The need for and provision of human services in the ACT

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Executive summary

This report draws together the most current data accessible by the Australian Institute of Health and Welfare (AIHW) and relevant to analyses of the need for and provision of human services in the Australian Capital Territory (ACT) in the areas of aged care, disability, housing, homelessness, alcohol and other drugs, and mental health.

Data on rates of service provision and service user characteristics are presented for each human service area. Where possible, data on expenditure and information specifically relevant to assessing levels of unmet need for services are also presented. In most instances throughout the report, data for the ACT are compared with data for other States and Territories, other Australian capital cities or Australia as a whole.

Aged care

- Canberra's population profile is slightly younger relative to other capital cities. Only 9% of Canberra's population are aged 65 and over, compared with 12% for all capital cities.
- Per head of population aged 70 and over, Canberra has fewer residential care places than other capital cities—80 places per 1,000 people aged 70 and over, compared with 86 places for all capital cities.
- Almost 15% of residents of aged care services in Canberra had a postcode outside the ACT before entering residential aged care.
- Compared with all capital cities, the separation rate for permanent residents of residential aged care services in Canberra is lower but the separation rate for respite residents is considerably higher, indicating that more episodes of respite care are used per 1,000 people aged 70 and over in Canberra.
- The proportion of residents classified as low dependency was relatively high in Canberra (40%, compared with 36% for all capitals). This can be attributed, at least in part, to an historical pattern of a relatively low level of supply of high-care places in Canberra.
- The proportion of residents classified as high dependency in Canberra has increased from 57% in 1998–99 to 60% in 2000–01, reflecting a national pattern of increased dependency of residents of residential aged care services.
- The uptake of 'ageing in place' has been higher in the ACT than in most other States and Territories. As a consequence, the dependency profile of residents in former hostels has been increasing.
- Support for people living at home is stronger in Canberra than in other capital cities. Canberra had the second highest provision ratio of community aged care packages, and rates of Home and Community Care (HACC) service provision were markedly higher in the ACT than nationally.
- Informal carers are an important source of support for older people. Over 70% of people aged 65 and over with a severe or profound core activity restriction who needed assistance with self-care, communication and meal preparation reported an informal, co-resident carer as their main source of assistance.

Disability services

- There are an estimated 39,000 people aged under 65 in the ACT with a disability, and 10,500 with a severe or profound core activity restriction. These figures can be expected to increase in future years.
- In 2001, 825 consumers received Commonwealth/State Disability Agreement (CSDA) funded services in the ACT; slightly more than half were males (56%). Intellectual disability was reported by 62% of consumers as their primary disability. The age profile of consumers in the ACT was slightly younger than for all capital cities. Approximately 3% of consumers of CSDA-funded services in the ACT were not ACT residents.
- The profile of CSDA-funded service outlets in the ACT also differed from the national picture—the ACT had a greater proportion of community support outlets and a smaller proportion of accommodation support outlets.
- Expenditure on accommodation support services and community access services (expressed as dollars per potential population in need) was lower in the ACT than nationally.
- HACC services were received at a higher rate by clients aged under 65 in the ACT than nationally. Home help services were most commonly used.
- People with a disability are not an homogeneous group, and many factors affect their needs for assistance. Flexibility is important in the way services are structured and provided, in order to meet individual needs, and better links may be needed between the disability and aged care services systems.
- As informal carers are the main providers of support for people with disabilities, it is important that formal services support informal carers, to enable them to continue to play a key role in the disability, aged care and mental health fields.

Housing

- The ACT faces growing housing need and this is currently being identified through the ACT Affordable Housing Task Force. Many residents are unable to obtain housing that meets their needs because of the limited availability of safe, secure, appropriate and affordable housing, whether in private markets or as 'social housing'.
- In 1999, across all tenure types, there were 8,400 low-income households in the ACT paying more than 30% of their income in housing costs.
- There is a low vacancy rate of rental properties in the ACT, and there have been recent increases in the median weekly rent of houses in Canberra. Canberra has experienced the largest relative rent rises in Australia for flats/units.
- Housing assistance in the ACT is characterised by a relatively high proportion of public housing to total housing stock. In 1999, there were 12,200 households living in public rental housing in the ACT, which is 10% of all households in the ACT.

- In 2000–01 there were:
  - 83 households receiving mortgage relief assistance under the Commonwealth–State Housing Agreement (CSHA) Home Purchase Assistance program
  - 8,395 income units receiving Commonwealth Rent Assistance (as at June 2001) and 42 households that received bond loan payments under the CSHA Private Rent Assistance program
  - 11,510 CSHA public housing dwellings, and 12,502 households receiving public housing assistance; 1,198 new households were allocated public housing
  - 403 CSHA community housing dwellings
  - 53 dwellings provided under the CSHA for crisis accommodation (as at June 2001).

Homelessness

- The 1996 census identified 1,198 people as homeless on census night in the ACT. This was a lower rate than in any other State or Territory, and a greater proportion of these people was staying in Supported Accommodation Assistance Program (SAAP) accommodation on that night than in any other State or Territory.
- During 2000–01 there were 2,450 SAAP support periods in the ACT, provided to 2,100 clients. Basic support and services, including meals, laundry and shower facilities, were most often provided.
- For casual contacts, requiring less than an hour of a SAAP worker's time, information was the service most often provided. Eighteen per cent of these contacts were for people with accompanying children.
- The median age of SAAP clients in the ACT (27 years) was younger than in Australia as a whole (29 years) and SAAP support periods tended to be longer in the ACT than nationally.
- Based on the SAAP Unmet Demand Collection, an estimated average of 20 clients and 13 accompanying children seeking accommodation were turned away each day, including 14 clients and 8 accompanying children who were seeking immediate accommodation.

Alcohol and other drug treatment services

- Based on the 2001 National Drug Strategy Household Survey data it is estimated that approximately 18% of the ACT population aged 14 years and over have recently used an illicit drug and approximately 10% have a pattern of drinking that puts them at high risk for long-term harm and potentially in need of treatment.
- During 2000–01, 2,743 clients registered for alcohol and other drug treatment (excluding methadone maintenance) in the ACT. The majority of clients were males aged between 25 and 44 years who were self-referred.
- The proportion of ACT clients seeking treatment for heroin was substantially higher than the national figure (44%, compared to 28% nationally) and this trend was evident across all age groups.
- In contrast, the proportion of ACT clients seeking treatment for cannabis was lower than the national figure (7%, compared to 14% nationally).

- Almost two-thirds of all substance-using clients in the ACT (64%) were current injecting drug users. This figure was high compared with Australia as a whole (nationally, 40% of substance-using clients were current injecting drug users). The high rate of clients seeking treatment for heroin (a drug that is commonly injected) in the ACT may partly explain this result. It is important, therefore, that treatment services are able to cater for these clients.

Mental health services

- Mental disorders are a significant issue for many Australians. While there are currently no prevalence estimates for mental disorders in the ACT, the limited information available suggests that rates in the ACT are similar to those for Australia as a whole. Based on national survey data, 18% of adults and 14% of children aged between 4 and 17 years were estimated to have experienced symptoms of a mental disorder in the 12 months before the survey.
- The number of general practitioner encounters for mental health problems per 1,000 population is lower for the ACT (376) than for Australia as a whole (528).
- Available data suggest that access to ambulatory mental health care services provided by psychiatrists in both the public and private sectors has been relatively limited in the ACT compared with Australia as a whole.
- Public hospitals play a larger role in providing hospital-based mental health care in the ACT than nationally. Public hospitals accounted for 79% of all mental health-related hospital separations in the ACT, compared with 66% Australia-wide.
- Rates of mental health-related hospital separations with specialised psychiatric care in the ACT are consistent with national figures, although rates of mental health-related hospital separations overall are lower for the ACT than nationally.
- Of all mental health-related separations with specialised psychiatric care for ACT hospitals, 11% were for non-ACT residents.
- Survey data suggest that, in comparison with other jurisdictions, the ACT has fewer psychiatric beds in hospitals and more in community-based residential services. This may in part explain the lower rates of patient days per 1,000 population for mental health-related hospital separations in the ACT.
- There is evidence that per capita expenditure on residential mental health services in the ACT is above the national average.

Use of services by non-ACT residents

Based on the data available, it seems that the degree of use of human services in the ACT by clients from outside the ACT varies considerably by service area. Almost 15% of residents of residential aged care facilities in Canberra had a non-ACT postcode before admission, while only 3% of consumers of CSDA-funded disability services lived outside the ACT. Of all mental health-related hospital separations with special psychiatric care in the ACT, 11% were for non-ACT residents.

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1 Introduction

There are many sources of data and information in the public domain that relate to human services programs, service provision and client profiles, but it is often difficult to determine which data are reliable, consistent, and relevant to particular questions and investigations. The Australian Institute of Health and Welfare (AIHW) holds a wide range of national data collections and has a wealth of experience and expertise in identifying relevant data, drawing together information from different sources and providing interpretations appropriate to the investigation of particular issues.

This report draws together the most current data accessible by the AIHW and relevant to analysis of the need for and provision of human services in the Australian Capital Territory. It addresses the human services areas of aged care, disability, housing, homelessness, alcohol and other drugs, and mental health. Areas not covered include acute hospitals (other than mental health care provided in hospitals) and children's services.

The analyses and interpretive remarks presented in this report are designed to inform the consideration of service provision to disadvantaged people in the ACT. Although the AIHW holds limited data directly measuring unmet need, the range of data presented here on service provision and use patterns, accessibility and appropriateness, and client profiles makes this report a valuable information resource relevant to the examination of unmet need in the ACT.

Comparing the ACT with other States and Territories

Where possible throughout the report, data for the ACT are compared with data for other States and Territories. As most ACT residents live in Canberra, the population of the ACT is almost entirely a capital city metropolitan population. For this reason, care should be taken when comparing ACT data with data for other States and Territories, or the whole of Australia, which include rural and remote areas. Rates of service provision and client characteristics, and the broader context within which service programs operate, may be expected to differ markedly between capital cities and other metropolitan, rural and remote areas. Where possible in this report, data for the ACT are compared with data for other Australian capital cities. These comparisons are more straightforward to interpret, as they come closer to comparing like with like.

There are also other differences between the ACT and other parts of Australia that need to be taken into consideration when interpreting the comparative data presented in this report. In particular, there are differences in population age structure. A comparison with the age distribution for Australian capital cities and Australia as a whole shows that in the ACT people in younger age groups and people aged 45–54 account for a greater proportion of the population, while people aged 60 and over make up a comparatively smaller proportion. Data on population age distribution are presented in Appendix 1.

In interpreting the data presented in this report, it is important to be aware that not all clients of human services in the ACT are from, or resident in, the ACT. Canberra is the closest large city for residents in some parts of New South Wales close to the ACT, so people from these

areas may access services in the ACT. While Canberra is not unique in providing services to residents of other jurisdictions, no other State or Territory capital lies so close to its border with another jurisdiction.

Where possible, information on the proportion of clients from outside the ACT is presented, and this information shows considerable variation by service area. Almost 15% of residents of residential aged care facilities in Canberra had a non-ACT postcode before admission, while only 3% of consumers of disability services funded under the Commonwealth/State Disability Agreement (CSDA) lived outside the ACT. Of all mental health-related hospital separations with specialised psychiatric care in the ACT, 11% were for non-ACT residents.

This report

Information for each of the human services areas mentioned above is presented in separate chapters of the report. All chapters begin with a section on the potential need for services, often based on survey data that provide estimates of the population potentially in need at national level and, where reliable data are available, in the ACT.

The most relevant and current data on services are presented, with a focus on rates of provision and service user characteristics. Data specifically relevant to assessing levels of unmet need for services are presented in the chapters on disability services and homeless services. Service expenditure data are presented in the chapters on disability services and mental health services.

There are important interrelationships between the human services areas covered by this report and, where possible, these are discussed. For instance, Chapter 3 on disability services includes a section on disability and ageing and raises issues that relate to the interrelationships between the disability and aged care service systems. However, because most of the data sources held by the AIHW relate to a single service area, the extent to which data presented in this report can explicitly show interrelationships is limited.

The broader context

There are several broader trends and considerations that form a backdrop to the information contained in this report. They need to be kept in mind when interpreting the information in a broader policy context.

First, the Australian population is ageing, and will continue to age, as the inevitable result of declining mortality rates and low levels of fertility over a long period. The bulge of the post–World War II baby-boom generation is currently affecting the age structure of the working-age population, but record rates of increase in the population aged 65 and over are likely between 2011 and 2021 as the peak of the baby-boom generation reaches retirement age (AIHW 2000a). As the general population ages, the older population is also ageing, with the 85-plus age group projected to increase as a proportion of the population aged 65 and over, from under 10% in 1997 to almost 19% in 2051.

The population with a disability is also ageing. Among people aged under 65 with a severe or profound core activity restriction, the proportion aged 45–54 increased from 19% in 1981 to 22% in 1998. In the 65-plus age group, the proportion aged 75 and over increased from 66% to 73% during the same period.

Another important trend is deinstitutionalisation, or the shift towards care in the home and community. This is essentially a shift in the system of service delivery, and has been occurring over recent decades in a range of health and human service areas, including aged care, disability services, accommodation for the homeless, mental health services, and indeed in acute care hospitals, through increased use of day surgery and reduced length of stay in hospital. Based on census data, there is broad evidence of a reduction in the proportion of the population in institutional care over the 15-year period 1981 to 1996. If the use patterns which were in place in 1981 had been continued in 1996 (that is, in the absence of deinstitutionalisation policies), there would have been an additional 80,700 people in health and welfare institutions in Australia at the time of the 1996 census. This means that, in 1996, the actual population in health and welfare institutions was three-quarters that which it would have been in the absence of such changes in policy and practice.

Finally, it is important always to recognise the heterogeneity of client groups. While data are often presented for broad client groups, this can mask a great diversity of characteristics and needs. For instance, data are often reported for the population aged 65 and over. It is important to remember that this group spans about 35 years, so the characteristics and needs of people within this group may be expected to vary as much as, for instance, people within the equally broad age group between 15 and 50 years.

In addition, in an Australian context there is likely to be diversity within client groups due to Indigenous status, cultural and linguistic background, and many other factors. While this diversity is often not reflected in the way data are presented, it is important to always be aware that different clients groups have different needs and, therefore, the way to best address these needs may vary.

There is an increasing recognition that the heterogeneity of client groups has implications for how services are structured and provided. In many human services areas this has led to a shift in service provision philosophies. This is reflected in, for instance, the disability field, with a growing emphasis on individual-based funding of service packages tailored to individual needs, and in the aged care field, with the recent emphasis on 'ageing in place' and expanded provision of home-based care services.

2 Aged care

This chapter presents data on the provision of residential and community aged care services in the ACT. This includes information on the characteristics of the population in residential aged care, including age, sex, reason for separation and level of dependence. Data for the ACT are compared with data for all capital cities. Trends in residential care use are shown for those years following the implementation of the National Aged Care Strategy in 1997–98. Changes that occurred at this time included a restructuring of the system from two tiers (nursing homes and hostels) to one (residential aged care services), and the introduction of the new Resident Classification Scale (RCS) for funding the care needs of residents. Data on the provision of community aged care packages and Home and Community Care (HACC) services are also presented.

Potential need for services

Table 2.1: People aged 65 and over: age structure and rates of severe and profound core activity restriction, Canberra and Australian capital cities, 2001

	Canberra	All capital cities
Males		
Number of people aged 65+	12,141	637,494
People aged 65+ as % of total population	7.7	10.4
Number of people aged 85+	743	49,970
People aged 85+ as % of population aged 65+	6.1	7.8
People aged 65+ with severe or profound core activity restrictions	1,951	108,925
People with severe or profound core activity restrictions as % of population aged 65+	16.1	17.1
Females		
Number of people aged 65+	15,315	839,831
People aged 65+ as % of total population	9.4	13.3
Number of people aged 85+	1,781	117,355
People aged 85+ as % of population aged 65+	11.6	14.0
People aged 65+ with severe or profound core activity restrictions	3,775	220,939
People with severe or profound core activity restrictions as % of population aged 65+	24.7	26.3
Persons		
Number of people aged 65+	27,456	1,477,325
People aged 65+ as % of total population	8.5	11.9
Number of people aged 85+	2,524	167,325
People aged 85+ as % of population aged 65+	9.2	11.3
People aged 65+ with severe or profound core activity restrictions	5,731	329,737
People with severe or profound core activity restrictions as % of population aged 65+	20.9	22.3

Sources: ABS unpublished data from 2001 census; AIHW analysis of ABS 1998 Survey of Disability, Ageing and Carers.

The number of people aged 65 and over is commonly used as a predictor of the need for assistance among older people. However, estimates of the number of older people who experience significant disability may provide a more accurate indication of need for aged care services.

Older people make up a smaller proportion of the population in Canberra, compared with all Australian capital cities. In 2001 there were 27,500 people aged 65 and over in Canberra, or 9% of the population (Table 2.1). Of those, 2,500 (9%) were aged 85 or over. In comparison, for all Australian capital cities, people aged 65 and over accounted for 12% of the total population, and 11% of those were aged 85 or over. In Canberra, as in all capital cities, there were more than twice as many women aged 85 or over than there were men.

Table 2.2: People with a severe or profound core activity restriction living in households, aged 65 and over, and all ages: main source of assistance by activity type, as a percentage of all people needing assistance with a particular activity, Australia, 1998

	Type of provider					
	No provider	Informal co-resident	Informal non-co-resident	Formal provider	Total %	Total number ('000)
			Age 65 and over			
Self-care	9.0	73.1	6.4	11.5	100.0	**155.2**
Mobility	5.9	54.1	31.9	8.1	100.0	**273.6**
Communication	*10.8	88.5	**0.7	—	100.0	**28.6**
Health care	5.4	42.9	7.6	44.1	100.0	**216.4**
Housework	*2.7	57.3	13.5	26.5	100.0	**226.2**
Property maintenance	4.0	45.3	20.7	30.0	100.0	**249.5**
Paperwork	*3.0	63.4	28.9	*4.6	100.0	**110.3**
Meal preparation	**1.6	71.8	*6.9	19.7	100.0	**120.2**
Transport	5.7	46.7	37.7	9.8	100.0	**232.2**
			All ages			
Self-care	7.9	81.1	4.7	6.3	100.0	**516.4**
Mobility	6.4	67.9	18.7	7.0	100.0	**724.6**
Communication	*5.4	83.2	**0.6	10.8	100.0	**166.9**
Health care	5.3	62.0	5.8	27.0	100.0	**538.3**
Housework	3.1	70.4	10.1	16.4	100.0	**478.8**
Property maintenance	5.5	57.7	16.2	20.5	100.0	**559.4**
Paperwork	5.0	69.9	19.2	5.9	100.0	**240.3**
Meal preparation	*3.3	79.0	5.4	12.3	100.0	**241.8**
Transport	4.2	63.3	24.5	7.9	100.0	**525.8**

Note: Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

— Nil or rounded to zero.

Source: AIHW 2000a:112.

Based on data from the 1998 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers, it was estimated that 5,700 people aged 65 and over in Canberra had a severe or profound core activity restriction, meaning that they always or sometimes needed assistance with self-care, mobility or communication (Table 2.1). The percentage for Canberra (21%) was similar to the average for capital cities (22%). Compared with men, a much higher percentage of women aged 65 and over had a severe or profound core activity restriction, reflecting in part the older age structure of the female population aged 65 and over.

Table 2.2 presents national information from the same ABS survey on assistance provided to people with a severe or profound core activity restriction. It also presents information on the main provider of assistance for activities with which assistance was needed. While the majority of people with a severe or profound core activity restriction aged 65 and over had some form of assistance, a substantial number of people had no assistance with activities. For example, some people with a severe or profound core activity restriction received no assistance with mobility (16,100 or 6%), self-care (14,000 or 9%), transport (13,200 or 6%) and health care (11,700 or 5%).

For all activities, the majority of people aged 65 and over said that their main source of assistance was a carer living in the same household; over 70% of people who needed assistance with self-care, communication and meal preparation were assisted by informal co-resident carers.

The activities for which the highest proportion of people aged over 65 reported a formal provider as their main source of assistance were health care (44%), property maintenance (30%) and housework (26%). People aged 65 and over were more likely to report on a formal service provider as their main source of assistance than those aged under 65 (see Table 3.1). This was true for all activities except communication.

Age profile of people in residential aged care

With the ageing of the overall Australian population, the population aged 65 and over is also ageing (AIHW 2001a:201). Reflecting this 'ageing of the aged', the age profile of clients in residential aged care is changing. Both in the ACT and nationally, clients in very old age groups make up an increasing proportion of all clients.

There were 1,434 people in residential aged care in Canberra on 30 June 2001. Of these, 3% were aged under 65, including 0.4% aged under 50 years (Table 2.3). Across all capital cities, younger residents accounted for a slightly greater proportion of all residents—4.5% were aged under 65, including 0.8% aged under 50. Compared with data for all capital cities, people aged 75–84 accounted for a higher proportion of all residents in Canberra (39% versus 35% for all capital cities), however people aged 85 and over accounted for a lower proportion (48% versus 50% for all capital cities).

Table 2.3: Age profile of persons in residential aged care (per cent), Australian capital cities at 30 June 2001

Age group	Sydney	Melbourne	Brisbane	Perth	Adelaide	Hobart	Canberra	Darwin	All capital cities
Under 50	1.0	0.7	1.0	0.7	0.4	0.9	0.4	1.8	0.8
50–64	4.1	3.9	3.8	3.3	2.0	3.1	2.6	12.7	3.7
65–74	11.2	10.2	9.2	10.0	8.6	9.6	10.0	19.3	10.2
75–84	35.6	34.3	35.7	33.4	36.5	34.2	39.2	33.7	35.2
85+	48.0	50.8	50.3	52.6	52.5	52.2	47.7	32.5	50.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	*29,790*	*22,694*	*11,536*	*9,287*	*10,539*	*1,698*	*1,434*	*166*	*87,144*

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

Provision of places

The planning ratio used by the Commonwealth Government to guide the provision of residential aged care places and community aged care packages is 90 residential places and 10 packages per 1,000 population aged 70 and over. By examining the number of places and packages per 1,000 people aged 70 and over, it is possible to compare cities with different age structures and focus on provision rates in relation to the population most likely to need assistance.

Of all capital cities, Canberra had the third lowest provision ratio of residential beds in 2001, at 80 beds per 1,000 persons aged 70 years and over (Table 2.4). The provision ratio for all capital cities combined was 86. It is interesting to note that almost 15% of residents in Canberra had a postcode outside the ACT before entering residential aged care. If this was taken into consideration in calculating provision ratios, numbers of available places per 1,000 Canberra residents aged 70 and over would be lower still.

