Australian Government
Australian Institute of Health and Welfare

GEN AGED CARE DATA

National Aged Care Data Clearinghouse

User guide

Last updated April 2025

Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

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1 Introduction

The National Aged Care Data Clearinghouse (NACDC) is an independent and central repository of national aged care data. It brings together information on people receiving aged care and the services and organisations providing care. It largely contains administrative data from the Department of Health and Aged Care that is generated as a by-product of the operation of aged care programs. The AIHW make data available to a range of stakeholders, including government departments, researchers, service providers, community groups and consumers. The AIHW manages these data with respect for its sensitivity, and with privacy and confidentiality assured through legislation, accountability practices and procedures.

Background

The Productivity Commission's inquiry report *Caring for Older Australians*, published in 2011, first recommended the establishment of a data clearinghouse to improve aged care data quality and access. The report can be viewed at <www.pc.gov.au/inquiries/completed/aged-care/report>. At that time, a significant amount of data was already captured in different databases. While the AIHW has produced regular publications on aspects of aged care since 1998–99, few consolidated analyses or raw data were available to inform research and planning in the sector. In response to the recommendations made in the inquiry report, the Australian Government launched an ongoing program of aged care reforms. As part of these reforms, the NACDC was established at the AIHW in 2013 to facilitate independent research and evaluation.

Accessing data

Public access to the data and information from the NACDC is facilitated through the AIHW's dedicated aged care data website, GEN Aged Care Data <gen-agedcaredata.gov.au>. Launched in 2017, GEN Aged Care Data makes a range of NACDC data available through reports and publications, factsheets and infographics, interactive graphical displays and confidentialised unit record files.

In addition, data from the NACDC can be requested through the AIHW's data on request service <www.gen-agedcaredata.gov.au/request-customised-data>. All requests for sensitive data are assessed against legislation and privacy principles and agreements with partner policy agencies, to determine if the information can be lawfully disclosed. Some data requests may be subject to a Five Safes assessment <www.aihw.gov.au/about-our-data/data-governance/the-five-safes-framework> or require ethical approval.

For information about accessing AIHW linked data assets, including the National Aged Care Data Asset (NACDA), see <www.aihw.gov.au/about-our-data/linked-data-assets>.

About this user guide

This user guide introduces the NACDC for researchers and analysts wanting to use the data. The following chapters describe the scope and coverage, the collection and supply of data and how to use the data.

NACDC table specifications, including a list of data items, are published with this user guide and can be downloaded from <www.gen-agedcaredata.gov.au/resources/publications/national-aged-care-data-clearinghouse-user-guide>.

2 Scope and coverage

The scope and coverage of the NACDC has grown and changed since it was established in 2013, and as new aged care policies and programs were introduced.

The main data sources that the NACDC brings together are information on people receiving aged care – including the assessments they receive prior to and during their time in care – and the services and organisations responsible for providing care. Information on system capacity, such as the number of operational places, and subsidies paid to providers are also included where available.

Figure 2.1 depicts the key concepts – entities or events being described by the data – for the main aged care data sources in the NACDC:

- **Person** – people seeking or accessing aged care (entity).
- **Episode** – episode of care received by older person, including entry and exit dates, and level or type of care (event).
- **Assessment** – point-in-time collection of information about older person's health and care needs (event).
- **Service** – outlet or facility delivering aged care (entity).
- **Provider** – organisations receiving government funding to operate services (entity).

Figure 2.1: Relational diagram of key concepts (entities and events) for aged care data

