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Hostels in Australia 1996–97

A statistical overview

Australian Institute of Health and Welfare
and
Department of Health and Family Services
Canberra

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Australian Institute of Health and Welfare

Board Chair
Professor Janice Reid

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Aged Care Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1000

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Preface

In 1997, the Commonwealth Department of Health and Family Services and the Australian Institute of Health and Welfare agreed to participate in a joint venture to publish hostel and nursing home data, with the Institute taking over the task of producing the publications. Previously, hostel and nursing home data had been published by the Department of Health and Family Services in two report series — *Hostels for the Aged: A Statistical Overview* and *Nursing Homes for the Aged: A Statistical Overview*. From 1997, the Aged Care Statistics Series, produced by the Aged Care Unit of the Australian Institute of Health and Welfare, replaces those earlier publications, providing access to annual data on both hostels and nursing homes.

To date, three publications in the series have been released. They are *Nursing Homes in Australia 1995–96, Hostels in Australia 1995–96,* and *Nursing Homes in Australia 1996–97*. This report presents data for Australian hostels in 1996–97. Future reports in this series are expected to combine nursing home and hostel data into one volume, reflecting the amalgamation of the two systems under recent reforms to the structure of aged care services.

The new series is largely consistent with the series it succeeds, although changes in data availability and information needs have led to some differences. For example, in many instances tables are split by type of care (permanent and respite). Information is also provided by region in some cases.

The statistics presented in this report were derived from information held on the Commonwealth Hostel Information Payment System (CHIPS) by the Department of Health and Family Services.

A large range of information is presented, focusing on the characteristics of hostel residents (including age, sex, marital status and dependency levels) and the patterns of service use (including length of stay, admissions and separations).

The information in this publication is presented in the following sections:

- Population and hostel service capacity;
- Hostel residents and hostel characteristics;
- Hostel admissions;
- Hostel separations;
- Hostel resident characteristics; and
- Hostel resident dependency.

Australian Institute of Health and Welfare and
Commonwealth Department of Health and Family Services

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Main features

Hostels

As at 30 June 1997, there were 1,547 hostels in Australia providing a total of 64,825 places (62,463 for permanent care and 2,362 for respite care): an average of 42 places per hostel. This represented 41.6 places per 1,000 people aged 70 and over at the time. While hostels varied in size (21% had 20 places or fewer and 3% had more than 100 places), a large proportion (36%) of hostels had 21 to 40 places and another 26% had 41 to 60 places. As expected, hostels in rural and remote areas were smaller than those in urban regions.

The supply of hostel places increased during the year 1996–97, from 62,634 places at 30 June 1996 to 64,825 places at 30 June 1997. The ratio of places to persons aged 70 and over remained constant however, being 41.5 places per 1000 people aged 70 and over at 30 June 1996, and 41.6 places per 1000 people aged 70 and over at 30 June 1997.

The vast majority (91%) of places in hostels in 1997 were managed by private-not-for-profit organisations, with only about 3% managed by private-for-profit organisations. State and Territory Governments and Local Governments managed the remaining 6%. The number of places increased in all three types of hostels. Hostel ownership varied according to geographic location. In capital cities, 92% of hostel places were managed by private not-for-profit organisations, compared with 86% in other metropolitan centres. Private for-profit organisations managed only 4% of places in capital cities compared with 12% in other metropolitan centres.

Over 21.6 million hostel bed-days were used in Australia in 1996–97, 21.0 million for permanent care and 0.6 million for respite care. Overall, about 3% of occupied bed-days were used for respite purposes.

Hostel places exhibited high occupancy rates (93%) during 1996–97. The occupancy rate was highest in private not-for-profit hostels (93%) and lowest in private for-profit hostels (89%), while the occupancy rate for government homes fell between these two (91%).

Hostel residents

There were 60,122 residents in hostels on 30 June 1997, 1,945 more than a year ago.

