Main features

Operational places and packages

As at 30 June 2001, there were 2,977 residential aged care services in Australia providing a total of 142,627 places. In addition, 24,430 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. Allocated places and packages are not included here, but are discussed in the next section.

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 93 places and packages per 1,000 persons aged 70 years and over (AIHW 1995: pp.381–82; AIHW 1997: pp.384–85). Recently the ratio has begun to rise as a consequence of new aged care places and packages being made available (see Figure 1).

Mainstream residential aged care provision increased in absolute terms from 141,162 places at 30 June 2000 to 142,627 places at 30 June 2001. In addition, the provision of Community Aged Care Packages increased substantially from 18,149 at 30 June 2000 to 24,430 at 30 June 2001. The combined ratio of mainstream residential aged care places and Community Aged Care Packages per 1,000 persons aged 70 years and over increased from 94.5 at 30 June 2000 to 96.6 at 30 June 2001.

These changes comprise an increase in mainstream Community Aged Care Packages from a provision ratio of 10.8 at 30 June 2000 to 14.2 at 30 June 2001, and a decrease in residential places from 83.8 at 30 June 2000 to 82.5 at 30 June 2001.[1] This shift toward community-based provision reflects the preference of older Australians to remain in their own homes for as long as possible.

In addition to the residential care places described in this report, some additional residential care places and Community Aged Care Packages are provided through Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy. As at 30 June 2001, there were 56 Multi-Purpose Services providing 1,089 residential care places and 106 packages, and 23 services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy providing 297 residential care places and 94 packages. At 30 June 2000, the comparable figures were 1,038 residential care places and 86 packages for Multi-Purpose Services, and 267 residential care places and 81 packages for services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

1 Note that the provision ratios in the Department of Health and Ageing's *Annual Report*, and the *Commonwealth/State Report on Government Services*, use the ABS series 3 projection figures for the 70 years and over population, whereas this publication uses the latest ABS Estimated Resident Population figures calculated in December 2001. Minor differences in results will thus occur depending on the basis used.

Table 1 shows the number and ratio of operational aged care places and Community Aged Care Packages in Australia from 1994 to 2001.

See Tables 1.3 and 1.4, which also incorporate places and packages funded under Multi-Purpose Services and the Aboriginal and Torres Strait Islander Aged Care Strategy, for further details.

Table 1: Number of operational residential aged care places and Community Aged Care Packages and the combined provision ratio per 1,000 persons aged 70 years and over, 30 June 1994 to 30 June 2001

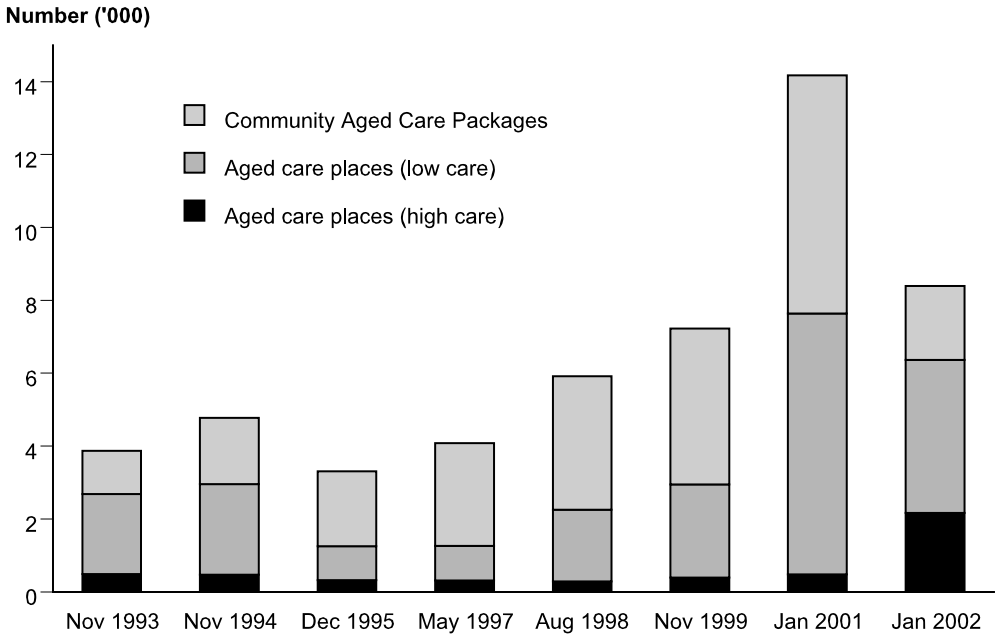
Year	Residential places	Community Care Packages	Total	Ratio per 1,000 persons aged 70 years and over [(a)]
1994	131,351.0	1,227.0	132,578	93.5
1995	134,810.0	2,542.0	137,352	93.9
1996	136,851.0	4,431.0	141,282	93.5
1997	139,058.0	6,124.0	145,182	93.3
1998	139,917.0	10,046.0	149,963	93.7
1999	141,697.5	13,896.5	155,594	94.8
2000	142,341.5	18,308.5	160,650	95.5
2001	144,012.5	24,629.5	168,642	97.5