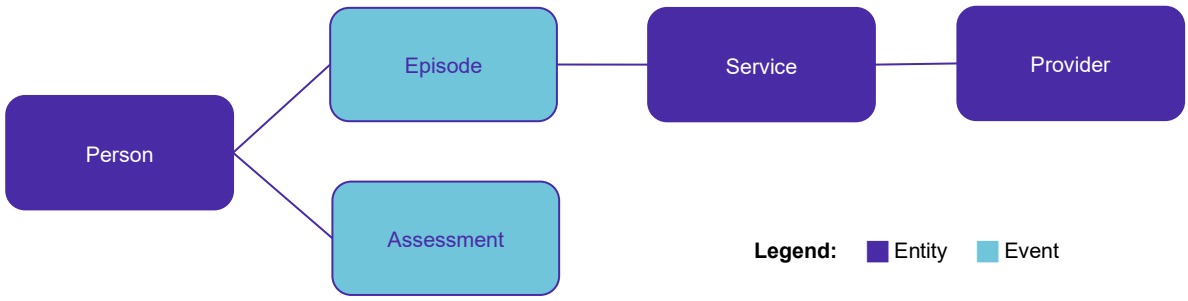


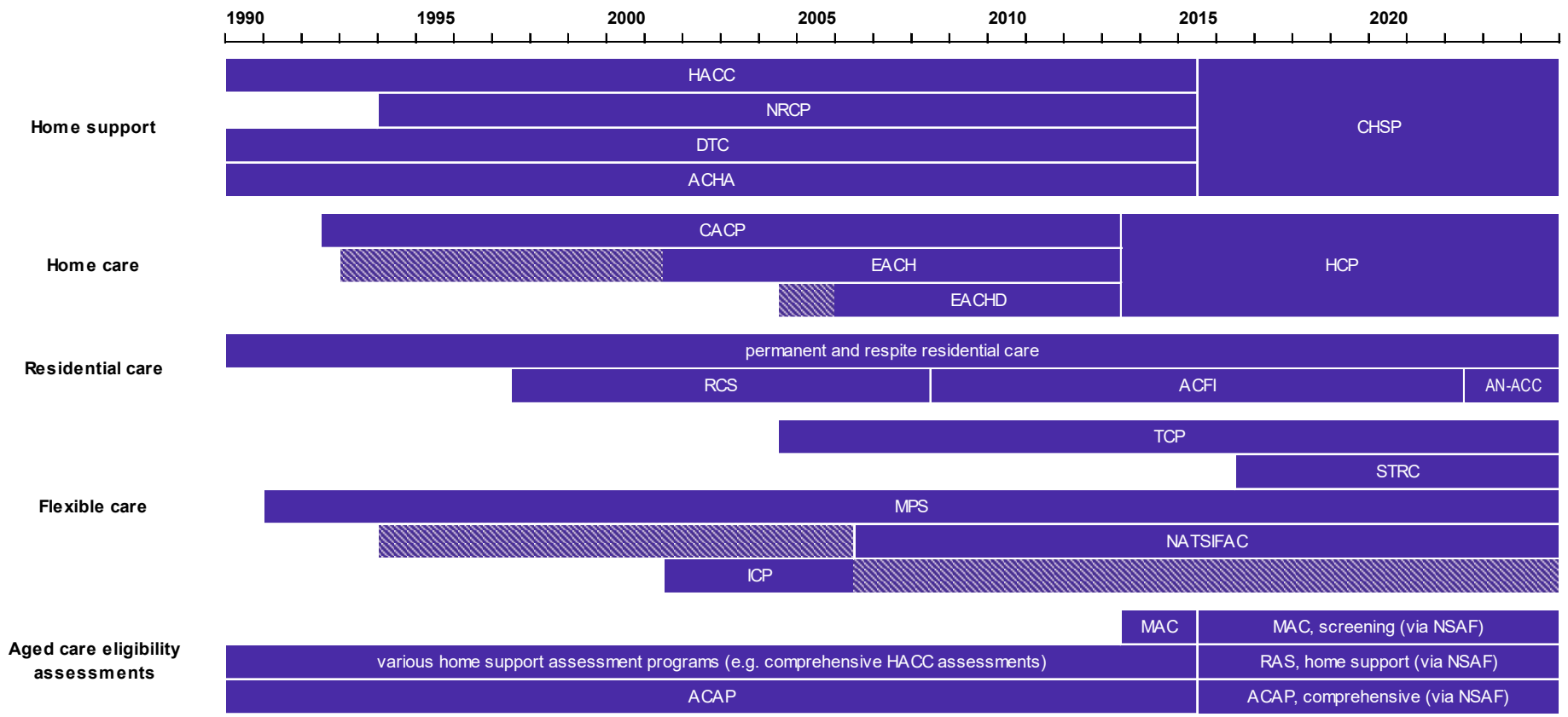
Figure 2.1 above shows that activity within the aged care system can be measured through episodes of care and assessments, and each are associated with a person and a service (outlet or facility). Services are in turn associated with a provider. Accreditation, capacity, financial reporting and performance monitoring is associated with services and providers.

Government-funded aged care programs

NACDC data largely relate to government-funded aged care programs operating under the *Aged Care Act 1997*, as well as some that operate outside this arrangement. The NACDC does not include data on aged care services that are not subsidised by the Australian Government, such as privately funded in-home care or retirement villages.

Figure 2.2 depicts the changes in government-funded aged care programs over time. The different program types – home support, home care, residential care, flexible care and aged care eligibility assessments – have existed in various forms since the 1990s. However, the specific programs have changed during this time, with new programs introduced and some replacing existing programs. The NACDC holds different information – statistical units, data reference periods and levels of detail – for each of these aged care programs.

Figure 2.2: Changes in government-funded aged care programs over time, 1990 to 2024



Note: program start dates and end dates are approximate; these dates do not reflect the start dates and end dates for data availability; periods marked with diagonal lines reflect when the program was not fully operational.

ACAP – Aged Care Assessment Program; ACFI – Aged Care Funding Instrument; ACHA – Assistance with Care and Housing for the Aged [Program]; AN-ACC – Australian National Aged Care Classification; CACP – Community Aged Care Program; DTC – Day Therapy Centres [Program]; EACH – Extended Aged Care at Home; EACHD – Extended Aged Care at Home Dementia; HACC – Home and Community Care; HCP – Home Care Packages [Program]; ICP – Innovative Care Programme; MAC – My Aged Care [website and contact centre]; MPS – Multi-Purpose Services [Program]; NATSIFAC – National Aboriginal and Torres Strait Islander Flexible Aged Care [Program]; NRCP – National Respite for Carers Program; NSAF – National Screening and Assessment Form; RAS – Regional Assessment Services [Program]; RCS – Residential Classification Scale; STRC – Short-Term Restorative Care [Programme]; TCP – Transition Care Programme.

Current data holdings

Table 2.1 lists the aged care programs included in the NACDC. The data holdings include both current and historical aged care programs. These programs are described in more detail in the following pages.

Service- and provider-level data are available for all aged care programs. Person- and episode-level data are available for all home support, home care and residential care programs, but not all flexible care programs. Assessment-level data are available for aged care eligibility assessments and care needs assessments for people in residential care.