Combining the number of people resident on 30 June 1997 (60,122) with the number of resident separations over the 12-month period prior to 1 July 1997 yields the finding that in total 88,531 people spent some time in a hostel (for either permanent or respite care) during the period between 1 July 1996 and 30 June 1997. This represents an increase of 3,541 people from last year—a direct result of an increase in the number of respite residents.

About 48% of those resident in hostels at 30 June 1997 were aged 85 and over. Nationally, younger people (aged under 65) accounted for less than 4% of total residents.

Of the 60,122 residents in hostels on 30 June 1997, 44,958 (or 75%) were female. Female residents were older than male residents; about 51% of female residents were 85 years of age or older, compared with 38% of male residents.

Data concerning pension status were available for 76% of residents, all of whom (100%) received a pension.

Of the 60% of residents for whom data were reported on Indigenous status, 439 (1%) identified as Indigenous people. Given that Indigenous Australians comprise 1.7% of the total Australian population, this suggests a lower than average level of use by Indigenous people. This finding is, however, largely a consequence of the very different age structures of the Indigenous and non-Indigenous populations. When age-specific service use rates are calculated for the two populations, the results demonstrate higher levels of hostel use by Indigenous people when compared with non-Indigenous people (AIHW 1997).

Place of birth was not identified for 19% of residents. Preferred language was not identified for the same proportion of residents. Of those for whom these data were available, 22% of residents were born overseas. About 12% were born in the UK and Ireland and another 6% in other areas of Europe. Nationally, just under 96% of residents indicated that English was their preferred language, and 4% other European languages. Other languages were preferred by less than 1% of residents.

Previous living arrangements

The majority of residents did not have a spouse at the time of admission. Of those who reported their marital status, 17% were either married or in a de facto relationship at the time of admission, while 66% were widowed. Women were substantially more likely to be widowed than men (74% compared with 40%), and much less likely than men to be married or in a de facto relationship (12% compared with 30%), single (10% and 18% respectively) or divorced (3% and 7% respectively).

Of those for whom data were available concerning their usual housing status prior to admission, the vast majority (76%) had lived in a house or flat. A further 12% had lived in a self-contained unit prior to entering the nursing home, and 7% had lived in a hostel. The patterns of usual housing status were similar for men and women, with the exception that women were more likely to have lived in a self-contained unit than men (13% compared with 8%).

Prior to admission, about three in every five residents had lived alone, another 13% with a spouse only, and 11% with non-family members (after excluding the 20% for whom data were not available on their previous living arrangements). In keeping with the data reported above on marital status, women were more likely to have been living alone, and less likely to have been living with a spouse only, than were men.

Length of stay

The distribution of length of stay for permanent residents is skewed toward longer periods of stay. Only 8% of permanent residents had been in a hostel for less than three months. About 20% had been resident for between three months and one year, 51% for one to five years and 21% for five years or more. It should be noted that the length of stay of the current residents is necessarily an incomplete measure, showing the time that residents have spent in hostels to date but not how much more time will be spent before leaving the hostel.

Dependency levels

The majority of permanent hostel residents (80%) were classified as Personal Care residents, with most of these falling into the intermediate (23%) and low (41%) categories of personal care. Some 16% of residents were classified in the Personal Care: High category, and, at the other extreme, 20% were classified in the least dependent category of 'Hostel Care'. The resident dependency levels did not vary substantially among the States. The two territories, however, represented the two extremes. The Northern Territory had the highest proportion (94%) of Personal Care residents, while the ACT had the lowest (72%).

In general, female hostel residents tended to have higher levels of dependency than did male. The oldest (90 and over) residents were somewhat more dependent than other residents. Respite residents are classified into only two categories, Personal Care and Hostel Care. Across these two categories, respite residents showed very different levels of dependency to those reported for permanent residents. The vast majority of respite residents admitted between 1 July 1996 and 30 June 1997 required Hostel Care (93%). The predominant requirement of permanent residents admitted during the same period was Personal Care (68%).

