



Australian Government

Department of Health, Disability and Ageing

***Aged Care Act 2024* Wait Times Report: Residential care and Support at Home**

First report

1 November 2025 – 31 March 2026

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1. Introduction

This is the first report compiled by the System Governor to meet the new reporting requirement under section 342A of the Aged Care Act 2024, which mandates quarterly reporting on waiting periods for certain funded aged care services. The report presents information on the time it typically takes for older people to commence non-specialist, Commonwealth-funded aged care services after applying through My Aged Care. In addition to established programs such as residential care, this inaugural report also includes data relating to the new Support at Home program. The report supports transparency and system monitoring in accordance with the Act (see Section 3). For the purposes of this report, non-specialist aged care services include:

- **Support at Home services** delivered on an ongoing basis
- **Short-term pathways** delivered under the Support at Home program, including:
 - the Assistive Technology and Home Modifications Scheme
 - the End-of-Life Pathway
 - the Restorative Care Pathway
- **Residential aged care services** delivered on either an ongoing or short-term basis.

This measure reflects elapsed time across the entire aged care access pathway (from initial application through to service commencement) and includes periods that do not constitute system-managed waiting time.

This elapsed time measure is not directly comparable to other published waiting time or entry period measures (for example, those reported in the *Report on Government Services*), as it incorporates different service types and uses a different starting point in the pathway.

The distribution of elapsed times is highly skewed, meaning median values better represent typical experience than averages. Further context on the aged care access pathway and factors influencing timing is provided in **Section 5** and **Appendix B**.

The report focuses on people who commenced aged care services between 1 November 2025 and 31 March 2026 (Quarters 2 and 3 of 2025-26). It presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care. The cohort includes both people entering aged care for the first time and those commencing services following a change in circumstances that required a Support Plan Review by an aged care assessor.

By examining the experience of this cohort, the report compares and contrasts by service type, state and territory, and local region.

As the analysis is based on retrospective data, the findings may not reflect current system pressures or wait times experienced by people entering aged care services at the time of publication.

The future statutory review of the operation of the Act will consider the future expansion of reporting on the duration of waiting periods for funded aged care services to cover specialist programs such as Multi-Purpose Services, Transition Care, and the Commonwealth Home Support Program.

2. Executive summary

- This report fulfils the quarterly reporting requirements set out in section 342A of the *Aged Care Act 2024* for waiting periods for residential care and Support at Home. This report presents median and average measures of the time elapsed between application through My Aged Care to commencement of aged care services for the 1 November 2025 – 31 March 2026 (Quarter 2 and Quarter 3 of 2025-26) reporting period.
- The national median elapsed time from application to service commencement was 294 days.
- Victoria recorded the shortest median time at 273 days, while Queensland had the longest at 322 days.
- The End-of-Life Pathway had the shortest median time by service type (15 days), whereas Support at Home (ongoing) had the longest (347 days).

3. Reporting Requirements

Provision	Legislative requirement	Report section	Commentary
s342A(2)(a)	The number of applications for funded aged care services made under subsection 56(1) for which a decision under subsection 57(1) has not been made, including applications made during that quarter and previous quarters	6. Applications awaiting a decision	Reports count of applications awaiting an eligibility (triage) decision in Quarter 2 and Quarter 3 2025–26.
s342A(2)(b)	The average number of days between the date of an application for funded aged care services being made under subsection 56(1) and the commencement of the provision of non-specialist funded aged care services, where those services commenced in the quarter	7.1 Average and median waiting period (342A(2)(b) and (c))	Reports on the average number of days for non-specialist care.
s342A(2)(c)	The median number of days between the date of an application for funded aged care services being made under subsection 56(1) and the commencement of the provision of non-specialist funded aged care services, where those services commenced in the quarter	7.1 Average and median waiting period (342A(2)(b) and (c))	Reports on the median number of days for non-specialist care.
s342A(2)(d)	An assessment of the differences in the time taken between application and the commencement of services as a result of whether the non-specialist funded aged care service was delivered in an approved residential care home or a home or community setting	8. Assessment of differences by service setting	Reports on median and average days/months by service type and provides commentary to meet the requirement for the assessment of differences.
s342A(2)(e)	An assessment of the differences in the time taken between application and the commencement of services as a result of the State or Territory in which the non-specialist funded aged care service was delivered	9. Assessment of differences by State or Territory	Reports on median and average days/months by jurisdiction and provides commentary to meet the requirement for the assessment of differences.
s342A(2)(f)	An assessment of the differences in the time taken between application and the commencement of services as a result of the local	10. Assessment of differences by local region	Reports on median and average days/months by Aged Care Planning Region, as per the Aged Care Rules 2025, and provides commentary to meet