Table 2.1: Aged care program data in the NACDC as at June 2024

Type	Program	Key concepts for data	Reference period for data
Home support	Commonwealth Home Support Programme (CHSP)	Person, Episode, Service, Provider	1 July 2016 to 30 June 2024
	Home and Community Care (HACC)	Person, Episode, Service, Provider, Assessment	1 January 2001 to 1 April 2015
Home care	Home Care Packages (HCP) Program	Person, Episode, Service, Provider, Assessment	1 August 2013 to 30 June 2024
	Community Aged Care Program (CACP)	Person, Episode, Service, Provider	1 July 1997 to 30 June 2013
	Extended Aged Care at Home (EACH)	Person, Episode, Service, Provider	1 July 1998 to 30 June 2013
	Extended Aged Care at Home Dementia (EACHD)	Person, Episode, Service, Provider	1 March 2006 to 30 June 2013
Residential care	Permanent residential care	Person, Episode, Service, Provider	1 July 1997 to 30 June 2024
	Respite residential care	Person, Episode, Service, Provider	1 July 1997 to 30 June 2024
	Australian National Aged Care Classification (AN-ACC)	Person, Assessment	1 October 2022 to 30 June 2024
	Aged Care Funding Instrument (ACFI)	Person, Assessment	20 March 2008 to 30 September 2022
	Residential Classification Scale (RCS)	Person, Assessment	1 October 1997 to 19 March 2008
Flexible care	Transition Care Programme (TCP)	Person, Episode, Service, Provider	1 October 2005 to 30 June 2024
	Short-Term Restorative Care (STRC) Programme	Person, Episode, Service, Provider	1 March 2017 to 30 June 2024
	Multi-Purpose Services (MPS) Program	Service, Provider	1 October 1994 to 30 June 2024
	National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program	Service, Provider	1 October 1997 to 30 June 2024
	Innovative Care Programme (ICP)	Service, Provider	1 December 2001 to 30 June 2024
Aged care eligibility assessments	National Screening and Assessment Form (NSAF) – screening, home support, comprehensive	Person, Assessment	1 July 2015 to 30 June 2024
	Aged Care Assessment Program (ACAP)	Person, Assessment	1 January 2003 to 31 May 2016

The NACDC also includes other data sources, such as surveys and linkage maps, described later in this chapter.

Home support

The **Commonwealth Home Support Programme (CHSP)** provides entry-level services for people to live independently at home and in the community. CHSP began on 1 July 2015, consolidating existing home support programs, but reliable data collection did not begin until 1 January 2016. CHSP was rolled out progressively across different states and territories from 2015, with Victoria and Western Australia transitioning from its precursor programs from 1 July 2016 and 1 July 2018, respectively. By 2018–19, all states and territories were participating in CHSP but not all funded CHSP organisations supplied data to the reporting portal.

CHSP services are provided on an on-going or episodic basis, depending on need. Services include meals, domestic assistance, allied health, home maintenance, transport and social support. CHSP episode data are structured as sessions. A session represents the services provided to one or more people by a service outlet, for a particular day and a particular service type. Multiple recipients can attend a single session and these data are not captured at a person-level. It is possible to calculate the number of services provided against each session, but it is not possible to calculate the volume of services received by individual recipients.

More information on CHSP, including the CHSP Manual, is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/commonwealth-home-support-programme-chsp>.

Home and Community Care (HACC) was the main predecessor of CHSP and has been operational since 1985. HACC was jointly funded by the Australian and state and territory governments to provide services for older people and people with disabilities. In July 2012, the Australian Government assumed responsibility for HACC services for older people in all states and territories except Victoria and Western Australia (known as 'Commonwealth HACC'). The HACC Minimum Data Set (MDS) data in the NACDC includes Commonwealth HACC and HACC services for older people in Victoria and Western Australia. Collection of HACC MDS version 1 began in January 2001 and version 2 began in January 2006. The last year of complete HACC MDS data was 2014–15. HACC MDS data were reported quarterly, meaning the exact dates of service provision were not available. However, information on the volume of services received by individual recipients is available.

The HACC data dictionary version 1.0 is available on the AIHW website <www.aihw.gov.au/reports/technical-report/home-community-care-hacc-data-dictionary-v-1/summary>.

The NACDC does not include data before 2015 for the other predecessors of CHSP: National Respite for Carers Program (NRCP), the Day Therapy Centres (DTC) Program and the Assistance with Care and Housing for the Aged (ACHA) Program.

Home care

The **Home Care Packages (HCP)** Program provides co-ordinated packages of care and services for those with more complex needs that go beyond what the CHSP can provide. The HCP Program began on 1 August 2013. It uses a consumer-directed approach and provides 4 levels of support, from Level 1 for people with basic care needs to Level 4 for people with high care needs. Supplements are payable to providers based on certain recipient needs, such as the dementia and cognition supplement for home care.

From 27 February 2017, funding for home care 'packages' were assigned to the recipient rather than the provider. As a result, the number of operational places in home care are no longer available. The NACDC does not include data on wait times for HCP or the types of services or care provided to HCP recipients.

More information on HCP, including the HCP Program Operational Manual, is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/home-care-packages-program>.

HCP replaced 3 earlier home care programs:

- **Community Aged Care Program (CACP)** was introduced in 1992–93 and provided home-based care for people with low-care needs (equivalent to HCP Level 2).
- **Extended Aged Care at Home (EACH)** was introduced in 1993 as a pilot program and established as an ongoing program in the 2001–02 Budget. EACH provided home-based care for people with high care needs (equivalent to HCP Level 4).
- **Extended Aged Care at Home Dementia (EACHD)** was introduced in in the 2004–05 Budget and became operational in 2006. EACHD provided home-based care for recipients with complex and high care needs associated with dementia (equivalent to HCP Level 4).

Residential care

Residential care can be provided on either a permanent or respite basis. Places data do not distinguish between permanent and respite places. Respite services can be offered as either low- or high-care but this distinction was removed for permanent care from 1 July 2014. Residential care data have been captured reliably since 1997–98. Two separate categories of residential care – nursing homes and hostels – were combined into one program from 1 October 1997 but the NACDC includes some data for people using residential care services before this date.