(a) Based on Australian Bureau of Statistics (ABS) population estimates released in December 2001.
Note: From 1999, the data in this table includes 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.

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 2001 aged care approvals round.[2] In January 2002, the allocation of 6,282 residential aged care places and 1,711 Community Aged Care Packages was announced. In total, an additional 22,167 places and packages have been allocated in the last two approval rounds (Refer to Figure 1). A substantial increase in the allocation of high care places is noted in the January 2002 round.

2 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.



Sources: AIHW 2001a and Commonwealth Department of Health and Ageing, unpublished data.

Figure 1: Number of new allocations of residential care places and Community Aged Care Packages, aged care approvals rounds, November 1993 to January 2002

Place-days and occupancy rate

During the 12-month period from 1 July 2000 to 30 June 2001, 49.6 million place-days were used in aged care services in Australia, consisting of 48.7 million days for permanent care and just under 1 million days for respite care. 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.

Residents and their characteristics

There were 136,608 residents in aged care services on 30 June 2001, compared with 135,991 residents in aged care services on 30 June 2000.

Just over half of those residents in aged care services at 30 June 2001 were aged 85 and over. This pattern was very similar across the States and Territories, with the exception of the Northern Territory where 28% of residents were aged 85 and over. Residents of services in remote areas also tended to have a younger age profile, with 35% aged 85 and over.

Nationally, there were 6,094 residents aged under 65 accommodated in aged care services, comprising about 4.5% of all residents. For the Northern Territory, however, the proportion of residents aged under 65 was considerably higher at 19%. 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 remote areas, 12% of residents were under 65 years of age.

The majority of residents (72%) were female. Female residents were older than male residents; 56% of female residents were 85 years of age or older, compared with 36% of male residents.

Most residents were in receipt of a government pension: 76% of permanent residents received a Centrelink pension and 15% a Commonwealth Department of Veterans' Affairs pension.

Of the 91% of permanent residents for whom data were reported on Indigenous status, 681 (about 0.6%) identified as Indigenous people. Indigenous people had a higher representation among respite residents than among permanent residents, comprising 1.1% of those respite residents with known Indigenous status. Data on Indigenous status were not available for about 7% of respite residents.

Age-specific usage rates based on the high series of the Australian Bureau of Statistics projections of the Indigenous population show the ratio of Indigenous Australians receiving permanent care. At 30 June 2001, this ratio was 11.4 per 1,000 persons aged 65–69, 25.1 per 1,000 persons aged 70–74, and 100.9 per 1,000 persons aged 75 and over. The comparable figures for non-Indigenous Australians were 6.3, 14.8 and 104.0, respectively, so that usage rates for Indigenous Australians were generally higher at younger ages, compared to non-Indigenous Australians.