Provision	Legislative requirement	Report section	Commentary
	region in which the non-specialist funded aged care service was delivered		the requirement for the assessment of differences.
342A(2A)	A report may include corrections or updates to information included in a previous report.	Disclaimer and Introduction	<p>System maintenance, outages, and provider reporting schedules - particularly the requirement to report service entries within 28 days - may affect the currency of the data.</p> <p>Re-extracted data from the previous quarters data may be published as appendices in future reports.</p>

4. Methodology

Reporting period

This report covers people who commenced **residential aged care** or **Support at Home** services between **1 November 2025 and 31 March 2026**. The first reporting period covers two quarters (Quarter 2 and Quarter 3 of 2025-26), in accordance with section 342A(4) of the Act, which requires the initial report to cover two quarters when the Act commences on a day other than the start of a financial quarter. All subsequent reports will be limited to one quarter.

Scope

The report presents retrospective elapsed-time data for Commonwealth-funded aged care services for people commencing care between 1 November 2025 and 31 March 2026, covering the following care types:

- Support at Home (ongoing)
- Assistive Technology
- Home Modifications
- End-of-Life Pathway
- Restorative Care Pathway
- Residential Care (ongoing) and
- Residential (short-term).

Wait time measure

Wait time is calculated as the number of days between:

- the application start date, and
- the service commencement date based on the start notification submitted to Services Australia by the provider.
- Wait time in this report is expressed as the elapsed number of days between:
 - the application start date, and
 - the service commencement date recorded by the provider.
- This elapsed time includes a range of events across the aged care access pathway, not all of which represent time spent waiting for services to be delivered. For this reason, the report deliberately uses the term 'elapsed time' rather than 'waiting time'.
- Further information on factors influencing timing across the pathway is provided in Appendix B.

Key dates

- **Application start date:**
 - For new applicants, the date the person applied through *My Aged Care*.
 - For people already in a program, the start date of a *Support Plan Review (SPR)* undertaken prior to service commencement.
- **Service commencement date:**
 - The service entry date recorded by the provider in the Services Australia payment system.

Counting rules

- Each service type commenced by a person in the reporting period is counted as a separate entry.
- If a person commenced the same service type more than once in the reporting period, only one entry per person, per service type, per reporting period is included.

Outlier exclusions

People who opted out of receiving services under either the Home Care Packages Program or Support at Home at any point in their care journey are excluded from the calculations. These exclusions prevent the inclusion of outliers which would affect the average given a portion of this cohort hold historic assessment referrals, with some pre-dating the introduction of the Home Care Packages Program in 2013.

In addition, transitioned Home Care Package and Short-Term Restorative Care clients who were subsequently approved for Assistive Technology–Home Modifications funding, either through the data collection process or a Support Plan Review, were excluded. These clients already held an approved place, and the system should have recorded no break in care. They were also able to draw on Commonwealth unspent funds, meaning any subsequent approvals reflected an increase in funding only. Including these records would have skewed the AT-HM median and average to zero days.

Summary statistics

The report presents both:

- average (mean) wait times, and
- median wait times.

Median and average values are suppressed where fewer than 10 people are included in a group. This is illustrated by dash (-) in affected tables.

Location data

Location is based on the address of the person receiving care at the time of service commencement. This may be a private residential address or the location of a residential aged care home.

