

# AGED CARE ACCESS IN RURAL AUSTRALIA



Healthy and sustainable rural, regional and remote communities across Australia

Older people living in rural, regional and remote Australia (hereafter rural) face significant challenges and barriers to accessing aged care. Many older Australians are not receiving the care they need, increasing the risk of poorer quality of life and premature death.



- There are an estimated 4.1 million people aged 65 years and over living in Australia. A higher proportion of older people live in inner regional areas and a lower proportion in major cities, compared with the total Australian population. Nearly one in four live in inner regional areas (23 per cent, 0.9 million) and 11 per cent in outer regional and remote and very remote areas combined (0.5 million).<sup>1</sup>
- Australia's population is ageing, with the number of people aged over 65 years expected to increase from 4.1 million people in 2021 to between 6.4 and 6.7 million in 2042.<sup>2,3</sup>
- The availability of aged care services in rural areas<sup>i</sup> is significantly lower than in major cities, with the proportion of older people using aged care services decreasing with remoteness.
- Older people in rural areas are more likely to access basic aged care supports and rely more heavily on informal carer support than people living in metropolitan areas.
- Older people living in rural Australia often experience delays in accessing, or simply do not receive, the care they need, leading to:
  - increased frailty, functional decline, increased hospitalisation and premature entry into residential aged care
  - relocation from their communities to receive the care they need, despite an increasing preference for older people to receive care in their home and community.
- Aboriginal and Torres Strait Islander people are more likely to enter aged care at an earlier age (average age 73) than non-Indigenous people (average age 85). Aboriginal and Torres Strait Islander people represent a higher proportion of people living in remote Australia, however there are low numbers of older Aboriginal and Torres Strait Islander people accessing aged care in remote areas, indicating a lack of culturally safe and appropriate aged care on Country.
- There are significant workforce shortages in rural Australia, with difficulties in attracting and retaining an appropriately skilled and multidisciplinary aged care workforce.
- The majority of aged care providers in rural areas are not-for-profit and government agencies, with many for-profit providers exiting the market due to issues with sustainability.
- Higher operating costs, workforce shortages, travel distances and smaller population sizes limit economies of scale, creating unique challenges for the provision of aged care in rural Australia.

<sup>i</sup> For the purpose of this document, categories of remoteness referred to are typically either classified by the Modified Monash Model (MMM) or the Australian Statistical Geographic Standard (ASGS) Remoteness Areas (RAs). Under MMM, regional centres are MM2, rural towns are MM3–5 and remote communities are MM6–7 (more information available at [www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm](http://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm)). Under ASGS, RAs are major cities (RA1), inner regional (RA2), outer regional (RA3), remote (RA4) or very remote (RA5) (more information available at [www.abs.gov.au/geography](http://www.abs.gov.au/geography)).

## Reforming the aged care sector

It has been identified that extensive reform is needed across the aged care sector to better meet the needs and preferences of older Australians. In March 2021, the Royal Commission into Aged Care Quality and Safety (the Royal Commission) handed down 148 recommendations to improve the aged care system. The Royal Commission identified key issues across the aged care sector, including widespread substandard care and abuse, difficulties accessing aged care services, as well as a range of systemic problems, such as inadequate funding, variable provider governance and behaviour, and absent system leadership.<sup>4</sup>

In particular, the Royal Commission highlighted significant issues with access and supply of aged care services in rural areas. It was found that the availability of aged care in outer regional and remote areas was significantly lower than in major cities<sup>4</sup>, despite older people being more likely to live in rural communities and representing a larger proportion of the population in these areas. The Royal Commission also highlighted concerns with aged care access for Aboriginal and Torres Strait Islander people and reported that the aged care system often struggles to provide appropriate care to people with diverse needs and life experiences. This includes people from culturally and linguistically diverse backgrounds or lesbian, gay, bisexual, transgender and intersex (LGBTI) communities.<sup>4</sup>

There are many other areas of reform needed to improve the quality of aged care across all geographic regions, inclusive of metropolitan and rural Australia – the Royal Commission findings are broad ranging. However, this fact sheet focuses on the differential access to aged care services of metropolitan compared to rural Australian consumers, noting that rural Australians need equitable access to high-quality care, including access to the right mix of health professionals to meet their care needs.<sup>ii</sup>

