



Aged care demographics report

Australia's population aged 75 years and over has grown by approximately 445,000 people since June 2020, reaching 2.26 million people at 30 June 2025. Over the last 20 years, about 27,000 Australians every year had their 80th birthday. In 2027, that number will rise to 89,000.

A growing and older population is the primary driver of increased demand in aged care services, including home care. The average age of people in the home care system at the time of entry is over 80 years.

Table 1: Mean age of entry to aged care

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Residential aged care (permanent residents)	82.0 years (male)	82.3 years (male)	82.5 years (male)	82.9 years (male)	83.3 years (male)	83.5 years (male)	83.4 years (male)	83.5 years (male)
	84.5 years (female)	84.6 years (female)	84.8 years (female)	85.0 years (female)	85.2 years (female)	85.3 years (female)	85.2 years (female)	85.3 years (female)
Home Care Packages	80.8 years	80.9 years	81.0 years	81.3 years	81.2 years	81.1 years	80.9 years	81.0 years
Commonwealth Home Support Program	Not available	80.0 years	80.1 years	80.2 years	80.3 years	80.3 years	80.3 years	80.4 years

Source: Reports on the Operation of the Aged Care Act 1997 (<https://www.gen-agedcaredata.gov.au/resources/publications/2005/november/report-on-the-operation-of-the-aged-care-act>)

Demand for aged care services has increased significantly. Despite the release of an additional 83,000 Home Care Package and ongoing Support at Home places during 2025-26, increased volumes of home care volumes have resulted in a substantially larger number of people receiving at-home care and being active in the Support at Home Priority System during the 2025-26 financial year.

A further 32,000 new places are being released in 2026-27.

Table 2: Number of people receiving aged care services

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Residential aged care¹	270,490	273,049	273,754	271,472	274,792	282,189	287,111	291,055
Home Care Packages	116,843	133,439	173,743	212,293	261,314	314,971	334,840	352,733
Commonwealth Home Support Program	783,043 ²	840,984	839,373	825,383	818,228	816,132	834,981	838,694
Transition Care Program	25,113	24,432	24,775	23,802	21,469	16,616	16,743	24,980
Short-Term Restorative Care Program	1,638	2,543	4,528	6,227	7,448	9,013	10,226	11,511

Source: *Reports on the Operation of the Aged Care Act 1997* (<https://www.gen-agedcaredata.gov.au/resources/publications/2005/november/report-on-the-operation-of-the-aged-care-act>)

¹ Includes both permanent and respite (short-term) residents.

² In WA, a further 64,491 older people received services through the jointly funded HACC program that operated in 2017-18.

The Support at Home Priority System (SAHPS) is a framework for determining how older people are prioritised for funding once they have been approved for Support at Home ongoing services (SaH 1-8). In addition, people with approval for transitioned Home Care Package 1-4 are eligible to re-opt in to the queue at any time. It replaced the National Priority System (NPS) under the Home Care Packages program. An older person may be active in the SAHPS for the following reasons:

- Received approval for an ongoing place in Support at Home program, or re-opted in after an allocation has lapsed (including persons who had previously entered and exited a Home Care Package or Support at Home) and waiting for funding to be allocated.
- Receiving funding for Commonwealth Home Support Program and received approval for a place in Support at Home. Waiting for funding under Support at Home to be allocated.
- Receiving funding for Support at Home and received approval for a higher level of care in Support at Home. Waiting for higher funding level to be allocated.

Table 3: Snapshot of people in SAHPS or receiving Support at Home care

	Number of people
Active in the SAHPS at any point in 2025-26 ³	325,045
Number of people receiving an ongoing Support at Home place or transitioned Home Care Package as at 30 June 2026	390,901

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW)

³ Any persons who entered the SAHPS in 2025-26 financial year, including persons who also exited the system in that financial year

People may leave the SAHPS for several reasons, including:

- **Moving to residential aged care from home care:** As frailty increases, they or their families may decide that a residential care setting is more appropriate, so they may move to residential aged care.
- **Departure from home care due to death:** Support at Home is designed to assist older Australians to stay at home for longer, so they have choice in how their final years are spent, close to loved ones and in their community.

In 2024, the median age at death was 82 years.⁴ Most deaths in Australia occur at older ages, with just over two-thirds occurring among people aged 75 and over.⁵ The number of deaths observed among people active in the Support at Home Priority System or receiving home care is proportionate to broader demographic trends.

