



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Home and Community Care Program Minimum Data Set 2007-08 Annual Bulletin

Australian Government Department of Health and Ageing

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An appropriate citation

Australian Government Department of Health and Ageing 2008, *Home and Community Care Program Minimum Data Set 2007-08 Annual Bulletin*, Australian Government Department of Health and Ageing, Canberra.

Data Access and Use

Access and use of HACC service delivery data is governed by a data access protocol agreed by the Commonwealth, State and Territories of Australia. A copy of the protocol is available on the Department of Health and Ageing website at <http://www.health.gov.au>

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Executive Summary

This is the seventh edition of the Home and Community Care Minimum Data Set (HACC MDS) Annual Bulletin. It is a compilation of statistics describing HACC services that were provided in 2007-08.

As at 30 June 2008, there were approximately 3,300 active agencies registered in the HACC MDS Agency Register. During 2007-08, an average of 91% of registered agencies reported data for each quarter.

The statistics reported in the Bulletin are derived from data provided by those agencies, and are not adjusted to account for non-reporting agencies.

HACC clients

The number of individual clients reported as receiving HACC services has increased by about 30,000 since 2006-07 reaching 831,500 in 2007-08. This represents 3.9% of the total Australian population.

The majority (59%) of clients lived in major cities and nearly 40% in regional areas. The portion of HACC clients aged 65 and over accounted for 77% of all clients. Females comprised around two-thirds of all clients. The largest age cohort was 80-84 years, which accounted for almost one in five clients. Just over a quarter of clients (28%) were born outside of Australia. Around 90% of clients reported English as the main language spoken at home, with Italian and Greek being the most common of the other languages. Of those people that had Indigenous status recorded (89% of all clients) 2.6% were of Aboriginal or Torres Strait Islander origin.

A third of HACC clients reported that they received assistance from a carer, with males being more likely to have a carer than their female counterparts (40% compared to 29%). Most people with a carer had the carer living with them (77%) and just under half of carers were the spouse or partner of the HACC client.

Around 52% of HACC clients were living with their family and 43% were living alone. The place of residence for most clients was in a house that they either owned or were purchasing (73%), the most common other accommodation settings were public (9%) or private rental (8%).

A large majority (92%) of HACC clients in 2007-08 were receiving some form of government pension or benefit; most commonly the aged pension (65%). Just under 13% of HACC clients were in the receipt of a Department of Veterans' Affairs entitlement card.

Over a quarter (29%) of clients were self-referred to the HACC Program, a further 16% were referred from hospital and a similar proportion were referred by family, friends or a significant other. The main reason for cessation of services was that the client no longer needed assistance (35%).

HACC service provision

All clients are assessed on entry into the HACC Program, clients may also be reassessed if their circumstances change. In 2007-08, there were around 304,300 assessments performed.

Clients may receive assistance with the implementation and coordination of their care. Around 15% were provided with client care coordination. For more complex needs 7% of clients were provided with case management.

The HACC Program provides assistance to people with daily living needs. Just under a third of clients were provided with domestic assistance accounting for 8 million hours of assistance, 18% with transport (4.9 million single trips), 13% were provided with meals at home (11 million meals), and 6% with meals provided at a centre (1.4 million meals).

The program also provides for nursing and allied health care. Nursing care at home was provided to 20% of clients accounting for 2.5 million hours of care. Allied health care was provided to around a quarter of all clients (1.1 million hours).

For HACC clients that received centre-based day care the average amount of care provided was 130 hours in the year - an increase of 13 hours per client over 2006-07. The next highest averages per client over the report's period were: 86 hours for respite care, 53 hours for personal care, and 39 hours for social support. It must be noted though that average hours of care do not reflect the experiences of individual clients, and that individual clients may not require assistance over the entire year.

The amount and type of assistance provided varied with age. Clients aged under 65 years (23% of clients) were more likely to have received personal care (44% of total personal care hours), social support (34% of social support hours) and their carers received over two-thirds of all respite hours provided. Those clients aged 65 and over (77% of clients) accounted for over 80% of all clients who received either meals, home maintenance, and domestic assistance.

A large proportion of all clients (44%) received only one type of assistance, showing little deviation from recent years. The proportions of clients who received two, three, and four or more types of assistance were 24%, 13% and 19% respectively.

1 Introduction

This is the seventh edition of the Home and Community Care Minimum Data Set (HACC MDS) Annual Bulletin. The purpose of this Bulletin is to make the statistics collected on clients that received HACC services in 2007-08 publicly available.

1.1 The HACC Program

The HACC Program is a major provider of essential community care services to frail aged people and younger people with disabilities, and their carers. The HACC Program's main objective is to promote and enhance the independence of people in these client groups.

The HACC Program is a joint Australian Government, State and Territory initiative. Administered according to the *Home and Community Care Act 1985*, the Australian Government provides approximately 60 per cent of funding for the program and maintains a broad strategic policy role. The state and territory governments provide the remaining funding, and are the primary point of contact for HACC service providers and consumers. The state and territory governments are also responsible for program management, including the approval and funding of individual HACC services in their jurisdictions. In 2007-08, HACC Review Agreements formed the legal basis for the Australian Government, State and Territory arrangements for the HACC Program (hereafter referred to as the Program).

The Program is part of a broader framework of community and health services funded by governments. The services within this framework are both residential and community based. Examples include community health care services, disability services, residential aged care homes, aged care packages provided in the community (Community Aged Care Package (CACP) program, Extended Aged Care at Home (EACH) program, Extended Aged Care at Home - Dementia (EACH-D) program), the National Respite for Carers Program and the Veterans' Home Care Program administered by the Department of Veterans' Affairs.

The HACC Program aims to:

- provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail older people, people with a disability and their carers;
- support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their inappropriate admission to long term residential care; and
- provide flexible, timely services that respond to the needs of clients.

1.2 HACC Minimum Data Set (MDS)

Collection of the MDS started in January 2001. All service providers in receipt of HACC funding are required to collect and provide data to their funders, whether they are small agencies delivering

single types of service or larger agencies providing a variety of basic maintenance and support services.

The MDS is a valuable tool for Program Managers as the data is client-based rather than provider-based. It allows measurement of the range and intensity of service provision, and the monitoring and mapping of service outputs by local region, state and nationally. The data collection has contributed to enhancements in program planning, enabling funding to be related to measurable outputs, improving accountability for Program funds.

The objectives of the HACC MDS are to:

- provide Program managers with data required for policy development, strategic planning and performance monitoring against agreed output/outcome criteria;
- assist HACC service providers to provide high quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery; and
- facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

Improvements of data quality and comprehensiveness is an ongoing and integral part of the data collection process. The HACC Data Reform Working Group, established in 2003, continues to contribute to improvements in the data collection. MDS Version 2 was introduced after a comprehensive evaluation and consultation process with state and territory stakeholders and the collection of MDS Version 2 commenced from 1 January 2006. During 2005-06 and 2006-07 data was provided in both Version 1 and Version 2 formats. This report is the first full year of collection using Version 2 only and is based on the revised final data extracts approved by the HACC Data Reform Working Group for the 2007-08 financial year.

Further information on the MDS Version 2, including the current edition of *Home and Community Care Program National Minimum Data Set User Guide Version 2.0* (which incorporates the *HACC Data Dictionary*) may be obtained from the HACC section in the Australian Government website (<http://www.health.gov.au>). A copy of the form used to collect 2007-08 data is also available through this website. A summary of data issues and data quality considerations can be found in Appendix 1.

1.3 Data collection method

Data is collected by service providers either electronically or via paper forms. Data is collected progressively and aggregated for transmission in accordance with a quarterly collection cycle. Aggregated data is transmitted during the collection months immediately following each quarterly activity period.

HACC MDS data reflect individual clients, their circumstances and the types and level of assistance they receive from service providers. The collection of HACC information is on the basis of informed client consent, and clients may choose to opt-out of the collection. All data in relation to individual clients is de-identified by service providers, to protect the privacy of individuals.

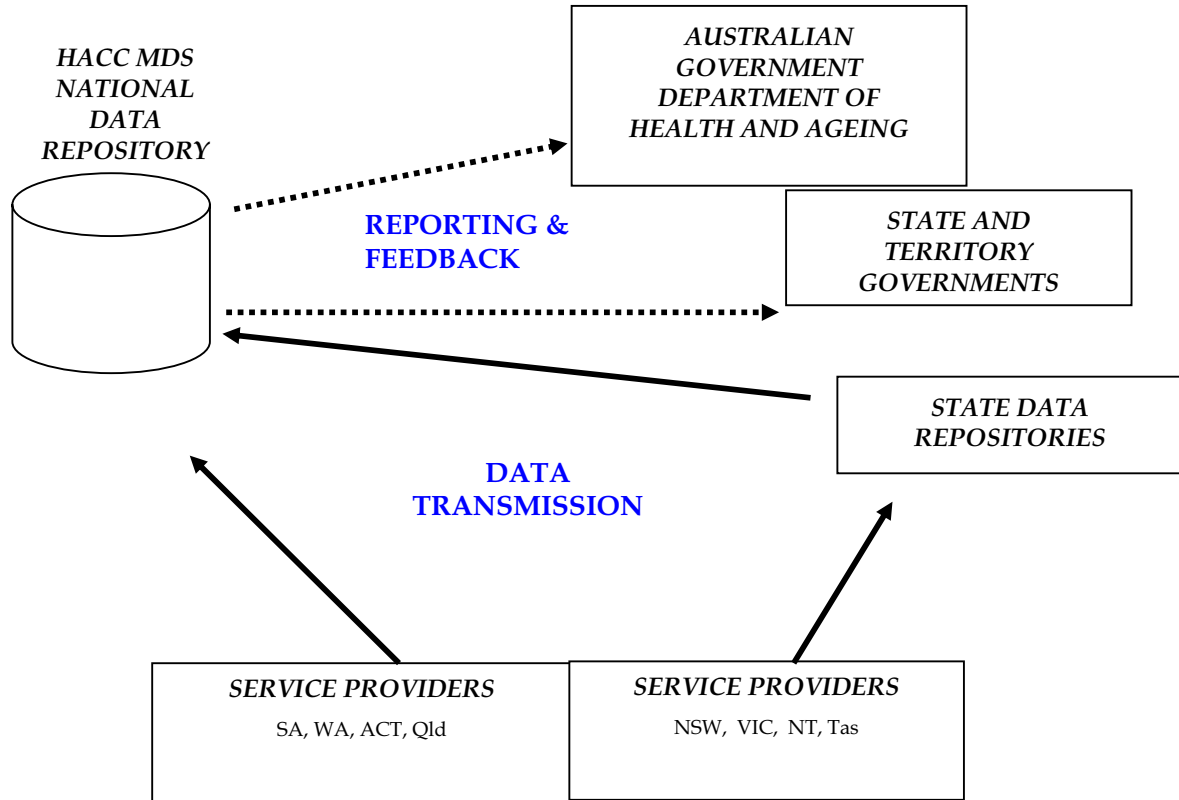
HACC MDS data is either sent:

- to a State Data Repository (New South Wales, Victoria, Northern Territory, and Tasmania) and then to the National Data Repository; or

- directly to the National Data Repository.

Data transmissions are validated and feedback provided by the National Data Repository.

Figure 1. HACC MDS collection arrangements



1.4 Scope of the collection

The collection comprises data about individuals receiving HACC-funded assistance from service providers. To be included in the HACC MDS collection a client must be known to a service provider as an individual. Clients are not included in the collection where they are not known to a service provider as individuals, e.g. clients helped anonymously through general telephone enquiries, or where advocacy work is conducted on behalf of clients in general rather than for specific individuals.

Any service delivered to an individual known client that involves HACC funding is within the scope of the HACC MDS collection. Services that do not involve HACC funding are not reported under the HACC MDS.

1.5 Data Quality Considerations

There are a number of data quality considerations that need to be taken into account when using the HACC data provided in this document. Appendix 1 provides an overview of these.

Unless otherwise indicated, all proportions presented in this Bulletin are based on figures that exclude data where values are unknown, not stated or inadequately described. Tables in Appendix 2 report the extent to which this occurred.

There are some discrepancies between NSW statistics reported in this publication and elsewhere due to different processes in use in data warehouses. These discrepancies are the subject of ongoing investigation with the aim to ensure consistent reporting in future.

1.6 HACC Agency

For the purpose of MDS reporting, a HACC agency is a HACC-funded organisation or organisational sub-unit that is responsible for the direct provision of HACC-funded assistance to clients. In many instances, this means that one HACC-funded organisation will have many HACC agencies (in HACC MDS terms). As at 30 June 2008, there were approximately 3,300 active agencies registered on the HACC MDS Agency Register.

1.7 Agency participation rates

Agencies are required to report HACC MDS data quarterly. During 2007-08 there was an average of 91% of agencies reporting data each quarter (Table A1). Given that not all agencies reported data in 2007-08, the figures in the Bulletin can not be read as exact counts; results in the body of the Bulletin have been rounded to reflect this.

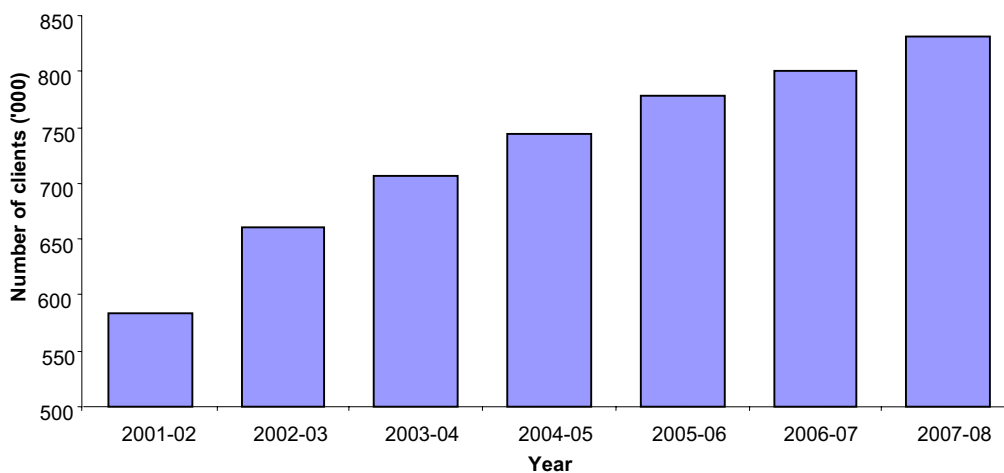
Table 1. HACC MDS agency participation rates by State/Territory, 2007-08

NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
88%	90%	94%	95%	98%	99%	98%	100%	91%

2 HACC Clients

In 2007-08, there were 831,500 individual clients¹ reported as receiving HACC services (Table 2), an increase of 30,000 clients over 2006-07. This steady growth trend has been consistent since the inception of the HACC MDS in 2001-02 (Figure 2). It must be noted, however, that over the life of the HACC MDS there has been a transition from HACC MDS v1 to HACC MDS v2, and the participation rates vary from year to year; therefore the trend of increasing client numbers needs to be considered indicative only.

