

Main features

Operational places and packages

As at 30 June 2002, there were 2,961 residential aged care services in Australia providing a total of 144,695 places. In addition, 26,195 Community Aged Care Packages (CACPs) were provided by mainstream services. Community Aged Care Packages are designed to provide care services to those living at home who would otherwise be eligible for low-level residential care. This section presents data on operational aged care places and packages.

Because aged care places and Community Aged Care Packages are intrinsically linked, they are usually combined to present an indication of the provision of aged care against the planning ratio. The planning ratio target is 100 places and packages per 1,000 persons aged 70 years and over. The provision ratio declined in the late 1980s and early 1990s but stabilised in the mid-1990s at around 94 places and packages per 1,000 persons aged 70 years and over (AIHW 1995:381-2; AIHW 1997: 384-5). Recently the ratio has risen as a consequence of new aged care places and packages being made available (see Table 1 and Figure 1).

Residential aged care provision increased in absolute terms from 144,013 places at 30 June 2001 to 146,268 places at 30 June 2002 (Table 1). At the same time the provision of Community Aged Care Packages increased from 24,630 at 30 June 2001 to 26,425 at 30 June 2002. These places and packages include a number provided through Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy. As at 30 June 2002, there were 162 Multi-Purpose Services providing 1,273 residential care places and 119 packages, and 63 services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy providing 300 residential care places and 111 packages. At 30 June 2001, the comparable figures were 1,089 residential care places and 106 packages for Multi-Purpose Services, and 297 residential care places and 94 packages for services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

Taking into account all places and packages, the combined ratio of residential aged care places and Community Aged Care Packages per 1,000 persons aged 70 years and over increased from 96.2 at 30 June 2001 to 96.4 at 30 June 2002. These changes result from an increase in Community Aged Care Packages from a provision ratio of 14.0 at 30 June 2001 to 14.7 at 30 June 2002, and a decrease in the residential aged care ratio from 82.2 at 30 June 2001 to 81.6 at 30 June 2002.

The provision of aged care places and packages by remoteness within states and territories are presented in Tables 1.3 and 1.4. The Australian Bureau of Statistics remoteness classification used in these tables replaces the geographical classification used in previous issues of this series.

Table 1: Number of operational residential aged care places and Community Aged Care Packages and the provision ratio per 1,000 persons aged 70 years and over, ^(a) 30 June 1995 to 30 June 2002

Year	Residential places	Community Aged Care Packages	Total	Places per 1,000 persons aged 70 and over	Packages per 1,000 persons aged 70 and over	Ratio per 1,000 persons aged 70 years and over ^(a)
1995	134,810.0	2,542.0	137,352	92.2	1.7	93.9
1996	136,851.0	4,431.0	141,282	90.6	2.9	93.5
1997	139,058.0	6,124.0	145,182	89.2	3.9	93.1
1998	139,917.0	10,046.0	149,963	87.1	6.3	93.3
1999	141,697.5	13,896.5	155,594	85.6	8.4	94.0
2000	142,341.5	18,308.5	160,650	83.6	10.8	94.4
2001	144,012.5	24,629.5	168,642	82.2	14.0	96.2
2002	146,268.0	26,425.0	172,693	81.6	14.7	96.4

(a) The ratios are based on Australian Bureau of Statistics (ABS) population estimates released in March 2003, cat. no. 3101.0, and are recalculated back to 1997.