Permanent residential care provides 24-hour care and accommodation for older people who are unable to continue living independently in their own home and need assistance with everyday tasks.

The level of Australian Government funding for permanent residential care is based on the assessed care needs of recipients. That means the care needs of people in permanent residential care are periodically assessed while they are in care:

- The **Australian National Aged Care Classification** (AN-ACC) funding model has been used since 1 October 2022 to calculate subsidies based on each residents' care needs and service type (for example, permanent or respite). The AN-ACC Assessment Tool focuses on the needs of residents that drive the costs of care, including need for assistance with activities of daily living, frailty, pressure injury risk, behaviour, palliative care, and complex nursing requirements. AN-ACC does not currently capture information on health conditions. People can be re-assessed as their care needs change. For more information about AN-ACC, see the AN-ACC Reference Manual and AN-ACC Assessment Tool <http://www.health.gov.au/resources/publications/an-acc-reference-manual-and-an-acc-assessment-tool>.
- AN-ACC replaced the **Aged Care Funding Instrument (ACFI)**, which was used to assess the care needs of permanent residential care recipients from 20 March 2008 up to 30 September 2022. The ACFI consisted of 12 questions about assessed care needs across 3 domains – activities of daily living, cognition and behaviour, and complex health

care – and 2 diagnostic sections for health conditions that most affected the person's care needs. While the ACFI captured details of up to 3 mental and behavioural disorders and up to 3 other health conditions for permanent residential care recipients, these were only recorded where the condition affected their current care needs. People could be re-assessed as their care needs changed. For more information about the ACFI, see the ACFI user guide <www.health.gov.au/resources/publications/aged-care-funding-instrument-acfi-user-guide>.

- ACFI replaced the **Residential Classification Scale (RCS)**, which was in place from 1 October 1997 up to 19 March 2008. RCS categories 1–4 represent high-care needs and categories 5–8 represent low-care needs.

Respite residential care is short-term care provided in an aged care home to give an older person or their carer a break from their usual care arrangements. Respite residential care may be used on a planned or emergency basis. The person must be assessed as eligible for high-care or low-care prior to entry and is entitled to the same services as someone receiving permanent residential care. Eligible recipients are entitled to 63 days of respite residential care in a financial year, and this can be extended by up to another 21 days if approved by an Aged Care Assessment Team (ACAT).

More information on residential care is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/residential-aged-care>.

Box 2.1: 'Places to people' in residential care

The Department of Health and Aged care is changing the way residential care places are allocated. Currently, people can only access residential care from aged care providers with enough allocated residential care places.

From 1 July 2025, places will be assigned directly to older people approved for government-funded residential care, and they can choose which provider delivers their services. This change is called 'places to people'. Providers no longer needs an allocation of places to deliver government-funded residential care, as long as they have available beds.

More information on 'places to people' is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/places-to-people-embedding-choice-in-residential-aged-care>.

Flexible care

Flexible care is for people who need a different care approach than what home care and residential care can offer. There are different types of flexible care, depending on the person's needs. They all help with day-to-day tasks, and to restore or maintain independence.

The **Transition Care Programme (TCP)** provides short-term care for older people leaving hospital to optimise their functioning and independence, and delay entry into residential care. TCP was introduced in 2004–05. It provides short-term care for up to 12 weeks in either a community setting or a residential care setting, or a combination of both. To be eligible for TCP support, a person must be admitted to hospital at the time of assessment. At the beginning of each episode, the person's functional status is collected using the Barthel Index for activities of daily living.

More information on TCP, including the TCP Guidelines, is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/transition-care-programme>.

The **Short-Term Restorative Care (STRC) Programme** provides early intervention to reverse or slow functional decline in older people, so they can regain or keep their independence at home. STRC was introduced in 2016–17. It provides a tailored package of services for a period of up to 8 weeks in either a community setting or a residential care setting, or a combination of both. A person can access 2 episodes of STRC within a 12-month period.

More information on STRC, including the STRC Programme Manual, is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/short-term-restorative-care-strc-programme>.

The **Multi-Purpose Services (MPS) Program** provides integrated health and aged care services for older Australians living in small communities in rural and remote areas. The MPS model was first established in 1991 and is a long-standing joint initiative between the Australian Government and state and territory governments. Services are often delivered through, or in association with, a local hospital. The program is available in all states, the Northern Territory and Norfolk Island.

More information on MPS is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/multi-purpose-services-mps-program>.

The **National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program** provides culturally safe aged care services to Aboriginal and Torres Strait Islander people close to home and community. Services providing flexible aged care for Indigenous Australians were first established by the National Aboriginal and Torres Strait Islander Aged Care Strategy 1994. These flexible services were funded under the NATSIFAC Program since 2006–07. The program funds residential and home care services. Most of these services are in rural and remote areas. Services funded under this program are administered outside the *Aged Care Act 1997*.

More information on NATSIFAC, including the NATSIFAC Program Manual, is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/national-aboriginal-and-torres-strait-islander-flexible-aged-care-program>.

The **Innovative Care Programme (ICP)** was established in 2001–02, under the *Aged Care Act 1997*, to provide flexible services where mainstream aged care services cannot meet the needs of a location or target group. ICP stopped funding new projects on 25 May 2006. No new recipients have been accepted since 2006, so their number is gradually decreasing as people leave.

More information on ICP is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/innovative-care-programme>.

The NACDC includes service- and provider-level data for all flexible care programs listed above, but person- and episode-level data are only available for TCP and STRC.

Box 2.2: Support at Home program

The Department of Health and Aged Care is bringing together current in-home care programs under the new Support at Home program.

