Australian Government
Department of Health, Disability and Ageing

Single Assessment System

Quarterly needs assessment data report

1 July – 30 September 2026

October 2026

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Executive Summary

The Single Assessment System (SAS) enables older people to access government-funded aged care services as their needs change. By consolidating all aged care assessment workforces, it reduces duplication, improves transparency, and supports smoother transitions between different types of aged care.

This quarterly report provides a high-level overview of performance and outcomes in aged care needs assessments. It includes information on the volume of assessments completed and the time taken to complete assessments during the quarter.

Key highlights from this quarter include:

- At **30 September 2026**, there were **71,724** referrals for aged care needs **assessments on hand[1].**
- **154,687 assessments were completed** during the quarter.
- The **median wait time** across all assessment types was **21 days.**

[1] An assessment "on hand" refers to an assessment referral that is at any stage between a referral being issued and an assessment being completed (including triage and assessment activity) – see Figure 1 below. Once the support plan is completed, the referral is no longer considered "on hand".

Introduction

Assessment types

There are two primary types of aged care assessments under the SAS: aged care needs assessments and residential aged care (RAC) funding assessments.

Aged care needs assessments use the Integrated Assessment Tool (IAT) to determine a person's eligibility for government-funded Commonwealth Home Support Program (CHSP) or Support at Home, transition care, residential respite or entry to residential aged care. These assessments can be delivered as home support, comprehensive or hospital-based assessments depending on a person's complexity and circumstances.

RAC funding assessments, by contrast, are conducted after a person enters residential aged care by an independent organisation that is separate from the residential aged care facility. The RAC funding assessment determines their care classification and associated subsidy level, using the AN-ACC tool. While RAC funding assessments are an important part of the aged care system, this report focuses on **aged care needs assessments** under the SAS. Additional information and data on RAC funding assessments is available in the Australian Government's Residential Aged Care Funding Assessments Dashboard.

What is an aged care needs assessment?

An aged care needs assessment is a structured evaluation of an older person's needs, strengths, goals and circumstances, undertaken to determine their eligibility for government-funded aged care services under the *Aged Care Act 2024* (the Act). Assessments are carried out by trained assessors using the IAT, which supports a nationally consistent, holistic review of a person's physical health, cognitive function, social supports, home environment and preferred goals. Further information about the assessment process can be found on the My Aged Care website.

Older people can request an aged care needs assessment through several avenues:

- They can call the My Aged Care Contact Centre, which registers the person, completes screening, and issues referrals for assessment.
- An assessment can also be requested online by completing the *Apply for an Assessment Online* form, which allows people or their families to submit an assessment application directly.
- In addition, health professionals such as GPs can make a referral using the My Aged Care "Make a Referral" form or GP e-referral system, which sends the information securely to My Aged Care for processing.
- People can also request an assessment in person by meeting with an Aged Care Specialist Officer at selected Services Australia service centres.

The client journey

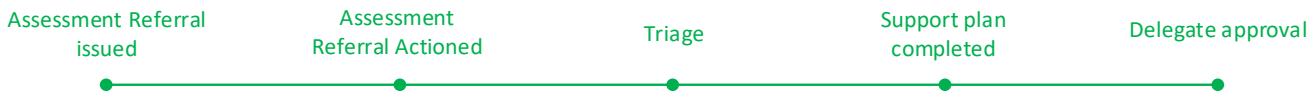
In the context of a client's aged care journey, the assessment takes place after the person contacts My Aged Care and completes registration and screening. **Figure 1** below outlines the key milestones in the aged care needs assessment process. When a referral is issued to an Assessment Organisation (AO), the AO assesses whether it can accept the referral.

If accepted, the client progresses to triage. Triage helps ensure that older people receive the right type of assessment for their needs. Triage also aims to validate the outcomes produced at screening, including the priority allocated to the assessment and whether urgent services are required. Triage is undertaken by a clinically trained Triage Delegate over a telephone call with the older person and/or someone permitted to speak on their behalf. If the Triage Delegate determines the person has a declared care need and meets

eligibility requirements under the Act, the Triage Delegate allocates the assessment to a non-clinical or clinical assessor to complete a home support or comprehensive assessment.