Recognising the unique challenges in rural Australia, the Royal Commission called for the Australian Government to implement measures to ensure equitable access to aged care for older people in rural Australia. Recommendations focused on:

- expanding flexible care programs
- increasing funding to account for the extra costs of providing services in rural areas
- ensuring a multidisciplinary workforce to meet the needs of older people.<sup>4</sup>

## Australia's aged care system

In order to support older people as they age, the Australian Government funds a variety of aged care services, ranging from basic supports that enable people to remain independent at home, to more intensive full-time care accessed through a residential aged care facility.<sup>6,iii</sup> Services are delivered by a combination of for-profit, not-for-profit and government organisations, with 97 per cent of aged care services subsidised by the Australian Government. The Aged Care Quality and Safety Commission is the national regulator of aged care services, underpinned by the **Aged Care Act 1997** and the associated Aged Care Principles. Australians are eligible for aged care services if they are 65 years or older (50 years or older for Aboriginal and Torres Strait Islander people).<sup>4</sup>

In 2020–21, there were over 3,000 providers delivering aged care services in Australia. Of these, 39 per cent operated outside of major cities.<sup>7</sup> Not-for-profit organisations provide the majority of aged care services in rural areas. Government agencies also have a large presence in these communities, however very few for-profit organisations operate outside metropolitan and regional areas.<sup>8</sup> This is in contrast to Australia more broadly, where for-profit organisations have a much larger presence.<sup>9</sup>

**Home-based care** and support is the most common aged care service accessed in Australia, with 83 per cent of aged care delivered in the home.<sup>10</sup> Home-based care is delivered under the **Commonwealth Home Support Programme (CHSP)**, which provides entry-level services to support older people to live independently and safely at home, and through **Home Care Packages (HCP)**, which provide more intensive support through a coordinated and tailored package of care services that enable older people to remain living at home. Home-based care can include domestic assistance, personal care, meals and food preparation, home maintenance or modification, transport, nursing care, allied health services and social support. For HCPs, there are four levels of support, ranging from level one, which provides basic care services, through to level four, which caters for high-care needs.

**Residential aged care** is available for older people who can no longer live at home and require ongoing assistance with daily living and health care. Approximately 41,000 people live in permanent residential aged care in rural areas, with the average resident age being 85.<sup>5,11,12</sup> Care can be provided in residential aged care facilities on a permanent or short-term (known as respite) basis, with services including accommodation, personal care, domestic support

<sup>ii</sup> Since 1 July 2019, participation in the National Aged Care Mandatory Quality Indicator (QI) Program has been a requirement for all Australian-Government-subsidised residential aged care services. QI information by MMM is available at: [www.gen-agedcaredata.gov.au/Topics/Quality-in-aged-care/Residential-Aged-Care-Quality-Indicators-April-to-June-2022](http://www.gen-agedcaredata.gov.au/Topics/Quality-in-aged-care/Residential-Aged-Care-Quality-Indicators-April-to-June-2022). QIs cover five areas: pressure injuries, physical restraint, unplanned weight loss, medication management and falls.

Funding reforms are underway, including a new funding model with the introduction of the Australian National Aged Care Classification (AN-ACC) from 1 October 2022. The new model is stated to be more equitable, particularly in supporting care in rural locations, and Indigenous and homeless specialist services, however, the implications for consumers of aged care services in rural areas will take time to assess. The Independent Health and Aged Care Pricing Authority (IHACPA) will provide annual AN-ACC price recommendations from 1 July 2023 onwards.