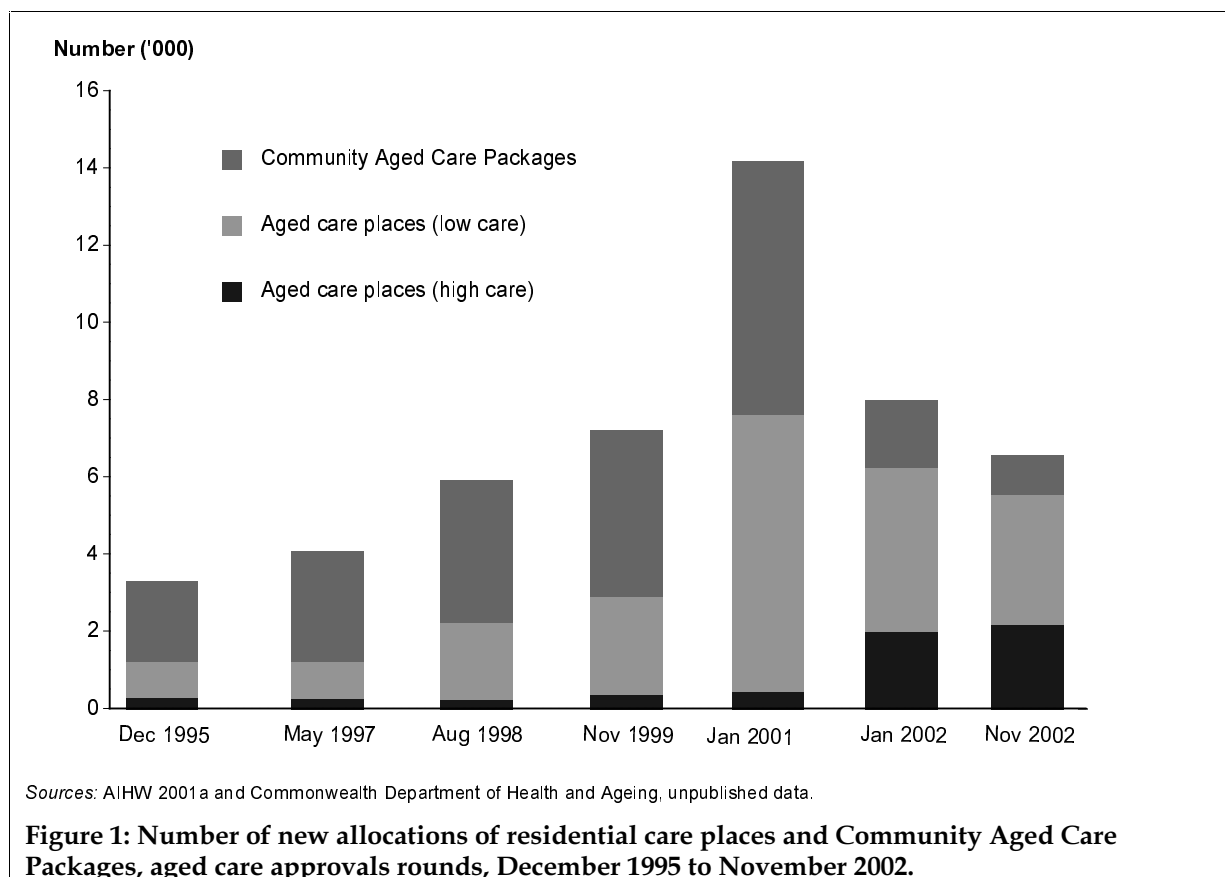
Note: From 1999, the data in this table include places and packages provided by Multi-Purpose Services and flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy. In 1999 there were a total of 143.5 packages and 1,046.5 places.

Because of the flexible nature of the services provided by Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy, only limited data are available on these services. Consequently, the remainder of this report presents data on residents of mainstream services only.

Allocated places and packages

Given the time lags between residential places and Community Aged Care Packages being approved and allocated and then becoming operational, consideration of operational places and packages alone does not give the complete picture of aged care activity. There are a significant number of newly allocated residential places and Community Aged Care Packages from the 2002 aged care approvals round.¹ In November 2002, the allocation of 5,579 residential aged care places and 982 Community Aged Care Packages was announced. In total, an additional 14,558 places and packages have been allocated in the two most recent approvals rounds (Figure 1). After several years of quite modest increases in the allocation of new high care places, there was a substantial increase in the allocation of high care places in the 2001 approvals round (finalised in January 2002). This higher level has occurred again in the November 2002 round.

¹ Allocated Community Aged Care Packages and residential care places are those that have been allocated to an approved provider. Under the *Aged Care Act 1997*, places and packages have 2 years in which to become operational.



Place-days and occupancy rate

During the 12-month period from 1 July 2001 to 30 June 2002, 50.3 million place-days were used in aged care services in Australia, consisting of 49.3 million days for permanent care and just under 1 million days for respite care (Table 1.8). Overall, about 2% of occupied place-days were used for respite purposes. The average residential care occupancy rate was about 96% during the reporting period, the same as that reported for the previous year (Table 1.9).

