Community Aged Care Packages Census 2002

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Community Aged Care Packages Census 2002

A report of the census conducted in 2002.
This census was conducted at the request of and with funding from the Australian Government Department of Health and Ageing.

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Contents

List of figures and tables

Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACCMIS	Aged and Community Case Management Information System
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Package
CAAS	Continence Aids Assistance Scheme
CSDA	Commonwealth State Disability Agreement
DoHA	Australian Government Department of Health and Ageing
DVA	Australian Government Department of Veterans' Affairs
DTC	Day Therapy Centre
EACH	Extended Aged Care at Home
HACC	Home and Community Care
ICF	International Classification of Functioning Disability and Health
NRCP	National Respite for Carers Program
SDAC	ABS Survey of Disability, Ageing and Carers

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1 Introduction

Background

This report summarises the data collected in the census of the Community Aged Care Packages (CACP) Program conducted by the Australian Institute of Health and Welfare (AIHW) during the period 16 September 2002 to 14 October 2002. The census was undertaken by the AIHW for the Australian Government Department of Health and Ageing (DoHA). The aim of the project was to gather data about CACP recipients, the assistance that they receive and providers of CACP assistance, to provide an information base for planning and policy development.

Before the conduct of the census, there was a limited amount of information collected by DoHA relating to Community Aged Care Packages. The only ongoing information about the Program is derived from administrative information provided by the Aged and Community Care Management Information System (ACCMIS) maintained by DoHA, and is based on Aged Care Assessment Team (ACAT) forms and subsidy claim forms submitted by service providers each month. This information is used to produce the annual publication *Community Aged Care Packages in Australia – A statistical overview,* commencing in 1998–99, which is available in hard copy or from the AIHW web site <http://www.aihw.gov.au/publications/index.cfm>. CACP data has also been published in a 1996 comparison of the CACP and Community Options programs (AIHW: Mathur, Evans & Gibson 1997) and following a 1999 survey of CACPs in NSW and the ACT (DHAC 1999).

It was intended that the data from the census be consistent with and comparable to national standards and relevant information in the health and community services field, and data definitions and census forms have been developed by the AIHW within this context. This census was one of three conducted in 2002 by AIHW for DoHA. The other two censuses, relating to the Extended Aged Care at Home (EACH) Program and the Day Therapy Centre (DTC) Program, also related to Australian Government programs that provide services to frail or disabled older people that enable them to continue to live in the community where possible.

The Community Aged Care Packages Program

The CACP Program commenced in 1992–93, when the total number of approved packages was 527 (AIHW: Mathur, Evans & Gibson 1997). A CACP is a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. CACPs are targeted at frail older people living in the community. These people would otherwise be eligible for at least low level residential care.

People become eligible for a CACP after being assessed by an ACAT and approved to receive a care package. The eligibility criteria are specified in the *Aged Care Assessment and Approval Guidelines*, issued by DoHA (DoHA 1999a). The aim of the CACP Program is to provide a wide range of services such as bathing, showering or personal hygiene, toileting, dressing or undressing, mobility, transfer, preparing and eating meals, laundry, home help, gardening and assistance with short-term illness, sensory communication or fitting sensory communication aids. The CACP Program does not provide funding for home nursing services or allied health services which are accessible to CACP care recipients though the Home and Community Care (HACC) Program. Centre-based day care services are available to CACP care recipients through other programs such as HACC on a full cost recovery basis.

Under the *Aged Care Act 1997* (the Act), a number of special needs groups have priority access to CACPs. These include people:

(a) from non-English speaking backgrounds

(b) from Aboriginal and Torres Strait Islander communities

(c) who live in rural or remote areas

(d) who are financially or socially disadvantaged

(e) who are veterans or war widows.

Housing Linked Care Packages have the same eligibility criteria as general care packages. They are targeted at persons with financial hardship living in designated rental housing developments. These could range from congregate settings with high concentrations of aged people, such as boarding houses, or detached public housing spread across a particular suburb. CACPs are not generally available to people living in supported accommodation (DoHA 1999b).

The planning process for the allocation of places for the CACP Program is based on the non-Indigenous population of 70 years and over and the population of Indigenous Australians 50 years and over, in line with the planning for residential aged care places. In legislation, there is no lower age limit. However, younger people would more commonly be provided with community care assistance through the Home and Community Care Program (HACC) or the Commonwealth-State/Territory Disability Services Agreement, as the CACP Program is not resourced to provide services to these groups. Younger people would generally only be assessed for a CACP if they had already been assessed by more appropriate service providers and there were clearly no other care alternatives in the area. In such circumstances younger people with a disability may be considered for a package if they need the intensity, type and model of care a CACP can provide and meet the eligibility criteria.

CACPs must be provided by Approved Providers under the Act. Approved Providers are allocated a specified number of packages on the basis of their application forms submitted as part of the Australian Government's Aged Care Approvals Rounds. Services are delivered through one or more service outlets operated by the Approved Providers. At the time of the census the annual cost of the CACP Program was $288.3 million (2002–03). The CACP daily subsidy rate paid to

service providers at the time of the census was $30.73 per day per operational package. In addition, care recipients could be asked to make a contribution. For those on a basic pension, this may be up to 17.5% of the basic pension, excluding the GST supplement (a maximum of $5.16 per day as at 20 September 2002), but may be slightly higher for those on a higher income.

At 30 June 2002 there were approximately 26,770 approved packages allocated, 26,403 of which were operational. Each allocated package is provided to one specific named service recipient, referred to in this report as funded care recipients. However, where all the allocated packages provided by a service outlet are filled but the funding for these packages allows for additional service to be provided to other care recipients, outlets may provide service to additional people, referred to in this report as supplementary care recipients. These care recipients must also be approved to receive a CACP by an ACAT.

To date most information on the CACP Program has been collected through the service providers claim for payment of care subsidies. This is the basis of the annual publication produced by the AIHW in its Aged Care Statistics series covering the period 1998–99 to 2001–02 (AIHW 2000, 2001, 2002c, 2003). Little or no information has been collected about service provision or about supplementary care recipients. It is DoHA's intention that information about service provision to all care recipients, including supplementary care recipients, will be collected in the future.

Structure of the report

This report summarises the information collected by the CACP 2002 census. Section 1 has outlined the CACP Program and background to the census. Section 2 discusses the scope of the collection, the census forms, collection methodology and data quality issues. Section 3 contains the main findings of the census arranged in three subsections: care recipients, service episodes and service providers (the term care recipient is used throughout this report rather than client). Detailed tables which support these findings are presented in Appendix 1. Census forms and additional supporting material for the census are included in Appendices 2–5 and are followed by recommendations on any future census (Appendix 6).

2 Data sources and limitations

Scope of the collection

In order to compile a comprehensive picture of assistance received by CACP care recipients, the census includes all people who receive assistance under the Program whether funded or supplementary care recipients. This includes care recipients who are on leave for the whole of the collection period, as these people are still considered to be clients of the Program although they may receive no assistance in the reporting period. (Services are able to claim the Community Care Subsidy for care recipients who are on leave up to the maximum period of leave in the Program.)

Private care recipients, whose care is wholly paid for through private funds, are excluded from the census.

Data sources

Census forms

The census forms for the CACP data collection are shown at Appendix 2. These consist of:

- a CACP service outlet data form (Form A) that includes questions regarding the outlet's location and characteristics, provision of information to care recipients though Care Recipient Agreements, the number and types of packages approved in each Aged Care Planning Region and the method of service provision (direct provision or brokered or subcontracted service provision);
- a care recipient data form (Form B) that includes questions regarding care recipient demographic details, accommodation arrangements, dependency level, carer characteristics, duration of assistance and care subsidy, amount and types of assistance, and leave and cessation of therapy if applicable.

Data element definitions

In recent years, the AIHW has been involved in a number of data development projects in the community care field. In 2001 the AIHW undertook data development work for the preparation of a draft data dictionary for the CACP Program. This work took into account the ability of CACP providers to apply these definitions in the field, and consistency with other relevant data collections and data standards. Data items developed as a result of this work and a draft survey form for collecting this

information were field tested with 46 CACP providers in all states and territories during July and August 2001.

The forms used in this census drew on the field tested data items and forms that were the product of this earlier data development work. Brief data definitions, a guide for use and reasons for collecting the information are outlined in the census guidelines (Appendix 3).

Collection method and privacy

Following consultation with industry peak bodies, DoHA informed all approved providers and their associated service outlets about the census by letter in July 2002. This letter invited them to attend briefing sessions conducted by the AIHW in all mainland capital cities, Launceston and Townsville during August 2002. Commonwealth officers in each state and territory organised the attendance of providers at briefing sessions.

On 29 July 2002, a second letter to providers and their associated service outlets accompanied a sample of the census forms and census guidelines, and a statement outlining the census' compliance with relevant legislation in relation to collection and disclosure of information (Appendix 4). This letter, guidelines and statement included information about:

- the purpose of the census
- measures taken to protect privacy and the use of the statistical linkage key
- the department's responsibility to care recipients and providers
- the responsibility of the AIHW to care recipients and providers
- the responsibility of providers to care recipients
- assistance available to the service providers during the census including
  - a free-call telephone help desk operated by the AIHW
  - an email helpdesk operated by the AIHW
  - a web site maintained by the AIHW
  - a self-learning package developed by the AIHW and available from the department.

Census kits consisting of multiple copies of the census forms, an additional copy of the census guidelines, a quick reference page and a sheet frequently asked questions, were sent to all service outlets in September 2002. The accompanying cover letter from DoHA briefly explained the contents of the census package and reiterated advice for providers and outlets about the availability of additional help and information regarding the census. This letter again included a statement outlining the census' compliance with relevant legislation in relation to collection and disclosure of information and a consent form to be signed by providers or service coordinators for the disclosure of information about the service (Appendix 4).

The AIHW imposes strict guidelines on the ethical conduct of its collections and in particular ensures that they comply with Commonwealth privacy legislation and the

Australian Institute of Health and Welfare Act 1987. The procedures and privacy protection measures involved in the conduct of this census were submitted to the AIHW Ethics Committee.

To ensure privacy, service providers were asked to double envelope all census responses and return them to a dedicated mail drop point at the Department of Health and Ageing in Canberra. These were hand delivered to the AIHW, where they were entered into a database using data processors located on the Institute premises. All appropriate precautions were taken to ensure that the privacy and confidentiality of material was protected including measures relating to the storage and destruction of census forms at the completion of the project.

Service providers were requested to return their census forms to DoHA by 1 November 2002. Outlets that had not provided census returns were followed up by DoHA state regional offices in January 2003. Every effort was made to accommodate late census returns and the last returns were accepted in the second week of February 2003.

Data quality and limitations

Response rates

It was difficult to estimate service outlet response rate using the census definition of an outlet. The initial intention was to send one census kit to each outlet address, according to the census definition. However as a result of a number of problems in defining an outlet and establishing an accurate outlet address list, a census kit was sent out to the contact address for each approved outlet identified on the Department of Health and Ageing's Aged and Community Case Management Information System (ACCMIS).

Table 1: Response rate for CACP service outlets (defined according to ACCMIS), CACP 2002 census

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Australia
					Number of outlets				
ACCMIS outlets	260	174	227	89	68	37	6	43	904
Participating ACCMIS outlets[(a)]	251	170	205	84	68	37	6	24	845
					Per cent				
Estimated response rate	97	98	90	94	100	100	100	56	94

(a) In some instances administrative outlet numbers were amalgamated by the service providers before census forms were returned while others were amalgamated on receipt.

Over 900 census kits were distributed to service outlets as defined by ACCMIS. Responses were received for 94% of these outlets (Table 1). Responses were received for all operational ACCMIS outlets in South Australia, Tasmania, and the ACT and response rates of 90–98% were received for all other states with the exception of the Northern Territory which had a response rate of 56%. Using the ACCMIS database to identify the number of approved packages managed by the outlets which did not

participate in the census, it is estimated that the non-responders represented around a thousand care packages. The estimated number of packages not included in the census for each jurisdiction is as follows: New South Wales, 280; Victoria, 184; Queensland, 351; Western Australia, 51; and Northern Territory, 134.

The follow up by DoHA of outlets which did not participate in the census revealed that a significant proportion of these outlets were providing assistance to Indigenous care recipients. Consequently, the number of CACP recipients who are Indigenous is underestimated by the census.

Form A: Service outlet data

Identification of service outlets

The aim of the CACP census was to collect data from the point where service provision occurs, at service outlets. Box 1 outlines the definition of a service outlet as it was applied in the census. However, distinct identification of service outlets for the purpose of the census proved difficult as, in practice, there is no nationally consistent means of identifying CACP service outlets and, even at the jurisdiction level, CACP contact details may only be available for the provider not the outlet.

The method used to contact, recruit and collect data on outlets was to use the administrative outlet number. This number (known as the C number) is used in the ACCMIS payments database and on subsidy claim forms. In practice, however, service provided though a single group of care packages (usually referred to by its C number or ACCMIS outlet number) may all be provided by the one service outlet or may be split across more than one service outlet. Conversely, a single office may have more than one care coordinator, each looking after separate groups of packages which may have been approved under different approval/ACCMIS outlet numbers (C numbers), all of which would be considered to be providing services from the same service outlet for the purposes of the census. In some jurisdictions new C numbers are assigned when allocating additional packages to approved providers with existing allocations.

It was initially the intention of DoHA to choose one C number for each physical outlet location and to use that as the outlet number for all care recipients receiving assistance from that address. This method proved to be inadequate for reliably distributing information and collecting data from outlets and as a consequence, separate sets of information packages and census forms (census kits) were sent out for each C number.

The AIHW and DoHA reviewed the contact addresses provided for jurisdictions where outlet identification problems had become evident and individually contacted staff of a number of outlets. As a result a number of service outlets were amalgamated and for others packages were redistributed to separate outlet numbers to correctly reflect the provision of assistance to care recipients. Of the 850 outlet forms (Form A) received at the end of the census collection period, it was identified

that these were provided by 759 service outlets according to the census definition of an outlet.

Box 1: What is a service outlet?

A service outlet was defined for the purposes of the census as the level of the organisation directly responsible for service provision to care recipients. A service outlet would typically be the location where a case manager organises care for recipients, where the care recipient records are kept and where care workers pick up and return care records or timesheets. Where services to care recipients are subcontracted or brokered to another organisation, the office organising, paying for and monitoring the provision of service would be considered to be the relevant service outlet. In some instances, a CACP funded organisation may have more than one office from which services are provided to the care recipients and these are considered as separate service outlets for the census.

Form B: Care recipient data

Duration of assistance, duration of subsidy and duration of leave

The CACP census form was initially designed for a set census week. However, the census dates were changed to any week within a 4 week period in order to increase flexibility for the service providers and to allow them to choose the week that fitted best into their other commitments. The date of the beginning or of the end of the census period for each outlet was not recorded.

Service providers were asked to provide information on the date they first claimed the CACP community care subsidy for each care recipient, and the date on which the care recipient first received assistance from their outlet. In the absence of an accurate date for the collection of data by each agency the end of the overall census period (14 October 2002) was used to calculate duration of assistance and duration of subsidy. Where the care recipient was one of the 193 who ceased receiving assistance during the census week, the actual date the care recipient ceased receiving assistance was recorded in which case date of cessation is used to calculate an accurate duration of subsidy and duration of assistance. Consequently, for recipients who ceased receiving assistance after the census week reported on by the outlet but before the end of the 4 week census period the calculated duration of assistance or subsidy may be up to 3 weeks more than the actual duration.

Similarly, duration of leave could only be accurately determined for care recipients returning from leave during the census week as both the start and end date for leave was only reported for these care recipients. For care recipients still on leave at the end of the census period, no return date was recorded. For this reason, duration of leave was reported only for those care recipients who returned from leave during the census period.

Type and amount of assistance

The census collects data on all assistance provided to care recipients as part of their package. The census does not collect data on assistance provided to care recipients which is outside their care package. Types of assistance excluded from the census are those that:

- are outside the allowable CACP services in the Aged Care Act 1997
- are beyond the level of services provided to meet the care recipient's assessed needs
- complement the assistance provided under the CACP
- meet the care recipient's assessed needs but are beyond the financial capacity of the service outlet.

During data cleaning a small number of records with unrealistic amounts of service provision were observed. After consultation with DoHA service hours in excess of 25 hours in the census week for any one assistance type were adjusted to the median for that type of assistance. This affected from 0.1% to 1.0% of records for individual assistance types.

Analysis by jurisdiction

In this report analysis of jurisdiction for client information is based on the postcode of the care recipient's residential address, while jurisdiction for service providers is based on the state or territory of the outlet.

Breakdown of data by sex

Care recipient data are presented for males, females and persons. Data for care recipients whose sex was not indicated are included in the category of 'Persons', but are not shown elsewhere in the tables. Therefore, in all tables with an analysis by sex, 'Persons' will exceed the total for 'Males' and Females'.

Source of assistance from other government programs

Question 28a asked about additional types of assistance received by the care recipients from other government programs. Question 28b asked which other government programs provided (that is funded) this additional assistance. Nine per cent of care recipients are reported as receiving assistance from 'Other' government programs. Responses provided in the 'Other' category indicate that service providers may not always be aware of the source of funding of other assistance. For instance, many of these responses listed an agency rather than the program which provided the funding. The proportion of care recipients receiving assistance from the listed government programs may be underestimated since some of these programs may fund agencies listed in the 'Other' category.

General comments

This publication contains data that have been reported by service providers who undertook the census work in addition to their other service provision and administrative duties. In some instances service providers may not have had sufficient information from their available records to complete all questions for all care recipients. This has resulted in missing data and miscoding for a generally small proportion of cases.

Missing data are excluded from the calculation of percentages, and the number of cases for which data are missing is reported in each appendix table. As a consequence of this treatment of missing data, the number of valid cases analysed may vary from table to table depending upon which variables are included and the amount of missing data related to each variable.

Future recommendations

Recommendations for the conduct of any future CACP census are presented in Appendix 6.

3 Main features

CACP care recipient profile

State and territory distribution

There were 25,439 CACP care recipients recorded during the census period from 16 September to 14 October 2002. Table 2 shows the distribution of care recipients across jurisdictions. Almost two-thirds of all care recipients resided in New South Wales (36%) and Victoria (25%). Table 2 also shows the number of care recipients per 1,000 people aged 70 and over. Using this measure the highest utilisation of CACP was in the Northern Territory (31.4 per 1,000 persons aged 70 and over), followed by the Australian Capital Territory, (17.9 per 1,000 persons aged 70 and over), and Tasmania (15.1 per 1,000 persons aged 70 and over).

Table 2: CACP care recipients by jurisdiction[(a)], number, per cent and age specific utilisation rate per 1,000 people aged 70 years and over, census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Sex					**Number**				
Male	2,463	2,041	1,133	684	685	164	110	113	7,405
Female	6,496	4,306	2,686	1,511	1,772	586	257	137	17,884
Persons[(b)]	**9,038**	**6,407**	**3,885**	**2,210**	**2,478**	**760**	**373**	**259**	**25,410**
					Per cent				
Male	27.3	31.9	29.2	31.0	27.6	21.6	29.5	43.6	29.1
Female	71.9	67.2	69.1	68.4	71.5	77.1	68.9	52.9	70.4
Persons[(b)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
					Use per 1,000 aged 70 years and over				
Male	8.0	8.6	7.1	9.0	8.5	7.5	12.3	24.8	8.2
Female	16.5	14.5	14.1	15.9	17.3	20.3	21.6	37.8	15.8
Persons[(b)]	13.0	12.1	11.1	13.0	13.7	15.1	17.9	31.4	12.7

(a) Jurisdiction is based on the residence of care recipients. 'Australia' includes care recipients with jurisdiction not stated.

(b) Persons includes care recipients with sex not stated.

Note: Age specific usage rate was calculated for care recipients aged 70 and over per 1,000 in the population using the population estimates obtained from the ABS 2001census.

Source: Tables A1.1 and A1.2.

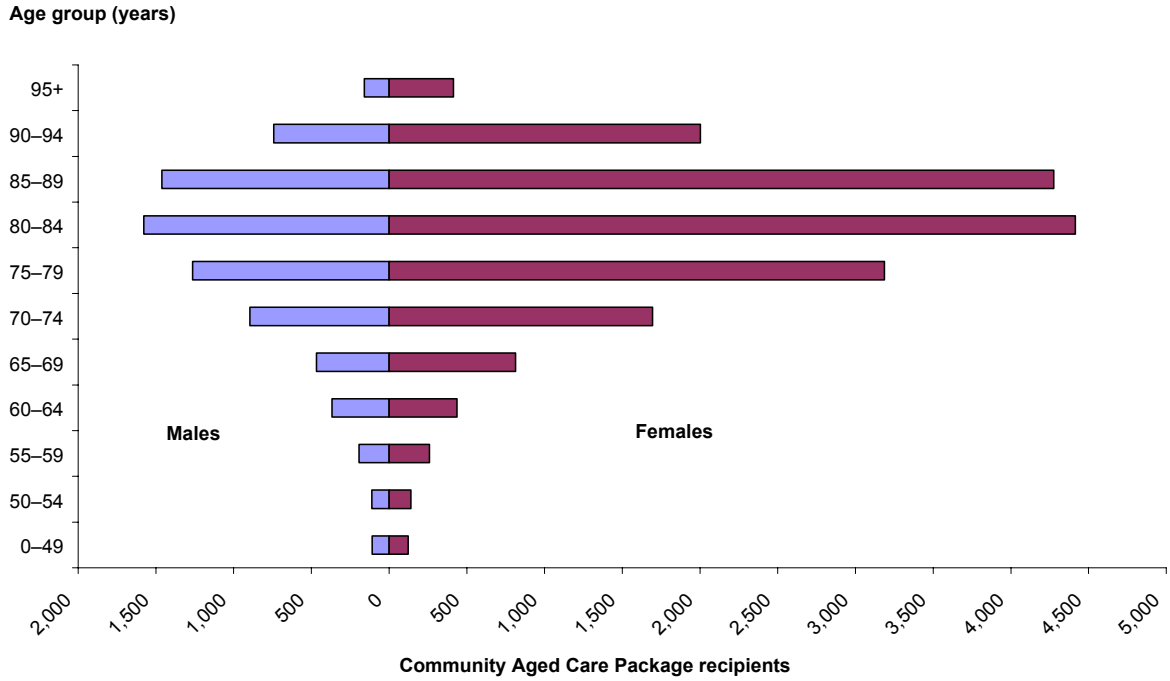
Age and sex

Seventy percent of all recipients were female, outnumbering males by over 10,000. When the number of female and male care recipients is considered in relation to the

number per 1,000 aged 70 years and over, women's utilisation rate is substantially higher than that of men (15.8 per 1,000 women aged 70 and over and 8.2 per 1,000 men aged 70 and over).

The average age of care recipients was 81 years (82 for women and 80 for men). Figure 1 illustrates the difference in the age profile for female and male care recipients. Forty-six per cent of male care recipients were aged 79 years and under, compared with 37% of female care recipients. Twelve per cent (3,033) of all care recipients were under 70 years.

The age profile of care recipients was similar across jurisdictions with the exception of the Northern Territory (Table A1.1). In this jurisdiction the average age of both males and females receiving care packages is considerably lower than the other jurisdictions (61% of care recipients were aged under 75 years, compared with just 22% nationally). This is associated with the higher proportion of Indigenous care recipients in the Northern Territory.



Source: Table 1.1

Figure 1: Age and sex profile of CACP recipients

Age specific utilisation rates reveal that CACP funded services are received by greater proportions of people in the oldest age groups (Table A1.2). Across Australia, for those aged 70 to 74 years, four per 1,000 receive CACP funded services. This figure more than doubles for those aged 75 to 79 years among whom nine per 1,000 use a CACP, and doubles again to 18 per 1,000 for those aged 80 to 84 years. The highest age specific utilisation occurs among those aged 85 years and over. In this age category 34 per 1,000 persons received CACP funded services.

Of the care recipients aged under 70 years, 94 were Indigenous people under 50 years of age (7% of Indigenous care recipients), 710 were Indigenous people aged 50 to

69 years (53% of Indigenous care recipients) and 2,193 were non-Indigenous people under 70 years of age (9% of non-Indigenous care recipients), reflecting the different age group targets for Indigenous and non-Indigenous people (Table A1.3).

Indigenous status

A total of 1,341 care recipients were identified as Indigenous (Aboriginal and/or Torres Strait Islander descent) making up just over 5% of all care recipients. As discussed previously, a number of outlets specifically targeting Indigenous people did not respond to the census. It is likely, therefore, that the proportion of Indigenous people receiving CACP funded services is greater than 5%.

The age profile of Indigenous care recipients was much younger than non-Indigenous recipients. Sixty per cent of Indigenous recipients were aged under 70 years and 7% were under 50 years, compared with 12% and 1% respectively for non-Indigenous recipients. The vast majority of Indigenous recipients were aged under 80 years (88%), while the majority of non-Indigenous recipients were aged 80 years and over (62%) (Table A1.3).

One-third (33%) of all reported Indigenous recipients resided in New South Wales, however this represented just 5% of all care recipients in that jurisdiction. Despite the very low response rate of outlets in the Northern Territory (many of which were Indigenous service providers) this jurisdiction had the highest proportion of Indigenous care recipients (58%), followed by Western Australia with 8% (Table A1.4).

Country of birth

Sixty-eight per cent of all care recipients were born in Australia, 21% were born overseas in predominantly non-English-speaking countries, and the remaining 11% were born overseas in predominantly English-speaking countries (Table A1.5). For those care recipients 70 years and over, the country of birth was compared with the same age group in the general population. There was a slightly higher proportion of care recipients born overseas in predominantly non-English speaking countries than for this age group in the general population (22% compared with 18% respectively) and a slightly lower proportion of overseas-born English speakers and Australian born care recipients (12% and 66% respectively) than in the general population (13% and 69% respectively) (Table 3).

Table 3: Comparison of country of birth of CACP care recipients and the general population, persons aged 70 years and over

		Overseas-born		
	Australian-born	English speaking	Non-English speaking	Total
		Per cent		
CACP care recipients	66	12	22	100
Census of Population and Housing, 2001	69	13	18	100

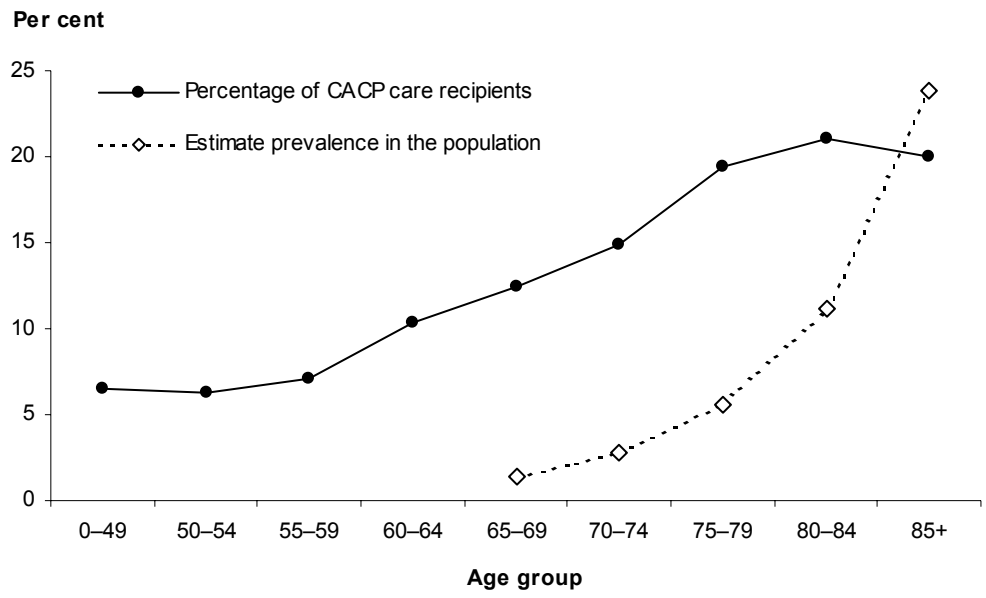
Sources: Table A1.6 and ABS 2003.

Of the three groups, Australian-born care recipients had the highest proportion of people aged under 70 years, mainly as a result of the younger age profile of Indigenous care recipients (Tables A1.3 and A1.5). Fourteen per cent of Australian-born care recipients were aged under 70 years compared with 7% of overseas-born English speaking and 10% of overseas born non-English speaking care recipients.

However, overall, care recipients born overseas in countries that were predominantly non-English speaking had a slightly younger age profile than others, with a median age of 80 years compared with median ages of 82 and 83 years respectively for Australian-born and overseas-born English speaking care recipients. There was a significantly higher proportion of overseas born non-English speaking care recipients aged 70–79 years (36%) compared with other groups (26% of Australian-born and 25% of overseas-born English speaking care recipients). Consequently this group had a lower proportion of care recipients in the older age groups (85–89, 90–94 and 95+ years).

Dementia status

There were 4,646 CACP recipients reported to be diagnosed with dementia either by a medical practitioner or by an Aged Care Assessment Team (ACAT). This represents just over 18% of all care recipients (Table A1.7). The proportion of female care recipients with dementia (19%) was similar to the proportion for male care recipients (18%). The prevalence of dementia in CACP care recipients increased from 6–7% in younger care recipients aged under 60 years to a maximum of 21% in care recipients aged 80–89. The prevalence of dementia in care recipients then decreased to 16% in care recipients aged 95 years and over.



Sources: Table A1.7, AIHW 2002b: 36.

Figure 2: Prevalence of dementia in care recipients compared with estimated prevalence in the general population

For care recipients under 85 years of age the prevalence of dementia among CACP recipients is substantially higher than the estimated prevalence in the population, resulting from their increased care needs, but is slightly lower for those over 85 years of age (Figure 2). Among the very old care recipients (95+ years) the decrease in the proportion of care recipients with dementia is most likely due to the increased care needs of those with dementia at this age, including care needs from other causes, resulting in more intensive care needs than can be met through a CACP. For care recipients aged 70 years and over the proportion of care recipients diagnosed with dementia is 20%, while the proportion of people aged 70 or more in the Australian population in 2001 who had been diagnosed with dementia has been estimated at 8% (AIHW 2002b).

The Australian Capital Territory, New South Wales and Victoria had the highest proportions of care recipients with diagnosed dementia (22%, 20% and 20% respectively), while Tasmania had the lowest with 7% of care recipients with diagnosed dementia (Table A1.8).

Financial hardship

Overall, 7,715 recipients receiving a CACP (31%) were reported to be in financial hardship, including 34% of men and 29% of women (Table A1.9). Younger care recipients were most likely to be experiencing financial hardship. Over 70% of recipients aged less than 60 years were identified as being in financial hardship. In contrast, just over 20% of care recipients aged 85 and over were identified as being in financial hardship.

Across jurisdictions the proportion of care recipients in financial hardship varied between 28% (in New South Wales) and 37% (in Western Australia) with the exception of the Northern Territory, where 67% of recipients were experiencing financial hardship (Table A1.10).

While the proportion of care recipients identified in the census as financially disadvantaged is less than that identified through DoHA's administrative data for the 2001–02 financial year (males, 42%; females, 39%; persons, 40%), the percentage of missing data is considerably smaller (less than 1% compared with 29% in the administrative data). An additional 742 financially disadvantaged care recipients were reported in the census above those recorded in the administrative data. Around 490 of these were funded care recipients and 250 were supplementary care recipients.

In the census form the question on financial hardship asked whether the care recipient was in financial hardship, but did not include the definition which was outlined in the census guidelines. For the purposes of the CACP census, a person with financial hardship is defined as someone 'who did not own a home in the two years before the time the person first commenced paying fees or receiving care, and at the reference time was in the receipt of the maximum basic rate of pension or benefit (in accordance with the *Social Security Act 1991*)'.

Department of Veterans' Affairs entitlement

Fourteen per cent of CACP recipients (3,437) were reported to be either a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran.

Of the recipients who were veterans, the majority (68%), were Department of Veterans' Affairs gold card holders, 5% were white card holders, 1% held an orange card and 3% held no card. For an additional 23% of veterans no information was provided on whether they held a card or the type of card held.

The proportion of male recipients with a Department of Veterans' Affairs entitlement was higher than the proportion of females with entitlement (19% and 12% respectively). Three-quarters of veterans were aged 75 and over. In the age groups shown in Table A1.11, the highest proportion of care recipients eligible for a Department of Veterans' Affairs entitlement was between 80 and 84 years (21%).

In all jurisdictions except the Northern Territory, the proportion of care recipients who were veterans lay between 11% and 16%, with the highest proportion of care recipients who were veterans living in Queensland (16%) and the lowest proportion living in Western Australia (11%). In the Northern Territory 4% of care recipients were veterans (Table A1.12).

Type of accommodation

Sixty-two per cent of all care recipients were reported to live in a private residence that they owned (or that they were purchasing), 17% resided in public rental or community housing and 8% were living independently in a retirement village (Table A1.13).

AIHW comparison with age specific home ownership rates in the general population shows that home ownership in CACP care recipients is lower than in the general population. This difference ranges from 13 percentage points in the 75+ age group to 33 percentage points in the 35–64 year age group (Table 4).

Table 4: Comparison of home ownership among CACP care recipients (2002 census) and the general population

	Age group			
	15–34	**35–64**	**65–74**	**75+**
CACP census				
Number owned or purchasing private dwelling	7	511	2,049	12,963
Number in group	22	1,702	3,855	19,491
Home ownership rate (%)	31.8	30.0	53.2	66.5
Census of Population and Housing, 2001				
Home ownership rate (%)	56.1	63.5	72.0	80.6

Notes

1. This table excludes 180 care recipients for whom age was not stated, and an additional 360 care recipients for whom type of accommodation was not stated.
2. The age breakdown in this table reflects published information on living arrrangements for the general population, and differs from the age breakdown of the source table for CACP data.

Source: Table A1.13, ABS 2003a

The accommodation arrangements of care recipients in the Northern Territory were quite different to those of care recipients in other jurisdictions, with only 13% living in a privately owned residence and 64% living in a public rental or community housing residence. Among other jurisdictions, the proportion of recipients in public rental or community housing were comparatively high in the Australian Capital Territory, South Australia and Western Australia (23%, 22% and 21% of recipients in these jurisdictions respectively). The proportion of care recipients living in self-care or independent living units within a retirement villages was highest in Tasmania (14% of recipients in this jurisdiction) and the Australian Capital Territory (13% of recipients in this jurisdiction). The proportion of recipients in private rental accommodation was highest in Queensland (9% of all recipients in this jurisdiction).

Carers

More than one-half (57% or 14,231) of CACP recipients were reported to have a carer (Table A1.14). Similar proportions of male and female care recipients had carers (57% of male care recipients and 56% of female care recipients). At younger ages, however, women were more likely to have a carer (56% of those under 50 had a carer compared with 46% for men) and men were more likely to have a carer in the oldest age groups (64% of men aged 85 and over compared with 58% of women).

Of the 4,186 males with a carer, 63% had a co-resident carer and 37% had a non-resident carer. For the female recipients with a carer (9,967), 46% had a co-resident carer and 54% had a non-resident carer (Tables A1.14 and A1.15).

Forty-nine per cent of male care recipients were cared for by their spouse and 37% were cared for by their daughter or son. For female recipients with a carer, 24% were cared for by their spouse and 62% were cared for by their daughter or son. Care recipients between the ages of 50 and 75 were most likely to be cared for by a spouse. For recipients aged 75 and over carers were most commonly a daughter or son (Table A1.16). The proportion of people with dementia that had a carer was 74%, compared with 53% of recipients without dementia (Table A1.17).

Living arrangements

The majority of recipients lived alone (61%), while just over a third lived with their family (36%). Fifty-two per cent of male care recipients and 65% of female care recipients lived alone. Care recipients aged 60 and over were most likely to live alone (Table A1.18). Comparison with ABS 2001 census data shows that the proportion of care recipients living alone was higher than that in the general population across all age groups (Table 5).

Among care recipients living with family, 83% had a carer (Table 19). Care recipients who lived alone were far more likely to have no carer (60% had no carer). Men living alone were more likely not to have a carer than women living alone (66% of men living alone had no carer compared with 57% of women living alone). Thirty-nine per cent of care recipients who lived with people other than family had no carer. Men in this living arrangement were twice as likely as women to have no carer (66% of

men living with people other than family had no carer compared with 32% of women living with people other than family) (Table A1.19).