<sup>iii</sup> Information in this fact sheet reflects the situation at the time of drafting (first half of 2022). The aged care system is changing, with reforms being implemented in stages. Information on Australian Government changes is available at: [www.health.gov.au/our-work/aged-care-reforms/delivering-reforms-to-improve-aged-care](http://www.health.gov.au/our-work/aged-care-reforms/delivering-reforms-to-improve-aged-care).

services (such as laundry and meals), nursing and allied health services.<sup>10</sup>

**Flexible care** provides additional options for older people based on their individual needs. There are five types of flexible care funded by the Australian Government. The **Transition Care**<sup>iv</sup>, **Short-Term Restorative Care (STRC)**<sup>v</sup> and **Innovative Care**<sup>vi</sup> programs are designed to support older people to stay at home rather than enter permanent residential care.<sup>13,14,15</sup> The **Multi-Purpose Services (MPS)** Program and the **National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)** are primarily available in rural communities and aim to provide increased flexibility to overcome the barriers and challenges of delivering aged care in rural Australia.<sup>16</sup>

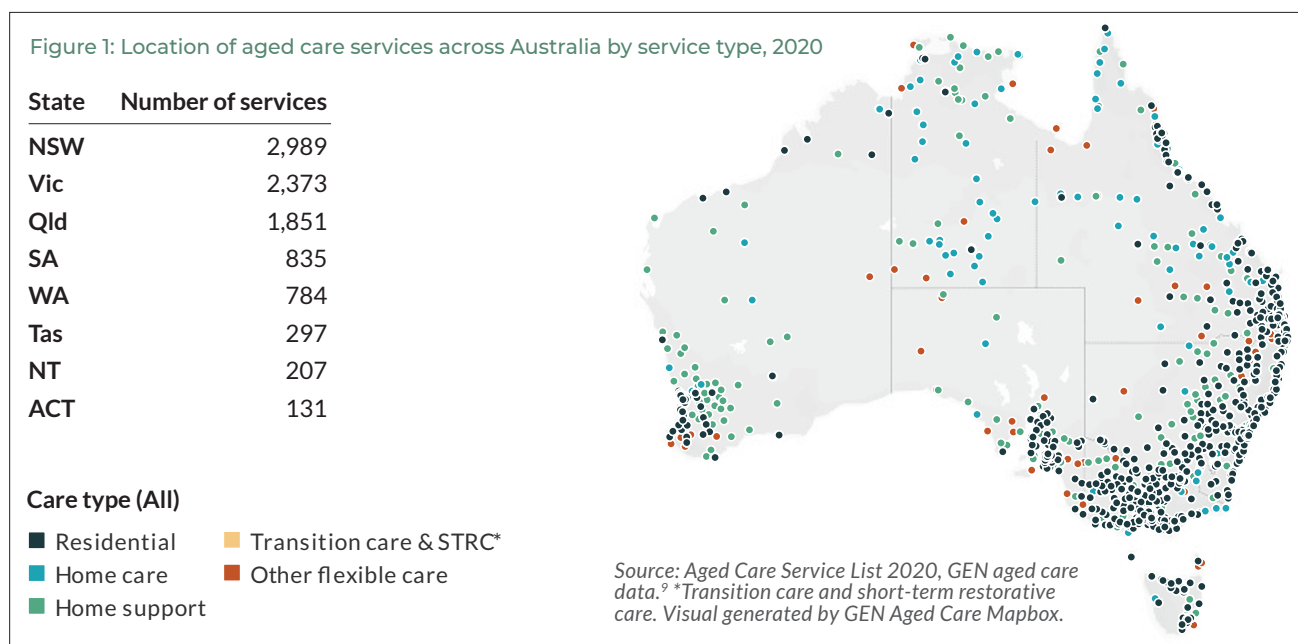
Table 1: Percentage of aged care services by care type, by MMM, 2020<sup>vii</sup>

Care type	MM1	MM2	MM3	MM4	MM5	MM6	MM7	Total
<b>Home-based care</b>								
CHSP	54%	10%	11%	8%	11%	3%	3%	100%
HCP	61%	10%	13%	5%	6%	2%	2%	100%
<b>Residential care</b>								
Residential care	62%	8%	8%	7%	13%	1%	0%	100%
<b>Flexible care</b>								
Transition care	53%	17%	22%	7%	0%	0%	0%	100%
STRC	65%	12%	13%	3%	4%	1%	2%	100%
Innovative care	63%	13%	13%	0%	13%	0%	0%	100%
MPS	0%	0%	0%	0%	61%	22%	17%	100%
NATSIFACP	10%	2%	2%	2%	2%	12%	68%	100%

