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Australian Institute of
Health and Welfare

GEN
AGED CARE DATA

National Aged Care Data Clearinghouse

User guide

Last updated February 2026

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, Disability and Ageing 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 older people. 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 publications, dashboards, factsheets, data tables and confidentialised unit record files.

In addition, summary data tables from the NACDC can be requested through the AIHW's data request service <www.gen-agedcaredata.gov.au/request-customised-data>. All requests for sensitive data are assessed against legislation, privacy principles and agreements with data providers to ensure lawful disclosure. Some data requests need a Five Safes assessment or ethical approval.

For information about accessing AIHW linked data assets, including the National Aged Care Data Asset (NACDA), see Box 2.4 and <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 data items list, 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 organisations responsible for providing care. Information on system capacity, such as 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).

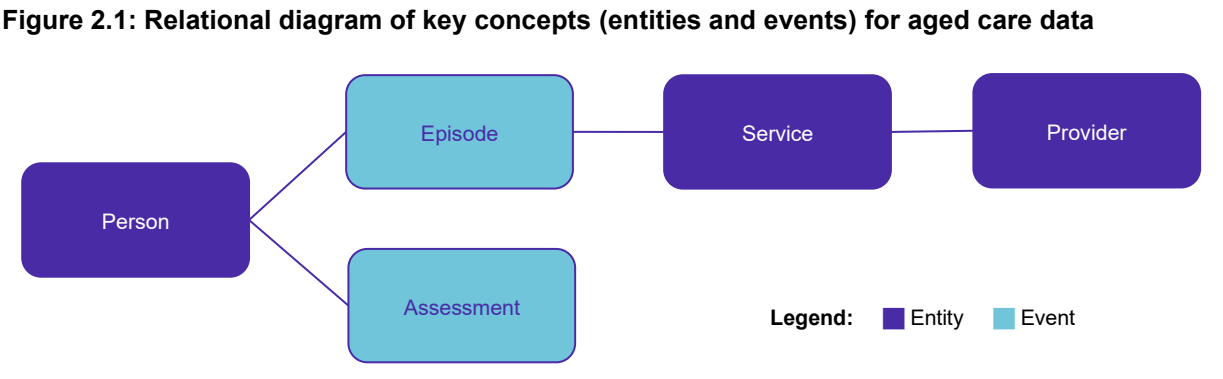


Figure 2.1 above shows that activity within the aged care system can be measured through episodes of care and assessments, and each are associated with a person and a service (outlet or facility). Services are in turn associated with a provider. Accreditation, capacity, financial reporting and performance 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* and *Aged Care Act 2024* (see Box 2.1), as well as some that operate outside these arrangements. 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.