Table 5: Comparison of living arrangements among CACP care recipients (2002 census) and the general population

	Age group				
	0–34	35–64	65–74	75+	Total
CACP census					
Lives alone	22.7	45.9	55.0	64.0	61.4
Lives with family	68.2	47.8	42.7	34.1	36.4
Lives with others	9.1	6.3	2.2	1.8	2.2
Total persons (%)	100.0	100.0	100.0	100.0	100.0
Total persons (No.)	22	1,715	3,874	19,522	25,133
Census of Population and Housing, 2001					
Lives alone	3.7	10.5	22.4	39.3	9.4
Lives with family	90.3	86.6	75.5	58.9	86.3
Lives with others	6.0	2.9	2.1	1.8	4.3
Total persons (%)	100.0	100.0	100.0	100.0	100.0
Total persons ('000.)	8,501.4	6,674.6	1,147.1	886.1	17,209.1

Note: This table excludes 360 care recipients for whom age or living arrangement was not stated.

Source: ABS 2002, Table A1.18.

Need for assistance

Need for assistance in individual areas

Outlets were asked to report whether care recipients sometimes or always needed the assistance or supervision of another person in 11 different activities. There were five individual areas where the need for assistance was common for CACP care recipients. These were: using public transport, 68%; showering or bathing, 58%; carrying, moving or manipulating objects related to the tasks of daily living, 54%; walking and related activities, 48%; and dressing, 44%. For care recipients aged 50 and over, the proportion of care recipients needing assistance with these activities increased with age (Table A1.20).

A smaller proportion of care recipients needed assistance with other activities: managing incontinence (18%); eating (17%); getting in or out of a bed or chair (16%); understanding others or making oneself understood (15%); toiletting (12%); and maintaining or changing body position (11%). The proportion of care recipients needing assistance with communication, toiletting, getting in or out of a bed or chair, or maintaining body position tended to decrease with age except in the two oldest age groups.

Activity limitations

Every 5 years the ABS conducts a Survey of Disability Ageing and Carers (SDAC) (ABS 1999). This survey provides measures of disability and functioning on a number of activities including housework, property maintenance, meal preparation, paperwork, transport, health care, self-care, mobility and communication many of which are areas in which care recipients may receive assistance through a CACP. However, three areas are considered to be core activities of daily living: self-care, mobility and communication.

The SDAC measures the level of activity limitation or restriction[1] as well as the type of limitation. The four levels of limitations reported (in increasing level of severity) are mild, moderate, severe and profound. Where a person sometimes or always needs the assistance of another person with the core activities of daily living they are said to have a severe or profound core activity limitation.

The census asked service outlets to assess the care recipient's need for assistance in activities which are components of the three core activities of daily living (self-care, mobility and communication). Definitions used were based on the International Classification of Functioning, Disability and Health (ICF) (Appendix 5) (WHO 2001). These components were then grouped into the three core activity limitations. Care recipients with a self-care limitation sometimes or always needed assistance with one or more of the following: eating, showering or bathing, dressing, toiletting, or managing incontinence. Similarly a care recipient with a mobility limitation sometimes or always needed assistance or supervision in at least one of the following areas: maintaining or changing body position, carrying or moving objects, getting in or out of a chair or bed, or walking. With a communication limitation care recipients sometimes or always needed assistance with understanding others or being understood by others.

The information on the care recipient's need for assistance was translated into severe or profound core activity limitations because the presence of such limitations is considered to be one of a number of risk factors for admission into residential aged care (AIHW 2002a). Information was not collected on other activities with the exception of the need for assistance with public transport which by itself is considered to be a mild core activity limitation. Note that if a care recipient does not have a severe or profound core activity limitation, this should not be interpreted to mean that he or she does not have any difficulty with these activities.

Severe or profound core activity limitation areas cannot be interpreted as the areas in which the service outlet needs to provide assistance, as it does not take into consideration whether the care recipient had other mechanisms in place to receive assistance in these areas, for instance help from an informal carer. Review of the carer status of care recipients with different numbers of severe or profound core activity

1. The ABS SDAC uses the term 'restriction', while the draft CACP data dictionary element is called 'core activity limitations'. In line with the draft data dictionary, the term core activity limitation is used in this report.

limitations confirmed that care recipients with more severe or profound core activity limitations were more likely to have a carer (Table 6).

Table 6: CACP care recipients, carer status by the number of severe or profound core activity limitations, CACP 2002 census

	Number of severe or profound core activity limitations			
Carer status	**0**	**1**	**2**	**3**
Has no carer	61.5	49.9	36.6	24.8
Has a carer	38.5	50.1	63.4	75.2
Persons (%)	100.0	100.0	100.0	100.0
Persons (No.)	3,817	7,674	10,867	2,469

Note: Excludes 612 care recipients for whom either carer status or the number of severe or profound core activity limitations was not stated.

Severe or profound core activity limitations

Mobility and self-care were the two areas of severe or profound core activity limitation in which most recipients required assistance. Sixty-eight per cent of all recipients had a severe or profound mobility limitation, 64% a severe or profound self-care limitation, and 15% a severe or profound communication limitation (Table A1.21).

The likelihood of care recipients having severe or profound self-care and mobility activity limitations increased with age, with those aged 95 years and older most frequently needing assistance (75% and 74% of this age group respectively). In contrast, care recipients with a severe or profound communication limitation were more common in the under 50 years age group (29% of this age group) than in older age groups (15% in the 95+ age group).

Fifteen per cent of all care recipients did not have a severe or profound core activity limitation. This group may include care recipients who have difficulty with other tasks not considered to be core activities or for whom it was possible to undertake the core activities with difficulty but without supervision or assistance (that is a mild or moderate core activity limitation). This includes people who may only be able to carry out these core activities with assistance from aids or equipment. Six per cent of care recipients did not have a severe or profound core activity limitation, but did sometimes or always need assistance with (or were unable to use) public transport. (People without other severe or profound core activity limitations but who sometimes or always need assistance using public transport are considered to have a mild core activity limitation.)

There were 7,735 recipients (31%) needing assistance in one core area, 10,957 care recipients (44%) who needed assistance in two core areas and 2,481 recipients (10%) requiring assistance in all three core activity areas (Table A1.22).

In 1998, 27% of people aged 70 and over were estimated to have at least one severe or profound core activity restriction. By 2002, this proportion would have increased slightly due to the growing proportion of people in the older age groups. However, even allowing for this change, comparison with the proportion of 2002 CACP care

recipients age 70 years and over with at least one severe or profound core activity limitation (85%) shows that the CACP Program, which targets those who are eligible for a least low level residential care, is reaching a client group with a much higher level of disability than found within the general population.

Table 7: Comparison of characteristics of CACP care recipients with the general population with a severe or profound core activity limitation among people aged 70 years and over

	Severe or profound core activity limitation				
	Self-care	Mobility	Communication	At least one[(a)]	Total 70+ persons
			Number		
CACP census, 2002	14,138	15,224	3,179	18,621	21,879
Population estimate, 1998 ('000)	267.7	364.6	126.2	422.9	1,589.4
			Per cent		
CACP census, 2002	63.6	68.5	14.3	84.6	100.0
Population estimate, 1998	16.8	22.9	7.9	26.6	100.0

(a) As an individual may have more than one severe or profound core activity, the number of persons with at least one severe or profound core activity limitation is less than the sum of the persons with individual severe or profound core activity limitations.

Notes

1. Calculations of proportions for care recipients exclude any care recipients with age and/or core activity limitations not stated.
2. The proportion of people with severe or profound core activity limitations is not completely comparable for these reasons:
   – Differences in the collection instrument. The SDAC used a structured questionnaire administered to the person concerned at a face-to-face interview, while in the CACP census the care provider made an assessment about the client's need for assistance.
   – The proportion of people with severe or profound core activity limitations is related to the age of the population. In the 4 years since the 1998 SDAC, the proportion of people in the older age groups has increased.
   – The age structure of CACP care recipients aged 70+ years will differ from the age structure in the population aged 70+.
3. The presence of a severe or profound core activity limitation is a factor in identifying those care recipients at risk of admission into residential aged care.

Sources: Table A1.21, ABS 1999 (Table 23) and AIHW analysis of ABS Survey of Disability, Ageing and Carers confidentialised unit record file.

Community care subsidy

For each care recipient receiving CACP funded service, service providers were asked to indicate whether they were claiming the Community Care Subsidy with respect to that care recipient. According to the guidelines, the response 'No' indicated that the care recipient was a supplementary care recipient.

For care recipients whose subsidy status was indicated, 24,171 (97%) were recipients for whom the Community Care Subsidy was claimed, 826 (3%) were indicated to be supplementary care recipients. No response was given for 442 care recipients, or 2% of all care recipients (Table A1.23).

CACP service episodes

Duration of subsidy and receipt of assistance

For all care recipients reported in the census, including those on leave and those who ceased receiving service during the census week, the duration of CACP subsidy

and the duration of assistance was derived. This was calculated as the period between the commencement date of the subsidy (or assistance) and the end of the census period, or the cessation date for those who ended their care (see discussion on page 9 regarding this method).

Service outlets had been claiming a CACP subsidy for over one-quarter of care recipients (27%) for six months or less (Table A2.1). For 63% of care recipients the service outlet had been claiming a subsidy for 18 months or less. For 5% of care recipients the service outlet had been claiming a subsidy in excess of five years. The average duration of a CACP subsidy was 20 months for all care recipients and the median duration was 14 months. The average according to state/territory, ranged from 15 months in the Northern Territory to 25 months in Tasmania (Table A2.2). In the Northern Territory, outlets had been claiming a CACP subsidy for 42% of care recipients for a duration of 6 months or less, compared with 27% for the same duration for care recipients Australia-wide.

The duration of assistance was the same as the duration of subsidy for 58% of care recipients. Assistance was received before the start of a subsidy for 18% of recipients, and subsidy commenced before assistance was received for 21% of recipients.

Care recipients on leave

At the time of the census, there were 1,887 care recipients on leave from their package at some time during the census week. This represents 8% of all care recipients (Table A2.3). Recipients may take leave for many reasons, such as being admitted to hospital or receiving alternative care from another source, such as respite care. Recipients were considered to be on leave if they asked not to receive services from the CACP for 5 days or more.

Women were just as likely as men to be on leave (8% of both groups were on leave during the census period). Women aged 95 years and over were more likely to be on leave than those at younger ages (10% of this group were on leave during the census period). Men aged 75 to 79 years were more likely to be on leave than those at other ages (11% of this group were on leave during the census period).

Of care recipients on leave for whom the main reason for going on leave was reported, 58% were admitted to hospital while 24% received alternative care. The remainder reported other reasons for leave, such as social leave (Table A2.4).

Of care recipients who returned from leave during the census, the majority had been on leave for a short period, with 55% of recipients being on leave for two weeks or less. Those receiving alternative care tended to take longer periods of leave than those on leave due to hospital care or another type of care (Table A2.5).

The CACP Program makes provision for care recipients to take up to 28 days of leave in the year to receive alternate forms of care and a further 28 days of leave for other leave (such as social leave) before this affects the service provider's right to claim a care subsidy for that care recipient. An unlimited amount of hospital leave may be taken without affecting the payment of a care subsidy. After these leave entitlements, care recipients are on extended leave and the payment of a care subsidy is

suspended. During the census week, 581 (173 males and 403 females, five sex not stated) care recipients were on extended leave. This represents 2.3% of all care recipients.

Cessation of assistance

During the one week census period, 193 care recipients (less than 1% of all care recipients) ceased receiving assistance from the CACP service. The most common reasons for ceasing to receive CACP assistance included moving to low level residential care (23%), moving to high level residential care (19%), death (19%), and moving to a 24-hour care facility (12%). Eight per cent of care recipients ceased because they no longer needed assistance (Table A2.6).

Types of assistance provided

A CACP provides a package of assistance managed by a care coordinator. The care coordinator manages the complex care needs of the recipients and arranges provision of the following types of assistance: personal care, domestic assistance, social support, assistance with meal preparation and other food services, respite care, rehabilitation support, home maintenance, delivered meals, linen services and transport. Definitions of types of assistance are provided in the Census Guidelines (Appendix 5.2). For the purpose of this census, care coordination and management is also classed as an assistance type.

This census gives a snapshot of the service provided to care recipients in the census week and captures only that provided during that week. For instance, case management and coordination is an integral part of any package, but in any one week this will not be needed by some care recipients, either because they are on leave or because there is no need for any adjustment in the assistance they are receiving through their care package at that time.

The majority of care recipients (97%) received more than one type of assistance during the census period. Most care recipients received between three and five types of assistance (Table A2.7). A very small number of recipients (less than 1%) received more than eight types of assistance during the census. Just under 3% of care recipients received no assistance.

Domestic assistance was the most common type of assistance provided, with 83% of all care recipients receiving this service (for a median of 2 hours during the census week) (Table A2.8). This was followed by 73% of recipients with active case management during the census week, and 60% receiving social support.

The service involving the highest median number of hours per person provided during the census week was respite care, with a median of 2.5 hours. Personal and domestic care were each provided for a median of 2 hours to care recipients in the census week.

With regard to ancillary services, transport was provided to 36% of care recipients and delivered meals to 21% of care recipients. The median number of transport trips was two in the census week and the median number of delivered meals was five.

Of care recipients receiving assistance, including supplementary recipients, 70% received between 2 and 8 hours of assistance during the census period (Table A2.9). About 8% of care recipients received less than 2 hours of assistance, while 10% received more than 10 hours. The Northern Territory showed the highest proportion of care recipients receiving more than 10 hours of assistance (19%), while the Australian Capital Territory showed the lowest (3%). Victoria had the largest proportion of care recipients receiving 2 hours of assistance or less (12%). Overall, there was no difference to these numbers when supplementary care recipients were excluded, and very little change across the jurisdictions.

In general, there was little difference between jurisdictions in the average number of hours of assistance received for each type of assistance, with a few exceptions (Table A2.10). Western Australia had higher use of home maintenance compared with other jurisdictions, with about half an hour more on average than other states and territories. Queensland and the Northern Territory had a higher average number of delivered meals (around eight meals per care recipient), compared with five to six meals in other jurisdictions. Victoria showed a high average number of respite hours (3.9 hours) compared with other jurisdictions.

Care recipients with dementia

For care recipients diagnosed with dementia, the median and average hours of assistance per person were higher for some types of assistance than for care recipients without dementia. The median number of respite hours was higher in care recipients with dementia than for care recipients without dementia (3.0 hours compared with 2 hours) (Table A2.11). Care recipients with dementia also had higher median hours of assistance for social support than those recipients without dementia (2 compared with 1.5 hours).

Carer status

Some differences were evident between the amount of assistance provided in a week to care recipients with a carer compared with those without a carer (Table A2.12). The median hours of respite for those with a carer was 2.5 compared with 2 hours for those without a carer (average 3.4 compared with 2.6). Care recipients without a carer received delivered meals slightly more often than people with a carer, receiving an average of 6.4 meals a week (median of six meals) compared with 5.7 meals for those with a carer (median of five meals).

Care recipients with a co-resident carer also received more respite care than those with a non-resident carer (Table A2.13). The median hours of respite for those with a co-resident carer was 3 compared with 2 hours for those with a non-resident carer (average 3.3 compared with 2.7). The median number of delivered meals received was the same for recipients with co-resident and non-resident carers (fivemeals in the week), although the average number of meals was slightly higher for those with a co-

resident carer than a non-resident carer (6.2 meals compared with 5.4 meals respectively).

Living arrangement

When median hours are considered, there is little difference evident between the amount of service delivered to care recipients according to their living arrangement. The calculation of average hours reveals differences between the groups. This occurs because the distribution is skewed to the right (that is, toward those who receive more hours of care) thus pulling the average above the median.

Care recipients living with people other than family had the highest average use of respite (3.8 hours), personal care (2.8 hours) and rehabilitation hours (1.9 hours) compared with recipients living alone or with family (Table A2.14). This group also had higher numbers of delivered meals and transport trips.

Severe or profound core activity limitations

Differences in the average and median hours of service, for care recipients with increasing numbers of severe or profound core activity limitations were minimal for most types of assistance. The largest differences were seen with respite care (increasing from an average of 2.7 hours for care recipients without a severe or profound core activity limitation to 3.9 hours for care recipients with three severe or profound core activity limitations) and personal care (increasing from an average of 1.6 hours to 2.6 hours). However, a larger increase is seen in the total hours of assistance received, from an average of 4.9 hours to 7.3 hours with an increasing number of severe or profound core activity limitations.

The proportion of care recipients receiving a particular type of assistance increased or decreased to some degree with increasing numbers of severe or profound core activity limitations with the exception of social support. The most striking trends were seen for respite care where the percentage of care recipients receiving this type of assistance increased nearly sevenfold from 2% to 13% and for personal care where the percentage of care recipients increased threefold from 22% to 72% (Table A2.15).

Financial hardship

There were no consistent differences in the amount or types of service given to those who were in financial hardship (Table A2.16). This is consistent with more detailed review of these care recipients which showed that there was no difference between those who were and were not reported to be in financial hardship with respect to severe or profound core activity limitations or proportions of care recipients who lived alone.

Other government programs accessed

Around 38% of care recipients reported receiving assistance from a government program other than the Community Aged Care Package. Of all care recipients, 19% were reported to have been also receiving services from the Home and Community

Care (HACC) Program (Table A2.17). A further 4% received assistance from the Department of Veterans' Affairs (DVA), and 3% from the Day Therapy Centre (DTC) Program.

HACC was the most common program being used in addition to the CACP Program, in all states and territories. Tasmania had the largest proportion of care recipients also receiving HACC services (32%), while South Australia had the highest proportion of recipients also receiving assistance through the DTC Program (6%). Queensland had the most care recipients receiving assistance from the Continence Aids Assistance Scheme (8%).

Delivered meals were the most common type of additional assistance provided to CACP recipients by another government program (9% of all recipients) (Table A2.18). Other common types of assistance accessed were centre-based day care, nursing care and allied health care (all 8%), as well as transport services and provision of goods and equipment (both 4%). Of these additional assistance types, nursing care and allied health care are not included in CACPs (although access is available through HACC) and centre-based day care is available on a cost recovery basis.

In New South Wales, South Australia and Tasmania, the most common service provided through another government program was delivered meals. In Western Australia, centre-based day care was the most common, while in the two territories, allied health care was most common. In Victoria and Queensland there was a more even spread of services accessed by other programs.

As noted in the data limitations section of this report, access to specific government programs may have been somewhat underestimated as a result of miscoding of responses to the 'Other' category where care coordinators were aware of the organisation providing additional service, but not their source of funding.

CACP service providers

For the purposes of the census, a service outlet was defined as a CACP-funded organisation or organisational sub-unit that was directly responsible for the provision of CACP-funded assistance to care recipients. In some instances, this meant that one CACP-funded organisation had many service outlets. The census guidelines requested that information about care recipients and the CACP-funded assistance that they received should be recorded and reported at the service outlet level. Some CACP-funded service outlets contracted out or brokered the assistance required by their care recipients to other service providers (e.g. a HACC provider). Although the service outlet may not have directly provided the assistance in these cases, the service outlet which paid for the assistance to care recipients was considered directly responsible for that assistance and was asked to report on those care recipients and the assistance they received.

Organisation types

Outlets were asked two questions about their affiliations and financial arrangements. Over 95% of outlets defined themselves as 'not for profit' and only 32 of the 759 outlets in Australia (4%) considered themselves as 'for profit' (Table A3.1). Twenty-three per cent of outlets described their organisation as local, state or commonwealth (Australian) government, 34% responded that 'Religious' best described their organisation and 42% responded 'Other' (Table A3.2). In this context, 'Other' was an amalgam of community organisations, for-profit providers, organisations that are targeted to people from a culturally or linguistically diverse background and those providing packages specifically for Indigenous Australians. The proportion of government organisations was fairly similar across jurisdictions (between 20% and 30%), with the exception of the Northern Territory, which had 42% of government outlets. The proportion of religious organisations varied from 8% in the Northern Territory to 43% in New South Wales. There were only nine outlets (1%) that identified themselves as 'Ex-services Veterans' service'.

Location of outlets, distribution and types of packages

Each service outlet is approved to deliver CACP services to a number of people as defined in their agreement with DoHA. In this agreement DoHA specifies the type of care recipients it wishes to target by specifying the types of packages it allocates to the service outlets. The main types of CACPs are general packages, housing-linked packages, dementia packages, other financially and socially disadvantaged packages, veterans packages, packages targeted to Aboriginal and Torres Strait Islander peoples and packages targeted to people from culturally and linguistically diverse backgrounds.

There were more reported packages (26,488) than care recipients (25,439) (Table A3.3). This result was expected, because there is a constant movement in the care recipient population and the number of allocated packages is set to allow for some growth in the service, while maintaining the viability of the service outlets.

Seventy-one per cent of reported packages were general packages. The highest proportion of general packages was in South Australia (78%), which was similar to all the other states except New South Wales, which reported 64% of general packages. However, the Northern Territory was markedly different to all other jurisdictions. Those agencies in the Northern Territory that participated in the census reported almost equal proportions of general packages (41%) and Indigenous packages (42%). However, the actual proportion of Indigenous care recipients for this jurisdiction is uncertain because of the low response rate in that territory.

Twelve per cent of packages were specific to people from a culturally and linguistically diverse background and the proportions of these packages varied from 16% in New South Wales to 5% in the Northern Territory. Housing linked packages represented 7% of all packages and ranged from 11% in Tasmania to 4% in South Australia. Dementia, and other financially and socially disadvantaged packages each formed about 2% of all packages.

There were a total of 759 outlets across Australia. To some extent, the size and distribution of CACP service outlets reflects the geography and population concentrations in jurisdictions. In the government allocation of packages the equitable distribution of packages according to need must take into account the population distribution across regions among other factors. As might be expected the highest number of CACP outlets was in New South Wales (219) (Table A3.3). But the second-most populous but physically smaller state, Victoria, had only 118 outlets while Queensland had 207 outlets.

The size of service outlets by jurisdiction was analysed by tabulating the number of outlets by the number of packages (Table A3.4). This analysis shows that almost 77% of all outlets have less than 50 packages. There were three jurisdictions (Queensland, Tasmania and Northern Territory) that had 94% or more of their outlets with less than 50 packages. The jurisdictions with the highest proportions of outlets with 50 packages or more were Victoria (49%) and New South Wales (30%). Victorian CACP outlets had an average of 58 packages per outlet, compared with Queensland's 20 packages per outlet. The low number of average packages in the Northern Territory (12) highlights its relatively small and widely spread population.

Appendix 1: Tables

CACP care recipient profile

Table A1.1: CACP care recipients, age and sex, by jurisdiction[a], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust.	Not stated
Sex/age					**Number**					
Males										
0–49	24	36	31	8	5	0	0	4	108	0
50–54	30	40	18	6	11	0	0	6	111	0
55–59	49	72	32	14	13	1	4	7	192	1
60–64	123	104	45	31	31	6	6	21	367	0
65–69	131	147	70	50	41	7	1	19	466	1
70–74	300	257	119	87	80	20	12	19	894	2
75–79	403	358	186	123	123	33	23	13	1,262	2
80–84	558	434	228	131	163	24	25	14	1,577	1
85–89	513	365	245	140	132	38	21	6	1,460	1
90–94	253	185	123	68	64	29	16	3	741	1
95+	57	33	29	16	18	4	2	1	160	0
Total males	*2,441*	*2,031*	*1,126*	*674*	*681*	*162*	*110*	*113*	*7,338*	*9*
Age not stated	22	10	7	10	4	2	0	0	55	3
Females										
0–49	28	27	50	3	5	0	1	8	122	0
50–54	37	44	33	11	8	0	1	6	140	0
55–59	73	93	37	28	15	1	3	10	260	0
60–64	152	125	72	31	23	8	9	17	437	0
65–69	267	213	122	83	79	24	7	19	814	0
70–74	604	440	241	153	154	62	20	20	1,694	1
75–79	1,179	774	443	279	335	96	54	26	3,186	1
80–84	1,650	1,046	641	364	476	148	64	22	4,411	4
85–89	1,600	956	712	331	431	168	65	12	4,275	1
90–94	732	493	310	173	200	60	31	4	2,003	0
95+	159	95	57	42	46	13	3	0	415	0
Total females	*6,453*	*4,279*	*2,668*	*1,495*	*1,767*	*580*	*257*	*136*	*17,757*	*7*
Age not stated	43	27	18	16	5	6	0	1	116	4
Persons[b]										
0–49	52	63	81	11	10	0	1	12	230	0
50–54	67	84	52	17	20	0	1	12	253	0
55–59	122	165	69	42	29	2	7	17	453	1
60–64	275	230	117	62	54	14	16	38	806	0
65–69	401	362	194	134	121	31	8	38	1,289	1
70–74	909	699	360	243	235	83	34	40	2,603	3
75–79	1,591	1,135	630	402	460	130	78	39	4,465	3
80–84	2,224	1,487	872	496	642	174	89	36	6,020	5
85–89	2,126	1,330	961	475	566	210	87	18	5,773	3
90–94	989	682	436	242	268	91	47	7	2,762	1
95+	216	130	87	58	64	17	5	1	578	0
Total persons	**8,972**	**6,367**	**3,859**	**2,182**	**2,469**	**752**	**373**	**258**	**25,232**	**17**
Age not stated	66	40	26	28	9	8	0	1	178	12

(continued)

Table A1.1 (continued): CACP care recipients, age and sex, by jurisdiction[(a)], CACP census period 2002

Sex/age	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Not stated
	Per cent									
Males										
0–49	1.0	1.8	2.8	1.2	0.7	0.0	0.0	3.5	1.5	0.0
50–54	1.2	2.0	1.6	0.9	1.6	0.0	0.0	5.3	1.5	0.0
55–59	2.0	3.5	2.8	2.1	1.9	0.6	3.6	6.2	2.6	11.1
60–64	5.0	5.1	4.0	4.6	4.6	3.7	5.5	18.6	5.0	0.0
65–69	5.4	7.2	6.2	7.4	6.0	4.3	0.9	16.8	6.4	11.1
70–74	12.3	12.7	10.6	12.9	11.7	12.3	10.9	16.8	12.2	22.2
75–79	16.5	17.6	16.5	18.2	18.1	20.4	20.9	11.5	17.2	22.2
80–84	22.9	21.4	20.2	19.4	23.9	14.8	22.7	12.4	21.5	11.1
85–89	21.0	18.0	21.8	20.8	19.4	23.5	19.1	5.3	19.9	11.1
90–94	10.4	9.1	10.9	10.1	9.4	17.9	14.5	2.7	10.1	11.1
95+	2.3	1.6	2.6	2.4	2.6	2.5	1.8	0.9	2.2	0.0
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females										
0–49	0.4	0.6	1.8	0.2	0.3	0.0	0.4	5.6	0.7	0.0
50–54	0.6	1.0	1.2	0.7	0.5	0.0	0.4	4.2	0.8	0.0
55–59	1.1	2.2	1.4	1.9	0.8	0.2	1.2	6.9	1.5	0.0
60–64	2.3	2.9	2.6	2.1	1.3	1.4	3.5	11.8	2.5	0.0
65–69	4.1	4.9	4.5	5.5	4.5	4.1	2.7	13.2	4.6	0.0
70–74	9.3	10.2	8.9	10.2	8.7	10.7	7.8	13.9	9.5	14.3
75–79	18.2	18.0	16.3	18.6	18.9	16.6	20.9	18.1	17.9	14.3
80–84	25.5	24.3	23.6	24.3	26.9	25.5	24.8	15.3	24.8	57.1
85–89	24.7	22.2	26.2	22.1	24.3	29.0	25.2	8.3	24.1	14.3
90–94	11.3	11.4	11.4	11.5	11.3	10.3	12.0	2.8	11.3	0.0
95+	2.5	2.2	2.1	2.8	2.6	2.2	1.2	0.0	2.3	0.0
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons[(b)]										
0–49	0.6	1.0	2.1	0.5	0.4	0.0	0.3	4.7	0.9	0.0
50–54	0.7	1.3	1.3	0.8	0.8	0.0	0.3	4.7	1.0	0.0
55–59	1.4	2.6	1.8	1.9	1.2	0.3	1.9	6.6	1.8	5.9
60–64	3.1	3.6	3.0	2.8	2.2	1.9	4.3	14.7	3.2	0.0
65–69	4.5	5.7	5.0	6.1	4.9	4.1	2.1	14.7	5.1	5.9
70–74	10.1	11.0	9.3	11.1	9.5	11.0	9.1	15.5	10.3	17.6
75–79	17.7	17.8	16.3	18.4	18.6	17.3	20.9	15.1	17.7	17.6
80–84	24.8	23.4	22.6	22.7	26.0	23.1	23.9	14.0	23.9	29.4
85–89	23.7	20.9	24.9	21.8	22.9	27.9	23.3	7.0	22.9	17.6
90–94	11.0	10.7	11.3	11.1	10.9	12.1	12.6	2.7	10.9	5.9
95+	2.4	2.0	2.3	2.7	2.6	2.3	1.3	0.4	2.3	0.0
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Persons includes care recipients where sex was not stated.

Table A1.2: CACP care recipients, age and sex-specific utilisation rates[a], by jurisdiction[b], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Sex/age	**Number of CACP recipients per 1,000 in the population**								
Males									
0–49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
50–54	0.1	0.3	0.1	0.1	0.2	0.0	0.0	0.9	0.2
55–59	0.3	0.6	0.3	0.3	0.3	0.1	0.5	1.6	0.4
60–64	0.9	1.0	0.6	0.8	0.9	0.5	1.1	7.0	0.9
65–69	1.1	1.7	1.2	1.6	1.4	0.8	0.2	11.7	1.4
70–74	2.5	3.3	2.2	3.3	3.0	2.5	3.5	16.2	2.9
75–79	3.9	6.2	4.7	6.4	5.9	5.4	9.0	22.0	5.6
80–84	7.7	13.5	9.9	12.6	13.4	7.2	18.7	54.7	12.3
85+	12.8	27.0	27.6	31.6	27.8	32.3	52.7	41.7	28.8
Females									
0–49	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0
50–54	0.2	0.3	0.3	0.2	0.2	0.0	0.1	1.1	0.2
55–59	0.4	0.8	0.4	0.6	0.4	0.1	0.4	2.9	0.5
60–64	1.1	1.2	1.0	0.8	0.7	0.7	1.6	8.1	1.1
65–69	2.2	2.4	2.0	2.7	2.7	2.6	1.6	14.7	2.3
70–74	5.1	5.1	4.2	5.4	5.1	7.1	5.4	21.8	5.1
75–79	11.4	10.2	9.0	11.7	12.1	12.3	16.3	44.2	10.9
80–84	22.8	20.3	18.7	22.3	24.7	26.7	29.6	53.4	21.9
85+	38.8	32.0	35.8	34.1	38.3	49.2	56.1	52.1	36.5
Persons[c]									
0–49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
50–54	0.2	0.3	0.2	0.1	0.2	0.0	0.0	1.0	0.2
55–59	0.4	0.7	0.4	0.4	0.4	0.1	0.4	2.2	0.4
60–64	1.0	1.1	0.8	0.8	0.8	0.6	1.4	7.4	1.0
65–69	1.7	2.1	1.6	2.2	2.1	1.7	1.0	13.1	1.9
70–74	4.0	4.3	3.3	4.4	4.1	4.9	4.8	19.1	4.1
75–79	8.6	8.5	7.1	9.4	9.4	9.3	13.3	33.1	8.6
80–84	18.9	17.7	15.2	18.6	20.4	19.6	25.4	53.9	18.2
85+	36.1	30.7	33.3	33.6	35.4	44.8	55.5	47.5	34.4

(a) Based on ABS final 2001 census figures. Population figures by 5 year age groups are not available for those over 85 years.

(b) Jurisdiction is based on the postcode of the care recipient.

(c) Persons includes care recipients where sex was not stated.

Note: Table excludes 207 care recipients respondents whose state/territory of residence and/or date of birth was not recorded.

Table A1.3: CACP care recipients, age and sex, by Indigenous status, CACP census period 2002

	Indigenous		Non-Indigenous		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males							
0–49	46	9.9	62	0.9	108	1.5	0
50–54	42	9.1	69	1.0	111	1.5	0
55–59	52	11.2	140	2.1	192	2.7	1
60–64	96	20.7	266	3.9	362	5.0	5
65–69	71	15.3	391	5.8	462	6.4	5
70–74	75	16.2	799	11.8	874	12.1	22
75–79	43	9.3	1,203	17.8	1,246	17.2	18
80–84	23	5.0	1,521	22.5	1,544	21.4	34
85–89	9	1.9	1,430	21.2	1,439	19.9	22
90–94	4	0.9	723	10.7	727	10.1	15
95+	3	0.6	156	2.3	159	2.2	1
Total males	*464*	*100.0*	*6,760*	*100.0*	*7,224*	*100.0*	*123*
Age not stated	5	—	51	—	56	—	2
Females							
0–49	48	5.6	73	0.4	121	0.7	1
50–54	68	7.9	70	0.4	138	0.8	2
55–59	105	12.2	150	0.9	255	1.5	5
60–64	119	13.8	312	1.9	431	2.5	6
65–69	155	18.0	648	3.9	803	4.6	11
70–74	139	16.2	1,527	9.2	1,666	9.5	29
75–79	108	12.6	3,022	18.2	3,130	17.9	58
80–84	75	8.7	4,276	25.7	4,351	24.9	64
85–89	26	3.0	4,179	25.2	4,205	24.1	71
90–94	16	1.9	1,950	11.7	1,966	11.3	37
95+	1	0.1	406	2.4	407	2.3	8
Total females	*860*	*100.0*	*16,613*	*100.0*	*17,473*	*100.0*	*292*
Age not stated	5	—	112	—	117	—	2
Persons[(a)]							
0–49	94	7.1	135	0.6	229	0.9	1
50–54	110	8.3	141	0.6	251	1.0	2
55–59	157	11.8	291	1.2	448	1.8	6
60–64	215	16.2	580	2.5	795	3.2	11
65–69	228	17.1	1,046	4.5	1,274	5.1	16
70–74	217	16.3	2,337	9.9	2,554	10.3	52
75–79	152	11.4	4,240	18.0	4,392	17.7	77
80–84	98	7.4	5,828	24.8	5,926	23.9	99
85–89	36	2.7	5,646	24.0	5,682	22.9	94
90–94	20	1.5	2,691	11.5	2,711	10.9	52
95+	4	0.3	565	2.4	569	2.3	9
Total persons	**1,331**	**100.0**	**23,500**	**100.0**	**24,831**	**100.0**	**419**
Age not stated	10	—	175	—	185	—	4

(a) Persons includes care recipients where sex was not stated.

Table A1.4: CACP care recipients, Indigenous status, by jurisdiction[a] and sex, CACP census period 2002

Sex/ Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
						Number				
Males										
Indigenous	158	84	79	59	28	0	3	57	468	1
Non-Indigenous	2,249	1,927	1,032	618	654	161	106	54	6,801	10
Total males	*2,407*	*2,011*	*1,111*	*677*	*682*	*161*	*109*	*111*	*7,269*	*11*
Not stated	56	30	22	7	3	3	1	2	124	1
Females										
Indigenous	281	145	159	118	46	18	7	91	865	0
Non-Indigenous	6,084	4,145	2,531	1,382	1,711	559	248	54	16,714	11
Total females	*6,365*	*4,290*	*2,690*	*1,500*	*1,757*	*577*	*255*	*145*	*17,579*	*11*
Not stated	159	43	46	14	20	9	3	0	294	0
Persons[b]										
Indigenous	442	230	240	177	74	18	10	149	1,340	1
Non-Indigenous	8,378	6,103	3,577	2,012	2,381	730	359	108	23,648	27
Total persons	**8,820**	**6,333**	**3,817**	**2,189**	**2,455**	**748**	**369**	**257**	**24,988**	**28**
Not stated	218	74	68	21	23	12	4	2	422	1
						Per cent				
Males										
Indigenous	6.6	4.2	7.1	8.7	4.1	0.0	2.8	51.4	6.4	9.1
Non-Indigenous	93.4	95.8	92.9	91.3	95.9	100.0	97.2	48.6	93.6	90.9
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females										
Indigenous	4.4	3.4	5.9	7.9	2.6	3.1	2.7	62.8	4.9	0.0
Non-Indigenous	95.6	96.6	94.1	92.1	97.4	96.9	97.3	37.2	95.1	100.0
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons[b]										
Indigenous	5.0	3.6	6.3	8.1	3.0	2.4	2.7	58.0	5.4	3.6
Non-Indigenous	95.0	96.4	93.7	91.9	97.0	97.6	97.3	42.0	94.6	96.4
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Persons includes care recipients where sex was not stated.