Source: Providers, services and places in aged care, GEN aged care data, 2020.<sup>9</sup>

**My Aged Care** is the single-entry point into the aged care system and provides information about providers of aged care services, as well as any costs associated with receiving aged care support. People seeking aged care services are required to undertake an assessment to determine eligibility and the level of care required based on their needs.<sup>17</sup> Where older people can afford to do so, they are required to contribute to care costs through co-payments and means-tested fees. Privately funded care is also available for older people.<sup>4</sup>

Aged care services tend to be concentrated in more densely populated areas, with the availability of aged care services being higher in major cities than rural areas. For example, 62 per cent of residential aged care facilities are located in metropolitan areas, compared to only one per cent in remote and very remote areas.<sup>5</sup> Additionally, in rural areas, residential facilities have, on average, 39 fewer beds than facilities in metropolitan areas and home care services have, on average, 21 fewer packages than those in major cities.<sup>8</sup> At June 2020, 71 per cent of available aged care places were located in major cities, in comparison to 7.6 per cent in outer regional areas and 0.6 per cent in remote and very remote areas.<sup>5</sup>



<sup>iv</sup> Transition care provides short-term support for older people after a hospital stay and can be delivered in either a residential or community setting.

<sup>v</sup> STRC provides services to older people for up to eight weeks to help them delay or avoid long-term care.

<sup>vi</sup> Innovative care provides flexible services where mainstream aged care services cannot meet the needs of a location or target group. The program stopped funding new projects on 25 May 2006.

<sup>vii</sup> As noted in Footnote i, under MMM, regional centres are MM2, rural towns are MM3–5 and remote communities are MM6–7.

## Aged care in rural Australia

The **MPS Program** is jointly funded by the Australian Government and each state and territory government. The program offers integrated health and aged care services in areas where a standalone service may not be viable. MPS provide a range of services to rural communities, including access to primary care, allied health services and acute care. At June 2020, there were 178 operational MPS across Australia and 2,316 people accessing residential or respite care in a MPS. Over 50 per cent of people accessing aged care through a MPS were located in outer regional areas, and 29 per cent in remote or very remote locations.<sup>9,18</sup> The Royal Commission recommended that the MPS Program be expanded across more rural communities.<sup>4</sup>

The **NATSIFACP** provides culturally appropriate residential and home-based aged care to Aboriginal and Torres Strait Islander people close to home and community. In 2019, approximately 629 Aboriginal and Torres Strait Islander people received aged care services through NATSIFACP.<sup>19</sup> Eighty per cent of NATSIFACP services are located in remote Australia (MM6–7).<sup>20</sup>

MPS and NATSIFACP providers receive a **viability supplement** to assist with the higher costs associated with providing aged care services in rural areas.

Other providers of residential aged care operating in rural areas (MM4–7) were also eligible for the viability supplement, determined by the service's size, location and client mix, however reforms to aged care funding from 1 October 2022 mean there is no longer a separate viability supplement as it is now included within the new funding model base. The viability supplement increased with remoteness, with the type and complexity of care being delivered also considered.<sup>21</sup>

The Royal Commission highlighted that the viability supplement is currently insufficient to cover increased costs in rural communities.<sup>4</sup> For private and not-for-profit aged care service providers, remaining sustainable in the rural environment has historically been challenging.

Higher operating costs, smaller population sizes, workforce shortages, higher labour costs, additional infrastructure costs and lack of economies of scale mean many rural aged care service providers are facing serious viability issues.<sup>22,8</sup>

It is estimated that total expenditure for aged care providers is more than 16 per cent higher in rural areas. Labour is consistently the highest cost across all geographic areas, however labour costs represent 71 per cent of expenditure for rural aged care facilities compared with 64 per cent, on average, for facilities in other areas.<sup>8</sup>

The Royal Commission recommended that the viability supplement be increased to ensure there is sufficient funding for providers to deliver adequate aged care in rural areas.<sup>4</sup>