From 1 July 2025, the Support at Home program will replace the existing HCP Program and STRC Programme. The CHSP will transition to the new program by 1 July 2027.

More information on Support at Home is available on the Department of Health and Aged Care website <www.health.gov.au/our-work/support-at-home>.

Aged care eligibility assessments

The **National Screening and Assessment Form (NSAF)** is used to screen and assess people's aged care needs. The NSAF began being used on 1 July 2015, however full coverage of NSAF data does not start until June 2016. Components of the NSAF are used for 3 processes:

- screening
- home support assessments
- comprehensive assessments.

Screening using the NSAF is conducted over-the-phone by My Aged Care contact centre staff after a person registers with My Aged Care. Contact centre staff may refer people for a home support assessment or comprehensive assessment.

Home support assessments using the NSAF are generally conducted face-to-face by the Regional Assessment Service (RAS) – teams of trained assessors who provide assessment, information and advice to people requiring low level support. They assess eligibility for CHSP. RAS may also refer people for comprehensive assessments.

Comprehensive assessments using the NSAF are conducted face-to-face by Aged Care Assessment Teams (ACATs) – teams of medical, nursing and allied health professionals managed by state and territory governments. They assess eligibility for HCP (and its pre-2013 predecessors CACP, EACH and EACHD), permanent and respite residential care, TCP and STRC. Approval can be given for more than one program and people may be re-assessed as their situation changes.

The NSAF also includes 22 Supplementary Assessment Tools that may be used by an assessor to inform a holisitic assessment of a person's needs. The use of these clinically-validated assessment tools is not mandatory, but they should be used if a need is identified that requires a greater level of assessment. An assessor may also choose to use other clinically-validated tools at their discretion. Supplementary Assessment Tools are available for both comprehensive and home support assessments.

More information on the NSAF, including the NSAF User Guide and My Aged Care Assessment Manual, is available on the Department of Health and Aged Care website <www.health.gov.au/resources/collections/my-aged-care-assessor-portal-resources>.

Comprehensive assessments completed by ACATs – also known as the **Aged Care Assessment Program (ACAP)** – have been operational since 1985. The ACAP MDS was introduced in January 1994 and set out minimum reporting requirements for ACATs. Version 2 of the ACAP MDS was introduced in January 2003 as a person-centred data collection. Collection of person-level ACAP data began in 2002–03 and was established nationwide in 2004–05. The last year of complete ACAP MDS data was 2014–15, though it continued to be collected until May 2016 before collection of data under the ACAP transitioned fully to the NSAF.

The ACAP data dictionary is available on the AIHW website <www.aihw.gov.au/reports/aged-care/aged-care-assessment-program-data-dictionary-versi/summary>.

Before the introduction of the NSAF and the CHSP in July 2015, assessments for eligibility to home support differed for each program. Some information about assessments for HACC and the care needs of HACC recipients are collected in the HACC MDS.

Box 2.3: Integrated Assessment Tool

The Integrated Assessment Tool (IAT) has replaced the NSAF to assess people wanting to access government-subsidised aged care – home support and comprehensive assessments. Existing RAS and ACAT organistaions have used the IAT from 1 July 2024.

Other data sources

The NACDC includes other data sources not otherwise covered in this user guide:

- **Population projections** – prepared by the Australian Bureau of Statistics (ABS) for Geoscience Australia. The latest projections, based on the 30 June 2022 estimated resident population, is available to download from GEN Aged Care Data <www.gen-agedcaredata.gov.au/resources/access-data/2024/september/population-projections,-2022-(base)-to-2032-for-all-states-and-territories-at-statistical-area-level-d808e929cd040145f665b3d1a44f4843>.
- **Aged care workforce data** – survey of aged care providers undertaken by a research organisation for the Department of Health and Aged Care. Findings from the Aged Care Provider Workforce Survey 2023 and Aged Care Worker Survey 2024 are published on GEN Aged Care Data <www.gen-agedcaredata.gov.au/topics/aged-care-workforce>.
- **Consumer experience in residential aged care** – survey of people in residential care undertaken by the Aged Care Quality and Safety Commission. Findings from the Consumer Experience Report for 2017–19 are published on GEN Aged Care Data <www.gen-agedcaredata.gov.au/resources/publications/2019/december/consumer-experience-in-aged-care>.
- **Quality indicators for residential aged care** – the National Aged Care Mandatory Quality Indicator Program collects quality indicator data from residential care services through My Aged Care. Quarterly results are published on GEN Aged Care Data <www.gen-agedcaredata.gov.au/topics/quality-in-aged-care>.
- **Linked data** – the Pathways in Aged Care (PIAC) link map brings together information about the same person primarily from different aged care data sources within the NACDC. Findings based on the PIAC link map are published on GEN Aged Care Data <www.gen-agedcaredata.gov.au/topics/pathways-in-aged-care>.

Box 2.4: National Aged Care Data Asset

The National Aged Care Data Asset (NACDA) is an enduring (regularly updated), longitudinal, linked data resource that brings together person-based aged care data from the NACDC with health and community services data from other sources.

Following the latest update in December 2024, the NACDA includes 60 aged care data tables covering key programs and assessments, with some aged care data tables spanning 25 years (July 1997 to June 2022).

Future development of the NACDA will focus on expanding its aged care data sources as outlined by the Aged Care Royal Commission (for example, workforce, quality, and financial data).

For more information about the NACDA, see <www.aihw.gov.au/reports-data/nacda>.

The NACDA is available for government and non-government researchers to access via the National Health Data Hub (NHDH).

