Main features

Residential aged care

Operational places and packages

As at 30 June 2000, there were 3,005 occupied aged care homes in Australia providing a total of 141,162 places. In addition, 18,149 community aged care packages were provided. Community aged care packages are designed to provide care services to those living at home who would otherwise be eligible for low level residential care. This section presents data on operational aged care places and packages. Allocated places and packages are not included here, but are discussed in the next section.

Because aged care places and community aged care packages (CACPs) are intrinsically linked, they are usually combined to present an indication of the provision of aged care against the planning ratio. The planning ratio target is 100 places and packages per 1,000 persons aged 70 years and over. The provision ratio declined in the late 1980s and early 1990s but stabilised in the mid 1990s at around 93 places and packages per 1,000 persons aged 70 years and over (AIHW 1995: 381–82; AIHW 1997: 384–85). Recently the ratio has begun to rise as a consequence of new aged care places and packages being made available (see Figure 1). Table 1 shows the number and ratio of operational aged care places and community aged care packages in Australia from 1994 to 2000.

Table 1: The number of operational residential aged care places and community aged care packages and the combined provision ratio per 1,000 persons aged 70 years and over, 30 June 1994 to 2000

Year	Residential places	Community care packages	Total	Ratio per 1,000 persons aged 70 years and over [(a)]
1994	131,351	1,227	132,578	93.5
1995	134,810	2,542	137,352	93.9
1996	136,851	4,431	141,282	93.5
1997	139,058	6,124	145,182	93.3
1998	139,917	10,046	149,963	93.7
1999	140,651	13,753	154,404	93.9
2000	141,162	18,149	159,311	94.5

(a) Based on Australian Bureau of Statistics (ABS) population estimates released in December 2000.

Note: The data in this table were extracted from residential aged care service datasets provided to the Australian Institute of Health and Welfare by the Department of Health and Aged Care.

Residential aged care provision increased in absolute terms from 140,651 places at 30 June 1999 to 141,162 places at 30 June 2000. In addition, the provision of community aged care packages increased substantially from 13,753 at 30 June 1999 to 18,149 at 30 June 2000. The combined ratio of residential aged care places and community aged care packages per 1,000 persons aged 70 years and over increased from 93.9 at 30 June 1999 to 94.5 at 30 June 2000.

The overall composition of places includes a conversion of 1 in every 10 residential places under the ratio to community aged care packages. This is reflected in an increase in community aged care packages from a provision ratio of 8.4 at 30 June 1999 to 10.8 at 30 June 2000, and a decrease in residential places from 85.6 at 30 June 1999 to 83.8 at 30 June 2000.[1] This shift toward community-based provision reflects the preference of older Australians to remain in their own homes for as long as possible.

Allocated places and packages

Given the time lags between residential places and community aged care packages being approved and then becoming operational, consideration of operational places and packages alone does not give the complete picture of aged care provision. There are a significant number of newly allocated residential places and community aged care packages from the 1999 and 2000 Aged Care Approvals Rounds.[2] In November 1999, the allocation of 2,946 residential aged care places and 4,275 community aged care packages and in January 2001, the allocation of 7,642 residential aged care places and 6,532 community aged care packages were respectively announced. In total, an additional 21,395 places and packages have been allocated over the past two years.

