People’s care needs in aged care

How are needs met?
In Australia, a range of care programs are available to support a person’s care needs, and for many of these programs, the services are tailored to the individual’s needs. Care is generally provided through residential and community-based approaches. People in permanent residential care need help with most activities and their needs are assessed through the Aged Care Funding Instrument (ACFI) on three different areas of care—activities of daily living, cognition and behaviour, and complex health care.

What is the ACFI?
The ACFI is a tool used to assess and provide basic information on a person’s needs in permanent residential care. Questions are asked across the three areas of care (known as ‘care domains’). The ratings—high, medium, low or nil—are used to allocate government funds to the resident’s facility. As well as the care ratings, information on health conditions affecting care is recorded.

The ACFI showed that among people in permanent residential aged care on 30 June 2018:
- 86% had at least one diagnosed mental health or behavioural condition
- 52% had dementia
- 49% had a diagnosis of depression.

What area of care has the highest level of need?
In 2018, the greatest proportion of ‘high’ ratings was in cognition and behaviour (64%), followed by activities of daily living (59%) and complex health care (53%) (Figure 1).

How have care needs changed over time?
Since 2009, the proportion of people with high care needs has generally increased in each care domain. The biggest overall change was in the complex health care domain where high care need ratings increased from 13% in 2009 to 61% in 2016 before dropping to 55% in 2017 and 53% in 2018 (Figure 2). This drop reflects changes to the rating method for complex health care in January 2017.
Who has high care needs?

Around 1 in 3 people (31%) in residential aged care had a high care need rating for all three of the care domains.

Older people

Generally, the proportion of people with high care needs increases with age, but this isn’t always the case—high care needs decreased with age on the cognition and behaviour care domain (Figure 3).

Women

A higher proportion of women were assessed with a high care rating on the complex health care domain (55% compared with 50% of men), and activities of daily living domain (61% compared with 55% of men). Men and women had the same high care need rating on the cognition and behaviour domain (64% each). However, at each age group, a higher proportion of women than men were rated with a high care need (Figure 3). This was the same for the other care domains.

Culturally and linguistically diverse people

On each care domain, a larger proportion of people born in non-English speaking countries and those who preferred speaking a language other than English were rated with high care needs than those who were born in English-speaking countries and those who preferred to speak English.

People with dementia

A higher proportion of people with dementia had a high care need rating than people without dementia in the cognition and behaviour and activities of daily living care domains. The proportion of people who had a high care need rating for complex health care was similar for those with and without dementia. As could be expected, the biggest difference was on the cognition and behaviour domain, where the rate of high care needs for people with dementia (81%) was nearly double that for people without dementia (46%).

Where can I find out more?

Department of Health:

Basic subsidy amounts (ACFI)


ACFI user guide


ACFI reports


Suggested citation


Information and data on aged care in Australia

GEN-agedcaredata.gov.au

Contact

GPO Box 570, Canberra, ACT 2601
(02) 6244 1000 | GEN@aihw.gov.au