Figure 2. Number of HACC clients, 2001-02 to 2007-08



2.1 Client location

In 2007-08, Victoria had the largest portion of reported HACC clients and the Northern Territory the smallest (Table 2). It must be noted though that the agency participation rate, structure and content of the aged care programs, including interfaces between HACC and other programs will affect the number of clients in each State and Territory (see Sections A1.4 and A1.5.4).

Table 2. Number of HACC clients reported and number of active HACC Agencies (as at 30 June 2008), by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Clients	224,000	258,200	157,400	88,600	64,900	24,400	3,700	10,300	831,500
Agencies	1,545	458	714	174	215	73	91	30	3,300

Fifty-nine per cent of clients lived in major cities², although this proportion varies considerably across the State and Territory jurisdictions (Table A2). Nationally, inner regional HACC clients accounted for 26% of all HACC clients followed by 13% for outer regional clients, 2% for remote clients and 1% for very remote clients, almost identical to the distribution in the previous years. In the Northern Territory, 48% of HACC clients lived in outer regional areas, which includes Darwin

¹ Refer to Appendix 1.5.1 for counting rules.

² Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0).

and 32% in very remote areas. Comparatively high proportions of HACC clients in Tasmania (37%) South Australia (20%) and Queensland (19%), lived in outer regional or remote locations. These distributions tend to reflect the overall population distribution of the States and Territories, although, on this basis, there is slight under-representation of HACC clients in major cities and an over-representation in regional areas.

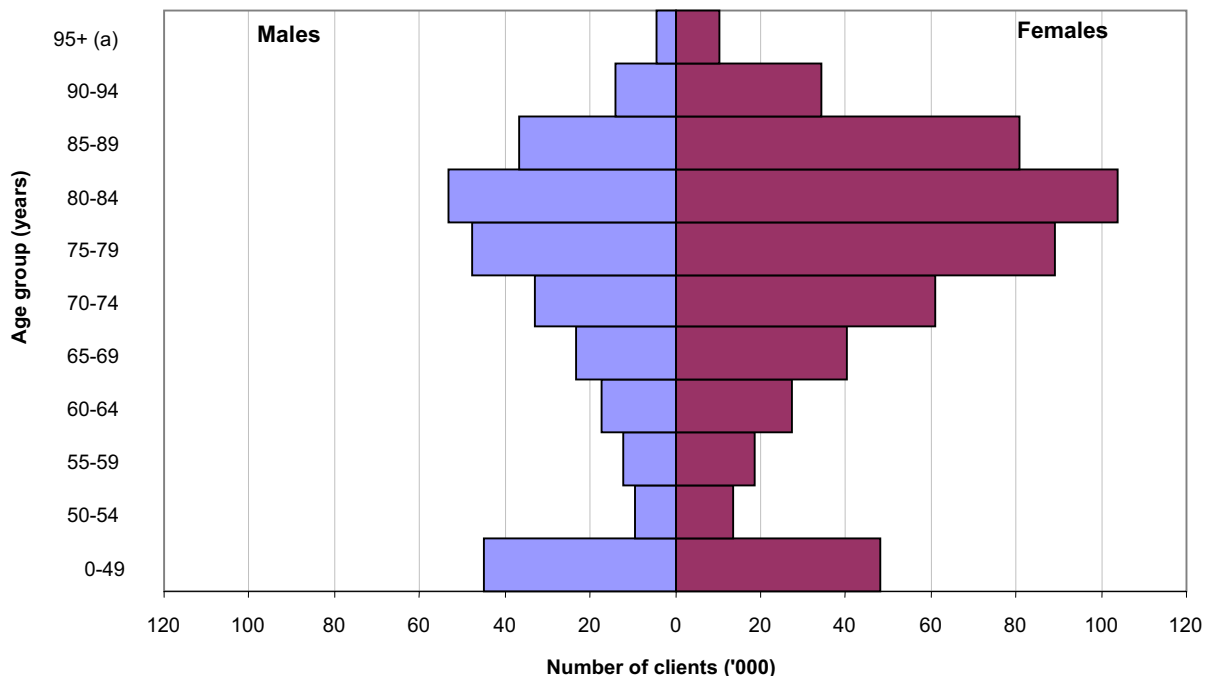
In 2007-08, approximately 3.9% of the total Australian population received HACC services which were described in the collection, ranging from an estimated 1.7% of population in the Northern Territory to 5.5% in South Australia (Table A3).

2.2 Age^{3,4} and sex profiles

HACC clients in 2007-08 had an average age of 72 years (median age 77 years). Age-specific rates of utilisation of HACC services increase in line with increasing age (Table A3). The absolute number of older HACC clients, defined as clients aged 65 years or over, has increased from 588,700 in 2005-06 to 637,500 in 2007-08 (612,400 in 2006-07). The proportion of all HACC clients who are older people has likewise increased slightly over the same period, from 76% to 77%. People aged 75 years or over accounted for 58% percent of all HACC clients in 2007-08.

Generally in Australia, females outnumber males in all age groups over the age of 30. In 2007-08 (as in previous years) this pattern is also evident in the HACC client population with females comprising approximately two-thirds (64%) of the HACC client population (Table A4). There were more females than males for all but the youngest age categories (under 30 years), and the sex imbalance increases with increasing age (Figure 3). The largest age cohort of HACC clients is the 80-84 age group and this is the case for both male and female clients.

Figure 3. Age and sex distribution of HACC clients, 2007-08 (a)



(a) The 95+ age group is over estimated. See Section A1.5.5

³ Age calculated as at 30 June 2008

⁴ The 95+ age group is over estimated. See Section A1.5.5

2.3 Country of birth and main language spoken

Around 28% of HACC clients who reported their country of birth were born outside Australia (Table A5). Around 11% were born in North-West Europe (includes the United Kingdom), 10% in Southern and Eastern Europe, and 3% of HACC clients in Asia. Western Australia recorded the highest proportion of clients with birthplaces outside Australia (40%).

Around 90% of HACC clients reported English as the main language spoken at home (Table A6). Of all languages other than English, Italian and Greek were the most common languages spoken (28% and 13% of the languages other than English, respectively). Australian Indigenous languages⁵ were the most common languages other than English in the Northern Territory, the second most common in Western Australia. Other languages which were significant in individual states and territories included Polish in Tasmania, South Australia and Western Australia, Arabic in New South Wales, and Croatian in the Australian Capital Territory.

2.4 Indigenous status

In 2007-08 approximately 2.6% (19,200 persons) of all HACC clients where Indigenous status was recorded were identified as being of Aboriginal or Torres Strait Islander origin (Table A7). This proportion ranged from less than 1% in Victoria to 48% in the Northern Territory (Table A7). Indigenous status was not recorded for 11% of HACC clients, an improvement from the 14% missing data in 2006-07. Approximately 2.5% of the Australian population are of Aboriginal or Torres Strait Islander origin⁶.

Similar to the situation reported in previous years, Indigenous HACC clients were younger than non-Indigenous HACC clients (Table A8). The proportion of Indigenous HACC clients aged 50+ receiving four or more different services ranged from 18% in New South Wales to 61% in the Northern Territory. Over 95% of Indigenous HACC clients in New South Wales, Tasmania, the Australian Capital Territory and Victoria spoke mainly English at home. In contrast only 18% of Indigenous HACC clients in the Northern Territory spoke mainly English at home.

2.5 Carers

A third (33%) of HACC clients reported that they received assistance from a carer (Table A9). This suggests a continuing decrease in carer availability among HACC care recipients from 2004-05 (50%), 2005-06 (45%) and 2006-07 (38%). However, it should be noted that the relevant data items have a combined null and not stated response of 14%. Furthermore, as noted in a footnote to Table A9, if a client has a paid carer or a formally arranged volunteer carer, carer status in the HACC MDS is recorded as "has no carer". This is because the item seeks to gauge the availability of unpaid assistance from family members, friends and neighbours.

Males (40%) were more likely to receive the assistance of a carer than females (29%). HACC clients whose country of birth was recorded as Australia (32%) were less likely to have a career than those born in Asia (38%), Southern and Eastern Europe (37%), and North Africa and the Middle East (36%) but slightly more likely than those born in North-West Europe (29%).

⁵ If comparing to previous years see Section A1.5.5.

⁶ ABS 2007. *Population distribution of Aboriginal and Torres Strait Islander Australians, 2006*. ABS cat. no.4705.0. Canberra: Australia.

For those HACC clients that reported they had a carer, around three-quarters (77%) had their carer living with them. This ranged from 68% in the Australian Capital Territory through to 80% in New South Wales. Just under half (45%) of the carers were the spouse/partner of the HACC client, 30% were their son or daughter, 15% were a parent, and 3% were a friend or neighbour.

2.6 Living arrangements and accommodation setting

Of the 84% of HACC clients who reported their current living arrangement, 52% were living with family, 5% with other people and 43% were living alone (Table A10).

Nationally, information on accommodation setting was recorded for 81% of HACC clients in 2007-08. Summarising the reported information, the majority of these HACC clients were living in a private residence which was owned or being purchased (73%), continuing the pattern observed in previous Bulletins. Public and private rental properties accounted for 9% and 8% of clients respectively and 4% of clients were living in an independent living unit in a retirement village (Table A11). Smaller proportions of clients lived in supported accommodation facilities (2%). Supported accommodation facilities include assisted living in retirement villages, such as serviced apartments for older people, and smaller residential settings for people with disabilities.

The Northern Territory recorded a significantly lower proportion of clients living in privately owned/purchasing residences (26%) compared to other jurisdictions. Relatively high proportions of HACC clients in the Northern Territory were living in public rental housing (25%) and private residences rented from an Aboriginal community (36%). These difference from the national levels are not just driven by the large number of Indigenous clients in the Northern Territory, the non-Indigenous clients also have notable differences in accommodation settings from the national levels (Table 3).

Table 3. Selected accommodation settings as a proportion of all accommodation settings, by Indigenous status for the Northern Territory and Other jurisdictions (a) 2007-08

Accommodation setting	Northern Territory			Other jurisdictions		
	Indigenous (%)	Non-Indigenous (%)	All (%)	Indigenous (%)	Non-Indigenous (%)	All (%)
Private Residence - owned/purchasing	2	50	26	24	75	73
Private residence - public rental	18	33	25	36	8	9
Private residence rented from Aboriginal community	71	-	36	16	-	-

(a) Other jurisdictions is the total Australia excluding the Northern Territory

2.7 Pension status

A large majority (92%) of HACC clients in 2007-08 were receiving some form of government pension or benefit, most commonly the Age Pension (65%), the Disability Support Pension (14%), and Department of Veterans' Affairs Pension (8%) (Table A12)⁷. Just over 8% of clients were reported as receiving no pension or benefit; this group would include privately funded

⁷ Please note that the 2006-07 and 2005-06 HACC Annual Bulletins had the figures for DSP and DVA pensions transposed

superannuants and retirees, and younger clients with private sources of income such as having a spouse/partner in paid employment.

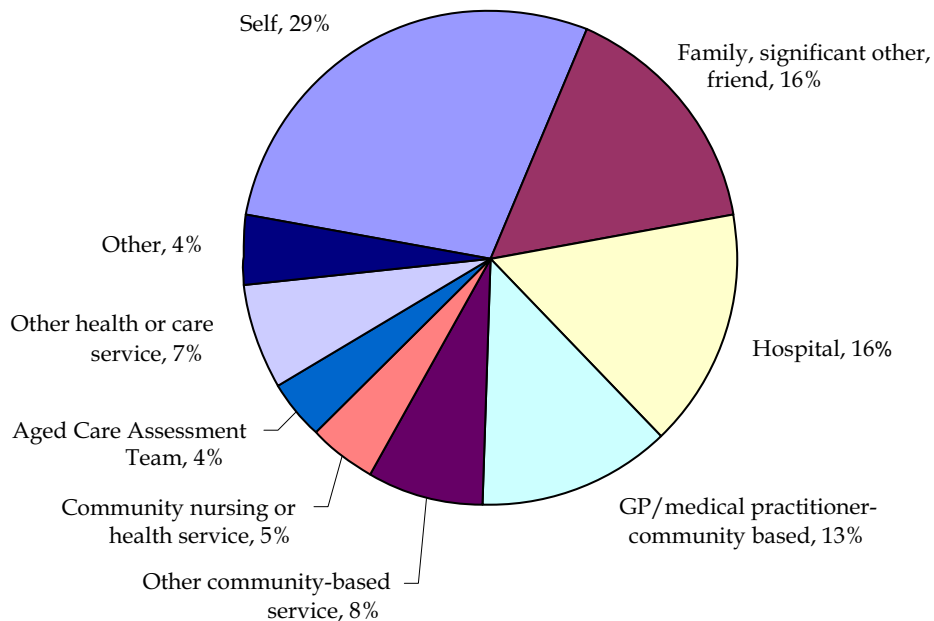
2.8 Department of Veterans’ Affairs Card Status

Just under 13% of HACC clients reported that they had a Department of Veterans’ Affairs (DVA) entitlement card. The most common entitlement card was the DVA Gold Card (9%), followed by Other DVA Card (2%) and DVA White Card (1%). Holders of DVA entitlement cards may be eligible for services provided under the Veterans’ Home Care program which provides low level home care services to eligible veterans and war widows/widowers in their own homes. Veterans and war widows/widowers receiving support through the HACC program may transfer to Veterans' Home Care or remain with HACC (see <<http://www.dva.gov.au/health/homecare/vhcinfo.htm>>).

2.9 Source of referral

HACC clients were referred to service providers from a wide range of sources. In 2007-08, over one-quarter of HACC clients were self-referred (29%); other sources of referral include hospitals (16%); family, friends and significant others (16%); and community-based medical practitioners (13%) (Figure 4 and Table A13). These referral patterns are consistent with previous years.

