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Hostels in Australia 1995–96

A statistical overview

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

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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.

The first publication in the series, entitled *Nursing Homes in Australia 1995–96*, was released in December 1997. This report, the second in the series, presents the corresponding data for Australian hostels in 1995–96. Later this year, report numbers 3 and 4 in the Aged Care Statistical Series will be released, containing the 1996–97 data on nursing homes and hostels respectively. It is envisaged that from 1997–98 the hostel and nursing home data will be combined 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 the needs of information users have led to some differences. For example, in many instances tables are split by type of care (permanent and respite care). 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 and 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 1996, there were 1,510 hostels in Australia providing a total of 62,634 places (60,437 for permanent care and 2,197 for respite care): an average of 41 places per hostel. This represented 41.5 places per 1,000 people aged 70 and over at the time. While hostels varied in size, 84% of them had 60 places or fewer.

The vast majority (91%) of places in hostels in 1996 were managed by private-not-for-profit organisations, with only about 3% managed by private-for-profit organisations. The remaining 6% were managed by State and Territory Governments and local governments.

Hostel residents

Of the 58,177 people who were resident in hostels on 30 June 1996, 43,408 (or 75%) were female. Female residents were older than male residents; over half the female residents were 85 years of age or older, compared with 37% of male residents. Nationally, younger people (aged under 65) accounted for only about 3% of total residents. For the Northern Territory, however, the proportion of residents aged under 65 was 30%.

On 30 June 1996, respite residents represented less than 3% of total residents. This figure under-represents the importance of respite residents, however, as they comprised some 53% of all admissions during the 12-month period (1995–96). 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.

Combining the number of people resident on 30 June 1996 (58,177) with the number of resident separations over the 12-month period before 30 June 1996 yields the finding that in total 84,990 people spent some time in a hostel (for either respite or permanent care) during the period between 1 July 1995 and 30 June 1996.

The distribution of length of stay for permanent residents is skewed toward longer periods of stay. Only 8% of permanent residents had been in hostels for less than 3 months. About 21% had been resident for between 3 months and 1 year, 50% for 1 to 5 years and 22% for 5 years or more. It should be noted that the length of stay of the current residents is an incomplete measure, showing the time that residents have spent in hostels but not how much more will be spent before leaving the hostel.

The majority of permanent hostel residents (73%) were classified as Personal Care residents, with most of these falling into the intermediate (21%) and low (38%) categories of personal care. Some 14% of residents were classified in the 'Personal Care – High' category, and, at the other extreme, 27% 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 (86%) of Personal Care residents, while the ACT had the lowest (62%).

In general, female hostel residents tended to have higher levels of dependency than did male. There was surprisingly little variation in dependency levels among different age groups, with the youngest (under 65) and oldest (90 and over) residents being 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 quite similar levels of dependency to those reported for permanent residents. The dependency profile of newly admitted residents during 1995–96 was, on average, slightly higher than that of current residents. This suggests that hostels may be tending to provide more for people needing Personal Care-level services, thereby targeting people with higher levels of dependency. Further 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, p. 38) compared with 73% in 1996.

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 does not exist for respite residents.

The vast majority of residents did not have a spouse at the time of admission. Of those who reported their marital status, only about 16% were either married or in a de facto relationship at the time of admission, and about two-thirds were widowed. Women were substantially more likely to be widowed than men (58% compared with 32%), and much less likely than men to be married (9% and 23% respectively), single (8% and 14% respectively) or divorced (2% and 6% respectively). There were about 22% of residents who did not report their marital status.

Four in five residents reported their housing status prior to admission. Of those, three-quarters had lived in a house or flat, 12% in a self-contained unit, and 1.7% in a nursing home; 7.4% had transferred from another hostel. These patterns were similar for men and women.

Most residents lived alone (58% of those who reported their living arrangement), or with non-family members (12%), before admission. 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. Data on prior living arrangement were not available for one-fifth of residents. Among those who had lived alone (79%), with a spouse (82%) or with various family members (90–98%), a house or flat remained the most common prior housing status.

Only 54% of residents reported their Indigenous status. Of those for whom data were available, 444 (or about 1%) were identified as people of Indigenous origin.

Reporting rates for the data items concerning birthplace and preferred language are only 78%. Among those for whom data were available, 78% were born in Australia and 12% in UK and Ireland. Residents who reported English as their preferred language accounted for 96% of total residents for whom data were available.

Hostel admissions and separations

There were 41,400 admissions to hostels in the year 1995–96, of which 53% were for respite care.

Among permanent admissions, more than 65% were aged 80 or older (69% of females and 56% of males). The age profile of those admitted for respite care was slightly younger; 61% were aged 80 or older (67% of females and 51% of males).

In the year 1995–96, there were 38,899 separations from hostels, 56% of which were separations after a period of respite care.

For those leaving permanent care, 29% were separations due to death, 9% returned to the community, 40% moved to a nursing home and 18% were discharged to hospitals. Of those who died, 32% had stayed in the hostel for less than 1 year, and 19% had stayed for less than 6 months. A considerable proportion (20%) died after a stay of 5 years or more. Return to the community was more likely to occur for residents with a comparatively

short length of stay. Among those residents who returned to the community, more than half made that move within 6 months of admission. The likelihood of transferring to a nursing home increased with increasing duration of stay. There was no clear relationship between duration of stay and transferring to a hospital.

The majority of those leaving the hostel after a period of respite care returned to the community (76%). A further 15% were transferred to the same or another hostel, 6% were discharged to hospitals, and 1% to a nursing home. Deaths accounted for under 1%.