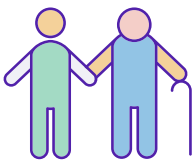




Unmet needs in aged care: How long did Australians wait for aged care services?

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Australia's aged care system comprises a range of services from basic supports to enable people to remain independent at home, through to living in a residential aged care facility with access to full-time care. Over one million people received support from

aged care services in Australia in 2019–20. The majority of aged care is provided to people in their homes (or elsewhere in a community setting), reflecting people's preferences to remain living in their community for as long as possible.

While Australian aged care services and programs have been regularly reformed to meet the care needs of the population, there are areas where needs may not be met. One source of unmet need, documented in the Aged Care Royal Commission Final Report (2021), is the amount of time people wait to access care.

Some of the time that elapses between approval for care and receiving that care may be elective, where the person chooses not to or is unable to take up care when it is offered. However, prolonged elapsed time due to system or service-level barriers to care can cause distress, lost work income for both the person and their family members, and increased carer burden (McCallum et al. 2018). Understanding the factors that contribute to longer waiting time can help to target policy and quality improvement initiatives to those who need them most.

About this analysis

This analysis used the Pathways in Aged Care (PIAC) 2020 link map including comprehensive aged care eligibility assessment data from the National Screening and Assessment Form (NSAF). We examined the outcomes after approval for a home care package or permanent residential aged care (or both) for everyone approved for care in the 2017–18 financial year. At the time of this analysis data in PIAC were available up to 30 June 2020, allowing for examination of outcomes between 2017 and 2020 only.

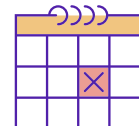
Since the study period ended in June 2020, the Australian Government has made several investments to reduce time between service approval and receiving a service. More recent data about the availability of home care packages can be found in the [Home Care Packages report](#), and about the elapsed time from care approval to uptake in the annual [Report on Government Services](#). Future analysis will be conducted to update the findings in this report.



- People approved for a home care package only in the 2017–18 financial year waited a median of **495** days to receive a package at their approved level.



- People approved for permanent residential aged care waited a median of **34** days to enter care.



- **86%** of people approved for care were receiving lower-level home support while they were waiting.



- Culturally and linguistically diverse people, people living in outer regional and remote areas, and people with dementia may face barriers to care service access.

Types of aged care in Australia

The Australian aged care system offers a continuum of care with 3 main types of service:



- Home support (Commonwealth Home Support Programme), which provides entry-level services focused on supporting individuals to undertake tasks of daily living to enable them to be more independent at home and in the community.



- Home care (Home Care Packages Program), which is a more structured, more comprehensive package of home-based support, provided over 4 levels ranging from basic care (Level 1) to more intensive care (Level 4).



- Residential aged care, which provides support and accommodation for people who have been assessed as needing higher levels of care than can be provided in the home, and the option for 24-hour nursing care. Residential care is provided on either a permanent, or a temporary (respite) basis.

There are also several types of flexible care and services for specific population groups available that extend across the spectrum from home support to residential aged care. For more information on aged care services in Australia see the [Report on the Operation of the Aged Care Act](#), or visit the [Department of Health and Aged Care website](#).

Comprehensive assessment for aged care services is conducted to determine a person's care needs and eligibility to receive Australian Government-subsidised aged care services, including permanent residential aged care and home care packages. Assessments are conducted by Aged Care Assessment Teams which operate in all states and territories.

What can happen after approval for aged care services?

At the time of assessment, assessors note the level of priority of care needs for each type of care approved for the individual (low, medium, high).



For home care packages, approved individuals are placed on the National Priority System until a package becomes available and is assigned to them. Priority is determined according to the level and urgency of care needs at the time of assessment. Individuals are assigned a package when they are the next eligible recipient on the National Priority System at a particular level and priority. They then have 56 calendar days to accept the package, after which it is offered to another person on the list. More information about the National Priority System is available on the [Department of Health and Aged Care website](#).

For residential aged care, assessors provide approval if appropriate and a referral code to gain entry to a facility of their choice where a bed is available. There is no centralised priority system for assigning residential aged care places.



After approval, people may:

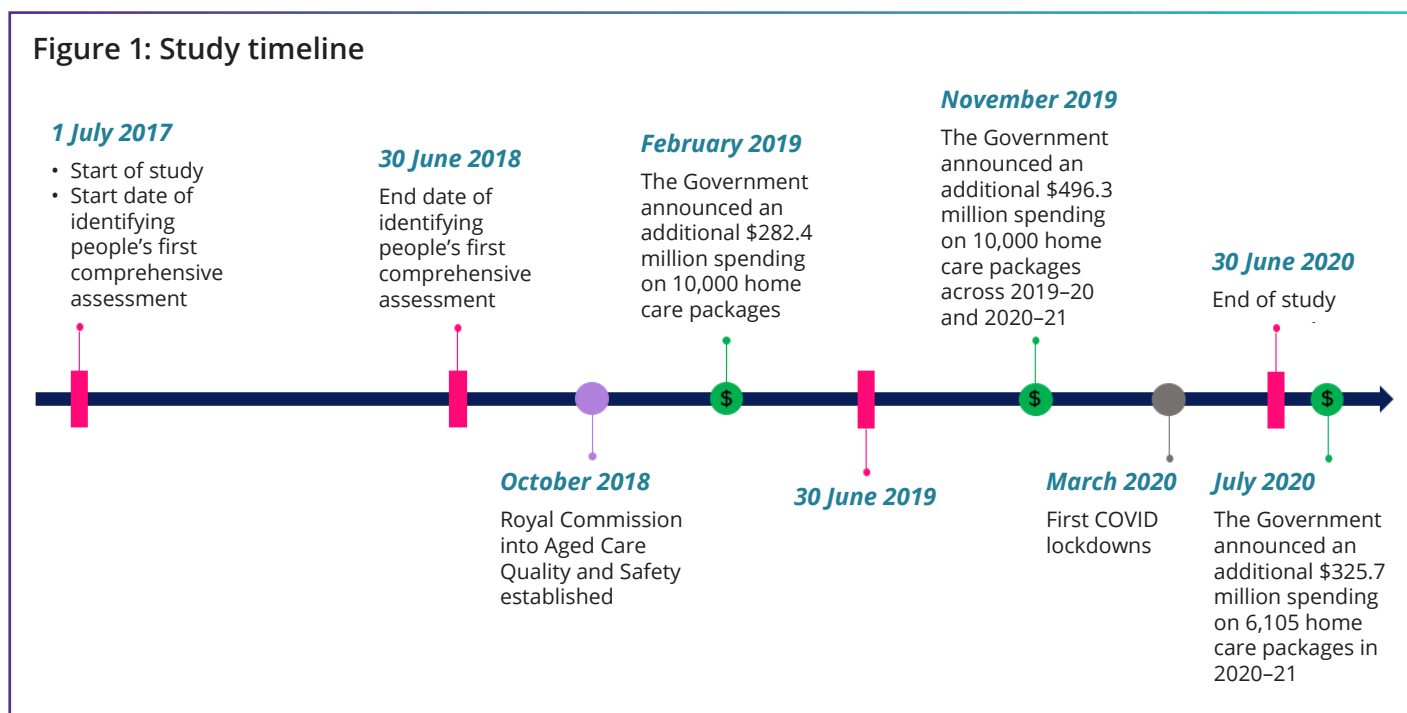
- receive the service at the approved level;
- receive an 'interim' care service for which they are also approved (that is, a lower-level service until an approved service becomes available). This can include home support via the Commonwealth Home Support Programme, or a lower level home care package. A person must agree to be offered an interim service¹;
- receive another comprehensive assessment and approval for a different service, including moving into permanent residential aged care when not initially approved for permanent residential aged care;
- choose not to receive care when it is offered to them; or
- die.

¹ Since May 2022 interim packages have not been allocated. This is because during 2021–22 and 2022–23 an additional 80,000 home care packages were released and wait times reduced to a point where interim packages were not required.

What did happen after approval for aged care services in 2017–18?

Using the Pathways in Aged Care 2020 link map, we used comprehensive aged care eligibility assessment data to examine what happens after first approval for a home care package, permanent residential aged care, or both. More information about the Pathways in Aged Care 2020 link map can be found in the [Technical guide](#).

We examined everyone who was approved for a home care package, permanent residential aged care, or both in the 2017–18 financial year, and followed them until the end of June 2020. Notable developments during this period were the establishment of the Royal Commission into Aged Care Quality and Safety in 2018, the release of an additional 20,000 home care packages in 2019 and public health responses to the early stages of the COVID-19 pandemic (Figure 1).



For this analysis, an 'Approved care service' was defined according to the type of service for which a person was approved:

- For people approved for permanent residential aged care only, receiving their approved service occurred when they began living in permanent residential aged care.
- For people approved for a home care package only, receiving their approved service occurred when they received a home care package at the level for which they were approved or higher.
- For people approved for both permanent residential aged care and a home care package, receiving their approved service occurred when they received a home care package at the level for which they were approved or higher, OR they began living in permanent residential aged care (whichever occurred first).