Figure 4. Source of referral of HACC clients, 2007-08



Note: "Other health or care service" includes: psychiatric/mental health services or facilities, extended care/rehabilitation facilities, residential aged care facilities, palliative care facility/hospices, Aboriginal health services, and other medical/health services

2.10 Cessations

In 2007-08, HACC providers reported that 261,600 clients ceased receiving HACC-funded services from their service (Table A14). These cessation reports only include clients that received assistance in the quarter that their cessation is reported; therefore the true cessation rate may be higher. The main reasons given for cessation of services were that the client no longer needed assistance (35%), that the client died (14%), and the client moved to a residential aged care facility or other institutional setting (13%).

3 HACC Service Provision

3.1 HACC assistance types

Tables A15 to A28 summarise the provision of assistance to HACC clients in 2007-08 by assistance type (Box 1 lists high-level assistance types covered by the HACC Program).

Box 1. Home and Community Care Program assistance types

Assessment – identification of the needs of clients and determination of eligibility for service provision. It also includes more comprehensive assessment of a person's need for assistance.

Case management – the active assistance received by a client from a formally identified agency worker who coordinates the planning and delivery of a suite of services to the individual clients.

Client care coordination – assistance which focuses on facilitating access to HACC services and includes implementing, monitoring and reviewing the care plan, liaison with service providers and advocacy to ensure the client has access to the range of services required.

Domestic assistance – house cleaning, washing and ironing, help with shopping, transport to and from banks and appointments etc, and general household support.

Social support – assistance provided by a companion either within the home or while accessing community services, whose primary purpose is to meet the person's need for social contact and/or accompaniment in order to participate in community life. This includes friendly visiting.

Care recipient counselling/support, information and advocacy – assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role, including the provision of information, advice and training.

Personal care – may include help with bathing, toilet use, eating, dressing and personal grooming.

Nursing care – health care provided to a client by a registered or enrolled nurse. This care can be provided from a community centre or in the client's home.

Meals – provision of meals prepared and delivered to the client's home or provided in a community centre.

Other food services – assistance with the preparation and cooking of meals in the client's home.

Centre-based day care – 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. It includes group excursions/activities conducted by centre staff but held away from the centre.

Respite care – assistance to carers by provision of a substitute carer. Can include centre-based, in-home, host family and peer support respite care.

Transport – assistance to provide or coordinate individual or group transport services.

Allied health services – physiotherapy, occupational therapy, podiatry, advice from a dietician or nutritionist, speech therapy. Can be provided from a community centre or in the client's home.

Home maintenance – assistance with the maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition.

Home modifications – minor modifications such as grab rails, hand rails, ramps, and shower rails to reduce the impact of disability on the activities of daily living.

Provision of goods and equipment – the hire or purchase of essential aids and appliances that are not normally available from other government funded programs.

Formal linen service – the provision and laundering of linen for clients.

3.2 HACC service provision (general outputs)

Prior to providing services to a new client, a service agency will usually complete an assessment with the client. The extent and nature of the assessment varies between agencies and agency types. With some agencies the assessment is limited to determining the clients' eligibility for HACC services and agreeing on the level and mix of services appropriate to the clients' needs, while other agencies will also conduct more comprehensive assessments of the clients' need for assistance. Reassessment may then occur in response to a client's changing circumstances. In 2007-08, 304,300 clients (37%) were assessed.

Clients may receive assistance with the implementation and coordination of their care. This is recorded as *Client Care Coordination* by agencies and in 2007-08 it was reported that 124,400 clients (15%) received this type of assistance. Clients with care needs involving multiple services or receiving assistance from more than one agency, may be assigned a designated agency for *Case Management*. In 2007-08, agencies reported that 59,000 clients (7%) were provided this type of assistance. These figures are lower than those reported in 2006-07 where agencies reported Client Care Coordination and Case Management for 17% and 12% of clients respectively.

The HACC Program provides services such as domestic assistance, personal care as well as professional allied health care and nursing services, in order to support older Australians, younger people with a disability and their carers to be more independent at home and in the community and to reduce the potential or inappropriate need for admission to residential care.

In 2007-08, domestic assistance was provided to 31% of all HACC clients totalling 8 million hours of assistance. Around 16% of clients had 1 million hours of assistance with the maintenance and repair of their home, garden or yard (home maintenance).

Nearly 4.6 million hours of personal care were provided to 11% of clients; this included assistance with bathing, toilet use, eating, dressing and grooming. Meal services also registered high numbers of clients; these are separated into meals at home (107,600 clients, 13%) and centre-based meals (50,400 clients, 6%). In addition, a small number of clients (5,600 or 1% of clients) received assistance with preparation of food in their own home (other food services).

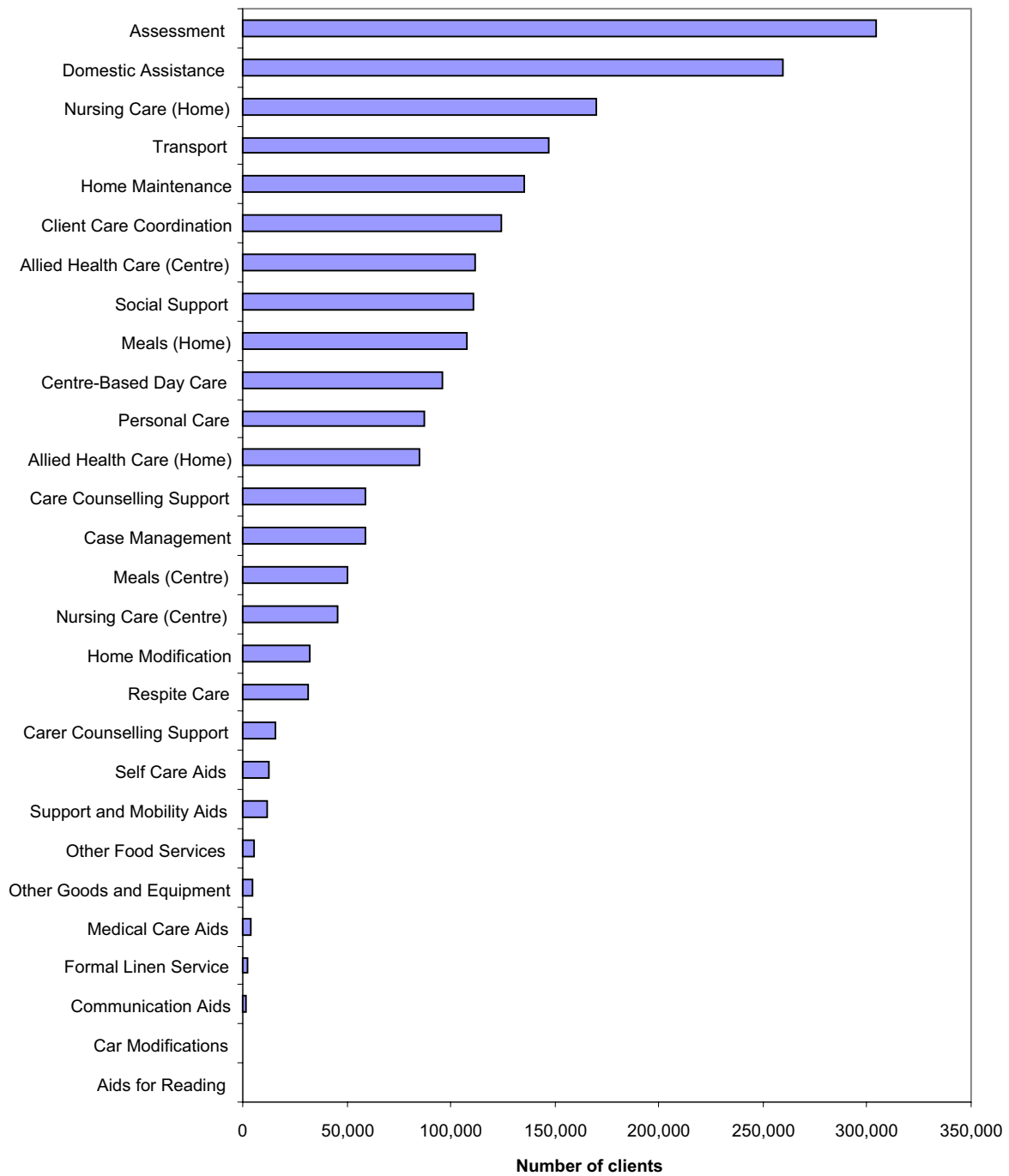
Nursing care and allied health care can be provided both in the client's home and from a community centre. In 2007-08, 2.5 million hours of nursing care (20% of clients) and 529,400 hours of allied health care (10% of clients) were provided in the client's home. Allied health care was provided to 13% of clients from a community centre (541,100 hours), and 6% of clients received nursing care in this setting (298,700 hours).

There are some notable differences between States and Territories in the proportion of clients receiving different types of assistance, some of which may be related to state differences in reporting (see Section A1.4). Nationally, 18% of all clients received transport services (26% if Victorian clients are excluded⁸); more than 26% of clients received this service in Northern Territory (37%), Western Australia (35%) and New South Wales (28%) (Table A15). HACC clients in the Northern Territory were more likely to receive social and instrumental support services (such

⁸ Transport services were not reported separately for Victoria, which includes transport as part of social support. See Section A1.4.

as counselling, domestic assistance, meal assistance) and less likely to receive nursing, allied health, and aids and equipment services than the overall HACC population. Agencies in Queensland and Tasmania provided nursing care at home to higher proportions of clients (29% and 26% respectively) than was recorded in other jurisdictions. Nationally one in five HACC clients received nursing care at home.

Figure 5. Number of HACC clients by type of assistance, 2007-08



3.3 HACC service provision (average outputs)

The highest average hours of service, by assistance type, during the 2007-08 collection period was for centre-based day care. HACC clients who received centre-based day care for one or more quarters received on average 130 hours over the year - an increase of 13 hours per client⁹ over the previous year. The next highest averages were: 86 hours for respite care, 53 hours for personal care, and 39 hours for social support (Table A17).

It must be noted that average hours of care are a rough measure of service provision and do not reflect the experiences of individuals. Differences in average hours per instance of assistance¹⁰ between assistance type reflects differences in the nature of the assistance provided, the varying intensity of service provided, and the differing lengths of time clients receive services throughout the year, with some clients receiving services throughout the entire year and others for only short periods.

3.4 HACC service provision (outputs by client age group)

Agencies reported that 2.7 million hours of centre-based day care services were provided in 2007-08 to clients aged less than 65 years (23% of clients) (Tables A18 and A19). This accounted for 22% of the total hours for centre-based day care services reported for the year. In addition, clients in this age cohort received 2.0 million hours of personal care (44% of total personal care hours), 1.7 million hours of domestic assistance (21% of total domestic assistance hours), 1.5 million hours of social support (34% of total social support hours), 641,600 hours of nursing care (23% of total nursing care hours) and around 313,300 hours of allied health (29% of total allied health care hours). The total hours of respite care received by carers of clients aged less than 65 years accounted for 69% of all respite hours reported.

Clients aged 65 years or over constituted 77% of all HACC clients reported in 2007-08. In some service categories, however, older clients were either relatively over or under-represented. For example, older clients made up 88% and 83% of all clients who received home-based and centre-based meal services respectively, 86% of home maintenance clients and 83% of domestic assistance clients (derived from Table A18). Older clients were relatively underrepresented for the following types of services: respite care as noted above and centre-based nursing care (66% of all centre-based nursing care clients).

3.5 Service Intensity

A large proportion of all clients (44%) received only one type of assistance, showing little deviation from recent years. The proportions of clients who received two, three, and four or more types of assistance were 24%, 13% and 19% respectively (Table A21).

HACC clients who only received one type of assistance during 2007-08, most commonly received Domestic Assistance (15.6% of clients who received only one assistance type), followed by Allied Health at Centre (12.2%) and Nursing Care at Home (10.2%).

⁹ See 'Instance of Assistance' in Appendix 3 - Glossary.

¹⁰ See 'Instance of Assistance' in Appendix 3 - Glossary

For HACC clients who received two types of assistance during 2007-08, the most common combination was Assessment and Domestic Assistance with 22,614 clients (11.6%), followed by Assessment and Nursing Care at Home with 12,867 clients (6.6%) and Home Maintenance and Domestic Assistance with 9,888 clients (5.1%).

For HACC clients who received three types of assistance during 2007-08, the most common combination was Assessment, Home Maintenance and Domestic Assistance with 6,510 clients (5.9%), followed by Centre Based Day Care, Meals at Home and Transport with 5,070 clients (4.6%) and Assessment, Client Care Co-ordination and Domestic Assistance with 3,452 clients (3.1%).

Considering those types of assistance for which service delivery is recorded in hours, assessment, case management, client care co-ordination, allied health care services, social support and domestic assistance all registered at least 80% of clients as having received under 13 hours of service (Table A22). These were followed by home maintenance, for which approximately 77% of clients received less than 13 hours of service. Higher proportions of clients recorded an average of more than one hour per week (i.e. 53 or more hours of service in total over the year) of centre-based day care (58%), personal care (45%) and respite care (21%). Among domestic assistance and other food services clients, 99% and 74%, respectively, received up to 52 hours of assistance in the year.

3.6 State and Territory variations

Tables A23-A28 show the average service provision per 1,000 HACC target population, by state and territory, for the whole of Australia, and for each of the five ABS remoteness categories.

Variations in state and territory service provision can be the result of several factors:

- the structure and content of aged care programs, including the interfaces between HACC and other programs;
- program funding levels;
- profiles of HACC client groups e.g. differences in age, geographic distribution and need for assistance profiles, and
- differences in HACC MDS reporting.

In particular, in Victoria no figures are available for transport, home modification, other food services, or formal linen service. In that state, transport is reported as part of their volunteer social support assistance type and would be classed as social support for the national data collection, home modification is part of property maintenance (home maintenance) and the preparation of meals in the home is included in domestic assistance rather than other food services. Formal linen service is not included in the Victorian list of assistance types (see the Victorian HACC website). Similarly, the availability of services in particular regions, the level of access to those services and the extent of HACC MDS participation in reporting are factors to be considered when comparing regional service provision.

Appendices

Appendix 1: Data Issues and Quality Considerations

A1.1 Participation Rates

The HACC MDS does not cover all HACC services provided. For example:

- clients can 'opt-out' of having their data provided;
- only services to individuals are recorded (ie excludes group assistance, other than where a HACC client has been transported within a group); and
- some clients may be assisted anonymously (eg by telephone where a name is not provided).