Hostels may be tending to provide more for people needing Personal Care level services, thereby targeting people with higher levels of dependency. Evidence of such a trend is found in the increasing proportion of current residents who are in receipt of the 'Personal Care' level of assistance. In 1992, only 56% of residents were classified as Personal Care (HHCS 1992:38) compared with 80% in 1997.

The dependency levels of permanent residents at the time of separation were considerably higher than those for either current residents or admissions. One explanation is that residents' health deteriorates over time, resulting in higher levels of dependency at separation. Such a pattern did not exist for respite residents.

Hostel admissions and separations

Permanent residents

There were 43,407 admissions to hostels in the year 1996–97, of which 45% (19,900) were for permanent care. Among permanent admissions, about two-thirds were aged 80 or older (70% of females and 58% of males). The majority of permanent admissions were women (70%). Women had an older age structure than men, with over 39% of women being 85 or older, compared with only 32% for men.

In the year 1996–97, there were 41,446 separations from hostels, 56% of which were separations after a period of respite care.

For those leaving permanent care, 32% died, 8% returned to the community, 17% were discharged to a hospital, 38% moved to a nursing home and 3% transferred to another hostel. Of those who died, 19% had stayed for less than six months, and a similar proportion (18%) died after a stay of five years or more. Returning to the community was more likely among residents with a shorter length of stay. Among those residents who returned to the community, two thirds made that move within one year of admission. The likelihood of transferring to a nursing home or a hospital increased with increasing duration of stay. The likelihood of dying in the hostel also increased with longer duration of stay.

The pattern of separations differed somewhat among different types of hostels. Deaths accounted for 32% of separations in private not-for-profit and government hostels, compared with 22% in private for-profit hostels. Separations were more likely to be associated with returning to the community or transferring to another hostel in private for-profit hostels than in government hostels or in private not-for-profit hostels.

Respite residents

On 30 June 1997, respite residents represented less than 3% of total residents. This figure under-represents the importance of respite residents, however, as they comprised some 54% of all admissions during the 12-month period (1996–97). This apparent anomaly 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.

The proportion of respite resident admissions remained steady between 1995–96 and 1996–97 (53% and 54% respectively). About 62% of admissions in government homes were for respite care. The proportion of respite care admissions was lower in private not-for-profit homes (54% respectively) and lower still in private for-profit homes (40%).

Women accounted for a higher proportion of respite admissions (67%) than did men (33%). Among respite admissions, 62% were aged 80 or older (67% of females and 51% of males).

Over 72% of those leaving the hostel after a period of respite care returned to the community. A further 18% were transferred to another hostel, 6% were discharged to hospitals, and just over 1% to a nursing home. Deaths accounted for less than 1% of respite separations. Respite residents in private for-profit homes were less likely to return to the community (58%) than respite residents in private not-for-profit nursing homes and government homes (73% and 75%). Respite residents in private for-profit homes were more likely to transfer to another hostel (31%) than respite residents in private not-for-profit nursing homes and government homes (18%% and 16%).

Characteristics of newly admitted residents

A new feature of this report is the addition of information on the characteristics of newly admitted residents (that is, during 1996–97). In these tables, data are presented separately for permanent and respite residents. This information reveals current trends in hostel admissions, as distinct from current residents, some of whom were admitted many years ago.[1] In a context where policy changes affecting hostels have been substantial over the past decade, differences (or the lack of differences) between new permanent admissions and current residents provide one set of indicators concerning the impact of policy changes. (As discussed earlier, over 97% of current residents were admitted for permanent care and

[1] One significant difference between current and newly admitted residents applies to data quality. Overall, newly admitted residents have higher reporting rates on resident characteristics than do current residents, showing an improvement in data quality of close to 10% over time. Data were available on required characteristics for about 90% of newly admitted permanent residents, with the exception of Indigenous status (72% response) and pension status (84% response) where the rates were somewhat lower. Because of these differences in the proportion of missing data, comparisons of the characteristics of current residents and newly admitted permanent residents should only be undertaken after missing data have been excluded.

therefore the characteristics of current residents are effectively the characteristics of current permanent residents.)