Residents and their characteristics

There were 138,929 residents in aged care services on 30 June 2002, compared with 136,608 residents in aged care services on 30 June 2001 (Table 2.1). Just over half of residents in aged care services at 30 June 2002 were aged 85 years and over. This pattern was very similar across the states and territories, with the exception of the Northern Territory where just 30% of residents were aged 85 years and over. Residents of services in very remote areas also tended to have a younger age profile, with 25% aged 85 years and over (Table 2.13).

Nationally, there were 6,116 residents aged under 65 years accommodated in aged care services, comprising 4% of all residents. For the Northern Territory, however, the proportion of residents aged under 65 years was considerably higher at 20%. A higher proportion in the Northern Territory is to be expected given the higher proportion of Indigenous Australians in the Northern Territory. Because of this, aged care planning for Aboriginal and Torres

Strait Islander people is based on those 50 years and over in light of their poorer health status. In very remote areas, 19% of residents were under 65 years of age.

The majority of residents (72%) were female (Table 2.1). Female residents were older than male residents: 56% of female residents were 85 years of age or older, compared with 37% of male residents.

Most residents were in receipt of a government pension: 77% of permanent residents received a Centrelink pension and 13% a Commonwealth Department of Veterans' Affairs pension (Table 2.8).

Of the 91% of permanent residents for whom data were reported on Indigenous status, 687 (about 0.6%) identified as Indigenous people (Table 2.6). Indigenous people had a higher representation among respite residents than among permanent residents, comprising 0.9% of those respite residents with known Indigenous status (Table 2.7). Data on Indigenous status were not available for about 10% of respite residents.

Age-specific usage rates based on the Australian Bureau of Statistics 2001 census (estimated resident population) give an estimate of the Indigenous people receiving permanent care. At 30 June 2002, there were 16.0 per 1,000 Indigenous persons aged 65–69 years, 26.1 per 1,000 Indigenous persons aged 70–74 years, and 86.7 per 1,000 aged 75 years and over (Table 2.18). Comparison with the figures in last year's publication requires some caution as the high series population projections produced by the Australian Bureau of Statistics were used in those calculations.

A high percentage of all permanent residents reported their birthplace and preferred language. Around one in four residents were born overseas; 11% were born in the United Kingdom and Ireland, another 8% in 'other' areas of Europe (Table 2.9). Nationally, about 93% of residents indicated that English was their preferred language, while 6% preferred other European languages (Table 2.11).

Based on Australian Institute of Health and Welfare projections of ABS estimated resident population by country of birth, the population of people from non-English-speaking backgrounds receiving permanent care at 30 June 2002 was estimated to be 53.0 per 1,000 non-English-speaking persons aged 75–84 years and 214.1 per 1,000 aged 85 years and over. The corresponding rates for English-speaking persons were higher at 54.8 and 251.2 respectively (Table 2.16). The calculation method for this table has been amended, as the criterion used in the corresponding table in last year's publication was preferred language rather than country of birth. The treatment of missing entries has also been amended to produce greater accuracy. Consequently, this year's table cannot be compared with last year's table. The comparable table for 2000–01 calculated by the new method is reported as Table 2.17, and the results are very similar to this year's results.

About 97% of permanent residents reported their marital status prior to admission. Of these, 59% were widowed, 24% were either married or in a de facto relationship, 11% were never married and 6% were divorced or separated (Table 2.4). Female permanent residents were over two times more likely to be widowed and over two times less likely to be married or in de facto relationships than their male counterparts. Respite residents were more likely to be married at the time of admission than were permanent residents. There were some 7% of respite residents who had never married (Table 2.5).

As all of these measures refer to resident characteristics at a particular point in time they can be directly compared with the characteristics of the combined nursing home and hostel populations at the corresponding times in previous reports if desired.

Length of stay

Under the amalgamated aged care residential system introduced at 1 October 1997, length of stay refers to the period spent in the combined system which may include both time spent under low care (previously hostel) and high care (previously nursing home). This was not the case previously when there were separate admission/separation recordings for high care (nursing home) and low care (hostel) residents, and the two data collections were separate.