One other consideration occurs around agency participation rates. Although all agencies are required to report HACC MDS data, this is not achieved in practice. The proportion of HACC agencies that submitted data for the year varies between jurisdictions and actual service levels may be higher than stated. There is no evidence to support the assumption that non-reporting agencies are statistically similar to those that do report.

A1.2 Statistical Linkage Key (SLK)

While the HACC MDS data are de-identified before transmission outside of the HACC agency, the records retain sufficient identifying information to allow quarterly records to be linked using a deterministic statistical linkage key (SLK). This method protects the privacy of the individual while allowing individual's records to be combined within the HACC MDS.

The HACC MDS SLK is derived by concatenating the "letters of name" (2nd, 3rd and 5th letters of the Family name/surname, and 2nd and 3rd letters of the first given name), "date of birth", and "sex" to create a 14 character identifier. There are also some instances where the SLK information may be unknown, and substitute characters are used instead. Records with the same SLK are considered to be the same client.

The linkage key is not a unique identifier and is designed for statistical purposes only. For the purposes of record linkage there are three key sources of error with this type of linkage key:

- The linking of records of different individuals together;
- Not linking records of the same individual together; that is an individual has multiple SLKs. This is caused through one or more of the components of the SLK being recorded differently in separate records (eg "Joseph" cf "Joe" or the use of an estimated date of birth by one agency and an exact date of birth by another); and
- Linking records containing substitute characters in the SLK.

A1.3 Multiple Client Records

Client records are collected in the HACC MDS for each type of assistance a client receives from an agency. Demographic data (eg. country of birth, main language spoken, Indigenous status) on the

client is reported against each of these records. In a number of instances the demographic information for a client can differ between records. In collapsing multiple records down into an individual's record, the current method uses the demographic information from the client's most recent assessment. This may cause demographic data to be lost, in cases where the last client record contains information of a poorer quality than from an earlier record.

A1.4 State/Territory and Regional Variations

Business processes vary across jurisdictions and can impact on the MDS. Variations in State and Territory service and data provision can be the result of several factors:

- the structure and content of aged care programs, including the interfaces between HACC and other programs;
- program funding levels;
- profiles of HACC client groups e.g. differences in age, geographic distribution and need for assistance profiles;
- differences in HACC MDS reporting; and
- local business rules for data acceptance in State Data Repositories and the Commonwealth's data warehouse.

In particular, in Victoria figures are not available for transport, home modification, other food services, or formal linen service. In that state, transport is reported as part of their volunteer social support assistance type and would be classed as social support for the national data collection, home modification is part of property maintenance (home maintenance) and the preparation of meals in the home is included in domestic assistance rather than other food services. Formal linen service is not included in the Victorian list of assistance types (see the Victorian HACC website). Similarly, the availability of services in particular regions, the level of access to those services and the extent of HACC MDS participation in reporting are factors to be considered when comparing regional service provision.

It is also noted that the ways jurisdictions define what constitutes an agency can differ, and thus impact on the scope of the collection.

There are some discrepancies between NSW statistics reported in this publication and elsewhere due to different processes in use in data warehouses. These discrepancies are the subject of ongoing investigation with the aim to ensure consistent reporting in future.

A1.5 Data Item Specific Considerations

There are also a number of data item specific issues that have been identified which should be considered when using these data items.

A1.5.1 Distinct Counts of Clients

- For the purposes of this Bulletin, "clients" refers to the number(s) of distinct client Statistical Linkage Keys (SLKs).

- When reporting by Assistance Type, clients (SLKs) can be counted more than once in those cases where a client received more than one type of assistance and/or where a client received the same assistance type from more than one agency.

A1.5.2 Assistance Groups

- Victoria does not collect data separately on transport, goods and equipment, formal linen services and home modifications.
- Northern Territory does not collect data separately on home modifications.

A1.5.3 Location Data

Location information is reported based on the agency location, not the client residential location. In a small number of cases, a client may receive services in more than one jurisdiction. In such cases, service provision will be reported against one jurisdiction only.

A1.5.4 Australian Indigenous Languages

In Victoria there was a decrease in the main language spoken at home being reported as an Aboriginal Language for HACC clients, from 4.5% of the top 20 languages other than English in 2006-07 to 0.1% in 2007-08. The 2007-08 result seems more plausible given that less than one percent of HACC clients in Victoria are reported as being of an Indigenous background. The change reported in the 2007-08 Bulletin is most likely the result of improved data quality through work undertaken by the Victorian Government.

(see <http://www.health.vic.gov.au/hacc/downloads/pdf/aboriginal_data.pdf>)

A1.5.5 Age

Age is calculated based on the date of birth as at 30 June 2008.

Agencies may estimate the date of birth to the nearest month, year or decade, or use either 1/1/1900 or 1/1/1901 where the date of birth is unknown. During 2007-08 82,000 clients (10%) were reported as having an estimated date of birth.

The 95+ age group is over represented and likely to reflect poor data quality at data collection or entry. There are just over 2,200 records with the date of birth recorded as 1/1/1900 or 1/1/1901, only 800 of these are flagged as being estimated. The expected number of clients born on these dates, based on the number of clients born in 1900 or 1901, is small (just over 100 clients were born on days other than the 1st of January in these two years). Also, in a small number of cases (0.5%) where it was not possible to obtain the care recipient's date of birth and where the care recipient has a carer, the care recipient's date of birth has been replaced by the carer's date of birth. This may affect results in Tables A3 and A8.

A1.5.6 Functional Status

During the 2007-08 collection period, complete functional status data were collected for approximately one third of HACC clients (33.1%). Data on functional status needs to be further assessed before inclusion in Appendix 2.

Appendix 2: Detailed tables

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Symbols in tables

..	Not applicable
—	Nil or rounded to zero (including null cells)
%	per cent

Table A1. HACC MDS agency participation rates by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Quarterly participation 2007-08	Per cent								
July Quarter	84	90	92	94	96	97	100	100	94
Oct. Quarter	87	92	93	94	99	97	98	100	95
Jan. Quarter	88	90	95	97	98	100	96	100	95
April Quarter	91	88	94	96	100	100	98	100	96
Average 2007-08	88	90	94	95	98	99	98	100	91
Average 2006-07	75	90	92	94	97	81	92	100	83
<i>Number of agencies active at</i>									
<i>30-June 2008</i>	<i>1545</i>	<i>458</i>	<i>714</i>	<i>174</i>	<i>215</i>	<i>73</i>	<i>91</i>	<i>30</i>	<i>3300</i>

Notes

1. Source: HACC MDS National Data Repository.
2. Agency quarterly participation rates are the proportion of registered HACC agencies that submitted data for quarter (including those that provided data in the annual revision period) as proportion of all registered HACC agencies that were active in that quarter. Financial year participation rates are calculated as the sum of numerators from the quarterly participation rates divided by the sum of denominators from the quarterly participation rates.
3. State/Territory refers to the location of service providers.

Table A2: HACC clients, remoteness by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Remoteness	Number of clients								
Major City	136,304	161,736	80,065	58,623	44,338	..	..	10,317	491,382
Inner Regional	58,360	70,242	47,675	12,631	9,981	15,479	..	—	214,367
Outer Regional	26,847	25,165	24,753	13,398	7,176	8,233	1,750	..	107,322
Remote	2,118	1,060	3,151	3,312	2,174	535	754	..	13,104
Very Remote	349	..	1,759	628	1,236	164	1,157	..	5,296
Total	223,978	258,204	157,403	88,592	64,905	24,412	3,661	10,317	831,472
	Per cent								
Major City	60.9	62.6	50.9	66.2	68.3	..	..	100.0	59.1
Inner Regional	26.1	27.2	30.3	14.3	15.4	63.4	..	—	25.8
Outer Regional	12.0	9.7	15.7	15.1	11.1	33.7	47.8	..	12.9
Remote	0.9	0.4	2.0	3.7	3.3	2.2	20.6	..	1.6
Very Remote	0.2	..	1.1	0.7	1.9	0.7	31.6	..	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Australian population (per cent)								
Major City	72.7	74.9	59.8	72.6	71.5	..	..	99.9	68.6
Inner Regional	20.3	20.2	21.8	12.2	12.7	64.8	..	—	19.7
Outer Regional	6.4	4.8	15.0	11.4	9.1	33.1	55.4	..	9.4
Remote	0.5	0.1	2.1	2.9	4.4	1.5	21.2	..	1.5
Very Remote	0.1	..	1.2	0.8	2.4	0.5	23.4	..	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

HACC clients (Per cent of total population)

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual client numbers will be higher than those reported here.
 2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
 3. Population data source: ABS Preliminary Population Projections by SLA 2006-2026 based on the 2006 census (unpublished). Based on Series B (medium scenario), for year 2008
 4. State/Territory refers to the location of service providers.
- .. Not applicable
 — nil or rounded to zero

Table A3. HACC clients, age by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Age in Years	Number of clients								
0-49	21,446	34,204	16,641	10,556	6,248	2,476	849	1,709	94,129
50-54	5,599	7,906	4,176	2,455	1,774	742	236	345	23,234
55-59	7,736	10,366	6,043	3,315	2,415	1,075	272	436	31,658
60-64	10,993	14,952	8,582	4,794	3,181	1,505	368	555	44,930
65-69	15,876	21,684	11,979	7,099	4,675	1,969	454	720	64,456
70-74	24,558	31,176	17,198	10,222	7,285	2,737	438	1,019	94,635
75-79	37,839	42,124	26,366	14,249	11,226	4,236	476	1,658	138,175
80-84	45,549	45,928	30,316	16,853	13,221	4,497	307	1,878	158,550
85-89	35,006	32,457	23,966	12,239	9,738	3,348	172	1,367	118,294
90-94	15,089	13,362	9,348	4,791	4,070	1,387	74	519	48,640
95+ ⁽⁴⁾	4,287	4,045	2,787	2,020	1,071	438	14	109	14,771
Total	223,978	258,204	157,403	88,592	64,905	24,412	3,661	10,317	831,472
	Per cent								
0-49	9.6	13.2	10.6	11.9	9.6	10.1	23.2	16.6	11.3
50-54	2.5	3.1	2.7	2.8	2.7	3.0	6.4	3.3	2.8
55-59	3.5	4.0	3.8	3.7	3.7	4.4	7.4	4.2	3.8
60-64	4.9	5.8	5.5	5.4	4.9	6.2	10.1	5.4	5.4
65-69	7.1	8.4	7.6	8.0	7.2	8.1	12.4	7.0	7.8
70-74	11.0	12.1	10.9	11.5	11.2	11.2	12.0	9.9	11.4
75-79	16.9	16.3	16.8	16.1	17.3	17.4	13.0	16.1	16.6
80-84	20.3	17.8	19.3	19.0	20.4	18.4	8.4	18.2	19.1
85-89	15.6	12.6	15.2	13.8	15.0	13.7	4.7	13.3	14.2
90-94	6.7	5.2	5.9	5.4	6.3	5.7	2.0	5.0	5.8
95+ ⁽⁴⁾	1.9	1.6	1.8	2.3	1.7	1.8	0.4	1.1	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	HACC clients (Per cent of total population in age group)								
0-49	0.5	0.9	0.6	1.0	0.4	0.8	0.5	0.7	0.6
50-54	1.2	2.3	1.5	2.2	1.2	2.1	1.7	1.5	1.6
55-59	1.9	3.3	2.3	3.2	1.8	3.2	2.3	2.1	2.5
60-64	3.0	5.5	3.8	5.3	2.9	5.0	4.5	3.3	4.0
65-69	5.8	10.6	7.3	10.5	5.8	8.8	9.1	6.5	7.7
70-74	10.9	18.6	13.8	18.4	11.8	15.5	15.7	12.5	14.3
75-79	20.0	29.8	26.4	29.5	22.7	29.4	29.1	26.5	25.1
80-84	31.1	41.7	40.4	42.7	36.4	41.0	31.4	38.2	37.4
85+ ⁽⁴⁾	43.3	53.2	55.9	55.6	48.2	55.2	38.9	49.6	50.1
Total	3.2	4.9	3.7	5.5	3.0	4.9	1.7	3.0	3.9

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%.
2. Population data source: ABS Preliminary Population Projections by SLA 2006-2026 based on the 2006 census (unpublished). Based on Series B (medium scenario), for year 2008.
3. State/Territory refers to the location of service providers.
4. The 95+ age group is over estimated. See Section A1.5.5

Table A4. HACC clients, sex by State/Territory, 2007-08

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Sex	Number of Clients								
Male	79,222	92,969	58,999	32,662	21,760	8,469	1,553	3,343	298,969
Female	144,756	165,235	98,404	55,930	43,145	15,943	2,108	6,974	532,503
Total	223,978	258,204	157,403	88,592	64,905	24,412	3,661	10,317	831,472
	Percentage								
Male	35.4	36.0	37.5	36.9	33.5	34.7	42.4	32.4	36.0
Female	64.6	64.0	62.5	63.1	66.5	65.3	57.6	67.6	64.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%. Actual client numbers will be higher than those reported here
2. State/Territory refers to the location of service providers.
3. Nationally, the data item Sex has a not stated response of 1.12%.
4. Null and not stated responses have been excluded from the calculation of percentages in this table and the numbers of clients of each sex have been pro-rated accordingly.

Table A5. HACC clients, country of birth by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Country of Birth	Per cent								
Australia	75.3	69.6	79.5	68.1	60.5	82.8	84.0	64.2	72.5
New Zealand	1.0	0.5	2.0	0.4	1.0	0.6	0.9	1.1	0.9
Other Oceania and Antarctica	0.4	0.2	0.5	0.1	0.1	0.1	0.2	0.4	0.3
North-West Europe	8.1	9.6	10.5	16.3	21.7	10.6	6.1	15.8	11.1
Southern and Eastern Europe	8.6	14.1	4.6	12.4	8.7	4.5	3.4	11.0	9.9
North Africa and the Middle East	2.3	1.6	0.3	0.6	0.7	0.1	0.5	0.8	1.3
South-East Asia	1.1	1.2	0.7	0.8	2.4	0.3	2.8	1.7	1.1
North-East Asia	1.3	0.8	0.4	0.4	0.7	0.3	0.9	1.4	0.8
Southern and Central Asia	0.9	1.3	0.5	0.4	2.4	0.2	0.7	1.9	1.0
Americas	0.7	0.5	0.6	0.3	0.6	0.3	0.4	1.3	0.6
Sub-Saharan Africa	0.4	0.6	0.4	0.2	1.1	0.3	0.1	0.4	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%. Actual client numbers will be higher than those reported here.
2. Country of birth classification is based on the ABS Standard Australian Classification of Countries (ABS catalogue number 1269.0).
3. State/Territory refers to the location of service providers.
4. Nationally, the data item Country of Birth has a combined null and not stated response of 6.88%.
5. Null and not stated responses have been excluded from the calculation of percentages in this table.