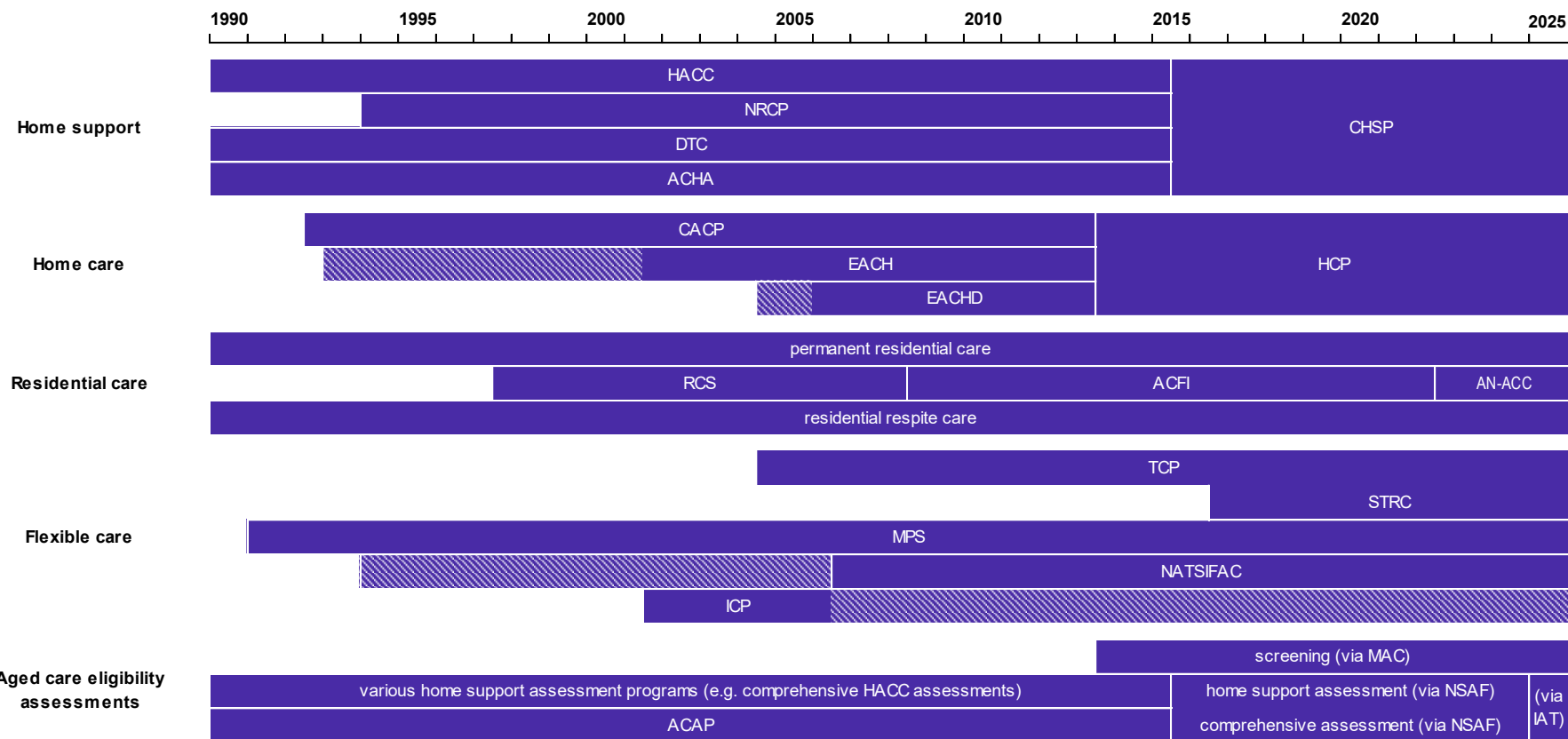
Figure 2.2 depicts the changes in government-funded aged care programs over time. The different program types – home support, home care, residential care, flexible care and aged care eligibility assessments – have existed in various forms since the 1990s. However, the specific programs have changed during 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.

Box 2.1: New Aged Care Act

The Royal Commission into Aged Care Quality and Safety (Royal Commission) released its final report in March 2021. The Australian Parliament passed the *Aged Care Act 2024* (the new Act) in November 2024, which responded to 58 recommendations from the Royal Commission. The new Act came into effect from 1 November 2025. Changes since the commencement of the new Act and the beginning of the Support at Home program, alongside a new regulatory model, are not currently in the NACDC. These will become available when the NACDC is updated with data for the 2025–26 financial year.

For more information on the new Act, see <www.health.gov.au/our-work/aged-care-act>.

Figure 2.2: Changes in government-funded aged care programs over time, 1990 to 2025



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; CHSP – Commonwealth Home Support 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]; IAT – Integrated Assessment Tool; ICP – Innovative Care Programme; MAC – My Aged Care [website and contact centre]; MPS – Multi-Purpose Service [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 Program.