Table A1.5: CACP care recipients, age and sex, by country of birth according to main language spoken, CACP census period 2002

			Overseas-born					
	Australian-born		English speaking		Non-English speaking		Total	
Sex/age	No.	%	No.	%	No.	%	No.	%
Males								
0–49	97	2.0	3	0.3	8	0.5	108	1.5
50–54	94	2.0	9	1.0	8	0.5	111	1.5
55–59	151	3.1	16	1.8	26	1.6	193	2.6
60–64	280	5.8	22	2.5	65	4.0	367	5.0
65–69	326	6.8	39	4.4	102	6.2	467	6.4
70–74	600	12.5	77	8.7	219	13.3	896	12.2
75–79	756	15.7	156	17.6	352	21.4	1,264	17.2
80–84	981	20.4	234	26.5	362	22.0	1,577	21.5
85–89	949	19.7	191	21.6	321	19.5	1,461	19.9
90–94	478	9.9	108	12.2	155	9.4	741	10.1
95+	104	2.2	29	3.3	27	1.6	160	2.2
Total males	*4,816*	*100.0*	*884*	*100.0*	*1,645*	*100.0*	*7,345*	*100.0*
Age not stated	33	—	6	—	19	—	58	—
Females								
0–49	111	0.9	4	0.2	7	0.2	122	0.7
50–54	119	1.0	8	0.4	13	0.4	140	0.8
55–59	214	1.8	14	0.7	32	0.9	260	1.5
60–64	333	2.7	31	1.6	73	2.0	437	2.5
65–69	581	4.8	59	3.0	174	4.8	814	4.6
70–74	1,118	9.2	154	7.8	423	11.6	1,695	9.5
75–79	1,982	16.3	313	15.9	888	24.4	3,183	17.9
80–84	2,878	23.7	511	26.0	1,024	28.1	4,413	24.9
85–89	3,097	25.5	524	26.7	655	18.0	4,276	24.1
90–94	1,427	11.7	286	14.6	289	7.9	2,002	11.3
95+	292	2.4	61	3.1	62	1.7	415	2.3
Total females	*12,152*	*100.0*	*1,965*	*100.0*	*3,640*	*100.0*	*17,757*	*100.0*
Age not stated	70	—	16	—	33	—	119	—
Persons[(a)]								
0–49	208	1.2	7	0.2	15	0.3	230	0.9
50–54	215	1.3	17	0.6	21	0.4	253	1.0
55–59	366	2.1	30	1.0	58	1.1	454	1.8
60–64	614	3.6	53	1.9	139	2.6	806	3.2
65–69	915	5.4	98	3.4	277	5.2	1,290	5.1
70–74	1,729	10.1	232	8.1	645	12.1	2,606	10.3
75–79	2,747	16.1	472	16.5	1,245	23.4	4,464	17.7
80–84	3,878	22.7	750	26.2	1,394	26.2	6,022	23.9
85–89	4,077	23.9	719	25.1	980	18.5	5,776	22.9
90–94	1,918	11.2	396	13.8	447	8.4	2,761	10.9
95+	398	2.3	90	3.1	90	1.7	578	2.3
Total persons	**17,065**	**100.0**	**2,864**	**100.0**	**5,311**	**100.0**	**25,240**	**100.0**
Age not stated	110	—	22	—	57	—	189	—

(a) Persons includes care recipients where sex was not stated.

Note: Table excludes10 care recipients where country of birth was not stated.

Table A1.6: CACP care recipients, country of birth according to main language spoken, by sex and jurisdiction[a], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
						Number				
Males										
Australian-born	1,621	1,319	852	359	441	117	52	82	4,843	6
Overseas-born	—	—	—	—	—	—	—	—	—	—
English speaking background	264	210	107	146	103	14	29	17	890	0
Non-English speaking background	577	512	173	179	141	33	29	14	1,658	6
Total males	*2,462*	*2,041*	*1,132*	*684*	*685*	*164*	*110*	*113*	*7,391*	*12*
Country of birth not stated	1	0	1	0	0	0	0	0	2	0
Females										
Australian-born	4,481	2,882	2,096	859	1,173	445	156	120	12,212	10
Overseas-born	—	—	—	—	—	—	—	—	—	—
English speaking background	627	439	235	308	238	71	51	12	1,981	0
Non-English speaking background	1,415	1,009	405	346	366	67	51	13	3,672	1
Total females	*6,523*	*4,330*	*2,736*	*1,513*	*1,777*	*583*	*258*	*145*	*17,865*	*11*
Country of birth not stated	1	3	0	1	0	3	0	0	8	0
Persons[b]										
Australian-born	6,135	4,224	2,961	1,226	1,625	569	212	203	17,155	20
Overseas-born	—	—	—	—	—	—	—	—	—	—
English speaking background	897	653	342	455	343	87	80	29	2,886	0
Non-English speaking background	2,004	1,527	581	528	510	101	81	27	5,359	9
Total persons	**9,036**	**6,404**	**3,884**	**2,209**	**2,478**	**757**	**373**	**259**	**25,400**	**29**
Country of birth not stated	2	3	1	1	0	3	0	0	10	0
						Per cent				
Males										
Australian-born	65.8	64.6	75.3	52.5	64.4	71.3	47.3	72.6	65.5	
Overseas-born										
English speaking background	10.7	10.3	9.5	21.3	15.0	8.5	26.4	15.0	12.0	
Non-English speaking background	23.4	25.1	15.3	26.2	20.6	20.1	26.4	12.4	22.4	
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Females										
Australian-born	68.7	66.6	76.6	56.8	66.0	76.3	60.5	82.8	68.4	
Overseas-born										
English speaking background	9.6	10.1	8.6	20.4	13.4	12.2	19.8	8.3	11.1	
Non-English speaking background	21.7	23.3	14.8	22.9	20.6	11.5	19.8	9.0	20.6	
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Persons[b]										
Australian-born	67.9	66.0	76.2	55.5	65.6	75.2	56.8	78.4	67.5	
Overseas-born										
English-speaking background	9.9	10.2	8.8	20.6	13.8	11.5	21.4	11.2	11.4	
Non English-speaking background	22.2	23.8	15.0	23.9	20.6	13.3	21.7	10.4	21.1	
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Persons includes care recipients where sex was not stated.

Table A1.7: CACP care recipients, dementia status, by age and sex, CACP census period 2002

	Has dementia		No dementia		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males							
0–49	10	9.3	98	90.7	108	100.0	0
50–54	8	7.2	103	92.8	111	100.0	0
55–59	19	9.9	173	90.1	192	100.0	1
60–64	36	9.9	327	90.1	363	100.0	4
65–69	63	13.5	403	86.5	466	100.0	1
70–74	127	14.3	764	85.7	891	100.0	5
75–79	246	19.5	1,013	80.5	1,259	100.0	5
80–84	327	20.9	1,239	79.1	1,566	100.0	12
85–89	300	20.8	1,145	79.2	1,445	100.0	16
90–94	125	17.1	605	82.9	730	100.0	12
95+	23	14.5	136	85.5	159	100.0	1
Total males	*1,284*	*17.6*	*6,006*	*82.4*	*7,290*	*100.0*	*57*
Age not stated	11	19.3	46	80.7	57	100.0	1
Females							
0–49	5	4.1	117	95.9	122	100.0	0
50–54	8	5.7	132	94.3	140	100.0	0
55–59	13	5.0	247	95.0	260	100.0	0
60–64	45	10.4	386	89.6	431	100.0	6
65–69	93	11.5	717	88.5	810	100.0	4
70–74	257	15.2	1,429	84.8	1,686	100.0	9
75–79	611	19.4	2,543	80.6	3,154	100.0	33
80–84	923	21.0	3,463	79.0	4,386	100.0	29
85–89	879	20.7	3,369	79.3	4,248	100.0	28
90–94	401	20.2	1,588	79.8	1,989	100.0	14
95+	65	16.0	340	84.0	405	100.0	10
Total females	*3,300*	*18.7*	*14,331*	*81.3*	*17,631*	*100.0*	*133*
Age not stated	21	17.6	98	82.4	119	100.0	1
Persons[(a)]							
0–49	15	6.5	215	93.5	230	100.0	0
50–54	16	6.3	237	93.7	253	100.0	0
55–59	32	7.1	421	92.9	453	100.0	1
60–64	82	10.3	714	89.7	796	100.0	10
65–69	159	12.4	1,126	87.6	1,285	100.0	5
70–74	385	14.9	2,206	85.1	2,591	100.0	15
75–79	860	19.4	3,570	80.6	4,430	100.0	38
80–84	1,258	21.0	4,724	79.0	5,982	100.0	43
85–89	1,186	20.7	4,546	79.3	5,732	100.0	44
90–94	529	19.3	2,208	80.7	2,737	100.0	26
95+	90	15.9	477	84.1	567	100.0	11
Total persons	**4,612**	**18.4**	**20,444**	**81.6**	**25,056**	**100.0**	**193**
Age not stated	34	18.2	153	81.8	187	100.0	3

(a) Persons includes care recipients where sex was not stated.

Table A1.8: CACP care recipients, dementia status, by jurisdiction[a] and sex, CACP census period 2002

Sex/dementia status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
					Number					
Males										
Has dementia	494	377	151	112	98	16	27	18	1,293	2
No dementia	1,955	1,645	973	569	581	143	83	94	6,043	9
Total males	*2,449*	*2,022*	*1,124*	*681*	*679*	*159*	*110*	*112*	*7,336*	*11*
Dementia status not stated	14	19	9	3	6	5	0	1	57	1
Females										
Has dementia	1,323	909	424	296	250	40	52	26	3,320	1
No dementia	5,161	3,393	2,290	1,209	1,510	537	203	118	14,421	8
Total females	*6,484*	*4,302*	*2,714*	*1,505*	*1,760*	*577*	*255*	*144*	*17,741*	*9*
Dementia status not stated	40	31	22	9	17	9	3	1	132	2
Persons[b]										
Has dementia	1,829	1,290	580	410	353	56	80	44	4,642	4
No dementia	7,153	5,066	3,274	1,788	2,102	690	290	213	20,576	21
Total persons	**8,982**	**6,356**	**3,854**	**2,198**	**2,455**	**746**	**370**	**257**	**25,218**	**25**
Dementia status not stated	56	51	31	12	23	14	3	2	192	4
					Per cent					
Males										
Has dementia	20.2	18.6	13.4	16.4	14.4	10.1	24.5	16.1	17.6	
No dementia	79.8	81.4	86.6	83.6	85.6	89.9	75.5	83.9	82.4	
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Females										
Has dementia	20.4	21.1	15.6	19.7	14.2	6.9	20.4	18.1	18.7	
No dementia	79.6	78.9	84.4	80.3	85.8	93.1	79.6	81.9	81.3	
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Persons[b]										
Has dementia	20.4	20.3	15.0	18.7	14.4	7.5	21.6	17.1	18.4	
No dementia	79.6	79.7	85.0	81.3	85.6	92.5	78.4	82.9	81.6	
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Persons includes care recipients where sex was not stated.

Table A1.9: CACP care recipients, financial hardship status, by age and sex, CACP census period 2002

	Financial hardship		No financial hardship		Total	Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**No.**
Males						
17–49	84	77.8	24	22.2	108	0
50–54	91	82.7	19	17.3	110	1
55–59	140	73.7	50	26.3	190	3
60–64	235	64.7	128	35.3	363	4
65–69	280	60.1	186	39.9	466	1
70–74	396	44.4	496	55.6	892	4
75–79	409	32.8	839	67.2	1,248	16
80–84	367	23.5	1,193	76.5	1,560	18
85–89	284	19.6	1,167	80.4	1,451	10
90–94	133	18.1	600	81.9	733	9
95+	31	19.4	129	80.6	160	0
Total males	*2,450*	*33.6*	*4,831*	*66.4*	*7,281*	*66*
Age not stated	23	—	34	—	57	1
Females						
17–49	86	71.1	35	28.9	121	1
50–54	119	85.6	20	14.4	139	1
55–59	181	70.2	77	29.8	258	2
60–64	242	56.1	189	43.9	431	6
65–69	381	47.1	428	52.9	809	5
70–74	657	39.0	1,026	61.0	1,683	12
75–79	940	29.8	2,216	70.2	3,156	32
80–84	1,112	25.4	3,266	74.6	4,378	37
85–89	934	22.0	3,308	78.0	4,242	34
90–94	425	21.4	1,557	78.6	1,982	21
95+	91	22.1	320	77.9	411	4
Total females	*5,168*	*29.3*	*12,442*	*70.7*	*17,610*	*155*
Age not stated	31	—	85	—	116	3
Persons[(a)]						
17–49	170	74.2	59	25.8	229	1
50–54	212	84.5	39	15.5	251	2
55–59	322	71.7	127	28.3	449	5
60–64	478	60.1	318	39.9	796	10
65–69	667	51.9	617	48.1	1,284	6
70–74	1,059	40.9	1,531	59.1	2,590	16
75–79	1,355	30.6	3,066	69.4	4,421	48
80–84	1,483	24.8	4,485	75.2	5,968	57
85–89	1,226	21.4	4,506	78.6	5,732	44
90–94	563	20.6	2,170	79.4	2,733	30
95+	122	21.3	452	78.7	574	4
Total persons	**7,657**	**30.6**	**17,370**	**69.4**	**25,027**	**223**
Age not stated	58	—	126	—	184	5

(a) Persons includes care recipients where sex was not stated.

Table A1.10: CACP care recipients, financial hardship status, by sex and jurisdiction[a], CACP census period 2002

Sex/ Financial status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
						Number				
Males										
Financial hardship	762	662	368	261	249	50	37	81	2,470	3
No financial hardship	1,686	1,351	760	419	431	109	72	29	4,857	8
Total males	*2,448*	*2,013*	*1,128*	*680*	*680*	*159*	*109*	*110*	*7,327*	*11*
Financial status not stated	15	28	5	4	5	5	1	3	66	1
Females										
Financial hardship	1,756	1,193	789	536	576	171	90	87	5,198	1
No financial hardship	4,714	3,093	1,924	965	1,190	410	167	55	12,518	9
Total females	*6,470*	*4,286*	*2,713*	*1,501*	*1,766*	*581*	*257*	*142*	*17,716*	*10*
Financial status not stated	54	47	23	13	11	5	1	3	157	1
Persons[b]										
Financial hardship	2,530	1,864	1,164	801	831	223	128	169	7,710	5
No financial hardship	6,438	4,467	2,693	1,392	1,631	527	243	84	17,475	21
Total persons	**8,968**	**6,331**	**3,857**	**2,193**	**2,462**	**750**	**371**	**253**	**25,185**	**26**
Financial status not stated	70	76	28	17	16	10	2	6	225	3
						Per cent				
Males										
Financial hardship	31.1	32.9	32.6	38.4	36.6	31.4	33.9	73.6	33.7	
No financial hardship	68.9	67.1	67.4	61.6	63.4	68.6	66.1	26.4	66.3	
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Females										
Financial hardship	27.1	27.8	29.1	35.7	32.6	29.4	35.0	61.3	29.3	
No financial hardship	72.9	72.2	70.9	64.3	67.4	70.6	65.0	38.7	70.7	
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	
Persons[b]										
Financial hardship	28.2	29.4	30.2	36.5	33.8	29.7	34.5	66.8	30.6	
No financial hardship	71.8	70.6	69.8	63.5	66.2	70.3	65.5	33.2	69.4	
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Persons includes care recipients where sex was not stated.

Table A1.11: CACP care recipients, age and sex, by entitlement to Department of Veterans' Affairs (DVA) benefits, CACP census period 2002

	DVA entitlement		No entitlement		Total	Not known
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**No.**
Males						
0–49	1	0.9	105	99.1	106	2
50–54	2	1.9	105	98.1	107	4
55–59	5	2.7	180	97.3	185	8
60–64	7	2.0	347	98.0	354	13
65–69	10	2.2	443	97.8	453	14
70–74	24	2.8	836	97.2	860	36
75–79	280	22.8	949	77.2	1,229	35
80–84	548	36.1	972	63.9	1,520	58
85–89	340	24.2	1,064	75.8	1,404	57
90–94	127	17.7	592	82.3	719	23
95+	16	10.4	138	89.6	154	6
Total males	*1,360*	*19.2*	*5,731*	*80.8*	*7,091*	*256*
Age not stated	8	—	48	—	56	2
Females						
0–49	2	1.7	118	98.3	120	2
50–54	0	0.0	139	100.0	139	1
55–59	4	1.6	252	98.4	256	4
60–64	10	2.4	415	97.6	425	12
65–69	21	2.7	770	97.3	791	23
70–74	104	6.3	1,537	93.7	1,641	54
75–79	504	16.3	2,581	83.7	3,085	103
80–84	664	15.5	3,614	84.5	4,278	137
85–89	522	12.6	3,618	87.4	4,140	136
90–94	177	9.1	1,762	90.9	1,939	64
95+	32	8.0	368	92.0	400	15
Total females	*2,040*	*11.9*	*15,174*	*88.1*	*17,214*	*551*
Age not stated	13	—	99	—	112	7
Persons[(a)]						
0–49	3	1.3	223	98.7	226	4
50–54	2	0.8	246	99.2	248	5
55–59	9	2.0	433	98.0	442	12
60–64	17	2.2	764	97.8	781	25
65–69	31	2.5	1,221	97.5	1,252	38
70–74	130	5.2	2,386	94.8	2,516	90
75–79	785	18.1	3,546	81.9	4,331	138
80–84	1,219	20.9	4,611	79.1	5,830	195
85–89	865	15.5	4,716	84.5	5,581	195
90–94	304	11.4	2,371	88.6	2,675	88
95+	48	8.6	509	91.4	557	21
Total persons	**3,413**	**14.0**	**21,026**	**86.0**	**24,439**	**811**
Age not stated	24	0	154	0	178	11

(a) Persons includes care recipients where sex was not stated.

Table A1.12: CACP care recipients, entitlement to Department of Veterans' Affairs benefits, by card type and jurisdiction[a], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
						Number				
Veteran[b]										
Gold card	752	622	479	130	241	78	29	7	2,338	4
White card	48	52	38	10	17	7	0	0	172	0
Orange card	1	8	3	1	5	0	1	0	19	0
Veteran, but no card	25	43	17	13	13	4	0	0	115	0
Veteran, but type unknown	321	168	79	76	98	26	18	2	788	1
Total veterans	*1,147*	*893*	*616*	*230*	*374*	*115*	*48*	*9*	3,432	*5*
No veteran related status	7,561	5,334	3,153	1,882	2,052	627	320	231	21,160	20
Not known	271	113	58	76	31	4	1	14	568	1
Total persons	**8,979**	**6,340**	**3,827**	**2,188**	**2,457**	**746**	**369**	**254**	**25,160**	**26**
Veteran status not stated	59	67	58	22	21	14	4	5	250	3
						Per cent				
Veteran[b]										
Gold card	8.4	9.8	12.5	5.9	9.8	10.5	7.9	2.8	9.3	
White card	0.5	0.8	1.0	0.5	0.7	0.9	0.0	0.0	0.7	
Orange card	0.0	0.1	0.1	0.0	0.2	0.0	0.3	0.0	0.1	
Veteran, but no card	0.3	0.7	0.4	0.6	0.5	0.5	0.0	0.0	0.5	
Veteran, but type unknown	3.6	2.6	2.1	3.5	4.0	3.5	4.9	0.8	3.1	
Total veterans	*12.8*	*14.1*	*16.1*	*10.5*	*15.2*	*15.4*	*13.0*	*3.5*	*13.6*	
No veteran related status	84.2	84.1	82.4	86.0	83.5	84.0	86.7	90.9	84.1	
Not known	3.0	1.8	1.5	3.5	1.3	0.5	0.3	5.5	2.3	
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

(b) For this table a veteran refers to a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran.

Table A1.13: CACP care recipients, accommodation type, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
Accommodation type					**Number**					
Private—owned/purchasing	5,465	4,290	2,482	1,217	1,459	461	208	32	15,614	18
Private rental	517	449	351	169	109	60	10	12	1,677	3
Private but type unknown	296	206	127	77	52	14	18	4	794	0
Public rental or community housing	1,480	959	459	451	551	111	84	164	4,259	4
Independent in retirement village	830	318	337	208	244	103	48	12	2,100	2
Boarding house/hostel	37	68	44	27	8	1	0	5	190	0
Short-term crisis/emergency accommodation	5	5	6	1	0	1	0	1	19	0
Public place/temporary shelter	7	4	10	12	0	0	0	3	36	0
Other	125	65	27	20	37	2	1	23	300	0
Unknown	29	15	8	1	0	0	1	0	54	0
Total persons	**8,791**	**6,379**	**3,851**	**2,183**	**2,460**	**753**	**370**	**256**	**25,043**	**27**
Accommodation type not stated	247	28	34	27	18	7	3	3	367	2
					Per cent					
Privateowned/purchasing	62.2	67.3	64.5	55.7	59.3	61.2	56.2	12.5	62.3	
Private rental	5.9	7.0	9.1	7.7	4.4	8.0	2.7	4.7	6.7	
Private but type unknown	3.4	3.2	3.3	3.5	2.1	1.9	4.9	1.6	3.2	
Public rental or community housing	16.8	15.0	11.9	20.7	22.4	14.7	22.7	64.1	17.0	
Independent in retirement village	9.4	5.0	8.8	9.5	9.9	13.7	13.0	4.7	8.4	
Boarding house/hostel	0.4	1.1	1.1	1.2	0.3	0.1	0.0	2.0	0.8	
Short-term crisis/emergency accommodation	0.1	0.1	0.2	0.0	0.0	0.1	0.0	0.4	0.1	
Public place/ temporary shelter	0.1	0.1	0.3	0.5	0.0	0.0	0.0	1.2	0.1	
Other	1.4	1.0	0.7	0.9	1.5	0.3	0.3	9.0	1.2	
Unknown	0.3	0.2	0.2	0.0	0.0	0.0	0.3	0.0	0.2	
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

Table A1.14: CACP care recipients, carer availability, by age and sex, CACP census period 2002

	Has a carer		Has no carer		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males							
0–49	48	46.2	56	53.8	104	100.0	4
50–54	45	41.7	63	58.3	108	100.0	3
55–59	79	41.1	113	58.9	192	100.0	1
60–64	164	44.9	201	55.1	365	100.0	2
65–69	201	43.5	261	56.5	462	100.0	5
70–74	466	52.2	426	47.8	892	100.0	4
75–79	707	56.5	544	43.5	1,251	100.0	13
80–84	954	60.8	616	39.2	1,570	100.0	8
85–89	913	63.1	533	36.9	1,446	100.0	15
90–94	473	64.4	262	35.6	735	100.0	7
95+	100	62.9	59	37.1	159	100.0	1
Total males	*4,150*	*57.0*	*3,134*	*43.0*	*7,284*	*100.0*	*63*
Age not stated	36	—	22	—	58	—	0
Females							
0–49	66	55.5	53	44.5	119	100.0	3
50–54	75	55.6	60	44.4	135	100.0	5
55–59	127	49.0	132	51.0	259	100.0	1
60–64	217	50.1	216	49.9	433	100.0	4
65–69	428	53.1	378	46.9	806	100.0	8
70–74	916	54.7	758	45.3	1,674	100.0	21
75–79	1,753	55.7	1,397	44.3	3,150	100.0	38
80–84	2,485	56.7	1,894	43.3	4,379	100.0	36
85–89	2,432	57.4	1,804	42.6	4,236	100.0	40
90–94	1,157	58.4	825	41.6	1,982	100.0	21
95+	237	57.4	176	42.6	413	100.0	2
Total females	*9,893*	*56.3*	*7,693*	*43.7*	*17,586*	*100.0*	*179*
Age not stated	74	—	43	—	117	—	2
Persons[(a)]							
0–49	114	51.1	109	48.9	223	100.0	7
50–54	120	49.0	125	51.0	245	100.0	8
55–59	206	45.6	246	54.4	452	100.0	2
60–64	381	47.7	418	52.3	799	100.0	7
65–69	632	49.5	645	50.5	1,277	100.0	13
70–74	1,391	53.9	1,190	46.1	2,581	100.0	25
75–79	2,470	55.9	1,947	44.1	4,417	100.0	52
80–84	3,455	57.8	2,526	42.2	5,981	100.0	44
85–89	3,368	58.9	2,353	41.1	5,721	100.0	55
90–94	1,642	60.0	1,093	40.0	2,735	100.0	28
95+	339	59.0	236	41.0	575	100.0	3
Total persons	**14,118**	**56.5**	**10,888**	**43.5**	**25,006**	**100.0**	**244**
Age not stated	113	—	72	—	185	—	4

(a) Persons includes care recipients where sex was not stated.

Table A1.15: CACP care recipients, carer residency, by age and sex, CACP census period 2002

	Co-resident carer		Non-resident carer		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males							
0–49	38	79.2	10	20.8	48	100.0	0
50–54	32	71.1	13	28.9	45	100.0	0
55–59	61	77.2	18	22.8	79	100.0	0
60–64	128	78.5	35	21.5	163	100.0	1
65–69	146	73.4	53	26.6	199	100.0	2
70–74	334	72.3	128	27.7	462	100.0	4
75–79	469	66.7	234	33.3	703	100.0	4
80–84	616	65.0	332	35.0	948	100.0	6
85–89	497	54.7	411	45.3	908	100.0	5
90–94	243	52.3	222	47.7	465	100.0	8
95+	43	43.4	56	56.6	99	100.0	1
Total males	*2,607*	*63.3*	*1,512*	*36.7*	*4,119*	*100.0*	*31*
Age not stated	21	—	15	—	36	—	0
Females							
0–49	50	79.4	13	20.6	63	100.0	3
50–54	64	85.3	11	14.7	75	100.0	0
55–59	104	82.5	22	17.5	126	100.0	1
60–64	148	68.8	67	31.2	215	100.0	2
65–69	268	63.7	153	36.3	421	100.0	7
70–74	547	60.3	360	39.7	907	100.0	9
75–79	887	50.9	855	49.1	1,742	100.0	11
80–84	1,035	42.0	1,432	58.0	2,467	100.0	18
85–89	933	38.6	1,485	61.4	2,418	100.0	14
90–94	389	34.0	755	66.0	1,144	100.0	13
95+	95	41.3	135	58.7	230	100.0	7
Total females	*4,520*	*46.1*	*5,288*	*53.9*	*9,808*	*100.0*	*85*
Age not stated	39	—	35	—	74	—	0
Persons[(a)]							
0–49	88	79.3	23	20.7	111	100.0	3
50–54	96	80.0	24	20.0	120	100.0	0
55–59	165	80.5	40	19.5	205	100.0	1
60–64	276	73.0	102	27.0	378	100.0	3
65–69	415	66.6	208	33.4	623	100.0	9
70–74	885	64.2	493	35.8	1,378	100.0	13
75–79	1,360	55.4	1,095	44.6	2,455	100.0	15
80–84	1,658	48.3	1,773	51.7	3,431	100.0	24
85–89	1,436	42.9	1,913	57.1	3,349	100.0	19
90–94	636	39.2	985	60.8	1,621	100.0	21
95+	138	41.7	193	58.3	331	100.0	8
Total persons	**7,153**	**51.1**	**6,849**	**48.9**	**14,002**	**100.0**	**116**
Age not stated	62	—	51	—	113	—	0

(a) Persons includes care recipients where sex was not stated.

Table A1.16: CACP care recipients with carers, relationship of carers, by sex and age, CACP census period 2002

	Spouse		Parent		Daughter/son		Other relative		Friend/neighbour		Unknown		Total		Not stated
Sex/age	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Males															
0–49	9	19.6	16	34.8	4	8.7	13	28.3	2	4.3	2	4.3	46	100.0	2
50–54	23	51.1	7	15.6	4	8.9	8	17.8	2	4.4	1	2.2	45	100.0	0
55–59	40	50.6	8	10.1	11	13.9	17	21.5	3	3.8	0	0.0	79	100.0	0
60–64	103	64.0	2	1.2	20	12.4	25	15.5	11	6.8	0	0.0	161	100.0	3
65–69	108	55.4	2	1.0	44	22.6	27	13.8	13	6.7	1	0.5	195	100.0	6
70–74	278	60.3	0	0.0	122	26.5	38	8.2	21	4.6	2	0.4	461	100.0	5
75–79	372	53.5	0	0.0	248	35.7	39	5.6	33	4.7	3	0.4	695	100.0	12
80–84	502	53.9	0	0.0	344	36.9	43	4.6	42	4.5	1	0.1	932	100.0	22
85–89	378	42.2	0	0.0	426	47.5	44	4.9	44	4.9	4	0.4	896	100.0	16
90–94	170	37.4	0	0.0	232	51.0	26	5.7	25	5.5	2	0.4	455	100.0	18
95+	25	26.3	0	0.0	57	60.0	9	9.5	4	4.2	0	0.0	95	100.0	5
Total males	*2,008*	*49.5*	*35*	*0.9*	*1,512*	*37.2*	*289*	*7.1*	*200*	*4.9*	*16*	*0.4*	*4,060*	*100.0*	*89*
Age not stated	19	—	0	—	10	—	2	—	3	8.6	1	—	35	—	1
Females															
0–49	28	43.8	12	18.8	11	17.2	7	10.9	6	9.4	0	0.0	64	100.0	2
50–54	35	49.3	8	11.3	16	22.5	9	12.7	3	4.2	0	0.0	71	100.0	4
55–59	69	55.6	3	2.4	38	30.6	10	8.1	4	3.2	0	0.0	124	100.0	3
60–64	96	45.3	3	1.4	75	35.4	24	11.3	13	6.1	1	0.5	212	100.0	5
65–69	172	40.6	1	0.2	198	46.7	31	7.3	17	4.0	5	1.2	424	100.0	4
70–74	356	39.8	1	0.1	433	48.4	74	8.3	27	3.0	4	0.4	895	100.0	21
75–79	540	31.5	1	0.1	1,013	59.0	95	5.5	64	3.7	3	0.2	1,716	100.0	37
80–84	551	22.7	0	0.0	1,547	63.7	180	7.4	143	5.9	8	0.3	2,429	100.0	56
85–89	387	16.3	0	0.0	1,648	69.5	199	8.4	127	5.4	10	0.4	2,371	100.0	61
90–94	100	8.9	0	0.0	804	71.5	130	11.6	85	7.6	5	0.4	1,124	100.0	33
95+	13	5.7	0	0.0	159	70.0	35	15.4	18	7.9	2	0.9	227	100.0	10
Total females	*2,347*	*24.3*	*29*	*0.3*	*5,942*	*61.5*	*794*	*8.2*	*507*	*5.3*	*38*	*0.4*	*9,657*	*100.0*	*236*
Age not stated	19	—	0	—	46	—	0	—	5	—	0	—	70	—	4

(continued)

Table A1.16 (continued): CACP care recipients with carers, relationship of carers, by sex and age, CACP census period 2002

	Spouse		Parent		Daughter/son		Other relative		Friend/ neighbour		Unknown		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Persons[(a)]															
0–49	37	33.6	28	25.5	15	13.6	20	18.2	8	7.3	2	1.8	110	100.0	4
50–54	58	50.0	15	12.9	20	17.2	17	14.7	5	4.3	1	0.9	116	100.0	4
55–59	109	53.7	11	5.4	49	24.1	27	13.3	7	3.4	0	0.0	203	100.0	3
60–64	199	53.4	5	1.3	95	25.5	49	13.1	24	6.4	1	0.3	373	100.0	8
65–69	280	45.0	3	0.5	244	39.2	59	9.5	30	4.8	6	1.0	622	100.0	10
70–74	636	46.6	1	0.1	558	40.9	116	8.5	48	3.5	6	0.4	1,365	100.0	26
75–79	916	37.9	1	0.0	1,266	52.3	134	5.5	97	4.0	6	0.2	2,420	100.0	50
80–84	1,058	31.3	0	0.0	1,900	56.3	225	6.7	185	5.5	9	0.3	3,377	100.0	78
85–89	767	23.3	0	0.0	2,092	63.6	244	7.4	172	5.2	15	0.5	3,290	100.0	75
90–94	271	17.0	0	0.0	1,044	65.7	158	9.9	110	6.9	7	0.4	1,590	100.0	50
95+	38	11.7	0	0.0	218	67.3	44	13.6	22	6.8	2	0.6	324	100.0	15
Total persons	**4,369**	**31.7**	**64**	**0.5**	**7,501**	**54.4**	**1,093**	**7.9**	**708**	**5.1**	**55**	**0.4**	**13,790**	**100.0**	**328**
Age not stated	39	—	0	—	57	—	3	—	8	—	1	—	108	—	5

(a) Persons includes care recipients where sex was not stated.

Table A1.17: CACP care recipients with and without dementia, age and sex, by carer status, CACP census period 2002

	Has a carer		Has no carer		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
With dementia							
Males							
0–49	3	33.3	6	66.7	9	100.0	1
50–54	3	37.5	5	62.5	8	100.0	0
55–59	11	57.9	8	42.1	19	100.0	0
60–64	22	61.1	14	38.9	36	100.0	0
65–69	32	51.6	30	48.4	62	100.0	1
70–74	98	77.2	29	22.8	127	100.0	0
75–79	176	71.8	69	28.2	245	100.0	1
80–84	243	74.3	84	25.7	327	100.0	0
85–89	219	74.0	77	26.0	296	100.0	4
90–94	102	81.6	23	18.4	125	100.0	0
95+	19	82.6	4	17.4	23	100.0	0
Total males	*928*	*72.7*	*349*	*27.3*	*1,277*	*100.0*	*7*
Age not stated	7	63.6	4	36.4	11	100.0	0
Females							
0–49	3	60.0	2	40.0	5	100.0	0
50–54	4	57.1	3	42.9	7	100.0	1
55–59	11	84.6	2	15.4	13	100.0	0
60–64	35	77.8	10	22.2	45	100.0	0
65–69	70	75.3	23	24.7	93	100.0	0
70–74	193	75.7	62	24.3	255	100.0	2
75–79	437	72.2	168	27.8	605	100.0	6
80–84	687	75.2	227	24.8	914	100.0	9
85–89	655	75.3	215	24.7	870	100.0	9
90–94	289	72.3	111	27.8	400	100.0	1
95+	47	72.3	18	27.7	65	100.0	0
Total females	*2,431*	*74.3*	*841*	*25.7*	*3,272*	*100.0*	*28*
Age not stated	18	85.7	3	14.3	21	100.0	0
Persons[(a)]							
0–49	6	42.9	8	57.1	14	100.0	1
50–54	7	46.7	8	53.3	15	100.0	1
55–59	22	68.8	10	31.3	32	100.0	0
60–64	57	69.5	25	30.5	82	100.0	0
65–69	104	65.8	54	34.2	158	100.0	1
70–74	291	76.0	92	24.0	383	100.0	2
75–79	616	72.2	237	27.8	853	100.0	7
80–84	936	74.9	313	25.1	1,249	100.0	9
85–89	877	74.8	296	25.2	1,173	100.0	13
90–94	393	74.4	135	25.6	528	100.0	1
95+	68	75.6	22	24.4	90	100.0	0
Total persons	**3,377**	**73.8**	**1,200**	**26.2**	**4,577**	**100.0**	**35**
Age not stated	27	79.4	7	—	34	100.0	0

(continued)

Table A1.17 (continued): CACP care recipients with and without dementia, age and sex, by carer status, CACP census period 2002

	Has a carer		Has no carer		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Without dementia							
Males							
0–49	45	47.4	50	52.6	95	100.0	3
50–54	42	42.0	58	58.0	100	100.0	3
55–59	67	39.0	105	61.0	172	100.0	1
60–64	139	42.8	186	57.2	325	100.0	2
65–69	168	42.1	231	57.9	399	100.0	4
70–74	365	48.0	395	52.0	760	100.0	4
75–79	529	52.7	474	47.3	1,003	100.0	10
80–84	705	57.2	527	42.8	1,232	100.0	7
85–89	683	60.2	452	39.8	1,135	100.0	10
90–94	362	60.3	238	39.7	600	100.0	5
95+	80	59.3	55	40.7	135	100.0	1
Total males	*3,185*	*53.5*	*2,771*	*46.5*	*5,956*	*100.0*	*50*
Age not stated	28	60.9	18	39.1	46	100.0	0
Females							
0–49	63	55.3	51	44.7	114	100.0	3
50–54	71	55.5	57	44.5	128	100.0	4
55–59	116	47.2	130	52.8	246	100.0	1
60–64	178	46.6	204	53.4	382	100.0	4
65–69	357	50.3	353	49.7	710	100.0	7
70–74	718	50.9	693	49.1	1,411	100.0	18
75–79	1,303	51.8	1,211	48.2	2,514	100.0	30
80–84	1,785	51.9	1,653	48.1	3,438	100.0	25
85–89	1,765	52.8	1,575	47.2	3,340	100.0	29
90–94	862	54.9	707	45.1	1,569	100.0	19
95+	183	54.1	155	45.9	338	100.0	2
Total females	*7,401*	*52.2*	*6,789*	*47.8*	*14,190*	*100.0*	*142*
Age not stated	56	58.9	39	41.1	95	100.0	2
Persons[(a)]							
0–49	108	51.7	101	48.3	209	100.0	6
50–54	113	49.1	117	50.9	230	100.0	7
55–59	183	43.7	236	56.3	419	100.0	2
60–64	317	44.8	390	55.2	707	100.0	7
65–69	526	47.2	589	52.8	1,115	100.0	11
70–74	1,092	50.0	1,092	50.0	2,184	100.0	22
75–79	1,839	52.1	1,691	47.9	3,530	100.0	41
80–84	2,499	53.3	2,193	46.7	4,692	100.0	32
85–89	2,468	54.8	2,039	45.2	4,507	100.0	39
90–94	1,234	56.5	950	43.5	2,184	100.0	24
95+	263	55.5	211	44.5	474	100.0	3
Total persons	**10,642**	**52.6**	**9,609**	**47.4**	**20,251**	**100.0**	**194**
Age not stated	85	57.0	64	43.0	149	100.0	3

(a) Persons includes care recipients where sex was not stated.