Table A6. HACC clients, main language spoken at home by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Language	Per cent								
English	89.9	87.2	96.0	88.6	90.3	96.8	54.6	90.1	90.1
Other	10.1	12.8	4.0	11.4	9.7	3.2	45.4	9.9	9.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent (of languages other than English)									
Top 20 Languages Other than English									
Italian	19.6	32.7	27.4	32.9	33.5	27.5	1.9	13.5	27.9
Greek	13.4	16.7	8.8	14.8	3.2	10.2	1.7	6.1	13.4
Arabic (including Lebanese)	10.9	3.7	1.3	2.0	1.4	0.3	0.2	2.5	5.1
Cantonese	7.0	3.4	6.0	2.1	6.0	4.6	1.4	6.2	4.6
Polish	2.5	3.9	3.9	7.5	6.7	27.5	0.0	7.1	4.4
Vietnamese	3.6	4.0	2.4	2.4	2.5	0.0	0.3	6.2	3.3
German	4.5	1.9	3.7	3.8	3.3	6.0	0.6	4.1	3.2
Aboriginal Languages	0.3	0.1	2.4	2.4	11.6	0.3	87.1	0.0	3.2
Croatian	2.1	3.3	2.7	3.9	3.1	0.9	0.1	9.9	3.0
Spanish	4.5	2.3	4.8	1.3	1.4	1.3	0.0	9.4	2.9
Russian	3.3	3.4	1.5	1.4	0.6	1.0	0.1	0.5	2.6
Macedonian	2.6	3.2	0.4	0.3	2.2	0.0	0.0	0.5	2.2
Mandarin	3.0	2.3	1.1	0.9	2.2	1.1	0.1	2.8	2.2
Maltese	2.3	2.5	0.7	2.4	0.4	0.0	0.0	0.2	2.0
Netherlandic	0.8	1.5	1.9	2.8	3.2	2.4	0.1	1.8	1.6
Serbian	1.4	1.7	1.8	2.0	0.6	0.6	0.0	2.6	1.5
Hungarian	1.0	1.3	2.8	2.4	0.6	0.7	0.2	3.0	1.4
Turkish	1.0	2.5	0.1	0.3	0.1	0.0	0.0	0.1	1.4
Ukrainian	0.8	0.9	1.1	3.4	1.2	1.4	0.1	2.3	1.2
French	1.0	1.1	1.7	0.5	1.6	1.3	0.3	0.8	1.1
Other Languages, nec	14.5	7.7	23.4	10.2	14.3	13.0	5.9	20.5	11.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%. Actual client numbers will be higher than those reported here.
2. Language classification is based on the ABS Australian Standard Classification of Languages (ABS catalogue number 1267.0).
3. State/Territory refers to the location of service providers.
4. Nationally, the data item Main Language Spoken at Home has a combined null and not stated response of 8.7%.
5. Null and not stated responses have been excluded from the calculation of percentages in this table.
6. Non-verbal languages has been excluded due to unreliable data

Table A7. HACC clients, Indigenous status, by State/Territory, 2007-08

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Australia
Indigenous Status (excluding not stated)	Number of clients								
Indigenous	7,203	2,151	3,712	1,784	2,155	421	1,688	85	19,199
Non-Indigenous	196,481	226,969	130,074	76,226	58,704	21,373	1,801	8,494	720,122
<i>Total (excluding not stated)</i>	<i>203,684</i>	<i>229,120</i>	<i>133,786</i>	<i>78,010</i>	<i>60,859</i>	<i>21,794</i>	<i>3,489</i>	<i>8,579</i>	<i>739,321</i>
	Per cent (Indigenous status recorded)								
Indigenous	3.5	0.9	2.8	2.3	3.5	1.9	48.4	1.0	2.6
Non-Indigenous	96.5	99.1	97.2	97.7	96.5	98.1	51.6	99.0	97.4
<i>Total (excluding not stated)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Indigenous	3.5	0.9	2.8	2.3	3.5	1.9	48.4	1.0	2.6
Indigenous Status (not stated)									
Indigenous status - not stated (No.)	20,294	29,084	23,617	10,582	4,046	2,618	172	1,738	92,151
Indigenous status - not stated (% of Total)	9.1	11.3	15.0	11.9	6.2	10.7	4.7	16.8	11.1

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%. Actual client numbers will be higher than those reported here.
2. State/Territory refers to the location of service providers.

Table A8. Indigenous HACC clients, comparative characteristics by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
	Per cent/ hours								
Indigenous clients as a proportion of all HACC clients									
Total	3.5	0.9	2.8	2.3	3.5	1.9	48.4	1.0	2.6
50+ years	2.7	0.6	2.3	1.7	3.0	1.6	46.4	0.7	2.0
70+ years	1.4	0.3	1.4	0.8	1.4	1.2	30.4	0.3	1.1
Characteristics of Indigenous HACC clients aged 50 years and over									
Female	67.5	66.0	64.0	61.8	63.8	65.0	63.0	67.3	65.2
Speaks mainly English at home	97.2	98.7	87.8	82.5	65.6	99.6	18.4	97.8	82.6
Receives a pension	96.9	95.6	98.0	96.4	99.3	96.6	99.2	91.9	97.5
Lives alone	34.1	35.0	28.4	27.4	19.5	42.8	7.3	31.1	27.9
Has a carer	17.5	30.5	35.5	27.5	34.6	33.9	34.9	29.5	27.4
Receives 4+ assistance types	18.0	21.1	45.1	43.1	55.0	23.5	61.3	40.0	34.8
<i>Average monthly hours of service</i>	5.7	7.0	8.3	5.1	7.6	3.3	9.8	9.3	6.9
Characteristics of non-Indigenous HACC clients aged 50 years and over									
Female	65.8	65.9	64.8	65.8	68.6	66.5	56.8	69.3	65.9
Speaks mainly English at home	88.8	85.6	95.8	87.5	90.5	96.4	86.9	90.0	89.4
Receives a pension	94.5	92.6	92.1	93.3	92.4	95.1	94.3	86.2	93.1
Lives alone	46.7	45.2	44.4	48.1	52.9	50.7	53.5	50.7	46.7
Has a carer	26.3	35.2	36.5	23.4	27.4	25.3	48.0	27.6	30.7
Receives 4+ assistance types	17.7	13.0	24.4	28.2	34.7	23.2	22.0	15.8	20.1
<i>Average monthly hours of service</i>	3.6	3.9	4.0	2.8	5.3	3.0	3.8	3.4	3.8

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data 2007-08 differed across jurisdictions and ranged from 88% - 100%.
2. State/Territory refers to the location of service providers.
3. Nationally, the data item Indigenous status has a combined null and not stated response of 14.3%
4. Percentages have been adjusted, distributing null and not stated responses on a pro rata basis.

Table A9. HACC clients, carer status by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Carer Availability	Per cent								
Has a carer	28.6	36.6	38.4	26.8	30.2	28.3	46.9	31.2	32.9
Has no carer	71.4	63.4	61.6	73.2	69.8	71.7	53.1	68.8	67.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
2. State/Territory refers to the location of service providers.
3. Nationally, the data item Carer - Existence of has a combined null and not stated response of 16.1%
4. Null and not stated responses have been excluded from the calculation of percentages in this table.
5. If a client has a paid carer or a formally arranged volunteer carer, the carer status is recorded as "has no carer" because the focus of the item is on the existence of informal arrangements with family members, friends and neighbours.

Table A10. HACC clients, living arrangements by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Living arrangements	Per cent								
Lives alone	43.6	41.5	41.4	44.0	49.3	47.5	26.1	45.5	43.1
Lives with family	52.1	53.1	54.3	51.9	47.2	49.0	64.6	51.2	52.3
Lives with others	4.3	5.4	4.3	4.1	3.5	3.6	9.3	3.3	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
2. State/Territory refers to the location of service providers.
4. Nationally, the data item Living Arrangements has a combined null and not stated response of 18.0%
5. Null and not stated responses have been excluded from the calculation of percentages in this table.

Table A11. HACC clients, accommodation setting by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Accommodation setting	Per cent								
Private residence - owned/purchasing	74.1	77.1	70.3	71.9	68.4	71.5	25.7	68.1	73.2
Private residence - private rental	7.9	7.8	10.3	6.5	9.0	9.1	6.1	6.1	8.3
Private residence - public rental	9.8	6.2	7.0	12.2	12.0	10.0	25.3	20.6	8.8
Independent living unit within a retirement village	4.1	2.1	6.9	5.2	5.9	2.5	0.6	2.6	4.2
Boarding house/private hotel	0.4	0.4	0.6	0.2	0.4	0.3	0.8	0.1	0.4
Short term crisis or transitional accommodation	0.1	0.3	0.3	0.1	0.1	0.1	0.5	—	0.2
Supported accommodation facility	1.4	2.4	1.6	1.9	0.9	1.3	1.3	1.1	1.8
Institutional setting	0.2	0.5	0.3	0.6	0.3	0.3	0.4	0.2	0.4
Public place/temporary shelter	0.1	0.2	0.5	0.3	0.5	0.5	0.6	0.2	0.3
Private residence rented from Aboriginal Community	0.4	0.1	0.7	0.3	1.0	0.1	36.4	0.1	0.5
Other	1.5	2.7	1.3	0.8	1.5	4.3	2.3	1.0	1.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
 2. State/Territory refers to the location of service providers.
 3. Nationally, the data item Accommodation Setting has a combined null and not stated response of 20.9%
 4. Null and not stated responses have been excluded from the calculation of percentages in this table.
- nil or rounded to zero

Table A12. HACC clients, pension or benefit status by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Government pension or benefit status	Per cent								
Age Pension	68.1	62.6	64.2	67.6	65.5	64.8	56.6	52.3	65.1
Disability Support Pension	12.4	13.1	15.0	12.9	14.6	15.0	26.7	16.7	13.6
No government pension or benefit	6.1	9.5	8.9	8.3	8.0	6.4	6.9	15.8	8.1
Veterans' Affairs Pension	9.2	7.1	8.6	5.9	8.6	10.2	2.3	7.4	8.1
Other government pension or benefit	2.6	5.5	1.6	4.1	2.2	2.2	3.9	5.5	3.4
Carer Payment (Pension)	1.3	1.4	1.2	0.8	0.7	1.0	0.7	2.1	1.2
Unemployment related benefits	0.3	0.7	0.4	0.4	0.2	0.5	3.0	0.3	0.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
2. State/Territory refers to the location of service providers.
3. Nationally, the data item Government Pension or Benefit Status has a combined null and not stated response of 20.3%
4. Null and not stated responses have been excluded from the calculation of percentages in this table.

Table A13. HACC clients, source of referral by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Source of referral	Per cent								
Self	23.0	30.7	27.2	31.9	29.0	22.8	9.6	39.8	28.6
Family, significant other, friend	15.5	13.5	17.8	14.7	22.0	12.8	27.1	14.5	15.8
Hospital	21.2	16.9	13.4	10.9	14.5	19.3	6.8	10.2	15.7
GP/medical practitioner-community based	18.5	11.7	10.2	14.2	11.5	15.3	9.0	2.9	12.6
Other community-based service	6.9	6.0	9.2	7.7	8.8	8.3	12.2	11.6	7.5
Community nursing or health service	2.9	2.9	9.1	2.7	4.0	9.1	10.1	5.0	4.7
Aged Care Assessment Team	5.1	4.9	3.2	0.9	3.3	1.5	6.5	1.8	3.8
Other medical/health service	1.4	2.3	3.4	4.0	1.8	2.3	5.3	3.3	2.6
Psychiatric/mental health service or facility	0.4	1.1	0.9	4.6	1.2	1.0	0.3	0.9	1.4
Extended care/rehabilitation facility	0.6	2.5	0.3	0.7	0.5	0.7	0.3	0.2	1.2
Palliative care facility/hospice	1.0	1.2	0.4	1.2	0.2	1.0	0.2	0.5	0.9
Residential aged care facility	0.8	0.9	0.2	0.4	0.4	0.8	0.9	0.2	0.6
Law enforcement agency	—	0.2	0.1	2.8	—	0.1	0.1	5.0	0.5
Aboriginal health service	0.3	0.2	0.2	0.2	0.7	0.2	7.7	1.3	0.3
Other	2.2	5.0	4.3	3.2	2.2	4.8	3.8	2.8	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
 2. State/Territory refers to the location of service providers.
 3. Nationally, the data item Source of Referral has a combined null and not stated response of 22.1%.
 4. Null and not stated responses have been excluded from the calculation of percentages in this table.
- nil or rounded to zero

Table A14. HACC clients, cessation of services by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Number of clients									
Client cessations	55,166	79,551	67,389	27,769	18,175	11,718	1,052	741	261,561
Per cent									
Client cessations as a percentage of total clients	24.6	30.8	42.8	31.3	28.0	48.0	28.7	7.2	31.5
Main reason for cessation of services									
Client no longer needs assistance-improved status	4.7	36.2	24.2	48.1	28.7	39.0	7.9	29.1	27.2
Client's needs have not changed but agency cannot or will no longer provide assistance	60.8	0.5	2.6	3.6	1.5	3.1	0.5	2.0	14.3
Client died	4.7	17.2	15.3	20.6	13.7	8.9	25.3	15.5	13.9
Client no longer needs assistance from agency-improved status	4.4	9.0	7.0	3.7	16.8	9.1	8.2	10.9	7.5
Care recipient moved to other institutional setting	4.3	11.5	7.2	1.3	5.6	6.1	3.1	1.5	7.1
Care recipient moved to residential aged care	2.0	6.8	7.7	8.0	6.2	5.8	9.3	13.6	6.1
Care recipient terminated service	2.8	3.4	6.1	1.5	9.0	2.9	4.4	7.3	4.1
Care recipient moved to other community-based service	4.6	1.5	6.0	1.9	9.0	5.5	14.6	7.6	4.1
Care recipient moved out of area	1.9	2.5	4.8	4.6	4.0	1.7	17.7	5.0	3.3
Other reason	9.8	11.3	19.2	6.8	5.5	17.8	9.0	7.4	12.4
Total Cessations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual client cessations will be higher than those reported here.
 2. State/Territory refers to the location of service providers.
- nil or rounded to zero