Current data holdings

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

Table 2.1: Aged care program data in the NACDC as at June 2025

Type	Program	Key concepts for data	Reference period for data
Home support	Commonwealth Home Support Program (CHSP)	Person, Episode, Service, Provider	1 July 2016 to 30 June 2025
	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 2025
	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 2025
	Australian National Aged Care Classification (AN-ACC)	Person, Assessment	1 October 2022 to 30 June 2025
	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
	Residential respite care	Person, Episode, Service, Provider	1 July 1997 to 30 June 2025
Flexible care	Transition Care Program (TCP)	Person, Episode, Service, Provider	1 October 2005 to 30 June 2025
	Short-Term Restorative Care (STRC) Programme	Person, Episode, Service, Provider	1 March 2017 to 30 June 2025
	Multi-Purpose Service (MPS) Program	Service, Provider	1 October 1994 to 30 June 2025
	National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)	Service, Provider	1 October 1997 to 30 June 2025
	Innovative Care Programme (ICP)	Service, Provider	1 December 2001 to 30 June 2025
Aged care eligibility assessments	Screening via My Aged Care (MAC)	Person, Assessment	1 July 2015 to 30 June 2025
	Integrated Assessment Tool (IAT) –home support assessments, comprehensive assessments	Person, Assessment	1 July 2024 to 30 June 2025
	National Screening and Assessment Form (NSAF) – home support assessments, comprehensive assessments	Person, Assessment	1 July 2015 to 30 June 2024
	Aged Care Assessment Program (ACAP)	Person, Assessment	1 January 2003 to 31 May 2016

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 permanent residential care.

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

Home support

The **Commonwealth Home Support Program (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.

The CHSP operated outside of the *Aged Care Act 1997* since it began in 2015. However, from 1 November 2025, the CHSP came under the *Aged Care Act 2024* and its operations was extended to 30 June 2027. The CHSP will transition to the Support at Home (SAH) program no earlier than 1 July 2027 (see Box 2.2).

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, Disability and Ageing website <www.health.gov.au/our-work/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.

Box 2.2: Support at Home

The Support at Home (SAH) program commenced on 1 November 2025. The SAH Program replaced the existing Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme. The CHSP will transition to the SAH program no earlier than 1 July 2027. SAH data are not currently in the NACDC. These will become available when the NACDC is updated with data for the 2025–26 financial year.

For more information on SAH, see <www.health.gov.au/our-work/support-at-home>.

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.

From 1 November 2025, the HCP Program was replaced by the Support at Home (SAH) Program (see Box 2.2).

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 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. From 1 November 2025, residential care places work differently under the *Aged Care Act 2024* (see Box 2.3).

Box 2.3: 'Places to people' in residential care

From 1 November 2025, residential aged care places will be assigned directly to older people who have been approved for government-funded residential care services. This change is called 'places to people' and replaces the allocation of places to providers to deliver government-funded residential care through an Aged Care Approvals Round (ACAR). Providers no longer need 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, Disability and Ageing website <<http://www.health.gov.au/our-work/places-to-people-embedding-choice-in-residential-aged-care>>.

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 resident's 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 <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.

Residential respite 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. Residential respite 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 residential respite

care in a financial year, and this can be extended by up to another 21 days if approved by an aged care assessment organisation.

More information on residential care is available on the Department of Health, Disability and Ageing website <www.health.gov.au/our-work/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 Program (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 Modified Barthel Index for activities of daily living.

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

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.

From 1 November 2025, the STRC Programme was replaced by the Support at Home (SAH) Program (see Box 2.2).

The **Multi-Purpose Service (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, Disability and Ageing website <www.health.gov.au/our-work/the-multi-purpose-service-program>.

The **National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)** 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 NATSIFACP 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*. However, from 1 November 2025, the NATSIFACP came under the *Aged Care Act 2024*.

More information on NATSIFACP, including the NATSIFACP Program Manual, is available on the Department of Health, Disability and Ageing 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, Disability and Ageing 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.

Aged care eligibility assessments

Screening is conducted over-the-phone by My Aged Care contact centre staff after a person registers with My Aged Care. Contact centre staff can refer people for an aged care needs assessment.

The **Integrated Assessment Tool (IAT)** is used to assess people's aged care needs from 1 July 2024. Aged care needs assessments are carried out by the Single Assessment System workforce and determine a person's eligibility for in-home aged care, flexible aged care programs, residential respite, or entry to residential aged care. The IAT is used for home support assessments and comprehensive assessments.

- Home support assessments using the IAT are undertaken by non-clinical assessors and are for older people who have entry level care needs. A non-clinical assessor can refer a person for a comprehensive assessment.
- Comprehensive assessments using the IAT are undertaken by clinical assessors and are for older people who have more complex needs and who may require a higher level of care.