Almost all residents reported their birthplace and preferred language. Around one in four residents were born overseas. About 11% were born in the United Kingdom and Ireland, another 8% in other areas of Europe and under 0.8% were New Zealand born. Nationally, about 93% of residents indicated that English was their preferred language, and 6% other European languages.

Based on Australian Institute of Health and Welfare projections of ABS estimated resident population by country of birth, (Gibson et al. 2001*)* the ratio of people from non-English-speaking backgrounds receiving permanent care at 30 June 2001 was estimated to be 25.9 per 1,000 persons aged 75–84 and 114.6 per 1,000 persons aged 85 and over. The comparable figures for people from an English-speaking background were 62.4 and 279.4, respectively. For people from both non-English-speaking and English-speaking backgrounds, females had higher usage rates of residential aged care than males.

About 96% of permanent residents reported their marital status prior to admission. Of these, 59% were widowed, 23% were either married or in a de facto relationship, 11% were never married and 6% were divorced or separated. 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 8% of respite residents who had never married.

As all of these measures refer to resident characteristics at a particular point in time or a particular event 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

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 2001).

The distribution of length of stay for existing permanent residents at 30 June 2001 was more toward longer periods of stay. Only 8% of permanent residents had been in residential aged care for less than 3 months. About 19% had been resident for between 3 months and 1 year, 51% 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 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. Just under 45% of permanent residents stayed between 1 and 5 years prior to separation, with 18% staying over 5 years.

The merging of nursing homes and hostels into a single system of care means that measures of length of stay as published for nursing homes and hostels in previous volumes of the Aged Care Statistics Series cannot be compared with the data on length of stay presented in this report. This difficulty arises for several reasons, of which the following is the most important. Prior to the amalgamation of nursing homes and hostels, length of stay refers to the period spent separately in each of the two systems. Under the amalgamated aged care residential system, 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).

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 severity 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.

Among permanent residents on 30 June 2001, 2,345 (1.7%) were waiting to have an RCS assessment. Of those who did have their dependency level reported, 63% fell into high care categories (RCS 1 to 4) and 37% into low care categories (RCS 5 to 8). RCS categories 1, 2 and 3 captured the highest proportion of permanent residents (26%, 17% and 16% respectively). The lowest level of care (RCS 8) contained less than 2% of residents on 30 June 2001.

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, 23% of those under 65 were in the RCS 1 category as compared to 17% overall.

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 2001, the proportion of residents classified as high care (RCS 1 to 4) rose from 58% to 63%, while those classified as low care (RCS 5 to 8) fell from 42% to 37%. 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, 30 June 1998 to 30 June 2001 (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
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
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

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

The data in Table 2 refer to current residents of aged care services. Current residents include those admitted either before or after the restructure of the residential aged care system. 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 2000 to 30 June 2001 suggest that we may expect a continuing shift toward a higher proportion of people in residential aged care at high levels in the future. After excluding the 1,458 residents whose dependency levels were not reported, 64% of newly admitted permanent residents were classified as high care and 37% as low care. 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.

Admissions and separations

Permanent care

There were 90,151 admissions to residential aged care from 1 July 2000 to 30 June 2001, of which 52% (46,545) were for permanent care. Between 1 July 2000 and 30 June 2001, there were 89,067 separations from residential aged care. Separations after a period of permanent care accounted for 51% of total separations.

Among those leaving permanent care, 81% died, 5% returned to the community, 6% moved to another residential aged care service and 7% were discharged to hospitals (2% were not reported). Among those who died, 17% had stayed for less than 3 months, 19% for between 3 months and 1 year, 45% for 1 to 5 years and 20% for 5 years and more. 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 18% for 5 or more years. The average (mean) length of stay for permanent residents separating from care was 142 weeks (161 weeks for women and 109 weeks for men).

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. Similarly, admissions and separations data are not comparable with those for earlier years. This occurs because the movement between a hostel and nursing home level of care, which would previously have counted as both an admission and a separation, is now internal to the residential aged care system.