Table A15. HACC clients, assistance type by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance Type	Number of clients								
Allied Health Care (Centre)	21,823	63,241	16,486	6,451	915	1,971	72	749	111,708
Allied Health Care (Home)	11,420	25,130	36,600	7,323	3,161	870	43	125	84,672
Assessment	89,752	86,432	29,332	31,687	51,159	13,694	1,104	1,187	304,347
Care Counselling Support	13,658	231	17,615	11,758	12,557	1,920	866	760	59,365
Carer Counselling Support	1,534	195	4,196	5,753	2,491	428	572	304	15,473
Case Management	24,331	8,513	7,849	10,073	1,563	1,982	790	3,832	58,933
Centre-Based Day Care	19,028	34,493	18,793	7,776	13,047	1,580	668	752	96,137
Client Care Coordination	50,136	1,789	13,285	28,704	22,090	5,796	1,192	1,389	124,381
Domestic Assistance	55,904	84,365	54,195	23,410	26,954	9,800	1,643	3,561	259,832
Formal Linen Service	875	0	682	264	90	151	13	122	2,197
Aids for Reading	61	0	0	3	1	0	0	2	67
Car Modifications	110	0	1	2	5	0	0	4	122
Communication Aids	541	0	1,014	51	318	3	0	0	1,927
Medical Care Aids	3,936	0	11	141	2	0	0	2	4,092
Other Goods and Equipment	3,804	0	48	533	0	81	0	3	4,469
Self Care Aids	4,067	0	136	6,580	2,132	1	0	2	12,918
Support and Mobility Aids	2,345	0	237	6,586	2,368	2	0	36	11,574
Home Maintenance	20,211	45,321	31,955	16,724	15,482	3,028	335	2,279	135,335
Home Modification	13,707	0	11,470	6,205	180	472	0	144	32,178
Meals (Centre)	15,579	5,616	12,222	6,738	8,104	1,365	567	197	50,388
Meals (Home)	29,773	29,385	21,637	11,320	9,987	2,905	1,499	1,095	107,601
Nursing Care (Centre)	17,566	21,486	2,440	3,075	213	476	261	371	45,888
Nursing Care (Home)	39,894	57,615	45,103	12,692	7,639	6,274	89	209	169,515
Other Food Services	3,898	0	604	648	187	75	196	2	5,610
Personal Care	17,845	30,754	19,921	6,287	7,685	3,182	765	875	87,314
Respite Care	9,486	5,680	8,735	3,713	2,938	542	206	487	31,787
Social Support	31,814	15,872	28,997	17,189	11,655	2,457	1,287	1,831	111,102
Transport	62,244	0	34,989	16,183	22,958	6,694	1,345	2,625	147,038
	Total number of clients								
	223,978	258,204	157,403	88,592	64,905	24,412	3,661	10,317	831,472

(continued)

Table A15 (continued). HACC clients, assistance type by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance Type	Per cent								
Allied Health Care (Centre)	9.7	24.5	10.5	7.3	1.4	8.1	2.0	7.3	13.4
Allied Health Care (Home)	5.1	9.7	23.3	8.3	4.9	3.6	1.2	1.2	10.2
Assessment	40.1	33.5	18.6	35.8	78.8	56.1	30.2	11.5	36.6
Care Counselling Support	6.1	0.1	11.2	13.3	19.3	7.9	23.7	7.4	7.1
Carer Counselling Support	0.7	0.1	2.7	6.5	3.8	1.8	15.6	2.9	1.9
Case Management	10.9	3.3	5.0	11.4	2.4	8.1	21.6	37.1	7.1
Centre-Based Day Care	8.5	13.4	11.9	8.8	20.1	6.5	18.2	7.3	11.6
Client Care Coordination	22.4	0.7	8.4	32.4	34.0	23.7	32.6	13.5	15.0
Domestic Assistance	25.0	32.7	34.4	26.4	41.5	40.1	44.9	34.5	31.2
Formal Linen Service	0.4	-	0.4	0.3	0.1	0.6	0.4	1.2	0.3
Aids for Reading	-	-	-	-	-	-	-	-	-
Car Modifications	-	-	-	-	-	-	-	-	-
Communication Aids	0.2	-	0.6	0.1	0.5	-	-	-	0.2
Medical Care Aids	1.8	-	-	0.2	-	-	-	-	0.5
Other Goods and Equipment	1.7	-	-	0.6	-	0.3	-	-	0.5
Self Care Aids	1.8	-	0.1	7.4	3.3	-	-	-	1.6
Support and Mobility Aids	1.0	-	0.2	7.4	3.6	-	-	0.3	1.4
Home Maintenance	9.0	17.6	20.3	18.9	23.9	12.4	9.2	22.1	16.3
Home Modification	6.1	-	7.3	7.0	0.3	1.9	-	1.4	3.9
Meals (Centre)	7.0	2.2	7.8	7.6	12.5	5.6	15.5	1.9	6.1
Meals (Home)	13.3	11.4	13.7	12.8	15.4	11.9	40.9	10.6	12.9
Nursing Care (Centre)	7.8	8.3	1.6	3.5	0.3	1.9	7.1	3.6	5.5
Nursing Care (Home)	17.8	22.3	28.7	14.3	11.8	25.7	2.4	2.0	20.4
Other Food Services	1.7	-	0.4	0.7	0.3	0.3	5.4	-	0.7
Personal Care	8.0	11.9	12.7	7.1	11.8	13.0	20.9	8.5	10.5
Respite Care	4.2	2.2	5.5	4.2	4.5	2.2	5.6	4.7	3.8
Social Support	14.2	6.1	18.4	19.4	18.0	10.1	35.2	17.7	13.4
Transport	27.8	-	22.2	18.3	35.4	27.4	36.7	25.4	17.7

Notes

1. Because clients may receive more than one type of assistance, the sum of the columns does not equal the number of clients, and the sum of the percentages of clients receiving different types of assistance adds up to more than 100.
 2. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual client numbers will be higher than those reported here
 3. State/Territory refers to the location of service providers.
 4. Refer to Appendix 3 for definitions of HACC assistance types.
 5. Note that exact definitions and counting rules for case management, care coordination, assessment and counselling tend to vary with agency practice in different jurisdictions. Aggregate data on number of hours and number of clients for these activities should be interpreted in this light, and attempts at cross-jurisdiction comparison should be treated cautiously at this stage.
- .. Not applicable - assistance provided as part of another assistance type (see Section A5.4)
- nil or rounded to zero

Table A16. HACC services received, assistance type by State/Territory, 2007-08

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance Type	Unit	Services received								
Allied Health Care (Centre)	Hours	97,104	312,590	91,410	27,504	3,649	4,765	2,543	1,536	541,101
Allied Health Care (Home)	Hours	81,755	181,312	221,767	23,504	17,673	2,761	263	371	529,406
Assessment	Hours	340,441	246,013	75,786	57,042	99,910	23,553	6,679	29,654	879,078
Care Counselling Support	Hours	89,983	7,487	103,950	42,377	43,160	9,045	8,931	5,717	310,650
Carer Counselling Support	Hours	15,973	6,430	25,818	56,720	20,632	1,261	4,245	1,397	132,476
Case Management	Hours	197,389	182,247	45,217	55,191	8,857	9,903	5,877	32,375	537,056
Centre-Based Day Care	Hours	2,576,788	3,965,991	2,959,172	851,694	1,846,785	217,470	35,772	78,559	12,532,231
Client Care Coordination	Hours	210,149	52,649	70,834	97,750	76,899	21,503	6,172	9,999	545,955
Domestic Assistance	Hours	2,111,415	2,731,209	1,476,289	528,622	807,715	177,036	65,871	102,037	8,000,194
Formal Linen Service	Deliveries	24,358	-	6,668	4,466	1,825	767	364	4,350	42,798
Aids for Reading	Quantity	124	-	-	4	1	-	-	110	239
Car Modifications	Quantity	366	-	1	3	5	-	-	150	525
Communication Aids	Quantity	3,264	-	5,003	52	435	20	-	-	8,774
Medical Care Aids	Quantity	52,832	-	31	160	2	-	-	100	53,125
Other Goods and Equipment	Quantity	23,059	-	121	1,959	-	1,005	-	110	26,254
Self Care Aids	Quantity	16,684	-	1,039	15,278	2,592	122	-	20	35,735
Support and Mobility Aids	Quantity	12,389	-	1,273	16,062	3,083	8	-	780	33,595
Home Maintenance	Hours	237,143	280,019	203,435	93,016	189,936	23,416	5,863	14,386	1,047,214
Home Modification	Dollars	7,938,941	-	3,533,743	1,084,206	80,130	275,683	-	429,221	13,341,924
Meals (Centre)	Quantity	413,431	132,876	394,600	185,151	242,851	35,581	30,902	3,944	1,439,336
Meals (Home)	Quantity	3,055,226	3,319,430	2,023,694	1,233,273	1,067,428	235,228	244,682	117,693	11,296,654
Nursing Care (Centre)	Hours	131,190	96,591	14,550	20,781	2,752	1,377	8,485	23,022	298,748
Nursing Care (Home)	Hours	457,163	1,150,979	492,672	193,681	120,712	86,815	630	805	2,503,457
Other Food Services	Hours	70,265	-	11,787	16,619	3,408	967	10,694	99	113,839
Personal Care	Hours	1,818,503	1,298,252	438,676	363,500	389,381	175,072	46,123	66,169	4,595,676
Respite Care	Hours	1,002,080	448,978	586,216	339,901	223,705	63,504	23,448	50,069	2,737,901
Social Support	Hours	1,474,420	756,853	911,387	573,409	439,864	85,386	47,446	78,164	4,366,929
Transport	Single Trips	1,737,398	-	1,394,216	451,832	933,965	217,925	78,735	96,205	4,910,276

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual service levels will be higher than those reported here.
 2. State/Territory refers to the location of service providers.
 3. Refer to Appendix 3 for definitions of HACC assistance types.
- .. Not applicable—assistance provided as part of another assistance type (see Section A5.4).
- nil or rounded to zero

Table A17. Average HACC services received per client, assistance type by State/Territory, 2007-08

Assistance Type	Unit	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
		Services received								
Allied Health Care (Centre)	Hours	4.4	4.9	5.5	4.3	4.0	2.4	35.3	2.1	4.8
Allied Health Care (Home)	Hours	7.2	7.2	6.1	3.2	5.6	3.2	6.1	3.0	6.3
Assessment	Hours	3.8	2.8	2.6	1.8	2.0	1.7	6.0	25.0	2.9
Care Counselling Support	Hours	6.6	32.4	5.9	3.6	3.4	4.7	10.3	7.5	5.2
Carer Counselling Support	Hours	10.4	33.0	6.2	9.9	8.3	2.9	7.4	4.6	8.6
Case Management	Hours	8.1	21.4	5.8	5.5	5.7	5.0	7.4	8.4	9.1
Centre-Based Day Care	Hours	135.4	115.0	157.5	109.5	141.5	137.6	53.6	104.5	130.4
Client Care Coordination	Hours	4.2	29.4	5.3	3.4	3.5	3.7	5.2	7.2	4.4
Domestic Assistance	Hours	37.8	32.4	27.2	22.6	30.0	18.1	40.1	28.7	30.8
Formal Linen Service	Deliveries	27.8	-	9.8	16.9	20.3	5.1	28.0	35.7	19.5
Aids for Reading	Quantity	2.0	-	-	1.3	1.0	-	-	55.0	3.6
Car Modifications	Quantity	3.3	-	1.0	1.5	1.0	-	-	37.5	4.3
Communication Aids	Quantity	6.0	-	4.9	1.0	1.4	6.7	-	-	4.6
Medical Care Aids	Quantity	13.4	-	2.8	1.1	1.0	-	-	50.0	13.0
Other Goods and Equipment	Quantity	6.1	-	2.5	3.7	-	12.4	-	36.7	5.9
Self Care Aids	Quantity	4.1	-	7.6	2.3	1.2	122.0	-	10.0	2.8
Support and Mobility Aids	Quantity	5.3	-	5.4	2.4	1.3	4.0	-	21.7	2.9
Home Maintenance	Hours	11.7	6.2	6.4	5.6	12.3	7.7	17.5	6.3	7.7
Home Modification	Dollars	579.2	-	308.1	174.7	445.2	584.1	-	2980.7	414.6
Meals (Centre)	Quantity	26.5	23.7	32.3	27.5	30.0	26.1	54.5	20.0	28.6
Meals (Home)	Quantity	102.6	113.0	93.5	108.9	106.9	81.0	163.2	107.5	105.0
Nursing Care (Centre)	Hours	7.5	4.5	6.0	6.8	12.9	2.9	32.5	62.1	6.5
Nursing Care (Home)	Hours	11.5	20.0	10.9	15.3	15.8	13.8	7.1	3.9	14.8
Other Food Services	Hours	18.0	-	19.5	25.6	18.2	12.9	54.6	49.5	20.3
Personal Care	Hours	101.9	42.2	22.0	57.8	50.7	55.0	60.3	75.6	52.6
Respite Care	Hours	105.6	79.0	67.1	91.5	76.1	117.2	113.8	102.8	86.1
Social Support	Hours	46.3	47.7	31.4	33.4	37.7	34.8	36.9	42.7	39.3
Transport	Single Trips	27.9	-	39.8	27.9	40.7	32.6	58.5	36.6	33.4

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
 2. State/Territory refers to the location of service providers.
 3. Refer to Appendix 3 for definitions of HACC assistance types.
- nil or rounded to zero
- .. Not applicable—assistance provided as part of another assistance type (see Section A1.4).