Two standard measurements related to length of stay are the total length of stay of a departed resident up to the point of separation and the length of stay of an existing resident up to a particular point in time (in this publication up to 30 June 2002).

The distribution of length of stay for existing permanent residents at 30 June 2002 was toward longer periods of stay (Table 2.14). Only 8% of permanent residents had been in residential aged care for less than 3 months. About 18% had been resident for between 3 months and 1 year, 50% for 1 to 5 years and 23% for 5 years or more. It should be noted that, for existing residents, length of stay is an incomplete measure, showing the time that residents have already spent in residential aged care, but not how much more will be spent before leaving.

For complete length of stay (i.e. length of stay at separation) the proportion of residents was skewed toward shorter term length of stay, as separation rates for long stayers are lower than short stayers. Thus, for completed length of stay 19% of permanent residents stayed less than 3 months with 20% staying between 3 months and 1 year (Table 5.6). Just under 43% of permanent residents stayed between 1 and 5 years prior to separation, with 19% staying over 5 years.

Dependency levels

Resident dependency levels are indicated by the Resident Classification Scale (RCS). The RCS replaced the Resident Classification Instrument (RCI) previously used to measure dependency in nursing homes and the Personal Care Assessment Instrument (PCAI) formerly used to measure dependency in hostels. The RCS has eight categories which represent eight levels of care in descending order of need from 1 to 8. The level of Commonwealth care subsidy is based on the level of care need indicated by each RCS category. Categories 1 to 4 represent high care and categories 5 to 8 represent low care. There are no direct links between the new RCS and the old RCI and PCAI classifications, although RCS categories 1 to 4 have commonly been roughly aligned with nursing home care under the previous system, and RCS categories 5 to 8 with hostel care. While this alignment is useful for some purposes, it is important to recognise that the new classification system differs from the old one in a number of ways. From 1 October 1997 all new residents were classified using the RCS categories, and existing residents were progressively reclassified using the RCS system.

Among permanent residents on 30 June 2002, 1,732 (1.3%) were waiting to have an RCS assessment. Of those who did have their dependency level reported, 64% fell into high care categories (RCS 1 to 4) and 36% into low care categories (RCS 5 to 8, Table 5.1). RCS categories 1, 2 and 3 captured the highest proportion of permanent residents (19%, 25% and 15% respectively). The lowest level of care (RCS 8) contained less than 2% of residents on 30 June 2002.

There were few differences between male and female residents in relation to dependency levels. Younger residents demonstrated a slightly higher level of dependency than older

residents, for example, 24% of those under 65 years were in the RCS 1 category as compared to 19% overall (Table 5.2).

As reported in previous volumes of the Aged Care Statistics Series, dependency levels were continuously rising among both nursing home and hostel populations over the years preceding the introduction of the single system in 1997. As was expected, this trend toward increasing dependency levels has continued with the amalgamation of the two systems into one single system. Between 30 June 1998 and 30 June 2002, the proportion of residents classified as high care (RCS 1 to 4) rose from 58% to 64%, while those classified as low care (RCS 5 to 8) fell from 42% to 36% (Table 2). This decline has been most marked in RCS 8, reflecting an increasing emphasis on providing services to those with personal care needs, rather than primarily accommodation needs. Available residential care places have thus been targeted to a progressively more dependent group of people. This pattern is in keeping with established government policy which aims to provide a greater proportion of care for people in their homes who would otherwise be eligible for low care residential support. During this same period the supply of Community Aged Care Packages, aimed at providing the equivalent of low care residential support to people still living in their own homes, has expanded significantly.