- The mortality rate among people active in the Support at Home Priority System at any point during 2025-26 was 2.0%.
- The mortality rate for those receiving care in a Support at Home (or a transitional Home Care Package) in 2025-26 was 6.0%.

While direct comparisons should be interpreted with caution due to differences in population characteristics and methodology, this rate was lower than the mortality rates observed for the broader Australian population aged 75-84 (approximately 3%) and 85 years and over (approximately 13%) in 2024⁶. The proportion of departing the SAHPS or NPS due to death on the queue has remained relatively stable since 2021–22 and has not increased materially relative to the population size active in the SAHPS or NPS.

⁴ [Deaths in Australia, Age at death - Australian Institute of Health and Welfare](#)

⁵ Ibid.

⁶ [Deaths, Australia, 2024 | Australian Bureau of Statistics](#)

Table 4: Number of people on the SAHPS and departures from SAHPS in 2025-26

	2025-26	% Total
Active in the SAHPS at any point in 2025-26⁷	325,045	100
Moving from SAHPS to residential aged care	11,787	3.6
Departure from SAHPS due to death	6,436	2.0

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW)

Table 5: Number of people receiving home care and departures from home care in 2025-26

	2025-26	% Total
In an allocated home care place (Support at Home or a transitional HCP) as at 30 June 2026	390,901	100
Receiving home care at any point within FY	413,930	100
Departures from receiving home care to permanent residential aged care	39,569	9.6
Departures from receiving home care due to death	24,999	6.0

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW) <https://www.gen-agedcaredata.gov.au/topics/people-leaving-aged-care> extracted on 1 October 2026. These figures may differ from future published figures once 2025-26 data is finalised.

⁷ Any persons who entered the SAHPS in 2025-26 financial year, including persons who also exited the system in that financial year.

Table 6: Number of people on the National Priority System (prior to the SAHPS) and departures by FY

Financial Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Active within NPS at any point in FY	218,901	232,015	230,146	218,422	214,133	199,241	195,905	243,371
Moving to residential aged care	na	na	14,342	11,125	6,492	5,450	7,380	11,285
% of total active within NPS	na	na	6.2	5.1	3.0	2.7	3.8	4.6
Departure due to death	16,000	12,000	10,563	8,068	5,334	3,337	3,383	4,812
% of total active within NPS	7.3	5.2	4.6	3.7	2.5	1.7	1.7	2.0

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW)

Table 7: Number of people receiving Home Care Packages and departures by FY

Financial Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
In an allocated home care place as at end of FY	97,950*	125,534*	155,625	195,699	236,928	277,612	287,404	308,244
Receiving home care at any point in FY	116,843	133,439	173,743	212,293	261,314	314,971	334,840	352,733
Moving to residential aged care	14,490	17,360	22,062	23,512	24,614	31,435	33,068	33,379
% of total people allocated a home care place	12.4	13.0	12.7	11.1	9.4	10.0	9.9	9.5
Departure due to death	7,984	9,972	11,617	14,008	18,389	21,883	22,892	23,567

Financial Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
% of total people allocated a home care place	6.8	7.5	6.7	6.6	7.0	6.9	6.8	6.7

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW)

Source: Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW) with historical years sourced from <https://www.gen-agedcaredata.gov.au/topics/people-leaving-aged-care>.

Methodology

Mortality data sourced from the aged care client data in Aged Care Data Warehouse (ACDW) sourced from Siebel (ACG), and for Table 5, from Services Australia (ACMPS). A person's death can be recorded in Siebel upon notification by the provider, family member, friend, supporter, legal representative or other to My Aged Care. Where a Date of Death is available, it is used as the recorded death date. Where a Date of Death is unavailable, the earliest effective date on which the client was recorded as deceased is used as an estimated date. The estimated date is not a separately recorded date of death. This approach is consistent with reporting under the HCP program.

Note that the figures provided in Table 3 Table 4 and Table 6 are higher than the publicly reported snapshot figures reported 'as at' a specific date. They capture all people who were active in the queue during the financial year. This includes people who may have exited the queue within the same financial year, as well as people who joined the queue and were allocated a place shortly afterwards.

Note that from 1 November 2025, Home Care Packages were replaced by the Support at Home program, and the National Priority System was replaced by the Support at Home Priority System. Methods as used here for counting and reporting people and deaths including beyond those summarised here have been transitioned using equivalent methodology.

Data in Table 5 are preliminary and may vary from results to be published.