Community aged care packages provide support services to people living at home who would otherwise be eligible for admission to what was formerly known as personal care level in a hostel. Canberra had the second highest provision ratio of community aged care packages, at 18 packages per 1,000 persons aged 70 and over, compared with 14 for all capital cities.

Residential aged care places and community aged care packages are usually combined to present an indication of the provision of aged care against the planning ratio. Combining the two types of service, Canberra had the second lowest provision ratio, at 98 places and packages per 1,000 persons aged 70 years and over, compared with 100 for all capital cities.

Table 2.4 shows the change in the supply of residential aged care places and community aged care packages from 1999 to 2001. Nationally, the number of residential aged care places has increased over these three years, but the number of places per 1,000 persons aged 70 years and over has declined (from 89 per 1,000 at 30 June 1999 to 86 per 1,000 at 30 June 2001). This trend is also evident for Canberra (84 per 1,000 at 30 June 1999 to 80 per 1,000 at 30 June 2001).

In contrast, both the absolute number of community aged care packages and the ratio of provision has increased over the three years, in Canberra and nationally. Nationally, this has translated into an increase in the number of packages per 1,000 persons aged 70 years and over, from 8 per 1,000 in 1999 to 14 per 1,000 in 2001. For Canberra, however, the ratio of packages per 1,000 persons aged 70 years and over rose between 1999 and 2000, then declined between 2000 and 2001. The net result was a rise of only one package per 1,000 persons aged 70 years and over between 30 June 1999 and 30 June 2001 (from 17 to 18 packages per 1,000 persons aged 70 years and over).

The combined provision ratio has increased nationally from 98 places and packages per 1,000 persons aged 70 years and over in 1999, to 100 in 2001. For Canberra, the combined provision ratio has decreased from 101 to 98 over the same period.

Table 2.4: Residential aged care places and community aged care packages, Canberra and Australian capital cities, at 30 June 1999, 2000 and 2001[(a),(b)]

	1999	2000	2001
Canberra			
Total places (number)	1,426	1,484	1,480
Places per 1,000 people aged 70+	83.6	83.7	80.0
Total packages (number)	266	308	336
Packages per 1,000 people aged 70+	17.1	20.5	18.2
Combined places and packages (number)	1,692	1,792	1,816
Combined places and packages per 1,000 people aged 70+	100.7	104.2	98.2
All capital cities			
Total places (number)	90,622	90,476	91,258
Places per 1,000 people aged 70+	89.4	87.2	85.9
Total packages (number)	8,330	11,252	14,916
Packages per 1,000 people aged 70+	8.2	10.8	14.0
Combined places and packages (number)	8,596	11,560	15,252
Combined places and packages per 1,000 people aged 70+	97.6	98.0	99.9

(a) The figures include places and packages provided by multi-purpose services and places and packages funded under the Aboriginal and Torres Islander Aged Care Strategy.

(b) Estimates of capital city populations are based on ABS data for 30 June 2000.

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

Profile of residential aged care services

In 2001 the ACT had 23 residential aged care establishments. In comparison with other capital cities, the ACT had a greater number of larger residential aged care services (Table 2.5). Two services had between 100 and 120 places and another had over 120 places. These larger establishments accounted for a higher proportion of establishments in the ACT than in any other jurisdiction. Also, in other capital cities establishments were most commonly in the size ranges 21–40 places and 41–60 places, while in the ACT establishments with 61–80 places were most common.

The number of residential aged care establishments in all capital cities has decreased from 1,738 in 1999 to 1,707 in 2001. Over the three years there is evidence of a slight reduction in the number of residential aged care facilities with fewer than 40 places, and a small increase in the number of larger facilities. In Canberra, however, there has been little change in the number and size of establishments over the three years. In 2001 there was only one more residential aged care facility than in 1999.

Table 2.5: Residential aged care establishments, number of places, Canberra and Australian capital cities, 30 June 1999, 2000 and 2001

	1999		2000		2001	
Number of places	Number	%	Number	%	Number	%
Canberra						
1–20	2	9.1	2	8.7	2	8.7
21–40	2	9.1	2	8.7	2	8.7
41–60	6	27.3	6	26.1	5	21.7
61–80	8	36.4	9	39.1	10	43.5
81–100	0	0.0	0	0.0	1	4.3
101–120	3	13.6	3	13.0	2	8.7
121+	1	4.5	1	4.3	1	4.3
Total	**22**	**100.0**	**23**	**100.0**	**23**	**100.0**
All capital cities						
1–20	100	5.8	98	5.7	88	5.2
21–40	653	37.6	625	36.3	594	34.8
41–60	558	32.1	566	32.9	576	33.7
61–80	216	12.4	220	12.8	230	13.5
81–100	106	6.1	107	6.2	110	6.4
101–120	54	3.1	55.0	3.2	56	3.3
121+	51	2.9	51.0	3.0	53	3.1
Total	**1,738**	**100.0**	**1,722**	**100.0**	**1,707**	**100.0**

Patterns of service use

Separations

Between 1 July 2000 and 30 June 2001 there were 466 permanent separations and 670 respite separations from residential aged care services in Canberra (Tables 2.6 and 2.7). Expressed as rates per 1,000 persons aged 70 and over, this equates to 24 and 35, respectively. Compared to all capital cities the separation rate for permanent residents in Canberra is lower (24 per 1,000 aged 70 and over compared to 27 for all capital cities). For respite residents the separation rate is considerably higher in Canberra compared to other capital cities (35 per 1,000 aged 70 and over in 2000–01 compared to 23 for all capital cities).

Tables 2.6 and 2.7 show that, over the three years from 1999 to 2001, separation rates for permanent residents for Canberra and for all capital cities has been relatively stable. However, the rate of respite separations for Canberra has declined slightly over the three years, from 39 per 1,000 persons aged 70 and over in 1998–99 to 35 per 1,000 in 2000–01.

Length of stay

The average length of stay for permanent residents in Canberra residential aged care services separating from care in 2000–01 was 137 weeks. This is slightly lower than the average length of stay for permanent residents in all capital cities (142 weeks). Respite residents in Canberra separating from care in 2000–01 stayed an average of 2.7 weeks; again, slightly shorter stays on average than those for respite residents in all capital cities (3.3 weeks).

Table 2.6: Permanent residents: separations and length of stay, Canberra and Australian capital cities, 1998–99, 1999–00 and 2000–01[(a)]

	1998–99	1999–00	2000–01
Canberra			
Total separations (number)	397	437	466
Separations per 1,000 people aged 70+	23.3	24.7	24.4
Average length of stay (weeks)	134.6	123.4	137.3
Total number of bed days	478,096	482,912	504,473
All capital cities			
Total separations (number)	28,243	28,537	28,831
Separations per 1,000 people aged 70+	27.9	27.6	26.9
Average length of stay (weeks)	131.3	137.9	142.1
Total number of bed days	30,893,082	30,833,962	31,074,349

(a) Population estimates are based on ABS estimated resident population data.

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

Table 2.7: Respite residents: separations and length of stay, Canberra and Australian capital cities, 1998–99, 1999–00 and 2000–01[(a)]

	1998–99	1999–00	2000–01
Canberra			
Total separations (number)	666	652	670
Separations per 1,000 people aged 70+	39.1	36.8	35.1
Average length of stay (weeks)	3.1	2.7	2.7
Total number of bed days	13,717	12,005	12,816
All capital cities			
Total separations (number)	23,999	24,797	24,896
Separations per 1,000 people aged 70+	23.7	23.9	23.2
Average length of stay (weeks)	3.6	3.4	3.3
Total number of bed days	598,019	576,557	587,748

(a) Population estimates are based on ABS estimated resident population data.

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

Over the three financial years from 1998–99 to 2000–01, the average length of stay for permanent residents in all capital cities has increased from 131 weeks in 1998–99 to 142 weeks in 2000–01. There is no similar trend in length of stay for Canberra permanent separations.

Bed days and occupancy rate

The number of bed days occupied by permanent residents in Canberra separating in 2000–01 was 504,500. Respite residents separating in the same year occupied 12,800 bed days. For all capital cities the equivalent figures were 31,074,300 and 587,700, respectively. The number of occupied bed days for permanent residents increased over the three years for Canberra, from 478,100 in 1998–99 to 504,500 in 2000–01. All capital cities did not show a similar pattern. There was no clear trend in total number of bed days occupied by respite residents in Canberra or all capital cities.

Average occupancy rate over a period is the number of occupied bed days as a percentage of the total available bed days. The total available bed days are calculated as the average number of places available at the beginning and end of the period, multiplied by 365. In 2000–01, the occupancy rate for Canberra (95.6%) was similar to the rate for all capital cities (95.5%) (AIHW 2002k: Table 1.9).

Reason for separation from residential aged care

In Canberra in 2000–01 there were 466 permanent and 670 respite separations from residential aged care services. Among permanent residents, death was the most common reason for separation, accounting for 89% of all separations in Canberra (Table 2.8). This figure is higher than the average for all capital cities (81% of all separations). The proportions of residents with reasons for separation other than death were all slightly lower as a result.

For all capital cities the proportion of residents separating from residential care as a result of death has remained relatively stable over the three years from 1998–99 to 2000–01. In Canberra however, the proportion has increased from 83% in 1998–99 to 89% in 2000–01.

'Ageing in place' was an objective of the changes to the aged care system that followed the introduction of the *Commonwealth Aged Care Act 1997*. This policy allows residents to stay in low-care services (formerly known as hostels) as their dependency increases, rather than having to move to a high-care service (former nursing homes). The increase in the proportion of residents dying in residential care and the decrease in discharges to hospitals or other residential care would seem to indicate that in Canberra residents are ageing in place.

Naturally, the pattern of reported reason for separation was very different for respite care compared to permanent care, with a much higher proportion of respite residents returning to the community. Return to the community was reported for 78% of respite separations in Canberra. This proportion is higher than that for all capital cities (65%). It is interesting to consider this trend in the context of the relatively high supply of community care in Canberra as compared to other capital cities.

Table 2.8: Reason for separation by type of care (permanent or respite), Canberra and Australian capital cities, 1998–99, 1999–00 and 2000–01 (per cent)

	1998–99		1999–00		2000–01	
Reason	**Permanent**	**Respite**	**Permanent**	**Respite**	**Permanent**	**Respite**
Canberra						
Death	82.9	0.8	85.4	0.8	89.3	1.6
Return to community	6.0	74.3	3.2	76.8	2.6	77.5
To hospital	1.8	2.6	3.4	3.7	2.8	3.7
Residential care	6.8	18.2	5.5	15.3	3.2	13.9
Other	2.5	4.2	2.5	3.4	2.1	3.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	*397*	*666*	*437*	*652*	*466*	*670*
All capital cities						
Death	80.2	1.9	80.7	1.7	81.1	1.5
Return to community	5.4	62.1	4.7	64.8	4.6	64.9
To hospital	5.7	4.8	6.2	4.6	6.2	5.0
Residential care	6.3	15.3	6.1	13.9	6.1	14.1
Other	2.4	16.0	2.3	15.1	2.0	14.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total number	*28,243*	*23,999*	*28,537*	*24,797*	*28,831*	*24,896*

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

In Canberra, the proportion of respite residents separating to return to the community has increased slightly from 74% in 1998–99 to 78% in 2000–01, while the proportion separating to enter residential care has decreased from 18% in 1998–99 to 14% in 2000–01. For all capital cities this trend is less pronounced but nevertheless follows the same pattern. Again, the increase in the availability of community care may be contributing to this pattern.

Dependency of permanent residents

The dependency level of people in permanent residential aged care is measured using the RCS. The RCS has eight levels. RCS 1 indicates the highest level of dependency and need, and RCS 8 the lowest. The classification level of a resident determines the level of primary funding a service is entitled to for that resident. Levels RCS 1 to RCS 4 are referred to as high care, while levels RCS 5 to RCS 8 are referred to as low care.

Table 2.9: Dependency profile for residents of aged care residential services, Canberra and Australian capital cities, 1999, 2000, 2001[(a)]

Care level	1999	2000	2001
		Per cent	
Canberra			
High care (RCS 1–4)	56.8	58.7	60.1
Low care (RCS 5–8)	43.2	41.3	39.9
Total	**100.0**	**100.0**	**100.0**
Total number	*1,308*	*1,333*	*1,366*
All capital cities			
High care (RCS 1–4)	62.5	63.3	64.5
Low care (RCS 5–8)	37.5	36.7	35.5
Total	**100.0**	**100.0**	**100.0**
Total number	*83,385*	*83,545*	*84,117*
		Ratio per 1,000 people aged 70+	
Canberra			
High care (RCS 1–4)	43.6	44.1	43.0
Low care (RCS 5–8)	33.2	31.1	28.5
Total	**76.8**	**75.2**	**71.5**
All capital cities			
High care (RCS 1–4)	51.5	51.1	50.6
Low care (RCS 5–8)	30.9	29.6	27.8
Total	**82.5**	**80.7**	**78.4**

(a) The figures in this table reflect dependency ratings of residents as at 30 June in the relevant year; not all residents have a dependency rating at a given point in time, as there is an observation period for new residents before they are rated.

Source: The data in this table are derived from the Commonwealth Department of Health and Ageing database on approved residential aged care services at 30 June 2001.

In comparison with all capital cities, residents with low dependency (RCS 5–8) accounted for a higher proportion of all residents in Canberra (40%, compared with 36% for all capitals) and residents with high dependency (RCS 1–4) accounted for a lower proportion of all residents (60%, compared with 65% for all capitals) (Table 2.9). This pattern should be interpreted in the context of the historically lower level of supply of high-care places in Canberra relative to other capital cities, a supply differential that was present for some years. In 1997, before nursing homes and hostels were combined into one tier, the ACT had a supply of 33.5 nursing home beds per 1,000 people aged 70 and over compared to the Australian ratio of 47.7. In the same year, the ACT had a supply of 53.5 hostel places per 1,000 people aged 70 and over compared to the Australian ratio of 41.7.

Table 2.9 shows that the proportion of residents classified as high care (RCS 1–4) has increased slightly over the three years 1998–99 to 2000–01 (from 57% to 60%). This increase reflects a national pattern of increased dependency of residents of residential aged care services (AIHW 2001a). For all capital cities,the proportion of residents classified as high care increased from 63% in 1998–99 to 65% in 2000–01. It is likely that this increase in the dependency levels of residents in aged care services reflects the increasing dependency of people in the community. As Table 2.9 shows, when the number of people classified as high care is considered in relation to the number of people aged 70 and over, the level of

provision has not increased but rather remained stable over the three years. Over the same period, the ratio of low-care residents per 1,000 people aged 70 and over decreased both in Canberra and in all capital cities.

One of the changes that has been occurring over this three-year period as a result of the 1997 policy reforms is that residents who lived in former hostels have been able to remain in those services as their dependency level increased. As a consequence, dependency in former hostels has been increasing. However, there has been considerable variation between jurisdictions in the magnitude of this increase (AIHW 2002a). In 2001, the ACT had a comparatively high proportion of high-dependency residents in former hostels (29%, compared with 23% nationally). Service-level data showed that the ACT has had a strong uptake of ageing in place. In 65% of all former hostels in the ACT, high-care residents accounted for over 20% of the residents, whereas Australia-wide only 48% of former hostels had more than 20% high-care residents.

Home and Community Care Services

Most home- and community-based services for older people are provided under the auspices of the HACC Program, which is jointly funded by the Commonwealth and State and Territory governments. The target population for HACC services is people of all ages with a moderate or severe level of disability (and their carers). The data in Table 2.10 are for HACC clients aged 65 and over who received services over a three-month period from July to September 2001. These data are only the second quarter of data available from the new HACC Minimum Data Set collection, and trend data are therefore not yet available. Approximately 70% of HACC agencies submitted data to this collection.

There were 2,485 HACC clients in the ACT who received services over the three-month period, a rate of 433 clients per 1,000 people aged 65 and over with a severe or profound core activity restriction. The rate of HACC service provision was highest for people aged between 75 and 84. Rates of HACC service provision were markedly higher in the ACT than nationally, overall and within each of the three age groups. It is significant to note that data in Table 2.10 compare the ACT, which is almost entirely capital city, with data for the whole of Australia, including metropolitan, rural and remote areas. HACC service provision is typically higher in rural and remote areas (AIHW 2001a).

In the ACT the most common types of services received by HACC clients were home help, assessment/case management/case planning, home maintenance and transport. Compared with national data, a greater proportion of clients in the ACT received assessment/case management/case planning (39%, versus 23% nationally) and home maintenance services (22% versus 10% nationally) and a smaller proportion received nursing services (0% versus 16% nationally). Allied health services were not provided under HACC in the ACT.

Table 2.10: HACC clients aged 65 and over per 1,000 people aged 65 and over with severe or profound core activity restriction, by service type and age, July–September 2001

	65–74	75–84	85 and over	Total	Total clients (number)	% clients
ACT						
Home help	149	210	173	182	1,042	42
Personal care	30	33	35	33	187	8
Nursing	0	0	1	0	2	0
Allied health care	0	0	0	0	0	0
Respite	1	1	0	1	3	0
Centre-based day care	19	28	33	27	154	6
Home meals	26	49	60	45	260	10
Centre meals	2	8	11	7	40	2
Home maintenance	85	126	59	95	543	22
Transport	80	109	88	95	543	22
Assessment/case management/case planning	138	208	138	167	960	39
Counselling and social support	39	48	41	43	248	10
Other	12	13	9	12	66	3
Total	**360**	**510**	**395**	**433**	**2,485**	**100**
Total clients (number)	*605*	*1,232*	*648*	*2,485*		
Australia						
Home help	98	146	103	119	63,896	37
Personal care	19	27	31	26	14,044	8
Nursing	44	54	48	50	26,632	16
Allied health care	27	27	19	24	13,047	8
Respite	0	0	0	0	121	0
Centre-based day care	34	40	31	36	19,223	11
Home meals	28	53	52	46	24,840	15
Centre meals	19	25	20	22	11,609	7
Home maintenance	32	40	23	33	17,516	10
Transport	50	68	46	56	29,986	18
Assessment/case management/case planning	67	87	65	74	39,978	23
Counselling and social support	30	37	30	33	17,530	10
Other	2	2	2	2	1,169	1
Total	**284**	**376**	**274**	**318**	**171,041**	**100**
Total clients (number)	*41,052*	*82,560*	*47,429*	*171,041*		

Notes

1. Figures are based on the people receiving HACC services (care recipients) and do *not* include data on their carers. Hence respite numbers relate to HACC care recipients, not their carers.
2. Totals for all service types are not the sum of individual service types since a client may access more than one service during the quarter.
3. Totals for all ages include 16 clients whose age was missing.
4. 'Other' service types include linen services and other food services.
5. The service type 'nursing' includes both home-based and centre-based nursing services.
6. Data should be interpreted with caution given that less than 80% of HACC-funded agencies submitted data.

Source: AIHW analysis of HACC MDS third quarter collection 2001, linked data.

Summary and conclusions

- Canberra's population profile is slightly younger relative to other capital cities. Only 9% of Canberra's population are aged 65 and over, compared with 12% for all capital cities.
- Per head of population aged 70 and over, Canberra has fewer residential care places than other capital cities—80 places per 1,000 people aged 70 and over, compared with 86 places for all capital cities.
- Almost 15% of residents of aged care services in Canberra had a postcode outside the ACT before entering residential aged care.
- Compared with all capital cities, the separation rate for permanent residents of residential aged care services in Canberra is lower but the separation rate for respite residents is considerably higher, indicating that more episodes of respite care are used per 1,000 people aged 70 and over in Canberra.
- The proportion of residents classified as low dependency was relatively high in Canberra (40%, compared with 36% for all capitals). This can be attributed, at least in part, to an historical pattern of a relatively low level of supply of high-care places in Canberra.
- The proportion of residents classified as high dependency in Canberra has increased from 57% in 1998–99 to 60% in 2000–01, reflecting a national pattern of increased dependency of residents of residential aged care services.
- The uptake of 'ageing in place' has been higher in the ACT than in most other States and Territories. As a consequence, the dependency profile of residents in former hostels has been increasing.
- Support for people living at home is stronger in Canberra than in other capital cities. Canberra had the second highest provision ratio of community aged care packages, and rates of HACC service provision were markedly higher in the ACT than nationally.
- Informal carers are an important source of support for older people. Over 70% of people aged 65 and over with a severe or profound core activity restriction who needed assistance with self-care, communication and meal preparation reported an informal, co-resident carer as their main source of assistance.

3 Disability services

This chapter presents a range of ACT and national data on CDSA-funded services for people with disabilities and the characteristics of service users in terms of age, sex, disability group, types of service used and support needs. Recent national estimates of the levels of unmet need for disability services are presented, as well as expenditure on CSDA-funded accommodation support and community access services. Some information on the use of HACC and residential aged care services by people aged under 65 is also included.

The final section of this chapter looks at disability and ageing, and links between the disability and aged care service systems, based on the results of a major AIHW project on this topic. This section presents projections of national rates of disability to 2006 and data from the 1998 ABS Survey of Disability, Ageing and Carers on the need for and source of assistance for people aged 0 to 64 and people aged 65 and over.

Potential need for services

The most recent national population survey of disability is the ABS 1998 Survey of Disability, Ageing and Carers. Based on survey data it was estimated that 39,000 people in the ACT aged under 65 years (14%) had a disability, including 10,500 people (4%) who had a severe or profound core activity restriction, meaning that they always or sometimes needed assistance with self-care, mobility or communication. Australia-wide, it was estimated that 15% of the population aged under 65 years had a disability and 4% had a severe or profound core activity restriction (AIHW 2001a: 260).

Formal services for people with disabilities include income support, specialist disability support services and relevant generic services. A great deal of support for people with disabilities is also provided by informal carers, as indicated in Table 3.1, which presents information from the ABS survey on whether assistance was received, and the main provider of assistance, for activities with which assistance was needed. For all activities, most people said that their main source of assistance was a carer living in the same household—over 80% of people who needed assistance with self-care, communication, housework and meal preparation were assisted by informal carers.

Table 3.1 also shows that, nationally, relatively large numbers of people with a severe or profound core activity restriction aged under 65 had no assistance with mobility (30,600, or 7% of people who needed assistance with mobility), self-care (26,700, or 7%) and property maintenance (21,000, or 7%). The activities for which the highest proportion of people aged under 65 reported a formal provider as their main source of assistance were health care (16%), communication (13%) and property maintenance (13%). Compared with people aged 65 and over (Table 2.2), those aged under 65 were less likely to rely on a formal service provider as their main source of assistance with all activities except communication.