Table A18. HACC clients, assistance type by age, 2007-08

Assistance Type	Age group (years)			Total
	0-64	65-69	70+	
	Number of clients			
Allied Health Care (Centre)	26,713	11,605	73,389	111,708
Allied Health Care (Home)	18,162	6,848	59,662	84,672
Assessment	59,658	22,822	221,843	304,347
Case Management	15,594	4,257	39,078	58,933
Care Counselling Support	13,636	4,671	41,047	59,365
Carer Counselling Support	7,130	949	7,394	15,473
Centre-Based Day Care	21,435	7,058	67,636	96,137
Client Care Coordination	26,594	8,932	88,843	124,381
Domestic Assistance	43,053	18,237	198,533	259,832
Formal Linen Service	478	128	1,591	2,197
Aids for Reading	21	6	40	67
Car Modifications	41	9	72	122
Communication Aids	455	106	1,366	1,927
Medical Care Aids	937	449	2,706	4,092
Other Goods and Equipment	1,378	390	2,701	4,469
Self Care Aids	2,261	1,080	9,576	12,918
Support and Mobility Aids	2,727	975	7,872	11,574
Home Maintenance	18,928	10,470	105,935	135,335
Home Modification	4,365	2,402	25,411	32,178
Meals (Centre)	8,493	3,507	38,386	50,388
Meals (Home)	12,897	5,187	89,515	107,601
Nursing Care (Centre)	15,813	4,222	25,853	45,888
Nursing Care (Home)	38,966	13,232	117,317	169,515
Other Food Services	1,345	420	3,845	5,610
Personal Care	18,889	5,315	63,110	87,314
Respite Care	17,171	1,465	13,150	31,787
Social Support	27,460	7,265	76,356	111,102
Transport	27,785	10,283	108,964	147,038

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual client numbers will be higher than those reported here.
2. Refer to Appendix 3 for definitions of HACC assistance types.

Table A19. HACC services received, assistance type by age, 2007-08

Assistance Type	Unit	Age group (years)			Total
		0-64	65-69	70+	
		Services received			
Allied Health Care (Centre)	Hours	147,583	57,079	336,438	541,101
Allied Health Care (Home)	Hours	165,668	47,704	316,034	529,406
Assessment	Hours	168,334	62,709	647,994	879,078
Care Counselling Support	Hours	91,625	23,918	195,084	310,650
Carer Counselling Support	Hours	63,659	10,611	58,206	132,476
Case Management	Hours	247,097	34,897	255,055	537,056
Centre-Based Day Care	Hours	2,725,003	834,705	8,972,130	12,532,231
Client Care Coordination	Hours	160,977	36,408	348,523	545,955
Domestic Assistance	Hours	1,656,627	549,927	5,793,386	8,000,194
Formal Linen Service	Deliveries	12,767	2,485	27,546	42,798
Aids for Reading	Quantity	136	7	96	239
Car Modifications	Quantity	257	17	251	525
Communication Aids	Quantity	1,483	489	6,802	8,774
Medical Care Aids	Quantity	10,330	6,230	36,565	53,125
Other Goods and Equipment	Quantity	8,028	2,279	15,947	26,254
Self Care Aids	Quantity	6,736	2,969	26,029	35,735
Support and Mobility Aids	Quantity	8,432	2,826	22,337	33,595
Home Maintenance	Hours	178,014	79,465	789,728	1,047,214
Home Modification	Dollars	4,231,587	1,014,085	8,096,252	13,341,924
Meals (Centre)	Quantity	263,365	96,719	1,079,210	1,439,336
Meals (Home)	Quantity	1,396,798	506,856	9,392,959	11,296,654
Nursing Care (Centre)	Hours	87,013	24,043	187,692	298,748
Nursing Care (Home)	Hours	554,603	182,413	1,766,441	2,503,457
Other Food Services	Hours	40,024	8,765	65,050	113,839
Personal Care	Hours	2,013,352	281,508	2,300,816	4,595,676
Respite Care	Hours	1,897,984	102,112	737,800	2,737,901
Social Support	Hours	1,497,836	247,345	2,620,448	4,366,929
Transport	Single Trips	1,048,536	308,752	3,552,875	4,910,276

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
2. Refer to Appendix 3 for definitions of HACC assistance types.

Table A20. Average HACC services received, assistance type by age, 2007-08

Assistance Type	Unit	Age group (years)			Total
		0-64	65-69	70+	
Average services received per client					
Allied Health Care (Centre)	Hours	5.5	4.9	4.6	4.8
Allied Health Care (Home)	Hours	9.1	7.0	5.3	6.3
Assessment	Hours	2.8	2.7	2.9	2.9
Case Management	Hours	5.9	5.6	5.0	5.3
Care Counselling Support	Hours	4.7	2.3	1.4	2.2
Carer Counselling Support	Hours	34.7	36.8	34.5	34.7
Centre-Based Day Care	Hours	127.1	118.3	132.7	130.4
Client Care Coordination	Hours	6.1	4.1	3.9	4.4
Domestic Assistance	Hours	38.5	30.2	29.2	30.8
Formal Linen Service	Deliveries	26.7	19.4	17.3	19.5
Aids for Reading	Quantity	6.5	1.2	2.4	3.6
Car Modifications	Quantity	6.3	1.9	3.5	4.3
Communication Aids	Quantity	3.3	4.6	5.0	4.6
Medical Care Aids	Quantity	11.0	13.9	13.5	13.0
Other Goods and Equipment	Quantity	5.8	5.8	5.9	5.9
Self Care Aids	Quantity	3.0	2.7	2.7	2.8
Support and Mobility Aids	Quantity	3.1	2.9	2.8	2.9
Home Maintenance	Hours	9.4	7.6	7.5	7.7
Home Modification	Dollars	969.4	422.2	318.6	414.6
Meals (Centre)	Quantity	31.0	27.6	28.1	28.6
Meals (Home)	Quantity	108.3	97.7	104.9	105.0
Nursing Care (Centre)	Hours	5.5	5.7	7.3	6.5
Nursing Care (Home)	Hours	14.2	13.8	15.1	14.8
Other Food Services	Hours	29.8	20.9	16.9	20.3
Personal Care	Hours	106.6	53.0	36.5	52.6
Respite Care	Hours	110.5	69.7	56.1	86.1
Social Support	Hours	54.5	34.0	34.3	39.3
Transport	Single Trips	37.7	30.0	32.6	33.4

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
2. Refer to Appendix 3 for definitions of HACC assistance types.

Table A21. HACC clients, number of assistance types received by State/Territory, 2007-08

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Number of assistance types	Per cent								
1	45.7	51.0	44.4	38.6	21.5	37.1	37.3	48.1	44.2
2	23.1	25.7	19.6	22.5	25.9	26.3	15.6	22.6	23.5
3	13.7	11.9	12.8	14.0	18.1	15.1	10.6	14.5	13.4
4	7.7	5.9	8.6	8.8	12.8	9.5	7.1	6.6	7.9
5	4.3	3.0	5.7	5.8	8.7	5.2	6.2	3.8	4.7
6	2.5	1.5	3.6	3.9	5.4	3.1	5.3	2.3	2.8
7	1.4	0.7	2.2	2.6	3.4	1.8	3.0	1.0	1.6
8	0.7	0.3	1.4	1.6	2.1	1.0	3.9	0.7	0.9
9	0.4	0.1	0.7	1.0	1.1	0.5	2.9	0.2	0.5
10+	0.4	—	0.9	1.2	1.1	0.4	8.3	0.1	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. State/Territory refers to the location of service providers.
- nil or rounded to zero

Table A22. HACC client assistance type, by hours of service received, 2007-08

Assistance Type	Total hours of service received					Total
	<13	13-52	53-208	209-365	>365	
	Per cent					
Allied Health Care	92.6	6.6	0.7	—	—	100.0
Assessment	98.6	1.2	0.2	—	—	100.0
Case Management	83.8	12.8	3.2	0.1	0.1	100.0
Centre-Based Day Care	19.2	23.2	36.6	13.7	7.4	100.0
Client Care Coordination	91.1	7.8	0.9	0.2	—	100.0
Counselling	27.9	60.2	11.6	0.3	0.1	100.0
Domestic Assistance	82.7	16.5	0.7	—	—	100.0
Home Maintenance	76.6	18.5	4.5	0.3	0.1	100.0
Nursing Care	62.1	28.2	9.3	0.3	0.1	100.0
Other Food Services	48.4	25.2	21.8	2.6	2.0	100.0
Personal Care	27.0	27.8	35.7	6.4	3.2	100.0
Respite Care	47.8	30.9	18.8	1.8	0.7	100.0
Social Support	93.9	5.5	0.5	—	—	100.0

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. Refer to Appendix 3 for definitions of HACC assistance types.
 3. Allied health includes allied health care received at home and at centre.
 4. Nursing care includes nursing care received at home and at centre.
 5. 'Meals' includes meals received at home and at centre.
- nil or rounded to zero

Table A23. HACC services received, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

Assistance Type	Unit	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
		Services received per 1000 HACC target population								
Allied Health Care	Hours	319	1,078	734	314	111	135	231	68	565
Assessment	Hours	608	537	178	351	520	424	549	1,057	464
Case Management & Planning	Hours	727	513	272	941	446	565	991	1,510	571
Centre-Based Day Care	Hours	4,598	8,655	6,935	5,243	9,613	3,913	2,941	2,800	6,611
Counselling/Support/Information Adovacy	Hours	189	30	304	610	332	185	1,083	254	234
Domestic Assistance	Hours	3,768	5,960	3,460	3,254	4,205	3,186	5,416	3,637	4,220
Formal Linen Service	Deliveries	43	-	16	27	9	14	30	155	23
Goods and Equipment	Quantity	194	-	18	206	32	21	-	45	83
Home Maintenance	Hours	423	611	477	573	989	421	482	513	552
Home Modification	Dollars	14,167	-	8,281	6,674	417	4,961	-	15,297	7,038
Meals (Centre)	Quantity	738	290	925	1,140	1,264	640	2,541	141	759
Meals (Home)	Quantity	5,452	7,244	4,742	7,592	5,556	4,233	20,119	4,195	5,959
Nursing Care	Hours	1,050	2,722	1,189	1,320	643	1,587	749	849	1,478
Other Food Services	Hours	125	-	28	102	18	17	879	4	60
Personal Care	Hours	3,245	2,833	1,028	2,238	2,027	3,150	3,793	2,358	2,424
Respite Care	Hours	1,788	980	1,374	2,092	1,164	1,143	1,928	1,784	1,444
Social Support	Hours	2,631	1,652	2,136	3,530	2,290	1,536	3,901	2,786	2,304
Transport	Single Trips	3,100	-	3,267	2,781	4,862	3,921	6,474	3,429	2,590

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent.
 2. State/Territory refers to the location of clients.
 3. Refer to Appendix 3 for definitions of HACC assistance types.
 4. Case Management & Planning includes the assistance types Case Management and Client Care Coordination.
 5. Allied health includes allied health care received at home and at centre.
 6. Nursing care includes nursing care received at home and at centre.
 7. Counselling/Support/Information Adovacy includes Care Counselling Support and Carer Counselling Support.
 8. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).
- .. Not applicable—assistance provided as part of another assistance type (see section 3.6).
- nil or rounded to zero

Table A24. HACC services received within major cities, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance Type		Services received within major cities per 1000 HACC target population								
Allied Health Care	<i>Hours</i>	235	1,007	834	193	125	..	..	68	547
Assessment	<i>Hours</i>	655	493	153	315	547	..	..	1,058	471
Case Management & Planning	<i>Hours</i>	488	411	276	916	455	..	..	1,511	498
Centre-Based Day Care	<i>Hours</i>	3,960	7,098	7,015	4,388	9,132	..	..	2,801	5,978
Counselling/Support/Information Adovacy	<i>Hours</i>	197	24	355	535	366	..	..	254	231
Domestic Assistance	<i>Hours</i>	2,356	5,374	3,407	2,886	4,158	..	..	3,639	3,728
Formal Linen Service	<i>Deliveries</i>	47	-	17	11	1	..	..	155	22
Goods and Equipment	<i>Quantity</i>	80	-	8	194	32	..	..	45	61
Home Maintenance	<i>Hours</i>	416	428	408	640	863	..	..	513	483
Home Modification	<i>Dollars</i>	9,031	-	7,702	7,857	531	..	..	15,311	5,677
Meals (Centre)	<i>Quantity</i>	625	188	937	1,076	1,169	..	..	140	659
Meals (Home)	<i>Quantity</i>	3,294	6,345	4,348	7,593	4,896	..	..	4,197	5,038
Nursing Care	<i>Hours</i>	819	2,228	1,143	1,534	566	..	..	850	1,302
Other Food Services	<i>Hours</i>	40	-	34	107	20	..	..	4	34
Personal Care	<i>Hours</i>	2,700	2,940	1,035	2,281	2,179	..	..	2,360	2,361
Respite Care	<i>Hours</i>	1,136	1,050	1,570	2,266	1,349	..	..	1,786	1,416
Social Support	<i>Hours</i>	1,932	1,630	2,421	3,418	2,141	..	..	2,788	2,176
Transport	<i>Single Trips</i>	2,060	-	3,166	2,570	4,479	..	..	3,431	2,113

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
 3. State/Territory refers to the location of clients.
 4. Refer to Appendix 3 for definitions of HACC assistance types.
 5. Case Management & Planning includes the assistance types Case Management and Client Care Coordination.
 6. Allied health includes allied health care received at home and at centre.
 7. Nursing care includes nursing care received at home and at centre.
 8. Counselling/Support/Information Adovacy includes Care Counselling Support and Carer Counselling Support.
 9. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).
- .. not applicable
- nil or rounded to zero

Table A25. HACC services received within inner regional areas, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance type		Services received within inner regional areas per 1000 HACC target population								
Allied Health Care	<i>Hours</i>	275	1,247	658	463	77	139	..	..	594
Assessment	<i>Hours</i>	473	704	238	474	544	489	..	..	488
Case Management & Planning	<i>Hours</i>	1,184	637	308	872	328	607	..	..	668
Centre-Based Day Care	<i>Hours</i>	5,825	11,525	6,529	5,272	9,247	3,826	..	..	7,257
Counselling/Support/Information Advocacy	<i>Hours</i>	151	58	181	729	211	212	..	..	172
Domestic Assistance	<i>Hours</i>	6,159	7,211	3,207	3,113	4,080	3,258	..	..	4,926
Formal Linen Service	<i>Deliveries</i>	43	-	19	35	-	15	..	..	20
Goods and Equipment	<i>Items</i>	304	-	11	200	25	23	..	..	87
Home Maintenance	<i>Items</i>	427	1,132	470	451	1,419	494	..	..	685
Home Modification	<i>Dollars</i>	24,418	-	11,700	3,918	178	4,636	..	..	10,557
Meals (Centre)	<i>Meals</i>	880	406	859	1,161	1,376	637	..	..	755
Meals (Home)	<i>Meals</i>	9,321	9,787	5,149	4,277	4,799	4,155	..	..	7,004
Nursing Care	<i>Hours</i>	1,465	3,758	1,266	775	653	1,549	..	..	1,871
Other Food Services	<i>Hours</i>	332	-	4	56	9	15	..	..	94
Personal Care	<i>Hours</i>	4,191	2,416	960	1,658	1,625	3,429	..	..	2,485
Respite Care	<i>Hours</i>	3,052	806	1,223	1,277	848	1,161	..	..	1,479
Social Support	<i>Hours</i>	3,848	1,512	1,718	4,831	2,198	1,527	..	..	2,338
One-way trips	<i>Single Trips</i>	5,085	-	3,152	3,340	5,081	3,488	..	..	2,967