In addition to aged care data, NACDA via the NHDH includes Commonwealth data from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), Repatriation Pharmaceutical Benefits Scheme (RPBS), Australian Immunisation Register (AIR), National Disability Insurance Scheme (NDIS) and the National Death Index (NDI), and data on admitted patient care services (in public and private hospitals), emergency department services and outpatient services in public hospitals from most states and territories.

For more information about the NHDH, see <www.aihw.gov.au/reports-data/nhdh>.

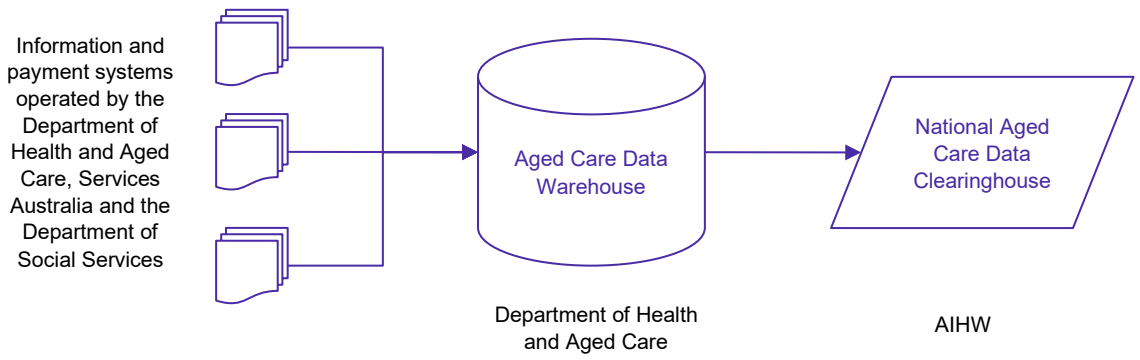
3 Collection and supply

The NACDC largely contains administrative data supplied annually to the AIHW by the Department of Health and Aged Care that is generated as a by-product of the operation of aged care programs, including payments, assessments and program-specific processes.

Collection of aged care program data

Government departments collect information from service providers and care recipients while administering aged care programs. These data are collected through different information and payment systems operated by the Department of Health and Aged Care, Services Australia and the Department of Social Services. The Department of Health and Aged Care collates aged care data from multiple systems in the Aged Care Data Warehouse (previously known as the CASPER data warehouse). A subset of data from the Aged Care Data Warehouse is supplied annually to the AIHW to update the NACDC data holdings. Figure 3.1 summarises this data flow.

Figure 3.1: Data flow for aged care program data in the National Aged Care Data Clearinghouse



The main information and payment systems currently collecting aged care data are:

- **Aged Care Management Payment System (ACMPS)**, maintained by Services Australia, collects information on HCP, residential care, TCP and STRC.
  - HCP information has been collected in the ACMPS since the program began in August 2013.
  - Residential care migrated from the System for the Payment of Aged Residential Care (SPARC) to ACMPS in August 2022.
  - TCP and STRC migrated from SPARC to ACMPS in April 2020.

  The ACMPS also stores information on the previous home care programs – CACP, EACH and EACHD – which were collected in different information and payment systems. CACP information was collected in the Management of Expenditure and Resident Linked Information Network (MERLIN) System until the program ended in August 2013. EACH and EACHD information were collected in SPARC until these programs ended in August 2013. For more information on data entry into the ACMPS, see <hpe.servicesaustralia.gov.au/aged-care-provider-portal.html>.

- **Data Exchange (DEX)**, operated by the Department of Social Services, collects information on CHSP. For more information on data entry for DEX, see <dex.dss.gov.au/document/1526>.
- **My Aged Care, including Client Portal, Assessor Portal and Service and Support (Provider) Portal**, operated by the Department of Health and Aged Care, collects information on people seeking or accessing aged care, and NSAF and AN-ACC assessments. It is also a source for care level information for HCP recipients and manages the allocation of packages for HCP recipients.
- **Government Provider Management System (GPMS)**, operated by the Department of Health and Aged Care, is a repository of information on services and providers who deliver government-funded home care, residential care and flexible care. The GPMS progressively replaced the National Approved Provider System (NAPS) from June 2023.

Supply of NACDC data

Unit record data from the Aged Care Data Warehouse are typically supplied to the AIHW in September each year for aged care program activity up to 30 June of that year. Each annual supply also refreshes data from previous years where records have been revised or updated. The AIHW carries out verification processes and checks prior to adding these data to the NACDC data holdings and making them available for use. This may also involve 'cleaning' records and deriving new variables.

Linkage variables, including person name information and linkage keys, are stored in the AIHW's secure Data Integration Services Centre (DISC) linkage environment and de-identified aged care 'content' data are stored in the NACDC. This separation means that no-one can see both personal identifiers and content data at the same time. The linkage variables are used for AIHW Ethics Committee approved linkage projects.

CHSP and NSAF content data are managed and stored separately to content data for the other aged care programs in the NACDC due to differences between the source systems. Data collected from different information and payment systems may have different, program-specific identifiers for recipients and/or services. For example, the ACMPS and SPARC identifiers for home care, residential care and flexible care will differ from DEX identifiers for CHSP and My Aged Care identifiers for NSAF. The nature and structure of the aged care content data collected may also differ between systems. For example, CHSP episodes are collected per provision of service, or 'session', while home care, residential care and flexible care episodes are collected per entry into care, or 'admission'.

Data quality

The aged care program data in the NACDC are collected through information and payment systems operated by other agencies and the AIHW has limited capacity to independently validate data quality. However, the AIHW assesses all received data and carries out consistency checks. The AIHW also focuses on ensuring internal processes are robust so that outputs are reliable, reproducible and accurately reflect the source data. Any data limitations or interpretation issues are detailed within any release of data.