Respite care

On 30 June 2001, respite residents made up just under 2% of all residents, which is similar to the 30 June 2000 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 90,151 admissions from 1 July 2000 to 30 June 2001. 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 14% of respite separations had an unspecified destination on departure from the service. Of those for whom data were available, 76% returned to the community. A further 17% were transferred to the same or another service, and 6% were discharged to hospitals. Deaths accounted for about 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 remote areas (3.7 weeks).

Turnover

The AIHW has adopted a new method of calculating turnover, which separates turnover for permanent admissions and turnover for respite admissions. Table 3 provides the calculations over the last three full years of admissions; and the method of calculation is defined in a note at the bottom of the table.

Table 3: Admissions and turnover, by type of care in aged care services, 1999 to 2001

Type of care	1999	2000	2001
Permanent care			
Admissions	45,258	45,476	46,545
Turnover rate	0.33	0.33	0.33
Respite care			
Admissions	40,806	42,531	43,606
Turnover rate	15.79	15.73	16.04
Permanent and respite care			
Admissions	86,064	88,007	90,151
Turnover rate	0.61	0.62	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, and then dividing the places by the number of appropriate admissions in the year.

Characteristics of newly admitted residents

Among permanent admissions, 67% were aged 80 and over (72% of females and 58% of males). The majority of permanent admissions were women (65%). Women had a much older age profile than men, with over 47% of women being 85 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 and over (77% of women and 57% 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. Among those receiving respite care, newly admitted residents were more likely to be married than were current residents.

The proportion of people who were receiving a Department of Veterans' Affairs (DVA) pension was around 15% for current permanent residents and 17% for newly admitted permanent residents after excluding the unknown cases. The corresponding proportions of people receiving an aged pension were 76% and 72% respectively. As was the case for current respite residents, a high proportion of newly admitted respite residents did not have pension status reported. As already noted previously with regard to dependency, newly admitted residents tended to have marginally higher dependency levels, overall, than did current residents.

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. 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). 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%.

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 respite admissions were less likely to be single and living alone than permanent admissions, it is noteworthy that 38% of respite admissions were living alone at the time of entry. About 76% of respite admissions were living in a house or flat prior to admission. This proportion compares with 65% for permanent admissions whose prior residence was either a house or flat.

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 and over at the State/Territory level were: Northern Territory (181.4), Western Australia (100.9), Queensland (100.6), South Australia (99.3), the Australian Capital Territory (98.1), Tasmania (97.4), New South Wales (97.2) and Victoria (93.4). 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 and over varied across the States and Territories. The Northern Territory had the highest level of provision at 109.2 places per 1,000 people aged 70 and over, followed by Queensland (86.8), Western Australia (85.3) and South Australia (85.2). These were followed by New South Wales (83.0), Tasmania (82.8), Victoria (80.0) and the Australian Capital Territory (79.9). Victoria has had the strongest growth in residential provision over the past 15 years of all the States and Territories. If the ratios are recalculated using the number of Indigenous Australians aged 50 years and over and non-Indigenous Australians aged 70 years and over, the ratio of provision changes substantially in the Northern Territory but only slightly for other jurisdictions. The adjusted ratios using this basis are South Australia (98.0), Western Australia (97.5), Queensland (97.2), ACT (96.9), New South Wales (95.1), Tasmania (93.4), Victoria (92.9) and Northern Territory (85.7).

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 64 places per

service), New South Wales (53) and Queensland (52). At the smaller end were services in the Northern Territory (averaging 26 places per service) and Tasmania (39). Tasmania and Western Australia had a large proportion of small (20 or fewer beds) services—about 22% and 14% respectively. In the Northern Territory, however, over half the services (60%) fell into this category, and none had more than 60 beds.

Around 61% of services in the Australian Capital Territory had more than 60 beds, compared to 30% of those in New South Wales and 27% of those in Queensland. Victoria, Western Australia and Tasmania had relatively few services of this size (less than 16%).

Occupied place-days for respite care accounted for about 2% of total occupied place-days in Australia and these were fairly constant in most States and Territories, with the smallest proportions provided in Victoria (1.6%) and the highest in the Northern Territory (4.9%).