Perhaps counter-intuitively, comparison of current resident characteristics with those of newly admitted permanent residents show few apparent differences. Two points are worthy of particular note, however. Firstly, current residents tended to be slightly older than admitted residents. This difference was, in fact, mainly a difference between current and newly admitted female residents, with current and newly admitted male residents having quite similar age profiles. Given that the median length of stay is a little over 2 years (AIHW 1997: 266), it would be expected that current residents would be older than recent admissions. It is the absence of an age difference for men that is of note, suggesting that hostels are now admitting an older group of male residents than had previously been the case. The second point, which pertains to dependency, has been noted previously; newly admitted residents had higher dependency levels than did current residents. This finding suggests that the reported increases in the dependency profile of hostel residents observed in the past will continue into the immediate future.

Differences between permanent and respite admissions

People admitted for respite care showed considerably different characteristics from those admitted for permanent care. 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. Of those permanent residents who reported their marital status, only about 19% were either married or in a de facto relationship at the time of admission, and 65% were widowed. In contrast, 26% of respite residents reported that they were married or in a de facto relationship, 7% reported that they were single and 61% of respite residents reported that they were widowed.

Ninety per cent of permanent residents and 88% of respite residents reported their housing status prior to admission. Of these, 12% of permanent residents had lived in a self-contained unit compared with 8% of respite residents. A smaller proportion of permanent residents compared with respite residents reported that they had lived in a house or flat (79% compared with 89%). Permanent residents were more likely to have previously lived in a hostel (4% compared with 1%) or a nursing home (1% compared with 0.2%).

Those admitted for respite care were more likely, at the time of admission, to be living in the community with carers. They were more likely to be living with a spouse (23%) than those admitted for permanent care (16%). While respite admissions were less likely to be single and living alone than permanent admissions, it is noteworthy that close to one half of respite admissions were living alone at the time of entry.

Among permanent admissions, more than 67% were aged 80 or older (70% of females and 58% of males). The age profile of those admitted for respite care was slightly younger; 62% were aged 80 or older (67% of females and 51% of males).

The proportions of men and women admitted to respite and permanent care were similar; approximately seven admissions in every ten were for women for both types of care. Similarly, there were no noteworthy differences in pension status, Indigenous status, country of birth or preferred language between respite and permanent admissions.

State variations

Hostels

Hostel place provision levels varied across the States and Territories. New South Wales had the lowest level of provision at 36.8 places per 1000 people aged 70 and over. Victoria (41.2) and Tasmania (37.2) were also below the national average (41.6). The Northern Territory (43.5), South Australia (43.8), Western Australia (46.0) and Queensland (48.8) were above the national average, and the Australian Capital Territory had the highest level of provision at 53.7 places per 1000 people aged 70 and over.

Sectoral differences were also apparent among the States and Territories. More than 90% of hostel places were provided by the private for-profit sector in all States and Territories except Victoria where 79% of hostels were private not-for-profit. The private not-for-profit sector was the sole provider of hostel places in Northern Territory and the Australian Capital Territory. Victoria had the largest proportion of government hostel places (12%) and for-profit hostel places (9%).

Hostel size differed across jurisdictions. At the larger end of the continuum were the Australian Capital Territory (averaging 55 places per hostel) and Queensland (averaging 46 places per hostel). At the smaller end were Western Australian (averaging 34 places per hostel), Tasmania (averaging 32 places per hostel) and the Northern Territory (averaging 19 places per hostel). Western Australia and Tasmania had a large proportion of small (20 or fewer places) hostels—about 32% compared with 25% in South Australia and under 20% in the other States and the Australian Capital Territory. In the Northern Territory, however, 75% fell into this category, and none had more than 60 places.

Occupied bed-days for respite care accounted for an average of 3% of total occupied bed-days. The Northern Territory and the Australian Capital Territory provided more respite bed-days than the national average (5 and 4% respectively). All States and Territories with the exception of the Northern Territory had more than 90% occupancy during 1996–97. The Northern Territory had an occupancy rate of 86%. Tasmania had the highest occupancy rate at 95%.