Interpretation

While referred to as a wait time report, the measures reflect elapsed time between stages of the aged care pathway, including application, allocation, and commencement of care. Time from application to allocation is generally managed by the department. Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Disclaimer

All data is sourced from departmental systems and reflects information available at the time of extraction:

- Support at Home service group commencement data was extracted on 15 April 2026
- Residential care service group commencement data was extracted on 15 April 2026

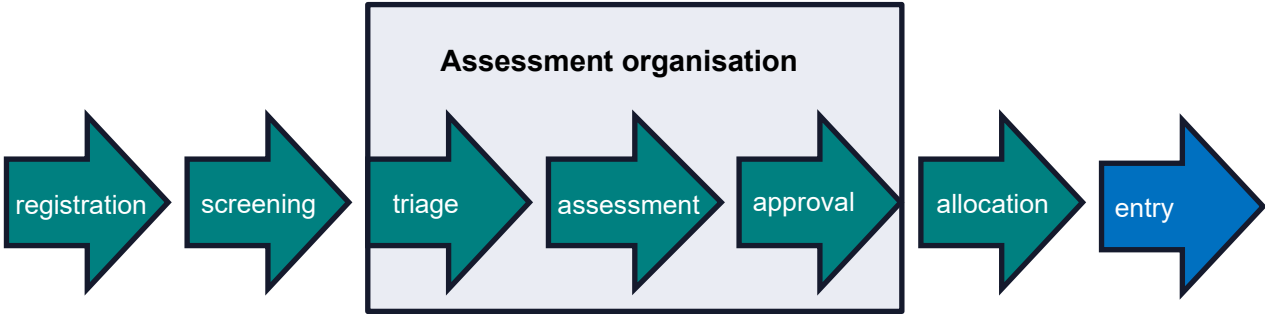
The measures presented in this report are not directly comparable with wait time or entry-period measures published elsewhere, including performance reporting in the Report on Government Services.

Some data may be incomplete or subject to later updates due to provider reporting schedules and administrative processes. Revised data may be published as an appendix to future reports.

Furthermore, not all start notifications may have been received by the Services Australia payment system at the time of reporting. As a result, some commencements have not been captured in this report due to the strict statutory timeframes that apply. Providers have up to 28 days to lodge a start notification for residential care and Support at Home.

For people who commenced services between 1 November 2025 and 31 March 2026, application, assessment or allocation dates may have occurred at any time prior to service commencement, including several years earlier. This contributes to longer elapsed time measures at the national level and reinforces the importance of interpreting results in the context of the full aged care access pathway.

5. The aged care access pathway



The process for starting aged care services for new participants

Stage	Description
Registration	An older person’s details (like name and date of birth) are entered into the My Aged Care System to start the process.
Screening	<p>After an older person has registered with My Aged Care, a screening process takes place. The older person answers a short questionnaire either:</p> <ul style="list-style-type: none"> • online • via phone with the My Aged Care contact centre • through a GP, or • at a Services Australia service centre. <p>Based on the responses, they are then referred to an assessment organisation for triage.</p>
Triage	<p>A Triage Delegate at an assessment organisation undertakes a phone call with an older person using the triage component of the Integrated Assessment Tool to confirm:</p> <ul style="list-style-type: none"> • eligibility for an assessment • assessment type (home support or comprehensive) • assessment priority • whether urgent services/linking supports are required.
Assessment	A trained aged care needs assessor (clinical or non-clinical) meets with the older person and uses the Integrated Assessment Tool to understand their care needs and make recommendations. An assessment can either be a Home Support Assessment (entry-level services) or Comprehensive Assessment (Support at Home and residential care services), depending on the older person’s needs. Aboriginal and Torres Strait Islander people have tailored options.
Approval	The assessor’s recommendations are reviewed and approved by an assessment delegate. This step confirms what services the person is eligible for. The assessment delegate helps

	ensure the services the assessor has recommended meets the individual's needs, are evidence based, align with the goals and concerns identified during the assessment, are legally sound and meet all the eligibility criteria under the Act.
Method for allocation	<p>If applicable, based on the person's needs and urgency, they are placed in a priority category. This affects how quickly they receive funding or a care place.</p> <p>For example; individuals are assigned to one of four priority categories if approved for Support at Home care services, based on a needs assessment: Urgent, High, Medium or Standard. This prioritisation determines how quickly funding is released.</p>
Allocation	The person receives a formal letter called the 'Notice of Decision' confirming their care type and funding. They then choose a registered provider to deliver the services.
Service commencement	The provider begins delivering care. The start date is recorded in the system via a start notification and triggers payments to the provider. A provider has 28 days to lodge a start notification.
Support Plan Review	If the person awaiting or receiving care believes their aged care needs have changed since their assessment, they can apply for a 'Support Plan Review'. An assessor will speak with the person about their care needs and determine whether they can make changes to the person's existing Support Plan or refer them for a full reassessment (this will typically occur where there has been a significant change in their care needs).