Table 3.1: People with a severe or profound core activity restriction living in households, aged under 65 and all ages: main source of assistance by activity type, by age, as a percentage of all people needing assistance with a particular activity, Australia, 1998

	Type of provider					
	No provider	Informal co-resident	Informal non-co-resident	Formal provider	Total %	Total number ('000)
			Age 0–64			
Self-care	7.4	84.6	4.0	4.0	100.0	**361.2**
Mobility	6.8	76.2	10.6	6.3	100.0	**451.0**
Communication	*4.3	82.1	**0.6	13.0	100.0	**138.3**
Health care	5.2	74.8	4.5	15.5	100.0	**321.9**
Housework	*3.4	82.2	7.1	7.4	100.0	**252.6**
Property maintenance	6.8	67.7	12.6	12.9	100.0	**309.9**
Paperwork	*6.7	75.4	10.9	7.0	100.0	**129.9**
Meal preparation	*5.0	86.2	*3.9	*4.9	100.0	**121.6**
Transport	*3.0	76.4	14.1	6.4	100.0	**293.6**
			All ages			
Self-care	7.9	81.1	4.7	6.3	100.0	**516.4**
Mobility	6.4	67.9	18.7	7.0	100.0	**724.6**
Communication	*5.4	83.2	**0.6	10.8	100.0	**166.9**
Health care	5.3	62.0	5.8	27.0	100.0	**538.3**
Housework	3.1	70.4	10.1	16.4	100.0	**478.8**
Property maintenance	5.5	57.7	16.2	20.5	100.0	**559.4**
Paperwork	5.0	69.9	19.2	5.9	100.0	**240.3**
Meal preparation	*3.3	79.0	5.4	12.3	100.0	**241.8**
Transport	4.2	63.3	24.5	7.9	100.0	**525.8**

Note: Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW 2000a:112.

CSDA-funded services

Disability support services provided under the CSDA are designed for people who need ongoing support with everyday life activities (AIHW 2001a: 82–3). While these services are targeted to people aged under 65 years, and most consumers are aged under 65, there are no age-based restrictions on access. Nationally, in 2001, an estimated 63,830 consumers accessed disability services funded under the CSDA, over 800 of whom were in the ACT (AIHW 2002h:16).

Profile of service users

Data on consumers of CSDA-funded services are collected on a single 'snapshot' day and therefore reflect the characteristics of consumers who accessed services on that day. In 2001, 825 consumers received CSDA-funded services in the ACT on the snapshot day (Table 3.2). The majority of consumers were aged between 25 and 44. This age group accounted for a

higher percentage of consumers in the ACT (55%) compared with all Australian capital cities (43%). In the ACT there was a smaller proportion of consumers aged 45 to 64 years (15%, compared with 22% for all capital cities) and aged 65 and over (1%, compared with 4% for all capital cities). This younger consumer age structure may be partly due to the younger population age structure in the ACT.

Table 3.2: Consumers of CSDA-funded services on a snapshot day: service group and age group, Australian Capital Territory and Australian capital cities, 2001

	Accommodation support		Community support		Community access		Respite		Employment		Total	
Age group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
ACT												
0–14	1	0.4	65	30.1	0	0.0	8	17.0	0	0.0	73	8.8
15–24	32	11.4	33	15.3	37	25.5	11	23.4	69	24.7	151	18.3
25–44	186	66.2	78	36.1	90	62.1	20	42.6	167	59.9	454	55.0
45–64	52	18.5	31	14.4	15	10.3	8	17.0	43	15.4	127	15.4
65–79	5	1.8	6	2.8	1	0.7	0	0.0	0	0.0	10	1.2
80 and over	1	0.4	1	0.5	0	0.0	0	0.0	0	0.0	2	0.2
Not known	4	1.4	2	0.9	2	1.4	0	0.0	0	0.0	8	1.0
Total	**281**	**100.0**	**216**	**100.0**	**145**	**100.0**	**47**	**100.0**	**279**	**100.0**	**825**	**100.0**
All capital cities												
0–14	261	2.3	4,288	43.5	40	0.5	335	29.7	1	0.0	4,925	12.5
15–24	1,076	9.3	1,192	12.1	2,163	27.3	316	28.0	2,180	19.7	6,724	17.1
25–44	5,763	50.0	2,128	21.6	3,674	46.4	268	23.8	6,305	57.1	16,845	42.8
45–64	3,668	31.8	1,414	14.3	1,617	20.4	124	11.0	2,476	22.4	8,668	22.0
65–79	526	4.6	302	3.1	225	2.8	44	3.9	80	0.7	1,158	2.9
80 and over	82	0.7	241	2.4	49	0.6	20	1.8	2	0.0	394	1.0
Not known	152	1.3	294	3.0	150	1.9	20	1.8	0	0.0	616	1.6
Total	**11,528**	**100.0**	**9,859**	**100.0**	**7,918**	**100.0**	**1,127**	**100.0**	**11,044**	**100.0**	**39,330**	**100.0**

Notes

1. Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Row totals may not be the sum of the components since individuals may have accessed more than one service group on the snapshot day.
2. Data for consumers of the following CSDA-funded service types were not collected: advocacy, information/referral, combined advocacy/information, print disability/alt. formats of communication, service evaluation/training, peak bodies, research/development and other.

Source: AIHW analysis of 2001 CSDA MDS national data set.

The age distribution of consumers varied between the broad CSDA-funded service groups, although both in the ACT and for all capital cities consumers aged 25–44 tended to dominate. However, the data for all capital cities show that the 0–14 year age group accounted for particularly high proportions of consumers of community support services (44%) and respite services (30%); this pattern was not as pronounced in data for the ACT.

A comparison of the age distribution of ACT consumers (Table 3.2) with that of the ACT population (Table A1.1) shows that people aged 25–44 were over-represented as consumers of CSDA-funded services—they accounted for 55% of consumers but only 32% of the population. People aged 65 years and over were under-represented, accounting for only 1% of consumers, but 9% of the population.

More males than females received CSDA-funded services—males accounted for 56% of consumers in the ACT and 58% nationally (AIHW 2002h:69).

The distribution of disability groups for consumers of CSDA-funded services in the ACT was similar to that for consumers Australia-wide (AIHW 2002h:70). The majority of consumers receiving CSDA-funded services reported intellectual disability as their main disabling group—62% for the ACT and 59% for Australia. However, compared with national data, a slightly lower proportion of consumers in the ACT reported developmental delay as their primary disabling condition—1% (seven people) in the ACT, 2% Australia-wide. This difference might partly be explained by the different age structures of the ACT and national CSDA consumer populations. The 0–14 age group, in which developmental delay is most common, accounted for 13% of consumers across capital cities but only 9% in the ACT.

Approximately 3% of consumers in 2001 lived outside the ACT. It is likely that the majority of these people lived in areas of New South Wales adjacent to the ACT, such as Queanbeyan.

Profile of CSDA-funded services

The ACT had 71 CSDA-funded service outlets in 2001 (AIHW 2002h:62). There were some differences between the ACT and Australia as a whole in the distribution of service outlets among the broad service groups. Community support outlets accounted for 56% of all outlets in the ACT but only 25% nationally, while accommodation support outlets accounted for only 20% of all outlets in the ACT but 50% nationally.

Service usage

A more detailed breakdown of service types is given in Table 3.3, which shows how numbers of consumers accessing different CDSA–funded services in the ACT have changed over the three years 1999 to 2001.

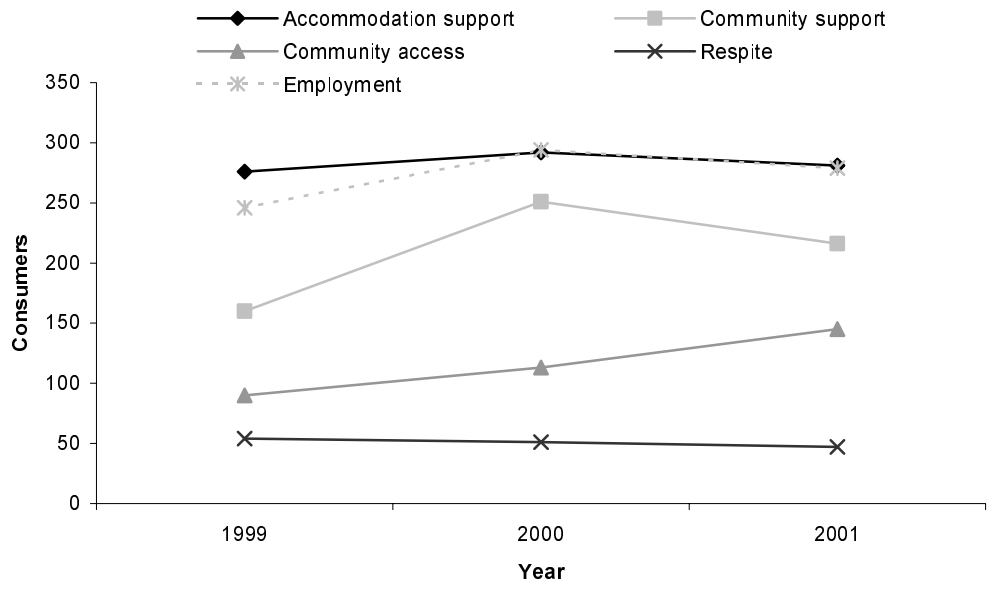
There has been a 61% increase in consumers receiving community access services in the ACT, from 90 in 1999 to 145 in 2001. This group is primarily made up of people accessing post-school options services, and the large increase may be partly because the ACT has channelled growth funding towards post-school options programs as well as therapy services for children. Nationally, there has been only a 7% increase in consumers receiving community access services between 1999 and 2001.

In 2001, brokerage, direct funding and individual support packages accounted for 42% of consumers of community support services in the ACT, but only 9% across capital cities. This is in line with one of the ACT's funding objectives for unmet needs—to provide more individual support packages.

The ACT does not have any institutional, large residential or hostel accommodation support services. The vast majority of consumers of accommodation support services in the ACT access group home services—92%, compared with 43% in capital cities generally.

Figure 3.1 illustrates trends in numbers of consumers who accessed services on the snapshot day for the five broad service groups between 1999 and 2001. In particular, it shows a steady increase in the number of consumers accessing CSDA-funded community access services, a slight decrease in the number accessing respite services and, for community support services, a large increase between 1999 and 2000 then a fall between 2000 and 2001. A recent study of unmet need for disability services contains an analysis of national trends in CSDA-

funded services received in these broad service groups from 1997–2001 (AIHW 2002l:76, Table 4.2).



Source: Table 3.3.

Figure 3.1: Trends of consumers of CSDA-funded services by service group, Australian Capital Territory, 1999–01

Support needs of service users

Levels of assistance are measured in the CSDA Minimum Data Set according to the broad categories of Activities of daily living, Home and social living, and Education, work and leisure. Levels of assistance needed with activities of daily living were similar for service users in the ACT, in all capital cities and nationally (Table 3.4). A need for continual support (i.e. unable to do, or always needs help/supervision with the activity) was most commonly reported for all three populations (31% ACT, 34% all capital cities, 33% Australia). Again, reported levels of need for assistance with home and social living were similar in the ACT, all capital cities and nationally, although the percentage of consumers needing frequent support was slightly higher in the ACT (36%) than for all capital cities (29%) and nationally (30%). In the area of education, work and leisure, a greater proportion of consumers needed frequent support (35%) and a smaller proportion needed continual support (40%) in the ACT, compared with consumers from all capital cities (24% and 48%, respectively) and Australia-wide (25% and 47%, respectively).

Table 3.3: Consumers of CSDA-funded services on a snapshot day: service type, Australian Capital Territory and Australian capital cities, 1999–01[a],[b]

	Australian Capital Territory				All capital cities	
	1999	2000	2001		2001	
	No.	No.	No.	%	No.	%
Accommodation support						
Institutions/large residentials	0	0	0	0.0	2,583	22.4
Hostels	0	0	0	0.0	561	4.9
Group homes	241	252	257	91.5	4,960	43.0
Attendant care	0	0	0	0.0	579	5.0
Outreach/other 'in-home'/drop-in support	35	41	24	8.5	2,396	20.8
Alternative family placement	0	0	0	0.0	94	0.8
Accommodation support: other/not stated	0	0	0	0.0	356	3.1
Total accommodation support	*276*	*292*	*281*	*100.0*	*11,528*	*100.0*
Community support						
Early childhood intervention	0	0	0	0.0	1,352	13.7
Recreation/holiday programs	47	101	30	13.9	1,370	13.9
Therapy (PT, OT, ST)	30	46	51	23.6	1,918	19.5
Family/individual case practice/management	18	38	28	13.0	1,935	19.6
Behaviour/specialist intervention	0	0	19	8.8	494	5.0
Counselling: individual/family/group	0	0	0	0.0	279	2.8
Brokerage/direct funding/ind.supp.pack.	70	79	91	42.1	922	9.4
Mutual support/self-help groups	0	1	0	0.0	386	3.9
Resource teams/regional teams	0	0	0	0.0	650	6.6
Community support: other or not stated	0	0	0	0.0	553	5.6
Total community support	*160*	*251*	*216*	*100.0*	*9,859*	*100.0*
Community access						
Continuing education/independent living training/adult training centre	19	22	0	0.0	3,779	47.7
Post-school options/social and community support/community access	69	90	143	98.6	2,658	33.6
Other community access and day programs	2	1	2	1.4	1,481	18.7
Total community access	*90*	*113*	*145*	*100.0*	*7,918*	*100.0*
Respite						
Own home respite	27	22	21	44.7	165	14.6
Respite: centre/respite home	19	25	23	48.9	600	53.2
Respite: host family/peer support	0	0	0	0.0	89	7.9
Respite: other/flexible/combination	8	4	3	6.4	273	24.2
Total respite	*54*	*51*	*47*	*100.0*	*1,127*	*100.0*
Employment						
Open employment	74	102	101	36.2	2,757	25.0
Supported employment	53	46	48	17.2	7,314	66.2
Open and supported combined	120	147	130	46.6	973	8.8
Total employment	*246*	*294*	*279*	*100.0*	*11,044*	*100.0*
Total	**719**	**864**	**825**		**39,330**	

(a) Consumer data are estimates after use of a statistical linkage key to account for individuals who received more than one service on the snapshot day. Components may not sum to row totals as individuals may have accessed more than one service group on the snapshot day.

(b) Consumer data were not collected for the following CSDA-funded service types: advocacy, information/referral, combined advocacy/information, print disability/alt. formats of communication, service evaluation/training, peak bodies, research/development and other.

Source: AIHW analysis of 2001 CSDA MDS national data set.

Table 3.4: Consumers of CSDA-funded services: level of assistance required with activities of daily living, home and social living, and education, work and leisure, Australian Capital Territory, Australian capital cities and Australia, 2001

	ACT		All capital cities		Australia	
	No.	%	No.	%	No.	%
Activities of daily living						
Never	107	13.0	5,234	13.3	8,586	13.5
Occasional	218	26.4	10,053	25.6	17,167	26.9
Frequent	201	24.4	9,313	23.7	14,916	23.4
Continual	254	30.8	13,402	34.1	20,806	32.6
Not known/not stated	45	5.5	1,328	3.4	2,355	3.7
Total	**825**	**100.0**	**39,330**	**100.0**	**63,830**	**100.0**
Home and social living						
Never	21	2.5	1,525	3.9	2,404	3.8
Occasional	149	18.1	6,740	17.1	11,498	18.0
Frequent	297	36.0	11,477	29.2	19,249	30.2
Continual	344	41.7	17,478	44.4	27,188	42.6
Not known/not stated	14	1.7	2,110	5.4	3,491	5.5
Total	**825**	**100.0**	**39,330**	**100.0**	**63,830**	**100.0**
Education, work and leisure						
Never	16	1.9	1,238	3.1	1,970	3.1
Occasional	167	20.2	7,009	17.8	11,478	18.0
Frequent	292	35.4	9,427	24.0	15,764	24.7
Continual	333	40.4	18,847	47.9	30,070	47.1
Not known/not stated	17	2.1	2,809	7.1	4,548	7.1
Total	**825**	**100.0**	**39,330**	**100.0**	**63,830**	**100.0**

Source: AIHW analysis of 2001 CSDA MDS national data set.

In the ACT, the proportions of CSDA-funded services received in which continual support was needed in the three broad activity areas varied considerably year to year over the period 1997 to 2001 (Table 3.5). Overall, there was a slight rise in the proportion of recipients needing continual support in activities of daily living, and home and social living, and a slight drop in the proportion of recipients needing continual support with education, work and leisure.

Looking at data for individual service groups, few consistent trends are evident. However, the proportion of community access recipients needing continual support in activities of daily living decreased reasonably steadily over the period, from 61% in 1997 to 44% in 2001. Nationally, the proportion rose slightly over the same period, from 36% to 40% (Table 3.5 and AIHW 2002l:227). The proportion of respite recipients needing continual support increased dramatically in all life areas (activities of daily living from 20% in 1997 to 48% in 2001, home and social living from 31% to 51%, and education, work and leisure from 33% to 43%). Nationally, a similar, though not as sharp, increase in needs was reported for respite recipients (Table 3.5 and AIHW 2002l:227).

Table 3.5: Percentage of recipients needing continual support in the areas of activities of daily living, home and social living, and education, work and leisure by service group, Australian Capital Territory, 1997–01

	1997	1998	1999	2000	2001
Activities of daily living					
Accommodation support	36.9	49.7	40.3	36.6	33.9
Community support	40.4	44.4	54.8	48.5	45.6
Community access	61.3	59.1	48.4	51.8	43.8
Respite	20.0	43.6	46.3	19.6	47.8
Employment	12.2	14.1	10.9	9.5	9.6
Total	**28.1**	**34.1**	**35.8**	**33.7**	**32.6**
Home and social living					
Accommodation support	54.7	70.9	54.3	49.8	48.0
Community support	55.7	46.1	60.2	57.0	49.6
Community access	65.6	75.0	64.8	54.4	62.8
Respite	30.6	45.5	57.4	35.3	51.1
Employment	14.9	11.5	20.7	14.2	17.9
Total	**38.8**	**39.1**	**46.9**	**41.2**	**42.1**
Education, work and leisure					
Accommodation support	57.0	76.4	56.1	54.9	47.0
Community support	52.5	48.9	59.0	59.6	49.1
Community access	53.1	75.0	83.5	77.2	73.1
Respite	32.9	52.7	59.3	25.5	42.6
Employment	44.3[(a)]	9.8	17.0	15.6	13.6
Total	**48.7**	**40.9**	**48.3**	**45.8**	**41.6**

(a) In 1997 the Commonwealth removed the life domain of 'working' from the standard CSDA MDS support needs question and asked about support needs in the area of 'working' in a separate question. In 1998, the 'working' life domain was combined back into the standard CSDA MDS support needs question. Results in this table suggest that the varied question format in 1997 affected the responses provided by agencies.

Notes

1. An individual may be counted more than once if more than one service type was accessed on the snapshot day.
2. Data for recipients of the following CSDA-funded service types were not collected: advocacy, information/referral, combined advocacy/information, print disability/alternative formats of communication, service evaluation/training, peak bodies, research/development and other.

Source: AIHW analysis of 2001 CSDA MDS national data set.

In comparison with other service types, greater proportions of consumers of community access services tended to need continual support. Further analysis relating to national trends in the need for continual support by service group is contained in the needs study report (AIHW 2002l:74).

Unmet need

A recent AIHW project investigated the effectiveness of unmet need funding ($519 million nationally over 2000–01 and 2001–02), particularly in terms of the provision of additional services and remaining levels of unmet need (AIHW 2002l). The ACT's stated funding objectives were 'to increase capacity in the sector through funding of individual support packages and other unmet need applications from funded agencies and individuals. Priority

areas included therapy services for children, post-school options for youth graduating from school and unable to find full-time employment, and quality improvement and assessment in the sector' (AIHW 2002l:38). Trends in the number of consumers accessing these service types suggest that these areas of need are indeed being addressed (Table 3.3).

The study also looked at the mechanisms used to manage and record expressed need and unmet need across States and Territories, based on information provided by funding departments. Mechanisms used include full registers, partial registers, annual application cycles and local or service-based application processes. The ACT has a partial needs register that records applications from service providers for additional individual funding or funding for significant service shortfalls; it has a three-level priority rating system (see AIHW 2002l:117, Table 6.1 for methods of managing need used in other jurisdictions). The AIHW report noted the importance of using similar data items in these registers to those used in the CSDA Minimum Data Set, so that the characteristics of people seeking services could be compared with those of the people receiving services.

The estimation of unmet need for disability support services is complex. The AIHW used a number of data sources to develop and refine national estimates. Population disability survey data were used because they focus on people across the community who report specific needs for assistance. As well, some jurisdictions maintain needs registers or have service application processes that avoid double-counting of applicants. Where available, data from these sources were extrapolated to provide national indications of unmet needs.

The resulting national estimates of remaining unmet need in 2001 were[1]:

- 12,500 people needing accommodation and respite services
- 8,200 places for community access services
- 5,400 people needing employment support.

The AIHW has made these estimates on a conservative basis, with the aim of providing reliable 'lower bound' estimates (see Box S3 of the needs study report for an explanation of the approach: AIHW 2002l:xxii). These estimates do not include need for community support services, as these were not covered in the project brief.

Expenditure

In the 2000–01 financial year, ACT expenditure on CSDA-funded accommodation support and community access services was $19.2 million. Expenditure on CSDA-funded services can be expressed as a dollar amount per 'potential population' (i.e. the estimated number of people with a severe or profound core activity restriction, adjusted by an Indigenous factor—see AIHW 2002g: Table A1.2). Expenditure per potential population was lower in the ACT than nationally, both for accommodation support services ($1,552 in the ACT versus $1,880 nationally) and for community access services ($204 in the ACT versus $454 nationally) (Table 3.6).

1 It is important to note that these figures cannot be summed to give a total measure of unmet need, as the units used differ for different service types.

Table 3.6: Current expenditure per potential population, Australian Capital Territory and Australia, 2000–01

	ACT[a]	Australia
Accommodation support		
Current expenditure (2000–01)	$17,356,449	$1,291,548,551
Potential population[b]	11,182	686,770
Expenditure per potential population	$1,552.11	$1,880.61
Community access		
Current expenditure (2000–01)	$1,813,898	$245,760,345
Potential population[c]	8,878	541,263
Expenditure per potential population	$204.30	$454.05

(a) Only services under the Disability Services funding program were counted. Excludes services funded through the HACC program.

(b) The potential population for accommodation services is the number of people aged under 65 years with severe or profound core activity restriction, adjusted for an Indigenous factor (see AIHW 2002g: Table A1.2).

(c) The potential population for community access services is the number of people aged 15–64 years with severe or profound core activity restriction, adjusted for an Indigenous factor (see AIHW 2002g: Table A1.2).

Sources: AIHW 2002g; SCRCSSP 2002 (Table 13A.7).