Hostel residents

The age profiles of residents were similar in all States and Territories with the exception of the Northern Territory. In particular, 25% of residents were aged under 65 in the Northern Territory, compared with a national average of under 4%. A slightly higher proportion of young people was found among newly admitted residents in the Northern Territory (31%) than in the other States and Territories. This geographical difference is largely explained by the larger proportion of Indigenous residents in Northern Territory hostels, who tend to be admitted at an earlier age than non-Indigenous residents.

Indigenous people comprised a much higher proportion of admissions for both respite (47%) and permanent (17%) care in the Northern Territory than in most other States or in the Australian Capital Territory, where no admissions of Indigenous people were reported. Tasmania did not report any admissions of Indigenous people for permanent care, but 0.3% of respite admissions in this State were for Indigenous people. In Western Australia, Indigenous people comprised 2.2% of newly admitted permanent residents and 3% of respite residents.

Tasmania had the lowest proportion of overseas-born newly admitted residents (18% of permanent admissions and 14% of respite admissions) compared with the national average of 31% for permanent admissions and 32% for respite admissions. The Australian Capital Territory, Northern Territory and Western Australia had the highest proportion of overseas-born newly admitted residents (between 37 and 38% of permanent admissions and between 32 and 44% of respite admissions). Almost one in four permanent admissions in Western Australian hostels were migrants born in the UK and Ireland, compared with the national average of around one in ten.

In terms of preferred languages, some State and Territory based variations were also apparent. Among those admitted for permanent care, for example, the proportion of those who reported a preferred language other than English ranged from 5% in Tasmania to 20% in New South Wales. In the Northern Territory 26% preferred a language other than English (including 6% who preferred an Australian Indigenous language).

The separation mode for permanent residents varied slightly across the States and Territories, excepting the Northern Territory which was again an extreme outlier. In the Northern Territory, the proportion of separations due to death was low (9%), while a comparatively high proportion (61%) returned to the community. Among the remaining jurisdictions, the highest mortality rates were reported in South Australia and Victoria (15%) and these States were among the lowest in proportions returning to the community (39% and 44% respectively). The Australian Capital Territory and Tasmania reported comparatively low proportions of separations due to death (12 and 13% respectively) and correspondingly high proportions of residents returning to the community relative to the other States (55 and 59% respectively).

A high proportion of respite residents returned to the community in all States and Territories (ranging from 68% in South Australia to 84% in Tasmania). In the Northern Territory respite residents were more likely to transfer to a nursing home (3%) than respite residents in other States and Territories. Northern Territory respite residents were also less likely to transfer to another hostel (11%) than respite residents in other States and Territories (which ranged from 16% in Victoria to 22% in Western Australian and South Australia) with the exception of Tasmania where 10% of residents transfer to another hostel.

Length of stay of hostel separations varied among the States and Territories. Permanent separations in South Australia and the New South Wales had the longest average length of stay (165 and 159 weeks respectively) and those in the Northern Territory and Tasmania the shortest (122 and 126 weeks respectively). Respite separations had an average length of stay that varied from 2.7 weeks in Tasmania to 3.8 weeks in New South Wales and South Australia.

The care needs of hostel residents fall into two major categories: Hostel Care and Personal Care. Residents requiring Personal Care attract a government subsidy determined by their relative care need. Dependency levels among residents were highest in the Northern Territory with 94% of permanent residents requiring Personal Care. Other States and Territories where the proportions of permanent residents requiring Personal Care were above the national average (80%) included South Australia (86%), Tasmania (82%) and Queensland (81%). Relative to other States and Territories, South Australia and Tasmania had the largest proportions of permanent residents in the low dependency category of Personal Care (49 and 50% respectively), while Queensland had the highest proportion of permanent residents in the high dependency category of Personal Care (22%). The Australian Capital Territory had the lowest proportion of permanent residents receiving Personal Care (72%).