6. Applications awaiting a decision

6.1 Number of undecided applications (342A(2)(a))

This section shows the number of applications made during the reporting period for which no decision has been made. For the purposes of section 342A(2)(a), applications awaiting a triage decision represent applications for which a decision under subsection 57(1) has not yet been made.

Table 1 below presents the number of applications that were still awaiting a triage decision at the end of the quarter. This count includes all applications received through My Aged Care. Not all applications will lead to an approval for Support at Home or residential care.

Table 1: Triage count at end of the reporting period

	Q2* 2025-26	Q3 2025-26
Applications awaiting triage decision	65,576	48,592

*Data for Quarter 2, 2025-26 is reported from 1 November to 31 December 2025, in line with the commencement of the Act. Triage count is a snapshot as at the last day of each quarter.

7. Waiting periods for services commencing during the quarter

7.1 Average and median waiting period (342A(2)(b) and (c))

This section shows:

- Average number of days between application and commencement of services.
- Median number of days between application and commencement of services.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability and system-level factors.

Table 2: Average and median number of days/months between application and commencement of all non-specialist services

Service Type	Measurement	Days	Months
All non-specialist services	Average	360	12
	Median	294	10

8. Assessment of differences by service setting

8.1 Residential care compared with home and community settings (342A(2)(d))

This section shows the assessment of differences in waiting times based on whether services were delivered in:

- Residential care (short-term and ongoing)
- Home or community settings (Support at Home, End-of-Life Pathway, Restorative Care Pathway, Assistive Technology and Home Modifications).

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Table 3: Average and median number of days/months between application and commencement of services in a residential setting

Service Type	Measurement	Days	Months
Residential care (ongoing)	Average	396	13
	Median	167	6
Residential care (short-term)	Average	434	14
	Median	193	6

Table 4: Average and median number of days/months between application and commencement of services in a community setting

Service Type	Measurement	Days	Months
Support at Home (ongoing)	Average	364	12
	Median	347	12
Assistive technology	Average	123	4
	Median	101	3
Home modifications	Average	123	4
	Median	102	3
End-of-Life Pathway	Average	35	1
	Median	15	<1
Restorative Care Pathway	Average	182	6
	Median	163	5

Key points

- Residential care recorded the longest average elapsed times, at around 13–14 months, reflecting longer durations for a subset of people commencing care.
- Median waiting times in residential care are shorter (around 6 months), indicating that longer average waits are driven by outliers rather than typical experiences.
- Home and community-based services generally commenced more quickly, particularly priority pathways such as the End-of-Life Pathway (median less than 1 month) and Assistive Technology and Home Modifications (medians of around 3 months).
- Overall, service setting is a key driver of variation in time to care, reflecting differences in prioritisation, funding models, service availability, and participant choice between residential and home-based care.
- For the immediate-access care types End-of-Life and Restorative Care Pathways, the elapsed time to commence the Restorative Care Pathway is likely to be longer compared to End-of-Life. This is due to many participants holding converted approvals under the Short-Term Restorative Care Programme, which operated under the Aged Care Act 1997 and ceased on 31 October 2025.