Using the IAT, the assessor works with the older person to gather information, understand their goals, and develop a Support Plan that outlines recommended services. This plan is then reviewed by a delegate who approves access to aged care services before the person is referred to a provider. In this way, the assessment is the key step between being referred by the My Aged Care Contact Centre and receiving a referral for approved aged care services.

Figure 1: Key milestones in the aged care needs assessment process



By way of example, older people may enter the system with relatively low-level needs and receive approval for a small number of CHSP services. As their circumstances change, they may require a new assessment—for example, if their health declines and they need a higher level of coordinated care under a Support at Home (SaH) classification. A single assessment can also result in approvals for more than one service type, such as meals and home modifications, to ensure the Support Plan reflects the person's goals and needs. Regular and ad hoc support plan reviews are also utilised to review the person's needs and update the Support Plan if needed, or refer the person for a new assessment.

What are the types of aged care needs assessments?

Aged care needs assessments can be delivered in three assessment formats, depending on the client's determined need:

a. Home support assessments

Home support assessments apply to older people with entry level care needs. They are conducted by non-clinical assessors, who use the IAT to collect information and develop a Support Plan. These assessments must occur face-to-face where safe, usually in the person's home. If clinical questions are triggered, a clinical assessor may be consulted.

b. Comprehensive assessments

Comprehensive assessments are conducted in the community for people with more complex needs, including those who may require Support at Home at higher classifications or residential care. These assessments must be conducted by clinical assessors (e.g., nurses, allied health professionals) using the IAT and may take place at home, in hospital, or other appropriate settings.

c. Hospital assessments

Comprehensive assessments can also occur in hospital settings to support safe discharge planning. Assessment timeframes differ from community-based assessments and must be completed rapidly (e.g., within 5–15 days of the referral being accepted by the assessment organisation, depending on priority).

Delegation

The Act designates certain delegated roles that can make decisions on eligibility and approvals. Delegated roles include:

- **Triage Delegates** – decide eligibility for an aged care needs assessment.

- **Non-clinical Assessment Delegates** – can approve home support assessments that result in CHSP. Where a home support assessment results in a Support at Home outcome, the assessment must be converted into a comprehensive assessment for approval by a clinical assessment delegate.
- **Clinical Assessment Delegates** – approve comprehensive assessments, including Support at Home classifications, residential care entry, and End of Life pathways.

Delegates exercise powers on behalf of the System Governor (Secretary of the Department of Health, Disability and Ageing (department)). They must review Support Plans, confirm eligibility, and ensure compliance with the Act.

Caveats

Quantitative aged care assessment data presented in this report was extracted from the Aged Care Data Warehouse on 5 October 2026. Future extracts of the same information may differ due to the dynamic nature of the data.

Information in this report is presented at an aggregate level; provider/client information is 'protected information' under the *Aged Care Act 2024 (Cth)*. Information about individuals is also protected by the *Privacy Act 1988 (Cth)*, including collection, use and disclosure of information.

Volumes

Reports on assessment volumes in these tables indicate total activity and do not represent unique clients.

The number of completed assessments is subject to change. While this variation is minimal in metropolitan areas, it can be more pronounced in regional areas due to travel requirements.

Volumes data by assessment type (home support / comprehensive) is subject to change. For example, the triage delegate may review and reclassify a referral from one type of assessment to another.

Clients awaiting assessment may have already undergone a previous assessment and be receiving services. As a result, not all clients waiting for assessment are without services, and it is possible for a single client to have multiple active referrals in the system simultaneously, originating from different referral pathways.

Wait times

Needs assessment wait times presented in this report relate to the time taken between when the referral was issued to when the support plan was completed. Wait times are measured in terms of median days to completion.

Comprehensive assessments also require delegate approval to be finally 'completed'; however, the median timeframe for this additional step is around 1 day.

Completed assessments

Assessment volumes

During Q1 2026–27, a total of **154,687** assessments were **completed** nationally across all assessment types and priority levels. The majority of completed assessments were **comprehensive** assessments (90,933; 59%), followed by **home support** assessments (48,544; 31%) and **hospital** assessments (15,210; 10%).

Across all assessment types, **low-priority** assessments accounted for the largest proportion of completed assessments nationally (**108,780; 70%**), followed by **medium-priority** assessments (**39,431; 25%**) and **high-priority** assessments (**6,476; 4%**). The priority profile varied by assessment type: low-priority assessments were most common for home support and comprehensive assessments, while medium-priority assessments accounted for most hospital assessments. These priority levels are assigned during the triage process.