Table A1.18: CACP care recipients, age and sex, by living arrangements, CACP census period 2002

	Lives alone		Lives with family		Lives with others		Total		Not stated
Sex / age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males									
0–49	53	1.4	48	1.5	6	3.4	107	1.5	1
50–54	66	1.7	39	1.2	6	3.4	111	1.5	0
55–59	108	2.8	75	2.3	10	5.7	193	2.6	0
60–64	190	4.9	145	4.4	31	17.6	366	5.0	1
65–69	275	7.1	170	5.2	18	10.2	463	6.3	4
70–74	475	12.3	392	11.9	21	11.9	888	12.2	8
75–79	646	16.8	586	17.9	24	13.6	1,256	17.2	8
80–84	764	19.8	783	23.9	28	15.9	1,575	21.6	3
85–89	766	19.9	670	20.4	17	9.7	1,453	19.9	8
90–94	407	10.6	318	9.7	12	6.8	737	10.1	5
95+	101	2.6	55	1.7	3	1.7	159	2.2	1
Total males	*3,851*	*100.0*	*3,281*	*100.0*	*176*	*100.0*	*7,308*	*100.0*	*39*
Age not stated	33	—	25	—	0	—	58	—	0
Females									
0–49	41	0.4	72	1.2	9	2.4	122	0.7	0
50–54	42	0.4	87	1.5	10	2.7	139	0.8	1
55–59	94	0.8	156	2.7	10	2.7	260	1.5	0
60–64	196	1.7	212	3.7	26	7.0	434	2.5	3
65–69	410	3.6	380	6.6	19	5.1	809	4.6	5
70–74	956	8.4	705	12.2	29	7.8	1,690	9.6	5
75–79	1,928	16.9	1,180	20.4	66	17.6	3,174	18.1	13
80–84	2,957	25.9	1,348	23.3	85	22.7	4,390	25.0	25
85–89	3,053	26.8	1,127	19.5	77	20.6	4,257	24.2	19
90–94	1,495	13.1	465	8.0	38	10.2	1,998	11.4	5
95+	305	2.7	101	1.7	7	1.9	413	2.4	2
Total females	*11,402*	*11,402*	*5,790*	*100.0*	*374*	*100.0*	*17,566*	*100.0*	*100.0*
Age not stated	75		—	43	—	—	—	—	0
Persons[(a)]									
0–49	94	0.6	120	1.3	15	2.7	229	0.9	1
50–54	109	0.7	126	1.4	17	2.9	252	1.0	1
55–59	202	1.3	231	2.5	21	3.6	454	1.8	0
60–64	388	2.5	357	3.9	57	10.3	802	3.2	4
65–69	691	4.5	553	6.0	37	6.7	1,281	5.1	9
70–74	1,440	9.3	1,103	12.1	50	9.1	2,593	10.3	13
75–79	2,587	16.8	1,770	19.3	90	16.3	4,447	17.7	21
80–84	3,742	24.3	2,142	23.4	113	20.5	5,997	23.9	28
85–89	3,849	25.0	1,806	19.7	94	17.0	5,749	22.9	27
90–94	1,915	12.4	788	8.6	50	9.1	2,753	11.0	10
95+	409	2.7	156	1.7	10	1.8	575	2.3	3
Total	**15,426**	**100.0**	**9,152**	**100.0**	**554**	**100.0**	**25,132**	**100.0**	**117**
Age not stated	116	—	71	—	2	—	189	—	1

(a) Persons includes care recipients where sex was not stated.

Table A1.19: CACP care recipients, sex and living arrangements, by carer status, CACP census period 2002

Sex/living arrangements	Has a carer		No carer		Total		Not stated
	No.	%	No.	%	No.	%	No.
Males							
Lives alone	1,300	33.8	2,547	66.2	3,847	100.0	37
Lives with family	2,783	84.7	504	15.3	3,287	100.0	19
Lives with others	84	48.3	90	51.7	174	100.0	2
Total males	*4,167*	*57.0*	*3,141*	*43.0*	*7,308*	*100.0*	*5*
Living arrangement not stated	19	—	15	—	39	—	*63*
Females							
Lives alone	4,873	42.6	6,567	57.4	11,440	100.0	112
Lives with family	4,806	82.5	1,018	17.5	5,824	100.0	52
Lives with others	252	67.6	121	32.4	373	100.0	5
Total females	*9,931*	*56.3*	*7,706*	*43.7*	*17,637*	*100.0*	*12*
Living arrangement not stated	36	—	30	—	78	—	*181*
Persons[(a)]							
Lives alone	6,217	40.4	9,174	59.6	15,391	100.0	151
Lives with family	7,623	83.3	1,528	16.7	9,151	100.0	72
Lives with others	336	61.2	213	38.8	549	100.0	7
Total persons	**14,176**	**56.5**	**10,915**	**43.5**	**25,091**	**100.0**	**18**
Living arrangement not stated	55	—	45	—	100	—	248

(a) Persons includes care recipients where sex was not stated.

Table A1.20: CACP care recipients, need for assistance in individual activities of daily living, by age, CACP census period 2002

	Age												
	0–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85–89	90–94	95+	Total	Not stated
Activity	**Number**												
Eating	40	40	73	140	207	417	744	1,026	964	515	131	4297	30
Showering/bathing	107	106	220	406	674	1,436	2,431	3,333	3,457	1,749	401	14320	106
Dressing	93	82	171	290	497	1,107	1,834	2,548	2,584	1,313	298	10817	74
Toiletting	41	36	67	99	187	354	550	689	627	333	100	3083	27
Managing incontinence	41	38	62	123	225	429	762	1,065	1,098	575	161	4579	45
Maintaining or changing body position	39	34	59	101	181	305	463	580	540	267	72	2641	22
Carrying, moving or manipulating objects	131	138	248	401	722	1,410	2,367	3,155	3,107	1,487	341	13507	93
Getting in or out of a bed or chair	54	48	91	147	245	487	719	901	830	411	108	4041	37
Walking and related activities	107	106	214	350	575	1,208	2,055	2,791	2,752	1,352	311	11821	95
Using public transport	136	149	260	465	796	1,722	2,969	4,123	3,973	1,970	411	16974	131
Understanding or making oneself understood by others	67	52	90	154	244	397	688	861	769	381	83	3786	28
No assistance needed	38	45	70	125	171	282	454	537	432	158	30	2342	14
Number of persons	230	250	441	792	1,259	2,561	4,408	5,924	5,690	2,722	574	24851	702
Not stated		3	13	14	31	45	61	101	86	41	4	399	6
	Per cent												
Eating	17.4	16.0	16.6	17.7	16.4	16.3	16.9	17.3	16.9	18.9	22.8	17.3	
Showering/bathing	46.5	42.4	49.9	51.3	53.5	56.1	55.1	56.3	60.8	64.3	69.9	57.6	
Dressing	40.4	32.8	38.8	36.6	39.5	43.2	41.6	43.0	45.4	48.2	51.9	43.5	
Toileting	17.8	14.4	15.2	12.5	14.9	13.8	12.5	11.6	11.0	12.2	17.4	12.4	
Managing incontinence	17.8	15.2	14.1	15.5	17.9	16.8	17.3	18.0	19.3	21.1	28.0	18.4	
Maintaining or changing body position	17.0	13.6	13.4	12.8	14.4	11.9	10.5	9.8	9.5	9.8	12.5	10.6	
Carrying, moving or manipulating objects	57.0	55.2	56.2	50.6	57.3	55.1	53.7	53.3	54.6	54.6	59.4	54.4	
Getting in or out of a bed or chair	23.5	19.2	20.6	18.6	19.5	19.0	16.3	15.2	14.6	15.1	18.8	16.3	
Walking and related activities	46.5	42.4	48.5	44.2	45.7	47.2	46.6	47.1	48.4	49.7	54.2	47.6	
Using public transport	59.1	59.6	59.0	58.7	63.2	67.2	67.4	69.6	69.8	72.4	71.6	68.3	
Understanding or making oneself understood by others	29.1	20.8	20.4	19.4	19.4	15.5	15.6	14.5	13.5	14.0	14.5	15.2	
No assistance needed	16.5	18.0	15.9	15.8	13.6	11.0	10.3	9.1	7.6	5.8	5.2	9.4	

Note: Percentages do not add up to 100% as care recipients may need assistance in more than one activity.

Table A1.21: CACP care recipients, severe or profound core activity limitations, by age and sex, CACP census period 2002

	Self care		Mobility		Communication		None		Total	Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**No.**
Males										
0–49	57	52.8	61	56.5	41	38.0	30	27.8	108	0
50–54	40	36.7	60	55.0	27	24.8	35	32.1	109	2
55–59	101	54.3	116	62.4	46	24.7	39	21.0	186	7
60–64	210	58.3	230	63.9	91	25.3	73	20.3	360	7
65–69	275	59.9	307	66.9	110	24.0	83	18.1	459	8
70–74	551	62.8	598	68.1	173	19.7	151	17.2	878	18
75–79	797	64.0	836	67.1	230	18.5	207	16.6	1,246	18
80–84	989	63.9	1,027	66.3	271	17.5	262	16.9	1,548	30
85–89	921	63.9	985	68.4	241	16.7	236	16.4	1,441	20
90–94	469	64.7	503	69.4	125	17.2	96	13.2	725	17
95+	114	71.3	117	73.1	27	16.9	25	15.6	160	0
Total males	4,524	62.7	4,840	67.0	1,382	19.1	1,237	17.1	7,220	**127**
Age not stated	31	—	42	—	10	—	7	—	56	2
Females										
0–49	70	57.4	89	73.0	26	21.3	16	13.1	122	0
50–54	76	54.7	98	70.5	24	17.3	28	20.1	139	1
55–59	150	59.1	186	73.2	43	16.9	44	17.3	254	6
60–64	232	54.0	276	64.2	62	14.4	92	21.4	430	7
65–69	465	58.8	552	69.8	132	16.7	137	17.3	791	23
70–74	1,023	61.3	1,152	69.0	221	13.2	288	17.3	1,669	26
75–79	1,886	59.9	2,182	69.4	455	14.5	522	16.6	3,146	42
80–84	2,709	62.4	3,041	70.0	587	13.5	666	15.3	4,344	71
85–89	2,872	68.2	2,987	70.9	524	12.4	526	12.5	4,211	65
90–94	1,416	71.6	1,412	71.3	254	12.8	222	11.2	1,979	24
95+	317	77.1	305	74.2	56	13.6	33	8.0	411	4
Total females	11,216	64.1	12,280	70.2	2,384	13.6	2,574	14.7	17,496	269
Age not stated	78	—	82	—	14	—	15	—	116	3
Persons[(a)]										
0–49	127	55.2	150	65.2	67	29.1	46	20.0	230	0
50–54	118	47.2	160	64.0	52	20.8	63	25.2	250	3
55–59	252	57.1	302	68.5	90	20.4	83	18.8	441	13
60–64	444	56.1	507	64.0	154	19.4	165	20.8	792	14
65–69	746	59.3	863	68.5	244	19.4	221	17.6	1,259	31
70–74	1,585	61.9	1,762	68.8	397	15.5	440	17.2	2,561	45
75–79	2,693	61.1	3,028	68.7	688	15.6	733	16.6	4,408	61
80–84	3,715	62.7	4,089	69.0	861	14.5	935	15.8	5,924	101
85–89	3,812	67.0	3,994	70.2	769	13.5	771	13.6	5,690	86
90–94	1,900	69.8	1,927	70.8	381	14.0	320	11.8	2,722	41
95+	433	75.4	424	73.9	83	14.5	59	10.3	574	4
Total persons	**15,825**	63.7	**17,206**	69.2	**3,786**	15.2	**3,836**	15.4	**24,851**	**399**
Age not stated	117	—	130	—	28	—	25	—	183	6

(a) Persons includes care recipients where sex was not stated.

Table A1.22: CACP care recipients, number of severe or profound core activity limitations, by age and sex, CACP census period 2002

	Number of severe or profound core activity limitations										
	None		1		2		3		Total		Not stated
Sex/age	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Males											
0–49	30	27.8	20	18.5	35	32.4	23	21.3	108	100.0	0
50–54	35	32.1	32	29.4	31	28.4	11	10.1	109	100.0	2
55–59	39	21.0	56	30.1	66	35.5	25	13.4	186	100.0	7
60–64	73	20.3	95	26.4	140	38.9	52	14.4	360	100.0	7
65–69	83	18.1	129	28.1	178	38.8	69	15.0	459	100.0	8
70–74	151	17.2	244	27.8	371	42.3	112	12.8	878	100.0	18
75–79	207	16.6	365	29.3	524	42.1	150	12.0	1,246	100.0	18
80–84	262	16.9	460	29.7	651	42.1	175	11.3	1,548	100.0	30
85–89	236	16.4	424	29.4	620	43.0	161	11.2	1,441	100.0	20
90–94	96	13.2	243	33.5	304	41.9	82	11.3	725	100.0	17
95+	25	15.6	33	20.6	81	50.6	21	13.1	160	100.0	0
Total males	*1,237*	*17.1*	*2,101*	*29.1*	*3,001*	*41.6*	*881*	*12.2*	*7,220*	*100.0*	*127*
Age not stated	7	—	22	—	20	—	7	—	56	100.0	2
Females											
0–49	16	13.1	40	32.8	53	43.4	13	10.7	122	100.0	0
50–54	28	20.1	37	26.6	61	43.9	13	9.4	139	100.0	1
55–59	44	17.3	68	26.8	115	45.3	27	10.6	254	100.0	6
60–64	92	21.4	142	33.0	160	37.2	36	8.4	430	100.0	7
65–69	137	17.3	244	30.8	325	41.1	85	10.7	791	100.0	23
70–74	288	17.3	507	30.4	733	43.9	141	8.4	1,669	100.0	26
75–79	522	16.6	1,000	31.8	1,349	42.9	275	8.7	3,146	100.0	42
80–84	666	15.3	1,384	31.9	1,929	44.4	365	8.4	4,344	100.0	71
85–89	526	12.5	1,360	32.3	1,952	46.4	373	8.9	4,211	100.0	65
90–94	222	11.2	626	31.6	937	47.3	194	9.8	1,979	100.0	24
95+	33	8.0	121	29.4	214	52.1	43	10.5	411	100.0	4
Total females	*2,574*	*14.7*	*5,529*	*31.6*	*7,828*	*44.7*	*1,565*	*8.9*	*17,496*	*100.0*	*269*
Age not stated	15	—	40	—	49	—	12	—	116	—	3

(continued)

Table A1.22 (continued): CACP care recipients, number of severe or profound core activity limitations, by age and sex, CACP census period 2002

	Number of severe or profound core activity limitations										
	None		1		2		3		Total		Not stated
Sex/age	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Persons[(a)]											
0–49	46	20.0	60	26.1	88	38.3	36	15.7	230	100.0	0
50–54	63	25.2	69	27.6	93	37.2	25	10.0	250	100.0	3
55–59	83	18.8	124	28.1	182	41.3	52	11.8	441	100.0	13
60–64	165	20.8	237	29.9	302	38.1	88	11.1	792	100.0	14
65–69	221	17.6	377	29.9	507	40.3	154	12.2	1,259	100.0	31
70–74	440	17.2	754	29.4	1,111	43.4	256	10.0	2,561	100.0	45
75–79	733	16.6	1,368	31.0	1,880	42.6	427	9.7	4,408	100.0	61
80–84	935	15.8	1,855	31.3	2,592	43.8	542	9.1	5,924	100.0	101
85–89	771	13.6	1,800	31.6	2,582	45.4	537	9.4	5,690	100.0	86
90–94	320	11.8	873	32.1	1,252	46.0	277	10.2	2,722	100.0	41
95+	59	10.3	154	26.8	297	51.7	64	11.1	574	100.0	4
Total persons	**3,836**	**15.4**	**7,671**	**30.9**	**10,886**	**43.8**	**2,458**	**9.9**	**24,851**	**100.0**	**399**
Age not stated	25	—	64	—	71	—	23	—	183	—	6

(a) Persons includes care recipients where sex was not stated.

Table A1.23: CACP care recipients, supplementary status, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
					Number					
Funded client	8,415	6,268	3,753	2,108	2,338	678	337	249	24,146	25
Supplementary client	452	31	61	77	101	70	27	6	825	1
Total	**8,867**	**6,299**	**3,814**	**2,185**	**2,439**	**748**	**364**	**255**	**24,971**	**26**
Not stated	171	108	71	25	39	12	9	4	439	3
					Per cent					
Funded client	94.9	99.5	98.4	96.5	95.9	90.6	92.6	97.6	96.7	
Supplementary client	5.1	0.5	1.6	3.5	4.1	9.4	7.4	2.4	3.3	
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

CACP service episodes

Table A2.1: CACP care recipients, duration of CACP subsidy, by jurisdiction[(a)], CACP census period 2002

Duration (months)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
					Number					
0–6	2,289	1,701	996	594	574	143	82	100	6,488	9
7–12	1,491	1,087	657	412	403	93	63	44	4,251	1
13–18	1,411	1,172	614	352	455	109	53	44	4,214	4
19–24	726	497	319	168	159	64	30	9	1,974	2
25–36	1,032	845	485	248	262	109	42	15	3,042	4
37–48	517	445	278	130	189	59	26	7	1,652	1
49–60	325	211	151	89	123	52	14	15	980	0
61+	404	213	185	96	127	45	10	6	1,087	1
Total	*8,195*	*6,171*	*3,685*	*2,089*	*2,292*	*674*	*320*	*240*	*23,688*	*22*
Not stated	222	97	68	19	46	4	17	9	483	1
					Per cent					
0–6	27.9	27.6	27.0	28.4	25.0	21.2	25.6	41.7	27.4	
7–12	18.2	17.6	17.8	19.7	17.6	13.8	19.7	18.3	17.9	
13–18	17.2	19.0	16.7	16.9	19.9	16.2	16.6	18.3	17.8	
19–24	8.9	8.1	8.7	8.0	6.9	9.5	9.4	3.8	8.3	
25–36	12.6	13.7	13.2	11.9	11.4	16.2	13.1	6.3	12.8	
37–48	6.3	7.2	7.5	6.2	8.2	8.8	8.1	2.9	7.0	
49–60	4.0	3.4	4.1	4.3	5.4	7.7	4.4	6.3	4.1	
61+	4.9	3.5	5.0	4.6	5.6	6.7	3.1	2.5	4.6	
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

Note: Table only considered those care recipients for whom service outlets stated that they are claiming a CACP subsidy.

Table A2.2: CACP care recipients, average duration of subsidy period, by age and jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Age					**Months**				
0–49	19.3	22.1	24.6	22.3	23.1	—	—	25.1	22.7
50–54	13.8	18.8	20.8	16.3	14.6	—	—	16.8	17.4
55–59	17.9	22.2	23.1	23.4	25.3	8.4	30.3	11.4	21.1
60–64	19.1	19.4	20.7	19.9	25.6	10.5	13.1	12.5	19.4
65–69	19.8	23.6	23.1	21.9	22.2	25.5	25.4	16.8	21.9
70–74	18.3	19.5	20.6	20.2	21.9	25.6	21.5	12.9	19.6
75–79	19.6	19.4	18.0	20.5	19.5	25.1	19.9	19.5	19.5
80–84	19.9	17.3	20.3	17.3	19.5	24.6	19.6	14.1	19.1
85–89	20.1	18.4	19.6	17.8	21.7	22.8	19.2	12.6	19.6
90–94	21.0	19.8	22.3	22.1	24.4	30.3	20.5	10.4	21.6
95+	24.5	18.3	26.9	17.6	24.0	28.0	41.4	—	22.9
Total	**19.8**	**19.0**	**20.5**	**19.3**	**21.2**	**24.8**	**20.1**	**15.0**	**19.9**

(a) Jurisdiction is based on the postcode of the care recipient.

Table A2.3: CACP care recipients, leave status, by age and sex, CACP census period 2002

	On leave[a]		Not on leave		Total		Not stated
Sex/age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Males							
0–49	2	1.9	104	98.1	106	100.0	2
50–54	4	3.8	102	96.2	106	100.0	5
55–59	8	4.3	178	95.7	186	100.0	7
60–64	21	5.9	333	94.1	354	100.0	13
65–69	28	6.2	421	93.8	449	100.0	18
70–74	64	7.3	816	92.7	880	100.0	16
75–79	132	10.7	1,106	89.3	1,238	100.0	26
80–84	133	8.5	1,423	91.5	1,556	100.0	22
85–89	106	7.4	1,318	92.6	1,424	100.0	37
90–94	62	8.5	668	91.5	730	100.0	12
95+	7	4.5	149	95.5	156	100.0	4
Total males	*567*	*7.9*	*6,618*	*92.1*	*7,185*	*100.0*	*162*
Age not stated	2	—	53	—	55	—	3
Females							
0–49	6	5.0	114	95.0	120	100.0	2
50–54	9	6.5	129	93.5	138	100.0	2
55–59	21	8.3	233	91.7	254	100.0	6
60–64	22	5.2	399	94.8	421	100.0	16
65–69	61	7.6	737	92.4	798	100.0	16
70–74	129	7.8	1,520	92.2	1,649	100.0	46
75–79	220	7.1	2,889	92.9	3,109	100.0	79
80–84	286	6.6	4,029	93.4	4,315	100.0	100
85–89	335	8.0	3,846	92.0	4,181	100.0	95
90–94	165	8.4	1,794	91.6	1,959	100.0	44
95+	39	9.6	367	90.4	406	100.0	9
Total females	*1,293*	*7.5*	*16,057*	*92.5*	*17,350*	*100.0*	*415*
Age not stated	14	—	102	—	116	—	3
Persons[b]							
0–49	8	3.5	218	96.5	226	100.0	4
50–54	13	5.3	233	94.7	246	100.0	7
55–59	29	6.6	412	93.4	441	100.0	13
60–64	43	5.5	734	94.5	777	100.0	29
65–69	89	7.1	1,166	92.9	1,255	100.0	35
70–74	194	7.6	2,350	92.4	2,544	100.0	62
75–79	353	8.1	4,011	91.9	4,364	100.0	105
80–84	420	7.1	5,482	92.9	5,902	100.0	123
85–89	445	7.9	5,197	92.1	5,642	100.0	134
90–94	230	8.5	2,477	91.5	2,707	100.0	56
95+	46	8.2	518	91.8	564	100.0	14
Total persons	**1,870**	**7.6**	**22,798**	**92.4**	**24,668**	**100.0**	**582**
Age not stated	17	—	166	—	183	—	6

(a) On leave only includes those recipients where the length of leave is 5 or more days, as set out in the CACP census guidelines.

(b) Persons includes care recipients where sex was not stated.

Table A2.4: CACP care recipients on leave, type of leave taken, by age, CACP census period 2002

	Hospital leave		Other leave		Alternative care		Total		Not stated
Age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
0–49	3	37.5	2	25.0	3	37.5	8	100.0	0
50–54	7	63.6	2	18.2	2	18.2	11	100.0	2
55–59	12	44.4	10	37.0	5	18.5	27	100.0	2
60–64	21	53.8	11	28.2	7	17.9	39	100.0	4
65–69	46	53.5	24	27.9	16	18.6	86	100.0	3
70–74	109	58.6	36	19.4	41	22.0	186	100.0	8
75–79	187	55.8	70	20.9	78	23.3	335	100.0	18
80–84	243	60.3	61	15.1	99	24.6	403	100.0	17
85–89	237	56.0	80	18.9	106	25.1	423	100.0	22
90–94	135	60.8	36	16.2	51	23.0	222	100.0	8
95+	29	64.4	3	6.7	13	28.9	45	100.0	1
Total persons	**1,029**	**57.6**	**335**	**18.8**	**421**	**23.6**	**1,785**	**100.0**	**85**
Age not stated	5	—	3	—	9	—	17	—	0

Table A2.5: CACP care recipients who returned from leave during CACP census period 2002, length of leave, by leave type

	Hospital leave	Other leave (including social)	Alternative care	Total	Not stated
Length of leave (days)			**Number**		
5–9	80	78	20	178	5
10–14	40	33	56	129	7
15–19	22	18	30	70	3
20–24	14	9	24	47	0
25–29	15	11	22	48	2
30–34	6	5	8	19	1
35–39	3	6	3	12	2
40–44	8	1	3	12	1
45–49	5	1	0	6	1
50–56	2	4	2	8	1
57+	14	5	5	24	0
Total	**209**	**171**	**173**	**553**	**23**
			Per cent		
5–9	38.3	45.6	11.6	32.2	
10–14	19.1	19.3	32.4	23.3	
15–19	10.5	10.5	17.3	12.7	
20–24	6.7	5.3	13.9	8.5	
25–29	7.2	6.4	12.7	8.7	
30–34	2.9	2.9	4.6	3.4	
35–39	1.4	3.5	1.7	2.2	
40–44	3.8	0.6	1.7	2.2	
45–49	2.4	0.6	0.0	1.1	
50–56	1.0	2.3	1.2	1.4	
57+	6.7	2.9	2.9	4.3	
Total	**100.0**	**100.0**	**100.0**	**100.0**	

Table A2.6: CACP care recipients, reasons for cessation of CACP service during the CACP census period 2002

	Total	
Reason for cessation	**No.**	**%**
No longer needs assistance	13	7.8
Terminated service	6	3.6
Moved out of the area	9	5.4
Referred to other community care	2	1.2
Moved to RAC— low level care	39	23.4
Moved to RAC—high level care	31	18.6
Moved to RAC—unknown care level	2	1.2
Moved to 24-hour care facility	20	12.0
Died	31	18.6
Unknown	1	0.6
Other	13	7.8
Total	**167**	**100.0**
Not stated	26	—

Note: RAC = Residential Aged Care

Table A2.7: CACP care recipients, number of CACP-funded types of assistance received, by jurisdiction[a], CACP census period 2002

	0	1	2	3	4	5	6	7	8	9	10	Total
Jurisdiction						**Number**						
NSW	261	468	976	1,849	2,346	1,836	928	314	57	2	1	9,038
Vic	153	556	1,078	1,750	1,589	843	344	76	17	1	0	6,407
Qld	109	178	463	718	927	827	473	160	27	3	0	3,885
WA	61	91	192	384	536	492	333	99	20	1	1	2,210
SA	68	105	246	396	595	542	345	143	34	3	1	2,478
Tas	17	40	71	135	222	153	86	26	9	1	0	760
ACT	11	20	51	105	86	60	29	9	2	0	0	373
NT	14	14	26	53	48	45	22	24	12	1	0	259
Australia	**694[b]**	**1,472**	**3,103**	**5,390**	**6,349**	**4,798**	**2,560**	**851**	**178**	**12**	**3**	**25,410**
Not stated	1	2	2	4	8	7	4	1	0	0	0	29
						Per cent						
NSW	2.9	5.2	10.8	20.5	26.0	20.3	10.3	3.5	0.6	0.0	0.0	100.0
Vic	2.4	8.7	16.8	27.3	24.8	13.2	5.4	1.2	0.3	0.0	0.0	100.0
Qld	2.8	4.6	11.9	18.5	23.9	21.3	12.2	4.1	0.7	0.1	0.0	100.0
WA	2.8	4.1	8.7	17.4	24.3	22.3	15.1	4.5	0.9	0.0	0.0	100.0
SA	2.7	4.2	9.9	16.0	24.0	21.9	13.9	5.8	1.4	0.1	0.0	100.0
Tas	2.2	5.3	9.3	17.8	29.2	20.1	11.3	3.4	1.2	0.1	0.0	100.0
ACT	2.9	5.4	13.7	28.2	23.1	16.1	7.8	2.4	0.5	0.0	0.0	100.0
NT	5.4	5.4	10.0	20.5	18.5	17.4	8.5	9.3	4.6	0.4	0.0	100.0
Australia	**2.7**	**5.8**	**12.2**	**21.2**	**25.0**	**18.9**	**10.1**	**3.3**	**0.7**	**0.0**	**0.0**	**100.0**

(a) Jurisdiction is based on the postcode of the care recipient.

(b) Of the 694 receiving no assistance 549 (or 79%) were on leave at some point during the census.

Table A2.8: CACP care recipients, types of CACP assistance received, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Not stated
Type of assistance					**Number**					
Personal care	4,436	3,116	2,457	1,381	1,374	478	255	121	13,618	15
Domestic assistance	7,676	4,710	3,366	1,915	2,155	680	309	180	20,991	26
Social support	6,184	2,167	2,646	1,541	1,738	536	209	141	15,162	21
Other food services	2,945	748	1,462	841	949	192	115	71	7,323	9
Respite care	345	337	190	155	79	7	19	12	1,144	1
Rehabilitation	179	159	64	32	139	8	11	7	599	2
Home maintenance	1,280	940	381	417	779	169	19	61	4,046	3
Case management	6,565	5,221	2,340	1,650	1,846	488	269	194	18,573	23
Ancillary services										
Delivered meals	1,246	2,210	1,105	268	208	134	23	102	5,296	7
Linen deliveries	46	47	40	16	27	43	3	16	238	0
Transport trips	3,874	1,588	1,248	880	960	281	101	128	9,060	10
Total care recipients	**9,038**	**6,407**	**3,885**	**2,210**	**2,478**	**760**	**373**	**259**	**25,410**	**29**
					Per cent					
Personal care	49.1	48.6	63.2	62.5	55.4	62.9	68.4	46.7	53.6	
Domestic assistance	84.9	73.5	86.6	86.7	87.0	89.5	82.8	69.5	82.6	
Social support	68.4	33.8	68.1	69.7	70.1	70.5	56.0	54.4	59.7	
Other food services	32.6	11.7	37.6	38.1	38.3	25.3	30.8	27.4	28.8	
Respite care	3.8	5.3	4.9	7.0	3.2	0.9	5.1	4.6	4.5	
Rehabilitation	2.0	2.5	1.6	1.4	5.6	1.1	2.9	2.7	2.4	
Home maintenance	14.2	14.7	9.8	18.9	31.4	22.2	5.1	23.6	15.9	
Case management	72.6	81.5	60.2	74.7	74.5	64.2	72.1	74.9	73.1	
Ancillary services										
Delivered meals	13.8	34.5	28.4	12.1	8.4	17.6	6.2	39.4	20.8	
Linen deliveries	0.5	0.7	1.0	0.7	1.1	5.7	0.8	6.2	0.9	
Transport trips	42.9	24.8	32.1	39.8	38.7	37.0	27.1	49.4	35.7	

(a) Jurisdiction is based on the postcode of the care recipient.

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.9: CACP care recipients, hours of CACP assistance received, by jurisdiction[a], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Not stated
Hours					**Number**					
No assistance during census[b]	265	182	112	65	69	19	12	24	748	1
>0–2	727	762	201	113	186	74	26	20	2,109	1
>2–4	2,026	1,467	638	273	486	249	70	49	5,258	6
>4–6	2,801	1,665	1,092	478	686	223	153	62	7,160	11
>6–8	1,906	1,115	929	536	508	127	76	35	5,232	6
>8–10	737	564	429	342	293	40	26	21	2,452	1
over 10	576	652	484	403	250	28	10	48	2,451	3
Total care recipients	**9,038**	**6,407**	**3,885**	**2,210**	**2,478**	**760**	**373**	**259**	**25,410**	**29**
Average hours[c]	5.7	5.9	6.8	7.5	6.2	5.0	5.4	8.2	6.1	—
Median hours[c]	5.3	5.3	6.0	7.0	5.8	4.5	5.3	6.0	5.5	—
					Per cent					
No assistance during census[b]	2.9	2.8	2.9	2.9	2.8	2.5	3.2	9.3	2.9	
>0–2	8.0	11.9	5.2	5.1	7.5	9.7	7.0	7.7	8.3	
>2–4	22.4	22.9	16.4	12.4	19.6	32.8	18.8	18.9	20.7	
>4–6	31.0	26.0	28.1	21.6	27.7	29.3	41.0	23.9	28.2	
>6–8	21.1	17.4	23.9	24.3	20.5	16.7	20.4	13.5	20.6	
>8–10	8.2	8.8	11.0	15.5	11.8	5.3	7.0	8.1	9.6	
over 10	6.4	10.2	12.5	18.2	10.1	3.7	2.7	18.5	9.6	
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	

(a) Jurisdiction is based on the postcode of the care recipient.

(b) This table includes only services measured by hours of assistance, therefore services such as 'delivered meals', 'linen deliveries', and 'transport trips' are not a consideration in this table. Some of these care recipients may have only received assistance that is not counted in hours. In addition, 551 (or 74%) of the 748 receiving no assistance were on leave at some point during the census.

(c) Calculated considering only those who received assistance.

Table A2.10: CACP care recipients, average and median for types of CACP assistance received, by jurisdiction[(a)], CACP census period 2002

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Australia	
	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med	Avg	Med
Type of assistance									**Hours**									
Personal care	2.0	1.5	2.8	2.4	2.4	2.0	2.6	2.0	2.1	1.5	1.6	1.3	2.1	2.0	3.1	3.0	2.3	2.0
Domestic assistance	2.2	2.0	2.1	2.0	2.4	2.0	2.5	2.3	2.3	2.0	1.9	2.0	2.1	2.0	2.7	2.0	2.3	2.0
Social support	1.9	1.5	3.3	2.0	2.0	1.5	2.4	1.8	1.7	1.5	1.6	1.3	1.6	1.3	3.0	2.0	2.2	1.8
Other food services	1.4	1.0	2.1	2.0	2.0	1.3	1.9	1.5	1.5	1.0	1.1	1.0	1.6	1.3	3.6	4.0	1.7	1.3
Respite care	2.7	2.0	3.9	3.0	3.7	3.0	3.3	2.0	2.8	2.5	2.4	1.5	2.5	2.0	3.5	2.8	3.3	2.5
Rehabilitation	1.0	0.8	2.2	1.0	1.6	1.3	1.4	1.0	0.9	0.8	0.4	0.3	1.0	1.0	1.2	1.0	1.4	1.0
Home maintenance	0.9	0.8	1.2	1.0	1.1	1.0	1.4	1.0	0.8	0.5	1.0	1.0	0.9	0.5	1.2	1.0	1.0	1.0
Case management	0.8	0.5	1.3	1.0	0.9	0.8	0.8	0.5	0.9	0.5	0.6	0.5	0.6	0.5	1.3	1.0	1.0	0.8
Ancillary services									**Number**									
Delivered meals	5.4	5.0	5.4	5.0	8.4	7.0	6.0	5.0	5.2	5.0	6.3	6.0	6.2	7.0	8.2	6.5	6.1	5.0
Linen deliveries	2.2	2.0	2.2	1.0	2.1	2.0	2.8	2.0	1.5	1.0	1.4	1.0	1.3	1.0	1.4	1.0	1.9	1.0
Transport trips	2.9	2.0	2.7	2.0	3.1	2.0	3.4	2.0	3.2	2.0	2.6	2.0	2.9	2.0	6.9	4.0	3.0	2.0

(a) Jurisdiction is based on the postcode of the care recipient.