Other services used by people with disabilities

Home and Community Care services

The target population for HACC services is people of all ages with a moderate or severe level of disability (and their carers). The data in Table 3.7 are for HACC clients aged under 65 who received services over a three-month period from July to September 2001. These data can be compared with those in Table 2.10, for people aged 65 and over. Approximately 70% of HACC agencies submitted data to this collection.

There were 871 HACC clients in the ACT aged under 65 who received services over the three-month period, a rate of 74 clients per 1,000 people aged under 65 with a severe or profound core activity restriction. Clients aged under 65 accounted for 26% of all HACC clients in the ACT, compared with 19% nationally.

Rates of HACC service provision for clients aged under 65 were higher in the ACT than nationally. The rate of HACC service provision was highest for people aged 25 to 44, and in this age group the rate for the ACT (104 clients per 1,000 people with a severe or profound core activity restriction) was markedly higher than the national rate (55 per 1,000). For people aged 25 to 44, rates of service provision were highest for home help, assessment/case management/case planning, counselling and social support, and transport; rates were much higher for these service types in the ACT than nationally.

Compared with national data, a greater proportion of clients in the ACT received home help (44%, versus 28% nationally), and a smaller proportion received centre-based day care (3% versus 15% nationally). No clients aged under 65 received nursing or allied health services under HACC in the ACT.

Table 3.7: HACC clients aged under 65 per 1,000 people aged under 65 with severe or profound core activity restriction, by service type and age, July–September 2001

	0–14	15–24	25–44	45–64	Total 0–64	Total clients (number)	% clients
ACT							
Home help	4	11	52	39	32	381	44
Personal care	1	17	9	10	9	103	12
Nursing	0	0	0	0	0	0	0
Allied health care	0	0	0	0	0	0	0
Respite	0	0	2	1	1	8	1
Centre-based day care	0	0	4	2	2	25	3
Home meals	0	0	4	4	3	33	4
Centre meals	0	0	0	0	0	2	0
Home maintenance	0	3	9	13	9	100	11
Transport	4	9	18	14	13	147	17
Assessment/case management/case planning	6	18	30	28	23	274	31
Counselling and social support	2	17	28	16	16	191	22
Other	1	4	3	2	2	25	3
Total	**15**	**60**	**104**	**87**	**74**	**871**	**100**
Total clients (number)	*36*	*60*	*317*	*458*	*871*		
Australia							
Home help	4	7	16	23	16	11,158	28
Personal care	2	6	4	6	4	3,113	8
Nursing	4	9	10	14	10	7,158	18
Allied health care	2	3	4	7	5	3,227	8
Respite	0	0	0	0	0	56	0
Centre-based day care	3	14	9	10	9	5,943	15
Home meals	1	1	3	7	5	3,156	8
Centre meals	1	4	4	5	4	2,544	6
Home maintenance	1	1	3	6	4	2,774	7
Transport	2	11	10	13	10	6,742	17
Assessment/case management/case planning	8	13	13	18	14	9,962	25
Counselling and social support	7	16	11	10	10	7,152	18
Other	0	1	1	1	1	471	1
Total	**26**	**56**	**55**	**74**	**58**	**40,230**	**100**
Total clients (number)	*3,782*	*2,927*	*9,796*	*23,725*	*40,230*		

Notes

1. Figures are based on the people receiving HACC services (care recipients) and do *not* include data on their carers. Hence respite numbers relate to HACC care recipients, not their carers.
2. Totals for all service types are not the sum of individual service types since a client may access more than one service during the quarter.
3. 'Other' service types include linen services and other food services.
4. The service type 'nursing' includes both home-based and centre-based nursing services.
5. Data should be interpreted with caution given that less than 80% of HACC-funded agencies submitted data.

Source: AIHW analysis of HACC MDS third quarter collection 2001, linked data.

Residential aged care services

Of the 1,434 people in residential aged care in Canberra on 30 June 2001, 3% (44 people) were aged under 65, including 0.4% (6 people) aged under 50 years (Table 2.3). Across all capital cities, younger residents accounted for a slightly greater proportion of all residents—4.5% were aged under 65, including 0.8% aged under 50.

Disability and ageing

The age of 65 years has become a policy border for services such as disability services and aged care, and for policy considerations such as the notion of 'dependency ratios' framed around 'workforce ages' (generally considered to be 15–65 years). In contrast, a recent study conducted by the AIHW illustrated that people of varying ages have needs ranging across a spectrum that could not conveniently be categorised by age (AIHW 2000a). This section first presents data on the need for assistance among people aged under 65 and those aged 65 and over, then presents the overall conclusions of the disability and ageing study.

Factors related to the need for assistance

Although people generally have a greater level of need for assistance as they age, this does not mean that, among people with a disability, the older population overall has higher levels of need for assistance than those aged under 65. Among people with a severe or profound core activity restriction living in households in 1998, there were differences in the levels and profiles of need for assistance between those aged under 65 and those aged 65 or more (Table 3.8).

- Of the 636,000 people aged under 65 with a severe or profound core activity restriction, 42% needed assistance with more than one core activity, including 9% who needed help with all three core activities.
- Of the 325,600 people aged 65 and over with a severe or profound core activity restriction, 38% needed help with more than one core activity, including 5% who needed help with all three core activities.

The proportions needing assistance with self-care, communication and personal guidance were substantially higher for people aged under 65 than for people aged 65 and over (AIHW 2000a: Table 15.2). For all other activity types higher proportions of people aged 65 and over reported need for assistance.

In general, people aged over 65 were more likely than those aged under 65 to report a formal service provider as their main source of assistance. This was particularly so for activities of health care, housework and property maintenance. People aged under 65 were generally more likely to report a co-resident carer as their main source of assistance. Assistance with communication was an exception to this pattern—in comparison with those aged 65 and over, a greater proportion of people aged under 65 reported a formal provider and a smaller proportion reported a co-resident carer as their main source of assistance (see Tables 2.2, 3.1 and 3.8).

Table 3.8: People with a severe or profound core activity restriction living in households: differences in need for assistance and sources of assistance between people aged under 65 and those aged 65 and over, Australia, 1998

	Under 65 years		65 years or over	
	Number ('000)	%	Number ('000)	%
Need for assistance				
One of ten daily activities[a]	633.4	99.6	324.6	99.6
More than one core activity	264.3	41.5	122.4	37.6
All three core activities	56.0	8.8	17.0	5.2
Total severe or profound	*636.0*		*325.6*	
Main source of assistance is a formal service provider[b]				
Self-care	14.5	4.0	17.8	11.5
Mobility	28.6	6.3	22.2	8.1
Communication	18.0	13.0	—	—
Health care	49.8	15.5	95.4	44.1
Housework	18.6	7.4	60.0	26.5
Property maintenance	40.0	12.9	74.9	30.0
Paperwork	*9.0	7.0	*5.1	*4.6
Meal preparation	*6.0	*4.9	23.7	19.7
Transport	18.9	6.4	22.8	9.8
Main source of assistance is a co-resident carer[b]				
Self-care	305.5	84.6	113.4	73.1
Mobility	343.9	76.2	148.1	54.1
Communication	113.6	82.1	25.3	88.5
Health care	240.9	74.8	92.8	42.9
Housework	207.5	82.2	129.5	57.3
Property maintenance	209.7	67.7	112.9	45.3
Paperwork	98.0	75.4	70.0	63.4
Meal preparation	104.8	86.2	86.3	71.8
Transport	224.3	76.4	108.5	46.7

(a) Daily activities include three core activities (self-care, mobility and communication) plus health care, housework, property maintenance, paperwork, meal preparation, transport and guidance.

(b) As a percentage of people of that age group who need assistance with that particular activity.

— Nil or rounded to zero.

Note: Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: AIHW 2000a:201.

Demographic change

First among the conclusions of the disability and ageing study was the fact that demography—population growth, ageing and the cohort effects of the baby boom—is an inexorable factor that must be taken into account in service planning. We can expect to see more people with disability, more older people and continued growth among those of older working ages (AIHW 2000a:155–163). Australia has had a record of successful planning for

such factors, with controls being put in place in both the health and aged care systems in order to maintain care at affordable levels (AIHW 2000a: 17–23).

Projections from 2000 to 2006 showed a likely significant growth in the number of people with a severe or profound core activity restriction:

- The total number will increase by 12%, from 1,189,500 to 1,327,100 people. This will mainly be due to the rapid increase in the age groups 45–64 (19%, or 59,500 people) and 65 and over (15%, or 76,300 people).
- The number aged 0–64 will increase by 9%, from 681,600 to 742,900.
- The number aged 15–64 will increase by 12%, from 536,200 to 600,500.
- The number aged 0–14 will decrease by 2%, from 145,300 to 142,400.

Possibly related to this broad demographic change, the CSDA client population itself is ageing, with a growing number and proportion of clients approaching the 'border age' of 65 (AIHW 2002h, 2001c).

The need for flexible service types and provision

The current policy emphasis on individual needs and flexible services is a useful approach in service provision. The AIHW disability and ageing study found that, despite some patterns of differences between older and younger people with a disability, it was impossible to generalise on the basis of the data available. There may thus be some virtue in maintaining the 'grey areas', or areas of overlap, between aged care and disability services, as long as services can be used flexibly to allow individuals' needs to be met.

People with an early onset disability may need the same services as the general ageing population, but at an earlier age. Their support requirements may also need to be reassessed as they age. Day services may need to be restructured from full- to part-day, with more flexible arrangements for people ageing with a disability. In-home accommodation support and respite may be provided via flexible support packages, allowing people to modify their balance between these two service types.

People with a disability are not a homogeneous group. Their needs for assistance are affected by various factors, including age, age at onset of disability and disability type, none of which can be used as a simple indicator of need. Individual needs should be the primary factor in determining what support services are appropriate.

Disability and aged care services 'links'

Nevertheless, are better links needed between the disability services and aged care systems? There are similarities between the current disability and aged care service systems, mainly in terms of broad service philosophies and policy directions. The two systems differ in their program focus, service types, main target groups and trained personnel:

- Aged care services are mainly geared to provide for the needs of frail older people and older people with a disability, in particular those aged 65 or more, while disability services generally focus on people with a disability aged under 65.
- Aged care services focus more on health needs, broad personal care and self-maintenance, while disability support services emphasise non-health needs and address a broader range of life domains, including services to support employment.

Would it be helpful to clarify these system roles? What needs does each program aim to meet? What criteria will be used, for instance, to decide who moves from CSDA accommodation support services to generic aged care? When do the benefits of ageing in place take precedence over other factors, including cost? Would a broad framework for planning individual services be useful, possibly mixing aged care and disability service programs, along with criteria for decision making?

Carer support

Informal carers are the main providers of support for people with a disability. People with a disability are increasingly reliant on informal carers to provide assistance as a result of the shift from residential care to community care. It is carers (mainly relatives) who have enabled much of the increase in community living to occur—between 1993 and 1998 there was an increase of 257,500 people aged 5–64 years with severe or profound core activity restrictions living in the community, mainly with relatives.

On the basis of available data it is not possible to draw any firm conclusions about the likely future levels of carer availability. The challenge for formal service systems is to provide support to informal carers to ensure that they can continue to play a key role in the disability and aged care fields.

Summary and conclusions

- There are an estimated 39,000 people aged under 65 in the ACT with a disability, and 10,500 with a severe or profound core activity restriction. These figures can be expected to increase in future years.
- In 2001, 825 consumers received CSDA-funded services in the ACT; slightly more than half were males (56%). Intellectual disability was reported by 62% of consumers as their primary disability. The age profile of consumers in the ACT was slightly younger than for all capital cities. Approximately 3% of consumers of CSDA-funded services in the ACT were not ACT residents.
- The profile of CSDA-funded service outlets in the ACT also differed from the national picture—the ACT had a greater proportion of community support outlets and a smaller proportion of accommodation support outlets.
- Expenditure on accommodation support services and community access services (expressed as dollars per potential population in need) was lower in the ACT than nationally.
- HACC services were received at a higher rate by clients aged under 65 in the ACT than nationally. Home help services were most commonly used.
- People with a disability are not an homogeneous group, and many factors affect their needs for assistance. Flexibility is important in the way services are structured and provided, in order to meet individual needs, and better links may be needed between the disability and aged care services systems.
- As informal carers are the main providers of support for people with disabilities it is important that formal services support informal carers, to enable them to continue to play a key role in the disability, aged care and mental health fields.

4 Housing

This chapter examines the types of assistance provided to home owners, private renters and households living in accommodation programs subsidised by the ACT Government. The data presented cover the Commonwealth–State Housing Agreement (CSHA) home purchase assistance program, Commonwealth and CSHA rent assistance programs, and CSHA public and community housing assistance, including crisis accommodation. Data on the characteristics of households assisted are provided where available.

Potential need for services

Shelter is a basic human need, and there is a strong correlation between inadequate housing and poor health status, poverty and generally low living standards (AIHW 1997:153). Housing assistance is an important element of Commonwealth and State and Territory governments' social policy and welfare framework.

The aim of housing assistance is to overcome the difficulties that people face in obtaining or retaining suitable accommodation—whether due to cost, availability or adequacy—and to provide households with the flexibility to meet changing demand.

In Australia, housing assistance is made available through a diverse range of programs covering private, public and community sector housing. Assistance is provided for long-term, medium-term and transitory needs; crisis accommodation is also provided. All States and Territories provide assistance across all tenure types although, because of differing social or economic needs, there is great variation between jurisdictions in the composition and range of assistance.

In relation to welfare reform, addressing a person's housing needs is seen as an important part of supporting social and economic participation (Reference Group on Welfare Reform 2000:15). The 'whole of government' costs of unmet housing need impacting on the domains of people's lives, such as health, employment, education and community involvement, has been summarised in recent work for the Queensland Department of Housing (Phibbs 2000:1–3).

The Australian Housing and Urban Research Institute has undertaken a wide range of research relevant to addressing housing need (AHURI 2001). Its Australian Housing Policy Project examines issues about the appropriate levels of government involvement for various forms of housing assistance at strategic and operational levels. The main issues covered include:

- *Drivers of change in the housing market and housing policy*—including demographic and labour market changes, globalisation, taxation and welfare reform, other government policies, and housing affordability issues.
- *Contemporary role of government in the housing market*—objectives of government involvement (e.g. compensation for market failure, ensuring equitable access, and broader objectives such as economic growth, retirement income policy, affordability, health and safety, community welfare, and participation).

- *Possible changes in housing policy, with focus on housing assistance*—what directions governments should take in terms of priorities and broad directions for change (e.g. affordability, integration, encouraging home ownership, industry policy, deregulation), the role of community housing, and stimulating private sector interest in affordable housing.

The ACT Government directly provides access to safe, secure, appropriate and affordable housing through public housing and community housing programs. It also aims to improve access to home ownership and private rental markets, to help people stay in their own homes when faced with age or disability, and to ensure consumer rights and fair trading in housing construction, purchase and rental.

The ACT faces growing housing need and this is currently being identified through the ACT Affordable Housing Task Force. Many residents are unable to obtain housing that meets their needs because of the limited availability of safe, secure, appropriate and affordable housing, whether in private markets or as 'social housing'.[2]

Housing in the ACT

The ABS 1999 Australian Housing Survey indicated that there were 120,700 households in the ACT, representing less than 2% of all households in Australia (Table 4.1). Of the ACT households, 82,200 (68%) were home owners and 36,900 (31%) were renters. Of the renter group, 58% of households rented accommodation in the private rental market and 33% rented from state housing authorities.

The survey also found that, across all tenure types, there were 8,400 low-income households[3] in the ACT paying more than 30% of their income in housing costs.

ACT home owners

A range of housing assistance programs is funded under the CSHA program, the major national housing-specific government program. The purpose of the CSHA is to provide appropriate, affordable and secure housing assistance to those in most need, for the duration of the need (Commonwealth of Australia 1999).

Home Purchase Assistance under the CSHA is designed to make home ownership (including shared home ownership) more accessible to people who otherwise would be unable to obtain private sector finance for home ownership. A range of programs are available, which vary across the States and Territories, including direct lending, shared home ownership, government guarantees, deposit assistance, interest rate assistance, home purchase advisory and counselling services, mortgage insurance protection and mortgage relief.

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2 'Social housing' refers to housing that is managed, either by government or by not-for-profit agencies, for the specific purpose of providing accommodation for households in need, and for social and community benefit. The term encompasses public rental housing, subsidised community housing, supported housing and emergency accommodation.

3 Low-income households are defined as households in the bottom 40% of the Australian income distribution.

Table 4.1: 1999 Australian Housing Survey: all households by tenure, Australian Capital Territory and Australia

	ACT		Australia	
Tenure type	Number of households	Percentage of all ACT households	Number of households	Percentage of all households
Owner without a mortgage	37,100	30.7	2,800,300	38.8
Owner with a mortgage	45,100	37.4	2,256,100	31.3
Renter: private landlord	21,500	17.8	1,463,200	20.3
Renter: State housing authority	12,200	10.1	368,800	5.1
Total renters[(a)]	36,900	30.6	1,966,600	27.2
Rent free	*1,200	1.0	120,900	1.7
Other tenure	**500	0.4	73,000	1.0
Total	**120,700**	100.0	**7,216,900**	100.0

(a) Includes 'other renter'.

Note: Estimates marked with ** have an associated relative standard error (RSE) of 50% or more. Estimates marked with * have an associated RSE of between 25% and 50%. These estimates should be interpreted accordingly.

Source: ABS 1999.

The ACT, like several other jurisdictions, does not provide all of the above forms of home purchase assistance. In the 2000–01 financial year, $247,000 of mortgage relief assistance was provided to 83 households in the ACT (AIHW 2002d). This assistance provides low-income households with cash benefits to assist with mortgage repayments. ACT Government policies require home purchase repayments to exceed 27% of household income to be eligible for assistance.

Private renters

Two private rental market assistance programs exist: Commonwealth Rent Assistance, administered by the federal government, and Private Rent Assistance, administered by State and Territory governments under the CSHA. These programs attempt to improve the affordability of private rental for low-income households via provision of financial benefits.

The effectiveness of these programs is influenced by the availability of lower priced rental housing for low-income households. Studies have recently revealed (Yates & Wulff 2000) that there has been a significant decline in stock at the lower end of the rental market across Australia. This trend has implications for low-income households accessing affordable private rental housing.

There has been a low vacancy rate of rental properties in the ACT since the March quarter 1999. Since this quarter the vacancy rate has been below 2.5% and in the December quarter 2001 it was 1.9% (REIA 2002:18). A vacancy rate of 3% is considered to reflect a reasonable balance between supply and demand for rental properties (REIA 2002:9).

In the December 2001 quarter the median weekly rent of Canberra houses increased by 2.2% to $235 and the median rent of flats/units/townhouses increased by 10% to $230. The annual change in median weekly rents in Canberra has been 12% for 3-bedroom houses and 21% for 2-bedroom flats/units. Canberra has experienced the largest relative increase in rent rises in Australia in this period for flats/units (REIA 2002:8).

Commonwealth Rent Assistance

Commonwealth Rent Assistance (CRA) is the main assistance provided to private renters. CRA is a non-taxable income supplement paid to individuals and families who are receiving more than the base rate of Family Tax Benefit Part A. It is paid at the rate of 75 cents per dollar of rent paid above the rent threshold, subject to maximum rates.

In the ACT, at June 2001, there were 8,395 income units receiving CRA. For these CRA recipients the average fortnightly rent was $249.35 and the average CRA fortnightly entitlement was $64.14. (SCRCSSP 2002: Table 16A.48).

Table 4.2 indicates that, before receipt of CRA, approximately 73% of these income units were paying more than 30% of their income on rent, with 33% of all CRA recipients paying more than 50%. The impact of CRA reduces these percentages to 39% of income units paying more than 30% of their income on rent and 12% paying more than 50%.

Table 4.2: Proportion of Commonwealth Rent Assistance (CRA) recipients (per cent) by proportion of income spent on rent with and without CRA, Australian Capital Territory and Australia, 30 June 2001

Percentage of income spent on rent	ACT	Australia
Less than 30% of income spent on rent		
Without CRA	26.8	30.8
With CRA	60.7	66.6
30% or more of income spent on rent		
Without CRA	73.2	69.2
With CRA	39.3	33.4
Less than 50% of income spent on rent		
Without CRA	67.1	71.7
With CRA	87.5	90.9
50% or more of income spent on rent		
Without CRA	32.9	28.3
With CRA	12.5	9.3

Source: SCRCSSP 2002: Table 16A.45.

CSHA Private Rent Assistance

The CSHA Private Rent Assistance program is designed to enable people to access and maintain accommodation in the private rental market. A range of programs are available, which vary across the States and Territories, including bond loans; assistance with rent payments, including advanced rent payments and cash assistance additional to CRA; relocation expenses and other one-off grants such as housing establishment grants; and advice and information.

The ACT, like several other jurisdictions, does not provide all of the above forms of private rent assistance. The ACT only provides bond loans, which are interest-free loans to cover the cost of bond for low-income people (aged 16 years and over) seeking accommodation in the private rental market. In the 2000–01 financial year, a total value of $22,000 was provided in bond loan payments to 42 households in the ACT (AIHW 2002e).

CSHA Public housing program

Under the public housing program, State and Territory governments provide long-term social housing assistance to low-income households unable to access appropriate or affordable accommodation in the private rental market. Public housing is the major housing assistance program funded under the CSHA. Table 4.3 indicates that, at 30 June 2001, there were 11,510 public housing dwellings in the ACT, representing 3.2% of public housing stock in Australia.

Trend data on public housing are not available. The 2000–01 data are the second set of data for the current 1999–2003 CSHA—these data, as well as unit record data, were not available before the current CSHA.

In 1999 there were 12,200 households living in public rental housing in the ACT, which is 10% of all households in the ACT (Table 4.1).

Table 4.3: Characteristics of public housing: dwellings[(a)] and households[(b)] (number), Australian Capital Territory and Australia, 2001

Public housing characteristic	ACT	Australia
All dwellings as at 30 June 2001	11,510	359,322
All households as at 30 June 2001	11,016	346,055
Total number of Indigenous households	210	7,394
Total number of households with overcrowding	3	4,264
Total number of households occupying public housing for which household composition details are known	8,383	329,970
For year ending 30 June 2001		
Total number of households assisted with public housing	12,502	380,149
Total number of households assisted with rebated public rental housing	10,502	342,893

(a) A dwelling is defined as a structure or a discrete space within a structure intended for people to live in or where a person or group of people live.

(b) A household is defined as a group of two or more related or unrelated people who usually reside in the same dwelling, and who make common provision for food or other essentials for living; or a person living in a dwelling who makes provision for his or her own food and other essentials for living, without combining with any other person.

Source: AIHW 2002f.