Table 1A: Number of home support assessments completed by priority

Q1 2026–27	Community Home Support Assessment			
	High	Medium	Low	All priorities
NSW	104	1,381	13,651	15,136
VIC	94	1,830	8,936	10,860
QLD	23	736	10,176	10,935
SA	40	707	4,275	5,022
WA	109	1,275	2,913	4,297
TAS	38	263	994	1,295
NT	7	54	246	307
ACT	2	68	622	692
National	**417**	**6,314**	**41,813**	**48,544**

Table 1B: Number of comprehensive assessments completed by priority

Q1 2026–27	Community Comprehensive Assessment			
	High	Medium	Low	All priorities
NSW	921	4,276	20,918	26,115
VIC	2,265	7,119	18,061	27,445
QLD	609	3,260	14,949	18,818
SA	368	1,300	5,717	7,385
WA	1,108	2,748	3,525	7,381
TAS	260	373	1,640	2,273
NT	34	119	393	546
ACT	26	160	784	970
National	**5,591**	**19,355**	**65,987**	**90,933**

Table 1C: Number of hospital assessments completed by priority

Q1 2026–27	Hospital Assessment			
	High	Medium	Low	All priorities
NSW	80	5,270	85	5,435
VIC	131	2,897	409	3,437
QLD	94	2,114	305	2,513
SA	22	1,531	10	1,563
WA	107	1,438	37	1,582
TAS	10	326	31	367
NT	9	65	28	102
ACT	15	121	75	211
National	**468**	**13,762**	**980**	**15,210**

Wait times

Older people's wait times for assessment are dependent on a range of factors, including the individual's location, the type of assessment required, and the type, intensity and urgency of the service required. In urgent situations, when criteria has been met, emergency care services can be delivered to the older person within a few days, depending on availability.

In **Q1 2026–27**, the **national median** wait time across **all assessment types** was **21 days**, with variation by assessment type and state and territory.

Hospital assessments had the shortest wait times, with a **national median of 1 day**. Median wait times were 1 day in most states and territories, increasing to **2 days** in **Queensland**, **3 days** in **Tasmania** and **6 days** in the **Northern Territory**.

Home support assessments had a **national median wait time of 18 days**. State and territory medians ranged from **14 days** in **South Australia** and **Western Australia** to **28 days** in **Queensland**.

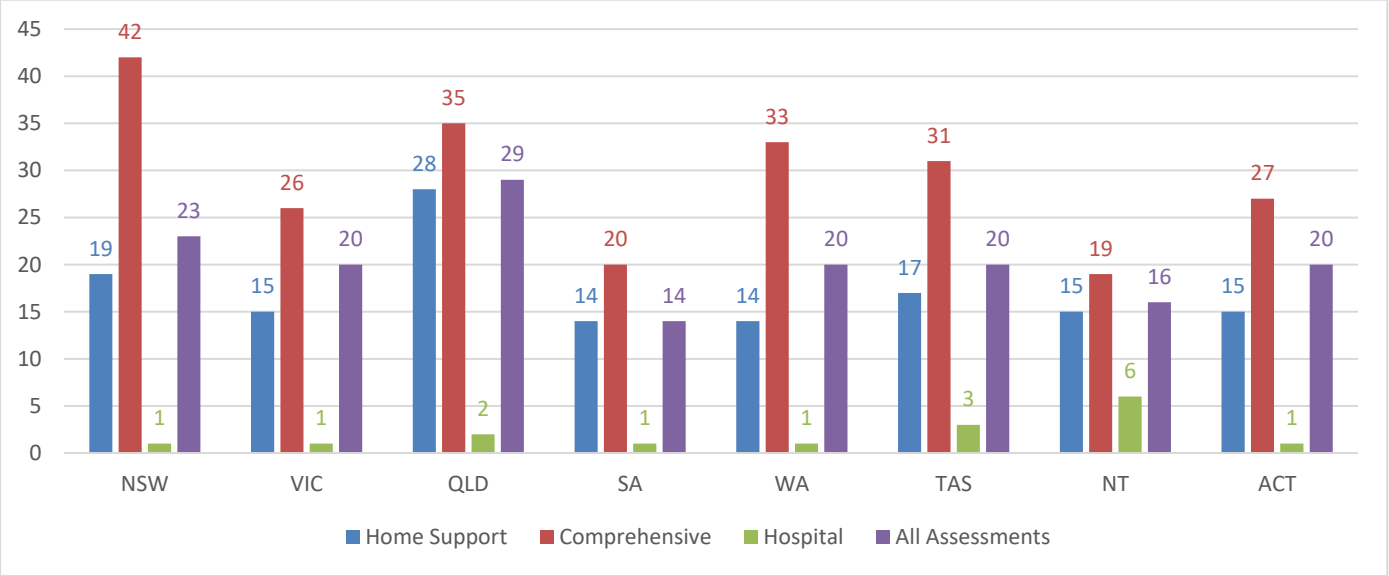
Comprehensive assessments recorded the longest national median wait time at **31 days**. Median wait times varied by state and territory, from **19 days** in the **Northern Territory** to **42 days** in **New South Wales**.