More information on the IAT, including the IAT User Guide, is available on the Department of Health, Disability and Ageing website <www.health.gov.au/our-work/single-assessment-system>.

The IAT replaced the **National Screening and Assessment Form (NSAF)**, which was used between 1 July 2015 and 30 June 2024. Full coverage of NSAF data did not begin until June 2016. The NSAF was used for home support assessments and comprehensive assessments, and included optional supplementary assessment tools.

- Home support assessments using the NSAF were generally conducted face-to-face by the Regional Assessment Service (RAS) – teams of trained assessors who provided assessment, information and advice to people requiring low level support. They assessed eligibility for CHSP. RAS may refer people for comprehensive assessments.
- Comprehensive assessments using the NSAF were 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 assessed eligibility for HCP (and its pre-2013 predecessors CACP, EACH and EACHD), permanent residential care, residential respite care, TCP and STRC. Approval could be given for more than one program and people could be re-assessed as their situation changed.

- The NSAF also included 22 supplementary assessment tools that may have been used by an assessor to inform a holistic assessment of a person's needs. These clinically-validated assessment tools were not mandatory, but should have been used if a greater level of assessment was required. An assessor may also have chosen to use other clinically-validated tools at their discretion. Supplementary assessment tools were available for both comprehensive assessments and home support assessments.

From 9 December 2024, the Single Assessment System workforce replaced the RAS, ACATs and independent AN-ACC assessment organisations.

Comprehensive assessments completed by ACATs – also known as the **Aged Care Assessment Program (ACAP)** – began operating in 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.

Other data sources

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

- **Quality in 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>.
- **Aged care workforce** – survey of aged care providers undertaken by a research organisation for the Department of Health, Disability and Ageing. 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>.
- **Pathways in aged care** – 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) brings together de-identified person-level data collected across aged care, health and other community service settings for aged care research purposes. The NACDA was launched by the AIHW in 2024. Its purpose is to better understand the pathways, experiences and outcomes of people receiving aged care, and the operation and performance of the aged care system. It is an enduring asset, meaning data will be updated regularly and new tables and data sources added over time.

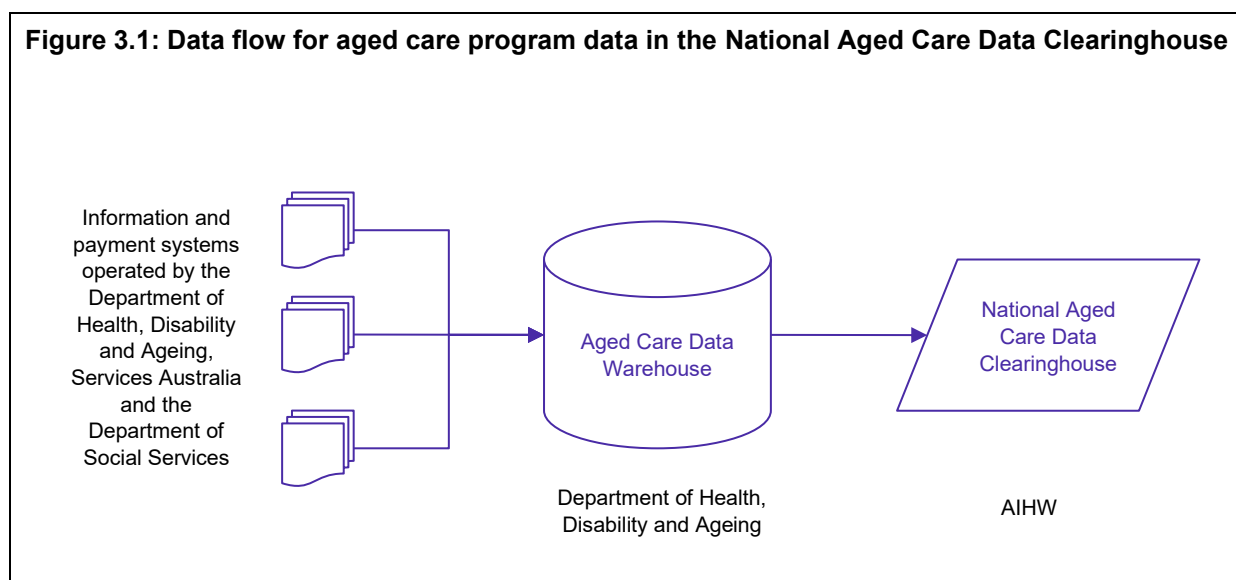
For more information on the NACDA, see <www.gen-agedcaredata.gov.au/about-our-data/national-aged-care-data-asset>.