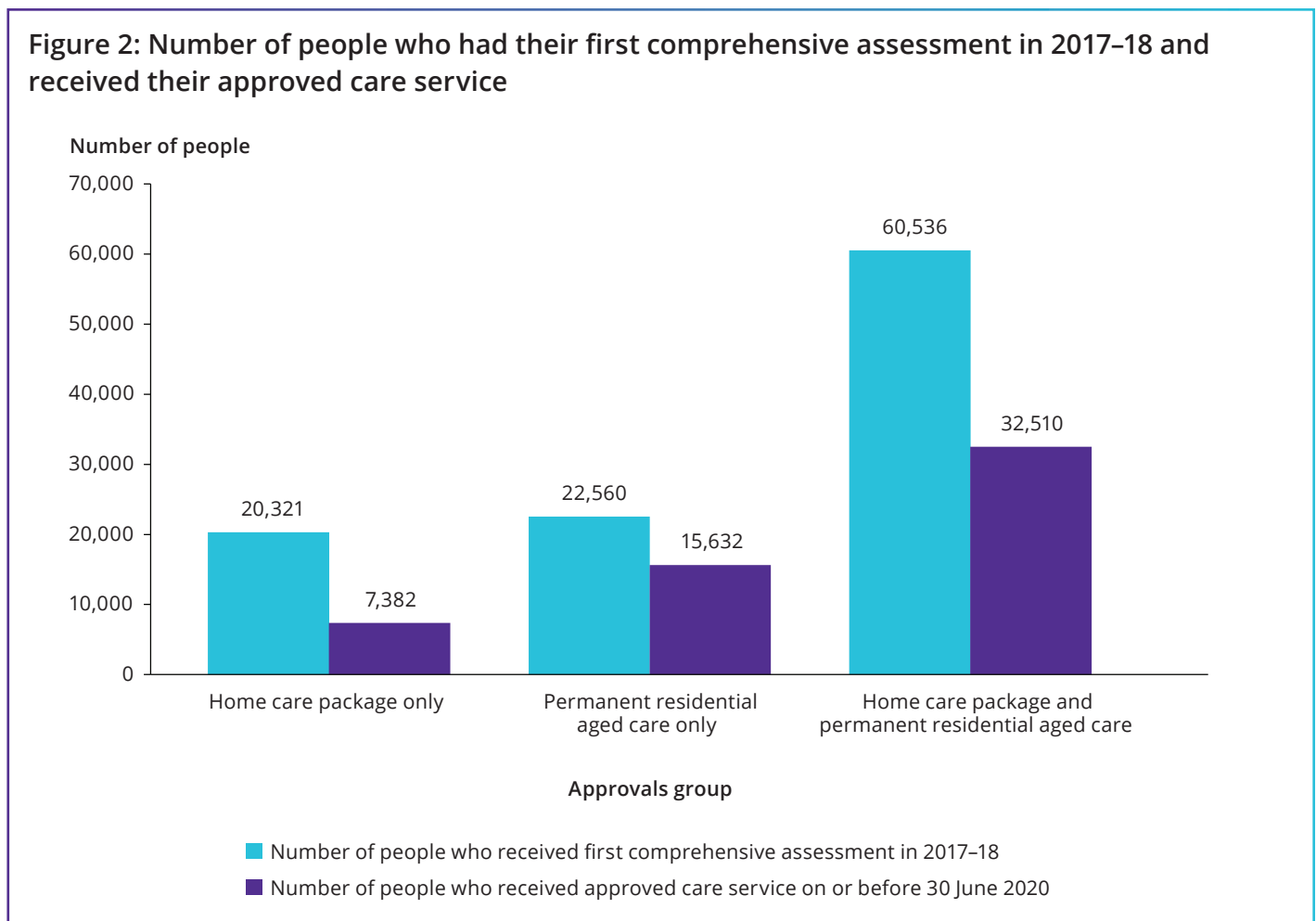
This definition is different from how elapsed time is defined in other analyses, which might examine time to receiving any care service (including a service below the approved level) or identify those whose elapsed time exceeded a certain limit (for example, six months).

Of everyone who had their first comprehensive assessment in financial year 2017–18 (approximately 103,000 people), 20% were approved for a home care package only, 22% for permanent residential aged care only, and 58% for both a home care package and permanent residential aged care (see Figure 2, and supplementary data in the [Technical guide](#)).

By 30 June 2020, 54% of these people had accepted and received their approved service, and 96% had received any service (excluding informal care, or other care types such as transition care, short-term restorative care, multi-purpose services, and National Aboriginal and Torres Strait Islander Flexible Aged Care program):

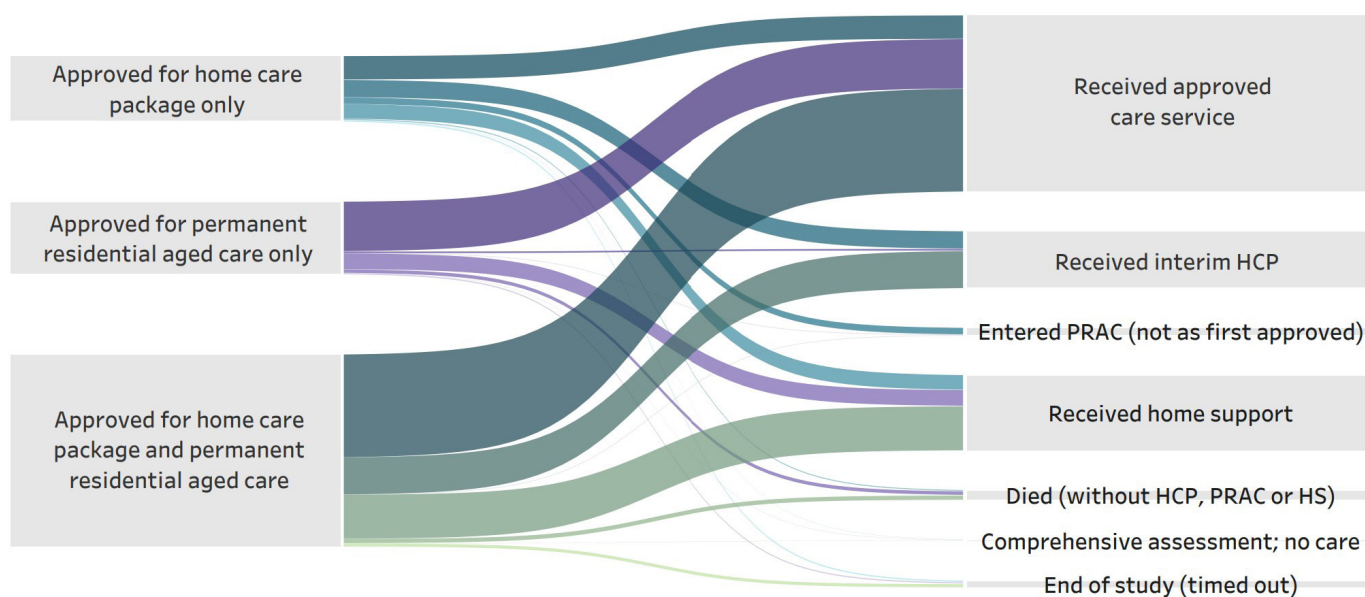
- Of those approved for a home care package only, 36% had received their approved service and 96% had received any service.
- Of those approved for permanent residential aged care only, 69% had received permanent residential aged care and 93% had received any service.
- Of those approved for both a home care package and permanent residential aged care, 54% had received their approved home care package or had entered permanent residential aged care (of these, 38% received their approved home care package and 62% entered permanent residential aged care) and 96% had received any service.