The overall occupancy rate ranged from 84% in the Northern Territory to 97% in Tasmania.

Australia-wide, remote areas exhibited a lower occupancy rate (75%) than did other regions, with occupancy rates of 96% for both capital cities and rural areas, and 97% for other metropolitan (i.e. non-capital city) centres.

Resident characteristics

The age profiles of residents were similar in all States/Territories, except those in the Northern Territory which were somewhat younger. In particular, one in five residents was aged under 65 in the Northern Territory, compared to a national average of one in 22. 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 (46%). This compares with the national average of 25% for permanent residents and 27% for respite residents. Queensland, Tasmania and the Northern Territory had the lowest proportions (between 14% and 23% of permanent residents and between 6% and 22% of respite residents). The majority of migrants 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, for example, the proportion of those who reported a preferred language other than English ranged from 10% in Victoria to 2% in Tasmania. The Northern Territory showed a much higher proportion with 29% preferring a language other than English (including 23% who preferred an Australian Indigenous language).

For permanent residents, their destination on separation also varied across the States and Territories. The Northern Territory had a high 14% of persons returning to the community. Tasmania had the highest percentage of separations through death (94%), while Western Australia had the lowest percentage of separations through death (73%) and the highest proportion moving to hospital (12%).

For respite residents, State and Territory variations in destination on separation were also evident. About 85% of respite separations returned to the community in Tasmania, compared with only 58% in New South Wales and South Australia (with the national average being 65%). However, there was a high level of missing data on this variable for respite residents (14% nationally, but rising as high as 21% in New South Wales and 15% in Western Australia and South Australia). After excluding the missing data, the pattern

changes slightly. The Northern Territory and Tasmania had the highest proportions returning to the community (89% and 87%, respectively), while South Australia had the lowest (58%). Victoria also had a high proportion (84%) 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, 20% to 22% of respite separations involved a transfer to another service, compared with the national average of 17% after excluding the missing data.

The length of stay of residents at the time of separation also varied among the States and Territories. Permanent separations in the Northern Territory had the longest average length of stay (151 weeks) and those in the Australian Capital Territory had the shortest (137 weeks). Among those leaving respite care, the average length of stay varied from 2.6 weeks in Tasmania and Victoria to 3.7 weeks in South Australia.

Dependency levels among residents differed 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 60% in the Australian Capital Territory. Nationally, 63% of residents fell into this category.

The data and their limitations

Introduction

Residential aged care in Australia was restructured in 1997–98. The two separate categories of residential care (nursing homes and hostels) were combined into a single program from 1 October 1997. As a result, the two previous data collection systems (the Nursing Home Payment System (NHPS) and the Commonwealth Hostel Information Payment System (CHIPS)) were replaced on 1 October 1997 by a single system—the 'System for the Payment of Aged Residential Care' (SPARC). This new system is the primary data source for this report.

The new system inherited all existing records on the NHPS at 1 October 1997. For the data on the CHIPS, only those records that related to the following two groups of people were carried over:

1. those who were in a hostel at 1 October 1997; and
2. those who had a valid Aged Care Assessment Team (ACAT) assessment covering 1 October; they were regarded as potential residents.

In other words, the records for residents discharged from hostels before 1 October 1997 are not available on SPARC although they are still available on CHIPS.

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

- 'Aged Care Application and Approval', a form completed by a person applying for admission to an aged care service or someone (normally a carer) on behalf of the applicant;
- 'Application for Classification', a form completed by the aged care service to determine the resident's overall level of care needs; and
- 'Monthly Claim Form', a form for claiming Commonwealth benefits completed by the aged care service as part of the monthly funding cycle.

Population data are from the Australian Institute of Health and Welfare's general population databases supplied by the Australian Bureau of Statistics.

Resident information

All residents admitted to residential aged care must have a valid Aged Care Application and Approval form. This form is valid for 12 months from the date of the approval decision. ACATs with delegation are authorised to approve the application form.