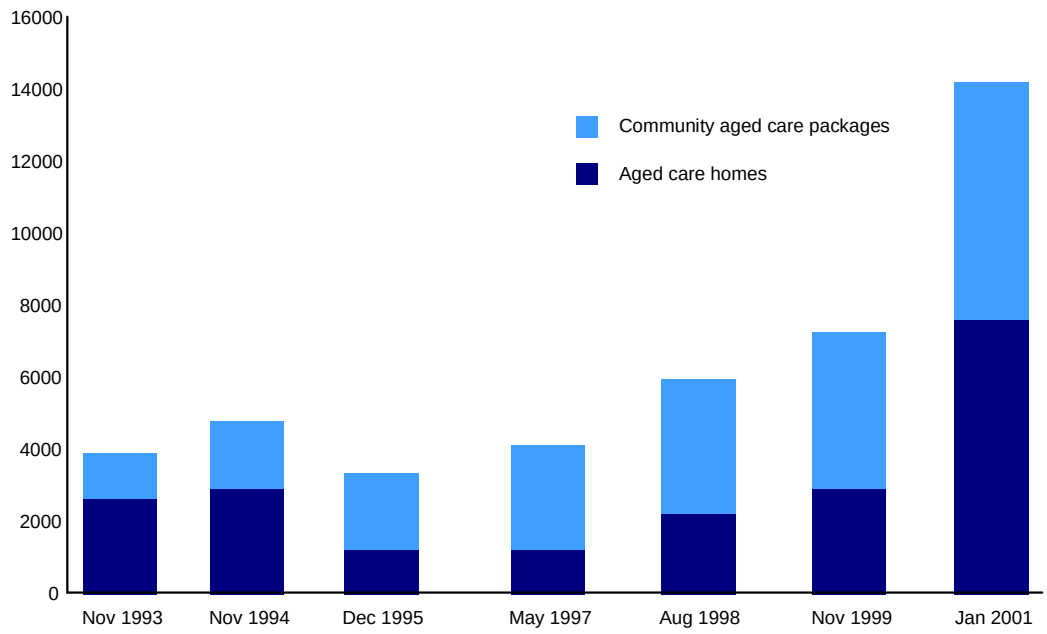

Figure 1: Number of new allocations of aged care home places and community aged care packages: November 1993 to January 2001

[1] Note that the provision ratios in the Department of Health and Aged Care's Annual Report, and the Commonwealth/State Report on Government Services, use the ABS series 3 projection figures for the seventy and over population, whereas this publication uses the latest ABS Estimated Resident Population figures calculated in December 2000. Minor differences in results will thus occur depending on the basis used.

[2] Allocated Community Aged Care Packages and residential care places are those that have been allocated to an approved provider. Under the Aged Care Act 1997, they have 2 years in which to become operational.

Place-days and occupancy rate

During the 12-month period from 1 July 1999 to 30 June 2000, 49.1 million place-days were used in aged care homes in Australia, consisting of 48.2 million days for permanent care and just under 1 million days for respite care. Overall, about 2% of occupied place-days were used for respite purposes. The average occupancy rate, excluding services provided under community aged care packages, was about 96% during the reporting period and this was slightly higher than the previous rate reported.

Residents and their characteristics

There were 135,991 residents in aged care homes on 30 June 2000, compared with 134,899 residents in aged care homes on 30 June 1999.

Nearly half of those residents in aged care homes at 30 June 2000 were aged 85 and over. This pattern was very similar across the States and Territories, with the exception of the Northern Territory where only 26% of residents were aged 85 and over. Residents of homes in remote centres and other remote areas also tended to have a younger age profile, with 35% and 36% respectively aged 85 and over.

Nationally, there were 6,151 residents aged under 65 accommodated in aged care homes, comprising about 4.5% of all residents. For the Northern Territory, however, the proportion of residents aged under 65 was considerably higher at 20%. A higher proportion in the Northern Territory is to be expected given the higher proportion of Indigenous Australians in the Northern Territory. Indeed, aged care planning for Aboriginal and Torres Strait Islander people is based on those 50 years and over in light of their poorer health status. In remote centres and other remote areas, 13% and 9% of residents respectively were under 65 years of age.

The majority of residents (72%) were female. Female residents were older than male residents; 55% of female residents were 85 years of age or older, compared with 36% of male residents.

Most residents were in receipt of a government pension; 77% of permanent residents received a Commonwealth Department of Family and Community Services pension and 14% a Commonwealth Department of Veterans' Affairs pension.

Of the 90% of permanent residents for whom data were reported on Indigenous status, 735 (about 0.6%) identified as Indigenous people.[3] Indigenous people had a higher representation among respite residents than among permanent residents, comprising 1.1% of those respite residents with known Indigenous status. Data on Indigenous status were not available for about 9% of respite residents.

Almost all residents reported their birthplace and preferred language. Around one in four residents were born overseas. About 11% were born in the United Kingdom and Ireland, another 7% in other areas of Europe and under 0.8% were New Zealand born. These compared with 31% overseas born, 12% born in the United Kingdom and Ireland, 13% in the other areas of Europe and just under 1% New Zealand born, in the Australian population aged 70 years plus at 30 June 1999.

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[3] In addition, there were 267 residential places as at 30 June 2000 provided by services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

Nationally, about 93% of residents indicated that English was their preferred language, and 6% other European languages.