9. Assessment of differences by State or Territory

9.1 Elapsed time by State and Territory of service delivery (342A(2)(e))

This section compares elapsed time for non-specialist services across Australian jurisdictions, including average and median days between application and service commencement.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Table 5: Average and median number of days between application and commencement of services by jurisdiction

Service Type	Measurement	Days								
		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
All non-specialist	Average	358	354	374	331	374	372	386	320	360
	Median	300	273	322	298	286	302	300	285	294

Key points

- Median elapsed times for non-specialist aged care services varied across jurisdictions, ranging from 273 days in Victoria (approximately 9 months) to 322 days in Queensland (approximately 11 months).
- Most jurisdictions recorded median elapsed times clustered around 9 to 10 months, including New South Wales, the Australian Capital Territory, Western Australia, Tasmania and South Australia.
- Average elapsed times followed a similar pattern, ranging from 331 days in Western Australia to 386 days in the Australian Capital Territory, indicating differing distributions of longer waits across jurisdictions.
- In all jurisdictions, average elapsed times exceeded median waiting times, reflecting that a subset of individuals experienced longer durations of time after application to service commencement.
- The national median elapsed time was 294 days (approximately 10 months), with several jurisdictions recording median wait times above and below this national figure.
- These results indicate that the state and territory of service delivery contributes to differences in time to care, although further variation exists at the local region level.

10. Assessment of differences by local region

10.1 Elapsed time by local region by Aged Care Planning Region (ACPR) (342A(2)(f)).

This section compares elapsed time for non-specialist services by Aged Care Planning Region, as per the definition of the local region in section 5-5 of the *Aged Care Rules 2025* and **Glossary** below.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

New South Wales

Table 6: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Central Coast	314	10	295	10
Central West	288	10	271	9
Far North Coast	341	11	285	10
Hunter	347	12	304	10
Illawarra	308	10	281	9
Inner West	387	13	291	10
Mid North Coast	375	13	307	10
Nepean	323	11	276	9
New England	314	10	267	9
Northern Sydney	385	13	299	10
Orana Far West	286	10	272	9
Riverina/Murray	392	13	263	9
South East Sydney	367	12	292	10

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
South West Sydney	367	12	334	11
Southern Highlands	416	14	360	12
Western Sydney	383	13	331	11

Victoria

Table 7: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Barwon-South Western	429	14	348	12
Eastern Metro	375	13	290	10
Gippsland	383	13	282	9
Grampians	388	13	295	10
Hume	358	12	281	9
Loddon-Mallee	295	10	218	7
Northern Metro	338	11	267	9
Southern Metro	333	11	246	8
Western Metro	331	11	261	9

Queensland

Table 8: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Brisbane North	372	12	337	11
Brisbane South	380	13	348	12
Caboolture	361	12	319	11
Central West	416	14	315	11
Darling Downs	438	15	362	12
Far North	392	13	308	10
Fitzroy	365	12	267	9
Logan River Valley	374	12	319	11
Mackay	288	10	284	9
North West	342	11	243	8
Northern	332	11	276	9
South Coast	379	13	319	11
South West	330	11	235	8
Sunshine Coast	374	12	340	11
West Moreton	355	12	309	10
Wide Bay	372	12	342	11

Western Australia

Table 9: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Goldfields	305	10	239	8
Great Southern	358	12	345	12
Kimberley	386	13	312	10
Metropolitan East	323	11	292	10
Metropolitan North	338	11	300	10
Metropolitan South East	319	11	299	10
Metropolitan South West	335	11	298	10
Mid West	326	11	293	10
Pilbara	285	10	231	8
South West	364	12	331	11
Wheatbelt	258	9	219	7
Indian Ocean Territories	-	-	-	-

Please note: a dash (-), reflects insufficient data was available to generate an average/median due to less than 10 relevant commencements.

South Australia

Table 10: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Eyre Peninsula	382	13	277	9
Flinders & Far North	345	12	200	7
Hills, Mallee & Southern	343	11	283	9
Metropolitan East	378	13	279	9
Metropolitan North	367	12	306	10
Metropolitan South	374	12	286	10
Metropolitan West	415	14	273	9
Mid North	368	12	250	8
Riverland	338	11	276	9
South East	386	13	295	10
Yorke, Lower North & Barossa	367	12	278	9

Tasmania

Table 11: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
North Western	356	12	303	10
Northern	366	12	308	10
Southern	381	13	301	10

Australian Capital Territory

Table 12: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Australian Capital Territory	386	13	300	10

Northern Territory

Table 13: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Alice Springs	348	12	264	9
Barkly	-	-	-	-
Darwin	329	11	321	11
East Arnhem	-	-	-	-
Katherine	212	7	226	8

Please note: a dash (-), reflects insufficient data was available to generate an average/median due to less than 10 relevant commencements.