Overall median wait times across **all assessments** ranged from **14 days** in **South Australia** to **29 days** in **Queensland**, indicating variation in service demand, assessment mix and local delivery contexts across states and territories.

Table 2: Median wait time between referral issued and support plan completion (days)

Q1 2026–27	Home Support (Community)	Comprehensive (Community)	Hospital	All Assessments
NSW	19	42	1	23
VIC	15	26	1	20
QLD	28	35	2	29
SA	14	20	1	14
WA	14	33	1	20
TAS	17	31	3	20
NT	15	19	6	16
ACT	15	27	1	20
National	**18**	**31**	**1**	**21**

Figure 2: Median wait time between referral issued and support plan completion by state (days) Q1 2026–27



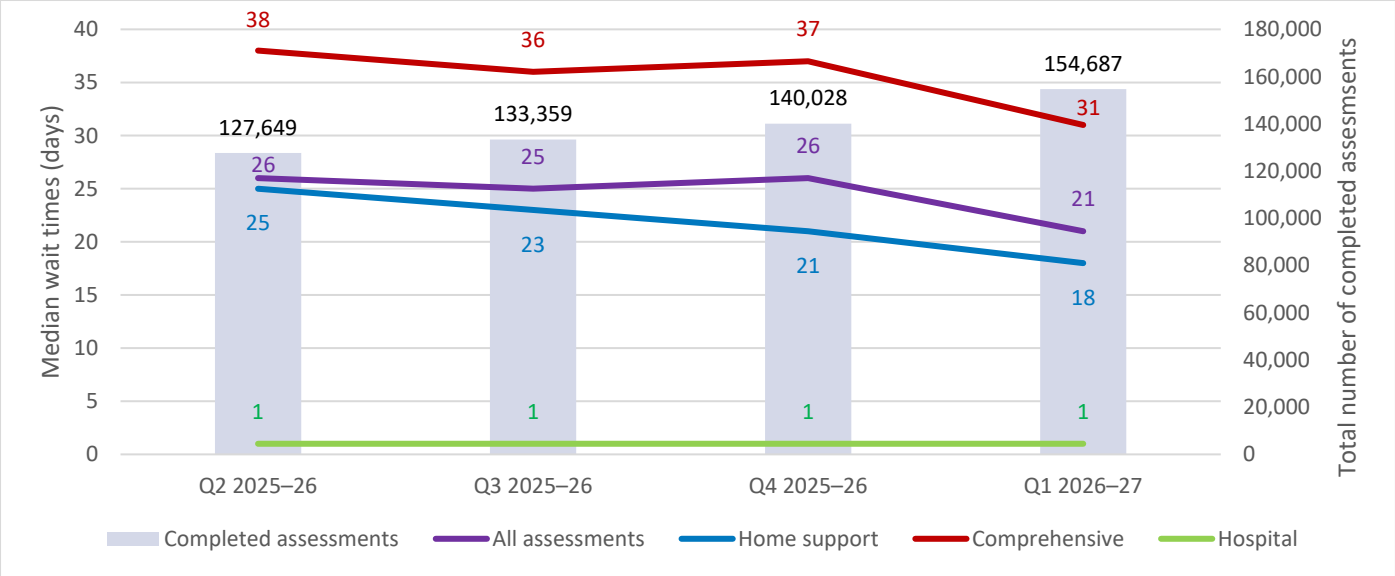
Rolling 4-quarter trends

As this is the fourth quarterly SAS data report, this edition includes a rolling 4-quarter view of national assessment activity and median wait times. This provides additional context for the latest quarter by showing how assessment volumes and wait times have changed over the first year of reporting.