## Use of aged care services in Australia

In 2021, over one million people received aged care services in Australia.<sup>23</sup> CHSP is the most common support type accessed, making up approximately 71 per cent of aged care service use nationally. Residential aged care is the next most accessed service (16 per cent), followed by HCP (12 per cent) and transition care (less than one per cent).<sup>9,10</sup>

People living in rural areas face more barriers to accessing adequate aged care than people living in major cities and regional areas, with a range of socioeconomic, environmental, demographic and geographical factors impacting on the provision of aged care in these communities.<sup>24</sup>

As a result, access and usage of aged care services in rural Australia is notably less when compared to major cities, with the overall proportion of older people using aged care services decreasing with remoteness.<sup>10</sup>

Only one in five older Australians who live in remote and very remote areas are receiving aged care services, compared to one in four (27 per cent) nationally.

This is most significant for higher-care services, such as residential aged care and HCP.

For example, the usage rate of residential aged care is 11 times greater in metropolitan areas than the usage rate in very remote areas.<sup>9</sup>

However the opposite is true for more basic home supports, such as those delivered through the CHSP. For example, people aged 80–84 years in remote and very remote communities are almost three times more likely to access CHSP services than those living in major cities.<sup>9</sup>

Table 2: Aged care usage rate per 1,000 of the eligible population, by care type and remoteness, at 30 June 2020

Care type	MM1	MM2	MM3	MM4	MM5	MM6	MM7	Total per care type across MM1–7
CHSP	173.3	310.7	235.7	307.7	296.7	503.7	212.4	2,040.2
HCP	33.5	30.5	44.4	32.4	10.9	16.0	7.8	175.5
Permanent residential care	40.4	35.8	40.2	38.2	24.0	16.0	3.5	198.1
Respite residential care	1.4	1.1	1.4	1.5	1.0	1.3	0.2	7.9
Transition care	0.8	1.3	1.3	0.5	0.0	0.0	0.0	3.9
Total	249.4	379.4	323	380.3	332.6	537.0	223.9	2,425.6

Source: People using aged care services, 2020, GEN aged care data.<sup>9</sup>

Aged care usage rates across rural Australia reflect a lack of available and appropriate services to meet the needs of eligible people living in these communities.

Additionally, people in rural areas experience longer wait times for home-based care and support.

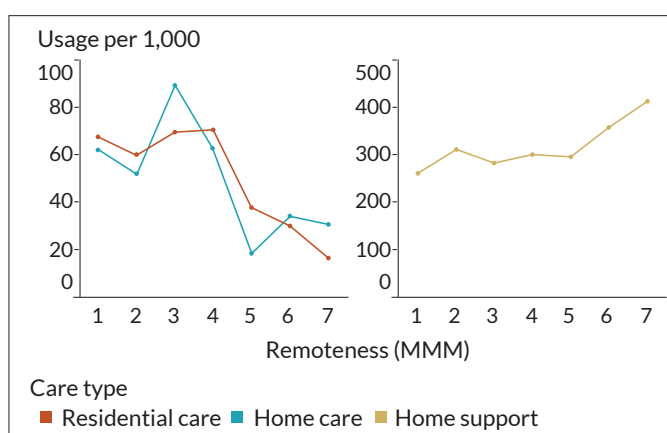


This places them at increased risk of functional decline, hospitalisation and premature entry into residential aged care. When they are eventually able to access care at home, they are likely to receive less care than they need, or may not be able to access the specific services that they require.<sup>4</sup> These factors, combined with increased burden of disease and frailty of older people in rural Australia, place them at increased risk of poorer overall health, reduced quality of life and lower life expectancy.<sup>16</sup>

As a result, older people in rural Australia are often required to move from their communities in order to receive the care that they need.

This is contrary to the preferences of many Australians who wish to receive aged care in their homes and communities.