Key points

- There is substantial variation in elapsed time across local regions (Aged Care Planning Regions) for non-specialist funded aged care services, indicating that location is a material factor influencing the time between application and commencement of services.
- Median elapsed times across regions typically ranged from around 7 to 12 months, with some regions experiencing markedly shorter or longer waits than the national median.
- Inner metropolitan and some high-demand regions generally recorded longer median waiting times, typically around 10 months or more. Several regional and remote areas recorded shorter median waiting times, in some cases under 9 months, although this pattern was not uniform across all regions.
- Reason for such variation may be due to provider availability, population density, workforce constraints, assessment outcomes and individual choice - play a significant role in shaping access timelines.
- Some regions displayed large gaps between average and median waiting times, suggesting the presence of outliers or highly variable individual pathways into care within those regions.
- Regions with very long average elapsed time relative to their median appear to be influenced by a smaller number of individuals experiencing longer durations, rather than uniformly long waits across the cohort.
- These findings demonstrate that reporting at the local-region level provides important additional context beyond state or territory averages and supports transparency regarding how access to aged care services varies across Australia.

Appendix A: Glossary

Term	Meaning
Aged care needs assessor	A person who conducts aged care assessments (home support or comprehensive assessments). An aged care needs assessor can be a clinical assessor or a non-clinical assessor, and these roles have different qualification requirements.
Aged care planning region (ACPR)	A geographic area used by the government to help plan and deliver aged care services. Each region includes nearby communities with similar care needs. There are 73 regions across Australia. ACPR maps are available at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps
Application for aged care	The process where a person submits a request to access aged care services through My Aged Care.
Assessment delegate	A delegate is a person whose position has been delegated powers and functions under a section of the Act by the System Governor. An assessment delegate's role is to review the assessment report, ensuring that the collection of services an assessor considers will meet the individual's needs are evidenced based, align with the goals and concerns identified during the assessment, are legally sound and meet all of the eligibility criteria under the Act.
Assistive Technology and Home Modifications Scheme	A time-limited support pathway under the Support at Home program that helps eligible older people access aids, equipment, and home modifications based on their assessed needs.
Classification type	Classification types differentiate the time period that services are delivered for under the service group. There are three classification types: ongoing, short-term and hospital transition. Each classification type has a different purpose in meeting the needs of an individual and so are funded and timed accordingly. Classification levels determine the amount of funding available to deliver the aged care services that an individual has been approved to access under a service group.
Comprehensive assessment	A comprehensive assessment is for people who may need more complex aged care services, such as Support at Home or residential care. It looks more deeply at the person's health, care needs, and living situation, and undertaken by clinical assessors.
End-of-Life Pathway	A short-term aged care pathway under the Support at Home program that provides fast access to care for people nearing the end of life.

Term	Meaning
Home support assessment	A home support assessment is used to decide if someone can access entry-level services through the Commonwealth Home Support Program (CHSP).
My Aged Care	The Australian Government's main entry point for aged care services. It provides information, support, and access to assessments and service providers online, by phone, or in person.
Non-specialist funded aged care services	Aged care services that include short-term and ongoing Support at Home and residential care.
Priority system	A system used to manage access to services based on each person's assessed needs and urgency. The allocation of a priority category is based on an older person's level of function, the level of risk in relation to the care situation and any other relevant concerns.
Registered provider	A registered provider of aged care is an organisation that has been assessed and approved to provide high-quality, safe and consistent care to older people under the Act.
Residential aged care	Ongoing care for older people who cannot live independently at home. It is provided in aged care homes and includes accommodation, personal care, meals, and health support.
Restorative Care Pathway	A short-term, time-limited support pathway under the Support at Home program that helps older people regain or maintain independence. It provides tailored services to support recovery and enable people to maintain independence. Services can be delivered in home or community settings and can be for up to 16 weeks.
Specialist Program	<p>A Government program for delivering funded aged care services that (a) is given effect through one or more agreements or arrangements entered into by the Commonwealth under subsection 247(1) or section 264 of the Act for the program; and (b) meets any other requirements prescribed by the rules.</p> <p>Aged Care specialist programs include:</p> <ul style="list-style-type: none"> • Multi-Purpose Service Program (MPSP) • Transition Care Program (TCP) • National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program • Commonwealth Home Support Program (CHSP)
Support at Home program	Support at Home is a program to help older people remain at home as they age by delivering coordinated