About 94% of permanent residents reported their marital status prior to admission. Of these, 56% were widowed, 23% were either married or in a de facto relationship, 11% were never married and 5% divorced or separated. Female permanent residents were over two times more likely to be widowed and over two times less likely to be married or in de facto relationships than their male counterparts. Respite residents were more likely to be married at the time of admission than were permanent residents. There were some 7% of respite residents who had never married. The gender differences in marital status profiles observed among permanent residents were even more marked among respite residents. Among those respite residents who reported their marital status, 70% of women and 29% of men were widowed, while 19% of women and 54% of men were married or in a de facto relationship.

As all of these measures refer to resident characteristics at a particular point in time (i.e. 30 June 2000), they can be directly compared with the characteristics of the combined nursing home and hostel populations at 30 June in previous years and the previous report on residential aged care, if desired.

Length of stay

Two standard measurements related to length of stay are the total length of stay of a resident up to the point of separation and the length of stay up to a particular point in time for an existing resident (in this publication up to 30 June 2000).

The distribution of length of stay for existing permanent residents at 30 June 2000 was more toward longer periods of stay. Only 7% of permanent residents had been in residential aged care for less than 3 months. About 18% had been resident for between 3 months and 1 year, 53% for 1 to 5 years and 22% for 5 years or more. It should be noted that, for current residents, length of stay is an incomplete measure, showing the time that residents have spent in residential aged care but not how much more will be spent before leaving.

For complete length of stay (i.e. length of stay at separation) the proportion of residents was skewed towards shorter term length of stay, as separation rates for long stayers are lower than short stayers. Thus, for completed length of stay 19% of permanent residents stayed less than 3 months with a similar percentage staying between 3 months and 1 year. Just under 45% of permanent residents stayed between 1 and 5 years prior to separation, with just over 16% staying over 5 years.

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

Dependency levels

Resident dependency levels are indicated by the Resident Classification Scale (RCS). The RCS replaced the Resident Classification Instrument (RCI) previously used to measure dependency in nursing homes and the Personal Care Assessment Instrument (PCAI) formerly used to measure dependency in hostels. The RCS comprises eight categories which represent eight levels of care in descending order of severity from 1 to 8. The level of Commonwealth care subsidy is based on the level of care need indicated by each RCS category. Categories 1 to 4 represent high care and categories 5 to 8 represent low care. There are no direct links between the new RCS and the old RCI and PCAI classifications, although RCS categories 1 to 4 have commonly been roughly aligned with nursing home care under the previous system, and RCS categories 5 to 8 with hostel care. While this alignment is useful for some purposes, it is important to recognise that the new classification system differs from the old one on a number of dimensions. The RCS was introduced from 1 October 1997, with the merging of nursing homes and hostels into a single residential care system. From that time, all new residents were classified using the RCS categories. Existing residents were progressively reclassified using the RCS (and funded under the relevant new rates) as their existing classifications expired, or their changing circumstances required a reclassification. Conversion to the RCS is now complete.

Among permanent residents on 30 June 2000, 3,071 (2.3%) were waiting to have an RCS assessment. Of those who did have their dependency level reported, about 62% fell into high-care categories (RCS 1 to 4) and 38% into low-care categories (RCS 5 to 8). RCS categories 2, 3 and 7 captured the highest proportion of permanent residents (26%, 17% and 17% respectively). The lowest level of care (RCS 8) contained about 2% of residents on 30 June 2000.

There were few differences between male and female residents in relation to dependency levels. Younger residents demonstrated a slightly higher level of dependency in the top two high-care categories. In the RCS 1 category the under 65 representation was 20% compared to 14% overall.

As reported in previous volumes of the Aged Care Statistics Series, dependency levels were continuously rising among both nursing home and hostel populations over the years preceding the introduction of the single system in 1997. As was expected, this trend toward increasing dependency levels was continued with the amalgamation of the two systems into one single system. Between 30 June 1998 and 30 June 2000, the proportion of residents classified as high care (RCS 1 to 4) rose from 57.8% to 61.8%, while those classified as low care (RCS 5 to 8) fell from 42.2% to 38.3%. This decline has been most marked in RCS 8, reflecting an increasing emphasis on providing services to those with personal care needs, rather than primarily accommodation needs. Available residential care places have thus been targeted to a progressively more dependent group of people. This pattern is in keeping with established government policy which aims to provide a greater proportion of care for people in their homes who would otherwise be eligible for low-care residential support. During this same period the supply of community aged care packages, aimed at providing the equivalent of low-care residential support to people still living in their own homes, has expanded significantly.