Nationally, 74% of respite residents received Personal Care. While most States provided Personal Care to proportions of respite residents close to this average the Northern Territory

and Tasmania had substantially lower than average proportions of residents receiving Personal Care (67 and 65% respectively). Dependency levels among respite residents were highest in the Queensland with 76% of respite residents requiring Personal Care.

The data and its limitations

Introduction

The prime data source for this publication is the Commonwealth Hostel Information Payment System (CHIPS) held by the Commonwealth Department of Health and Family Services. This central computerised system primarily is a payment processing system with the major objective of making accurate and timely payments of hostel benefits to hostels, in respect of their residents. At the time of its development, management information, other than that required for financial management, was a minor objective. In some cases this has led to the development of an environment where accurate non-financial information is difficult to obtain. Access to the hostel data, however, has been improved by the development of a new computer system, the Aged and Community Care Strategic Information System (ACCSIS) at the Department. Improved access has helped to identify data deficiencies and facilitated enhancement of the data in CHIPS.

CHIPS contains information gathered through a number of instruments. Among those instruments, the following three are directly relevant to this report:

- Hostel Care Assessment (HCA, form 197)—a form completed by persons applying for admission to a hostel or by someone (normally a carer) on behalf of the applicant.
- Personal Care Assessment Instrument (PCAI, form 199)—a form completed by the hostel to determine the resident's overall level of personal care needs and forwarded to Commonwealth State Offices.
- Hostel Claim Form (HCF)—a form completed by the hostel as part of the 28 day recurrent funding.

Resident application information

All residents admitted to a hostel must have a positive and valid HCA form. This form is valid for one calendar year from the date of the approval decision. Aged Care Assessment Teams (ACATs) with delegation are authorised to approve HCA forms.

The information entered into the CHIPS from the HCA form is the major source for the following data items in the tables:

- Sex
- Date of birth
- Marital status
- Pension status
- Indigenous status
- Country of birth
- Preferred language
- Resident's usual residence (prior to admission)

- Resident's living arrangements (prior to admission).

Of the above only sex and date of birth are mandatory fields.

Personal Care Assessment Instrument (PCAI)

The Personal Care Assessment Instrument (PCAI) form is forwarded to State/Territory offices of the Commonwealth Department of Health and Family Services by hostels for each resident who may be eligible for one of the three assessed levels of Personal Care (PC) subsidy. On the basis of the information provided, residents are assigned to one of three service need categories for the purpose of funding. The three categories are Personal Care High (PCH), Personal Care Intermediate (PCI), and Personal Care Low (PCL). The information provided on the PCAI form is the source of data on resident dependency.

Claim for Commonwealth Benefit (HCF)

The Claim for Commonwealth Benefits form (HCF) is sent to approved hostels every 28 days as part of the recurrent payment cycle. It shows claim details for the previous period plus a 'forecast' schedule for the current period. The hostel checks the information and records separation and absence (hospital and social leave) data for current residents and details of any admissions to the hostel which occurred during the period.

The HCF is the source for the following data items in the tables:

- Date of admission
- Date of separation
- Separation mode
- Admission type.

The location and characteristics of these hostels are also recorded on CHIPS.

Populations used in tables

It should be noted that tables in this publication have different coverage and, consequently, may not be directly comparable. The populations covered in the tables in this report are summarised below.

Section 2: Hostel residents and hostel characteristics

All tables in this section (except table 2.4) relate to the number of residents who were in hostels on 30 June 1997. This population includes all approved residents and totalled 60,122 persons (58,532 for permanent care and 1,950 for respite care). Table 2.4 shows the number of persons who had at least one stay in a hostel during the period from 1 July 1996 to 30 June 1997: this totalled 88,531.

Section 3: Hostel admissions and separations

There were 19,900 admissions for permanent care (permanent admissions) and 23,507 admissions for respite care (respite admissions) over the period from 1 July 1996 to 30 June 1997. Tables 3.1 to 3.4 relate to these populations.