Table 2: Dependency levels of permanent residents in residential aged care services, 30 June 1998 to 30 June 2002 (per cent)

Sex/year	RCS1–RCS4 (high care)	RCS5–RCS7 (funded low care)	RCS 8 (nil basic subsidy)	RCS5–RCS8 (low care)
Females				
1998	57.1	38.4	4.5	42.9
1999	60.2	36.8	2.9	39.8
2000	61.2	36.5	2.2	38.7
2001	62.5	35.9	1.5	37.4
2002	63.1	35.7	1.2	36.9
Males				
1998	59.6	35.7	4.6	40.4
1999	62.2	34.4	3.4	37.8
2000	63.1	34.3	2.6	36.9
2001	64.1	33.9	2.0	35.9
2002	64.6	33.7	1.7	35.4
Persons				
1998	57.8	37.7	4.5	42.2
1999	60.8	36.2	3.1	39.2
2000	61.8	36.0	2.3	38.3
2001	63.1	35.4	1.7	37.1
2002	63.6	35.1	1.4	36.5

Sources: AIHW 1999; AIHW 2000; AIHW 2001b; AIHW 2002 and Table 5.1.

The data in Table 2 refer to current residents of aged care services, covering all those in permanent residence as at 30 June in the year in question. The dependency profile of newly admitted residents provides a useful indication of the most recent trends in residential care. The dependency levels of newly admitted permanent residents during the period from 1 July 2001 to 30 June 2002 suggest that we may expect a continuing shift toward a higher proportion of people in residential aged care at high care levels in the future. After excluding the 1,249 residents whose dependency levels were not reported, 63% of newly admitted permanent residents were classified as high care and 37% as low care (Table 5.3). These proportions are very similar to those for existing residents, yet newly admitted residents are by definition at the beginning of their residential aged care stay – some will progress to higher levels of dependency in the course of their stay. A situation where the dependency profile of newly admitted residents is similar to or more dependent than that of current residents thus suggests that the trend toward a higher proportion of people in high care places in residential aged care is likely to continue.

As would be expected, the dependency levels of residents who left residential care (through death or a move elsewhere) were higher than those for both current and recently admitted residents (Table 5.5).

Admissions and separations

Permanent care

There were 90,654 admissions to residential aged care from 1 July 2001 to 30 June 2002, of which 52% (47,345) were for permanent care. Between 1 July 2001 and 30 June 2002, there were 88,787 separations from residential aged care. Separations after a period of permanent care accounted for 51% of total separations (Section 3).

Among those leaving permanent care, 83% died, 4% returned to the community, 5% moved to another residential aged care service and 6% were discharged to hospitals (2% were not reported, Table 3.5). Among those who died, 17% had stayed for less than 3 months, 19% for between 3 months and 1 year, 43% for 1 to 5 years and 21% for 5 years and more (Table 3.8). Those with shorter periods of stay were more likely to return to the community and less likely to die in residential aged care than were those with longer periods of stay.

Among permanent residents, one in five separations had been in residential aged care for less than 3 months, another 20% for between 3 and 12 months, 43% for 1 to 5 years and 19% for 5 or more years. The average (mean) length of stay for permanent residents separating from care was 146 weeks (164 weeks for women and 112 weeks for men, Table 3.9).

As already noted, length of stay for residents in residential aged care services cannot be compared with previously published statistics on the residents of hostels and nursing homes. However, the new admissions/separations data collections in the unified system do allow for year by year comparison of admissions and separations data since 1998.

Respite care

On 30 June 2002, respite residents made up just under 2% of all residents, which is similar to the 30 June 2001 proportion and the proportion of respite residents in nursing homes and hostels combined on 30 June 1997. This figure under-represents the importance of respite care, however, as it accounted for some 48% of 90,654 admissions from 1 July 2001 to 30 June 2002 (Table 3.3). This is explained by the short-term nature of respite care; while a large number of respite residents are admitted over the course of the 12-month period, there are relatively few resident at any one point in time.

About 13% of respite separations had an unspecified destination on departure from the service (Table 3.6). Of those for whom data were available, 77% returned to the community. A further 16% moved to the same or another service, and 5% were discharged to hospitals. Deaths accounted for less than 2%.

For those leaving respite care during the year under review, the average length of stay was 3.2 weeks. The longest average length of stay was in very remote areas (3.7 weeks, Table 3.10).

Turnover

Because of the different purpose and access patterns, turnover for permanent and respite admissions should be considered separately. Table 3 provides the calculations over the last four years of admissions; the method of calculation is defined in a note at the bottom of the

table. As can be seen, the turnover for permanent residents has remained steady at 0.33 since 1999. This means that overall only one-third of permanent places are associated with new residents in a year. On the other hand, turnover of respite residents has been increasing since 2000. In 2002, on average every respite place was used by 17 people during the year.

