



Fact Sheet: Multi-Purpose Services Program Residential Care 2021-22

The Multi-Purpose Services (MPS) Program enables older people living in regional, rural and remote areas to receive the aged care services they need close to their own community.

MPS Places

At 30 June 2022, there were 178 operational MPS across Australia (except ACT), with a total of 3,663 operational flexible aged care places.

State/Territory	Services	Residential Places	Home Care Places	Total Places
NSW	63	1,060	119	1,179
VIC	11	359	19	378
QLD*	37	464	161	625
WA	37	603	158	761
SA	26	598	14	612
TAS	3	81	21	102
ACT	-	-	-	-
NT	1	4	2	6
Australia	178	3,169	494	3,663

Figure 1: MPS and places, 30 June 2022. *Norfolk Island is included in Qld.

MPS Funding

The program is jointly funded by the Australian Government and state and territory governments. In 2021-22, the Australian Government provided aged care funding of \$238.9 million for the MPS Program. These funds included an additional \$9.7 million in expenditure in 2021-22 for the Basic Daily Fee food and nutrition supplement for the first time.

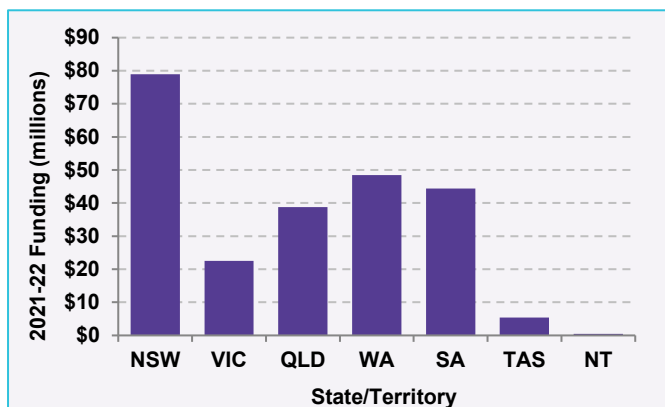


Figure 2: Australian Government MPS Program funding in millions, by state, 2021-22. Note: Norfolk Island is included in totals for NSW.

MPS Residential Care Clients

In 2021-22, a total of 3,712 people received residential and/or respite care through an MPS nationally. 196 clients (5.3% of total MPS clients compared with 1.1% of total mainstream residential care clients) identified as Aboriginal or Torres Strait Islander people.

Nearly half of all clients were aged between 85 and 94 years. The average age at entry was 81 years for men and 84 for women, which is similar to mainstream residential care.

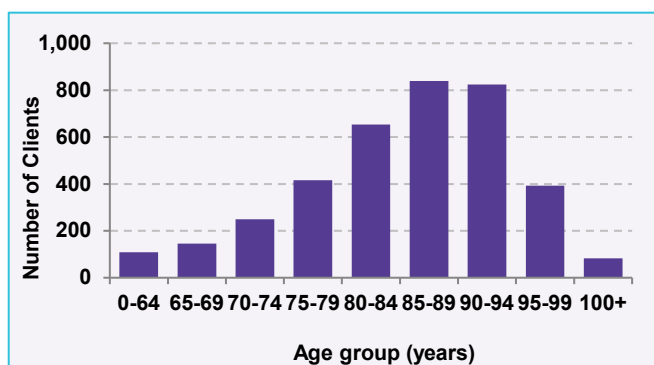


Figure 3: Clients of an MPS receiving residential care, by age, 2021-22

Across 2021-22, occupancy in all MPS nationally was 70.7%.

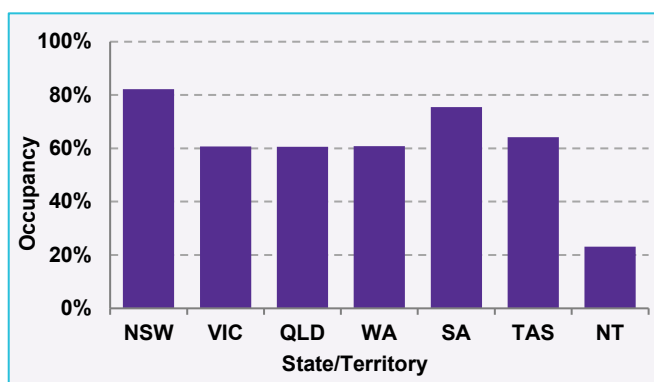


Figure 4: MPS residential occupancy, by state, 2021-22



MPS Client Age and Sex

At 30 June 2022, there were 2,148 people receiving residential and/or respite care in an MPS. Of these clients, 63.9% were female. Female clients were also, on average, slightly older than males.