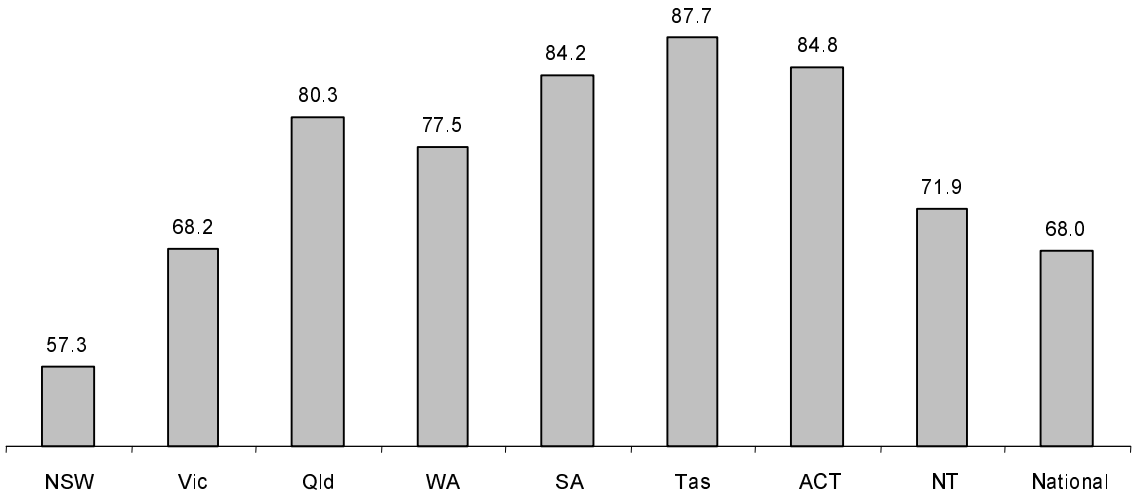
Public housing rent setting

Public housing tenants usually pay a maximum percentage of their income in rent. Households who pay a rent lower than the market rent value of the property are defined as 'rebated households'. During the 2000–01 financial year, 12,502 households received public housing assistance in the ACT and 84% of these households received rebated public housing during the year.[4] These rebated households paid less than 25% of their income in rent (AIHW 2002f).

On average, public housing tenants in the ACT paid 85% of the market rent value of dwellings in 2001 (see Figure 4.1). This indicates that ACT tenants would pay approximately 18% additional rental costs if they rented a comparable dwelling in the private rental

4 385 transfer households were excluded from the calculation.

market. At the time of the data collection, the ACT had not adjusted the market rents it uses for calculation and reporting since 1998. However, market rents in the ACT have in fact increased since 1998 (REIA 2001), so the difference between the rents charged and the market rent may be greater than 18% in 2000–01.



Source: AIHW 2002f.

Figure 4.1: Rents charged as a proportion of market rent across jurisdictions (adjusted for Commonwealth Rent Assistance) (per cent)

Overcrowding

Table 4.3 also indicates that the ACT has a low level of overcrowding. Only three ACT public housing households were considered to be living in overcrowded conditions according to a proxy occupancy standard.[5] The ACT, however, is only able to report about the overcrowding status of 76% of households, as the household composition details are unknown for 24% of households. All other jurisdictions were able to report this indicator for between 89% to 100% of households, illustrating the limitations of the ACT data.

5 Proxy occupancy standard allocates the following number of bedrooms to household component types: single adult or single adult (group) – 1 bedroom per adult; sole parent or couple with 1 child, or couple with no children – 2 bedrooms; sole parent or couple with 2 or 3 children – 3 bedrooms; sole parent or couple with 4+ children – 4 bedrooms. Overcrowding occurs where two or more additional bedrooms are required to satisfy the proxy occupancy standard.

New households assisted in 2000–01

Table 4.4 indicates that, during 2000–01, 1,198 households were allocated public housing in the ACT. In addition to new allocations, 424 households relocated from one public housing dwelling to another dwelling (AIHW 2002f). Of the new households assisted:

- 2% were Indigenous Australians
- 92% satisfied the special need definition[6]
- 66% required priority housing allocation and satisfied the greatest need definition.[7]

The ACT's performance on the above variables should to be interpreted with caution, as special need status was only reported for 36% of new allocations. This is because, according to the definition used by ACT Housing, the special need status of a household is only recorded if the special need status of every member of the household is known. Also, where a household is paying market rent, information on the household's special need status is not collected. All other jurisdictions reported on the special need status of between 83% and 100% of new allocations.

Table 4.4: Public housing: characteristics of new households assisted (number), 1 July 2000 – 30 June 2001

Characteristic	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total number of new allocations	**11,554**	**7,195**	**7,487**	**4,617**	**4,714**	**2,037**	**1,198**	**907**	**39,709**
New Indigenous households	867	227	846	527	242	198	26	331	3,264
New households with special need status	5,861	2,150	3,701	1,540	2,259	844	390	457	17,202
All new households with special need status assessed[(a)]	11,474	7,195	7,486	3,976	3,894	2,037	426	907	37,395
New households with greatest need status	4,799	3,546	354	727	1,856	1,674	787	145	13,888
Total number of applicants on waiting list	101,561	41,639	24,353	14,276	32,570	2,089	2,996	1,829	221,313
Greatest need applicants on waiting list at 30 June 2001	2,008	2,801	121	180	1,467	1,147	231	33	7,988

(a) Excludes new households whose special need status was unknown.

Source: AIHW 2002f.

6 Special need households were defined as low-income households that satisfy the Indigenous household definition; or that have a household member with a disability; or where the principal tenant is aged 24 years or under; or where the principal tenant is aged 75 years or more.

7 Greatest need households were defined as low-income households that at the time of allocation were homeless; or their life or safety was at risk in their accommodation; or their health condition was aggravated by their housing; or their housing was inappropriate to their needs; or they had very high rental housing costs.

Other jurisdictions were also able to report on the low-income status of new allocations. Two measures of low-income status are used in these data and require specific income information which was not available for all new allocations in the ACT. As a result, the ACT was only able to report on the low-income status of 4% of new allocations (AIHW 2002f).

Information about the number of applicants on the waiting list should also be treated with caution. While the waiting list profile may provide an indication of demand for public housing assistance, the accuracy of waiting list data is influenced by several factors, including frequency of waiting list audits. Unless the waiting list is regularly audited and updated, some applicants may no longer require public housing assistance due to a change in housing circumstances since lodging application forms. The reliability of waiting list data is unknown.

Several factors also influence the results that jurisdictions report for the number of greatest need allocations. Variation between jurisdictions' waiting list policies influence the results reported for this indicator in Table 4.4. While all jurisdictions implement segmented waiting lists, the number of waiting list categories varies between jurisdictions from two to six and the categories included also vary. There is also variation between jurisdictions in the factors considered in priority housing assessments and the level of information recorded in information management systems. Table 4.5 outlines the circumstances that each jurisdiction considers to warrant listing in a 'priority' waiting list category. These issues influence the greatest need data reported in Table 4.4.

CSHA community housing program

Community housing is delivered by non-profit community, church and local government providers and offers a range of housing choices that may not be available through the public or private housing markets. The number of community housing dwellings in Australia is small compared to public housing, private rental and home ownership—it represents less than half of 1% of all housing tenures (AIHW 2001a:75). Reporting on the community housing sector is difficult because of the diversity of programs, variation in funding sources, and provider capacity to supply reliable data.

CSHA-funded community housing is only one part of the community housing sector in Australia. In addition to CSHA funding for long-term and crisis-type community housing, community housing may be funded by the non-government and private sectors. In addition to mainstream community housing programs, community-managed Indigenous housing, targeted to Indigenous Australians, is funded from a range of sources including the CSHA and the Aboriginal and Torres Strait Islander Commission. Information in this section reports on the CSHA community housing program only. Due to data limitations, no data are currently available for the ACT on the number of people in public housing, including community housing.

Table 4.5: Waiting list priority categories by circumstance of housing need

Circumstance of housing need	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Homeless, pending homelessness (eviction) or exiting SAAP-type accommodation	✓	✓	✓	✓	✓	✓	✓	✓
Appropriate and affordable accommodation not available in private sector	✓	✓	✓			✓		
Inadequate or unsuitable accommodation[(a)]	✓			✓	✓	✓	✓	✓
Life-threatening situation at home[(b)]	✓[(c)]	✓	✓	✓	✓	✓	✓	✓
Substance abuse		✓						
Natural disaster (flood, fire)			✓	✓	✓			
Severe financial difficulties							✓	✓
Victim of major crime			✓		✓			
Health or disability issues	✓		✓	✓	✓	✓	✓	✓
Persistent discrimination or harassment		✓	✓		✓			✓
Exiting institutional care (include prison)		✓			✓			
Lack financial, cultural, social skills					✓			
Neighbourhood or tenancy disputes		✓	✓		✓[(d)]			
Witness protection			✓					
Family support								
Recent refugee or new to area		✓			✓			
Child returned to care			✓					

(a) Includes severe medical condition or disability which is affected by current housing; present accommodation is dangerous, substandard or severely overcrowded; and insecurity of tenure

(b) Includes domestic violence, sexual/emotional abuse, child abuse, at risk of violence.

(c) This information differs from that contained in the printed version of the data briefing due to the information being updated in March 2002.

(d) For existing trust tenants only.

✓ Indicates that the circumstance of need enables listing on the waiting list priority category.

Source: AIHW 2001a.

Long-term CSHA community housing

Table 4.6 indicates that, at 30 June 2001, there were 10 CSHA community housing providers managing 403 dwellings in the ACT. Of these providers, one targeted assistance to persons with a disability, one targeted assistance to persons from non-English-speaking backgrounds, two targeted accommodation to people aged 24 years and under, and six were non-targeted providers who assisted any low-income households (AIHW 2002b).

Table 4.6: Number of CSHA community housing providers and community housing dwellings by jurisdiction, 30 June 2001

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of community housing providers	196	333	332	239	135	73	10	32	1,350
Total number of dwellings	8,943	8,942	4,807	3,094	3,452	260	403	130	30,031

Notes

1. When interpreting these data, caution should be exercised as the community housing sector in Victoria contains significant numbers of boarding house dwellings and the method used to count these can result in Victoria's dwelling numbers being misunderstood. For example, each room in a boarding house may be counted as a separate dwelling as tenancy rental units are used as a proxy for identifying the number of dwellings. This can result in Victoria reporting a larger number of dwellings than other jurisdictions, which count the boarding house structure as a dwelling rather than each bedroom in a boarding house.
2. WA excludes Crisis Accommodation Program dwellings identified in the community housing collection.

Source: Administrative data supplied by the State Housing Authority and the 2001 community housing data repository trial.

As community housing data on households are collected by surveying providers, the reliability of these data is affected by a range of factors such as the quality of the survey instrument, the accuracy with which surveys are completed, survey response rates and the accuracy with which survey responses are collated by state housing authorities. Table 4.7 shows the target group details of 426 households in the ACT where data were provided. It indicates that over 44% of households did not satisfy a target group definition and that 38% of households were comprised of 'persons aged 24 years and younger'.

When reading Table 4.7 it is important to understand that the ACT only sent surveys to the two largest providers. As smaller providers were not surveyed, 12 organisations who managed approximately 49 dwellings were excluded from the data collection.

Table 4.7: CSHA community housing: households housed by target group, Australian Capital Territory and Australia, 30 June 2001

	ACT		Australia	
Household target group	Number	Per cent	Number	Per cent
Indigenous	10	2	995	5
People with a disability	26	6	5,020	26
Non-English-speaking background	38	9	1,915	10
People aged 24 years and younger	164	38	1,499	8
People aged 75 years and over	2	0	1,781	9
Other target group	0	0	3,431	18
No target group	186	44	4,830	25
Total	**426**	**100**	**19,471**	**100**

Note: Includes households housed by targeted and non-targeted providers.

Source: AIHW 2002b.

Short-term CSHA crisis accommodation

In addition to providing long-term accommodation, the community housing sector also provides a range of housing services to assist people who are in situations of actual or impending crisis or homelessness. CSHA funds are used for the purchase, lease and maintenance of dwellings that provide accommodation assistance to these persons. Table 4.8 shows that the ACT was providing 53 dwellings under the CSHA for crisis accommodation,

as at 30 June 2001. Most jurisdictions, including the ACT, were not able to report on the number of new households provided with crisis accommodation for this financial year.

The provision of housing through crisis accommodation housing programs has strong links to services provided by health and community services agencies to people in crisis. In the health area, housing agencies work closely with mental health and alcohol and drug abuse service providers, while in the community services area the major link is to supported accommodation and crisis services provided through the Supported Accommodation Assistance Program (SAAP) (see Chapter 5).

Table 4.8: CSHA crisis accommodation program, number of dwellings funded, by jurisdiction, 30 June 2001

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.
1,078	195	1,007	373	193	157	53	74	3,130

Notes

1. SA: excludes Supported Tenancy Scheme and group disabled dwellings.
2. ACT: excludes 207 dwellings funded under the Community Organisations Rental Housing Assistance Program.
3. NT: includes 34 public housing dwellings owned and maintained by Territory Housing but leased to crisis accommodation agencies.

Source: AIHW 2002c.

Summary and conclusions

- The ACT faces growing housing need and this is currently being identified through the ACT Affordable Housing Task Force. Many residents are unable to obtain housing that meets their needs because of the limited availability of safe, secure, appropriate and affordable housing, whether in private markets or as 'social housing'.
- In 1999, across all tenure types, there were 8,400 low-income households in the ACT paying more than 30% of their income in housing costs.
- There is a low vacancy rate of rental properties in the ACT, and there have been recent increases in the median weekly rent of houses in Canberra. Canberra has experienced the largest relative rent rises in Australia for flats/units.
- Housing assistance in the ACT is characterised by a relatively high proportion of public housing to total housing stock. In 1999, there were 12,200 households living in public rental housing in the ACT, which is 10% of all households in the ACT.
- In 2000–01 there were:
  - 83 households receiving mortgage relief assistance under the Commonwealth–State Housing Agreement (CSHA) Home Purchase Assistance program
  - 8,395 income units receiving Commonwealth Rent Assistance (as at June 2001) and 42 households that received bond loan payments under the CSHA Private Rent Assistance program
  - 11,510 CSHA public housing dwellings, and 12,502 households receiving public housing assistance; 1,198 new households were allocated public housing
  - 403 CSHA community housing dwellings
  - 53 dwellings provided under the CSHA for crisis accommodation (as at June 2001).

5 Homelessness

This chapter provides information on services provided under the Supported Accommodation Assistance Program (SAAP) in the ACT. Data on client characteristics include age, sex, types of service requested and, for one-off assistance, whether clients presented alone or as a couple, and with or without accompanying children. The chapter includes some data on unmet demand for SAAP services in the ACT, including whether or not particular services requested could be provided and numbers of potential clients seeking SAAP accommodation services who were turned away.

Potential need for services

Counting the number of homeless in Australia is fraught with difficulties. Not only is homelessness difficult to define, but practical difficulties in collecting data on the homeless abound and there is no agreed methodology for informing enumeration strategies. An attempt to count Australia's homeless was made in the 1996 census, based on a 'cultural definition' of homelessness first proposed by Chamberlain and MacKenzie (1992, cited in Chamberlain 1996). The census identified 1,198 people as homeless on census night in the ACT, or 40 people per 10,000 population. This was a lower rate than for any other State or Territory (Table 5.1). In the ACT, 479 (or 40%) of the 1,198 people identified as homeless were staying in SAAP services, a significantly higher percentage than for any other State or Territory.

The census provides a point in time, or snapshot, count. Cumulative annual counts of homelessness will always be higher than snapshot counts, and the difference between the two counts grows as the average duration of homelessness for individuals decreases (Chamberlain 1996).

During 2000–01, there were 2,100 SAAP clients in the ACT (Table 5.2). It is difficult to directly compare these figures with the 1996 census as SAAP services use a 'service delivery' definition of homelessness to establish criteria for assistance, and the yearly figures represent a cumulative annual count of SAAP clients who receive some assistance during the year. SAAP clients are defined as either adults (18 years of age and over) or young people under 18 who present to SAAP services without a parent/guardian; accompanying children are counted separately.

Profile of SAAP-funded services and service users

In 2000–01 there were 33 SAAP-funded service agencies in the ACT. Of these agencies, 12 targeted young people, 10 targeted women escaping from domestic violence and/or single women, 7 catered to cross-target, multiple-target or general groups, 3 were for families and one targeted single men (AIHW 2001g:4).

These agencies supported an estimated 2,100 clients in the ACT in 2000–01, representing 72 per 10,000 population aged 10 and over (age standardised) (Table 5.2). The comparable national figure was 56 per 10,000 population (AIHW 2001e:66).

Table 5.1: Homeless people in different types of accommodation on census night, by State/Territory, 1996 (per cent)

	ACT	NSW	Vic	Qld	WA	SA	Tas	NT
				Per cent				
Boarding house	6	29	26	23	16	19	16	9
SAAP	40	11	19	9	11	22	19	2
Friends/relatives	54	47	48	49	53	48	53	18
Improvised dwellings	—	13	7	19	20	11	12	71
Total number	1,198	29,608	17,840	25,649	12,252	6,837	2,014	9,906
Per 10,000 population	*40.3*	*49.4*	*41.0*	*77.3*	*71.5*	*48.1*	*43.9*	*532.1*

— Nil or rounded to zero.

Source: Chamberlain 1996.

In the ACT, 50% of these clients were men presenting alone, 30% were women presenting alone, and 16% were women with children. The daily number of clients accommodated by SAAP services in the ACT during the year ranged between 300 and 350, not including accompanying children (SAAP National Data Collection, unpublished data).

The age profile of SAAP clients in the ACT has remained relatively stable over the five-year period 1996–97 to 2000–01, although there has been a decrease in the percentage of clients aged 65 and over, from 2% to 1% (Table 5.2). In 2000–01, 39% of clients were aged 15 to 24, and 44% were aged between 25 and 44 years. Within the 15–24-year age group, 12% of clients were aged 15 to 17, 11% were aged 18 to 19, and 16% were aged 20 to 24. The median age of clients in the ACT was 27 years, compared with 29 years nationally.

Support periods in the ACT tended to be longer than for Australia as a whole. In 2000–01 the average length of a support period was 61 days in the ACT, compared with 40 days nationally, and the median length was nine days, compared with four days nationally.

SAAP service provision and referral

Services provided by SAAP agencies are grouped into six broad categories in Table 5.3. The data in this table reflect the diversity of support requested by clients, but not how often a particular service was requested and/or provided.

In the course of the 2,450 SAAP support periods that finished during 2000–01 in the ACT, 23,900 different types of service were requested by clients, so that, on average, clients requested 10 types of service each per support period (Table 5.3). SAAP agencies were unable to either provide the service or refer clients on for 1,050 (5%) of these requested services.

Basic support and services were most often requested, with 6,750 requests. These included requests for meals, laundry and shower facilities, recreation and transport. Requests for basic support and services were generally met—only 1% of these types of services could not be provided or referred on. Specialist services were the least likely to be provided, with 9% of these types of services neither provided nor referred on.

Table 5.2: SAAP clients: age of clients and length of support period, by reporting period, Australian Capital Territory, 1996–97 to 2000–01

Age of client	1996–97	1997–98	1998–99	1999–00	2000–01
Age distribution of clients (per cent)					
0–14	2.4	2.1	1.9	2.8	2.4
15–24	42.7	39.9	40.6	40.2	39.3
15–17	15.3	12.9	13.1	11.4	12.4
18–19	11.5	11.2	11.4	10.4	10.7
20–24	15.9	15.8	16.1	18.5	16.2
25–44	42.4	43.7	43.4	42.5	43.8
45–64	10.4	12.2	12.4	12.8	13.2
65–79	1.9	1.7	1.6	1.5	1.2
80+	0.3	0.5	0.1	0.2	0.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total number of clients	**2,200**	**2,250**	**2,050**	**2,150**	**2,100**
Clients per 10,000 population aged 10 and over					
ACT	77	79	72	75	72
Australia	53	59	56	55	56
Mean age (years)					
ACT	29.4	30.4	29.9	30.0	29.4
Australia	30.4	30.7	30.4	30.7	30.9
Median age (years)					
ACT	26	27	27	27	27
Australia	28	28	28	29	29
Length of support period					
Mean length of support (days)					
ACT	53	64	51	61	61
Australia	37	40	39	43	40
Median length of support (days)					
ACT	8	9	9	7	9
Australia	4	5	5	6	4

Notes

1. Number excluded due to errors and omissions, clients per 10,000 aged 10 and over (ACT) (weighted): 0.
2. Number excluded due to errors and omissions, clients per 10,000 aged 10 and over (Australia) (weighted): 0.
3. Number excluded due to errors and omissions, age (ACT) (weighted): 15.
4. Number excluded due to errors and omissions, age (Australia) (weighted): 1,059.
5. Number excluded due to errors and omissions, length of support (ACT) (weighted): 148.
6. Number excluded due to errors and omissions, length of support (Australia) (weighted): 12,505.
7. Clients per 10,000 figures have been weighted to adjust for agency non-participation and client non-consent.
8. Age and length of support figures have been weighted to adjust for client non-consent.
9. 'Clients per 10,000 population aged 10 and over' shows how many people out of every 10,000 aged 10 and over in the general population become clients of SAAP. Rates are calculated by dividing the number of SAAP clients aged 10 and over by the estimated resident population aged 10 and over at 30 June prior to the reporting period. The rates have been age standardised to the Australian estimated resident population at 30 June 2000.

Sources: AIHW 2001e; AIHW 2001f; AIHW 2001g; ABS 2001.

Table 5.3: Support periods that finished in 2000–01: broad types of SAAP services requested by clients, by provision, Australian Capital Territory, 2000–01

	Not provided			Provided					
Broad type of service	Neither provided nor referred on	Referred on	*Sub-total*	Provided only	Provided and referred on	*Sub-total*	Total	Distinct services requested	Assoc. closed support periods
	% distinct services requested							Number	Number
Housing/accommodation	5.6	8.9	*14.5*	68.5	17.0	*85.5*	100.0	4,000	2,400
Financial/employment	7.9	9.5	*17.4*	65.4	17.2	*82.6*	100.0	2,500	1,400
Counselling	6.0	3.6	*9.6*	77.3	13.1	*90.4*	100.0	3,200	1,750
General support/advocacy	2.9	1.8	*4.7*	83.8	11.4	*95.2*	100.0	4,950	2,100
Specialist services	9.2	21.1	*30.3*	39.4	30.2	*69.6*	100.0	2,450	1,300
Basic support and services n.e.s.	1.3	0.7	*2.0*	96.9	1.1	*98.0*	100.0	6,750	2,200
Total (%)	**4.5**	**5.7**	***10.2***	**77.6**	**12.2**	***89.8***	**100.0**	. .	. .
Total (number)	**1,050**	**1,350**	***2,400***	**18,550**	**2,900**	***21,450***	. .	**23,900**	**2,450**

Notes

1. Number excluded due to errors and omissions: 10 (including cases with no information on service requirements or provision).
2. 34 individual service types have been grouped into six major classifications as follows:
   - Housing/accommodation—SAAP/CAP accommodation, assistance to obtain short-term accommodation or assistance to obtain independent housing
   - Financial/employment— assistance to obtain a benefit or pension or other government allowance, employment and training assistance, financial assistance or material aid, or financial counselling
   - Counselling—incest or sexual abuse counselling, domestic violence counselling, family or relationship counselling and support, emotional support and other counselling, or assistance with problem gambling
   - General support/advocacy—living skills and personal development assistance; assistance with legal issues or court support; advice or information; retrieval, storage or removal of personal belongings, advocacy or liaison on behalf of clients, or brokerage
   - Specialist services—psychological services, psychiatric services, pregnancy support, family planning support, drug or alcohol support or rehabilitation, physical disability services, intellectual disability services, culturally appropriate support, interpreter services, assistance with immigration issues, or health or medical services
   - Basic support and services not elsewhere specified—meals, laundry or shower facilities, recreation, transport, brokerage services, and other support not elsewhere specified.
3. Percentages for broad groups relate to all needs and not to support periods.