Table 3: Rolling 4-quarter national assessment activity and median wait times

Quarter	Completed assessments	Median wait time (days)			
		All assessments	Home support	Comprehensive	Hospital
Q2 2025–26	127,649	26	25	38	1
Q3 2025–26	133,359	25	23	36	1
Q4 2025–26	140,028	26	21	37	1
Q1 2026–27	154,687	21	18	31	1

Figure 3: Completed assessments and median wait times, Q2 2025–26 to Q1 2026–27



Over the four quarters to September 2026, completed assessment volumes increased each quarter, from 127,649 in Q2 2025–26 to 154,687 in Q1 2026–27—an increase of 27,038 assessments, or 21%. The median wait time across all assessment types decreased from 26 days to 21 days over the same period. Median wait times also decreased for comprehensive assessments, from 38 days to 31 days, and home support assessments, from 25 days to 18 days, while the median for hospital assessments remained at 1 day.

These trends provide a high-level view of national activity rather than a measure of individual client experience. Changes in wait times may reflect shifts in demand, the mix of home support, comprehensive and hospital assessments, and local delivery conditions across jurisdictions.

Note: The rolling 4-quarter view should be interpreted alongside changes in referral volume, assessment mix, local service demand and operational settings over the reporting period. The data presented in below are drawn from the corresponding quarterly reports and therefore reflect the point-in-time extracts used for each respective report. The rolling 4-quarter figures are intended to show trends over time. Caution should be used when aggregating quarterly figures, as each quarter is based on a point-in-time extract and may not reconcile exactly with a separately extracted annual total.

Glossary

Term	Meaning
Aged care needs assessor	A person who conducts aged care assessments, which can be either 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.
Ageing and Aged Care Data Warehouse	A central repository that stores operational and administrative aged care data, used to produce quantitative reporting such as assessment volumes, wait times and other SAS activity metrics. Data in this report was extracted from the warehouse and may change over time due to the dynamic nature of the system.
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 is undertaken by a clinical assessor.
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.
First Nations	People who self-identified as Aboriginal and/or Torres Strait Islander during the assessment. As this measure is based on recorded self-identification, it may not fully reflect all First Nations clients assessed during the period.
Home support assessment	A home support assessment is typically used to decide if someone can access entry-level services through the CHSP, but may result in a Support at Home package.
Hospital assessment	A type of comprehensive aged care needs assessment conducted in a hospital to support safe discharge planning. These assessments must be completed quickly because they are designed for older people whose care needs are being assessed while they are still in hospital.
Integrated Assessment Tool (IAT)	A single, dynamic tool used for all aged care needs assessments. It enables assessors to collect complete and consistent information about an older person's health, circumstances and goals, and supports nationally consistent, holistic assessments that inform service recommendations and referrals.
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.
Residential Aged Care (RAC) funding assessment	A national funding classification system for residential aged care that assesses each resident's care needs and assigns them to one of several classes. These classes determine the level of government subsidy paid to the provider, ensuring funding aligns with the resident's individual care requirements.

Term	Meaning
Single Assessment System (SAS)	A national system that brings all aged care assessment functions into one streamlined process, reducing duplication and improving consistency so older people can access the right level of care sooner. It commenced in December 2024 and consolidates former assessment programs into a single workforce using a standardised assessment approach.
Support at Home (SaH)	A government-funded aged care program that helps older people stay independent and remain living at home for longer. Introduced on 1 November 2025, it replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. The program provides coordinated services based on an aged care assessment, including ongoing care through eight funded classifications and short-term pathways for restorative care, assistive technology and home modifications, and end-of-life care.
Support Plan	A plan developed by an aged care assessor that: • 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.
Triage	A step that occurs after an aged care referral is accepted and before a home support or comprehensive assessment is conducted. Triage is performed—usually by phone—by a clinically qualified Triage Delegate within a few days of referral. During triage, the delegate confirms the person's eligibility, determines the assessment type, sets the priority, and identifies whether any urgent services or linking supports are required.

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All information in this publication is correct as at October 2026