Note that it is not possible to identify from the data available for this analysis how many people had been offered a care service and elected not to access the service. Data about this can be found in the [Home Care Packages report](#).



For many people approved for aged care services, something else happened instead of receiving the approved service (Figure 3). These data show the diverse and complex pathways that are taken through the aged care system. For example, among those who were approved for home care package only, 50% received a home support package or an interim (lower level) home care package during the study period, but never their approved level of care. Of those who were approved for permanent residential aged care only, 4.9% died before receiving permanent residential aged care, a home care package, or home support.

Figure 3: Pathways from first approved comprehensive assessment in 2017–18 to outcome at 30 June 2020



HCP=Home care package; HS=Home support; PRAC=Permanent residential aged care

How to interpret this figure

People approved for the first time for a home care package, permanent residential aged care, or both in 2017–18 are represented in the left column. The outcomes for the populations of interest are represented on the right. Outcomes are assessed as at 30 June 2020. Each individual was coded with only one outcome.

Connecting lines represent the flow of people between type of approval and outcome. The width of the lines is proportional to the number of people moving from approval to outcome. Outcomes were assessed from 1 to 7 consecutively, rather than the order of events in time (for example, a person approved for a home care package who received interim home support before entering home care before 30 June 2020 would be included in the 'Received approved service' outcome).

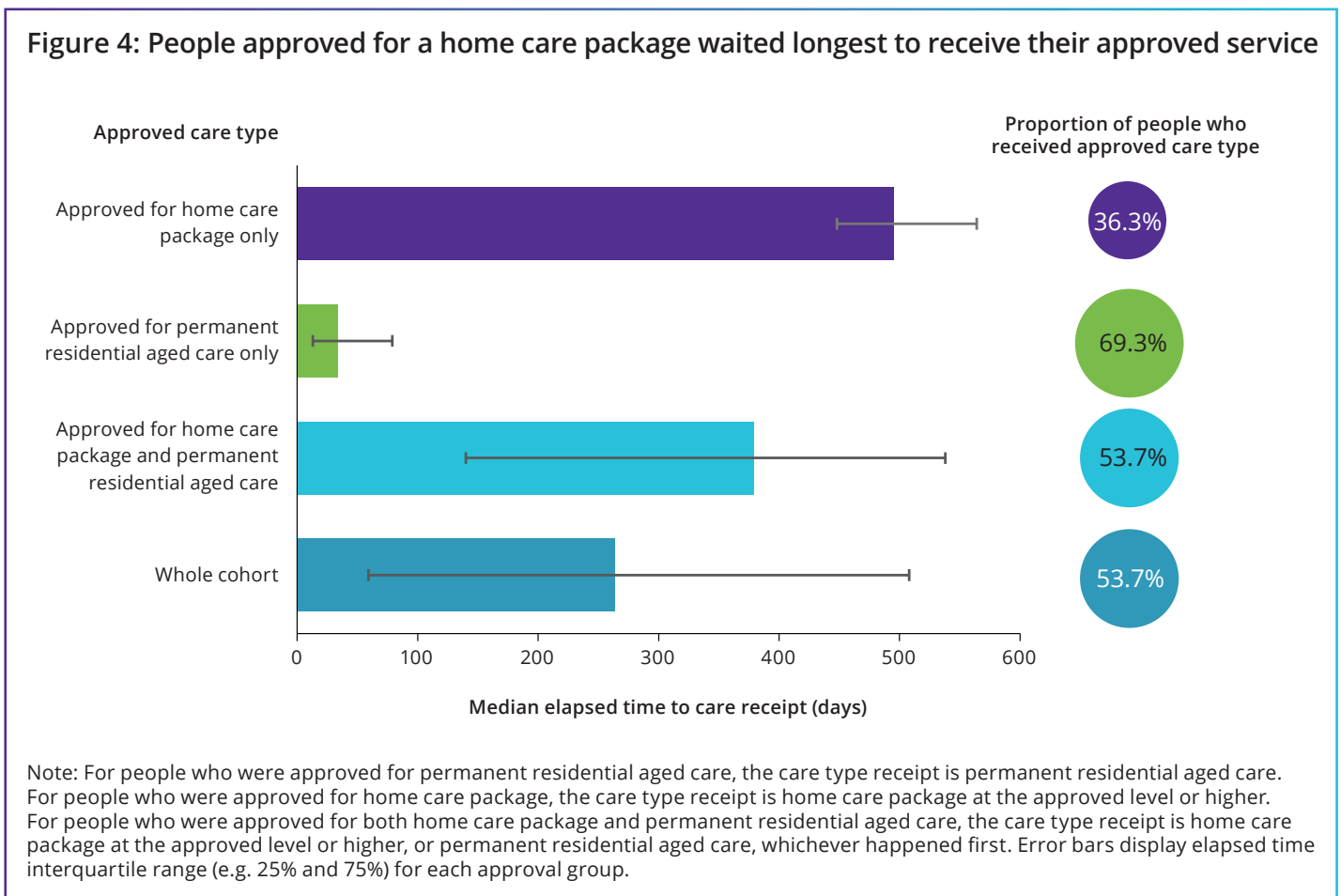
In the context of determining unmet need, outcomes were grouped as follows: outcome 1 was people who received their approved care; outcomes 1–4 were people who received some care (does not include people who received informal care or other care types such as transition care, short-term restorative care, multi-purpose services, and National Aboriginal and Torres Strait Islander Flexible Aged Care program); and outcomes 5–7 were people who did not receive care (for either elective or non-elective reasons).