Table 3: Admissions and turnover, by type of care in residential aged care services, 1999 to 2002

Type of care	1999	2000	2001	2002
Permanent care				
Admissions	45,258	45,476	46,545	47,345
Turnover rate	0.33	0.33	0.33	0.33
Respite care				
Admissions	40,806	42,531	43,606	43,309
Turnover rate	15.79	15.73	16.04	17.17
Permanent and respite care				
Admissions	86,064	88,007	90,151	90,654
Turnover rate	0.61	0.62	0.63	0.63

Note: Turnover is calculated separately for permanent and respite residents by firstly allocating permanent and respite places according to the number of residents in each category as at 30 June, and then dividing the places by the number of appropriate admissions in the year. The inverse of the resulting number is then defined as the turnover.

Characteristics of newly admitted residents

Among permanent admissions, 68% were for people aged 80 years and over (73% of females and 59% of males, Table 3.2). The majority of permanent admissions were women (65%). Women had a much older age profile than men, with over 48% of women being 85 years and over, compared with only 35% of men. This age profile is slightly younger than that of current permanent residents, of whom 72% were aged 80 years and over (78% of women and 58% of men). In both groups, women predominated and had an older age profile. The proportion of women among current residents was somewhat higher (72%) than that among newly admitted residents, consistent with their longer average length of stay.

Newly admitted permanent residents were more likely to be married or in a de facto relationship, and less likely to be never married, when compared with current permanent residents (Table 4.1).

The proportion of people who were receiving a Commonwealth Department of Veterans' Affairs pension was around 15% for current permanent residents and 18% for newly admitted permanent residents after excluding the unknown cases (Table 4.7). The corresponding proportions of people receiving an aged pension were 74% and 71% respectively. As was the case for current respite residents, a high proportion of newly admitted respite residents did not have pension status reported.

Most residents were living in a house or flat prior to admission during the reporting period. As would be expected, this pattern was even more prominent among respite admissions than permanent admissions (Tables 4.3 and 4.4). About 41% of newly admitted permanent residents lived alone prior to their admission for permanent care, 21% with their spouse only and 12% with their children (and/or the children's families) (Table 4.5). Among those admitted for respite care, 38% of new residents were living alone. High proportions were

living with a spouse only (26%) or with their children (and/or the children's families), around 20% (Table 4.6).

Differences between permanent and respite admissions

People admitted for respite care differed considerably from those admitted for permanent care with regard to their family and living arrangements. Those admitted for respite care were more likely, at the time of admission, to be living in the community. While the vast majority of people admitted for both permanent and respite care were either married or widowed, those admitted for respite care were more likely to be married and less likely to be widowed than those admitted for permanent care. While people admitted for respite care were less likely to be single and living alone than those permanently admitted, it is noteworthy that 38% of respite admissions were for people living alone at the time of entry. About 77% of respite admissions were for people living in a house or flat prior to admission. This proportion compares with 68% for permanent admissions.

State and territory variations

Residential aged care services

The ratios of the combined number of Community Aged Care Packages and residential aged care places per 1,000 persons aged 70 years and over at the state/territory level were: Northern Territory (199.2), Queensland (99.9), South Australia (98.6), Tasmania (97.7), Western Australia (97.6), New South Wales (95.7), the Australian Capital Territory (94.5), and Victoria (92.7) (Table 1.4). 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 residential aged care at younger ages, on average, than do non-Indigenous people.

The ratios for residential aged care places per 1,000 persons aged 70 years and over varied across the states and territories. The Northern Territory had the highest level of provision at 103.3 places per 1,000 people aged 70 and over, followed by Queensland (85.9) and South Australia (83.7). These were followed by Western Australia (82.8), Tasmania (82.3), New South Wales (81.0), Victoria (78.5) and the Australian Capital Territory (76.1).

If the population figures used 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 103.3 to 51.0, whereas the aggregate Australian ratio only reduces from 81.6 to 79.9.