3 Collection and supply

The NACDC largely contains administrative data supplied annually to the AIHW by the Department of Health, Disability and Ageing 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, Disability and Ageing, Services Australia and the Department of Social Services. The Department of Health, Disability and Ageing 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.



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, Disability and Ageing, collects information on people seeking or accessing aged care, including screening, care needs assessments (NSAF and IAT) and residential care funding assessments (AN-ACC). 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, Disability and Ageing, is a repository of information on 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 October 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.

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 and IAT. 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, Disability and Ageing and the AIHW are working on a range of data improvement activities in response to these recommendations, including data standards (see Box 3.1) and linked data (see Box 2.4).

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 for mandatory collection and reporting at a national level about aged care. The purpose of the NMDS is to improve data quality, comparability and usefulness of data collected 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 2.0 of the NMDS <meteor.aihw.gov.au/content/807114> and version 1.0 of the NBPDS <meteor.aihw.gov.au/content/806042> were published in October 2025.

These data standards will be implemented progressively across the sector and will impact the data flowing into NACDC in future.

For more information on the NMDS and NBPDS, see <www.gen-agedcaredata.gov.au/about-our-data/data-improvements>.

4 Using the data

NACDC table specifications, including data items list, 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>.

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 (aged care homes) 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 aged care 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 residential respite 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/Gender** – 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 assigned at birth or gender identity. Most aged care 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 and IAT collect 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 Aboriginal and Torres Strait Islander people using that program.

- **Health conditions** – health condition information is currently collected as part of the IAT eligibility assessments, and was collected as part of the NSAF eligibility assessments (up to 30 June 2024) and 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).
 - IAT and NSAF collect information from people prior to accessing aged care and record 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, NATSIFACP 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
AN-ACC	Australian National Aged Care Classification
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
CACP	Community Aged Care Program
CHSP	Commonwealth Home Support Program
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
ICD-10	International Statistical Classification of Disease and Related Health Problems 10th revision
ICP	Innovative Care Programme
MAC	My Aged Care [website and contact centre]
MDS	minimum data set
MERLIN	Management of Expenditure and Resident Linked Information Network
MMM	Modified Monash Model
MPS	Multi-Purpose Service [Program]
NACDA	National Aged Care Data Asset

NACDC	National Aged Care Data Clearinghouse
NAPS	National Approved Provider System
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
NBPDS	National Best Practice Data Set
NDI	National Death Index
NMD	National Mortality Database
NMDS	national minimum data set
NRCP	National Respite for Carers Program
NSAF	National Screening and Assessment Form
PHN	Primary Health Network
PIAC	Pathways in Aged Care
RAS	Regional Assessment Service [Program]
RCS	Residential Classification Scale
SAH	Support at Home [Program]
SPARC	System for the Payment of Aged Residential Care
STRC	Short-Term Restorative Care [Programme]
TCP	Transition Care Program

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 7 January 2026.
<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 7 January 2026.
<www.gen-agedcaredata.gov.au/resources/publications/2016/october/national-aged-care-data-clearinghouse-data-dictionary-version-1-0>

Other aged care data user guides

AIHW (2025) *GEN data: CURF data items*, AIHW, Australian Government, accessed 7 January 2026.

<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 7 January 2026.

<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 7 January 2026.

<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 7 January 2026.

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AIHW (2002) *Aged care assessment program data dictionary version 1.0*, AIHW, Australian Government, accessed 7 January 2026.

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<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 7 January 2026.

<www.aihw.gov.au/reports/technical-report/home-community-care-hacc-data-dictionary-v-1>