Tables 3.5 to 3.20 refer to populations of 19,678 (people admitted to hostels for permanent care) and 18,561 (people admitted to hostels for respite care) over the period from 1 July 1996 to 30 June 1997.

Section 4: Hostel separations

This section refers to populations of 18,031 (separations of permanent residents) and 23,415 (separations of respite residents) over the period from 1 July 1996 to 30 June 1997.

Section 5: Resident characteristics (data from HCA)

These tables are based on the same population as that used in Section 2. As only sex and date of birth are mandatory for the HCA forms, there are considerable numbers of 'not reported' cases in some of these tables.

Section 6: Hostel resident dependency (data from PCAI)

Residents receiving Personal Care (PC) are categorised according to the information from PCAI. The rest of residents are assumed to be receiving Hostel Care (HC) only. Tables 6.1 to 6.4 in this section relate to the number of permanent or respite hostel residents as at 30 June 1997 (the same as in the section 2 and 5). Respite residents are categorised as either Hostel Care (HC) or Personal Care (PC). Tables 6.5 to 6.10 relate to the number of people (19,678 for permanent care and 18,561 for respite care) who were admitted to a hostel for permanent care or respite care during the period from 1 July 1996 to 30 June 1997. Multiple admissions are excluded from these tables.

Tables 6.11 to 6.20 represent those permanent residents (17,599) or respite residents (18,557) who separated from the hostels during the period from 1 July 1996 to 30 June 1997. Multiple separations are also excluded from these tables.

Data limitations

It should be noted that the accuracy of some specific data items may be limited. Such cases include:

- Death indicator—Hostels generally are not equipped for terminally ill residents. Accordingly, some residents are transferred to acute-care institutions immediately prior to death. These cases may be recorded as discharges to hospital. Hence there is an under enumeration of discharges due to death.
- Length of stay—The length of stay of a resident is based upon the time between the date of admission and the date of separation in relation to completed stays, and between the date of admission and 30 June 1997 for current residents' incompleted stays. When a person is transferred from one hostel to another, the date of admission to the first hostel is the date from which the length of stay is calculated. The calculation of length of stay is also limited by the cut off date of admission for some residents who existed in hostels before the establishemnt of CHIPS. If the date of admission is 27 June 1990 then this record may be an existing record loaded from a previous system, and the real effective date was prior to 27 June 1990. In such cases, it is impossible to know the exact length of stay of the resident.

Section 1

Population and hostel service capacity

Population data in this section are derived from population estimates compiled by the Australian Bureau of Statistics based on preliminary results of the 1996 Census. Other data are derived from the Commonwealth Department of Health and Family Services database on approved hostels for the aged as at 30 June 1997.

Section 2

Hostel residents and hostel characteristics

These tables are based on those residents in hostels for the aged at 30 June 1997. Length of stay and age and sex of residents are included in this section as basic reporting characteristics. Hostel characteristics include hostel type and hostel location.

Section 3

Hostel admissions

These tables refer to admissions and people admitted to hostels between 1 July 1996 and 30 June 1997. An individual can have more than one admission during the period. Transfers are excluded from the tables in this section.

Section 4

Hostel separations

These tables refer to separations from hostels between 1 July 1996 and 30 June 1997. An individual can have more than one separation during the period. Transfers are excluded from the tables in this section.

Section 5

Hostel resident characteristics

These tables are based on information from the application form for hostel admission (HCA) for residents in hostels as at 30 June 1997.

Section 6

Hostel resident dependency

Tables 6.1 to 6.5 refer to residents in hostels as at 30 June 1997 and Tables 6.5 to 6.20 apply to residents admitted or separated from 1 July 1996 to 30 June 1997. Resident dependency levels are based on the Personal Care Assessment Instrument which classifies the residents into three categories. The residents who do not have a PCAI are assumed to be receiving Hostel Care only.