The information entered into SPARC from the Aged Care Application and Approval 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); and
- resident's living arrangements (prior to admission).

Not all residents have all the above characteristics reported on SPARC.

Resident Classification Scale

- The RCS application form is forwarded to State/Territory offices of the Commonwealth Department of Health and Ageing by aged care services for each resident admitted. On the basis of the information provided, residents are assigned to one of eight service-need categories for the purpose of funding. The information provided on the RCS status of residents is reported in Section 5 of this report.
- The Monthly Claim form is sent to approved services each calendar month as part of the payment cycle. It shows claim details for the previous month plus a 'forecast' schedule for the current month. The service checks the information and records data on separations and absences (hospital and social leave) for these residents. It also adds information on any newly admitted residents for the current month.

The claim form is the source for the following data items in the tables:

- date of admission;
- date of separation;
- separation mode; and
- admission type.

Populations used in the tables in this report

It should be noted that tables in this publication refer to several different subpopulations and, consequently, may not be directly comparable. The subpopulations covered in the tables in this report are summarised below.

Section 2: Residents and their characteristics

All tables in this section relate to the number of residents who were in aged care services on 30 June 2001. This population includes all approved residents and totalled 136,608.

Section 3: Admissions and separations

There were 46,545 admissions for permanent care (permanent admissions) and 43,606 admissions for respite care (respite admissions) over the period from 1 July 2000 to 30 June 2001. Tables 3.1 to 3.3 relate to these populations.

Tables 3.4 to 3.10 refer to separations from an aged care service over the period from 1 July 2000 to 30 June 2001. There were 45,481 separations of permanent residents and 43,586 separations of respite residents.

Section 4: Characteristics of newly admitted residents

Tables in this section refer to the number of people admitted into residential aged care from 1 July 2000 to 30 June 2001. Each person is counted once. For the full year reporting, there were 45,582 new residents for permanent care and 31,480 new residents for respite care.

Section 5: Resident dependency

Tables 5.1 and 5.2 in this section relate to the number of permanent residents as at 30 June 2001 (131,659 persons) who had been classified using the RCS. Permanent residents who did not have an RCS allocated (2,345 persons) are excluded from the tables. Respite residents are not included in this section.

Tables 5.3 and 5.4 relate to people (44,124) who were admitted to residential aged care for permanent care during the period from 1 July 2000 to 30 June 2001. Multiple admissions are excluded from these tables. People without an RCS (1,458 people) are excluded from the tables.

Tables 5.5 and 5.6 represent those permanent residents (44,229) who separated from residential aged care during the period from 1 July 2000 to 30 June 2001. A total of 1,950 people without an RCS are excluded from the tables. 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:

- Some residents admitted under previous arrangements and State government nursing home residents did not report their century of birth and they have been assigned a century of birth arbitrarily. Consequently, in a small number of cases errors may have been made, for example, a resident 102 years of age could be coded as 2 years old. Effort has been made to minimise this error against other available information. For example, if a resident is coded as 3 years old on the one hand and also reported as married or receiving an age pension on the other, the adjusted age of the resident is 103 years for this report. Such adjustments have been made for only a small number of residents.
- Information on whether an admission was from an acute hospital, previously available on NHPS, is not available on SPARC; therefore, relevant tables have had to be dropped from this report.
- Death indicator—In some cases, aged care services may not be equipped to care for some terminally ill residents. Accordingly, such residents are transferred to acute-care institutions prior to death; 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 2001 for current residents' incomplete stays. When a person is transferred from one service to another, the date of admission to the first service is the date from which the length of stay is calculated.
- The data on the number of residential places stored in the Aged and Community Care Management Information System (ACCMIS) are sensitive to dates of entry and ACCMIS is updated on a weekly basis. Consequently the reader may find minor reporting variations depending on the version of ACCMIS used for the reporting.

- The types of aged care services, such as government, private for-profit and private not-for-profit, previously recorded on both the NHPS and the CHIPS, are no longer identifiable on the new system (SPARC). Tables relating to this variable can therefore no longer be presented in this series.