Table 2: Dependency levels of permanent residents in residential aged care, 30 June 1998 to 30 June 2000 (%)

	RCS1 – RCS4 (high care)	RCS5 – RCS8 (low care)	RCS5 – RCS7 (funded low care)	RCS8 (nil basic subsidy)
Females				
1998	57.1	42.9	38.4	4.5
1999	60.2	39.8	36.8	2.9
2000	61.2	38.7	36.5	2.2
Males				
1998	59.6	40.4	35.7	4.6
1999	62.2	37.8	34.4	3.4
2000	63.1	36.9	34.3	2.6
Persons				
1998	57.8	42.2	37.7	4.5
1999	60.8	39.2	36.2	3.1
2000	61.8	38.3	36.0	2.3

Note: The data in this table were extracted from residential aged care data sets provided to the Australian Institute of Health and Welfare by the Department of Health and Aged Care.

The data in Table 2 refer to current residents of aged care homes. Current residents include those admitted either before or after the restructure of the residential aged care system. The dependency profile of newly admitted residents provides a useful indication of the most recent trends in residential care. The dependency levels of newly admitted permanent residents during the period from 1 July 1999 to 30 June 2000 suggest that we may expect a continuing shift towards a higher proportion of people in residential aged care at high levels in the future. After excluding the 1,544 residents whose dependency levels were not reported, 63% of newly admitted permanent residents were classified as high care and 37% as low care. These proportions are very similar to those for existing residents, yet newly admitted residents are by definition at the beginning of their residential aged care stay—some will progress to higher levels of dependency in the course of their stay. A situation where the dependency profile of newly admitted residents is similar to or more dependent than that of current residents thus suggests that the trend towards a higher proportion of people in high care places in residential aged care is likely to continue.

As would be expected, the dependency levels of residents who left residential care (through death or a move elsewhere) were higher than those for both current and recently admitted residents.

Admissions and separations

Permanent care

There were 88,007 admissions to residential aged care from 1 July 1999 to 30 June 2000, of which 52% (45,476) were for permanent care. Between 1 July 1999 and 30 June 2000, there were 87,037 separations from residential aged care. Separations after a period of permanent care accounted for 51% of total separations.

Among those leaving permanent care, 81% died, 5% returned to the community, 6% moved to another residential aged care home and 7% were discharged to hospitals (2% were not reported). Among those who died, 17% stayed for less than 3 months, 18% for between 3 months and 1 year, 47% for 1 to 5 years and 18% for 5 years and more. Those with shorter periods of stay were more likely to return to the community and less likely to die in residential aged care than were those with longer periods of stay.

Among permanent residents, one in five separations had been in residential aged care for less than 3 months, another 20% for between 3 and 12 months, 45% for 1 to 5 years and 16% for 5 or more years. The average (mean) length of stay for permanent residents separating from care was 137 weeks (155 weeks for women and 106 weeks for men).

As already noted, length of stay for residents in residential aged care homes cannot be compared with previously published statistics on the residents of hostels and nursing homes. Similarly, admissions and separations data are not comparable with those for earlier years. This occurs because the movement between a hostel and nursing home level of care, which would previously have counted as both an admission and a separation, is now internal to the residential aged care system.

Respite care

On 30 June 2000, respite residents made up just under 2% of all residents, which is similar to the 30 June 1999 proportion and the proportion of respite residents in nursing homes and hostels combined on 30 June 1997. This figure under-represents the importance of respite care, however, as it accounted for some 48% of 88,007 admissions from 1 July 1999 to 30 June 2000. This is explained by the short-term nature of respite care; while a large number of respite residents are admitted over the course of the 12-month period, there are relatively few resident at any one point in time.

Over 14% of respite separations had an unspecified destination on departure from the home. Of those for whom data were available, 76% returned to the community. A further 17% were transferred to the same or another home, and 6% were discharged to hospitals. Deaths accounted for about 2%.