Source: AIHW 2001g.

One-off assistance provided by SAAP agencies

One-off assistance is assistance that requires less than one hour of a SAAP worker's time. Some one-off services are provided to people seeking more substantial assistance. At other times these services are provided to people who are seeking only limited assistance. Some agencies, such as 'soup kitchens', specialise in providing one-off assistance. The majority of agencies, however, provide a mixture of one-off assistance and more substantial support.

The Casual Client Collection provides data on the provision of one-off assistance, collected over a two-week period in 2001. Over these two weeks, when a person or a group contacts a SAAP agency and receives one-off assistance this is recorded as a casual contact.

Over the period of the collection there were 580 casual contacts in the ACT. People presenting alone accounted for 78% of these contacts, and people with children for 18% (Table 5.4). Approximately 600 individuals were provided with one-off assistance. (Note that this is likely to be an underestimate of the number of individuals assisted—see note 3, Table 5.4.)

Table 5.4: SAAP casual contacts: one-off assistance provided, by presenting group, Australian Capital Territory, 22 February to 7 March 2001 (per cent contacts)

One-off assistance provided	Person alone	Person with children	Couple no children	Couple with children	Other/ unknown	Total	
	% of casual contacts in which service provided					%	Number
Information	65.1	100.0	100.0	100.0	83.3	72.8	422
Referral arranged	14.2	28.3	57.1	36.4	33.3	17.9	104
Emotional support	18.4	50.0	42.9	90.9	33.3	26.0	151
Meals	30.4	—	28.6	—	16.7	24.1	140
Financial/material aid	12.0	—	14.3	—	—	9.5	55.0
Transport	1.8	—	—	—	—	1.4	8.0
Laundry/shower facilities	14.2	—	—	—	—	11.0	64.0
Other	23.3	15.1	14.3	54.5	16.7	22.2	129
Total contacts (number)	**450**	**106**	**7**	**11**	**6**		**580**
Total individuals (number)	**450**	**106**	**14**	**22**	**7**		**599**
Per cent of contacts accounted for by different client groups							
ACT	77.6	18.3	1.2	1.9	1.0	100.0	
Australia	76.0	15.1	3.4	2.9	2.6	100.0	
Per cent of individuals accounted for by different client groups							
ACT	75.1	17.7	2.3	3.7	1.2	100.0	
Australia	70.6	14.1	6.3	5.3	3.7	100.0	
Mean number of types of one-off assistance provided							
ACT	1.8	1.9	2.6	2.8	1.8		1.9
Australia	1.8	2.1	2.1	2.2	1.8		1.9

Notes

1. Cases excluded due to missing data (ACT): 15 contact; 1 contacts by individuals.
2. Cases excluded due to missing data (Australia): 646 contacts; 683 contacts by individuals.
3. In the Casual Client Collection casual contacts are reported for the group receiving assistance. Casual contacts by individuals have been derived from data on 'person(s) receiving assistance' in a contact. 'Person alone' and 'person with children' are counted as a contact by one individual, and couples (with or without children) are counted as contacts by two individuals. Presenting units classified as 'other' are also counted as contacts by two individuals. Cases where there is no information on the type of presenting unit are counted as a contact by one individual. While this approach will lead to an understatement of individuals, this understatement will be less than if contacts of unknown composition were counted as missing.
4. In any casual contact the assisted group was able to receive more than one type of one-off assistance, so percentages do not total 100.
5. 'Other/unknown' includes those cases where the assisted unit was reported as 'other' or not reported at all.

— Nil or rounded to zero.

Sources: SAAP casual client collection; AIHW 2001b.

The most common form of one-off assistance was the provision of information, provided in 73% of all casual contacts, followed by emotional support (26%) and meals (24%). Types of one-off assistance provided varied between different client groups. For instance, meals and financial or material aid were mainly provided to persons presenting alone and couples without children, while transport and shower or laundry facilities were provided only to persons presenting alone. These variations between target groups in terms of services provided largely reflect differences in the operation of and range of services provided by individual SAAP agencies, which target specific client groups.

Couples with children had very high levels of one-off assistance with provision of information (provided in 100% of casual contacts by this client group), emotional support (91% of casual contacts) and unspecified 'other' assistance (54% of casual contacts). Persons presenting with children and couples without children also had high levels of one-off assistance with provision of information (provided in 100% of casual contacts for both these groups) and emotional support (in 50% and 43% of casual contacts, respectively).

Unmet demand for SAAP services

The Unmet Demand Collection measures the level of unmet demand for SAAP services by collecting information about requests for substantial support or accommodation that could not be provided by SAAP services. When examining unmet demand, analysis of unmet requests is restricted to instances in which individuals approached an appropriate agency (that is, the individual fitted the agency's target group and the requested service was one the agency provided) and where the individual *did not refuse* an offer of support. Such requests are called *valid* unmet requests.

Over the two-week period of the Unmet Demand Collection (2000–01) the estimated average number of potential clients seeking immediate accommodation (required within 24 hours) who were turned away by SAAP-funded services in the ACT on any one day was 14. The average number of children accompanying these potential clients was 8 (Table 5.5). This ratio of adults to children is in line with those of other States and Territories, with, in general, 1 or 2 adults seeking accommodation for every accompanying child.

There were, on average, three potential clients and four accompanying children who required accommodation within five or more days who were turned away each day. Not too much significance should be attached to this higher ratio of children to adults—due to the small number of clients on which the estimate is based a single large family could heavily influence the ratio. Overall, an average of 20 potential clients per day had valid unmet requests for accommodation during this period in the ACT. The average number of children accompanying these potential clients was 13.

Table 5.5: Potential clients with unmet requests for SAAP accommodation and children accompanying these people, by when accommodation was needed and State/Territory, 29 November – 5 December 2000 and 9–15 May 2001 (daily average)

State/Territory	Required within 24 hours	Required in 24–48 hours	Required in 3–4 days	Required in 5 or more days	Total
	Daily average of number of potential clients needing accommodation				
ACT	14.1	1.7	1.4	3.0	20.1
NSW	97.1	14.3	8.7	20.8	140.9
Vic	86.6	23.4	18.2	51.1	179.3
Qld	75.3	17.9	9.7	14.3	117.2
WA	36.4	3.9	1.8	5.4	47.5
SA	18.5	3.5	3.0	9.0	34.0
Tas	8.6	1.6	0.8	1.0	12.0
NT	5.3	0.6	0.6	0.8	7.3
Total	**341.9**	**66.9**	**44.2**	**105.4**	**558.4**
	Daily average of number of accompanying children needing accommodation				
ACT	7.6	0.7	0.7	4.1	13.2
NSW	50.4	10.1	7.0	12.1	79.6
Vic	24.2	12.1	12.6	35.5	84.4
Qld	49.0	22.1	13.4	19.1	103.6
WA	23.9	3.9	2.4	4.6	34.7
SA	24.1	2.9	2.4	4.9	34.3
Tas	5.9	1.9	0.7	0.6	9.0
NT	5.1	0.9	0.4	0.2	6.7
Total	**190.2**	**54.5**	**39.6**	**81.2**	**365.5**

Notes

1. Cases excluded from table due to missing data: 0.
2. 'People with unmet requests for SAAP accommodation and children accompanying these people' estimates the number of people who request accommodation from SAAP agencies but who are not provided with that accommodation. People who refuse an offer of accommodation are excluded. Adjustments have been made to allow for missing information.
3. People may make more than one request for accommodation in a day. Data in this table are based on the first valid request made by the person/group.

Source: AIHW 2001b.

Summary and conclusions

- The 1996 census identified 1,198 people as homeless on census night in the ACT. This was a lower rate than in any other State or Territory, and a greater proportion of these people was staying in SAAP accommodation on that night than in any other State or Territory.
- During 2000–01 there were 2,450 SAAP support periods in the ACT, provided to 2,100 clients. Basic support and services, including meals, laundry and shower facilities, were most often provided.
- For casual contacts, requiring less than an hour of a SAAP worker's time, information was the service most often provided. Eighteen per cent of these contacts were for people with accompanying children.

- The median age of SAAP clients in the ACT (27 years) was younger than in Australia as a whole (29 years) and SAAP support periods tended to be longer in the ACT than nationally.
- Based on the SAAP Unmet Demand Collection, an estimated average of 20 clients and 13 accompanying children seeking accommodation were turned away each day, including 14 clients and 8 accompanying children who were seeking immediate accommodation.

6 Alcohol and other drug treatment services

This chapter presents data on client registrations with alcohol and other drug treatment services in the ACT and Australia from the new Alcohol and Other Drug Treatment Services National Minimum Data Set collection. The 2000–01 data presented are from the first, pilot year of the collection. Information on client characteristics includes age, sex, how the client was referred to the service, principal drug of concern and injecting drug use.

Potential need for services

Although recent drug usage does not necessarily translate to a need for treatment, any person who is a regular user of an illicit drug or who consumes licit substances at a hazardous or harmful level may potentially seek the services of an alcohol or other drug treatment agency.

Estimates derived from the 2001 National Drug Strategy Household Survey indicate that, in the ACT, there were over 47,000 persons aged 14 years and over (18%) who had used an illicit drug at least once during the 12 months before the survey, including over 37,000 persons (14%) who had used marijuana or cannabis and almost 12,000 (5%) who had used amphetamines (Table 6.1). In addition, there were approximately 25,000 persons aged 14 years and over (10%) who had a pattern of drinking that was risky or of high risk for long-term harm (Table 6.2). Note also that the risk of alcohol-related harm in the long term was higher for females in the ACT (12%) than nationally (9%).

ACT treatment providers

Six agencies (one government provider and five non-government organisations) located in the ACT provided data for the 2000–01 national collection (Table 6.3). Two additional ACT agencies within scope for the national collection were unable to provide data for the 2000–01 period. In addition, several agencies were unable to provide data for the September quarter. It is anticipated that this data shortfall will be rectified for the 2001–02 collection. (See Box 6.1 for information on the scope of the 2000–01 collection and data limitations.)

Nationally, 393 agencies contributed data to the 2000–01 collection, the majority of which were classified as non-government providers.

Table 6.1: Recent[a] illicit drug use: estimated[b] numbers of the population aged 14 years and over for selected substances/behaviours, Australian Capital Territory and Australia, 2001

Substance/behaviour	Number	Per cent[c]
Australian Capital Territory		
Marijuana/cannabis	37,400	14.4
Amphetamines[d]	11,700	4.5
Ecstasy/designer drugs	12,500	4.8
Cocaine	3,900	1.5
Heroin	**1,000	**0.4
Injected drugs	**800	**0.3
Any illicit drug	47,100	18.1
Australia		
Marijuana/cannabis	2,032,500	12.9
Amphetamines[d]	535,000	3.4
Ecstasy/designer drugs	457,100	2.9
Cocaine	206,900	1.3
Heroin	37,800	0.2
Injected drugs	91,100	0.6
Any illicit drug	2,655,300	16.9

(a) Used in past 12 months.

(b) Estimates were based on 26,744 respondents in the 2001 National Drug Strategy Household Survey.

(c) Proportion of the population aged 14 years and over (ACT or Australia).

(d) For non-medical purposes.

** Relative standard error greater than 50%.

Sources: 2001 National Drug Strategy Household Survey and AIHW population database.

Table 6.2: Risk of alcohol-related harm in the long term: proportion of the population aged 14 years and over (per cent), Australian Capital Territory and Australia, 2001

Risk status	Males	Females	Persons
Australian Capital Territory			
Abstainers	8.1	12.9	10.5
Low risk	84.4	75.5	79.9
Risky or high risk[a]	7.5	11.6	9.6
Total	**100.0**	**100.0**	**100.0**
Total (number)[b]	*127,432*	*132,848*	*260,280*
Australia			
Abstainers	14.1	20.8	17.5
Low risk	75.6	69.8	72.7
Risky or high risk[a]	10.2	9.4	9.8
Total	**100.0**	**100.0**	**100.0**
Total (number)[b]	*7,742,930*	*8,007,051*	*15,749,981*

(a) For males, consumption of 29 or more standard drinks per week; for females, consumption of 15 or more standard drinks per week. A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol.

(b) ABS estimated resident population aged 14 years and over, 2001.

Source: AIHW 2002j.

Table 6.3: Agency type, Australian Capital Territory and Australia[a], 2000–01

	Government		Non-government		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Australian Capital Territory	1	16.7	5	83.3	6	100.0
Australia[a]	190	48.3	203	51.7	393	100.0

(a) Excludes Queensland.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

Client profile

During 2000–01, a total of 2,743 clients registered for alcohol and other drug treatment (excluding methadone maintenance treatment, see Box 6.1) in the ACT (Table 6.4). Two-thirds of these clients were males, and males aged between 25 and 44 years made up the largest client group, both in the ACT (38% of all clients) and nationally (34% of all clients).

In the ACT a smaller proportion of persons registered for treatment were in the 10–14 (0.5%) and 45–64 (10%) age groups than nationally (1% and 13%, respectively), and a larger proportion were in the 15–24 (34%) and 25–44 (54%) age groups than nationally (31% and 52%, respectively) (Table 6.4).

Table 6.4: Client registrations by sex and age group, Australian Capital Territory and Australia[a], 2000–01

	Age groups						Total	
	10–14	15–24	25–44	45–64	65+	Not stated	Number	Per cent
Australian Capital Territory								
Males	*	578	1,037	165	17	n.p.	1,834	66.9
Females	*	349	432	104	7	n.p.	909	33.1
Not stated	—	—	—	—	—	—	—	—
Total	**15**	**927**	**1,469**	**269**	**24**	**39**	**2,743**	**100.0**
Per cent	*0.5*	*33.8*	*53.6*	*9.8*	*0.9*	*1.4*	*100.0*	*100.0*
Australia[a]								
Males	659	16,880	28,086	6,272	482	678	53,057	63.5
Females	467	8,964	14,836	4,318	293	567	29,445	35.3
Not stated	2	451	511	44	1	18	1,027	1.2
Total	**1,128**	**26,295**	**43,433**	**10,634**	**776**	**1,263**	**83,529**	**100.0**
Per cent	*1.4*	*31.5*	*52.0*	*12.7*	*0.9*	*1.5*	*100.0*	*100.0*

(a) Excludes Queensland.

* Numbers too small to report.

n.p. Not available for separate publication.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

Approximately two-thirds (64%) of all clients registered for treatment in the ACT were self-referred. This was substantially higher than the national figure (34%) (Table 6.5). Correspondingly, all other sources of referral accounted for a smaller proportion of clients in the ACT than nationally. In interpreting these differences, however, it is important to note the much higher proportion of 'other' responses reported for clients nationally (11%), compared with the ACT (1%). This suggests that in the ACT a greater effort was made to specify the source of referral than in other jurisdictions.

Table 6.5: Client registrations by source of referral and sex, Australian Capital Territory and Australia[a], 2000–01

	Males		Females		Persons[b]	
Source of referral	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
Australian Capital Territory						
Self	1,152	62.8	611	67.2	1,763	64.3
Family member/friend	117	6.4	54	5.9	171	6.2
General practitioner/medical specialist	78	4.3	50	5.5	128	4.7
Psychiatric and other hospitals	20	1.1	9	1.0	29	1.0
Community mental health	43	2.4	22	2.4	65	2.3
Alcohol and other drug treatment service	73	4.0	26	2.8	99	3.6
Other community health/care services	70	3.8	50	5.5	120	4.3
Community-based corrections	140	7.6	33	3.6	173	6.3
Court/police diversion	55	3.0	22	2.4	77	2.8
Other	23	1.3	6	0.7	29	1.1
Not stated	63	3.4	26	2.9	89	3.2
Total	**1,834**	**100.0**	**909**	**100.0**	**2,743**	**100.0**
Australia[a]						
Self	17,520	33.0	11,103	37.7	28,667	34.3
Family member/friend	3,895	7.3	2,635	8.9	6,541	7.8
General practitioner/medical specialist	4,312	8.1	2,876	9.8	7,191	8.6
Psychiatric and other hospitals	2,054	3.8	1,149	3.9	3,203	3.9
Community mental health	874	1.7	564	2.0	1,438	1.7
Alcohol and other drug treatment service	5,433	10.2	3,498	11.9	8,947	10.7
Other community health/care services	2,657	5.0	2,111	7.2	4,773	5.8
Community-based corrections	6,024	11.4	1,220	4.1	8,086	9.7
Court/police diversion	2,219	4.2	607	2.1	2,834	3.3
Other	6,695	12.6	2,725	9.3	9,515	11.4
Not stated	1,374	2.6	957	3.3	2,334	2.8
Total	**53,057**	**100.0**	**29,445**	**100.0**	**83,529**	**100.0**

(a) Excludes Queensland.

(b) Includes sex not stated.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

Drugs of concern for ACT clients

The principal drug of concern refers to the main substance, as stated by the client, that has led them to seek treatment from the alcohol and other drug treatment agency. For the tables in this section, those clients who were seeking treatment for another person's drug use (e.g. those seeking treatment as the spouse or parent of a drug user) were excluded. It is reasoned that only substance users themselves can accurately report their substance use behaviour and their principal drug of concern.

The majority of ACT clients were seeking treatment for heroin (44%) and alcohol (36%), followed by amphetamines (11%) and cannabinoids (7%) (Table 6.6). Nationally, these four drugs were also of most concern. However, the proportion of ACT clients seeking treatment for heroin was substantially higher than the national figure (44%, compared to 28% nationally), while the proportion of ACT clients seeking treatment for cannabinoids was lower than the national figure (7%, compared to 14% nationally).

Table 6.6: Principal drug of concern by sex, Australian Capital Territory and Australia[a][b], 2000–01

	Males		Females		Persons[c]	
Principal drug of concern	Number	Per cent	Number	Per cent	Number	Per cent
Australian Capital Territory						
Heroin	786	43.0	397	44.6	1,183	43.5
Alcohol	678	37.1	310	34.8	988	36.3
Benzodiazepines	22	1.2	17	1.9	39	1.4
Amphetamines	193	10.6	103	11.6	296	10.9
Cannabinoids	130	7.1	53	5.9	183	6.7
Cocaine	n.p.	0.4	*	0.2	9	0.3
Balance of drugs of concern	n.p.	0.7	n.p.	1.0	22	0.8
Not stated/missing	—	—	—	—	—	—
Total	**1,829**	**100.0**	**891**	**100.0**	**2,720**	**100.0**
Australia[a]						
Heroin	14,112	27.7	7,278	29.0	21,881	28.4
Alcohol	18,221	35.7	7,500	29.9	25,889	33.6
Benzodiazepines	768	1.5	852	3.4	1,635	2.1
Amphetamines	4,451	8.7	2,499	10.0	6,979	9.1
Cannabinoids	7,775	15.2	2,930	11.7	10,798	14.0
Cocaine	225	0.4	60	0.2	291	0.4
Balance of drugs of concern	4,823	9.4	3,563	14.2	8,386	10.9
Not stated/missing	609	1.2	431	1.7	1,065	1.4
Total	**50,984**	**100.0**	**25,113**	**100.0**	**76,994**	**100.0**

(a) Excludes Queensland.

(b) Excludes clients who were seeking treatment for the drug use of others.

(c) Includes sex not stated.

* Numbers too small to report.

n.p. Not available for separate publication.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

There were few differences between male and female clients in terms of the principal drugs of concern. Both in the ACT and nationally a slightly higher proportion of male clients reported alcohol and cannabinoids as their principal drug of concern, whereas a slightly higher proportion of female clients reported amphetamines and benzodiazepines as their principal drug of concern.

Older clients were more likely to report alcohol as their principal drug of concern, both in the ACT and nationally (Table 6.7). A larger proportion of ACT clients in the younger age groups nominated alcohol as their principal drug of concern (27% for 10–14 year olds and 29% for 15–24 year olds) compared with national figures (14% and 15%, respectively). A smaller proportion of ACT clients in the older age groups nominated alcohol as their principal drug of concern (56% for 45–64 year olds and 57% for those aged 65 and over) compared with national figures (72% and 76%, respectively).

The proportion of substance using ACT clients reporting heroin as their principal drug of concern was substantially higher in all age groups than nationally.

Table 6.7: Principal drug of concern by age group, Australian Capital Territory and Australia[a],[b] (per cent), 2000–01

	Age groups						Total	
Principal drug of concern	10–14	15–24	25–44	45–64	65+	Not stated	Number	Per cent
Australian Capital Territory								
Heroin	33.3	47.9	43.4	29.5	39.1	43.6	1,183	43.5
Alcohol	26.7	28.7	37.7	56.4	56.5	20.5	988	36.3
Benzodiazepines	—	0.7	1.7	1.9	—	7.7	39	1.4
Amphetamines	—	13.8	10.3	4.9	—	15.4	296	10.9
Cannabinoids	40.0	7.6	5.8	6.4	4.3	12.8	183	6.7
Balance of drugs of concern	—	1.3	1.1	0.8	—	—	31	1.1
Not stated/missing	—	—	—	—	—	—	—	—
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**		**100.0**
Total (number)	*15*	*921*	*1,458*	*264*	*23*	*39*	*2,720*	*100.0*
Australia[a]								
Heroin	7.3	38.1	27.5	7.3	1.7	30.4	21,881	28.4
Alcohol	14.0	15.1	37.2	72.4	75.7	30.6	25,889	33.6
Benzodiazepines	0.9	1.2	2.6	2.7	5.3	3.2	1,635	2.1
Amphetamines	3.6	12	9.1	1.6	0.3	6.4	6,979	9.1
Cannabinoids	43.9	21.7	10.9	3.3	1.0	15.6	10,798	14.0
Balance of drugs of concern	23.3	10.4	11.6	11.2	14.9	10.3	8,747	11.4
Not stated/missing	6.9	1.5	1.1	1.5	1.2	3.5	1,065	1.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**		**100.0**
Total (number)	*886*	*25,296*	*41,041*	*8,191*	*604*	*976*	*76,994*	*100.0*

(a) Excludes Queensland.