Table A2.11: CACP care recipients, total care recipients, average and median hours/numbers for types of CACP assistance received, by dementia status, CACP census period 2002

	With dementia				Without dementia			
Type of assistance	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**
			Hours				**Hours**	
Personal care	3,011	64.8	2.4	2.0	10,526	51.1	2.3	2.0
Domestic assistance	3,540	76.2	2.0	2.0	17,311	84.0	2.3	2.0
Social support	2,856	61.5	2.6	2.0	12,210	59.3	2.1	1.5
Other food services	1,631	35.1	1.8	1.5	5,642	27.4	1.7	1.3
Respite care	405	8.7	4.0	3.0	736	3.6	2.9	2.0
Rehabilitation	91	2.0	1.4	1.0	505	2.5	1.4	1.0
Home maintenance	527	11.3	0.9	0.5	3,492	17.0	1.1	1.0
Case management	3,596	77.4	1.0	0.8	14,857	72.1	0.9	0.8
Ancillary services			**Number**				**Number**	
Delivered meals	1,038	22.3	5.8	5.0	4,232	20.5	6.2	5.0
Linen deliveries	43	0.9	2.1	2.0	193	0.9	1.9	1.0
Transport trips	1,595	34.3	3.1	2.0	7,407	36.0	3.0	2.0

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.12: CACP care recipients, total care recipients, average and median hours/numbers for types of CACP assistance provided, by carer status, CACP census period 2002

	Has a carer				Has no carer			
Type of assistance	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**
			Hours				**Hours**	
Personal care	8,256	58.0	2.5	2.0	5,256	48.0	2.1	1.8
Domestic assistance	11,257	79.1	2.2	2.0	9,574	87.4	2.3	2.0
Social support	7,899	55.5	2.2	1.5	7,133	65.1	2.1	1.8
Other food services	4,060	28.5	1.7	1.3	3,212	29.3	1.6	1.3
Respite care	1,026	7.2	3.4	2.5	114	1.0	2.6	2.0
Rehabilitation	385	2.7	1.4	1.0	209	1.9	1.2	1.0
Home maintenance	1,965	13.8	1.0	1.0	2,061	18.8	1.1	1.0
Case management	10,588	74.4	0.9	0.8	7,843	71.6	1.0	0.8
Ancillary services			**Number**				**Number**	
Delivered meals	2,580	18.1	5.7	5.0	2,657	24.2	6.4	6.0
Linen deliveries	110	0.8	2.1	1.0	126	1.1	1.8	1.0
Transport trips	4,362	30.7	3.0	2.0	4,628	42.2	3.1	2.0

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.13: CACP care recipients, total care recipients, average and median hours/numbers for types of CACP assistance provided, by carer residency status, CACP census period 2002

	Co-resident carer				Non-resident carer			
Type of assistance	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**
			Hours				**Hours**	
Personal care	4,179	57.9	2.6	2.0	4,018	58.2	2.3	2.0
Domestic assistance	5,298	73.4	2.2	2.0	5,868	85.0	2.2	2.0
Social support	3,661	50.7	2.3	1.5	4,170	60.4	2.1	1.5
Other food services	1,619	22.4	1.7	1.0	2,409	34.9	1.8	1.5
Respite care	848	11.8	3.3	3.0	169	2.4	2.7	2.0
Rehabilitation	216	3.0	1.4	1.0	167	2.4	1.4	1.0
Home maintenance	941	13.0	1.1	1.0	1,004	14.6	0.9	0.8
Case management	5,240	72.6	1.0	0.8	5,270	76.4	0.9	0.8
Ancillary services			**Number**				**Number**	
Delivered meals	1,058	14.7	6.2	5.0	1,499	21.7	5.4	5.0
Linen deliveries	56	0.8	2.0	1.0	52	0.8	2.2	1.0
Transport trips	2,006	27.8	3.0	2.0	2,312	33.5	2.9	2.0

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.14: CACP care recipients, total care recipients, average and median hours/numbers for types of CACP assistance received, by living arrangement, CACP census period 2002

	Lives alone				Lives with family				Lives with others			
Type of assistance	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**
			Hours				**Hours**				**Hours**	
Personal care	8,267	53.2	2.2	2.0	4,951	53.7	2.5	2.0	355	63.8	2.8	2.0
Domestic assistance	13,546	87.2	2.3	2.0	6,954	75.4	2.2	2.0	425	76.4	2.3	2.0
Social support	10,048	64.7	2.1	1.8	4,741	51.4	2.2	1.5	326	58.6	2.2	1.8
Other food services	4,987	32.1	1.7	1.3	2,138	23.2	1.6	1.0	171	30.8	2.9	1.8
Respite care	180	1.2	2.8	2.0	919	10.0	3.4	2.5	42	7.6	3.8	3.0
Rehabilitation	326	2.1	1.3	1.0	259	2.8	1.5	1.0	12	2.2	1.9	1.0
Home maintenance	2,653	17.1	1.0	1.0	1,296	14.1	1.2	1.0	83	14.9	1.4	0.5
Case management	11,480	73.9	1.0	0.8	6,653	72.1	1.0	0.8	381	68.5	1.0	0.8
Ancillary services			**Number**				**Number**				**Number**	
Delivered meals	3,692	23.8	6.0	5.0	1,487	16.1	6.1	5.0	100	18.0	8.8	7.0
Linen deliveries	160	1.0	1.9	1.0	49	0.5	2.2	2.0	29	5.2	1.7	1.0
Transport trips	6,119	39.4	3.0	2.0	2,696	29.2	3.0	2.0	215	38.7	4.6	2.0

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.15: CACP care recipients, total care recipients, average, median hours and per cent of care recipients for types of CACP assistance, by number of severe or profound core activity limitations, CACP census period 2002

	Number of severe or profound core activity limitations					
	None	1	2	3	Not stated	Total
Assistance type	**Average hours of service**					
Case management	1.0	0.9	1.0	1.1	0.9	1.0
Home maintenance	1.3	1.1	1.0	1.0	1.1	1.0
Rehabilitation	1.6	1.6	1.3	1.3	0.8	1.4
Respite care	2.7	3.1	3.1	3.9	3.0	3.3
Other food services	1.9	1.6	1.7	1.7	1.6	1.7
Social support	2.2	2.2	2.0	2.5	2.1	2.2
Domestic assistance	2.2	2.2	2.3	2.1	2.2	2.3
Personal care	1.6	2.0	2.5	2.6	2.2	2.3
Total hours	*4.9*	*5.4*	*6.5*	*7.3*	*5.0*	*6.1*
Delivered meals	6.1	6.2	5.9	6.3	6.7	6.1
Linen services	2.1	2.4	1.7	2.1	1.0	1.9
Transport	3.0	2.9	2.9	3.2	2.7	2.9
	Median hours of service					
Case management	0.75	0.50	0.75	0.75	0.75	0.75
Home maintenance	1.00	1.00	0.75	1.00	1.00	1.00
Rehabilitation	1.00	1.00	1.00	1.00	0.50	1.00
Respite care	2.00	2.50	2.30	3.00	2.00	2.50
Other food services	1.30	1.00	1.30	1.30	1.00	1.30
Social support	2.00	1.80	1.50	1.80	1.80	1.80
Domestic assistance	2.00	2.00	2.00	2.00	2.00	2.00
Personal care	1.00	1.80	2.00	2.00	1.50	2.00
Total hours	*4.50*	*5.00*	*6.00*	*6.75*		*5.50*
Delivered meals	5.00	5.00	5.00	5.00	5.50	5.00
Linen services	2.00	1.00	1.00	2.00	1.00	1.00
Transport	2.00	2.00	2.00	2.00	2.00	2.00
	Per cent of clients receiving assistance					
Case management	67.4	71.0	75.2	80.2	67.2	73.1
Home maintenance	17.4	16.6	15.4	14.4	11.6	15.9
Rehabilitation	1.5	1.7	2.8	3.7	2.5	2.4
Respite care	1.9	2.3	5.1	13.0	3.0	4.5
Other food services	19.0	25.7	33.2	35.8	20.0	28.8
Social support	58.8	60.9	59.0	61.5	51.9	59.7
Domestic assistance	83.4	84.2	82.8	75.8	80.5	82.6
Personal care	21.5	43.0	69.1	71.7	29.6	53.6
Total hours	*96.9*	*97.5*	*97.0*	*96.3*	*94.8*	*97.0*
Delivered meals	23.0	20.5	21.1	18.4	26.7	21.0
Linen services	1.0	0.7	1.1	0.9	0.2	0.9
Transport	39.1	37.7	33.6	34.7	30.4	35.7
Total persons (%)	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***
Total persons (N)	***3,861***	***7,735***	***10,957***	***2,481***	***405***	***25,439***

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.16: CACP care recipients, total care recipients, average and median hours/numbers for types of CACP assistance, by financial hardship status, CACP census period 2002

	Not in financial hardship				In financial hardship			
Type of assistance	**No.**	**%**	**Average**	**Median**	**No.**	**%**	**Average**	**Median**
			Hours				**Hours**	
Personal care	9,602	54.9	2.3	2.0	3,913	50.7	2.3	2.0
Domestic assistance	14,560	83.2	2.2	2.0	6,270	81.3	2.3	2.0
Social support	10,459	59.8	2.1	1.5	4,601	59.6	2.3	1.8
Other food services	5,220	29.8	1.7	1.3	2,046	26.5	1.6	1.0
Respite care	800	4.6	3.3	2.5	334	4.3	3.3	2.5
Rehabilitation	422	2.4	1.4	1.0	179	2.3	1.4	1.0
Home maintenance	2,793	16.0	1.0	1.0	1,232	16.0	1.1	1.0
Case management	12,758	72.9	0.9	0.5	5,663	73.4	1.0	0.8
Ancillary services			**Number**				**Number**	
Delivered meals	3,721	21.3	6.1	5.0	1,541	20.0	6.2	5.0
Linen deliveries	124	0.7	2.2	1.0	114	1.5	1.6	1.0
Transport trips	5,960	34.1	2.9	2.0	3,033	39.3	3.3	2.0

Note: As care recipients receive more than one type of assistance, the total per cent of clients is more than 100%.

Table A2.17: CACP care recipients, other government programs that provided assistance, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Not stated	Australia
Program					**Number**					
HACC	1,376	988	838	524	659	242	83	48	6	4,764
DVA	306	293	189	56	119	25	11	0	3	1,002
NRCP	94	77	35	19	22	11	12	0	0	270
DTC	253	225	73	66	147	19	12	6	0	801
CSDA	26	19	36	7	34	1	0	1	0	124
CAAS	62	29	301	4	5	13	12	3	0	429
Other	716	742	271	161	216	51	29	26	1	2,213
Don't know	388	177	117	79	87	8	3	26	1	886
Program not stated	1,233	890	553	291	323	139	84	25	5	3,543
No assistance	5,023	3,366	1,781	1,113	1,092	308	164	136	14	12,997
Total recipients	**9,038**	**6,407**	**3,885**	**2,210**	**2,478**	**760**	**373**	**259**	**29**	**25,439**
					Per cent					
HACC	15.2	15.4	21.6	23.7	26.6	31.8	22.3	18.5	20.7	18.7
DVA	3.4	4.6	4.9	2.5	4.8	3.3	2.9	0.0	10.3	3.9
NRCP	1.0	1.2	0.9	0.9	0.9	1.4	3.2	0.0	0.0	1.1
DTC	2.8	3.5	1.9	3.0	5.9	2.5	3.2	2.3	0.0	3.1
CSDA	0.3	0.3	0.9	0.3	1.4	0.1	0.0	0.4	0.0	0.5
CAAS	0.7	0.5	7.7	0.2	0.2	1.7	3.2	1.2	0.0	1.7
Other	7.9	11.6	7.0	7.3	8.7	6.7	7.8	10.0	3.4	8.7
Don't know	4.3	2.8	3.0	3.6	3.5	1.1	0.8	10.0	3.4	3.5
Program not stated	13.6	13.9	14.2	13.2	13.0	18.3	22.5	9.7	17.2	13.9
No assistance	55.6	52.5	45.8	50.4	44.1	40.5	44.0	52.5	48.3	51.1

(a) Jurisdiction is based on the postcode of the care recipient.

Notes:

1. Care recipients may receive additional assistance from more than one other government program.
2. For abbreviations see page ix.

Table A2.18: CACP care recipients, proportion of care recipients receiving assistance from another government program on a regular basis, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Assistance type					**Per cent**				
No assistance	55.6	52.5	45.8	50.4	44.1	40.5	44.0	52.5	51.1
Personal care	1.0	1.9	1.0	1.3	1.9	1.1	0.5	0.8	1.3
Domestic assistance	1.0	1.7	1.3	1.5	1.7	1.6	0.3	2.3	1.3
Social support	2.0	5.7	2.2	2.9	4.4	2.4	1.1	3.5	3.3
Meal preparation/other food services	1.4	1.3	1.3	1.9	2.6	1.2	0.5	6.2	1.6
Respite care	1.5	2.2	2.3	2.4	1.5	3.8	2.1	4.6	2.0
Home maintenance	0.8	2.0	2.2	1.1	1.9	2.1	4.3	1.9	1.6
Delivered meals	9.5	3.2	7.3	10.8	16.5	16.3	7.8	12.0	8.6
Formal linen service	0.2	0.0	0.0	0.1	0.7	0.5	0.5	1.5	0.2
Transport	3.1	3.6	4.0	5.1	6.9	6.7	3.8	2.3	4.0
Home modification	1.0	0.5	2.0	0.5	0.6	1.8	0.8	0.0	0.9
Centre-based day care	8.1	6.3	8.1	12.3	5.6	9.5	7.8	2.7	7.7
Counselling/support	0.8	2.0	1.5	1.9	2.8	1.2	3.2	1.5	1.6
Financial assistance to buy continence aids	1.1	0.9	8.1	0.7	0.6	2.5	4.3	1.2	2.1
Other	1.2	1.6	1.5	0.7	1.4	0.9	1.6	0.8	1.3
Don't know	5.0	3.7	6.8	4.8	4.8	4.5	15.8	1.9	5.0
Other services									
Nursing care	6.8	9.3	7.8	8.4	7.0	14.5	6.7	10.0	8.0
Allied health care	4.9	8.8	8.0	6.0	13.6	4.9	9.7	13.1	7.5
Provision of goods & equipment	2.4	3.9	4.5	1.6	10.9	7.1	1.6	1.9	4.0
Total recipients (%)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total recipients (No.)	**9,038**	**6,407**	**3,885**	**2,210**	**2,478**	**760**	**373**	**259**	**25,439**

(a) Jurisdiction is based on the postcode of the care recipient.

Note: Care recipients may receive more than one additional type of assistance from other government programs.

CACP service providers

Table A3.1: CACP service outlets, for profit status, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
For profit status					**Number**				
Not for profit	213	113	194	79	60	37	5	22	723
For profit	6	4	11	4	4	0	1	2	32
Total	219	118	207	84	64	37	6	24	759
Not stated	0	1	2	1	0	0	0	0	4
					Per cent				
Not for profit	97.3	95.8	93.7	94.0	93.8	100.0	83.3	91.7	95.3
For profit	2.7	3.4	5.3	4.8	6.3	0.0	16.7	8.3	4.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the service outlet.

Table A3.2: CACP service outlets, organisation type, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Organisation type					**Number**				
Government	44	33	42	21	13	9	0	10	172
Ex-services/veterans	1	1	6	1	0	0	0	0	9
Religious	94	17	78	16	27	14	3	2	251
Other	79	65	76	46	24	13	3	12	318
Total	**218**	**116**	**202**	**84**	**64**	**36**	**6**	**24**	**750**
Not stated	1	2	5	0	0	1	0	0	9
					Per cent				
Government	20.2	28.4	20.8	25.0	20.3	25.0	0.0	41.7	22.9
Ex-services/veterans	0.5	0.9	3.0	1.2	0.0	0.0	0.0	0.0	1.2
Religious	43.1	14.7	38.6	19.0	42.2	38.9	50.0	8.3	33.5
Other	36.2	56.0	37.6	54.8	37.5	36.1	50.0	50.0	42.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the service outlet.

Table A3.3: CACP service outlets, types of CACP packages allocated, by jurisdiction[(a)], CACP census period 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Type of package					**Number**				
General	5,891	5,366	2,975	1,668	1,986	490	277	117	18,770
Indigenous	499	191	281	135	83	35	22	119	1,365
Non-English speaking background	1,463	601	520	246	230	89	38	14	3,201
Housing linked	653	591	195	180	110	82	25	19	1,855
Other financial/social disadvantage	137	61	133	52	120	18	0	0	521
Dementia	581	0	0	0	0	0	0	0	581
Homeless	25	0	0	0	0	0	0	0	25
Rural & remote	20	46	18	0	0	9	0	15	108
Veterans	0	35	0	0	0	10	0	0	45
Other	0	0	8	0	9	0	0	0	17
Total	**9,269**	**6,891**	**4,130**	**2,281**	**2,538**	**733**	**362**	**284**	**26,488**
Number of outlets	219	118	207	84	64	37	6	24	759
Average packages/outlet	**42.3**	**58.4**	**20.0**	**27.2**	**39.7**	**19.8**	**60.3**	**11.8**	**34.9**
					Per cent				
General	63.6	77.9	72.0	73.1	78.3	66.8	76.5	41.2	70.9
Indigenous	5.4	2.8	6.8	5.9	3.3	4.8	6.1	41.9	5.2
Non-English speaking background	15.8	8.7	12.6	10.8	9.1	12.1	10.5	4.9	12.1
Housing linked	7.0	8.6	4.7	7.9	4.3	11.2	6.9	6.7	7.0
Other financial/social disadvantage	1.5	0.9	3.2	2.3	4.7	2.5	0.0	0.0	2.0
Dementia	6.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2
Homeless	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Rural & remote	0.2	0.7	0.4	0.0	0.0	1.2	0.0	5.3	0.4
Veterans	0.0	0.5	0.0	0.0	0.0	1.4	0.0	0.0	0.2
Other	0.0	0.0	0.2	0.0	0.4	0.0	0.0	0.0	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the service outlet.

Table A3.4: CACP service outlets, proportion of outlets in size categories according to number of allocated packages, by jurisdiction[(a)], CACP census period 2002

Number of packages	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per cent of outlets								
0–9	7.8	3.4	23.9	22.9	1.6	32.4	0.0	58.3	15.4
10–19	11.9	13.7	35.6	20.5	6.3	13.5	0.0	29.2	19.6
20–29	22.4	12.0	14.6	16.9	33.3	32.4	16.7	8.3	19.0
30–39	18.7	14.5	13.2	14.5	19.0	16.2	16.7	0.0	15.4
40–49	8.7	7.7	6.8	9.6	6.3	2.7	0.0	0.0	7.3
50–59	6.8	6.8	3.9	9.6	9.5	2.7	33.3	0.0	6.4
60–69	4.6	12.0	1.5	0.0	12.7	0.0	0.0	4.2	4.8
70–79	4.6	5.1	0.0	2.4	4.8	0.0	0.0	0.0	2.8
80–89	3.7	4.3	0.0	2.4	0.0	0.0	0.0	0.0	2.0
90–99	2.7	4.3	0.0	0.0	3.2	0.0	33.3	0.0	2.0
100–109	2.3	0.0	0.0	0.0	3.2	0.0	0.0	0.0	0.9
110–119	1.8	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.9
120+	4.1	13.7	0.5	1.2	0.0	0.0	0.0	0.0	3.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Jurisdiction is based on the postcode of the service outlet.

Appendix 2: Census forms

Please note that two coding errors in Form B (questions 8 and 14) have been corrected to reflect the data the data dictionary values and do not match the forms used for data collection.

CACP
COMMUNITY AGED CARE PACKAGES
2002 census

Form A: Service outlet data

If you have any questions about how to fill in this form please refer to the **'CACP 2002 census - Guidelines'.**

1a. Service outlet number

1b. Name of service outlet

1c. Street address of service outlet

State/Territory *Postcode*

2. Details for a person we can contact if we have any queries about your completed census forms

Name

Position *e-mail*

Phone ( ) *Fax* ( )

3. Is your organisation a 'not for profit' or 'for profit' organisation?

Not for profit ☐ 1 For profit ☐ 2

4. Which code best describes your organisation? *(please tick one only)*

Local, State or Commonwealth government ☐ 3 Religious ☐ 1

Ex-services/Veteran's service ☐ 2 Other ☐ 4

5. Do your Care Recipient Agreements include information on the management of care recipients' personal information including guarantees that:

– all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet and
– each care recipient is informed about what happens to information collected about them.

Yes ☐ 1 No ☐ 2

6. Does your service outlet include information on internal and external complaints procedures in the Care Recipient Agreement between your service and your care recipients?

Yes ☐ 1 No ☐ 2

7. For each type of CACP allocated to your service outlet, please indicate (if applicable):

- **the number of packages allocated;**
- **the agreed Aged Care Planning Region for delivery of the packages**

This information can be obtained from the Community Care Service Agreement(s) or Deed of Agreement relating to your service outlet.

	Name of first region	**Name of second region**
Name of Aged Care Planning Region:		

Type of package:	Number of packages in first region:	Number of packages in second region:
General packages:		
Packages for Aboriginal and Torres Strait Islander people:		
Packages for people from culturally and linguistically diverse backgrounds (NESB):		
Housing linked packages:		
Other financially and socially disadvantaged packages:		
Other packages *(please specify type):*		

Note: If you have more than two other types of packages or more than two regions, please attach details.

8. At present, to what extent does your service outlet broker (or sub-contract) other agencies or individuals to provide the following types of CACP assistance on your behalf? *(Please tick one for each type)*
Brokerage (or sub-contracting) is the payment of other organisations and self-employed sub-contractors to provide direct community service on behalf of the service outlet.

		*Our service **provides all** of this type of care directly*	*Our service **brokers/sub-contracts some** of this type of care*	*Our service **brokers/sub-contracts all** of this type of care*
Case management/care coordination	a	☐ 1	☐ 2	☐ 3
Personal care	b	☐ 1	☐ 2	☐ 3
Domestic assistance	c	☐ 1	☐ 2	☐ 3
Other CACP assistance	d	☐ 1	☐ 2	☐ 3

Thank you for your time and help in completing this form.

CACP
COMMUNITY AGED CARE PACKAGES
2002 census

Form B: Care recipient data

If you have any questions about how to fill in this form please refer to the **'CACP 2002 census - Guidelines'.**

This form should be completed for each care recipient that you are currently providing CACP-funded assistance to (including those on leave and regardless of whether you are claiming the community care subsidy in their name)

1. Service outlet number ☐☐☐☐☐☐☐☐☐☐ **2. Form ID** ☐☐☐☐☐☐

3. Selected letters of care recipient's name

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. In order to enable statistical record linkage with other data collections, CACP staff should record the person's full (formal) First given name and Family name/Surname.

3a. Please record the 2nd, 3rd and 5th letters of the care recipient's family name/surname and
3b. Please record the 2nd and 3rd letters of the care recipients given name.

Please use block capital letters.
Do not count hyphens, apostrophes, blank spaces, or any other character that may appear in a name which is not a letter of the alphabet.
Where the name is not long enough to supply all requested letters, i.e. surnames less than 5 characters and given names of less than 3 characters, please fill in the remaining squares with a 2.
Where a name, or part of a name is missing, e.g. where name is not known or only the initial is known, please substitute a 9.

For further information and examples see the Guidelines

	1st	2nd	3rd	4th	5th	6th
3a. Letters of **family name/surname**	■			■		■
3b. Letters of **given name**	■			■	■	■

4. What is the care recipient's sex? Male ☐ **1** Female ☐ **2**

5. What is the care recipient's date of birth?

If the actual date of birth of the person is not known, use 01/01/estimated year of birth.

☐☐ d d ☐☐ m m ☐☐☐☐ y y y y

6. Care recipient's suburb/town/locality name and postcode relating to where they live while receiving assistance from your service

a. Suburb/town/locality name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

b. Postcode ☐☐☐☐

7. Is the care recipient of Aboriginal or Torres Strait Islander origin?

Information about Indigenous status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin. If a care recipient is of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.
If you do not record the information to this level, but the ACAT assessment does show that the care recipient is of Aboriginal or Torres Strait Islander origin please tick 'Indigenous, not further defined'.

Yes, Aboriginal ◯ **1**
Yes, Torres Strait Islander ◯ **2**
→ **3** code for data entry if both boxes are ticked

Indigenous, not further defined ☐ **5**

Unknown ☐ **6**

No ☐ **4**

8. In which country was the care recipient born? *(Please tick one only)*

Please select from the following list. If the country in which the person was born does not appear in this list, please write the name of the country under 'Other (please specify)'.

Australia ☐ **1101**	Italy ☐ **3104**	China (excl. Taiwan) ☐ **6101**
England ☐ **2102**	Greece ☐ **3207**	Poland ☐ **3307**
Scotland ☐ **2105**	Croatia ☐ **3204**	Malta ☐ **3105**
Wales ☐ **2106**	Germany ☐ **2304**	India ☐ **7103**
Northern Ireland ☐ **2104**	Netherlands ☐ **2308**	Viet Nam ☐ **5105**
Ireland ☐ **2201**	New Zealand ☐ **1201**	Not known ☐ **9999**

Other *(please specify)* ☐ → [ ]

9. Does the care recipient experience personal financial hardship?

For a definition of financial hardship please refer to the Guidelines.

Yes ☐ **1** No ☐ **2**

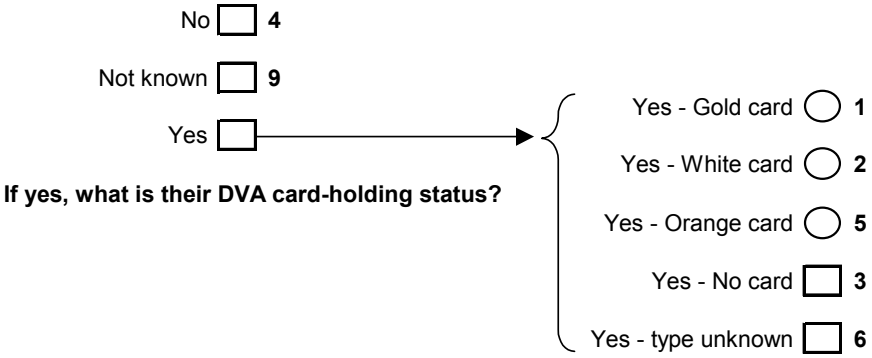
10. Has the care recipient been diagnosed with dementia?

This code should only be reported if the person has been formally diagnosed as having dementia by the Aged Care Assessment Team (ACAT) or a medical practitioner.

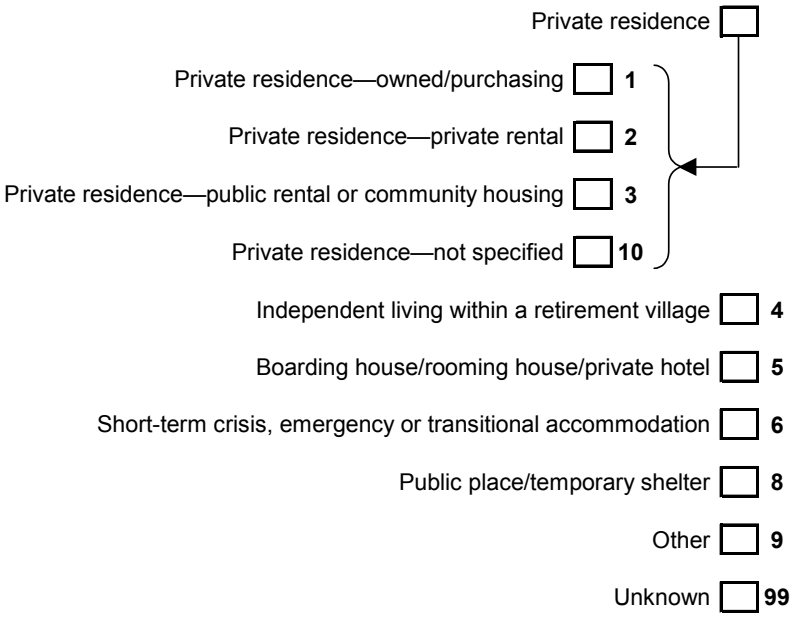
Yes ☐ **1** No ☐ **2**

11. Is the care recipient a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran? *(Please tick all relevant cards)*

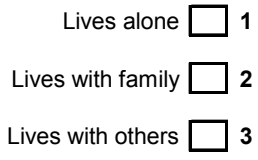
In general, a veteran is a defence force person who has served at a time of declared war, or has service in overseas operations of a warlike or peacekeeping nature that qualify for entitlement under veteran's benefits. Spouses and widow/ers can be identified by the status of their veteran partner.



12. What type of accommodation does the person live in while receiving assistance from your service? *(Please tick one only)*



13. Does the care recipient live with other related or unrelated person(s)? *(Please tick one only)*



14. Does the care recipient have a carer, i.e. someone such as a family member, friend or neighbour, that provides regular and sustained care and assistance to the care recipient without payment other than a pension or benefit?

Has a carer ☐ **1** Has no carer *(go to Question 17)* ☐ **2**

15. Does the carer live with the care recipient?

If a recipient has both a co-resident (e.g. a spouse) and a non-resident carer (e.g. a daughter or son), the coding response to this question should be related to the carer who provides the most significant care and assistance related to the care recipient's capacity to remain living in their home.

Co-resident carer ☐ **1** Non-resident carer ☐ **2**

A ***Co-resident carer*** is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A ***Non-resident carer*** (or visiting carer) is a person who provides care and assistance on a regular and sustained basis to a person who lives in a different household.

16. What is the relationship of the carer to the care recipient? *(Please tick one only)*

Please record the relationship of the carer to the person for whom they care. If the care recipient has more than one carer (e.g. a spouse and a son), the coding response should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain at home. For example, if the care recipient is cared for by their daughter, tick daughter.

Wife/female partner ☐ **1**	Daughter ☐ **5**	Other female relative ☐ **9**
Husband/male partner ☐ **2**	Son ☐ **6**	Other male relative ☐ **10**
Mother ☐ **3**	Daughter-in-law ☐ **7**	Friend/neighbour—female ☐ **11**
Father ☐ **4**	Son-in-law ☐ **8**	Friend/neighbour—male ☐ **12**
		Unknown ☐ **99**

17. Does the care recipient sometimes or always need the assistance or supervision of another person in any of the following areas? *(please tick all relevant areas)* **:**

Record those areas of activity that, in the opinion of CACP staff, the care recipient needs the assistance or supervision of another person, from either formal agencies or informal carers, regardless of whether the assistance is provided or not, and also regardless of whether the care recipient would agree to receive assistance in these areas.

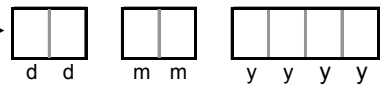
Eating ◯ **1**	Getting in or out of a bed or chair ◯ **8**
Showering/bathing ◯ **2**	Walking and related activities (either around the home or away from home, excludes needing transport assistance) ◯ **9**
Dressing ◯ **3**	Using public transport ◯ **10**
Toiletting ◯ **4**	
Managing incontinence ◯ **5**	Understanding others or making oneself understood by others (excludes independent use of aids and equipment, eg hearing aids, speech aids and assistance from interpreters) ◯ **11**
Maintaining or changing body position ◯ **6**	
Carrying, moving or manipulating objects related to the tasks of daily living ◯ **7**	No assistance needed from another person in any of these areas ◯ **12**

18 a. Are you claiming the CACP community care subsidy for this client?

Yes ☐ **1**

No - the person is a supplementary care recipient ☐ **2**

18 b. What was the date on which your service first claimed the CACP community care subsidy in the name of this person (if applicable)?



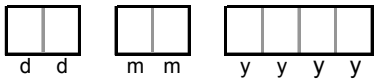
19. What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?

The date recorded should reflect the date on which the care recipient is first provided with assistance according to the Care Recipient Agreement.

In many instances, CACP staff will have met with the care recipient in order to assess specific needs for assistance, provide information about the CACP programme and the service that would deliver this assistance, and/or provide some short-term assistance to the care recipient (such as social or emotional support). The date recorded here should, however, reflect the date on which the care recipient is first provided with assistance according to the Care Recipient Agreement.

For many care recipients, the Date of commencement of care plan assistance will be the same date on which the service outlet begins to claim the Community Care Subsidy in respect of a care recipient.

For further information please refer to the Guidelines



20a. Is there a Care Recipient Agreement between your agency and the care recipient?

Yes ☐ **1** No *(Go to Question 21)* ☐ **2**

20b. If so, is it signed by the care recipient or their representative?

Signed ☐ **1** Unsigned ☐ **2**

21. Has the care recipient had a care plan review within the last 12 months?

Care plan review does not include the initial assessment and development of a care plan, nor does it include ongoing monitoring of the person and their care plan, which is a function of the case manager's role.

Not applicable—care recipient has not been in receipt of a CACP for 12 months ☐ **0**

Yes ☐ **1**

No ☐ **2**

Questions 22 to 28 relate to the census week

22. Please record the total amount(s) of types of assistance that the care recipient received from the service outlet during the census week.

The type (and amount) of CACP assistance received by a care recipient should be recorded for each service delivery event.
This information should not be recorded, however, for assistance that is provided that:
- is outside of the allowable CACP services in the Aged Care Act 1997;
- is beyond the level of service provided to meet the care recipient's assessed needs (e.g. additional domestic assistance or respite);
- complements the assistance provided under the CACP; or
- meets the care recipient's assessed needs but is beyond the financial capacity of the service outlet, and for which the service outlet has entered into a private agreement with the care recipient.

Service outlets may agree to arrange and/or provide this additional assistance, and are entitled to fully recover costs associated with this additional assistance. This assistance, however, should not be reported for the purposes of the CACP census week collection.
The total amount of assistance, for types of assistance measured in hours, should be reported in hours and minutes, to the nearest fifteen minute period. Total amounts of less than fifteen minutes should be rounded up to fifteen minutes.
The time spent providing each type of assistance on each occasion of service delivery should be recorded by the service outlet in five minute units, e.g. 5 minutes, 25 minutes, 30 minutes etc.
The types of assistance measured by quantity are Delivered meals, Formal linen services, and Transport.
The service outlet should record the total amount of Delivered meals received by the care recipient during the census week as the total number of delivered meals received, regardless of the number of deliveries involved in providing those meals.
The service outlet should record the total amount of assistance with Formal linen services received by the care recipient during the census week as the total number of laundry deliveries.
The service outlet should record the total amount of assistance with Transport received by the care recipient during the census week as the total number of one-way trips.

Personal care (e.g. feeding, bathing, toileting, dressing, mobility and help with medication)	**1**		hours		minutes
Domestic assistance (e.g. cleaning, washing, ironing)	**2**		hours		minutes
Social support (e.g. assistance primarily directed at meeting the care recipients need for social contact and accompaniment)	**3**		hours		minutes
Meal preparation/other food services (e.g. cooking and food storage)	**4**		hours		minutes
Temporary respite care (Where the primary purpose is to substitute for the usual informal carer, excluding residential respite)	**5**		hours		minutes
Rehabilitation support (Where CACP worker is playing an active role in implementing a professionally determined rehabilitation plan)	**6**		hours		minutes
Home maintenance (e.g. changing light bulb, repairing roof, mowing lawn, removing rubbish)	**7**		hours		minutes
Delivered Meals (does not include meals prepared in care recipients own home)	**8**		No. of meals		
Formal linen service (for linen provided and laundered)	**9**		No. of deliveries		
Transport	**10**		No. of one-way trips		
CACP case management/care coordination	**11**		hours		minutes

23. Was the care recipient on leave at any time during the census week?

If the care recipient is already on leave at the start of the census week, please insert the actual date the leave started.