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
 3. State/Territory refers to the location of clients.
 4. Refer to Appendix 3 for definitions of HACC assistance types.
 5. Case Management & Planning includes the assistance types Case Management and Case Planning/Review.
 6. Allied health includes allied health care received at home and at centre.
 7. Nursing care includes nursing care received at home and at centre.
 8. Counselling/Support/Information Advocacy includes Care Counselling Support and Carer Counselling Support.
 9. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).
- .. not applicable
 — nil or rounded to zero

Table A26. HACC services received within outer regional areas, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

		NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
Assistance type		Services received within outer regional areas per 1000 HACC target population								
Allied Health Care	<i>Hours</i>	1,196	1,381	458	861	96	132	3	..	637
Assessment	<i>Hours</i>	559	478	196	459	482	311	201	..	384
Case Management & Planning	<i>Hours</i>	1,579	1,377	209	1,072	391	496	485	..	778
Centre-Based Day Care	<i>Hours</i>	6,869	18,162	7,059	8,949	12,757	3,875	1,717	..	8,844
Counselling/Support/Information Advocacy	<i>Hours</i>	235	3	274	843	217	140	628	..	289
Domestic Assistance	<i>Hours</i>	9,436	8,925	3,818	5,042	4,630	2,991	3,750	..	5,605
Formal Linen Service	<i>Deliveries</i>	13	-	5	91	2	13	-	..	18
Goods and Equipment	<i>Items</i>	979	-	36	256	38	7	-	..	200
Home Maintenance	<i>Items</i>	398	1,052	728	257	1,348	272	51	..	659
Home Modification	<i>Dollars</i>	34,040	-	6,235	3,563	96	5,391	-	..	9,644
Meals (Centre)	<i>Meals</i>	1,356	1,164	968	1,755	1,828	668	458	..	1,221
Meals (Home)	<i>Meals</i>	13,741	9,408	5,220	10,353	6,512	4,322	3,226	..	7,728
Nursing Care	<i>Hours</i>	1,936	5,212	1,118	774	1,051	1,627	53	..	1,793
Other Food Services	<i>Hours</i>	249	-	6	94	17	22	222	..	74
Personal Care	<i>Hours</i>	5,212	3,029	1,045	2,396	1,736	2,727	1,849	..	2,553
Respite Care	<i>Hours</i>	3,803	719	934	1,720	617	1,168	1,952	..	1,510
Social Support	<i>Hours</i>	5,071	2,436	1,677	2,845	2,977	1,554	1,807	..	2,669
One-way trips	<i>Single Trips</i>	6,301	-	3,403	3,255	5,987	4,634	3,583	..	3,943

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
3. State/Territory refers to the location of clients.
4. Refer to Appendix 3 for definitions of HACC assistance types.
5. Case Management & Planning includes the assistance types Case Management and Client Care Coordination.
6. Allied health includes allied health care received at home and at centre.
7. Nursing care includes nursing care received at home and at centre.
8. Counselling/Support/Information Advocacy includes Care Counselling Support and Carer Counselling Support.
9. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).

.. not applicable

—nil or rounded to zero

Table A27. HACC services received within remote areas, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

Assistance Type	Unit	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
		Services received within remote areas per 1000 HACC target population								
Allied Health Care	Hours	1,925	844	655	535	34	118	262	..	507
Assessment	Hours	505	536	111	344	152	255	465	..	265
Case Management & Planning	Hours	2,344	1,453	208	1,122	522	419	802	..	786
Centre-Based Day Care	Hours	9,145	26,453	6,829	9,640	10,417	4,324	1,158	..	8,756
Counselling/Support/Information Advocacy	Hours	112	-	255	913	181	147	1,435	..	486
Domestic Assistance	Hours	17,430	9,982	3,903	5,268	3,612	3,577	5,252	..	5,581
Formal Linen Service	Deliveries	-	-	8	80	87	2	140	..	70
Goods and Equipment	Items	272	-	17	250	31	-	-	..	123
Home Maintenance	Items	1,370	969	693	592	926	522	264	..	787
Home Modification	Dollars	10,798	-	3,868	2,520	91	10,845	-	..	3,359
Meals (Centre)	Meals	1,734	2,958	798	314	1,339	389	1,549	..	1,147
Meals (Home)	Meals	22,667	10,652	5,746	7,434	9,022	4,911	22,813	..	10,676
Nursing Care	Hours	2,907	10,850	1,890	681	985	2,030	563	..	1,605
Other Food Services	Hours	564	-	11	221	19	2	1,544	..	291
Personal Care	Hours	10,584	2,156	922	3,251	1,126	1,353	5,959	..	2,945
Respite Care	Hours	10,081	291	848	2,814	521	235	498	..	1,804
Social Support	Hours	13,868	4,434	1,599	3,228	2,529	1,442	3,589	..	3,593
One-way trips	Single Trips	16,532	-	4,860	2,777	5,082	6,824	5,526	..	5,918

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
 3. State/Territory refers to the location of clients.
 4. Refer to Appendix 3 for definitions of HACC assistance types.
 5. Case Management & Planning includes the assistance types Case Management and Client Care Coordination.
 6. Allied health includes allied health care received at home and at centre.
 7. Nursing care includes nursing care received at home and at centre.
 8. Counselling/Support/Information Advocacy includes Care Counselling Support and Carer Counselling Support.
 9. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).
- .. Not applicable:
 — nil or rounded to zero

Table A28. HACC services received within very remote areas, assistance type by State/Territory, 2007-08 (per 1,000 HACC Target Population)

Assistance Type	Unit	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
		Services received within very remote areas per 1000 HACC target population								
Allied Health Care	Hours	222	..	659	257	37	62	850	..	513
Assessment	Hours	811	..	141	188	261	180	1,632	..	551
Case Management & Planning	Hours	2,338	..	221	1,823	1,070	292	2,635	..	1,365
Centre-Based Day Care	Hours	5,162	..	9,798	13,551	13,763	15,247	8,312	..	12,116
Counselling/Support/Information Advocacy	Hours	23	..	622	1,188	789	16	2,017	..	1,078
Domestic Assistance	Hours	17,924	..	6,214	5,863	6,053	5,526	10,352	..	7,911
Formal Linen Service	Deliveries	-	..	22	320	269	-	-	..	152
Goods and Equipment	Items	1,697	..	407	607	51	664	-	..	466
Home Maintenance	Items	2,754	..	663	912	1,078	817	1,942	..	1,215
Home Modification	Dollars	2,414	..	2,422	1,251	12	7	-	..	1,254
Meals (Centre)	Meals	1,044	..	1,311	549	1,191	-	9,536	..	3,282
Meals (Home)	Meals	21,948	..	9,793	19,902	24,663	5,977	65,586	..	29,655
Nursing Care	Hours	2,276	..	1,757	389	806	2,266	2,937	..	1,753
Other Food Services	Hours	6,618	..	511	86	7	-	2,060	..	909
Personal Care	Hours	11,300	..	2,110	1,288	2,369	1,572	7,074	..	3,869
Respite Care	Hours	6,535	..	549	1,650	342	-	3,361	..	1,461
Social Support	Hours	6,747	..	2,422	4,767	4,827	1,833	10,216	..	5,891
One-way trips	Single Trips	20,857	..	6,756	6,824	12,042	2,750	15,735	..	11,658

Notes

1. The proportion of HACC funded agencies that submitted HACC MDS data for 2007-08 differed across jurisdictions, and ranged from 88 per cent to 100 per cent. Actual services received will be higher than those reported here.
 2. Remoteness indicator source: ABS Australian Standard Geographical Classification Remoteness Structure (ABS catalogue number 1216.0). Data are classified according to an index of remoteness which rates each Census District based on the number and size of towns, and the distance to major towns and urban centres.
 3. State/Territory refers to the location of clients.
 4. Refer to Appendix 3 for definitions of HACC assistance types.
 5. Case Management & Planning includes the assistance types Case Management and Client Care Coordination.
 6. Allied health includes allied health care received at home and at centre.
 7. Nursing care includes nursing care received at home and at centre.
 8. Counselling/Support/Information Advocacy includes Care Counselling Support and Carer Counselling Support.
 9. A State or Territory's HACC Target Population is estimated by applying the proportion of people in households within that jurisdiction with a moderate, severe, or profound disability as reported in the ABS 2003 Survey of Disability, Ageing and Carers to ABS Population Projections by SLA (ABS catalogue number 3222.0).
- .. Not applicable
 — nil or rounded to zero

Appendix 3: Glossary

<i>Agency</i>	HACC service provider. An organisation providing HACC-funded services.
<i>Allied health care</i>	Allied health consists of a wide range of specialist services, including podiatry, occupational therapy, physiotherapy, social work etc.
<i>Assessment</i>	Assessment refers to all assessment (and re-assessment) activities undertaken on behalf of the individual client. Not all assessment activities are necessarily undertaken face-to-face with the client.
<i>Care Recipient</i>	A client that receives HACC services because they are frail or disabled.
<i>Carer</i>	A client that receives HACC services because they care for frail or disabled people.
<i>Case management</i>	Case management refers to the assistance received by a client with complex care needs from a formally identified agency worker. This person will coordinate planning and delivery of services from more than one agency.
<i>Centre-based day care</i>	Centre-based day care refers to assistance provided to the client to attend/participate in group activities and is conducted in a centre-based setting. It includes group excursions/ activities conducted by centre staff but held away from the centre.
<i>Cessation</i>	Cessation is said to occur when a client stops receiving assistance from a HACC service provider.
<i>Client care coordination</i>	Client care coordination refers to activities that relate to the coordination, planning, delivery and monitoring of services which are directly attributable to an individual client. It includes advocacy on the client's behalf, and liaison with service providers to ensure that the client has access to the range of services required.
<i>Counselling/support, information and advocacy</i>	This assistance type covers a number of supportive services to help clients and carers deal with their situation. It includes one-on-one counselling and information. This service can be recorded as one of two assistance types based on the recipient of the counselling - either the care recipient (Care Counselling Support) or their carer (Carer Counselling Support)
<i>Domestic assistance</i>	Domestic assistance is normally provided in the home, and includes services such as dishwashing, house cleaning, clothes washing, shopping and bill paying.
<i>Formal linen service</i>	Formal linen service means that both the linen and the laundry services are provided to the client and the cleaning of the linen is done elsewhere.
<i>HACC Assistance Types</i>	The types of service provided to HACC clients.
<i>HACC Program</i>	Home and Community Care Program

<i>HACC Target Population</i>	<p>The HACC Target Population is defined as persons living in the community who, in the absence of basic maintenance and support services are at risk of premature or inappropriate long term residential care, including older and frail persons, with moderate, severe or profound disabilities, younger persons with moderate, severe or profound disabilities, and the carers of these persons.</p> <p>For statistical purposes, the HACC Target Population is estimated by the applying age- and sex-specific rates of the population living in the community with a moderate, severe or profound core activity restriction, obtained from the ABS Survey of Disability, Ageing and Carers, to population estimates for the relevant period.</p>
<i>Home maintenance</i>	Home maintenance refers to general repair and care of a client's home or yard provided by an agency. This helps the client to live comfortably and safely in their home. It may include handyman work, repairs, lawn mowing, rubbish removal, wood chopping and repairs to roof or guttering.
<i>Home modification</i>	Home modification refers to structural changes to the client's home so they can continue to live and move safely about the house. It will often include the fitting of rails, ramps, alarms or other safety and mobility aids.
<i>Instance of Assistance</i>	Instance of Assistance is the measure used to determine numbers of clients by assistance type. In many cases, a client will receive more than one type of assistance, from a single agency, or from more than one agency. In such cases, "Instance of Assistance" refers to a unique combination of Client SLK, HACC agency and Assistance Type.
<i>Meals</i>	Meals refer to those meals which are prepared and delivered to the client. It does not include meals prepared in the client's home.
<i>Nursing care</i>	Nursing care is defined as health care provided to a client by a registered or enrolled nurse.
<i>Other food services</i>	Other food services mean any assistance provided during preparation/cooking of a meal at the client's home. It also includes advice on nutrition, food storage or preparation. It does not cover the delivery of a meal prepared elsewhere.
<i>Personal care</i>	Personal care is normally provided in the home, and includes helping the client with daily self-care tasks (eg eating, bathing, grooming etc.). It may include medication monitoring.
<i>Provision of goods and equipment</i>	Provision of goods and equipment may be provided by an agency by lending or purchasing an item to help their client. These goods and equipment items will help the client's mobility, communication, reading, personal care or health care.
<i>Remoteness</i>	The remoteness classification used in this report is based on the ABS Australian Standard Geographical Classification Remoteness Structure. Data are classified according to an index of remoteness that rates areas on the number and size of towns, and the distance to major towns and urban centres.
<i>Respite care</i>	Respite care is assistance provided to carers so they may have

	relief from their caring role and pursue other activities or interests. The motivation underlying the assistance to the carer is essential: a substitute carer is being provided so the carer gains time out.
<i>Service Provider</i>	An organisation providing HACC-funded services.
<i>SLA</i>	Statistical Local Area (ABS Australian Geographical Classification).
<i>Social support</i>	Social support is normally provided in the client's home but may include accompanying the client on an excursion or trip. The support is provided to them as an individual and helps them to participate in society. It includes keeping them company, helping them do paper work, taking them shopping, banking or to attend an appointment.
<i>Statistical Linkage Key (SLK)</i>	The HACC MDS Statistical Linkage Key enables client data reported by different service providers to be matched, enabling a more accurate picture of client numbers and patterns of assistance. The HACC MDS Statistical Linkage Key preserves the anonymity of client data collected by service providers.
<i>Transport</i>	Transport is assistance provided so that the client may get out of their house and do chores, attend other activities or community centres, and participate in the community.

Appendix 4: Abbreviations

ABS	Australian Bureau of Statistics
HACC	Home and Community Care Program
CACP	Community Aged Care Package
EACH	Extended Aged Care at Home
EACH-D	Extended Aged Care at Home - Dementia
MDS	Minimum Data Set
SLA	Statistical Local Area (ABS Australian Standard Geographical Classification)

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