The size of the aged care services differed across jurisdictions. At the larger end of the continuum were services in the Australian Capital Territory (averaging 65 places per service), New South Wales (55) and Queensland (52) (Tables 1.3 and 1.5). Around 61% of services in the Australian Capital Territory had more than 60 beds, compared to 32% of those in New South Wales and 28% of those in Queensland. The remaining states had relatively few services of this size (all less than 20%).

At the smaller end were services in the Northern Territory (averaging 35 places per service) and Tasmania (40). Tasmania and Western Australia had a large proportion of small (20 or fewer beds) services – 22% and 14%, respectively. In the Northern Territory, however, half the services (50%) fell into this category, and none had more than 80 beds.

Occupied place-days for respite care accounted for about 2% of total occupied place-days in Australia. This rate varied somewhat across the states and territories, with the smallest proportions provided in Victoria (1.5%) and the highest in the Northern Territory (4.4%), (Table 1.8).

The overall occupancy rate ranged from 92% in the Northern Territory to 98% in each of South Australia, Tasmania and the Australian Capital Territory (Table 1.9). Australia-wide, very remote areas exhibited a lower occupancy rate (85%) than did other regions, with occupancy rates of 92–98% for major cities, inner regional and outer regional areas, and 90% for remote areas.

Resident characteristics

The age profiles of residents were similar in all states and territories, except in the Northern Territory where residents tended to be younger. In particular, one in five residents was aged under 65 years in the Northern Territory, compared to a national average of one in 22 (Table 2.1). This difference is largely explained by the larger proportion of Indigenous residents in Northern Territory aged care services, who tend to make use of these facilities at an earlier age than non-Indigenous residents.

Western Australia had the highest proportion of overseas-born permanent residents (38%) and the Australian Capital Territory had the highest proportion of overseas-born respite residents (43%) (Tables 2.9 and 2.10). This compares with the national average of 26% for permanent residents and 28% for respite residents. New South Wales, Queensland and Tasmania had the lowest proportions (between 15% and 24% of permanent residents and between 19% and 26% of respite residents). The majority of migrant residents were born in the United Kingdom and Ireland.

In terms of preferred language spoken at home, some state- and territory-based variations were also apparent. Among permanent residents, the Northern Territory had the highest proportion preferring a language other than English with 30% having this preference (including 23% who preferred an Australian Indigenous language) (Table 2.11). For the other states and territories the proportion of those who reported a preferred language other than English ranged from 11% in Victoria to 2% in Tasmania.

For permanent residents, their destination on separation also varied across the states and territories (Table 3.5). The Northern Territory had the highest proportion of persons returning to the community (6%). Tasmania had the highest percentage of separations through death (95%), while Western Australia had the lowest percentage of separations through death (75%) and the highest proportion moving to hospital (11%).

For respite residents, state and territory variations in destination on separation were also evident (Table 3.6). About 88% of respite separations returned to the community in Tasmania, compared with only 59% in New South Wales (with the national average being 68%). However, there was a high level of missing data on this variable for respite residents (13% nationally, but rising as high as 22% in New South Wales and 12% in South Australia). After excluding the missing data, the pattern changes slightly. Tasmania and the Northern Territory had the highest proportions returning to the community (89% and 88%, respectively), while Western Australia had the lowest (69%). Victoria also had a high proportion (86%) returning to the community. Another continuing pattern is that those states and territories with a lower rate of return to the community tended to have a higher rate of transfer to another service. Thus, in South Australia, Queensland and Western Australia, 18% to 25% of respite separations involved a transfer to another service, compared with the national average of 16% after excluding the missing data.

The length of stay of residents at the time of separation also varied among the states and territories (Table 3.9). Permanent separations in the Northern Territory had the longest average length of stay (154 weeks) and those in Victoria had the shortest (140 weeks). Among those leaving respite care, the average length of stay varied from 2.5 weeks in Tasmania to 3.5 weeks in New South Wales, Western Australia and South Australia (Table 3.10).

Dependency levels among residents differed marginally across the states and territories. About 66% of permanent residents were in the high care categories (RCS 1 to 4) in New South Wales and 62% in the Australian Capital Territory. Nationally, 64% of residents fell into this category.