(b) Excludes clients who were seeking treatment for the drug use of others.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

Injecting drug use

Almost two-thirds of substance-using clients in the ACT (64%) reported that they had injected drugs within the previous three months (i.e. a current injecting drug user) (Table 6.8). This figure is high compared with Australia as a whole. Nationally, 40% of substance-using clients had injected within the previous three months. Reported rates of injecting drug use were higher in the ACT than nationally in all age groups.

In the ACT only 26% of substance-using clients reported that they had never injected drugs, whereas nationally the figure was 42%. The proportion of substance-using clients in the ACT reporting that they had injected drugs more than three months ago (10%) was lower than the national figure (18%).

The high rate of clients seeking treatment for heroin (a drug that is commonly injected) in the ACT may partly explain the high reported rates of injecting drug use. It is important, therefore, that treatment services are able to cater for these clients.

Table 6.8: Injecting drug use by clients, Australian Capital Territory and Australia[a],[b], 2000–01

	Age groups (years)						Total	
Injecting drug use	10–14	15–24	25–44	45–64	65+	Not stated	Number	Per cent
Australian Capital Territory			(number)					
Current injecting drug use (within previous 3 months)	n.p.	491	725	94	6	n.p.	1,340	64.2
Injecting drug use more than 3 months but less than 12 months	—	27	42	—	—	3	72	3.4
Injecting drug use more than 12 months (and not in the last 12 months)	*	32	86	15	—	n.p.	137	6.6
Never injected	10	133	285	92	12	6	538	25.8
Total[c]	**14**	**683**	**1,138**	**201**	**18**	**33**	**2,087**	**100.0**
Australia[a]								
Current injecting drug use (within previous 3 months)	225	10,265	13,907	1,134	31	266	25,828	40.2
Injecting drug use more than 3 months but less than 12 months	18	2,499	2,972	145	5	98	5,737	8.9
Injecting drug use more than 12 months (and not in the last 12 months)	11	1,509	3,849	391	8	64	5,832	9.1
Never injected	436	7,669	13,191	4,765	444	310	26,815	41.8
Total[c]	**690**	**21,942**	**33,919**	**6,435**	**488**	**738**	**64,212**	**100.0**

(a) Excludes Queensland.

(b) Excludes clients who were seeking treatment for the drug use of others.

(c) Excludes 'not stated' responses for injecting drug use status.

* Numbers too small to report.

n.p. Not available for separate publication.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set, 2000–01.

Box 6.1: Source of national data on alcohol and other drug treatment services

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is a subset of information that is routinely collected by States and Territories to monitor alcohol and drug treatment services. The AODTS–NMDS is a nationally agreed set of data items collected by service providers for each client registered for treatment within the financial year period. The collection consists of non-identified unit record data for both clients and treatment agencies. Detailed information about the development and content of the AODTS–NMDS can be found in Alcohol and other drug treatment services: Development of a National Minimum Data Set *(Grant & Petrie 2001).*

Scope of the national collection

Service providers within the scope of the national collection comprise all publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist alcohol and/or drug treatment services, including residential and non-residential agencies. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals are included if they provide treatment to non-admitted patients (e.g. outpatient services).

The following agencies are not within scope of the national collection:

- *agencies for which the primary function is to provide accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'*
- *agencies for which the primary function is to provide services concerned with health education and promotion (e.g. needle and syringe exchange programs)*
- *agencies based in prisons or other correctional institutions.*

Methadone treatment services are also excluded because of the complexity of the service delivery structure.

Data limitations

There were difficulties in aggregating data from highly diverse State/Territory data collection systems. Across Australian jurisdictions there is a large degree of diversity in the data collection systems and practices that are in place within the alcohol and other drug treatment sector. The following notes should be used to guide interpretation of the data:

- *There is a problem with the comparability of data across all jurisdictions given that some jurisdictions supplied client-registration data while others supplied treatment episode data (which will be the standard for all future collection years). Where possible, AIHW has made changes to the data to improve comparability but it is important to note that 2000–01 was a pilot year of data and therefore the results should be reported with discretion.*
- *National implementation of the collection has been staggered, with Queensland Health unable to supply data for 2000–01. Therefore, the 'national totals' reported in this section do not include any data from Queensland.*

As methadone treatment is currently excluded from the collection, additional methadone data (available from the Commonwealth Department of Health and Ageing) should be taken into account when estimating the total number of clients receiving treatment from alcohol and other drug treatment services.

Summary and conclusions

- Based on survey data it is estimated that approximately 18% of the ACT population aged 14 years and over have recently used an illicit drug and approximately 10% have a pattern of drinking that puts them at high risk for long-term harm and potentially in need of treatment.
- During 2000–01, 2,743 clients registered for alcohol and other drug treatment (excluding methadone maintenance) in the ACT. The majority of clients were males aged between 25 and 44 years who were self-referred.
- The proportion of ACT clients seeking treatment for heroin was substantially higher than the national figure (44%, compared to 28% nationally) and this trend was evident across all age groups.
- In contrast, the proportion of ACT clients seeking treatment for cannabis was lower than the national figure (7%, compared to 14% nationally).
- Almost two-thirds of all substance-using clients in the ACT (64%) were current injecting drug users. This figure was high compared with Australia as a whole (nationally, 40% of substance-using clients were current injecting drug users). The high rate of clients seeking treatment for heroin (a drug that is commonly injected) in the ACT may partly explain this result. It is important, therefore, that treatment services are able to cater for these clients.

7 Mental health services

This chapter focuses on services for people with mental health disorders, covering ambulatory mental health services provided by general practitioners, Medicare-funded psychiatrists and hospitals, and community residential and admitted patient services. Some labour force and expenditure data are also presented.

For admitted patient services, data are provided on numbers and rates of separations and patient days for the ACT and Australia as a whole. Information on patient characteristics covers age, sex, area of residence and mental health legal status (i.e. whether the patient was involuntarily detained).

Potential need for services

Mental disorders are a significant life issue for many Australians. The adult component of the National Survey of Mental Health and Wellbeing found that, in 1997, 18% of Australians aged 18 and over said they had experienced the symptoms of a mental disorder at some time during the 12-month period before interview (ABS 1998). Similarly, results from the child and adolescent component of the National Survey of Mental Health and Wellbeing indicated that 14% of young people aged 4–17 years had a mental health problem in the previous 6 months (Sawyer et al. 2000).

Due to sample size limitations, ACT-specific data are not available from these two components of the National Survey of Mental Health and Wellbeing. However, the low-prevalence disorders component of the survey estimated the twelve-month prevalence rate for psychotic disorders in the ACT urban adult population at 4.1 per 1,000 population (Jablensky et al. 1999). This is comparable with estimated rates for the other urban areas studied in Queensland, Victoria and Western Australia (ranging from 3.3 to 5.8 per 1,000 population). There is little evidence to suggest that the prevalence of mental health problems in ACT should differ significantly from national rates. For example, the adult component of the National Survey of Mental Health and Wellbeing found little difference in rates of mental health problems between metropolitan, rural and remote areas.

There is evidence that many people with a mental disorder do not regularly attend health services for mental health-related problems. The National Survey of Mental Health and Wellbeing found that 38% of adults with a mental disorder had used a health service in the 12 months before interview (ABS 1998). The proportion of women who utilised a health service for their mental health problem was 46%, compared to 29% for men. The child and adolescent component of the survey found that only 25% of children and adolescents with a mental health disorder had accessed services for help with emotional and behavioural problems in the previous 6 months (Sawyer et al. 2000). The survey data also indicate that community-based and general practitioner services are more frequently utilised than admission to hospital.

In Australia, a wide range of organisations is involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and non-health care services. Many are government services, but private

hospitals, non-government organisations and private medical practitioners are also responsible for substantial amounts of mental health-related care. These services are delivered in both residential and ambulatory care settings.

Ambulatory mental health care services

Ambulatory care is the form of mental health care most frequently utilised by people with a mental health disorder (AIHW 2002i:11). The term 'ambulatory' is used here to refer to same-day services that are provided to people who visit the service or are visited by service staff. Ambulatory mental health care includes visits to a medical practitioner in private practice, hospital-based outpatient services and community-based outreach services. This category excludes services where the patient or client resides at the service or has been admitted to hospital. Available data on ambulatory service provision are presented in Table 7.1.

The BEACH survey data on general practitioner encounters in 1999–00 suggest that the number of encounters for mental health problems per 1,000 population is lower for the ACT (376) than for Australia as a whole (528).

In 1999–00, the rate of provision of ambulatory services provided by Medicare-funded private psychiatrists in the ACT (70 per 1,000 population) was well below the national rate (112 per 1,000 population) (Table 7.1). These data correspond to the below-average supply of private psychiatrists in the ACT (see Table 7.7).

In the ACT, public acute hospitals provide mobile acute assessment and treatment, mobile intensive treatment or assertive case management, hospital-based outpatient services, community-based outpatient services and day programs. Available data suggest that the rate of provision of individual services was lower for the ACT, in comparison with Australia, and that the rate of provision of group sessions was higher (Table 7.1). Combined, the rate of provision of these services was lower in the ACT than nationally. This finding is supported by data from the National Survey of Mental Health Services, which indicate that the ACT spends less per capita on ambulatory mental health services than the national average (DHAC 2000).

However, it must be noted that States and Territories employ different definitions of what constitutes a non-admitted patient occasion of service. Jurisdictions also differ in the extent to which occasions of service reported for public acute hospitals may be service contacts reported on behalf of community-based services operating under hospital management. Variation in admission practices may also have affected numbers of non-admitted occasions of service reported. Therefore it cannot be stated with confidence that rates of ambulatory mental health care services provided by public acute hospitals in the ACT differ from national rates.

National data on ambulatory service contacts for public community mental health services (community- and hospital-based) are currently being collected and will be available in the near future. This will provide more detailed data for State and Territory comparisons with respect to services of this type.

Table 7.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory		Australia	
	Number	Per 1,000 population	Number	Per 1,000 population
General practice encounters for mental health problems				
Estimated number of encounters	116,000	376	9,999,000	528
Medicare-funded psychiatrist services[a]				
Service encounters	21,537	69.6	2,119,812	112.0
Hospital-based non-admitted patient mental health care				
Public psychiatric hospitals[b]				
Individual occasions of service	n.a.	n.a.	369,732	37.3
Group sessions	n.a.	n.a.	297,687	30.1
Private psychiatric hospitals[c]				
Individual occasions of service	n.a.	n.a.	12,106	0.6
Group sessions	n.a.	n.a.	3,815	0.0
Public acute hospitals[c]				
Individual occasions of service	7,160	23.1	2,146,209	112.7
Group sessions	3,088	10.0	37,443	2.0

(a) Medicare data supplied by the Commonwealth Department of Health and Ageing.

(b) Data drawn from National Public Hospital Establishments Database. These data are likely to be affected by variation among the States and Territories in the definition of 'occasion of service', and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under hospital management.

(c) Private Health Establishments Collection data provided by ABS.

n.a. Not applicable.

Sources: AIHW 2001d: Table 2.1; AIHW 2002i.

Community residential and admitted patient mental health care services

Community residential and admitted patient mental health services play an important role for people with severe mental health disorders. In the ACT, these services are provided by public and private hospitals and public community mental health care establishments. In 1999–00, there were two public community mental health establishments in the ACT, with a total of 30 beds (Table 7.2).

Table 7.2: Public community mental health care establishments and available beds, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory	Australia
Establishments	2	232
Establishments with residential care services	1	44
Available beds[(a)]	30	1,171
Available beds per 100,000 population[(b)]	9.7	6.2

(a) Average available beds where possible; otherwise available beds at 30 June 2000.

(b) Rates are crude rates based on 31 December 1999 estimated resident population.

Source: National Community Mental Health Establishments Database.

Data on separations for mental health-related residential and admitted patient care are provided in Table 7.3. Mental health-related hospital separations include all separations with a mental health-related principal diagnosis[8] and all separations that included a component of specialised psychiatric care.[9]

In 1999–00, there were 3,519 mental health-related community residential and admitted patient separations in the ACT, of which 249, or 7%, were same day separations. Public hospitals appeared to play a larger role in providing hospital-based mental health care in the ACT than nationally. Public hospitals accounted for 79% of all mental health-related hospital separations in the ACT and 66% Australia-wide.

The ACT and Australia as a whole had similar rates of separations with specialised psychiatric care (9 per 1,000 population, age standardised), but the ACT had a lower rate of mental health-related separations overall (11 per 1,000 population, versus 14 for Australia as a whole) (Table 7.3). That is, of all mental health-related separations, a higher percentage were separations with specialised psychiatric care in the ACT (83%) than nationally (65%). The reason for this difference is not clear.

There were 49,294 patient days reported for mental health-related separations from ACT hospitals in 1999–00: 43,264 for separations with specialised psychiatric care and 6,030 for separations without specialised psychiatric care (Table 7.4). Of these patient days, 36,591 were psychiatric care days. Patient days are the number of full or partial days' stay for admitted patients, while psychiatric care days are the number of days or part-days a patient spends in a specialised psychiatric unit or ward.

8 A mental health-related principal diagnosis is one that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or other selected diagnoses as detailed in Appendix 2 of the *Mental Health Services in Australia 1999–00* publication (AIHW 2002i).

9 Separations are defined as having specialised psychiatric care if the patient is reported as having part of the day or one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital.

Table 7.3: Separations for mental health-related residential and admitted patient care, Australian Capital Territory and Australia[a], 1999–00

	Australian Capital Territory		Australia	
	Number	Per 1,000 population[b]	Number	Per 1,000 population[b]
Separations with specialised psychiatric care				
Public acute hospitals	2,267	7.2	87,951	4.6
Public psychiatric hospitals	n.a.	n.a.	17,947	0.9
All public hospitals	2,267	7.2	105,898	5.6
Private hospitals	655	2.1	65,650	3.5
All hospitals	2,922	9.2	171,548	9.1
95% confidence intervals		8.9–9.6		9.0–9.1
Public community mental health care establishments	10	0.0	1,545	0.1
Public hospitals and public community mental health care establishments	2,277	7.2	107,443	5.7
All hospitals and public community mental health care establishments	*2,932*	*9.3*	*173,093*	*9.1*
Separations without specialised psychiatric care				
Public acute hospitals	537	1.8	71,888	3.8
Private hospitals	60	0.2	23,223	1.2
All hospitals	587	2.0	95,114	5.0
95% confidence intervals		1.8–2.1		5.0–5.1
Public hospitals and public community mental health care establishments	527	1.8	71,891	3.8
All hospitals and public community mental health care establishments	*587*	*2.0*	*95,114*	*5.0*
All mental health-related separations				
Public acute hospitals	2,794	9.0	159,839	8.4
Public psychiatric hospitals			17,947	0.9
All public hospitals	2,794	9.0	177,786	9.4
Private hospitals	715	2.3	88,873	4.7
All hospitals	3,509	11.2	266,659	14.1
Public community mental health care establishments	10	0.0	1,545	0.1
Public hospitals and public community mental health care establishments	2,804	9.0	179,334	9.5
All hospitals and public community mental health care establishments	*3,519*	*11.3*	*268,207*	*14.2*

(a) There are some differences between jurisdictions in service delivery and admission practices, and/or the types of establishments categorised as hospitals.

(b) All rates except for those for public community mental health care establishments are indirectly age standardised to the Estimated Resident Population of Australia on 30 June 1999. Rates for public community mental health care establishments are crude rates based on the Estimated Resident Population of 30 June 1999.

Source: National Hospital Morbidity Database.

Table 7.4: Psychiatric care days and patient days for mental health-related residential and admitted patient care, Australian Capital Territory and Australia[a], 1999–00

	Psychiatric care days			Patient days		
	Australian Capital Territory		Australia	Australian Capital Territory		Australia
	Number	Per 1,000 population[b]	Per 1,000 population[b]	Number	Per 1,000 population[b]	Per 1,000 population[b]
Separations with specialised psychiatric care						
Public acute hospitals	26,802	87.7	49.5	32,088	112.4	76.3
Public psychiatric hospitals	n.a.	n.a.	59.2	n.a.	n.a.	61.1
All public hospitals	26,802	87.7	49.5	32,088	112.4	137.4
Private hospitals	9,789	32.1	20.3	11,176	38.7	30.6
All hospitals	36,591	121.6	128.9	43,264	149.2	168.0
95% confidence intervals		120.3–122.8	128.8–129.1		147.8–150.7	167.8–168.2
Separations without specialised psychiatric care						
Public acute hospitals	n.a.	n.a.	n.a.	5,233	21.2	26.0
Private hospitals	n.a.	n.a.	n.a.	797	3.1	10.2
All hospitals	n.a.	n.a.	n.a.	6,030	24.2	36.2
95% confidence intervals					23.6–24.8	36.1–36.3

(a) There are some differences between jurisdictions in service delivery and admission practices, and/or the types of establishments categorised as hospitals.

(b) All rates are indirectly age standardised to the Estimated Resident Population of Australia on 30 June 1999.

n.a. Not applicable.

Source: National Hospital Morbidity Database.

Compared with Australia, the ACT had a lower age-standardised rate of psychiatric care days per 1,000 population (122 for the ACT, versus 129 for Australia) and patient days (150 versus 168 for separations with specialised psychiatric care, and 24 versus 36 for mental health-related separations without specialised psychiatric care). This reflects the findings of the National Survey for Mental Health Services that the availability of psychiatric beds in the ACT was 50% below the national average, the second lowest of all Australian jurisdictions (DHAC 2000). This lower availability was offset by a comparatively high number of residential beds in the community sector.

Service user demographics

Sociodemographic data for separations with specialised psychiatric care are presented in Tables 7.5 and 7.6. These data are from the National Hospital Morbidity Database, where a record is included for each separation, not for each patient. It is not possible to link multiple separations for a single patient using National Hospital Morbidity Database data, which means data on the number of patients cannot be reported.

Age and sex

In the ACT, rates of separations with specialised psychiatric care were highest for patients aged 80 and over (15 per 1,000 population), patients aged 25–44 (13 per 1,000 population) and patients aged 15–24 (12 per 1,000 population) (Table 7.5 and Figure 7.1). Australia-wide rates were similar to those for the ACT in all age groups except the 80 and over age group,

where national rates were much lower (8 per 1,000 population). In the ACT, the relatively high rate for people aged 80 and over was due to a high rate of separations for women in that age group—19 per 1,000 population. However, this high rate should be interpreted with care, as it is based on only 62 separations. The differences between the ACT and Australia may also reflect differences in the definition 'psychiatric care' in different jurisdictions, particularly whether or not psychogeriatric beds are included in the definition.

The number of patient days and psychiatric care days per 1,000 population showed a similar pattern of variation. The rates were similar for the ACT and Australia and showed a general increase with increasing age (Table 7.6 and Figure 7.2). The exception was the 65–79 year age group in the ACT, which had a lower rate than that for Australia, due to the low rate for males in that age group. Older people in the ACT have, on average, longer lengths of stay than people in younger age groups (Table 7.6).

Overall, 44% of all mental health-related separations in the ACT were for males, compared with 47% Australia-wide. ACT males had a lower number of mental health-related separations per 1,000 population than females in all age groups (Table 7.5). For Australia, males had lower rates between the ages of 15 and 64, but among children and those aged 65 and over, males had higher rates than females.

It is interesting to compare data on separations (Table 7.5) with data on patient days and psychiatric care days (Table 7.6). In the ACT, males accounted for 41% of patient days and psychiatric care days and 44% of mental health-related separations, indicating that males had shorter average lengths of stay[10] than females (12 days, versus 14 days for females). Nationally, males accounted for 56% of patient days and psychiatric care days and 47% of mental health-related separations, indicating that males had longer average lengths of stay[10] than females (28 days, versus 21 days for females). There is no apparent reason why the ACT should be so different from the whole of Australia in this respect.

Mental health legal status

Mental health legal status indicates whether a patient has been involuntarily detained. The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions and these differences may be reflected in the proportion of separations reported as involuntary for each jurisdiction. In 1999–00, almost 20% of separations and 22% of patient days in the ACT were classified as involuntary. Nationally, 23% of separations and 41% of patient days were classified as involuntary. These data indicate that the ACT is in line with other jurisdictions in terms of the proportion of separations reported as involuntary, but that the proportion of patient days associated with involuntary separations was smaller for the ACT than nationally. As indicated in Table 7.6, involuntarily detained patients have longer average length of stay[10] than other mental health patients, both in the ACT and Australia as a whole.

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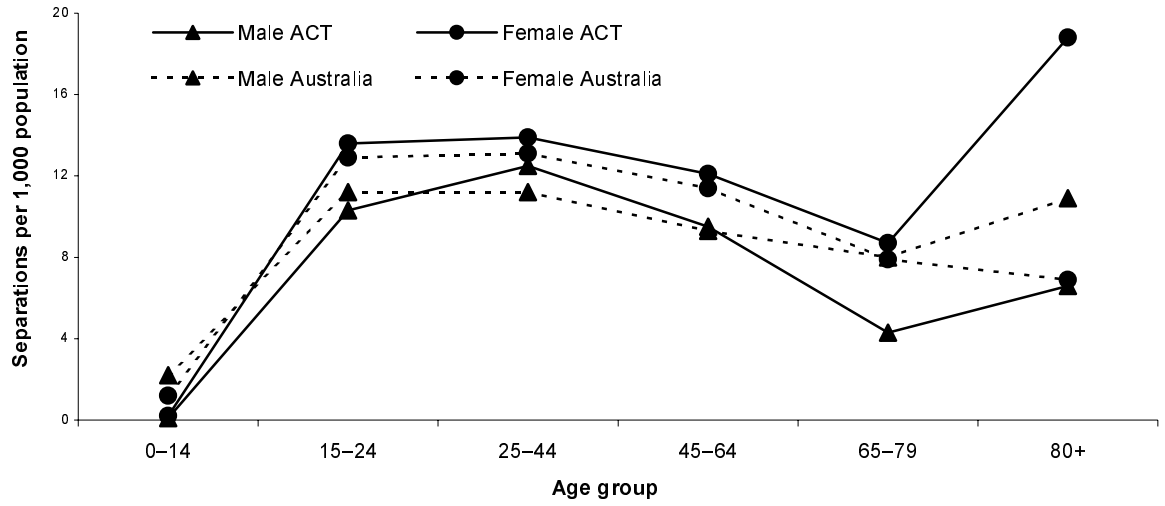
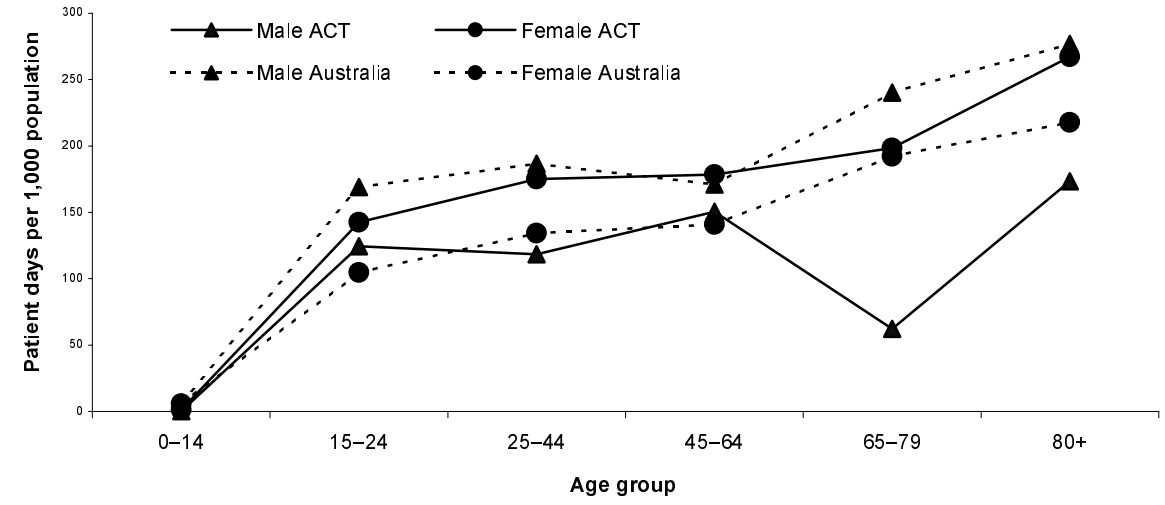
10 Average length of stay is calculated as the average number of patient days for overnight separations divided by the total number of overnight separations. An overnight separation is one where the patient separates from hospital one or more nights after admission. The number of patient days for an overnight separation is calculated by subtracting the date of admission from the date of the separation and deducting total leave days.