Glossary

Admission day

The first day of a person's stay in a hostel. In the case of a person transferring between hostels, where the time between leaving one hostel and entering another is less than two days, the effective admission day is the date of the initial admission. Permanent and respite admissions are treated separately. For example, if a person transfers from a respite stay to a permanent stay, a new permanent admission is created.

Geographic area

The geographic areas are based on the rural, remote and metropolitan areas classification developed by the Department of Primary Industries and Energy, and the Department of Human Services and Health (now the Department of Health and Family Services) in 1994 (PIE & HSH 1994). This classification categorises all statistical local areas (SLAs) in Australia according to their remoteness, with an index of remoteness being calculated for each SLA in non-metropolitan Australia. Remoteness is measured by population density and distances to large population centres. The structure of the classification appears below.

Metropolitan areas

• Capital city	State and Territory capital city statistical divisions
• Other metropolitan centres	Urban centres of population 100,000 or more

Non-metropolitan zones

• Rural zone	Index of remoteness less than or equal to 10.5
Large rural centres	Urban centre population between 25,000 and 99,999
Small rural centres	Urban centre population between 10,000 and 24,999
Other rural area	Urban centre population under 10,000
• Remote zone	Index of remoteness greater than 10.5
Remote centre	Urban centre population 5,000 or over
Other remote area	Urban centre population under 5,000

Government hostels

Hostels operated either by or on behalf of a State or Territory Government or local government.

Length of stay

The length of stay of a separated resident is based upon the time between the date of admission and the date of separation. For a current resident, it is the time between the date

of admission and 30 June 1997. The admission day and the specified day (30 June 1997) are included but the separation day is excluded from the calculation of length of stay.

Hostel for the aged

A hostel is a care facility in which residents receive Hostel Care or Personal Care services unless designated as a Co-habitee. In this publication all references to hostels are to hostels for the aged, that is, those hostels are designed to provide services to older people with disabilities. A small number of young people with disabilities live in hostels for the aged. Hostels specifically established for young people with a disability are not included in this publication.

Permanent admission

A permanent admission to a hostel is an admission for long-term care purposes. The term 'permanent' does not mean staying in a hostel forever. Many 'permanent admissions' leave the hostels alive after a short period of stay due to changed circumstances.

Permanent care

A hostel resident is under permanent care if the resident entered a hostel as a permanent admission, ie. for long-term care purposes.

Permanent resident

A hostel resident who was admitted to a hostel for long-term care purpose.

Personal Care Assessment Instrument (PCAI)

The PCAI is forwarded to Commonwealth State offices by hostels for each resident who may be eligible for Personal Care subsidy. On the basis of the information provided, residents are assigned to one of three service need categories for the purpose of funding. The three categories are Personal Care High (PCH), Personal Care Intermediate (PCI) and Personal Care Low (PCL). The PCAI categories are used here to measure the level of dependency based on the assumption that the level of dependency positively relates to the level of care needs.

Private for-profit hostels

Hostels operated by private for-profit bodies or individuals.

Resident

A person living in a hostel who is eligible for the payment of Commonwealth benefits or who has an entitlement to third party or workers' compensation insurance.

Respite admission

A short-term admission to a hostel, usually in order to give a carer a 'respite' or relief from the provision of care.

Respite care

A hostel resident is under respite care if the resident entered a hostel as a respite admission, ie. to give a carer 'respite' or relief from the provision of care.

Respite resident

A hostel resident who is admitted to a hostel for respite care.

Separation

Occurs when a person is discharged from a hostel and does not re-enter the same or another hostel within two days.

Separation day

The last day of a person's stay in a hostel; the day on which the person leaves the hostel. In the case of a person transferring between hostels, if the time between leaving one hostel and entering another is less than two days, it is the date of the person's later separation.

Separation mode

The destination of a resident at separation, including death.

Transfer

Occurs when a person leaves a hostel and is admitted into another within two days of their departure.

Transfer within the hostel system

Occurs when residents move from one hostel to another or change care type such as from respite care to permanent care in the same hostel.

Usual housing status

Usual housing arrangement prior to application for hostel admission.

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