For more information on the study design, including the approvals and outcomes groups analysed, see [Technical guide](#).

People approved for home care packages in 2017–18 often experienced long wait times to access care

There are many reasons why time might elapse between approval for an aged care service and receipt of that service. These include, for example, waiting for a service to become available, organising financial arrangements necessary to accept care, or choosing not to accept care at that time. Not all aspects of this elapsed time are measurable with existing administrative data. As such, we report here only on the overall *elapsed time from receiving approval for a service to receiving that service*.

Of everyone who had their first approved comprehensive assessment in financial year 2017–18 (approximately 103,000 people), the median elapsed time from approval to receipt of their approved care service is presented in Figure 4.



Most people (88,900, 86%) received a home support service at some time while waiting for their approved service.

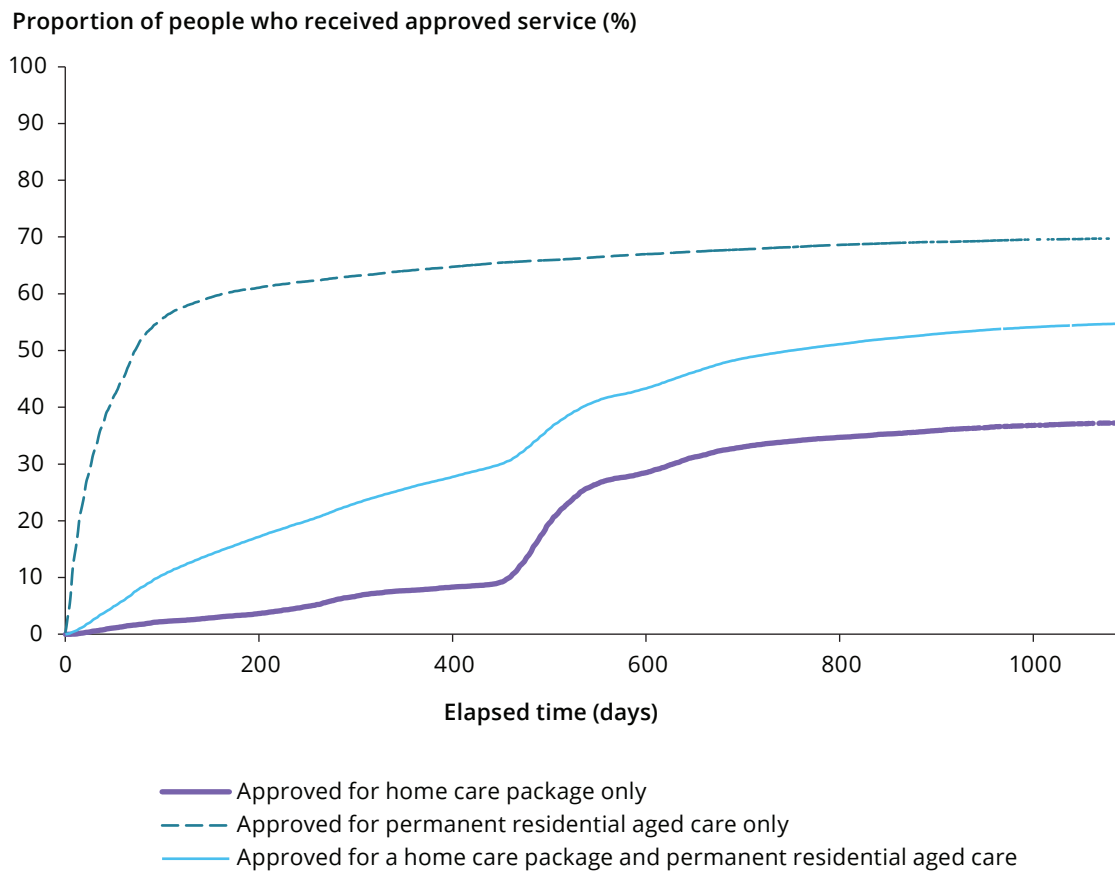
For approximately 80,900 people approved for a home care package only or both a home care package and permanent residential aged care, 22,400 (28%) received an interim (lower level) home care package before receiving their approved service. The elapsed time to receiving an interim home care package was a median of 256 days (interquartile range: 133–483 days) for those approved for home care package only and 309 days (interquartile range: 128–498 days) for those approved for both home care package and permanent residential aged care.

Among almost 80,900 people approved for home care package (including home care package only and both home care package and permanent residential aged care), nearly 15,300 (19%) people were waiting over 6 months for an interim package or for their approved care service. Overall, approximately 29,400 (36%) people waited over 6 months to receive their approved care service.

As mentioned above, it is not possible to identify from the available data how many people opted not to join the National Priority System or accept a home care package when offered to them.

There was a marked increase in the number of people receiving a home care package at their approved level at around 450–600 days after approval, corresponding to the release of new home care packages by the Australian Government in 2019 (Figure 5).