More information on NACDC data quality is available in the following data quality statements:

- National Aged Care Data Clearinghouse (NACDC), meteor.aihw.gov.au/content/735282
- Aged Care Funding Instrument (ACFI), meteor.aihw.gov.au/content/735287.

Data improvements

The Royal Commission into Aged Care Quality and Safety made recommendations in its final report in 2021 related to improving the quality, coverage and availability of aged care data. The Department of Health and Aged Care and the AIHW are working on a range of data improvement activities in response to these recommendations. More information is available on GEN Aged Care Data <www.gen-agedcaredata.gov.au/data-improvements>.

Box 3.1 Aged Care National Minimum Data Set and Aged Care National Best Practice Data Set

The Aged Care National Minimum Data Set (NMDS) is a core set of standardised data items about aged care being developed for mandatory collection and reporting at a national level. The purpose of the NMDS is to improve data quality, comparability and usefulness across the aged care sector. This means that data must be collected in accordance with the NMDS data specifications at the point of care, capture or record creation (as applicable).

The Aged Care National Best Practice Data Set (NBPDS) is a set of opt-in standardised data items that will transition to mandatory NMDS data items over time.

The NMDS and NBPDS are being developed progressively, with refined and new items added over time. Version 1.0 of the NMDS was endorsed and released in June 2023. Version 2.0 of the NMDS and version 1.0 of the NBPDS are under development. The NMDS will be implemented progressively across the sector and will impact the data flowing into NACDC in future.

The Aged Care NMDS is available on METEOR <meteor.aihw.gov.au/content/774715>.

For updates on the progress of the NMDS and NBPDS data development, see the Data improvements page.

4 Using the data

NACDC table specifications, including a list of data items, are published with this user guide and can be downloaded from <www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/NACDC-user-guide>.

Most of the data in the NACDC are collected to support payment of subsidies to aged care providers and to administer government-funded aged care programs. NACDC data are used for research and analysis – secondary use of administrative by-product data. As a result, there are limitations with the data that should be considered when interpreting any output.

Program-specific limitations with NACDC data are described in Chapter 2.

Interpretation

Limitations and considerations when interpreting NACDC data include:

- **Services** – services refer to outlets or facilities that deliver aged care. Home support outlets, home care outlets and residential care facilities are all types of services, but they are not directly comparable because they operate in different ways.
- **Providers** – providers refer to the organisations that own and operate services. One provider may operate multiple services. Providers can operate across different aged care programs.
- **Places** – places refer to packages or beds, generally allocated to an aged care service or provider, and is used to measure system capacity. Places are only allocated for some aged care programs and places may not distinguish between service types or care level.
  - Residential care places do not distinguish between permanent and respite places.
  - Since 1 July 2014, residential care places are no longer distinguished as either low care or high care.
  - HCP places are not reportable since 27 February 2017 because places are no longer allocated to HCP services or providers, and funding for HCP places (packages) follow the care recipient.
- **Status of places** – allocated places are made up of operational places, unused (or offline) places and provisionally allocated places. Operational places are operational and currently being used. Unused places have been operational in the past are not currently being used. Provisionally allocated places are not yet operational.
- **Occupancy rate** – occupancy rate refers to the number of operational places that are occupied at a point in time. Service-level occupancy rates are not published.
- **Recipients** – recipients, or people, are counted for each aged care program, including assessments. Some people may receive multiple services from different aged care programs. It is not possible to estimate the total number of people accessing *any* aged care program or to follow people between programs – without data linkage – because different programs may use different person identifiers.
- **Episodes** – an aged care service episode refers to the time between entry or admission and exit or discharge. The length of an episode can vary depending on the aged care program and the person's changing care needs. For home support, episodes refer to the delivery of a service or 'session'.

- **Assessments** – aged care assessments are used to determine a person's care needs. This includes assessments received prior to admission and in-care. Assessments prior to admission determine the type and level of care a person is eligible for. In-care assessments are used to determine the level of funding for services and providers.
- **Reporting period** – aged care data can be reported at a point in time – for example, the number of people in permanent residential care on 30 June – or over a period – for example, the number of home support services during the financial year.
- **Counting services** – services (and providers) are typically counted at a point in time based on whether they are accredited, approved and active. Counts may also reflect activity volume during a reference period. For some aged care programs, services may be counted according to their size determined by the number of operational places.
- **Counting people** – people using an aged care program can be counted as at a point in time or over a period. People may have multiple episodes over a period and should only be counted once. For some aged care programs, such as respite residential care, the number of people using the program at a point in time may be considerably smaller than the number of people using the program over a period like a financial year. This is because the typical episode length for some aged care programs is short.
- **Counting episodes** – episodes are typically counted as the number of admissions or exits over a period. Home support episodes may be counted as services or sessions.
- **Geography** – geographic information can be based on the location of the service (outlet or facility) or the location of the person receiving aged care. The physical address for a service or person is mapped to commonly used geographic regions, including Aged Care Planning Region (ACPR), Primary Health Network (PHN) and Modified Monash Model (MMM). The location of people using permanent residential care is the same as the service location. For other aged care programs, however, people may receive care from services in different locations.
- **Demographics** – demographic characteristics about a person include date of birth, sex, gender, Indigenous status, country of birth, preferred language, ethnicity, marital status, usual accommodation and living arrangements. Different aged care programs may collect different demographic information, and at different levels of detail. Some demographic information is collected at the time of application or assessment prior to receiving aged care, and therefore may not reflect the person's characteristics while receiving care.
- **Age** – a person's age is calculated using their date of birth. For data reported at a point in time, the person's age is calculated as at the reference date. For data reported over a period, the person's age may be calculated as at the start, middle or end of the reference period, or as at the date of admission or date of discharge. Where date of birth is missing or recorded incorrectly, age cannot be reported.
- **Sex** – most aged care programs collect the person's sex recorded as 'male' or 'female'. Depending on how data were collected, this may be based on what the person selected for themselves or what was selected for them by someone else. It is not known if the people completing these records interpreted sex to mean sex at birth or gender identity. Most aged data are reported using the terms 'men' and 'women' to mean 'male' and 'female', but it should be noted that some recipients may not identify with these terms. Due to small numbers, results for people whose sex is recorded as another term are not typically reported. NSAF collects the person's gender rather than sex, but the same considerations apply.
- **First Nations people** – Indigenous status is self-identified and disclosing it is not compulsory. As a result, the number of people using an aged care program and