No *(go to Question 26)* ☐ **2**

Yes *(please specify dates below)* ☐ **1**

Leave start date ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

Leave return date (if applicable) ☐☐ ☐☐ ☐☐☐☐

24. Was the client on extended leave at any time during the census week?

Yes ☐ **1** No ☐ **2**

25. What was the <u>main</u> reason the care recipient <u>went</u> on leave? *(Please tick one only)*

Hospital leave ☐ **2** Other (including social) leave ☐ **3** Alternative care (eg respite care) ☐ **1**

26. Did your agency cease claiming a Community Care Subsidy in the name of this person during the census week?

If the person is a supplementary care recipient, please report the date on which you would have stopped claiming the Community Care Subsidy in the name of that person had the person had a subsidy claimed in their name

No *(go to Question 28)* ☐ **2**

Yes *(please specify date of cessation below)* ☐ **1**

☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

27. What was the main reason that the person ceased receipt of a CACP from your service?
(Please tick one only)

Care recipient no longer needs assistance from our service outlet (problem resolved or recipient is managing on their own and/or with other forms of informal assistance) ☐ **1**

Care recipient has moved to residential aged care (high care) ☐ **2**

Care recipient has moved to residential aged care (low care) ☐ **3**

Care recipient has moved to residential aged care - level of care not known ☐ **10**

Care recipient has moved to institutional setting with 24-hour care (e.g. hospital) ☐ **4**

Care recipient has been referred to Extended Aged Care at Home (EACH) package ☐ **11**

Care recipient has been referred to other community care programme (including other CACP provider) ☐ **5**

Care recipient has moved out of the area ☐ **6**

Care recipient died ☐ **7**

Care recipient terminated service ☐ **8**

Unknown ☐ **99**

Other *(please specify)* ☐

Question 28 relates to services provided by other government programmes during the census week

28 a. If known, does the person currently receive any of the following types of assistance from another government programme on a regular basis (excluding services that you purchase for the person using CACP funds)? *(Please tick all relevant programmes)*

If a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution), then do not record that type of assistance under 28a or 28b.

- Personal care ◯ **1**
- Domestic assistance ◯ **2**
- Social support ◯ **3**
- Meal preparation/other food services ◯ **4**
- Respite care ◯ **5**
- Home maintenance ◯ **7**
- Delivered meals ◯ **8**
- Formal linen service ◯ **9**
- Transport ◯ **10**
- Home modification ◯ **12**
- Nursing care ◯ **13**
- Allied health care ◯ **14**
- Centre-based day care ◯ **15**
- Provision of goods and equipment ◯ **16**
- Counselling/support ◯ **17**
- Financial assistance to buy continence aids ◯ **18**
- Other ◯ **19**
- No - does not receive any of these types of assistance from another programme *(go to end)* ◯ **0**
- Don't know *(go to end)* ◯ **99**

28 b. If the person receives any of the types of assistance listed above from another government programme (i.e. not purchased for the person using CACP funds), which programme(s) provides that assistance listed above (if known)? *(Please tick all relevant programmes)*

If a care recipient purchases assistance from a programme at full cost (i.e. without any government funded contribution), then do not record that type of assistance under 28a or 28b.

- Home and Community Care (HACC) ◯ **1**
- Department of Veterans' Affairs ◯ **2**
- National Respite for Carers Programme ◯ **3**
- Don't know ◯ **9**
- Day Therapy Centre Programme ◯ **4**
- CSDA-funded disability support services ◯ **5**
- Continence Aids Assistance Scheme ◯ **6**
- Other programme(s), *please specify:*

Thank you for your time and help in completing this form.

Appendix 3: Census guidelines

Contents

1 About this census

1.1 Why is the census being run?

The Australian Institute of Health and Welfare (AIHW) has undertaken to assist the Department of Health and Ageing (the Department) with their census of the Community Aged Care Package (CACP) Programme.

The aim of the census is to provide an up to date national profile of CACP providers, CACP recipients and the assistance they receive.

Information collected through this census will provide a level of detail which is required for more complex analyses of the CACP Programme such as equity of access and effectiveness of service provision along with basic information such as number of care recipients including details of supplementary care recipients. This will help the Department administer CACPs and will support performance measurement, policy development and future planning of the Programme.

1.2 Background

At present, only limited information is collected on CACP providers and their clients. The data that are available are reported in the series *Community Aged Care Packages in Australia: A Statistical Overview*, which commenced with 1998–1999 data (AIHW 2000). This series draws on data from a number of data sets. These include information collected from the: Aged Care Application and Approval (2624) form; Provider Claim form; Approved Provider Status application/Community Care Service Agreements; and annual financial reports. These sources provide no information on types of assistance and no details of supplementary (or excess) care recipients.

In 2000, on behalf of the Department, the AIHW agreed to identify the range of information on service provision in the CACP Programme, develop and field test definitions to produce a data dictionary to support collection of data needed to support performance measurement, policy development and future planning for the CACP Programme.

Field testing of the draft census collection was conducted throughout July–August 2001 with 46 CACP providers. Their feedback and suggestions were incorporated into the final version of the CACP Data Dictionary v1.0.

The AIHW has recommended that an ongoing collection will allow a more comprehensive and accurate picture of CACP providers, care recipients and assistance received under the Programme. However, an ongoing collection will require extensive development and efforts towards coordination and integration of data collections. Therefore, as an interim solution it was proposed that an annual census week data collection be put in place to provide some data that will support performance measurement, policy development and programme planning.

Data items for the CACP 2002 census have been adapted from the CACP Data Dictionary v1.0.

1.3 Guidelines

Each question in this census has a supporting definition; they are listed in these Guidelines in question order.

- Section 2 gives practical advice on how to complete the census.
- Section 3 defines some of the general terms or concepts that are referred to in these Guidelines.
- Section 4 contains definitions and instructions on how to answer the service outlet questions (Form A).
- Section 5 includes these details for the care recipient questions (Form B) and some examples have also been provided.

When completing the census if you have a query about a particular question please refer to the Guidelines, it is not considered necessary for you to read this entire document before starting the census. If you have a question which is not covered by the Guidelines please contact the AIHW's CACP helpdesk, see Section 2.4.

1.4 Privacy

To ensure the privacy of care recipients and security of information provided on forms, completed forms must be sent to the Department's dedicated Mail Drop Point (see Section 2.6).

Data entry and analysis will be done at the AIHW. The confidentiality and security of data sent to the AIHW is protected under the provisions of the *Australian Institute of Health and Welfare Act 1987* and the *Privacy Act 1988.* The AIHW has documented procedures, approved by its Board, covering these topics and a strong culture of ensuring data security. Its policies and procedures seek to operationalise the requirements of the Institute's legislation and the *Privacy Act 1988*.

The AIHW has procedures in place to cover handling of forms used for primary data collection. In accordance with these procedures all CACP 2002 census forms will be destroyed 4 months after analysis is completed.

1.5 Reporting of CACP 2002 census results

A full report of the CACP 2002 census will be produced by the AIHW by mid 2003. In addition the AIHW will produce a summary of the CACP 2002 census report in mid 2003.

1.6 Acronyms

AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Package
The Department	Commonwealth Department of Health and Ageing

2 Completing this census

2.1 When is the census week?

The census can be run on any **7 consecutive days** between **16 September** and **14 October 2002**.

It is suggested that CACP service providers choose in advance which week they will run the census.

2.2 Forms

Each service outlet should nominate a person who is primarily responsible for completing this census. This person (**not the care recipient**) should answer the questions on the forms using information currently held by your organisation.

Before starting to fill in the forms sent to you it is advised that you familiarise yourself with the questions and seek clarification from the Guidelines where necessary. The AIHW's CACP helpdesk (CACP-helpdesk@aihw.gov.au or 1800 82 28 28, see Section 2.4) is available for additional questions you may have.

Form A: Service outlet data

One of these should be completed for each service outlet. Service outlet is defined in Section 3.1.

Form B: Care recipient data

Service outlets should complete a form for all care recipients to whom they are currently providing CACP-funded assistance, regardless of whether or not the person received services in the census week (see scope below).

2.3 Scope (Who and what is included in the CACP 2002 census?)

Care recipients

All care recipients as defined in Section 3.2 are to be included in the census.

This includes:

- *Care recipients on leave*—All care recipients who would normally attract payment of a Community Care Subsidy are included in this census regardless of whether the care recipient is on approved leave or extended leave. (An outlet cannot claim the Community Care Subsidy while a person is on extended leave.) For a more complete explanation of leave see Section 5, questions 23 to 25.
- *Supplementary care recipients*—Supplementary (or excess) care recipients are people who receive CACP care over and above the number of allocated packages

for which a CACP provider is entitled to claim a subsidy. A care recipient form should be filled in for each supplementary care recipient.

Excludes:

- *Private clients*—Those care recipients whose care is wholly paid for using private funds are not to be included in the collection.

Assistance which is excluded

Exclude assistance that is provided to care recipients outside their care package. This covers service that they receive:

- that is not provided or funded by the CACP Programme;
- that the care recipient requests beyond their assessed needs;
- that the CACP provider does not have the capacity to fund; and/or
- is paid for privately.

2.4 Help

The AIHW has established an e-mail and telephone helpdesk to provide assistance from 2 September until 11 November 2002.

You can e-mail us at	CACP-helpdesk@aihw.gov.au
Or call	1800 82 28 28

Phone assistance will be available between 10 a.m. and 4 p.m. EST.

2.5 Copies of census materials

Copies of all census materials can be downloaded from the census web page at http://www.aihw.gov.au/agedcare/cacp/cacp_census.html.

Or contact the Helpdesk.

2.6 Returning the CACP census

Completed forms A and B must be returned directly to the Department's CACP census dedicated Mail Drop Point:

The Department of Health and Ageing
Community Care Branch
Community Aged Care Packages Programme MDP 111
GPO Box 9848
Canberra ACT 2601

by **1 November 2002,** in the envelope provided.

2.7 Quick reference

For your convenience we have included a single page 'quick reference' for you to pin up in your work area. It contains the help desk contact details and some of the other information contained in Section 2.

3 Concepts

3.1 Service outlet

Defined as A CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients.

Comments Regardless of the level at which an organisation is funded, a *Service outlet*, for data collection purposes, is the level of the organisation directly responsible for service provision to care recipients. In some instances, this means that one CACP-funded organisation will have many service outlets. Information about care recipients and the CACP-funded assistance they receive is to be recorded and reported at the service outlet level.

Sometimes, CACP-funded service outlets may contract out or broker the assistance required by their care recipients to other service providers (e.g. a HACC provider). Although the *Service outlet* may not directly provide the assistance in these cases, the *Service outlet* paying for the assistance to care recipients is considered directly responsible for that assistance and should report on those care recipients and the assistance they receive in a collection period.

3.2 Care recipient

Defined as A person who receives CACP-funded assistance whether or not a Community Care Subsidy is claimed in their name.

Comments The CACP Programme provides funding to assist frail older persons with complex care needs to remain living in the community.

While most care recipients have a Community Care Subsidy claimed in their name, it is recognised that in managing their allocated CACPs, service outlets may provide or arrange care funded by the Programme to care recipients for whom the service outlet does not claim the Community Care Subsidy, that is, to 'supplementary' recipients. 'Supplementary' care recipients are considered to be care recipients of the CACP Programme for the purposes of the data collection.

A person is not a care recipient until they have received their first instance of service as required under the Care Recipient Agreement between the care

recipient and your service outlet. See also question 19: Date of commencement of care plan assistance, this date is also the date when a person becomes a care recipient for the purposes of the CACP 2002 census.

A person who attends a group activity but receives no other care **and** your service keeps no individual client record, is not a care recipient for the census.

Care recipients who are on leave (including extended leave) from the CACP Programme are also considered to be care recipients for the purposes of data collection, although they may be excluded from some analyses.

If the CACP outlet brokers service for a care recipient and pays for the service from CACP Programme funds, this person is considered a care recipient and should be included in the census.

People who pay in full for their care (i.e. those who receive private care packages), are not considered to be care recipients for the purposes of data collection, even though this care is provided or arranged by a service outlet.

3.3 Informal carer

Defined as

A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person, without receiving payment other than a pension or benefit.

The definition excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.

Comments

Informal care and support networks play a critical role in community service provision, especially in caring for frail older people and younger people with disabilities living in the community. Not only are informal carers responsible for maintaining people with often high levels of functional impairment within the community, but the absence of an informal carer has been identified as a significant risk factor in contributing to institutionalisation among the frail aged population.

Increasing recognition of the needs of carers and the role they play has also prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

4 Form A: Service outlet data

Question 1a. Service outlet number

Question	**Service outlet number**
Defined as	This number is allocated to the outlet by the Department.
Guide for use	This number is on the cover letter sent to you with the census forms. This number should be transcribed to each care recipient form.
Why is this collected?	This number is used to uniquely identify the service outlet.

Question 1b. Name of service outlet

Question	**Name of service outlet**
Defined as	The name of the CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients (regardless of the level at which an organisation is funded).
Guide for use	Please record the name of the service outlet (for further information and the definition of a service outlet, see Section 3.1).
Why is this collected?	The data element *Name of service outlet* ensures that data are reported at the level of the service outlet, and assists in the unique identification of each service outlet.

Question 1c. Street address of service outlet

Question	**Street address of service outlet**
Defined as	The street address for the CACP-funded organisation or organisational sub-unit that is directly responsible for the provision of CACP-funded assistance to care recipients (regardless of the level at which an organisation is funded).
Guide for use	Please provide street address not postal address.
Why is this collected?	This information is important in the derivation of the provider's Statistical Local Area (SLA) and for the analysis of the spatial distribution of service outlets. Service outlet address also assists in the identification of each service outlet.

Question 2. Outlet contact details

Question	**Details for a person we can contact if we have any queries about this form**
Defined as	The name, position, phone, fax and e-mail address of a contact person for the outlet.
Guide for use	Please provide details of someone we can contact about the responses on the census forms. This is most likely to be the person who you have nominated to be primarily responsible for completing the census.
Why is this collected?	This information may be needed if clarification of information on the census forms is required.

Question 3. Service outlet—profit status

Question	**Is your organisation a 'not for profit' or 'for profit' organisation?**
Defined as	Whether the service outlet is a 'not for profit' or 'for profit' organisation.
Guide for use	**Not for profit:** Includes all organisations that are not permitted to provide profit, gain or benefit to individual owners or members. **For profit:** Includes all organisations that conduct its activities for the financial profit or gain of its owners, members or shareholders.
Why is this collected?	Information on the profit status of organisations providing CACP assistance allows separate analysis of data according to profit status.

Question 4. Service outlet type

Question	**Which code best describes your organisation?**
Defined as	A code that describes the type of organisation that provides CACP assistance.
Guide for use	**Religious:** An organisation whose objectives and activities reflect its character as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion. **Ex-services/veterans' service:** Includes organisations whose objectives and activities reflect its character as a body instituted to primarily provide support and assistance to veterans of the Australian Defence Forces and allied defence forces. **Local, State or Commonwealth government:** Includes government authorities and instrumentalities. Government organisations at all levels are unique kinds of legal entities established by political processes which have legislative, judicial or executive authority over other institutional units within a given area. **Other:** Includes community-based organisations and other organisations formed for a particular common purpose by members of an identifiable community based on locality, ethnicity or some other identifiable affiliation (excluding religious affiliations or ex-services/veterans' affiliations), whose activities may be carried out for the benefit of its members.
Why is this collected?	Information on the types of organisations providing CACP care allows separate analysis of data according to organisation type.

Question 5. Management of personal information policy status

Question	Do your Care Recipient Agreements include information on the management of care recipients' personal information including references to written agency policies and procedures guaranteeing that: a. all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet; and b. each care recipient is informed about what happens to information collected about them.
Defined as	Whether or not the Care Recipient Agreement entered into between the service outlet and the care recipient includes information on the management of care recipients' personal information by the service outlet. Including guarantees that all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet and guarantees that each care recipient (or his or her representative) will be informed about what happens to information collected about them.
Guide for use	**Yes**: This should be ticked where Care Recipient Agreements between the service outlet and their care recipients include information about the service outlet's policies and procedures which ensure that the privacy of care recipients is respected and ensure the confidentiality of care recipients' personal information.
Why is this collected?	Information on whether or not Care Recipient Agreements between service outlets and their care recipients include information on the management of care recipients' personal information provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.

Question 6. Provision of information on complaints procedures

Question **Does your service outlet include information on internal and external complaints procedures in the Care Recipient Agreement between your service and your care recipients?**

Defined as Whether the Care Recipient Agreement entered into between the service outlet and the care recipient includes information on internal and external complaints procedures.

Guide for use **Yes:** This should be ticked when the information provided to care recipients includes reference to what a care recipient (or their representative) should do if they have a concern or complaint about the care they are receiving or their access to a service. 'Internal' complaints resolution mechanisms include those procedures and mechanisms that are in place for a care recipient to make, and have dealt with, a complaint about the care they are receiving from the service outlet. Care recipients would normally use these mechanisms to make complaints about the care received in the first instance, except in exceptional circumstances. 'External' complaints mechanisms include reference to the Aged Care Complaints Resolution Scheme (CRS), including information on how to contact the CRS, and other schemes that operate independently of the service outlet.

Why is this collected? Information on whether or not Care Recipient Agreements between service outlets and their care recipients include information on complaints mechanisms provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.

Under the *Quality of Care Principles* (made under the *Aged Care Act 1997*) the Community Care Standard relating to complaints and disputes states that each care recipient (or his or her representative) has access to fair and effective procedures for dealing with complaints and disputes. This standard requires that CACP providers ensure that each comment or complaint about a service, or access to a service, is handled fairly, promptly, confidentially and without retribution.

Under the *User Rights Principles* (made under the *Aged Care Act 1997*) the Care Recipient Agreement must 'state that the care recipient is entitled to make, without fear of reprisal, any complaint about the provision of the CACP, and state the mechanisms for making a complaint. This refers to both internal complaints mechanisms and the Complaints Resolution Scheme'.

In the absence of an agreed quality assurance system for assessing CACP providers' compliance with the Community Care Standards, this information provides some indication of the extent to which service outlets are complying with one quality of care aspect relating to complaints and disputes.

Question 7. Types of approved CACPs by Aged Care Planning Region

Question **For each type of CACP allocated to your service outlet, please indicate (if applicable):**
- the agreed Aged Care Planning Region for delivery of the packages
- the number of packages allocated

Types of CACP

Defined as The type(s) of CACP(s) approved to be delivered by the service outlet under the CACP Programme.

Guide for use A service outlet may provide different types of CACPs, for example, general packages, housing-linked packages, other financially and socially disadvantaged packages, packages targeted to Aboriginal and Torres Strait Islander peoples, and packages targeted to people from culturally and linguistically diverse backgrounds. For each type of CACP the service outlet will have an allocated number of packages under which it can provide assistance.

Packages for people from culturally and linguistically diverse backgrounds: Included are packages that are targeted to a specific cultural group in the population (excluding Indigenous people) e.g. to members of an Italian community.

Housing-linked packages: Refers to packages that provide care to financially disadvantaged people in designated rental housing developments including public or community housing and in secure private rental accommodation. Rental settings can range from congregate housing with high concentrations of aged people, such as boarding houses, or detached public housing spread across a particular area.

The *Types of approved CACPs* relates to the type of package that a service outlet is approved to provide within your agreement with the Department, and does not relate to the care recipients who are actually receiving assistance under these packages. For example, a service outlet may be approved to provide 10 general packages, of which three are used to provide care to Aboriginal people. The type of approved CACP that relates to these 10 packages is, however, 'general', and not 'Aboriginal and Torres Strait Islander' specific.

For other types of packages not specified on forms please use the space provided for 'other packages'.

If you have more than two other types of packages or deliver services in more than two Aged Care Planning Regions, please supply details on a separate piece of paper and staple it to the service outlet form.

Why is this collected? A number of types of CACPs exist, some of which are targeted to special needs groups, and a service outlet may be approved to provide a number of types of packages. Information on the *Types of CACPs* is used in conjunction with information on the *Number of approved CACPs* and the *Aged Care Planning Region* where the CACPs are targeted in order to inform planning related to the provision of CACPs and access to the CACP Programme.

Aged Care Planning Region

Defined as The geographic area(s) in which CACP assistance is approved to be provided as specified within the Community Care Service Agreement or Deed of Agreement under which the service outlet operates.

Guide for use A service outlet may provide CACP services in more than one *Aged Care Planning Region*.

In addition, a service outlet may provide different types of packages (e.g. packages for Aboriginal and Torres Strait Islander peoples) that are targeted to specific Aged Care Planning Regions. In these cases, the *Aged Care Planning Region* should be reported in conjunction with the *Types of CACPs.*

The most up-to-date version of the Commonwealth Aged Care Planning Regions available for the data collection reference year should be used.

Community Care Agreements/Deeds of Agreement specify the area(s) in which CACP care is to be provided in terms of Local Government Areas (LGAs) or Statistical Local Areas (SLAs). The *Aged Care Planning Region* reported should be the region in which these LGAs or SLAs fall.

Why is this collected? Information on the region(s) in which the service outlet operates allows spatial analysis of the geographic areas served by service outlets.

Number of approved CACPs by type

Defined as The number of CACPs which are allocated to a service outlet.

Guide for use In some instances, an allocation of packages will be shared across more than one service outlet. In these cases, the *Number of CACPs* reported by each service outlet should reflect the number of CACPs each service outlet is approved to provide. The *Number of approved CACPs* may not be the same as the number of CACPs the service outlet is actually operating.

Example If an agency had an allocation of 20 CACPs across two planning regions, for example 12 general packages (four for the Southern Highlands Region and eight for the Illawarra Region), three packages for Aboriginal and Torres Strait Islander peoples for the Southern Highlands, and five housing-linked packages for the Illawarra, the response to this question would be:

	Name of first region	**Name of second region**
Name of Aged Care Planning Region:	Southern Highlands	Illawarra
Type of package:	Number of packages in first region:	Number of packages in second region:
General packages:	4	8
Packages for Aboriginal and Torres Strait Islander people:	3	
Packages for people from culturally and linguistically diverse backgrounds (NESB):		
Housing linked packages:		5
Other financially and socially disadvantaged packages:		
Other packages *(please specify type):*		

Question 8. Service brokerage

Question **At present, to what extent does your service outlet broker (or sub-contract) other agencies or individuals to provide the following types of CACP assistance on your behalf?**

Defined as Brokerage (or sub-contracting) is the payment of other organisations and self-employed sub-contractors to provide direct community service on behalf of the service outlet.

Guide for use Tick one box for each type of CACP assistance.

Types of assistance are defined in Section 5, Question 22.

Other CACP assistance: Please interpret question as—For all other types of assistance (As defined in Section 5, Question 22, not including 'Case management/care coordination', 'Personal care' or 'Domestic assistance') does your service outlet broker none, some or all of these types of assistance?

Example Northside Careworks provides CACP assistance to Georgio Grasigli. They provide assistance with personal care directly to him and they have arranged, and pay for, cleaning (domestic assistance) which they have brokered to a private cleaning company. They have also arranged, and pay for, a HACC service to provide transport once a week so that Georgio and his wife Anna can attend church on Sunday. Northside Careworks usually provides any transport that is required Monday to Friday.

Northside Careworks always brokers house cleaning but directly provide some other types of domestic assistance such as shopping and bill paying. They also broker transport that is required on the weekend but do not broker any other types of assistance.

		Our service ***provides all*** *of this type of care directly*	*Our service* ***brokers/sub-contracts some*** *of this type of care*	*Our service* ***brokers/sub-contracts all*** *of this type of care*
Case management/care coordination	a	☑ 1	☐ 2	☐ 3
Personal care	b	☑ 1	☐ 2	☐ 3
Domestic assistance	c	☐ 1	☑ 2	☐ 3
Other CACP assistance	d	☐ 1	☑ 2	☐ 3

Why is this collected? To give the department a better understanding of how services operate. This information may not be collected in the longer term.

5 Form B: Care recipient data

Question 1. Service outlet number

Question	**Service outlet number**
Defined as	This number is allocated to the outlet by the Department
Guide for use	This number should match the service outlet number on Form A: Service outlet data. This number is on the cover letter sent to you with the census forms. In some States a service outlet may have more than 1 outlet number, in this case the number recorded should be the one specified on the cover letter.
Why is this collected?	This is used to link the care recipient to the appropriate service outlet

Question 2. Form ID

Question	**Form ID**
Defined as	A number allocated by your service that uniquely identifies a form.
Guide for use	You should number each form that you fill out, being careful that each form has a number unique within your service outlet. As the full name of a care recipient is not recorded on the form, you may wish to keep a list of form ID by care recipient name.
Example	Jane is the case manager who has been made primarily responsible for filling in the CACP 2002 census. She has asked Michael, another case manager, to complete forms for the care recipients he manages. Once all the forms are completed Jane numbers the forms, filling in the 'Form ID' box, and then makes a list, for herself, of all care recipients and their corresponding numbers.
Why is this collected?	The form ID may be used to identify a specific form that may require follow up with your agency.

Question 3. Letters of name

Question **Selected letters of name of care recipient**

3a. Selected letters of family name/surname

Defined as The 2nd, 3rd and 5th letters of the name a person has in common with other members of her/his family, as distinguished from her/his given name.

3b. Selected letters of given name

Defined as The 2nd and 3rd letters of the name given to a person which is that person's identifying name within the family group, or the name by which the person is uniquely socially identified.

Guide for use Please use block capital letters.

Do not count hyphens, apostrophes, blank spaces, or any other character that may appear in a name which is not a letter of the alphabet.

Where the name is not long enough to supply all requested letters, i.e. surnames less than 5 characters and given names of less than 3 characters, please fill in the remaining squares with a 2 to indicate that a letter does not exist.

Where a name, of part of a name is missing, e.g. where name is not known or only the initial is known, please substitute a 9 to indicate that the letter is not known.

At times, a person may be known by many names. This is sometimes the case with Aboriginal persons. **Where uncertainty exists about which name to record, the name recorded on the person's Centrelink card should be used**.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording—such as the difference between MacIntosh and McIntosh—can make statistical record linkage ineffective. **To minimise discrepancies in the recording and reporting of name information, service outlets should keep a record of clients full (formal)** ***First given name*** **and** ***Family name/surname.*** These may be different from the name that the person may prefer the CACP workers to use in personal dealings. Service outlets may choose to separately record the preferred names that the person wishes to be used by CACP staff.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, service outlets should always ask the person to specify their first given name

and their family name or surname separately. These should then be recorded as *Given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Example 1 Mrs Dot Mason
Dot's full name is Dorothy

3a. Letters of **family name/surname**		A	S		N	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		O	R			

Example 2 Mr Georgio Grasigli

3a. Letters of **family name/surname**		R	A		I	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		E	O			

Example 3 Mr Michael Le Grand
You should ignore blank spaces

3a. Letters of **family name/surname**		E	G		A	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		I	C			

Example 4 Ms Marge O'Brien
Please ignore apostrophes

3a. Letters of **family name/surname**		B	R		E	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		A	R			

Example 5 Mrs Kim Wu
If there are not enough characters in a name, complete with 2s

3a. Letters of **family name/surname**		U	2		2	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		I	M			

Example 6 Mr J. McIntosh
If a name is missing letters, complete with 9s

3a. Letters of **family name/surname**		C	I		T	
	1st	2nd	3rd	4th	5th	6th
3b. Letters of **given name**		9	9			

Why is this collected? A statistical linkage key can be derived from a combination of *Letters of name*, *Date of birth* and *Sex*. This enables statistical linkage of (de-identified) care recipient records across different aged and community care programmes, and allows analysis of patterns of care recipient movement through the aged and community care system.

A statistical linkage key gives enough information that most linkages will be correct and that a reasonably accurate picture of patterns of service use can be obtained. However, matching on a statistical linkage key is not accurate enough to be sure that any particular linkage is correct. Therefore, statistically linked data cannot be used to identify a person, nor to make any decisions on service provision to a person.

Question 4. Sex

Question **What is the care recipient's sex?**

Defined as The sex of the person.

Guide for use This data element is based on the biological distinction between male and female. Where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgement of the interviewer. Although this may lead to some error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex or sexuality.

Why is this collected? The sex of the person is required for demographic analyses of care recipients' patterns of service utilisation in the CACP Programme. The sex of the person may also be used in conjunction with the data elements *Letters of name* and *Date of birth* for statistical record linkage purposes.

Question 5. Date of birth

Question **What is the care recipient's date of birth?**

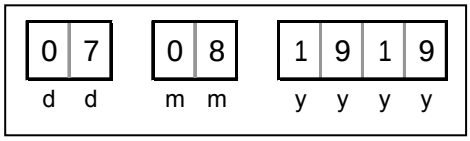
Defined as The date of birth of the person.

Guide for use This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, service outlets should use zeros to ensure that the date contains the required 8 digits. For example, for a person born on 1 July, 1926, their *Date of birth* would be reported as 01071926.

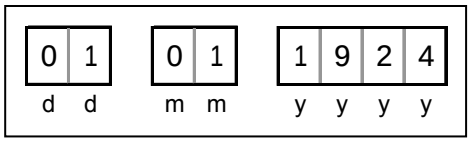
If the actual date of birth of the person is not known, service outlets should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 0101 (estimated year of birth). 1 January is used for estimated dates of birth to align with established practice in the HACC MDS Version 1.0.

It is important that service outlets do not record estimated dates of birth by using '00' for the day, month or year as this would not be considered a valid date by the system processing the data sets held by the Department.

Example 1 Mrs Dot Mason was born on 7 August 1919



Example 2 Mr Georgio Grasigli is not sure of his exact date of birth, but was born in 1924.



Why is this collected? The *Date of birth* of the person, which allows derivation of the person's age, is required for demographic analyses of care recipients' patterns of service utilisation in the CACP Programme. In addition, planning processes for the Programme require analysis of the number of people in the general population aged 70 and over, and 50 and over for Aboriginal and Torres Strait Islander people, living in different geographic areas across Australia. This information is used in conjunction with information on the number of people in residential aged care services to enable planning decisions to be made about the distribution of aged care services.

Date of birth may also be combined with the data elements *Letters of name* and *Sex* to construct a statistical linkage key. This key would enable statistical linkage of care recipient records with other related data sets (such as the HACC MDS Version 1.0) to enable information on the movement of people through aged care and related programmes, and enable information on how many people may be accessing a range of programmes. For other data sets based on Programs that are more directly related to the CACP Programme (such as the ACAP), information on *Date of birth* may assist to enable linkage of data records between the data sets.

Question 6. Suburb/town/locality name and postcode

Question **Care recipient's suburb/town /locality name and postcode relating to where they live while receiving assistance from your service**

6a. Suburb/town/locality name

Defined as The name of the geographic area in which the care recipient lives while receiving CACP assistance.

6b. Postcode

Defined as The postal code of the geographic area in which the care recipient lives while receiving CACP assistance.

Guide for use Only one *Suburb/town/locality name* and *Postcode* should be recorded for a care recipient. The service outlet should record the *Suburb/town/locality name* and postal code for the address at which the care recipient resides while receiving CACP assistance from the service outlet.

A *Suburb/town/locality name* may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community.

Why is this collected? Describes the geographic location of the residence of a care recipient while receiving CACP assistance.

A *Suburb/town/locality name* together with *Postcode* can be used to derive the Statistical Local Area (SLA) in which the care recipient lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ABS 1999a) and of Commonwealth Aged Care Planning Regions, and are important in the analysis of the spatial distribution of care recipients. The data element allows for the comparison of care recipient groups with the CACP Programme target population by geographic area and assists with planning and reporting on the accessibility of CACP assistance at a regional level.

SLA can be used to identify the number of care recipients living in rural and remote areas. This allows assessment of the equity of access for people who live in rural and remote areas of Australia to assistance under the CACP Programme.

Question 7. Indigenous status

Question **Is the care recipient of Aboriginal or Torres Strait Islander origin?**

Defined as Whether or not the person identifies as being of Aboriginal and/or Torres Strait Islander descent.

Guide for use This question refers to Australian Aboriginal and Torres Strait Islander peoples and not to people indigenous to other countries.

Information about Aboriginal and Torres Strait Islander status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin.

For persons of both Aboriginal and Torres Strait Islander origin, tick both, *Yes, Aboriginal* and *Yes, Torres Strait Islander*, boxes, enabling the responses to be appropriately coded. Responses to this question should not be based on the perceptions of anyone other than the care recipient or their advocate.

Non-Indigenous status should not be taken as default in the presence of no other evidence.

Indigenous does not include people of South Sea Islander origin.

Example 1 Mr Albert Jagamara has identified himself as of both Aboriginal and Torres Straight Islander decent

Yes, Aboriginal	☑	**1**
Yes, Torres Strait Islander	☑	**2**
Indigenous, not further defined	○	**5**
Unknown	○	**6**
No	○	**4**

Example 2 Ms Susan Cook has a dark complexion and looks like she is of Aboriginal ancestry, however, when asked whether she is of Indigenous origin she is reluctant to answer.

Yes, Aboriginal	○	**1**
Yes, Torres Strait Islander	○	**2**
Indigenous, not further defined	○	**5**
Unknown	☑	**6**
No	○	**4**

Why is this collected?

Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander peoples across all age groups and for almost all diseases and conditions for which information is available. Given these inequalities in health status—and their likely impact on the need for and use of health and community services—there is a strong case for ensuring that information on the Indigenous status of care recipients is collected in the CACP Programme in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

Given the poor health status and high need of Aboriginal and Torres Strait Islander peoples, this group is identified as a 'special needs' group within the CACP Programme.

Identification of people of Aboriginal and Torres Strait Islander descent is also one component in the identification of people from culturally and linguistically diverse backgrounds. *Country of birth* is also used to identify people from culturally diverse backgrounds.

Question 8. Country of birth

Question **In which country was the care recipient born?**

Defined as The country in which the person was born.

Guide for use If the country does not appear in this list, please write the name of the country in 'Other (please specify)'.

A list of countries is included at Appendix A. This list is grouped by region for ease of use.

Why is this collected? This data element can be analysed in conjunction with *Indigenous status* to derive measures of access to the CACP Programme by people from culturally and linguistically diverse backgrounds. This information is also used for ensuring delivery of targeted services to meet the specific needs of people from culturally and linguistically diverse backgrounds.

Question 9. Financial hardship status

Question **Does the care recipient experience personal financial hardship?**

Defined as Whether the person is considered to experience financial hardship.

Guide for use Assessment of *Financial hardship status* should be carried out in accordance with Section 4.4 (Part 2) of the *Allocation Principles* (made under the *Aged Care Act 1997*). For the purposes of the CACP Programme, a person with financial hardship is defined as someone who:

1) did not own a home in the two years before the time the person first commenced paying fees or receiving care; **and**

2) at that time:

   (a) was in receipt of maximum basic rate of pension or benefit under Part 2.2, 2.3, 2.4 or 2.15 of the *Social Security Act 1991*; **or**

   (b) both:

      (i) was in receipt of the rate of pension payable under Part III of the *Veterans' Entitlements Act 1986*; **and**

      (ii) had additional income (within the meaning of section 8 of the *Social Security Act 1991*) not more than the ordinary free limit allowed to a person in receipt of the maximum basic rate of pension or benefit under Part 2.2, 2.3, 2.4 or 2.15 of the *Social Security Act 1991*.

If the person does not meet the above criteria, the person should only be considered to be experiencing financial hardship if the service outlet has notified the Department that the person might be in financial hardship, taking into account the person's income (within the meaning of Section 8 of the *Social Security Act 1991*) and assets.

Why is this collected? This information is important for planning purposes in relation to equitable access to CACPs amongst groups of people with identified 'special need', which includes people who experience financial hardship.