Figure 2: Proportion of older people using aged care, by remoteness, at 30 June 2021



Source: People using aged care services, GEN aged care data.<sup>10</sup>

## Aged care usage by Aboriginal and Torres Strait Islander people

At 30 June 2019, more than 5,000 Aboriginal and Torres Strait Islander people accessed government-subsidised aged care services (residential and home care packages), representing two per cent of all recipients of these services nationally. Aboriginal and Torres Strait Islander people are more likely to require aged care earlier in life than other Australians, with the average age in residential aged care currently 73 years versus 85 years.<sup>19</sup> The most recent data also indicates that average rates of aged care use are higher for Aboriginal and Torres Strait Islander people. This is particularly notable for Aboriginal and Torres Strait Islander people aged 65–74 years, who are 2.8 times more likely to use CHSP, 6.6 times more likely to use HCP and 1.9 times more likely to use residential aged care, when compared to other Australians.<sup>25</sup>

Aboriginal and Torres Strait Islander people are more highly represented as users of aged care in remote areas of Australia, which reflects that they make up a larger per capita proportion of remote-living Australians. For example, 30 per cent of CHSP users in remote areas are Aboriginal and Torres Strait Islander people, compared to 2.3 per cent in non-remote areas.<sup>19,25</sup> However more than 81 per cent of Aboriginal and Torres Strait Islander people using aged care services live in non-remote areas. This indicates a lack of culturally appropriate aged care on Country, requiring Aboriginal and Torres Strait Islander people to move to access the care that they need. This was further supported by the Royal Commission, which identified that there is an overall under-representation of Aboriginal and Torres Strait Islander people accessing aged care services and highlighted deficiencies in culturally safe and appropriate care. The final report recommended that measures be undertaken to grow the Aboriginal and Torres Strait Islander aged care workforce and to facilitate greater access to aged care on Country.<sup>4</sup>

## Demand for aged care services

The demand for aged care services has increased significantly over the past 10 years. The number of older people using home-based care and supports has tripled nationally and the number of people using permanent residential aged care has increased by 13 per cent.<sup>5</sup> Despite this, the number of residential care and CHSP providers has declined. HCP provider numbers, on the other hand, have steadily increased, reflecting governments' investment in expanding this form of home-care service.<sup>7</sup>

The aged care system is under pressure to meet current and future demands for services. At 30 September 2021, there were 74,143 people waiting to receive a home care package, with an average wait time of three to nine months.<sup>26,27</sup> Occupancy rates<sup>viii</sup> for residential aged care are currently 88.3 per cent.<sup>7</sup>

## Aged care workforce

Workforce is a key contributing factor to the ability to access aged care in rural Australia. The aged care workforce comprises a range of health professionals, including registered and enrolled nurses, personal care workers, general practitioners and allied health professionals.<sup>16</sup> Personal care workers make up the largest proportion of the aged care workforce, representing 70 per cent of the total. Volunteers also play a significant role in delivering aged care, making up 16 per cent of the total aged care workforce.<sup>4</sup>

The availability of aged care workers reduces as remoteness increases, with significant gaps in remote and very remote areas.<sup>30</sup> Table 3 provides an overview of the residential aged care workforce per 100,000 of the population, highlighting deficiencies across all professions in remote and very remote Australia.

<sup>viii</sup> Occupancy is measured as the total number of days an allocated place is occupied by a resident, divided by the total number of days an allocated place was available to be occupied.

Table 3: Number of residential aged care workers per 100,000 of the population, by occupation and remoteness, 2020

Profession/occupation <sup>ix</sup>	Major cities	Inner regional	Outer regional	Remote	Very remote
Registered nurses	119.0	175.1	147.1	59.1	25.9
Enrolled nurses	29.4	46.5	42.0	23.0	3.5
Nursing support/personal care workers	179.0	208.8	180.0	91.0	26.4
Nurse managers	6.6	9.7	6.5	5.5	0.0
General practitioners/resident medical officers	0.6	0.4	0.6	0.0	0.0
Occupational therapists	2.8	2.2	1.8	0.0	0.0
Physiotherapists	4.1	2.9	1.9	0.0	0.0
Podiatrists	0.4	0.2	0.0	0.0	0.0
Audiologists/speech pathologists	0.2	0.4	0.2	0.0	0.0
Dental practitioners	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>342.1</b>	<b>446.0</b>	<b>380.0</b>	<b>178.3</b>	<b>55.8</b>

Source: Analysis of Department of Health Workforce Census 2020 data and ABS regional population data 2010–20.<sup>28,30</sup>