Source: Table 7.5.

Figure 7.1: Number of mental health-related separations with specialised psychiatric care, Australian Capital Territory and Australia, 1999–00



Source: Table 7.6.

Figure 7.2: Number of patient days for mental health-related separations with specialised psychiatric care, Australian Capital Territory and Australia, 1999–00

Area of usual residence

Of the 2,922 mental health-related separations with specialised psychiatric care for ACT hospitals, 2,600, or 89%, involved ACT residents (Table 7.5).

Table 7.5: Mental health-related separations with specialised psychiatric care, by age, sex, and mental health legal status, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory				Australia	
Age and sex	ACT residents	Non-ACT residents	Total for ACT hospitals	Per 1,000 population[a]	Number	Per 1,000 population[a]
Males						
0–14	n.p.	n.p.	n.p.	0.1	4,372	2.2
15–24	245	23	268	10.3	14,942	11.2
25–44	576	39	620	12.5	32,365	11.2
45–64	254	76	331	9.5	19,936	9.3
65–79	30	11	41	4.3	6,718	8.0
80+	n.p.	n.p.	n.p.	6.6	2,011	10.9
Total[b]	**1,112**	**155**	**1,273**	**8.2**	**80,345**	**8.5**
Females						
0–14	n.p.	n.p.	n.p.	0.2	2,258	1.2
15–24	315	21	336	13.6	16,481	12.9
25–44	659	61	720	13.9	38,354	13.1
45–64	374	55	429	12.1	24,116	11.4
65–79	79	15	94	8.7	7,582	7.9
80+	n.p.	n.p.	62	18.8	2,410	6.9
Total[b]	**1,488**	**161**	**1,649**	**10.4**	**91,202**	**9.5**
Persons[b]						
0–14	n.p.	n.p.	n.p.	0.2	6,630	1.7
15–24	560	44	604	11.9	31,424	12.0
25–44	1,235	100	1,340	13.2	70,719	12.1
45–64	628	131	760	10.8	44,052	10.4
65–79	109	26	135	6.6	14,300	7.9
80+	61	12	73	14.7	4,421	8.3
Total	**2,600**	**316**	**2,922**	**9.3**	**171,548**	**9.0**
Percentage male	*43*	*49*	*44*		*47*	
Mental health legal status						
Involuntary	533	50	584[c]		39,667	
Voluntary	1,746	210	1,961[c]		96,393	
Not reported	321	56	377		35,488	

(a) All rates are indirectly age standardised to the Estimated Resident Population of Australia on 30 June 1999.

(b) Includes separations for which sex and/or age group were not reported.

(c) Includes separations for which place of residence was not reported.

n.p. Not published. Separations with 10 or less are not published for confidentiality reasons.

Source: National Hospital Morbidity Database.

Table 7.6: Mental health-related separations with specialised psychiatric care: psychiatric care days, patient days and average length of stay, by age, sex and mental health legal status, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory					Australia		
	Psychiatric care days		Patient days			Psychiatric care days per 1,000 population[a]	Patient days per 1,000 population[a]	
	Number	Per 1,000 population[a]	Number	Per 1,000 population[a]	ALOS[b]			ALOS[b]
Males								
0–14	12	0.4	12	0.4	6.0	6.6	6.7	11.5
15–24	3,233	123.9	3,247	124.4	12.2	158.2	169	21.0
25–44	5,848	117.9	5,879	118.5	10.0	184.6	186.6	22.1
45–64	5,066	145.5	5,238	150.4	16.1	167.1	170.9	35.1
65–79	580	61.3	588	62.1	14.3	232	240.1	62.1
80+	288	172.2	290	173.4	26.4	270.5	276.8	51.3
Total[c]	**15,027**	**96.8**	**15,254**	**98.3**	**12.4**	**144.5**	**148.3**	**27.5**
Females								
0–14	39	1.2	39	1.2	4.9	5.7	5.8	11.9
15–24	3,457	140.0	3,519	142.5	11.2	102.3	104.8	14.8
25–44	8,891	171.8	9,065	175.2	13.0	131.2	134.2	16.9
45–64	6,190	174.8	6,318	178.4	15.1	139.7	140.8	25.1
65–79	2,107	194.0	2,157	198.6	22.9	189.7	192.1	39.4
80+	880	266.7	882	267.3	24.4	214.4	217.7	39.0
Total[c]	**21,564**	**136.0**	**21,980**	**138.7**	**14.0**	**112.9**	**114.7**	**21.3**
Persons[c]								
0–14	51	0.8	51	0.8	5.1	6.2	6.2	11.7
15–24	6,690	131.7	6,766	133.2	11.7	130.8	137.5	18.2
25–44	14,739	145.4	14,944	147.5	11.6	157.8	160.3	19.6
45–64	11,256	160.3	11,556	164.5	15.5	153.5	155.9	29.8
65–79	2,687	132.2	2,745	135.0	20.3	209.5	214.5	48.7
80+	1,168	234.9	1,172	235.7	24.9	233.8	238.1	43.1
Total	**36,591**	**116.6**	**37,234**	**118.7**	**13.3**	**128.6**	**131.4**	**24.4**
Percentage male	*41*		*41*					
Mental health legal status								
Involuntary	8,061		8,061		14.1	52.9		29.3
Voluntary	23,080		23,426		12.6	66.3		22.8
Not reported	5,450		5,747		15.4	9.3		15.5

(a) All rates are indirectly age standardised to the Estimated Resident Population of Australia on 30 June 1999.

(b) ALOS (average length of stay) in days for overnight separations.

(c) Includes separations for which sex and/or age group were not reported.

Source: National Hospital Morbidity Database.

Labour force and expenditure patterns

Based on the National Medical Labour Force Survey, there were an estimated 2,517 specialist psychiatrists and psychiatrists-in-training practising in both public and private sectors in Australia in 1998. The number per 100,000 population varied between States and Territories from 6.7 in the Northern Territory to 16.4 in South Australia (AIHW 2002i:166). The ACT was marginally below the national average of 13.2, with 11.9 psychiatrists and psychiatrists-in-training per 100,000 population (Table 7.7). This pattern has been observed in previous years' data and may be associated with the absence of a public psychiatric hospital and associated psychiatry training facilities in the ACT.

In 1999–00, an average of 174 full-time-equivalent staff were employed in public community mental health establishments in the ACT (Table 7.8). The majority of these staff were nurses, and diagnostic and allied health professionals. Total recurrent expenditure on community mental health establishments was estimated to be $15 million, of which salaries accounted for 56% ($8.4m). Recurrent expenditure per 1,000 population was considerably higher for the ACT ($48,500) than nationally ($33,300) (Table 7.9).

Table 7.7: Psychiatrists and psychiatrists-in-training, Australian Capital Territory and Australia, 1998

	Australian Capital Territory	Australia
Total psychiatrists and psychiatrists in training	37	2,517
Total psychiatrists and psychiatrists in training per 100,000 population[(a)]	11.9	13.2

(a) Rates are crude rates based on 31 December 1998 estimated resident population.

Source: AIHW 2000b.

Table 7.8: Full-time-equivalent (FTE) staff[(a)], salaries and wages expenditure ($'000), public community mental health establishments, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory		Australia	
	FTE	$'000	FTE	$'000
Salaried medical officers	7	760	392	32,811
Nurses				
Registered nurses	59	3163	460	23,899
Enrolled nurses	6	207	14	525
Total nurses	65	3,370	1,695	78,590
Other personal care staff	8	299	29	926
Diagnostic and allied health professionals	65	3,312	1465	62,724
Administrative and clerical staff	28	650	713	27,556
Domestic and other staff	0	0	251	10,333
Total staff and salaries and wages expenditure	**174**	**8,391**	**8,548**	**453,492**

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2000 were used.

Source: National Public Hospital Establishment Database.

Table 7.9: Total salary and wages, non-salary and total recurrent expenditure, public community mental health establishments, Australian Capital Territory and Australia, 1999–00

	Australian Capital Territory		Australia	
Recurrent expenditure category	($'000)	Per 1,000 population	($'000)	Per 1,000 population
Payments to visiting medical officers	636	2.1	10,013	0.5
Superannuation	1,090	3.5	16,938	0.9
Drug supplies	22	0.1	4,903	0.3
Medical & surgical supplies	4	0.0	1,129	0.1
Food supplies	114	0.4	1,575	0.1
Domestic services	106	0.3	3,325	0.2
Repairs & maintenance	52	0.2	4,614	0.2
Patient transport	13	0.0	818	0.0
Administrative expenses	406	1.3	34,503	1.8
Interest payments	0	0.0	142	0.0
Depreciation	5	0.0	6,392	0.3
Other recurrent expenditure	4,148	13.4	13,556	0.7
Total non-salary expenditure	*6,595*	*21.3*	*177,865*	*9.4*
Total salary and wages expenditure	*8,391*	*27.1*	*453,492*	*23.9*
Total recurrent expenditure	**14,986**	**48.5**	**631,358**	**33.3**

Source: National Public Hospital Establishment Database.

Summary and conclusions

- Mental disorders are a significant issue for many Australians. While there are currently no prevalence estimates for mental disorders in the ACT, the limited information available suggests that rates in the ACT are similar to those for Australia as a whole. Based on national survey data, 18% of adults and 14% of children aged between 4 and 17 years were estimated to have experienced symptoms of a mental disorder in the 12 months before the survey.
- The number of general practitioner encounters for mental health problems per 1,000 population is lower for the ACT (376) than for Australia as a whole (528).
- Available data suggest that access to ambulatory mental health care services provided by psychiatrists in both the public and private sectors has been relatively limited in the ACT compared with Australia as a whole.
- Public hospitals play a larger role in providing hospital-based mental health care in the ACT than nationally. Public hospitals accounted for 79% of all mental health-related hospital separations in the ACT, compared with 66% Australia-wide.

- Rates of mental health-related hospital separations with specialised psychiatric care in the ACT are consistent with national figures, although rates of mental health-related hospital separations overall are lower for the ACT than nationally.
- Of all mental health-related separations with specialised psychiatric care for ACT hospitals, 11% were for non-ACT residents.
- Survey data suggest that, in comparison with other jurisdictions, the ACT has fewer psychiatric beds in hospitals and more in community-based residential services. This may in part explain the lower rates of patient days per 1,000 population for mental health-related hospital separations in the ACT.
- There is evidence that per capita expenditure on residential mental health services in the ACT is above the national average.

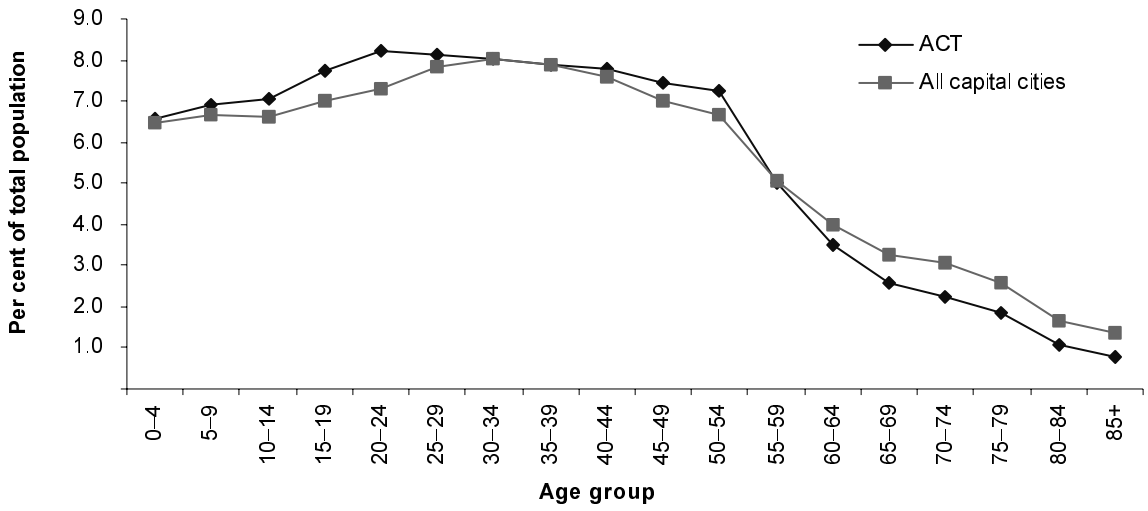
Appendix 1
Demographic data

Table A1.1 presents data on the age and sex distribution of the ACT population as at 30 June 2001, and the age distribution of the population of all Australian capital cities combined, and the Australian population as a whole.

Table A1.1: Age distribution of the Australian Capital Territory estimated usual resident population, compared with Australian capital cities and total Australian population, 30 June 2001

	Australian Capital Territory					Capital cities	Australia
Age-group	Male	Female	Persons	% males in age group	% age distribution	% age distribution	% age distribution
0–4	10,688	10,398	21,086	50.7	6.6	6.5	6.6
5–9	11,258	10,897	22,155	50.8	6.9	6.6	7.0
10–14	11,535	11,124	22,659	50.9	7.0	6.6	7.0
15–19	12,843	12,077	24,920	51.5	7.7	7.0	7.0
20–24	13,336	13,159	26,495	50.3	8.2	7.3	6.7
25–29	12,961	13,165	26,126	49.6	8.1	7.8	7.2
30–34	12,742	13,023	25,765	49.5	8.0	8.0	7.6
35–39	12,366	12,988	25,354	48.8	7.9	7.9	7.7
40–44	12,044	12,925	24,969	48.2	7.8	7.6	7.6
45–49	11,517	12,429	23,946	48.1	7.4	7.0	7.0
50–54	11,537	11,838	23,375	49.4	7.3	6.7	6.7
55–59	8,074	8,008	16,082	50.2	5.0	5.1	5.2
60–64	5,569	5,702	11,271	49.4	3.5	4.0	4.2
65–69	4,078	4,292	8,370	48.7	2.6	3.3	3.5
70–74	3,399	3,757	7,156	47.5	2.2	3.1	3.3
75–79	2,584	3,344	5,928	43.6	1.8	2.6	2.7
80–84	1,349	2,150	3,499	38.6	1.1	1.6	1.7
85+	743	1,781	2,524	29.4	0.8	1.3	1.4
Total	**158,623**	**163,057**	**321,680**	**49.3**	**100.0**	**100.0**	**100.0**

Source: ABS estimated resident population data from 2001 census.



Source: Table A1.1.

Figure A1.1: Population age distribution, Australian Capital Territory and all capital cities, 2001

In the ACT, the age groups 20–24 and 25–29 are the largest, together accounting for 52,600 people, or 16% of the ACT population. Numbers of people within age groups decrease rapidly from age 55 onwards. The percentage of males in the population is 49% overall, but decreases markedly after age 70.

In comparison with the total Australian population, people aged between 15 and 34 and between 45 and 54 account for a greater proportion of the population in the ACT, while people aged 55 and over account for a smaller proportion.

The vast majority of people in the ACT live in metropolitan areas, with only 0.1% of the population living in rural areas, so it makes sense to compare the ACT's population distribution, as well as rates and patterns of service provision, with that of all Australian capital cities.

In comparison with the population of all Australian capital cities, people aged under 30 and those aged 45 to 54 make up a greater proportion of the population in the ACT, while people aged 60 and over make up a smaller proportion (Figure A1.1).

Appendix 2
Glossary of terms

ABS: Australian Bureau of Statistics.

ACT: Australian Capital Territory.

acute hospitals: Public, Department of Veterans' Affairs (repatriation) and private hospitals which provide services primarily to admitted patients with acute or temporary ailments. The average length of stay is relatively short.

admitted patient: A patient who undergoes a hospital's formal admission process.

age-standardised rate: Weighted average of age-specific rates according to a standard distribution of age to eliminate the effect of different age distributions and thus facilitate valid comparison of groups with differing age compositions.

AIHW: Australian Institute of Health and Welfare.

ambulatory care: Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.

BEACH: Bettering the Evaluation and Care of Health survey.

capital expenditure: Expenditure in a period on the acquisition or enhancement of an asset. This includes new and second-hand fixed assets (e.g. building, information technology), increase in stocks, lands and intangible assets (e.g. patents and copyrights), capital transfer payments, and net advances which are acquisition of financial assets (e.g. shares and equities).

community residential services: 24-hour staffed residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability.

confidence interval: A statistical term describing a range (interval) of values within which we can be 'confident' that the true value lies, usually because it has a 95% or higher chance of doing so.

CRA: Commonwealth Rent Assistance.

CSDA: Commonwealth/State Disability Agreement.

CSHA: Commonwealth–State Housing Agreement.

disability: A concept of several dimensions relating to an impairment in body structure or function, a limitation in activities (such as mobility and communication), a restriction in participation (involvement in life situations such as work, social interaction and education), and the affected person's physical and social environment.

dwelling: A structure or a discrete space within a structure intended for people to live in or where a person or group of people live.

estimated resident population: Australia's population statistics are compiled by the ABS according to the place of usual residence of the population. Usual residence is defined as the place where a person has lived or intends to live for a period of six months or more.

full-time equivalent (FTE): A standardised measure used in converting number of persons in part-time employment to number of persons in full-time employment.

HACC: Home and Community Care.

hostel: Establishment for people who cannot live independently but who do not need nursing care in a hospital or nursing home. Hostels provide board, lodging or accommodation and cater mostly for the aged, distressed or disabled. Residents are generally responsible for their own provisions but may be given domestic assistance such as help with meals, laundry and personal care.

household: A group of two or more related or unrelated people who usually reside in the same dwelling, and who make common provision for food or other essentials for living; or a person living in a dwelling who makes provision for his or her own food and other essentials for living, without combining with any other person.

income unit: One person or a group of related persons within a household, whose command over income is shared, or any person living in a non-private dwelling who is in receipt of personal income.

International Classification of Diseases (ICD): The World Health Organization's internationally accepted classification of death and disease. The tenth revision (ICD-10) is currently in use.

labour force: The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).

length of stay (hospital or aged care home): The time between the date of admission and the date a person has discharged from a hospital or aged care home. For a current resident, it is the time between the date of admission and a specified date. A same-day patient is allocated a length of stay of one day.

low-income households: Households in the bottom 40% of the Australian income distribution.

mental health-related separation: A separation with a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or other selected diagnoses as detailed in Appendix 2 of the *Mental Health Services in Australia 1999–00* publication (AIHW 2002i).

mental disorders: Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person cannot function normally. Includes anxiety disorders, depression and schizophrenia.

non-admitted patient: A patient who receives care from a recognised non-admitted patient service/clinic of a hospital.

non-government organisations (NGOs): Private not-for-profit community-managed organisations that receive State and Territory government funding specifically for the purpose of providing community support services for people affected by a mental illness or psychiatric disability.

nursing homes: Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent people or senile inpatients.

occasion of service: Occurs when a patient receives some form of service from a functional unit of the hospital, but is not admitted.

patient days: The number of full or partial days of stay for patients who were admitted for an episode of care and who underwent separation during the reporting period. A patient who is admitted and separated on the same day is allocated one patient day.

permanent admission: Admission to a nursing home or hostel for long-term care purposes.

prevalence: The number or proportion (of cases, instances, etc.) present in a population at a given time.

principal diagnosis: The diagnosis describing the problem that was chiefly responsible for the patient's episode of care in hospital.

private hospital: A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Includes private freestanding day hospital facilities.

psychiatric care days: The number of full or partial days a patient spends in a specialised psychiatric unit or ward.

psychiatric hospitals: Establishments devoted primarily to the treatment and care of inpatients with psychiatric disorders.

psychosis: A broad grouping for a more severe degree of mental disturbance, often involving fixed, false beliefs known as delusions.

public hospital: A hospital controlled by a State or Territory health authority. In Australia public hospitals offer free diagnostic services, treatment, care and accommodation to all who need it.

RCS: Resident Classification Scale.

rebated households: Households housed in public rental properties who pay a rent lower than the market rent value of the property.

recurrent expenditure: Expenditure on goods and services which does not result in the creation of fixed assets or in the acquisition of land, buildings, intangible assets or second-hand plant and equipment. This consists mainly of expenditure on wages, salaries and supplements, purchases of goods and services, and recurrent transfer payments (e.g. age pensions).

respite admission (aged care): Admission to a residential aged care home, designed to provide the carer with a short-term break from his or her caring role.

SAAP: Supported Accommodation Assistance Program.

separation: The formal process by which a hospital records the completion of treatment and/or care for an admitted patient.

severe or profound core activity restriction: Always or sometimes needing assistance with self-care, mobility or communication activities (1998 Australian Bureau of Statistics Survey of Disability, Ageing and Carers).

social housing: Housing that is managed either by government or by not-for-profit agencies for the specific purpose of providing accommodation for households in need, and for social and community benefit. The term encompasses public rental housing, subsidised community housing, supported housing and emergency accommodation.

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