Question 10. Dementia status

Question	**Has the care recipient been diagnosed with dementia?**
Defined as	Whether or not the care recipient has been diagnosed with dementia to the knowledge of staff of the service outlet.
Guide for use	**Yes:** This should only be ticked if the person has been formally diagnosed as having dementia by the Aged Care Assessment Team (ACAT) or a medical practitioner. This information should be available on the recipient's Aged Care Application and Approval (2624) form. Do not tick 'Yes' if the ACAT diagnosis is not specific, e.g. 'confusion', 'memory loss', etc. If the person has developed dementia since commencing on a CACP, the care recipient should only be recorded as having dementia if the service outlet has been notified by a medical practitioner that the care recipient has dementia. **No:** This should be ticked when the service outlet has not been notified that a formal diagnosis of dementia has been made, even when staff of the service outlet believe that the care recipient has dementia.
Examples	Mr Le Grand's care worker has recognised that he is showing signs of dementia. Mr Le Grand's case manager has discussed this concern with his wife and has suggested that the symptoms should be discussed with his doctor. He has not yet seen his doctor. ***The response to this question for Mr Le Grand is 'No'.*** Mrs Wu is forgetful and has decided that she has dementia. She has not consulted her doctor about this nor had the ACAT team assessed her as having dementia. ***The response to this question for Mrs Wu is 'No'.*** Mr McIntosh was assessed as having dementia at the time of his ACAT assessment. Mrs O'Brien's doctor has assessed her and recently advised her daughter that she has Alzheimer's disease. ***The response to this question for Mr McIntosh and Mrs O'Brien is 'Yes'***.
Why is this collected?	A diagnosis of dementia can have a significant impact on a person's ability to continue living within the community. Information on whether the person has dementia assists in the identification of people who are 'at risk' of entry into residential aged care.

Question 11. Veteran status

Question **Is the care recipient a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran?**

Defined as Whether the person is a veteran of the Australian Defence Force or allied defence forces, or a spouse or widow/er of a veteran. Also whether the person is receiving a Department of Veterans' Affairs entitlement, and the level of the entitlement held by the person.

Guide for use A veteran is a person who has served in the Australian Defence Force at a time of declared war, or has service in overseas operations of a warlike or peacekeeping nature that qualify for entitlement under veterans' benefits.

Most veterans of the Australian Defence Force can be identified by:

- a Gold, White or Orange Health entitlement card issued by the Department of Veterans' Affairs;
- a pensioner concession card issued by the Department of Veterans' Affairs;
- receipt of a Department of Veterans' Affairs pension; or
- receipt of one or more of the following medals inscribed with their name:
  War Medal 1939–45;
  Australia Service Medal 1939–45;
  Australian Active Service Medal 1945–75;
  The Australian Service Medal;
  The Australian Service Medal 1975; or
  The Rhodesian Medal.

Spouses and widow/ers can be identified by the status of their veteran partner.

No: This category should be reported for any person who is not formally recognised by DVA as having any form of DVA entitlement, including persons receiving the Aged Pension

Why is this collected? This information is important for planning and performance measurement purposes in relation to equitable access to CACPs amongst veterans and war widow/ers.

Question 12. Accommodation setting

Question **What type of accommodation does the person live in while receiving assistance from your service?**

Defined as The setting in which the person lives.

Guide for use This item should be used to record the accommodation setting in which the person lives while receiving assistance from the service outlet.

From time to time, care recipients may receive assistance while they are residing in temporary accommodation arrangements. This includes situations where the care recipient is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or friends on a temporary basis. In these instances, the care recipient's 'usual' accommodation setting should be recorded.

If the person routinely receives services from the service provider in more than one type of accommodation setting (for example, a group house on some days of each week and at the family home on other days of the week) the agency should record the type of accommodation setting for the place in which the person receives services most of the time.

Private residence includes private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. Private residence can be further distingushed by different types of tenure associated with private residences. Where the person's tenure over the residence is not clear (e.g. living rent free with friends or family), tick the response which most reflects the type of tenure primarily associated with the dwelling.

Private residence—owned /purchasing: Includes private residences which are owned or being purchased either by the person or another member of their household or family (including a non-resident relative). Also includes shared equity and rent/buy schemes.

Private residence—private rental: Includes private residences which are rented on the private rental market at competitive market rates. This includes dwellings rented through real estate agents as well as private landlords who are not part of the person's family.

Private residence—public rental or community housing: Includes private residences secured through State/Territory housing authorities (public rental) or through community or cooperative housing groups.

Independent living within a retirement village: Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence (e.g. the person may or may not hold life tenure).

Short-term crisis, emergency or transitional accommodation: Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institutional-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services—such as meals, counselling, information or advocacy—but are not intended to function as a permanent or ongoing accommodation option. This should only be ticked when the person usually lives in this type of setting while receiving assistance from the service outlet.

Public place/temporary shelter: Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats.

Other: Includes institutional/residential care setting such as hospices and multi-purpose centres and all other types of settings.

Why is this collected?

The relationship between housing and the care needs of frail older people and people with disabilities is an area of considerable policy importance. Recent reviews have identified insecure housing as a risk factor in premature entry into residential care among frail older people and the possibility that it may be associated with more limited access to community based services.

Information on the type of accommodation that a person lives in is important in the assessment of a person's circumstances and need for assistance. This information also enables comparisons with ABS data relevant to service planning.

Question 13. Living arrangements

Question	**Does the care recipient live with other related or unrelated person(s)?**
Defined as	Whether the person lives with other related or unrelated persons.
Guide for use	If the person's household includes both family and non-family members, the person should be recorded as living with family. 'Living with family' should be considered to include defacto and same sex relationships. On occasion, difficulties can arise in deciding the living arrangements of a person due to their accommodation setting (e.g. boarding houses, retirement villages). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (e.g. partner, sibling, close friend). If the person lives in a granny flat, tick living alone if the granny flat is a separate dwelling (even if part of the same residential property) and they do not share their flat with another person. If the granny flat is part of the same dwelling occupied by another person(s), then tick living with family or others depending on their relationship to the other person(s). The person's *Living arrangements* should relate to the same place described under *Suburb/town/locality name*, *Postcode* and *Accommodation setting*.
Why is this collected?	A person's living arrangements can have a significant impact on their ability to continue living within the community. Living alone, in particular, has been identified as being a significant risk factor associated with institutionalisation among the frail and disabled elderly. The data element *Living arrangements* functions as an indicator of social support and social isolation by giving some indication of the level of informal support to which a person may have access.

Question 14. Carer availability

Question **Does the care recipient have a carer, i.e. someone such as a family member, friend or neighbour, that provides regular and sustained care and assistance to the care recipient without payment other than a pension or benefit?**

Defined as Whether someone, such as a family member, friend or neighbour, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.

Guide for use This data element is purely descriptive of a care recipient's circumstances, and is generally intended to be self-reported by the care recipient or their representative. It is not intended to reflect whether a care recipient is considered by the service outlet to need a carer or not; or whether an identified informal carer is considered by the provider to be capable of undertaking the caring role.

At times, **when it is not possible to obtain this information from the care recipient, the service outlet should use the following rule. If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer.**

Excluded from the definition of carers are paid workers or volunteers organised by formal services.

When recording whether a care recipient has an informal carer, it is important to recognise that a carer does not always live with the person for whom they care. That is, a person providing care and assistance to the care recipient does not have to live with the care recipient in order to be called a carer.

The availability of an informal carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The data element *Living arrangements* is designed to record information about person(s) with whom the care recipient may live.

Other family members or friends may also provide support and assistance to the person, such as emotional support through regular telephone contact. This type of assistance is also very important in contributing to the health and wellbeing of the person. However, the definition of carer given here emphasises their role in providing more 'practical' or 'hands on' regular and sustained assistance that allows the person to remain in their own home. In some cases, this will mean that someone who provides emotional support or has occasional telephone contact with the person should not be coded as a carer.

Examples

Dorothy Mason (Dot) lives in Boronia, Queensland. She has one daughter named Meg who lives in Rockhampton, she visits Dot about once a month and phones weekly. Meg is a great support for Dot. However, for the purposes of the census ***Meg would not be considered to be a carer.***

Georgio Grasigli lives with his wife Anna. Anna assists Georgio with bathing on the days when the care worker form Northside Careworks does not come. She also helps him get in and out of bed and with dressing. ***Anna would be considered to be Georgio's carer.***

Why is this collected?

Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional dependence within the community, but the absence of an informal carer is a significant risk factor contributing to institutionalisation. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of, and need for, formal services.

The presence of a carer is often a key indicator of a person's ability to remain at home, especially if the person requires assistance. Information on whether the person has an informal carer assists in the identification of people who are 'at risk' of entry into residential aged care.

Question 15. Carer co-residency status

Question

Does the carer live with the care recipient?

Defined as

Whether or not the informal carer lives with the person for whom they care.

Guide for use

A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in a different household.

If a care recipient has both a co-resident (e.g. a spouse) and a visiting carer (e.g. a daughter or son), the coding response to *Carer co-residency status* should be related to the carer who provides the most significant care and assistance related to the care recipient's capacity to remain living at home.

Why is this collected?

This data element helps to establish a profile of the characteristics of informal carers of CACP care recipients. It is also one indication of the level of informal support available to care recipients and of the intensity of care provided by the carer.

Question 16. Relationship of carer to care recipient

Question	**What is the relationship of the carer to care recipient?**
Defined as	The relationship of the informal carer to the person for whom they care.
Guide for use	Please record the relationship of the carer to the person for whom they care. E.g. if the care recipient is cared for by their daughter, tick daughter. If the person has more than one informal carer (e.g. a spouse and a son), the coding response to *Relationship of carer to care recipient* should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain living at home. The expressed views of the recipient and/or their carer or significant other should be used as the basis for determining which carer should be considered to be the principal carer in this regard. **Wife/female partner and Husband/male partner:** Includes defacto and same sex partnerships. **Other female relative:** This should be ticked if the carer is the grandmother, sister, niece, female cousin, etc. of the care recipient. **Other male relative** This should be ticked if the carer is the grandfather, brother, nephew, male cousin, etc. of the care recipient. Some people of Aboriginal or Torres Strait Islander origin attach a different cultural meaning to the terms brother, uncle, mother, etc. than the purely biological/social meanings that non-Indigenous people use. In such cases the *Relationship of carer to care recipient* should be recorded according to how the care recipient or carer identifies that relationship.
Example	Georgio is cared for by his wife Anna. ***The relationship of the carer to care recipient is 'wife/female partner', (i.e. not husband).***
Why is this collected?	Information about the relationship the informal carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance provided by the service outlet to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal care-giving in the community. The inclusion of this information enables useful comparisons between caring relationships identified by the CACP Programme and those reported in the national population data from the ABS Survey of Disability, Ageing and Carers.

Question 17. Core activity limitations

Question **Does the care recipient sometimes or always need the assistance or supervision of another *person* in any of the following areas?**

Defined as The core activities in which the help or supervision of another individual is needed by the person, as assessed by staff of the service outlet.

Guide for use More than one type of activity can be recorded.

Record those areas of activity that, in the opinion of CACP staff, the care recipient needs the assistance or supervision of another person, from either formal agencies or informal carers, *regardless of whether the assistance is provided or not, and also regardless of whether the care recipient would agree to receive assistance in these areas*.

The care recipient's need for assistance or supervision from another person should take into account their use of, or need for, aids or equipment. That is, if a care recipient independently uses an aid to help them with a particular activity, or could independently use such an aid, they should not be recorded as needing the help or supervision of another individual.

Maintaining or changing body position: Includes bending, turning over in bed, kneeling, sitting up unsupported and standing for a period of time such as in a queue. Excludes getting in and out of a bed, chair or vehicle, record these under 'Getting in or out of a bed or chair'.

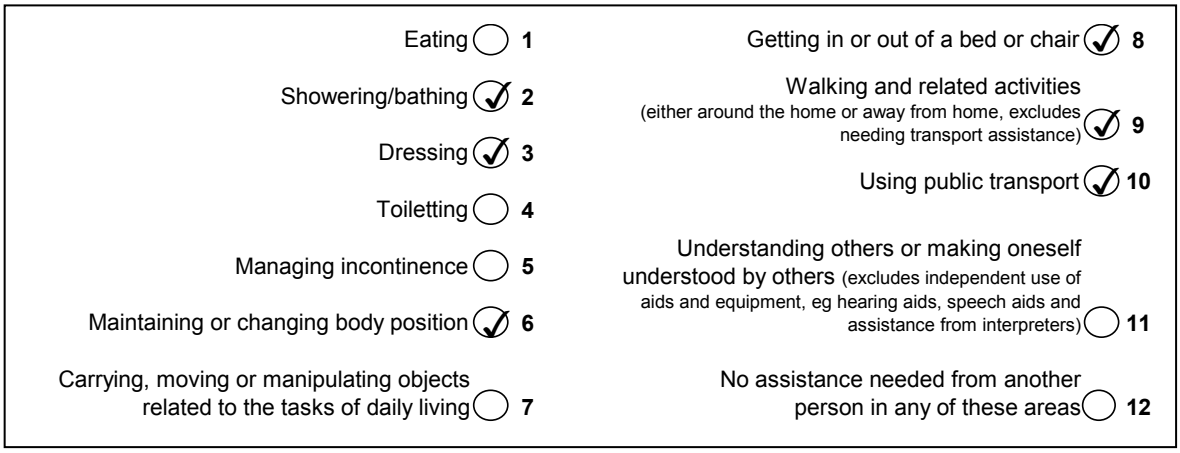
Walking and related activities: Includes moving around the home or away from home, but excludes needing transport assistance. Record need for assistance with public transport under, 'Using public transport'.

Understanding others or making oneself understood by others: Excludes the independent use of aids and equipment, e.g. hearing aids, speech aids and assistance from interpreters.

Example Mrs Dorothy Mason's eyesight had deteriorated to the point where she had difficulty with her regular activities such as grocery shopping, taking her dog Emma for walks and cleaning the house.
Dot has a core activity limitation in the area of Walking and related activities.

Eating ◯ 1	Getting in or out of a bed or chair ◯ 8
Showering/bathing ◯ 2	Walking and related activities (either around the home or away from home, excludes needing transport assistance) ✓ 9
Dressing ◯ 3	Using public transport ◯ 10
Toiletting ◯ 4	
Managing incontinence ◯ 5	Understanding others or making oneself understood by others (excludes independent use of aids and equipment, eg hearing aids, speech aids and assistance from interpreters) ◯ 11
Maintaining or changing body position ◯ 6	
Carrying, moving or manipulating objects related to the tasks of daily living ◯ 7	No assistance needed from another person in any of these areas ◯ 12

Mr Georgio Grasigli suffers with arthritis, which limits his physical abilities. He also fractured his hip as a result of a fall and was admitted to hospital. He now requires the use of a wheelchair needs assistance from someone with showering, dressing and getting in and out of bed, or a vehicle.
Georgio has a core activity limitation in the areas of 'Showering and bathing', 'Dressing', 'Maintaining or changing a body position' *(as he cannot maintain a standing position),* ***'Getting in or out of a bed or chair', 'Walking and related activities' and 'Using public transport'.*** *(Georgio can not use public transport and therefore has a limitation in this area.)*



Why is this collected?

This information gives some indication of the extent and complexity of the needs of CACP care recipients. This information can be compared with members of the general population needing these types of assistance, as identified by the ABS in the Survey of Disability, Ageing and Carers.

In particular, the categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the ABS) and to enable comparisons of assistance needed by CACP care recipients with the types of assistance needed by care recipients of other programmes (e.g. identified by ACAPs, delivered by HACC, Respite services or Day Therapy Centres).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. The need for assistance with these tasks is one way of identifying care recipients with higher level needs in a way that allows them to be compared with members of the general population. However, as this data element does not take into account whether or not the person has an informal carer or has other services in place to assist the person, this data element cannot be interpreted as the areas in which the service outlet should provide assistance.

Information on whether the person has a severe or profound core activity restriction assists in the identification of people who are 'at risk' of entry into residential aged care.

Question 18. Date of commencement of Community Care Subsidy

18a. Claiming

Question **Are you claiming the CACP community care subsidy for this client?**

Defined as Whether the service outlet is claiming the Community Care Subsidy in respect of a care recipient.

Guide for use The response 'No' indicates that the person is a supplementary client.

If the answer is 'Yes' then 18b should also be completed.

18b. Date

Question **What was the date on which your service first claimed the CACP community care subsidy in the name of this person (if applicable)?**

Defined as The date on which the service outlet first claimed the Community Care Subsidy in respect of a care recipient.

Guide for use Should only be completed if the response to 18a is 'Yes'.

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

The date reported should be the date on which the service outlet first begins to claim the Community Care Subsidy on behalf of a care recipient. In many instances, service outlet staff will have met with the care recipient in order to assess specific needs for assistance and to provide information about the CACP Programme prior to claiming the Community Care Subsidy. In other cases, the service outlet may have been providing assistance to the person for some period of time before they begin to claim the Community Care Subsidy in respect of that person, if at all (i.e. the care recipient was a 'supplementary' care recipient). For many care recipients the *Date of commencement of Community Care Subsidy* will be the same date as the *Date of commencement of care plan assistance.*

Example Boronia Community Care were providing assistance to 20 CACP recipients—their full allocation of community care places. However, because of Dorothy Mason's immediate need for assistance, they agreed to provide care immediately (20 March 2001). A community care place became available on 4 May 2001, following the entry of another client into residential care. On this date Boronia Community Care began claiming a Community Care Subsidy in Dot's name.
The date of commencement of Community Care Subsidy is 4 May 2001.

Why is this collected? A person may initially receive services as a supplementary client, then later be formally recognised as a care recipient on the subsidy claim form. *Date of commencement of Community Care Subsidy* is used in calculating the length of time a service outlet has been claiming the Community Care Subsidy in the name of a care recipient. This differs from the total length of stay in the CACP Programme which is calculated using the *Date of commencement of care plan assistance.*

Question 19. Date of commencement of care plan assistance

Question **What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?**

Defined as The date on which the person first received CACP assistance (as specified within a Care Recipient Agreement or care plan) from the service outlet.

Guide for use This data element should be recorded as valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

The date reported should be the date on which the service outlet first provided the care recipient with such assistance (if any) as is required under the Care Recipient Agreement between the care recipient and the service outlet. This assistance includes Personal care, Domestic assistance, Social support, Meal preparation/other food services, Temporary respite care, Rehabilitation support, Home maintenance, Home modifications, Delivered meals, Formal linen service, and Transport.

In many instances, service outlet staff will have met with the care recipient in order to assess specific needs for assistance, provide information about the CACP Programme and the agency that would deliver this assistance, and/or provide some short-tem assistance to the care recipient (such as social or emotional support). The *Date of commencement of care plan assistance* recorded should, however, reflect the date on which the care recipient is first provided with assistance according to an agreed care plan.

For many care recipients the *Date of commencement of care plan assistance* will be the same date on which the service outlet begins to claim the Community Care Subsidy in respect of a care recipient (i.e. *Date of commencement of Community Care Subsidy*).

Example Boronia Community Care were providing assistance to 20 CACP recipients—their full allocation of community care places. However, because of Dorothy Mason's immediate need for assistance, they agreed to provide care immediately (20 March 2001). A community care place became available on 4 May 2001, following the entry of another client into residential care.
The date of commencement of care plan assistance is 20 March 2001.

Why is this collected? In conjunction with data element *Date of cessation*, *Date of commencement of care plan assistance* is used to derive the length of time that the care recipient receives assistance under the CACP Programme from the provider.

Date of commencement of care plan assistance provides a more accurate measure of length of stay in the CACP Programme than *Date of commencement of Community Care Subsidy* as care recipients may receive CACP assistance for a considerable time before a Community Care Subsidy is claimed in their name, that is, they may commence as 'supplementary' care recipients.

Question 20. Care Recipient Agreement status

20a. Agreement

Question **Is there a Care Recipient Agreement between your agency and the care recipient?**

Defined as Whether there is a Care Recipient Agreement between the service outlet and the care recipient.

Guide for use **Yes:** Includes all agreements, verbal or written, whether signed or not.

20b. Signed

Question **If so, is it signed by the care recipient or their representative?**

Defined as Whether the Care Recipient Agreement entered into between the service outlet and the care recipient is signed by the care recipient.

Guide for use **Yes:** 'Signed' agreements include agreements that are signed by the care recipient directly, and agreements that are signed on behalf of the care recipient by a family member or other representative of the person. 'Signed' agreements also include agreements that are marked by the person (such as an 'X') and are witnessed by another person.

Comments While it is considered preferable that Care Recipient Agreements between service outlets and care recipients are signed, it is acknowledged that not all agreements will be signed. Particular groups that may be less likely to have signed agreements include: people with dementia, Aboriginal and Torres Strait

Islander people and people from socially and financially disadvantaged backgrounds. In all cases, however, information on the rights and obligations of care recipients and service outlets should be provided to the care recipient and/or his or her representative. Care recipients (or their representatives) should be offered appropriate support to understand the Care Recipient Agreement and interpreter services used (if appropriate).

Why is this collected? Information on whether or not Care Recipient Agreements between service outlets and their care recipients are signed provides an indicator of the extent to which care recipients have been informed of their rights and responsibilities under the CACP Programme.

Question 21. Date of last care plan review

Question **Has the care recipient had a care plan review within the last 12 months?**

Defined as Whether or not the care recipient has had a formal review of their care plan in the last 12 months.

Guide for use A care plan review refers to a formal review of the assistance provided to an individual under a CACP that is documented in the person's case notes. A formal review would normally occur as a face-to-face meeting between the case manager (or their representative), the care package recipient (and/or their representative), and may also involve other CACP care workers or other service providers (such as GPs or allied health professionals). The care plan review should include a detailed review of services provided under the existing care plan against current needs and may involve negotiation of changes to the care plan.

A care plan review does not include the initial assessment and development of a care plan, nor does it include ongoing monitoring of the person and their care plan, which is a function of the case manager's role.

Comments The *CACP: Programme Guidelines* (DHAC 1999) require that each care recipient's care plan is reviewed at least annually, although in many cases, formal care plan reviews will occur more often. Additionally, it is expected that ongoing monitoring of all care recipients and their care plans would occur by the case manager/coordinator.

Why is this collected? Periodic review of the care needs of care recipients is a responsibility of service outlets. Over time the type and mix of assistance most appropriate for a care recipient's needs may change along with changes in their health status or the availability of informal support from family members or friends. The *Date of last care plan review* provides some indication that the appropriateness of the range and quantity of assistance received by care recipients is being assessed by service outlets on an ongoing basis.

Note: Questions 22 to 28 relate to the census week.

Question 22. Types and amounts of assistance

Question **Please record the total amount(s) of types of assistance that the care recipient received from the service outlet during the census week.**

Types of assistance

Definition The type(s) of assistance that the person receives from the service outlet on an occasion of service.

Guide for use The type(s) (and amount) of CACP assistance received by a care recipient should be recorded for each service delivery event.

Exclude assistance that is provided under a private agreement between the care recipient and the service outlet. This may be assistance that:

- is outside of the allowable CACP services in the *Aged Care Act 1997*;
- is beyond the level of service provided to meet the care recipient's assessed needs (e.g. additional domestic assistance or respite);
- complements the assistance provided under the CACP; or
- meets the care recipient's assessed needs but is beyond the financial capacity of the service outlet.

Service outlets may agree to arrange and/or provide this additional assistance, and are entitled to fully recover costs associated with this additional assistance. This assistance, however, should not be reported for the purposes of the CACP data collection, as the assistance is considered to be outside of the Care Recipient Agreement as the care recipient is entering into a private arrangement with the CACP provider.

Types of assistance

Personal care: Includes assistance with daily self-care tasks such as eating (e.g. feeding the client), bathing/showering/personal hygiene, toileting, dressing/undressing, mobility, and transfer. Personal care may also include control and administration of medication prescribed by a medical practitioner, administration of treatment such as eye drops, back rubs, dressings and urine tests, and fitting of sensory communication aids, and assistance with managing incontinence.

Domestic assistance: Refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping and bill paying. In remote areas, Domestic assistance may also include activities such as collection of firewood.
In deciding whether activities such as shopping or bill paying should be recorded as 'Domestic assistance' or 'Social support', the provider should

use the following rule: if the person accompanies the worker during the activity this should be recorded as 'Social support' (see note on Shopping, page 45); if the worker is not accompanied by the person, the activity should be recorded as 'Domestic assistance'.

Social support: Refers to assistance provided by a CACP care worker, either within the home environment or while accessing community services or facilities, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life.

'Social support' includes services to assist the person to maintain their personal affairs such as letter writing, managing paperwork and making telephone-based contacts; shopping, bill paying and banking (when the person is accompanied by the care worker); keeping the person company; and, accompanying the person to social activities. 'Social support' also includes attending Centre-based day care where attendance at the centre is paid for by the CACP provider, or the care recipient is accompanied by a CACP care worker.

Where the care worker transports the client when providing social support, the time involved in the transport should not be included in the hours of service. Instead, this should be recorded as the number of one-way trips under 'Transport'.

Meal preparation/other food services: Refers to assistance with the preparation and cooking of a meal in the recipient's home, including the storage of food.

Temporary respite care (excluding residential respite care): Includes assistance received by the care recipient from a substitute carer who provides supervision and assistance to the care recipient in their own home or in other community settings, in the absence of the care recipient's usual informal carer. Temporary respite care should only be applicable to care recipients who have carers, and should only be recorded if the care is funded by the CACP provider.

Respite care should only be recorded when the primary purpose of the assistance is to substitute for the usual informal carer, i.e. any other activities undertaken as part of substituting for the usual carer are incidental or secondary to the primary purpose of providing respite to the informal carer. At times, and especially in the early stages of respite care arrangements, the carer may choose to remain with the care recipient in the presence of the substitute carer for both their own reassurance and that of the care recipient. This situation is usually transitional or temporary and should be recorded as 'Temporary respite care' if the primary purpose of the activity is to give the informal carer some time away from their caring role.

It may, at times, be difficult for an agency to decide whether the primary focus of an occasion of services is 'Temporary respite care' or 'Social support'. This is often because in order to provide the informal carer with an effective break, the care recipient may need to be taken out to participate in social activities. As a general rule, this should be recorded as 'Temporary respite care' when the substitute carer comes into the home

with the aim of enabling the carer to go out of the home, and when a carer accompanies both the carer and care recipient on an outing or holiday. Day centre care, if funded by the CACP service outlet, should be recorded under 'Social support'.

Rehabilitation support: Includes assistance by CACP care workers where they are playing an active role in the implementation of a professionally determined rehabilitation plan. The plan will generally be for a determined length of time, and should outline assistance that is aimed at the person reaching and maintaining their optimal physical, sensory, intellectual, psychiatric and/or social functional levels. A rehabilitation plan may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or a functional limitation.
Excluded from this type of assistance is:
—prompting/reminding the person to undertake an activity where the person is not directly assisted to engage in the activity;
—assistance with exercises that are being carried out as a result of general advice from healthcare professionals to assist the person to complete tasks of daily living, where the assistance is not part of a formal rehabilitation plan. For example, assistance provided to a person as a result of advice given by a GP to assist the person to go for a walk each day, where this is not part of a professionally determined rehabilitation plan, should not be recorded under 'Rehabilitation support', but should be recorded under 'Personal care' (which includes assistance with mobility) or 'Social support', depending on the needs of the person and the aim of the exercise; and
—assistance with transporting or accompanying the person to a rehabilitation centre, physiotherapy appointment, etc. This type of assistance should be recorded as 'Transport'.

Home maintenance: Refers to assistance with the maintenance and maintenance-related repair of the person's home, garden or yard to keep their home in a condition of functional safety and provide an adequate level of security.
Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as installing a new roof, replacing guttering or roof retiling. Home maintenance also includes garden maintenance, such as weeding, lawn mowing and removal of rubbish.

Delivered meals: Refers to receipt of delivered meals only. It does not include meals prepared in the care recipient's home, or meals that are not paid for by the CACP service outlet. It does include meals that are prepared centrally by the CACP service outlet (or others) and then delivered to the person's home.

Formal linen service: Refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Formal linen service should only be recorded as a type of assistance when linen is both provided and laundered. It does not include instances where the CACP service outlet

takes the care recipient's linen away for laundering elsewhere. Washing of clothes and other household linen in the person's home should be recorded under 'Domestic assistance'.

Transport: Refers to assistance with transportation to help the person shop, attend appointments, or attend social activities. Transport can either be provided directly by a CACP worker or contracted agency, or indirectly (e.g. taxi vouchers or subsidies).

CACP case management/care coordination: Refers to all activities that are directly related to the management of the complex care needs of a care recipient by a person who has been formally designated as responsible for ensuring the coordinated and appropriate delivery of assistance to care recipients with complex care needs.

CACP case management/care coordination includes the development, monitoring and formal review of a care plan to meet the care recipient's needs, as well as the coordination of the range of assistance that is provided to individuals with complex care needs. This includes the coordination of assistance provided directly by the CACP service outlet, and the organisation and negotiation of assistance provided by external agencies—whether or not this assistance is funded by CACP Programme funds. For example, CACP case management may involve arranging personal care directly through the CACP service outlet, arranging home modifications through an external agency (regardless of which agency funds the modifications), or arranging medical, dental or allied health services on behalf of the care recipient.

Also included is assistance provided to the care recipient or their informal carer with: understanding and managing situations, behaviours and relationships associated with the person's need for care; the provision of emotional support; support to individual care recipients in accessing and using general community services/facilities (advocacy); one-to-one training or advice given to the recipient; and the provision of information (e.g. other services available in the area). CACP case management/care coordination also includes activities such as supporting, communicating with, or providing information to the individual care recipient's informal carer, other family members, or their guardian.

The assignment of a 'case manager' or 'care coordinator' should be the result of a formal agreement between the care recipient, the case manager and other parties involved, or potentially involved, in the care recipient's care plan.

CACP case management/care coordination will often not include direct care recipient contact, but should relate to the planning and delivery of services to an individual care recipient. CACP case management/care coordination does not include general administrative work related to the agency as a whole (e.g. processing accounts) or workers' completion of tasks related to their employment (e.g. completing timesheets or attendance at staff meetings or training programmes).

CACP case management/care coordination also does not include time spent supporting or training staff members (including volunteers), even where the support or training relates to the care provided to an individual

care recipient.

Please note:

Shopping: Shopping is not recorded as a separate activity. Shopping that is done by the CACP care worker on behalf of the care recipient should be recorded as 'Domestic assistance' (including all travel time associated with the shopping). Shopping activities where the care recipient is accompanied by the CACP care worker should be recorded as 'Transport' and 'Social support' (for example, 2 one-way trips (Transport) and 45 minutes Social support for time spent shopping, excluding time spent travelling). If the CACP care worker transports the person to the shops but does not accompany them around the shops, this should be recorded as 'Transport' only.

Medication monitoring/nursing-type care: All medication monitoring and nursing-type care (such as checking wound dressings, continence care and skin integrity checks) should be recorded as 'Personal care'.

Why is this collected? Information about the types of assistance received by a care recipient is of fundamental importance to programme planning and accountability. In conjunction with information about the care recipient's characteristics and circumstances and the amount of assistance they receive, this information contributes to an understanding of the ways in which service outlets have responded to their care recipients' needs. Service outlets need to record the *Types of assistance received* on each service delivery event in order to be able to report the *Total amount of type of assistance received* (in time, cost or quantity) by the care recipient during a CACP reporting period.

Amount of assistance during the census week.

Defined as The total amount of each type of assistance (measured by time or by quantity) received by the care recipient from the service outlet during the reporting period.

Guide for use **Types of assistance measured in hours and minutes** *(The types of assistance measured in hours and minutes are Personal care; Domestic assistance; Social support; Meal preparation/other food services; Temporary respite care; Rehabilitation support; Home maintenance; and CACP case management/care coordination)*

The time spent providing each type of assistance *at each occasion of service* delivery should be recorded by the service outlet in five minute units, e.g. 5 minutes, 25 minutes, 30 minutes, etc.

The *total amount of assistance* provided for each type of assistance *during the census week* should be reported in hours and minutes, to the nearest 15 minute period. Total amounts of less than fifteen minutes should be rounded up to 15 minutes.

Types of assistance measured by quantity *(The types of assistance measured by quantity are Meal deliveries, Formal linen services, and Transport.)*

The service outlet should record the total amount of 'Delivered meals' received by the care recipient during the reporting period as the total number of delivered meals received, regardless of the number of deliveries involved in providing those meals.

The service outlet should record the total amount of assistance with 'Formal linen services' received by the care recipient during the reporting period as the total number of laundry deliveries.

The service outlet should record the total amount of assistance with 'Transport' received by the care recipient during the reporting period as the total number of one-way trips.

Where the service outlet has provided no assistance of a given type to the care recipient within the reporting period, the amount of assistance should be reported as zero.

Comments

Recording of the *Total amount of type of assistance received (time)* in the CACP Programme differs from the HACC MDS Version 1.0 which requires accurate recording of the assistance provided in 5 minute units, but reporting of *Total amount of assistance* received (time) in the reporting period in whole hours (rounded up to the nearest hour).

In the CACP Programme, it was decided that more accurate time-based data should be collected and reported for the total amounts of types of assistance received relating to the census week, since the CACP reporting period is a one week 'census' collection period, rather than the 3-month reporting periods adopted for the HACC MDS Version 1.0. The more accurate collection of data will allow aggregation over longer time periods for comparison with HACC and other data collections.

This data element is a client-centred measure of amounts of assistance. This is not necessarily the same as an agency's total outlay to a particular care recipient as it does not include administration costs, travel time for service providers, etc.

Why is this collected?

Information about the total amount of assistance provided to care recipients by service outlets facilitates interstate and cross-regional comparisons of CACP service provision and comparisons between different care recipient sub-populations. This data element could also help to reflect the needs of particular types of care recipients and to what extent these needs are being met.

Example

Mrs Dot Mason:

During the census week Dot received the following assistance:

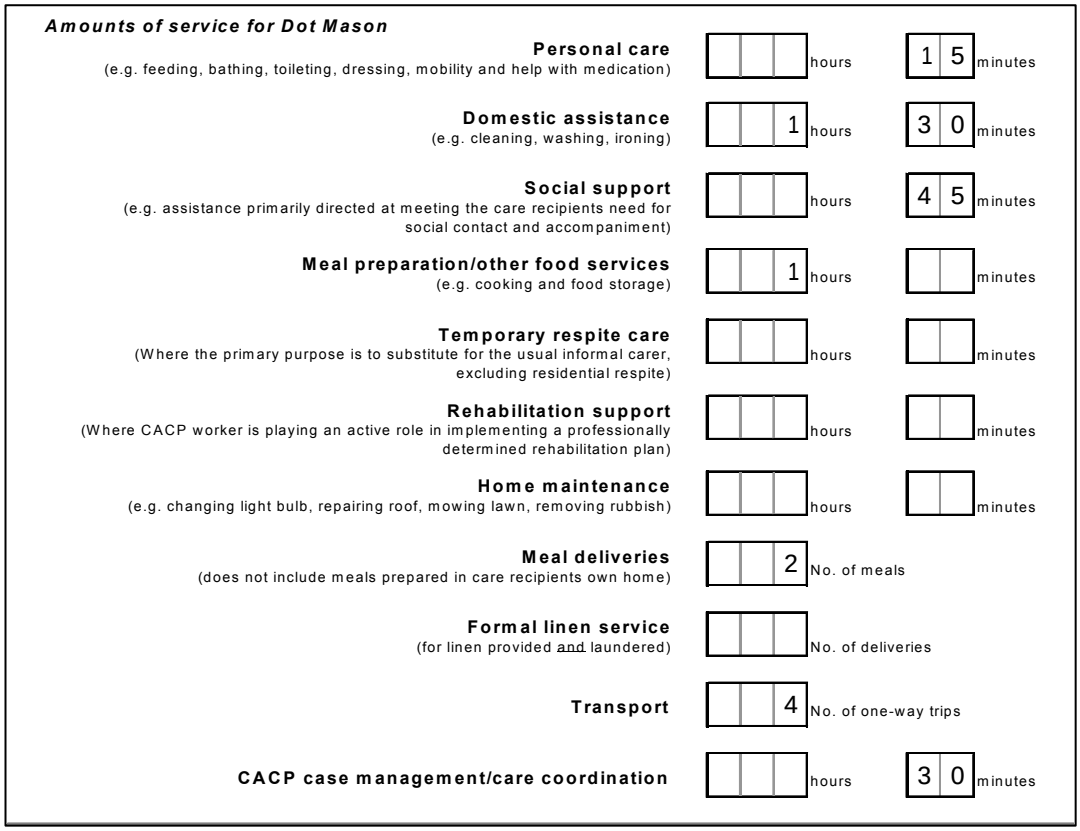
- one 2 hour visit on Monday from a care worker who took Dot food shopping in the morning. (It took about 15 minutes to get to the shops and back and about 45 minutes for shopping). She then helped Dot prepare frozen meals for the week (about 55 minutes). She also spent 5 minutes of this time checking that Dot was taking her medication correctly;
- 'meals on wheels' for lunch on Tuesday and Thursday;

- transport assistance (which is brokered to a HACC provider) to take her to the doctor on Wednesday.
- one and a half hours of domestic assistance on Friday, which included 5 minutes of checking that Dot was taking her medication correctly; and
- a volunteer to walk Emma twice a week;
- During this week the case manager also spent approximately 30 minutes on the phone with Dot's daughter, Meg, discussing additional social activity options for Dot.

