

# 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.<sup>1</sup> 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

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<sup>1</sup> 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.