identifying as Aboriginal and Torres Strait Islander (First Nations) people may be an underestimate of the true number of Indigenous people using that program.

- **Health conditions** – health condition information is currently collected as part of NSAF eligibility assessments and was collected during ACFI assessments for people receiving permanent residential care (until 30 September 2022). Health condition information is collected at a point-in-time (at the time of assessment).
  - NSAF collects information from people prior to accessing aged care and records up to 40 health conditions impacting a person's care needs, and a primary health condition with the greatest impact on care needs. NSAF health conditions may not reflect the person's health status when they start receiving care.
  - ACFI (the precursor to AN-ACC) collected information periodically for people while they were receiving permanent residential care and recorded up to 3 medical conditions and 3 mental or behavioural conditions. AN-ACC does not currently capture information on health conditions, including dementia.
  - Health conditions may be identified for specific programs through payments and supplements, such as the dementia and cognition supplement for home care.
- **Flexible care** – service- and provider-level data are currently available for MPS, NATSIFAC and ICP, but not person- and episode-level data. As a result, data coverage may be incomplete for aged care service use in remote areas and aged care service use by Aboriginal and Torres Strait Islander people.
- **Home support** – CHSP providers receive Australian Government funding through grant agreements, and then provide subsidised services to older people. This differs from HCP or residential care where funding is centred around the individual. As a result, the quality of data reported for individuals may differ across programs. CHSP providers are expected to report no more than 5% of their clients as unidentified in each reporting period.

Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACFI	Aged Care Funding Instrument
ACHA	Assistance with Care and Housing for the Aged [Program]
ACMPS	Aged Care Management Payment System
ACPR	Aged Care Planning Region
AIR	Australian Immunisation Register
AN-ACC	Australian National Aged Care Classification
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Program
CHSP	Commonwealth Home Support Programme
DEX	Data Exchange
DISC	Data Integration Services Centre
DTC	Day Therapy Centres [Program]
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
GPMS	Government Provider Management System
HACC	Home and Community Care
HCP	Home Care Packages [Program]
IAT	Integrated Assessment Tool
ICP	Innovative Care Programme
MAC	My Aged Care [website and contact centre]
MBS	Medicare Benefits Schedule
MDS	minimum data set
MERLIN	Management of Expenditure and Resident Linked Information Network
MMM	Modified Monash Model
MPS	Multi-Purpose Services [Program]
NACDA	National Aged Care Data Asset
NACDC	National Aged Care Data Clearinghouse

NAPS	National Approved Provider System
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care [Program]
NBPDS	National Best Practice Data Set
NDI	National Death Index
NMDS	national minimum data set
NRCP	National Respite for Carers Program
NSAF	National Screening and Assessment Form
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
PIAC	Pathways in Aged Care
RAS	Regional Assessment Service [Program]
RCS	Residential Classification Scale
RPBS	Repatriation Pharmaceutical Benefits Scheme
SPARC	System for the Payment of Aged Residential Care
STRC	Short-Term Restorative Care [Programme]
TCP	Transition Care Programme

Related publications

Previous NACDC user guides

AIHW (Australian Institute of Health and Welfare) (2020) *National Aged Care Data Clearinghouse Data Dictionary*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/national-aged-care-data-clearinghouse-data-diction>

AIHW (2016) *National Aged Care Data Clearinghouse Data Dictionary: version 1.0*, AIHW, Australian Government, accessed 29 April 2024. <www.gen-agedcaredata.gov.au/resources/publications/2016/oct/national-aged-care-data-clearinghouse-data-dictionary-version-1-0>

Other aged care data user guides

AIHW (2023) *GEN data: CURF data items*, AIHW, Australian Government, accessed 29 April 2024. <www.gen-agedcaredata.gov.au/resources/publications/gen-data-curf-data-items>

AIHW (2023) *Pathways in Aged Care 2020 technical guide*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/pathways-in-aged-care-2020-technical-guide>

AIHW (2017) *Pathways in Aged Care 2014: technical guide*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/pathways-in-aged-care-2014-technical-guide>

AIHW (2016) *Introduction to Pathways in Aged Care 2014*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/introduction-to-pathways-in-aged-care-2014>

AIHW (2002) *Aged care assessment program data dictionary version 1.0*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/aged-care-assessment-program-data-dictionary-versi>

Ryan T, Holmes B, Gibson D (1999) *A National Minimum Data Set for Home and Community Care*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/aged-care/nmds-home-community-care>

AIHW (1998) *Home and Community Care (HACC) data dictionary version 1.0: Home and Community Care Program National Minimum Data Set*, AIHW, Australian Government, accessed 29 April 2024. <www.aihw.gov.au/reports/technical-report/home-community-care-hacc-data-dictionary-v-1>