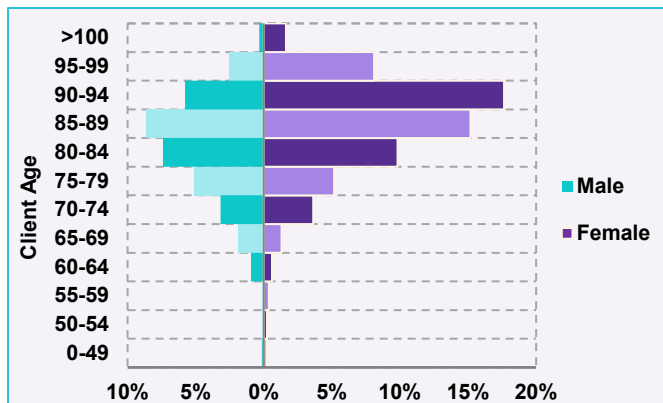


Figure 5: MPS clients receiving residential care, by age and sex, 30 June 2022

Remoteness of MPS clients

The MPS Program focuses on providing services to older people in rural and remote areas. As such, more than half of MPS clients using residential care are in outer regional areas and 30.4% of clients are in remote or very remote areas.

In comparison, at 30 June 2022, 0.5% of residents in permanent mainstream care were in remote or very remote areas.

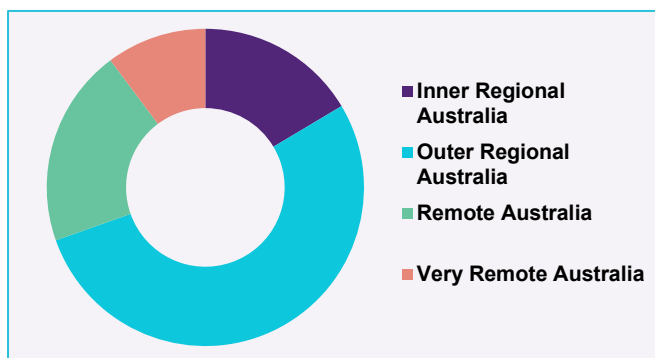


Figure 6: MPS clients receiving residential care, by ABS Remoteness Areas, 2021-22

Reasons for exit from MPS

In 2021-22, there were 938 exits by people receiving permanent residential care from a MPS. The highest proportion of exits in this program were due to client death, at 71.0%.

In comparison, during the same period in mainstream permanent residential aged care, 85.9% of exits were due to death.

Clients returning to the community represented 6.6% of all recorded exits from permanent care in 2021-22, a slight increase from 2.9% in the previous year.

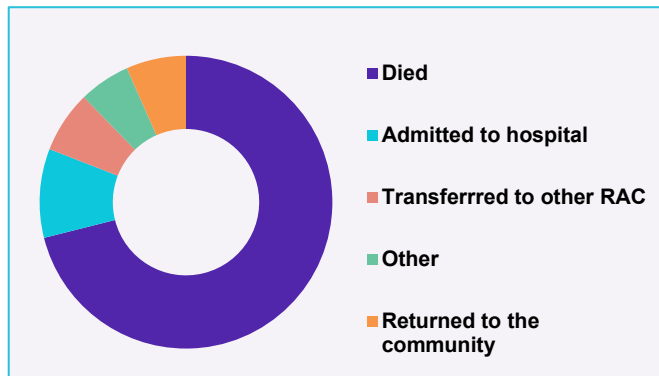


Figure 7: Permanent MPS clients who exited a service, by reason, 2021-22

In 2021-22, there were 1,222 exits* by people receiving respite care from a MPS. A client may have more than one episode of respite care in a year, of which 70.8% of stays were 22 days or shorter.

*This does not include people who moved to a permanent bed in the MPS.

MPS Length of Stay

The average length of stay for people who left MPS in 2021-22 was slightly over 28.8 months, compared with 36.7 months in mainstream residential care.

The average length of stay for MPS clients who died in care during 2021-22 was 33.9 months.

MPS length of stay data for 2021-22 excludes completed respite episodes, which are typically short.

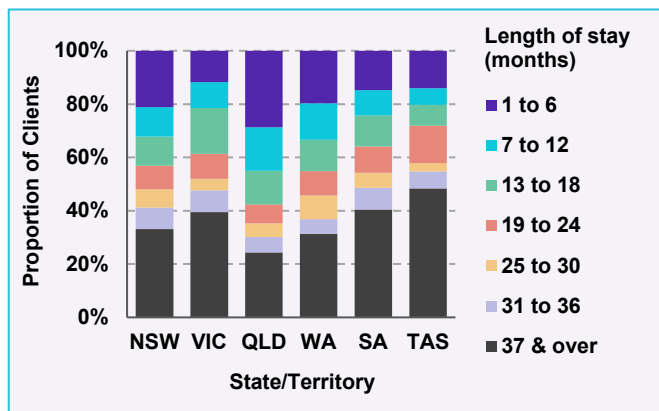


Figure 8: MPS clients' length of stay, by state, 2021-22

Note: Data content and arrangement used in this factsheet may differ to other reporting such as the Report on the Operation of the Aged Care Act 1997 (ROACA).