***The assistance that Dot receives would be recorded as*:**

- 45 minutes of social support (for the shopping)
- 1 hour of meal preparation/other food services (55 minutes is rounded to 1 hour)
- 1½ hours of domestic assistance (1 hour and 25 minutes is rounded up)
- 15 minutes of personal care (The 10 minutes spent checking medication (5 minutes on Monday plus 5 minutes on Friday) is rounded up to 15 minutes)
- 2 meals
- 4 one way trips for transport (a trip shopping and back and a trip to the doctors and back)
- 30 minutes case management/care coordination.

Emma is walked by a volunteer and is not recorded, even though this was arranged by Dot's case manager.



Mr Georgio Grasigli:

During the census week Georgio received:

- assistance with showering (for 60 minutes each visit) on Tuesday and Thursday (Anna bathed him on one other day); and
- 2 hours of domestic assistance on Thursday.
- Georgio and Anna normally receive transport assistance for them to attend church each Sunday, but the previous week Georgio was upset that the new transport worker was late. The following Monday their son Frank requested that new arrangements be made. So during the census week, the case manager spent 20 minutes on the phone to the HACC transport agency making new arrangements. As these arrangements could not be implemented immediately, the case manager also spent 20 minutes making arrangements for another church member transport Georgio and Anna to their Church on Sunday mornings for the next two weeks until the new transport arrangements can be implemented.

***The assistance that Georgio receives would be recorded as*:**

- 2 hours of personal assistance (Anna's help is not recorded);
- 2 hours of domestic assistance; and
- 45 minutes of case management/care coordination (the 40 minutes is rounded to the nearest 15 minute period).

No transport assistance. (The transport is not being provided by either the CACP service even though the case manager arranged it. In a normal week where the transport is provided by the HACC agency that the CACP outlet pays for, the transport would be recorded as 2 one-way trips.)

Amounts of service for Georgio Grasigli:

Personal care (e.g. feeding, bathing, toileting, dressing, mobility and help with medication)	2 hours	minutes
Domestic assistance (e.g. cleaning, washing, ironing)	2 hours	minutes
Social support (e.g. assistance primarily directed at meeting the care recipients need for social contact and accompaniment)	hours	minutes
Meal preparation/other food services (e.g. cooking and food storage)	hours	minutes
Temporary respite care (Where the primary purpose is to substitute for the usual informal carer, excluding residential respite)	hours	minutes
Rehabilitation support (Where CACP worker is playing an active role in implementing a professionally determined rehabilitation plan)	hours	minutes
Home maintenance (e.g. changing light bulb, repairing roof, mowing lawn, removing rubbish)	hours	minutes
Meal deliveries (does not include meals prepared in care recipients own home)	No. of meals	
Formal linen service (for linen provided and laundered)	No. of deliveries	
Transport	No. of one-way trips	
CACP case management/care coordination	hours	45 minutes

Question 23. Leave start and leave return dates

Question **Was the care recipient on leave at any time during the census week?**

Leave start date

Defined as If the care recipient was on leave at any time during the census week, the actual date on which a person commenced a period of leave.

Leave return date

Defined as The date on which a person returns from a period of leave from the CACP Programme, if they returned during the census week.

Guide for use A care recipient is considered to be on leave from the Programme if they request not to receive services for 5 or more consecutive days. Care recipients may take unlimited hospital leave during which time the service outlet is entitled to continue to claim the Community Care Subsidy in the name of the care recipient. Care recipients may also take 28 days leave in a financial year to receive alternative care, and a further 28 days in a financial year for other leave (including 'social' leave). 'Other' leave may be taken for any reason including if the care recipient's initial 28 days alternative care leave has been exhausted. (See question 25 for a definition of types of leave.)

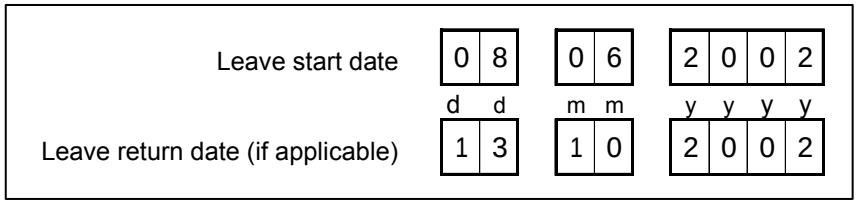
For both alternative care leave and other leave, the service outlet can claim the Community Care Subsidy in respect of that person only for the initial 28 days of the leave period (56 days if the person is deemed to have been on leave for both alternative care and other reasons).

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout. For example, 1 January 2001 would be reported as 01012001.

If the care recipient is still on leave at the end of the census week then 'leave return date' should be left blank.

If you ceased claiming a Community Care Subsidy for a care recipient whist they were on leave, then the leave return date is the same as the date of cessation (see question 26).

Example A care recipient received care on 7 June 2002 and then entered hospital in the afternoon. The care recipient returned home and resumed care on 13 October 2002. Assuming that 13 October is in the period that the service outlet has decided to run the census, the question would be filled in thus:



Why is this collected? Section 46–2 of the *Aged Care Act 1997* allows care recipients to request leave to temporarily enter hospital or receive alternative care services or for personal reasons, without losing access to their CACP. Periods of leave may affect the Community Care Subsidy payments available to a CACP provider.

Question 24. Extended leave

Question **Was the care recipient on extended leave at any time during the census week?**

Defined as A care recipient who is either on alternative care leave or other leave, for over 28 days (56 days if the person is deemed to have been on leave for both alternative care and other reasons).

Guide for use The care recipient is considered to be on extended leave if they take additional leave beyond their leave entitlements. A service outlet cannot claim the Community Care Subsidy in respect of a person who is on extended leave.

Why is this collected? To indicate the number of people who are on extended leave.

Question 25. Reason for leave

Question	**What was the main reason the care recipient went on leave?**
Defined as	The reason for which the care recipient went on leave.
Guide for use	**Alternative care:** Includes situations where a care recipient receives care from an alternative service provider or programme that provides assistance at least equivalent to a CACP, such as residential respite care or short-term residential care. Excludes hospital care. A care recipient may take up to 28 days of alternative care leave in a financial year, during which time the service outlet can continue to claim the Community Care Subsidy in respect of that person. **Hospital:** Includes situations where the person enters hospital or receives intensive outpatient services. Care recipients may take unlimited hospital leave, during which time the service outlet is entitled to continue to claim the Community Care Subsidy in respect of that person. **Other (including social leave):** All other types of leave taken for personal reasons, including 'social' leave. Care recipients may also be deemed to be on 'other' leave when the care recipient has exceeded the maximum period of 'alternative care' leave available. Care recipients may take up to 28 days social leave in a financial year, during which time the service outlet can continue to claim the Community Care Subsidy in respect of that person.
Example	Mrs Kim Wu went into hospital for 2 weeks for a hip replacement operation. When she was discharged from hospital, Kim still needed additional care and went into a high care residential aged care service for 3 weeks alternative care. ***The main reason Mrs Wu went on leave was for hospital care.***
Why is this collected?	Information on the reason why a person goes on leave provides descriptive information on care recipients. This information, in conjunction with *Leave start date* and *Leave return date* can also affect Community Care Subsidy payments available to a CACP provider.

Question 26. Date of cessation

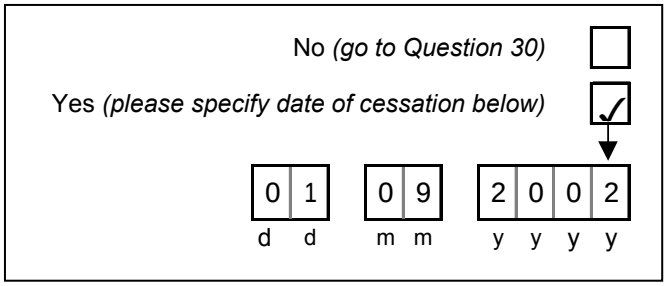
Question **Did your agency cease claiming a Community Care Subsidy in the name of this person during the census week?**

Defined as The date on which the service outlet last claimed the Community Care Subsidy in the name of the care recipient or would have stopped claiming the Community Care Subsidy had a subsidy been claimed in the care recipient's name, if this occurred during the census week.

Guide for use Not all care recipients have a Community Care Subsidy claimed in their name. For these care recipients the *Date of cessation* is the date on which the service outlet would have stopped claiming the Community Care Subsidy had a subsidy been claimed in their name.

This data element should be recorded as a valid date comprising day, month and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, zeros should be used to ensure the above representational layout.

Example 1 September 2002 would be recorded and reported as 01 09 2002.



Why is this collected? In conjunction with question 7 *'What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?'*, the date your agency ceased claiming a Community Care Subsidy can be used to derive the length of time that the care recipient received assistance under the CACP Programme from the service outlet.

Question 27. Main reason for cessation

Question **What was the main reason that the person ceased receipt of a CACP from your service?**

Defined as The main reason for which the person ceased to receive assistance from the service outlet, during the census week, under the CACP Programme.

Guide for use This data should be recorded for care recipients who cease to receive CACP assistance from a service outlet. Where the care recipient has ceased to receive services for more than one reason, the service outlet should record the main, or primary, reason for the cessation of services.

Care recipient no longer needs assistance from service outlet—problem resolved or recipient is managing on their own and/or with other forms of informal assistance: Includes situations where the care recipient's need for assistance from the service outlet has reduced to the point where they can manage on their own, or where needed assistance is being provided by informal carers (e.g. family, friends or others).

Care recipient has moved to residential aged care—high care, low care or level of care not known, and Care recipient has moved to institutional setting with 24-hour care (e.g. hospital): Includes situations where the care recipient's needs have increased and they have been referred to other, more appropriate, forms of residential or institutional care.

Care recipient referred to other community care programme: Includes situations where the service outlet is no longer the most appropriate service provider and the person has been referred to another community care provider/programme, or to another CACP provider.

Care recipient moved out of area: Includes situations where the care recipient ceased to receive assistance from the service outlet because they moved out of the operating area of the service outlet, and not because of any change in their need for assistance.

Care recipient terminated service: Includes situations where the decision to cease receiving assistance from the service outlet was made by the care recipient, and was not the result of the service outlet's assessment of need, or due to any change in the recipient's external circumstances.

Why is this collected? Main reason for cessation provides descriptive information on care recipients and contributes to a general understanding of the patterns of movement into and out of care.

Question 28a. Types of assistance from other government programmes

Question **If known, does the person currently receive any of the following types of assistance from another government programme on a regular basis *(excluding services that you purchase for the person using CACP funds)*?**

Defined as Types of assistance currently received from another government programme on a regular basis, (excluding services that you purchase for the person using CACP funds).

Guide for use Please tick all relevant types of assistance being funded by other government programmes.

Do not include assistance that a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution).

Do not include assistance that you have brokered or subcontracted through other government programmes ie assistance paid for by CACP funding—that assistance should be recorded in question 22.

Personal care: Includes assistance with daily self-care tasks such as eating, bathing/showering/personal hygiene, toiletting, dressing/undressing, mobility, and transfer. Personal care may also include control and administration of medication prescribed by a medical practitioner, administration of treatment such as eye drops, back rubs, dressings and urine tests, and fitting of sensory communication aids, and assistance with managing incontinence.

Domestic assistance: Refers to assistance with domestic chores, including assistance with cleaning, dishwashing, clothes washing and ironing, shopping and bill paying. In remote areas, Domestic assistance may also include activities such as collection of firewood.
In deciding whether activities such as shopping or bill paying should be recorded as 'Domestic assistance' or 'Social support', the provider should use the following rule: if the person accompanies the worker during the activity this should be recorded as 'Social support'; if the worker is not accompanied by the person, the activity should be recorded as 'Domestic assistance'.

Social support: Refers to assistance provided by a care worker, either within the home environment or while accessing community services or facilities, which is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life. 'Social support' includes services to assist the person to maintain their personal affairs such as letter writing, managing paperwork and making telephone-based contacts; shopping, bill paying and banking (when the person is accompanied by the care worker); keeping the person company; and, accompanying the person to social activities.

Meal preparation/other food services: Refers to assistance with the preparation and cooking of a meal in the recipient's home, including the storage of food.

Respite care: Refers to assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient in their absence.

Home maintenance: Refers to assistance with the maintenance and maintenance-related repair of the person's home, garden or yard to keep their home in a condition of functional safety and provide an adequate level of security.
Home maintenance includes minor dwelling repairs and maintenance, such as changing light bulbs, carpentry and painting, or replacing tap washers as well as some more major dwelling repairs such as installing a new roof, replacing guttering or roof retiling. Home maintenance also includes garden maintenance, such as weeding, lawn mowing and removal of rubbish.

Delivered meals: Refers to receipt of delivered meals only. It does not include meals prepared in the care recipient's home, or meals that are not paid for by a government programme. It does include meals that are prepared centrally by another government programme (or others) and then delivered to the person's home.

Formal linen service: Refers to the provision and laundering of linen, usually by a separate laundry facility or hospital. Formal linen service should only be recorded as a type of assistance when linen is both provided and laundered. It does not include instances where another government programme takes the care recipient's linen away for laundering elsewhere. Washing of clothes and other household linen in the person's home should be recorded under 'Domestic assistance'.

Transport: Refers to assistance with transportation to help the person shop, attend appointments, or attend social activities. Transport can either be provided directly by a care worker or contracted agency, or indirectly (e.g. taxi vouchers or subsidies).

Home modification: Refers to assistance with modifications or renovations to the person's home to help them cope with a disabling condition. Home modification includes modifications such as grab rails, hand rails, ramps, shower rails, appropriate tap sets, installation of emergency alarms and other minor renovations.

Nursing care: Refers to professional care from a registered or enrolled nurse. It includes time spent recording observations of a client, where this is considered to be part of the nurse's duty of care.
'Nursing care' should not be used for activities undertaken by registered or enrolled nurses which belong more clearly to one of the other types of assistance specified in this data element. For example, if a nurse provides personal care at an occasion of service, then time spent undertaking the activity should be recorded as 'Personal care'.

Allied health care: (also known as paramedical care) refers to professional allied health care services, including podiatry, occupational therapy, physiotherapy, speech pathology and advice from a dietician or nutritionist.

'Allied health care' should not be used for activities undertaken by qualified allied health care workers which belong more clearly to one of the other types of assistance specified in this data element. For example, if an allied health care worker provides personal care at an occasion of service, then time spent undertaking the activity should be recorded as 'Personal care'.

Centre-based day care: Refers to attendance/participation in structured group activities designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in a centre-based setting. Centre-based day care also includes outings and day trips organised and conducted by a day care centre.

Provision of goods and equipment: Refers to the loan or purchase of goods and equipment to assist the person to cope with a disabling condition and/or maintain their independence.

Goods and equipment includes a wide range of items such as incontinence pads, dressing aids, wheelchairs, appliances (e.g. washing machines, microwave ovens). In remote Indigenous communities this may also include the purchase of firewood. 'Purchase' also refers to contributions to the purchase of such items.

Counselling/support, information and advocacy: Refers to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role, including advocacy and the provision of advice, information and training.

E.g. one-to-one dementia support, carer support and counselling, provision of information on other services in the area, training on safe ways to lift a person.

Financial assistance to buy continence aids: E.g. as provided under the CAAS programme (for the definition of CAAS see question 28b) or the equivalent State schemes (PADP, A&EP, CSS, MASS, ILEP, TIME, ACTES, CSES).

Other: Other services not listed that are provided by another government programme.

Please note:

Shopping: Shopping is not recorded as a separate activity. Shopping that is done on behalf of the care recipient should be recorded as 'Domestic assistance'. Shopping activities where the care recipient is accompanied should be recorded as 'Transport' and 'Social support'. If the person is transported to the shops but not accompanied whilst at the shops, this should be recorded as 'Transport' only.

Medication monitoring/nursing-type care: All medication monitoring and nursing-type care (such as checking wound dressings, continence care and skin integrity checks) should be recorded as 'Personal care'.

Example Ms Marge O'Brien has multiple sclerosis and receives additional financial assistance from the NSW Program of Appliances for Disabled People (PADP) to help purchase incontinence pads.

Personal care	◯ 1	Nursing care	◯ 13
Domestic assistance	◯ 2	Allied health care	◯ 14
Social support	◯ 3	Centre-based day care	◯ 15
Meal preparation/other food services	◯ 4	Provision of goods and equipment	◯ 16
Respite care	◯ 5	Counselling/support	◯ 17
Home maintenance	◯ 7	Financial assistance to buy continence aids	✓ 18
Delivered meals	◯ 8	Other	◯ 19
Formal linen service	◯ 9	No - does not receive any of these types of assistance from another programme *(go to end)*	◯ 0
Transport	◯ 10		
Home modification	◯ 12	Don't know *(go to end)*	◯ 99

Why is this collected? This information is being collected to clarify the types of service patterns used to complement/supplement CACP services. It is anticipated that this information will not be collected in the longer term.

Question 28b. Other government programmes providing assistance

Question **If the person receives any of the types of assistance listed above from another government programme (i.e. not purchased for the person using CACP funds), which programme(s) provides that assistance listed above (if known)?**

Defined as The programmes that provide assistance as specified in question 24a.

Guide for use Please tick all relevant programmes providing assistance.

If a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution), then do not record that type of assistance under 28a or 28b.

The **Continence Aids Assistance Scheme (CAAS)** is a Commonwealth-funded programme that provides financial assistance to buy continence aids. It is targeted at people aged 16 to 65 years who have permanent incontinence. People aged 65 years and over may access the scheme if they continue to work 8 hours a week.

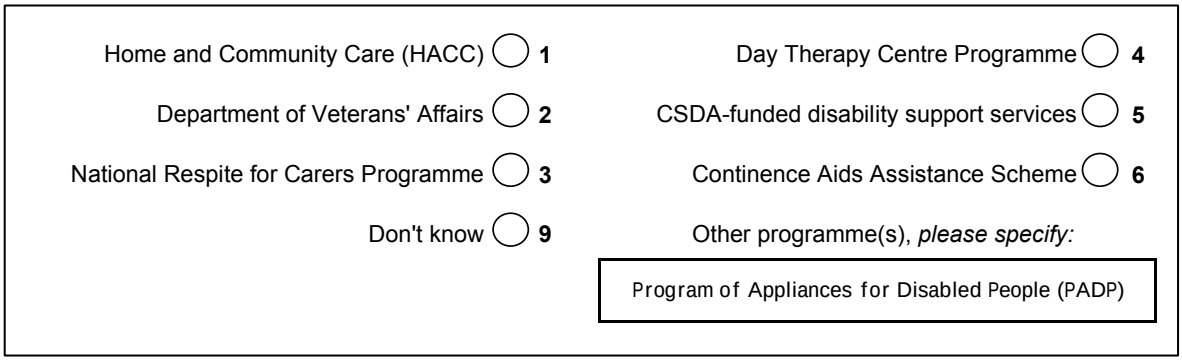
The **Day Therapy Centre Programme** provides a wide range of services (such as physiotherapy, occupational therapy, speech therapy and podiatry) to frail older people who live in the community or in Commonwealth-funded residential aged care homes and some younger people with a disability. Therapy services are offered to individuals or groups to assist care recipients to either maintain or recover a level of independence which will allow them to remain living in the community or in low level residential day care. Day Therapy Centres do not include Day Care Centres.

CSDA (Commonwealth/State Disability Agreement) funded disability services include a range of services provided by the Commonwealth Government and the State and Territory Governments under the CSDA Agreement. Services include accommodation support, community support services, services to improve community access, respite, employment services, advocacy, print disability and information services.
Note: the CSDA has recently been renamed as the CSTDA (Commonwealth-State/Territory Disability Agreement) however, as this change is as yet not well known in the field the old term has been used.

Other programmes includes all other programmes funded by Commonwealth, State or local government, or by private organisations (including for-profit and not-for-profit organisations) which are funded by government grants.

Example

Ms Marge O'Brien has multiple sclerosis and receives additional financial assistance from the NSW Program of Appliances for Disabled People (PADP) to help purchase incontinence pads.



Why is this collected?

This information is being collected to clarify the types of service patterns used to complement/supplement CACP services. It is anticipated that this information will not be collected in the longer term.

Appendix A Countries of Birth

OCEANIA AND ANTARCTICA

Australia (includes External Territories)
Australia
Norfolk Island
Other Australian External Territories

New Zealand
New Zealand

Melanesia
New Caledonia
Papua New Guinea
Solomon Islands
Vanuatu

Micronesia
Guam
Kiribati
Marshall Islands
Micronesia, Federated States of
Nauru
Northern Mariana Islands
Palau

Polynesia (excludes Hawaii)
Cook Islands
Fiji
French Polynesia
Niue
Samoa
Samoa, American
Tokelau
Tonga
Tuvalu
Wallis and Futuna
Polynesia (excludes Hawaii), not elsewhere classified

Antarctica
Adélie Land (France)
Argentinian Antarctic Territory
Australian Antarctic Territory
British Antarctic Territory
Chilean Antarctic Territory
Queen Maud Land (Norway)
Ross Dependency (New Zealand)

NORTH-WEST EUROPE

United Kingdom
Channel Islands
England
Isle of Man
Northern Ireland
Scotland
Wales

Ireland
Ireland

Western Europe
Austria
Belgium
France
Germany
Liechtenstein
Luxembourg
Monaco
Netherlands
Switzerland

Northern Europe
Denmark
Faeroe Islands
Finland
Greenland
Iceland
Norway
Sweden

SOUTHERN AND EASTERN EUROPE

Southern Europe
Andorra
Gibraltar
Holy See
Italy
Malta
Portugal
San Marino
Spain

South Eastern Europe
Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Former Yugoslav Republic of Macedonia (FYROM)
Greece
Moldova
Romania
Slovenia
Yugoslavia, Federal Republic of

Eastern Europe
Belarus
Czech Republic
Estonia
Hungary
Latvia
Lithuania
Poland
Russian Federation
Slovakia
Ukraine

NORTH AFRICA AND THE MIDDLE EAST

North Africa
Algeria
Egypt
Libya
Morocco
Sudan
Tunisia
Western Sahara
North Africa, not elsewhere classified

Middle East
Bahrain
Gaza Strip and West Bank
Iran
Iraq
Israel
Jordan
Kuwait
Lebanon
Oman
Qatar
Saudi Arabia
Syria
Turkey
United Arab Emirates
Yemen

SOUTH-EAST ASIA

Mainland South-East Asia
Burma (Myanmar)
Cambodia
Laos
Thailand
Viet Nam

Maritime South-East Asia
Brunei Darussalam
Indonesia
Malaysia
Philippines
Singapore

NORTH-EAST ASIA

Chinese Asia (includes Mongolia)
China (excludes SARs and Taiwan Province)
Hong Kong (SAR of China)
Macau
Mongolia
Taiwan (Province of China)

Japan and the Koreas
Japan
Korea, Democratic People's Republic of (North)
Korea, Republic of (South)

SOUTHERN AND CENTRAL ASIA

Southern Asia
Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

Central Asia
Afghanistan
Armenia
Azerbaijan
Georgia
Kazakhstan
Kyrgyz Republic
Tajikistan
Turkmenistan
Uzbekistan

AMERICAS

Northern America
Bermuda
Canada
St Pierre and Miquelon
United States of America

South America
Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Falkland Islands
French Guiana
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela
South America, not elsewhere classified

Central America
Belize
Costa Rica
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama

Caribbean
Anguilla
Antigua and Barbuda
Aruba
Bahamas
Barbados
Cayman Islands
Cuba
Dominica
Dominican Republic
Grenada
Guadeloupe
Haiti
Jamaica
Martinique
Montserrat
Netherlands Antilles
Puerto Rico
St Kitts and Nevis
St Lucia
St Vincent and the Grenadines
Trinidad and Tobago
Turks and Caicos Islands
Virgin Islands, British
Virgin Islands, United States

SUB-SAHARAN AFRICA

Central and West Africa
Benin
Burkina Faso
Cameroon
Cape Verde
Central African Republic
Chad
Congo
Congo, Democratic Republic of
Côte d'Ivoire
Equatorial Guinea
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tomé and Principe
Senegal
Sierra Leone
Togo

Southern and East Africa
Angola
Botswana
Burundi
Comoros
Djibouti
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mayotte
Mozambique
Namibia
Réunion
Rwanda
St Helena
Seychelles
Somalia
South Africa
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe
Southern and East Africa, not elsewhere classified

Appendix 4: Privacy information

Community Aged Care Package Census 2002

Collection, use and disclosure of information
Protected information under the *Aged Care Act 1997*
Personal information and the *Privacy Act 1988*

The Department of Health and Ageing (the Department) has engaged the Australian Institute of Health and Welfare (AIHW) to assist with their census of the Community Aged Care Package (CACP) Programme.

The aim of the census is to provide an up to date national profile of CACP providers, CACP care recipients and the assistance they receive.

Information collected through this census will provide a level of detail which is required for more complex analyses of the CACP programme such as equity of access and effectiveness of service provision along with basic information such as number of care recipients. This will help the Department administer CACPs and will support performance measurement, policy development and future planning of the programme.

A full report of the CACP 2002 census will be produced by AIHW by mid 2003. In addition, AIHW will produce a summary of the CACP 2002 census report in mid 2003.

Census information relating to care recipients is to be collected and remain in de-identified form, through the use of a statistical linkage key and strict Department and AIHW protocols. This will protect the privacy of care recipients, and comply with the protected information provisions applying to the Department and approved providers in the *Aged Care Act 1997*, and the Information Privacy Principles and National Privacy Principles in the *Privacy Act 1988*.

Census information relating to care recipients will be collected through the use of a statistical linkage key. The sealed census envelopes will be received by the Department at a dedicated-Mail Drop Point and sent unopened to AIHW. The Department will not thereafter seek to access the census data held by AIHW. AIHW will analyse the census data under strict protocols, including protocols to protect the de-identification process. In addition, all CACP 2002 census forms will be destroyed 4 months after analysis is completed. The AIHW report and summary will not contain any personal information relating to care recipients. This process will ensure that the identity of care recipients will not be apparent, or reasonably able to be ascertained, from the census information, and the census information will not therefore constitute personal information under the *Aged Care Act 1997* or the *Privacy Act 1988*.

The Department's responsibility to care recipients and approved providers

It is the Department's responsibility to meet the requirements of the protected information provisions in the *Aged Care Act 1997* (Division 86) and the Information Privacy Principles under the *Privacy Act 1988*, in relation to requesting, protecting, using and disclosing census data relating to approved providers and care recipients.

The Department has decided to protect the interests of approved providers and care recipients by:

- seeking, though use of a statistical linkage key and Departmental/AIHW protocols, only de-identified census data in relation to care recipients (Form B, care recipient data); and
- seeking the written consent of approved providers to the collection of census data in relation to approved providers (Form A, service outlet data). A request for written consent appears at the end of this form.

The responsibility of the Australian Institute of Health and Welfare to care recipients and approved providers

It is the responsibility of AIHW to meet the requirements of the Information Privacy Principles in the *Privacy Act 1988* and section 29 of the *Australian Institute of Health and Welfare Act 1987* (confidentiality provision).

AIHW (like the Department), through the use of the statistical linkage key and strict protocols, will receive and process only de-identified data in relation to care recipients. In relation to approved providers, the data will not be de-identified, and each approved provider will be asked to provide written consent to the collection of census data in relation to that approved provider.

The responsibility of approved providers to care recipients

It is the responsibility of each approved provider to protect the privacy of care recipients, under section 62-1 of the *Aged Care Act 1997* (responsibilities relating to protection of personal information), and, under paragraph 23.95(h) of the *User Rights Principles 1997* (community care agreement with care recipients).

Approved providers may also be subject to the National Privacy Principles in the *Privacy Act 1988*. It is the responsibility of each approved provider to determine whether it is subject to the National Privacy Principles, and, if so, to comply with the National Privacy Principles. In addition, approved providers may be subject to state privacy legislation. Again, it is the responsibility of each approved provider to comply with state privacy legislation.

In the Department's view, given the use of a statistical linkage key and strict Department/AIHW protocols, census information relating to care recipients is provided and will remain in de-identified form, so that the identity of care recipients will not be apparent, or reasonably able to be ascertained, from the census information, and provision of completed census forms to the Department will not constitute disclosure of personal information under the *Aged Care Act 1997* or the *Privacy Act 1988*.

In addition, it is the Department's view that the use of care recipient personal information to complete the census forms is 'for a purpose connected with the provision of aged care to the person by the approved provider' [paragraphs 62-1(a)(i), *Aged Care Act 1997*] as the de-identified information will be used to enhance provision of community care to all care recipients.

Written consent of approved provider

I agree to the use and disclosure of information regarding the following approved provider

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Print name of approved provider

---
in relation to the following service outlet/s- *Print name/s of Service outlet/s*

--- --- ---

--- --- ---

For data collected in census forms in the CACP 2002 census, for the following purposes:

- provision to AIHW for analysis and preparation of reports; and
- AIHW produced CACP 2002 census report and CACP 2002 summary of census report.

Signature

Print name

being authorised to provide written consent on behalf of the approved provider
in relation to the above service outlet/s

Dated

The approved provider's original written consent is retained by the Department, and should be sent, in a separate envelope to the completed census forms, to:

Assessment and Community Care
MDP 32
Attention: Sue Thomas
PO BOX 9848
Canberra ACT 2601

Unlike the census forms the written consents do not go to AIHW and are not destroyed 4 months after analysis is complete—they will be kept on a Departmental file.

Please retain a copy of this written consent for your records.

Appendix 5: Definitions of activities of daily living

The following definitions of the types of activities listed in this question are based on definitions in the International Classification of Functioning, Disability and Health (World Health Organization, 2001) .

If a person sometimes or always needs supervision or assistance for any part of the tasks included in a particular definition of an activity then that activity should be ticked.

Eating: Eating food and drink that has been served, in culturally acceptable ways. Bringing it to the mouth, cutting and breaking food into pieces, using eating implements.

Showering/bathing: Washing and drying one's body using water and appropriate cleaning materials.

Dressing: Choosing, putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions.

Toiletting: Co-ordinating and managing urination and defecation, such as prompting, getting into proper position, getting to the toilet, undoing/redoing buttons and cleaning up afterwards.

Managing incontinence: Assistance with continence aids, e.g. pads, catheters, colostomy bags.

Maintaining or changing body position: Includes bending, turning over in bed, kneeling, sitting up unsupported and standing for a period of time such as in a queue. Excludes getting in and out of a bed, chair or vehicle, record these under 'Getting in or out of a bed or chair'.

Carrying, moving or manipulating objects related to the tasks of daily living: Such as lifting and carrying a cup, or parcel, picking up a pencil, turning a door nob, handle coins/money.

Getting in and out of a bed or chair: Moving from or to any sitting or lying position. This includes getting into a bed from a chair and getting out of a vehicle, bath or wheelchair.

Walking and related activities: Includes moving around the home or away from home, but excludes needing transport assistance.

Using public transport: Such as buses and trains. Excludes disability specific transport.
Note: If the care recipient lives in an area where there is no public transport then you need to judge whether, if available, the care recipient would be able to use public transport.

Understanding others or making oneself understood by others: Includes written, verbal and non-verbal communications. Excludes the independent use of aids and equipment, e.g. hearing aids, speech aids and assistance from interpreters.

Appendix 6: Recommendations for future census

Should the CACP census be conducted again in a similar manner, the following recommendations are put forward to inform this activity.

Recommendation 1:

It is apparent from responses to the census and from questions asked of the census helpline, that outlets have detailed knowledge of client based information and individual outlet operations. However, individual service outlets whose business is the immediate delivery of services were less aware of administrative details such as aged care planning regions and the types of package approvals. A number of outlet staff reported that they had not seen the service agreements and did not have access to them. It is recommended that administrative details not directly affecting immediate service delivery be collected in a separate module completed by the appropriate level of the organisation (e.g. the provider rather than the outlet where this is applicable).

Recommendation 2:

It is recommended the ACCMIS outlet number (C number) not be used to identify outlets. The C number does not reflect practice regarding the delivery of CACPs. Groups of packages (under one C number) may be spread across more than one service outlet as defined for the census, and outlets may provide packages allocated under more than one C number.

Inclusion of both an accurately identified service outlet number and the C number for each client's package number on the care recipient form (Form B) would however help in assessing response rates to the census and the analysis of differences between practices of service outlets.

Recommendation 3:

It is recommended that any future CACP census be conducted in two stages. The initial stage would obtain accurate and complete information about the service outlets from the approved providers, such as:

- a full and accurate list of service outlets including street addresses
- the numbers and types of individual packages that are managed by each of those outlets and the aged care planning regions for which these packages are approved
- agency characteristics that are common across the organisation.

The second stage of the census would use the information provided in the initial stage to define outlet numbers, and to distribute census kits to outlets. This stage of the census would seek operational details that were specific to each service outlet, such as information on advice provided to care recipients (privacy issues, complaints procedures), brokerage or subcontracting of service provision, and details of demographic and service provision information for individual clients.

Recommendation 4:

A substantial proportion of approved providers and/or their services outlets have the capacity to download much of the information requested in the census from existing computerised management information systems. The development of an electronic file format and the capacity to transmit data electronically would assist these organisations and reduce the burden of participation in the census for these organisations. Sufficient lead time for the development and consistent implementation of this is necessary.

Recommendation 5:

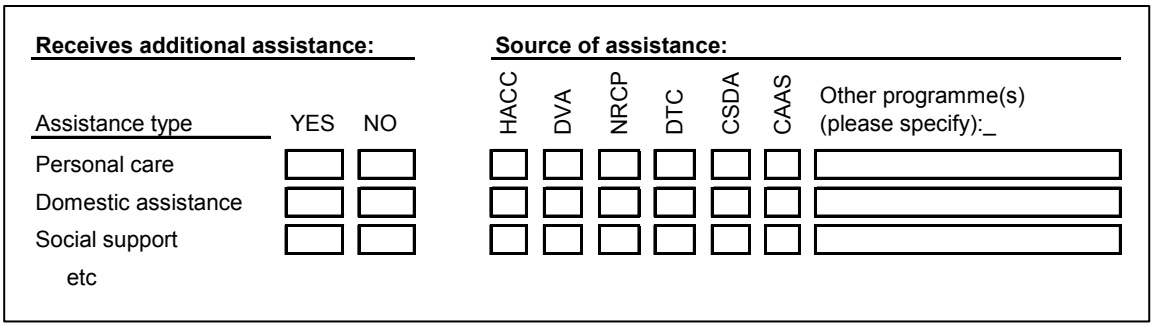
Feedback from service organisations and state offices of DoHA suggests that for future data collections a longer lead time with regular reminders would help prepare agencies and lift the response rate, particularly in the Indigenous sector.

Recommendation 6:

Minor amendments to the care recipient form are proposed.

- **Need for assistance in activities of daily living (Question 17):** In the form used in the 2002 CACP census there is no capacity for identifying uncertainty about the care recipients' need for assistance in an individual activity of daily living. If none of the boxes were ticked (including the box used to indicate that no assistance is needed in any of these activities) this was recorded as a not stated response for all core activity limitations. However, if any of the boxes were ticked all other blank responses were taken to mean no assistance was needed for those activities. However, it is possible that a care worker who did not know the care recipients need for assistance in a particular area may have left the box blank for that reason. Therefore, not stated responses may have been underestimated, and the number of care recipients with no severe or profound core activity limitations overestimated.

  It is recommended that the inclusion boxes for both yes and no responses be considered.
- **Assistance from other government funded programs (Question 28a and 28b):** In the current format, these questions do not allow any analysis of the source of individual types of assistance. If this type of analysis is required the source(s) of assistance needs to be shown for each type of assistance received, as shown below.



Recommendation 7:

The forms used in the census were modified versions of those field tested and included further work on formatting and layout. These changes were based on the field testing and on experience with similar census forms. Detailed field testing of the impact of these and other proposed changes, to ensure consistent interpretation of the forms, is recommended.

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