Term	Meaning
	<p>care and services to meet their assessed ageing related care needs with:</p> <ul style="list-style-type: none"> • 8 classifications to fund ongoing services • 3 short-term pathways to fund assistive technology and home modifications, restorative care and end-of-life care • 4 transitioned Home Care Package classifications to provide an equivalent level of funding for those who transitioned to Support at Home • participant contributions set by government.
Support Plan	<p>A plan developed by an aged care assessor that:</p> <ul style="list-style-type: none"> • summarises the findings of an older person's aged care assessment • makes recommendations for services and supports • provides guidance on how recommended services may be delivered.
Support Plan Review	<p>The pathway for existing care recipients to request a review of their Support Plan if their aged care needs have changed since their last assessment.</p> <p>An aged care needs assessor will speak with the person about their care needs and determine whether they can make changes to the person's existing Support Plan or refer them for a full reassessment. A full reassessment will typically occur where there has been a significant change in their care needs.</p>

Appendix B. Factors influencing the timing of service uptake

When an older person is allocated an aged care place, they will be told the start and end date of their placement.

For residential care, the placement continues for as long as it is needed.

For home support, assistive technology and home modifications, the allocation is time-limited - people have 56 days (or up to 84 days with an approved extension) to enter into a service agreement with a provider.

There are many reasons why someone might not start services straight away, including personal circumstances, provider availability or system-related factors. Examples of these are outlined below.

Personal factors

Everyone's situation is different. There are many personal reasons why someone might take extra time before starting aged care services. These include:

- **Changes in health** – A person's condition might improve temporarily, reducing their need for care. On the other hand, poor health may make it harder to engage with providers.
- **Cultural or language needs** – Some people may prefer to wait for a provider who understands their cultural background or speaks their language.
- **Support from family or friends** – If informal support is available, a person may not need formal services right away. They may also wait if their main carer is temporarily unavailable.
- **Readiness to begin care** – Starting aged care can be a big emotional step. People may need time to prepare, especially if moving into residential care.
- **Time to make decisions** – Some people want to explore their options, talk with family, or compare providers before choosing.
- **Location preferences** – A person may prefer a provider in a specific area, especially for residential care.
- **Financial concerns** – People may want to understand fees, subsidies, or get financial advice before starting services.
- **Multiple care options** – If someone is approved for both home and residential care, they may choose to start one and delay the other.
- **Legal or guardianship matters** – Sometimes starting care is delayed while waiting for legal documents or guardian consent.
- **Respite Care** – People accessing residential care (short-term) generally do not require immediate access. Rather they usually need this care option at specific planned times when their carer is not available.

Provider-related factors

Sometimes the timing of care depends on provider availability and capacity. Common reasons include:

- **Limited services or staff** – This can be particularly challenging in rural or remote areas, or for specialised types of care.
- **Waitlists or scheduling delays** – Providers may not be able to start services immediately due to demand.
- **Time to finalise service agreements** – Some services, like home modifications or assistive technology, may take longer to set up.
- **Waiting for a preferred provider** – A person may choose to wait for a provider who best meets their needs.
- **Consideration of resident characteristics** - Providers may need to have regard to how readily their facility and workforce can meet the care needs of a potential new resident.

Systemic or administrative factors

Some delays are due to broader aspects of how the aged care system operates. These may include:

- **Navigating the system** – It can take time to understand how My Aged Care works, what services are available, and how to access them.
- **Using other services first** – Some people may receive support from state-funded or community programs while waiting for Commonwealth-funded aged care.
- **Processing and communication timeframes** – Occasionally, there may be delays in finalising approvals or sending out funding notifications.

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All information in this publication is correct as at 12 May 2026.