Figure 5: Proportion of people receiving an approved care service over time.



Key message

For people approved for permanent residential aged care only in 2017–18, elapsed time to receive permanent residential aged care was brief; a median of 34 days. Elapsed time between approval and receipt of a home care package was longer. People who were approved for a home care package only in 2017–18 received a home care package at their approved level or higher after a median of 495 days. Those approved for both a home care package and permanent residential aged care waited for a median of 379 days to receive either of these services at the approved level.

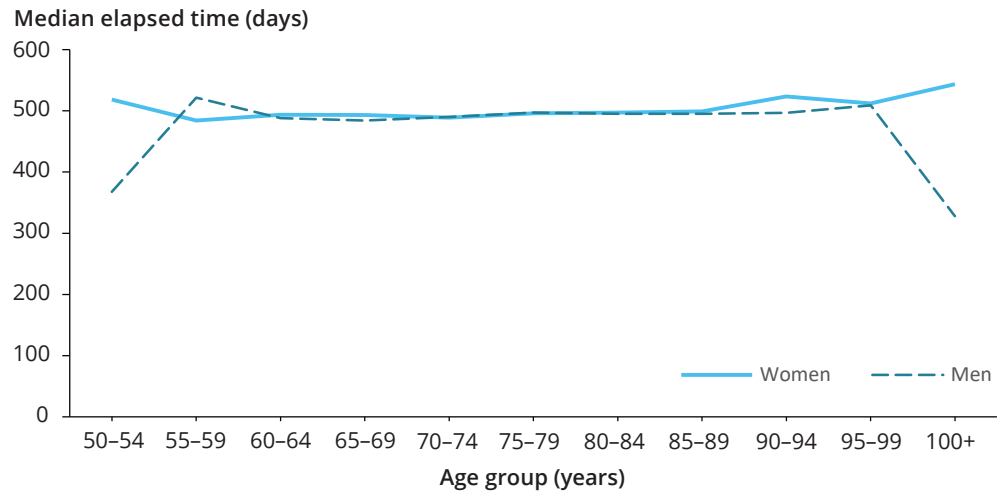
Most (86%) people approved for permanent residential aged care or a home care package received some kind of interim (that is, lower level) home-based care or support while waiting for their approved care service.

Who waited longer to receive an aged care service?

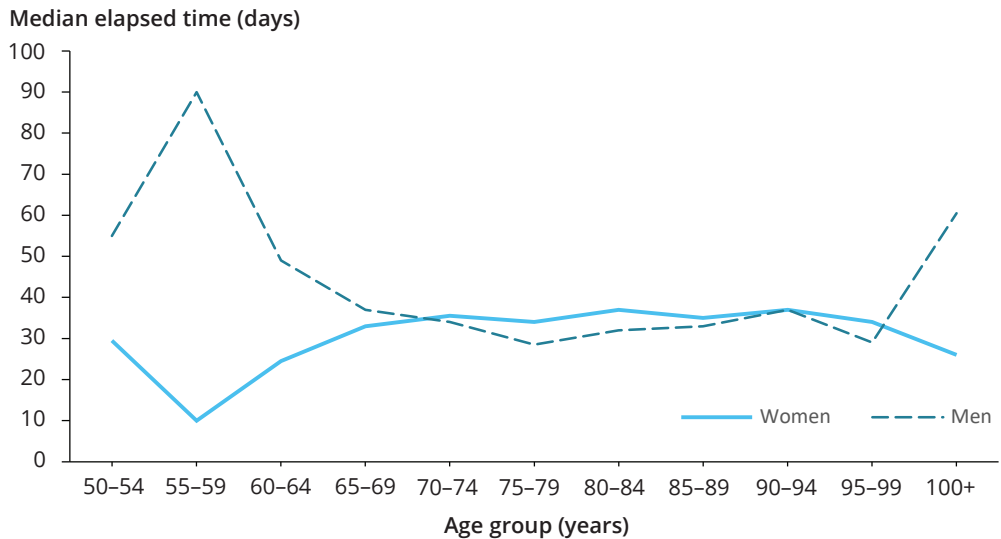
Understanding who experiences longer elapsed time to receiving an approved care service can allow for delivery of quality improvement initiatives to those most in need. Figure 6 demonstrates that the median elapsed time from service approval to service receipt varied by age and sex for people approved for aged care services in 2017–18.

Figure 6: Elapsed time from service approval to receipt of the service at the approved level, by age group and sex

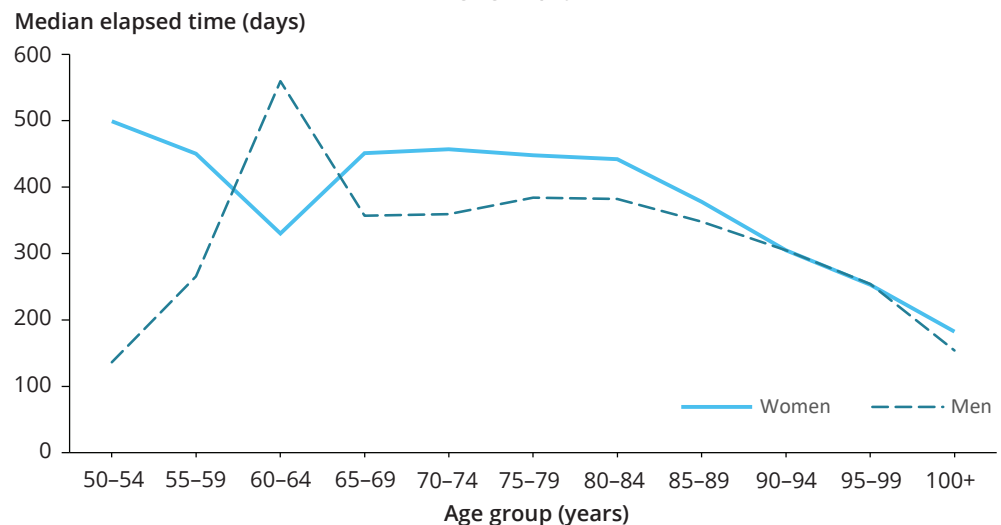
Approved for home care package only:



Approved for permanent residential aged care only:



Approved for home care package and permanent residential aged care:



Note: Age group 50–64 years includes only First Nations people, while ages 65 and over include both First Nations and non-Indigenous people. See [Technical guide](#) for more information about the variables used in the analysis.

To examine which demographic and clinical features most strongly impacted elapsed time to receiving an approved aged care service, we conducted multivariate competing risk modelling (Fine and Gray 1999). More information about the data and methods used here are available in the [Technical guide](#).

Interpreting Forest Plots

Estimates presented are event rate ratios for the group of interest compared with a reference group. Reference group values are indicated as the dotted line at 1. An event rate ratio indicates how many times higher the probability of an event is in one group of people with a particular characteristic than in another group without that characteristic, after adjusting for other factors in the model.

The size of the reported event rate ratio indicates the strength of the relationship a factor has to elapsed time, relative to the reference group. In this case, an event rate ratio less than 1 indicates that, compared to the reference group, the group of interest waited longer for their approved care service. An event rate ratio greater than 1 indicates that, compared to the reference group, the group of interest waited less time for their approved care service. To aid in the interpretation of the forest plot, the x axis has been reversed, meaning that people who wait longer are represented by a dot to the right of the reference line, and people who waited shorter are represented by a dot to the left of the reference line.

To indicate the statistical precision and significance of the findings, 95% confidence intervals are also presented on the plot. The result is interpreted as being statistically significant (that is, not due to chance) if the interval does not cross the value of 1.

For more information on the calculation of event rate ratios in this report, see [Technical guide](#).

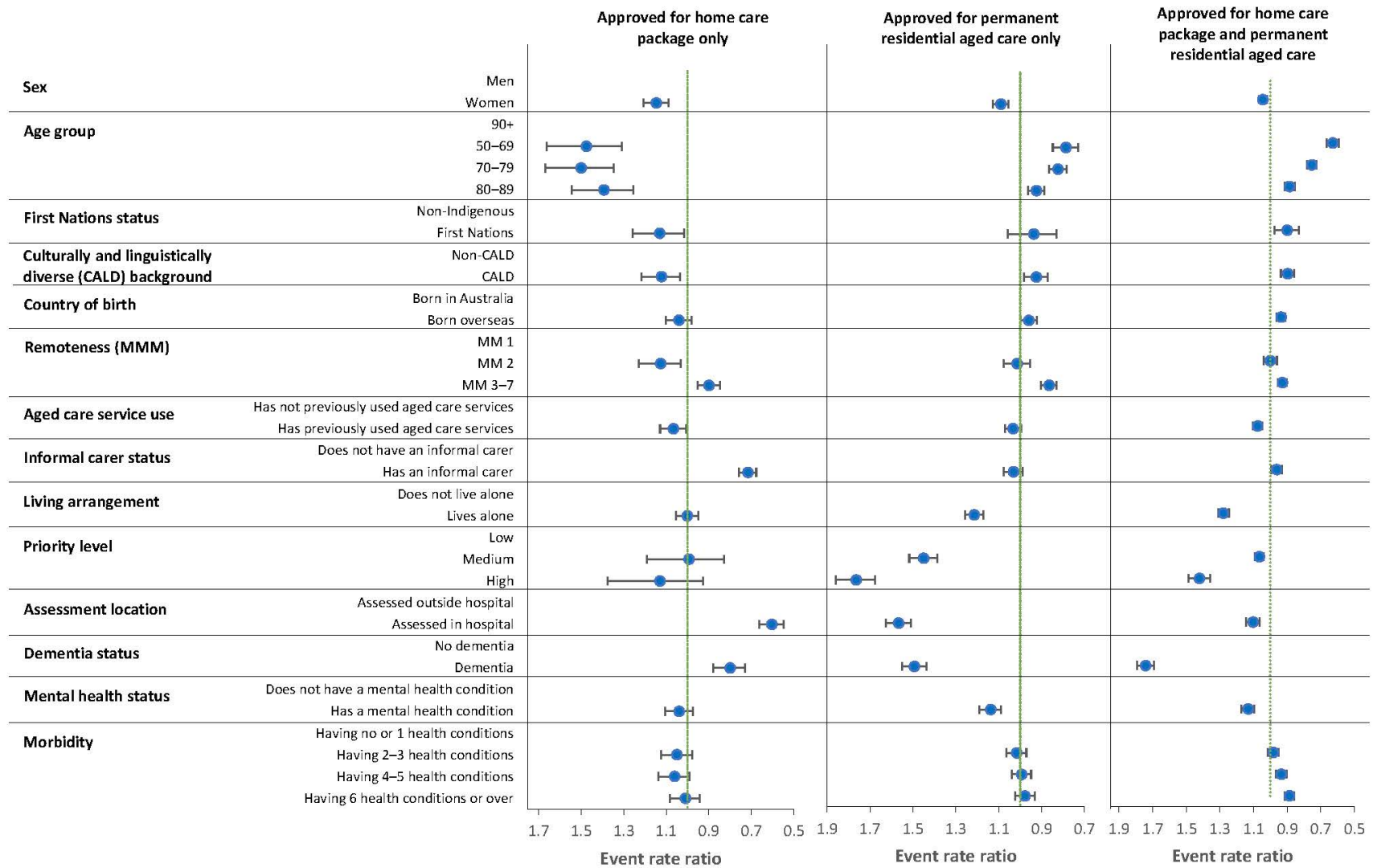
Factors associated with longer elapsed time from service approval to receiving an approved service were similar in those approved for permanent residential aged care only and those approved for both permanent residential aged care and a home care package. In these groups, longer elapsed time was experienced by:

- men (compared to women)
- younger people, with elapsed time decreasing with increasing age
- culturally and linguistically diverse people (compared to non-culturally and linguistically diverse people)
- people living in outer regional or rural areas (compared to people living in metropolitan areas)
- people not living alone (compared to people living alone)
- people assessed outside hospital (compared to people assessed in hospital)
- people without dementia (compared to people with dementia)
- people without a mental health condition (compared to people with a mental health condition).

Some of these factors, including people not living alone, people without dementia, people assessed outside hospital, and people without a mental health condition, likely reflect a lower urgency and prioritisation of care for these individuals. Consistent with this, elapsed time was shorter for people at medium or high level on the National Priority System (compared with people at low level).

However, the longer elapsed time for culturally and linguistically diverse people and people living in outer regional or rural areas may reflect service availability and unmet needs.

Figure 7: Factors affecting time to receiving aged care services for those approved in 2017–18 differed by type of aged care service approval



Note: Remoteness categories defined by Modified Monash Model (2019) classifications. The dotted line is the reference group value. An event rate ratio less than 1 indicates that, compared to the reference group, the group of interest waited longer for their approved care service. An event rate ratio greater than 1 indicates that, compared to the reference group, the group of interest waited less time for their approved care service. Age group 50–64 years includes only First Nations people, while ages 65 and over include both First Nations and non-Indigenous people. See [Technical guide](#) for more information about the variables used in the analysis.

Factors affecting elapsed time for people approved for a home care package only were different to those for the other groups. In this group, longer elapsed time was experienced by:

- people aged 90 years and older (compared to people aged 50–69, 70–79 and 80–89 years)
- non-Indigenous people (compared to First Nations people)
- non-culturally and linguistically diverse people (compared to culturally and linguistically diverse people)
- people who had never used any aged care service before (compared to people who had previously used an aged care service)
- people with an informal carer (compared to people who do not have an informal carer)
- people assessed in hospital (compared to those assessed elsewhere)
- people with dementia (compared to people without dementia).

People assessed in hospital and people with dementia can have higher care needs than those assessed outside hospital and those without dementia. The result that these groups experienced longer elapsed time to receiving an approved service may be partly explained by the different services for which they were approved. For example, people with dementia were more likely than people without dementia to be approved for a higher level home care package (Level 3 and Level 4). As demonstrated in the Report on Government Services, higher level packages had [longer wait times to access during our study period](#).

Among those approved for higher levels of care (Level 3 and 4 packages), people with dementia were also more likely to move into permanent residential aged care before receiving their approved home care package. Among those approved for home care package only, people with dementia (compared with people without dementia) were more likely to have an informal carer and less likely to live alone. Among people approved for a home care package only who had an informal carer, those with dementia had a longer elapsed time to receiving care compared to people without dementia.

Key message

Demographic and clinical factors affect the time from service approval to receipt of that service. In some ways these impacts are appropriate and reflect a lower urgency for care (for example, people living with others waiting longer for formal care than people living alone).

However, culturally and linguistically diverse people, people living in outer regional and remote areas, and people with dementia may face barriers to care service access reflecting unmet needs. People with dementia may face premature entry to permanent residential aged care where they do not receive the home-based care that they need.

Patterns identified in this analysis were similar for the secondary outcome of time to receiving an interim home care package (see supplementary data in the [Technical guide](#)).

Government investments

The Australian Government has made several investments to reduce time between service approval and receiving a service. This includes funding approximately 80,000 new home care packages since the beginning of the Royal Commission into Aged Care Quality and Safety in 2019, and reforming eligibility assessments to improve prioritisation processes. The most recent [Report on Government Services](#) indicates that elapsed time to access care has fallen in recent years.

Continued monitoring of elapsed time from service approval to receipt of a service at the approved level will be essential for identifying the success of initiatives to reduce unmet needs for Australians seeking to access formal aged care.

Where can I go for more information?

This report and previous Pathways in Aged Care reports are available at

<https://www.aihw.gov.au/reports-data/health-welfare-services/aged-care/reports>, and on the [Pathways in Aged Care webpage](#).

A detailed account of how the linked dataset was created and prepared for analysis is available in the [Pathways in Aged Care 2020: Technical guide](#). Additional information on the analytical techniques applied in this report is available in [Technical guide](#).

For more information on aged care in Australia, including elapsed time between aged care assessment approval and entry to aged care services, see:

- [Report on Government Services](#)
- [Report on the Operation of the Aged Care Act 1997](#)
- [Home care packages report](#)
- [GEN aged care data website](#).

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