Informal carers are also an important part of the care system for older people. Older people living in remote and very remote areas rely heavily on informal carers, with 93 per cent accessing informal carer support only. This is significantly higher than the national average of 64 per cent.<sup>29</sup>

There are workforce shortages across the aged care sector nationally, with 22,000 vacancies in direct aged care roles in 2020. In particular, lack of access to allied health professionals is a serious concern for older people. In 2018–19, only two per cent of HCP funding was spent on allied health and only 29 per cent of older people received allied health services under the CHSP.<sup>31</sup> The Royal Commission reported that allied health services are underused and undervalued across the aged care system.<sup>32</sup>

Workforce shortages are further pronounced in rural Australia, where there are significant issues with attracting and retaining appropriately skilled aged care staff.

This is most prevalent in remote and very remote areas, with workforce shortages experienced by 59.7 per cent of residential aged care facilities in remote areas and 81.1 per cent in very remote areas.<sup>33</sup>

A lack of training and professional development opportunities, low remuneration rates, high workloads, and social factors such as housing availability and employment and education opportunities for family members, are some of the key barriers impacting the aged care workforce in rural areas.<sup>8,16,34</sup>

However, there are gaps in the availability of information on some professions. For example, Table 3 does not include pharmacists who are part of the healthcare team supporting aged care residents.

## Integrated, locally delivered aged care

While there are issues across the aged care system nationally, the unique challenges in rural Australia put older people living outside of major cities at more of a disadvantage. As demand for aged care services continues to grow, targeted strategies are needed – now and into the future – to meet the needs of older people living in rural Australia.

Recognising that the social, demographic and environmental context of rural Australia varies greatly between locations, policy levers must focus on supporting integrated and place-based planning and delivery of aged care, so that solutions can adequately address local needs, context and barriers. Integrated, locally delivered aged care must be underpinned by:

- joint service planning across different providers and care sectors, such as health and disability, to develop shared objectives and community-driven solutions
- integrated delivery of aged care across providers and care sectors to pool existing resources and funding and improve service sustainability
- partnerships and collaboration with other providers and sectors to share resources, infrastructure, workforce and capacity-building opportunities
- planning and implementation that ensures culturally safe care is provided to Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations
- integrated workforce planning at the local and regional levels that draws on cross-sector resources and skills to ensure an appropriately trained and skilled multidisciplinary workforce that meets the holistic needs of older people
- adequate investment to attract, train, educate and retain a sustainable workforce that meets community need
- support from all levels of government, organisations and care sectors to provide the authorising environment to enable joint planning and integrated service delivery
- flexible funding that incentivises integration across practices and workforces and is focused on delivering outcomes
- local innovation that is enabled by dedicated investment and resourcing
- research and evaluation to identify successful solutions that can be scaled to like regions
- effective change management to support the cultural shifts necessary to drive this change.

<sup>ix</sup> Table 3 includes information on professions only where data is available.

Integrated, locally delivered aged care should also:

- enable co-design and collaboration opportunities, for example, with Aboriginal Community Controlled Health Services and local Traditional Custodians, and with entities representing culturally and linguistically diverse populations
- support development of local career pathways (including training, supervision, mentoring and leadership opportunities) and multidisciplinary team-based care and interdisciplinary learning
- promote opportunities for collaborative research, teaching and learning.

Addressing other matters integral to equitable access to quality aged care will also be vital, such as long travel distances to access services (and the associated costs) and a heavy reliance on online methods to access aged care (via My Aged Care).

Given the poorer health outcomes experienced by rural Australians, high-quality aged care will be a key element to improve their quality of life as they age.<sup>16</sup>

## Conclusion

As Australia's older population continues to grow and the demand for aged care services increases, it is critical to address system shortfalls to ensure older Australians are receiving the care they need to age well, wherever they live. Older people living in rural Australia face a range of additional challenges in receiving the aged care services that they need. In order to reduce these barriers, policy levers must focus on enabling integrated, locally delivered care whereby local needs are addressed through community-driven solutions. Such locally delivered care models also need to reflect the reforms recommended by the Royal Commission to ensure that older Australians living in rural areas have equitable access to high-quality care options closer to home, family and community.

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