For those leaving respite care during the year under review, the average length of stay was about 3.3 weeks. The longest average length of stay was in other remote areas (3.9 weeks).

Table 3: Admissions and turnover, by type of care in aged care homes, 1998 to 2000

	Residential care		
	Jan–June 1998	1998–1999	1999–2000
Permanent			
Admissions	21,165	45,258	45,476
Respite			
Admissions	18,487	40,806	42,531
Total			
Admissions	39,652	86,064	88,007
Turnover	0.28	0.61	0.62

Notes:

1. Reliable data are available in the first time period only for the 6 months to June 1998.

2. Turnover = (number of admissions/average number of beds) in the financial year.

Characteristics of newly admitted residents

Among permanent admissions, 65% were aged 80 and over (71% of females and 56% of males). The majority of permanent admissions were women (64%). Women had a much older age profile than men, with over 46% of women being 85 and over, compared with only 33% of men. This age profile is slightly younger than that of current permanent residents, of whom 71% were aged 80 and over (77% of women and 56% of men). In both groups, women predominated and had an older age profile. The proportion of women among current residents was somewhat higher (72%) than that among newly admitted residents, consistent with their longer average length of stay.

Newly admitted permanent residents were more likely to be widowed, married or in a de facto relationship, and less likely to be never married, when compared with current permanent residents. Among those receiving respite care, newly admitted residents were more likely to be married than were current residents.

The proportion of people who were receiving a Department of Veterans' Affairs (DVA) pension was around 14% for current permanent residents and 15% for newly admitted permanent residents after excluding the unknown cases. The corresponding proportions of people receiving an aged pension were 77% and 74% respectively. As was the case for current respite residents, a high proportion of newly admitted respite residents did not have pension status reported. As already noted previously with regard to dependency, newly admitted residents tended to have marginally higher dependency levels, overall, than did current residents.

Most residents were living in a house or flat prior to admission during the reporting period. As would be expected, this pattern was even more prominent among respite admissions than permanent admissions. The 13% of permanent admissions entering from other homes are probably largely a result of residents moving from respite care to permanent care, or moving from low care (previously hostel) to high care (previously nursing home).

About 41% of newly admitted permanent residents lived alone prior to their admission for permanent care, 21% with their spouse only and 13% with their children (and/or the children's families). Among those admitted for respite care, 38% of new residents were living alone. As would be expected, high proportions were living with a spouse only (26%) or with their children (and/or the children's families), around 19%.

Differences between permanent and respite admissions

People admitted for respite care differed considerably from those admitted for permanent care with regard to their family and living arrangements. Those admitted for respite care were more likely, at the time of admission, to be living in the community. While the vast majority of people admitted for both permanent and respite care were either married or widowed, those admitted for respite care were more likely to be married and less likely to be widowed than those admitted for permanent care. While respite admissions were less likely to be single and living alone than permanent admissions, it is noteworthy that 38% of respite admissions were living alone at the time of entry. About 74% of respite admissions were living in a house or flat prior to admission. This proportion compares with 65% for permanent admissions.

State and Territory variations

Residential aged care and community aged care packages

The ratios of the combined number of community aged care packages and residential aged care places per 1,000 persons aged 70 and over at the State/Territory level were: Northern Territory (135.3), the Australian Capital Territory (101.0), Queensland (99.2), Tasmania (95.7), Western Australia (95.5), South Australia (95.4), New South Wales (94.5) and Victoria (90.0). The higher level of provision in the Northern Territory is a consequence of a comparatively young population profile and a comparatively large Indigenous population; as a result of their poorer health status, Indigenous people require access to residential aged care at younger ages, on average, than do non-Indigenous people.

The corresponding ratios for residential aged care places per 1,000 persons aged 70 and over also varied across the States and Territories. The Northern Territory had the highest level of provision at 89.2 places per 1,000 people aged 70 and over, followed by Queensland (88.3), South Australia (85.3) and Western Australia (84.7). These were followed by New South Wales (83.9), the Australian Capital Territory (83.7), Tasmania (83.3) and Victoria (79.7). Victoria has had the strongest growth in residential provision over the past 15 years of all the States and Territories.

