP	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. Also identified as previously having used CACP in December 2002 or March 2003 quarters prior to the last permanent RAC re-admission, and HACC in December quarter 2002	20
Total		*160*
Re-admissions to permanent care only	People ending permanent RAC in December 2002 or March 2003 quarters, with a subsequent re-admission to permanent RAC in March quarter 2003. No other services used since 1 October 2002	3,450
Total with re-admissions		*3,930*
Total admitted to permanent RAC with recent use of aged care services		*10,420*
Without recent use of aged care services		*3,670*
Total		**14,090**

Notes

1. Table includes episodes of care for people who would have been aged 65 and over on 31 December 2002.
2. Numbers have been rounded to the nearest 10, consequently components may not add to total.

Source: AIHW analysis of linked data.

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Abbreviations

ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Care Management Information System
CACP	Community Aged Care Package
DoHA	Department of Health and Ageing
HACC	Home and Community Care
MDS	minimum data set
RAC	residential aged care

Symbols

—	when used in a table—nil or rounded to zero (including null cells)
. .	when used in a table—not applicable

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