The size of the aged care homes differed across jurisdictions. At the larger end of the continuum were homes in the Australian Capital Territory (averaging 65 places per home), New South Wales (53) and Queensland (52). At the smaller end were homes in the Northern Territory (averaging 24 places per home) and Tasmania (37). Tasmania and Western Australia had a large proportion of small (20 or fewer beds) homes—about 23% and 16% respectively. In the Northern Territory, however, over half the homes (60%) fell into this category, and none had more than 60 beds.

Over half the homes in the Australian Capital Territory had more than 60 beds, as did 29% of those in New South Wales and 26% of those in Queensland. Victoria, Western Australia and Tasmania had relatively few homes of this size (less than 14%).

Occupied place-days for respite care accounted for about 2% of total occupied place-days in Australia and these were fairly constant in most States and Territories, with the smallest proportions provided in Victoria (1.6%) and the highest in the Northern Territory (5.3%).

The overall occupancy rate ranged from 93% in the Australian Capital Territory to 98% in Tasmania.

Australia-wide, other remote areas exhibited a lower occupancy rate (85%) than did other regions, which ranged between 91% for remote centres and 97% for small rural centres and other metropolitan (i.e. non-capital city) centres.

Resident characteristics

The age profiles of residents were similar in all States/Territories, excepting those in the Northern Territory which were somewhat younger. In particular, one in five residents was aged under 65 in the Northern Territory, compared to a national average of one in twenty-two. This difference is largely explained by the larger proportion of Indigenous residents in Northern Territory aged care homes, who tend to make use of these facilities at an earlier age than non-Indigenous residents.

Western Australia had the highest proportion of overseas-born residents (38% of permanent residents and 42% of respite residents) compared with the national average of 25% for permanent residents and 28% for respite residents. Queensland, Tasmania and the Northern Territory had the lowest proportions (between 14% and 21% of permanent residents and between 20% and 31% of respite residents). The majority of migrants were born in the United Kingdom and Ireland.

In terms of preferred language spoken at home, some State- and Territory-based variations were also apparent. Among permanent residents, for example, the proportion of those who reported a preferred language other than English ranged from 10% in Victoria to 2% in Tasmania. The Northern Territory was an extreme outlier, with 27% preferring a language other than English (including 21% who preferred an Australian Indigenous language).

For permanent residents, their destination on separation also varied across the States and Territories. The Northern Territory had a high 13% of persons returning to the community. Tasmania had the highest percentage of separations through death (91%) and the lowest proportion returning to the community (2%), while Western Australia had the lowest percentage of separations through death (76%) and the highest proportion moving to hospital (10%).

For respite residents, State and Territory variations in destination on separation were also evident. About 85% of respite separations returned to the community in Tasmania, compared with only 57% in South Australia (with the national average being 65%). However, there was a high level of missing data on this variable for respite residents (14% nationally, but rising as high as 23% in New South Wales and 13% in Victoria). After excluding the missing data, the pattern changes slightly. The Northern Territory had the highest proportion (89%) returning to the community and South Australia the lowest, New South Wales also had a high proportion (77%) returning to the community. Another continuing pattern is that those States and Territories with a lower rate of return to the community tended to have a higher rate of transfer to another home. Thus, in Western Australia and South Australia, 22% to 23% of respite separations involved a transfer to another home, compared with the national average of 17% after excluding the missing data.

The length of stay of residents at the time of separation also varied among the States and Territories. Permanent separations in the Northern Territory and Queensland had the longest average length of stay (146 weeks) and those in the Australian Capital Territory had the shortest (123 weeks). Among those leaving respite care, the average length of stay varied from 2.7 weeks in Tasmania, Victoria and the Australian Capital Territory to 3.7 weeks in South Australia.

Dependency levels among residents differed across the States and Territories. About 65% of permanent residents were in the high-care categories (RCS 1 to 4) in New South Wales and 59% in the Australian Capital Territory. Nationally, 62% of residents fell into this category.

Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy

In addition to the outlets and residential care places described in this report, some additional residential care places and Community Aged Care Packages are provided from Multi-Purpose Services and services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy. As at 30 June 2000, there were 51 Multi-Purpose Services providing 1,038 residential care places and 86 packages, and 21 services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy providing 267 residential care places and 81 packages. At 30th June 1999, the comparable figures were 815 residential care places and 61 packages for Multi-Purpose Services, and 232 residential care places and 82 packages for services receiving flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.