



Australian Government

Australian Institute of
Health and Welfare

National Disability Insurance Scheme participation by younger people living in residential aged care

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ISBN 978-1-923553-25-5 (Online)

ISBN 978-1-923553-26-2 (Print)

DOI: 10.25816/7nm8-s541

Suggested citation

Australian Institute of Health and Welfare (2026) *National Disability Insurance Scheme participation by younger people living in residential aged care*, catalogue number AGE 119, AIHW, Australian Government.

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Published by the Australian Institute of Health and Welfare.

**Please note that there is the potential for minor revisions of data in this report.
Please check the online version at www.aihw.gov.au for any amendments.**

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Summary

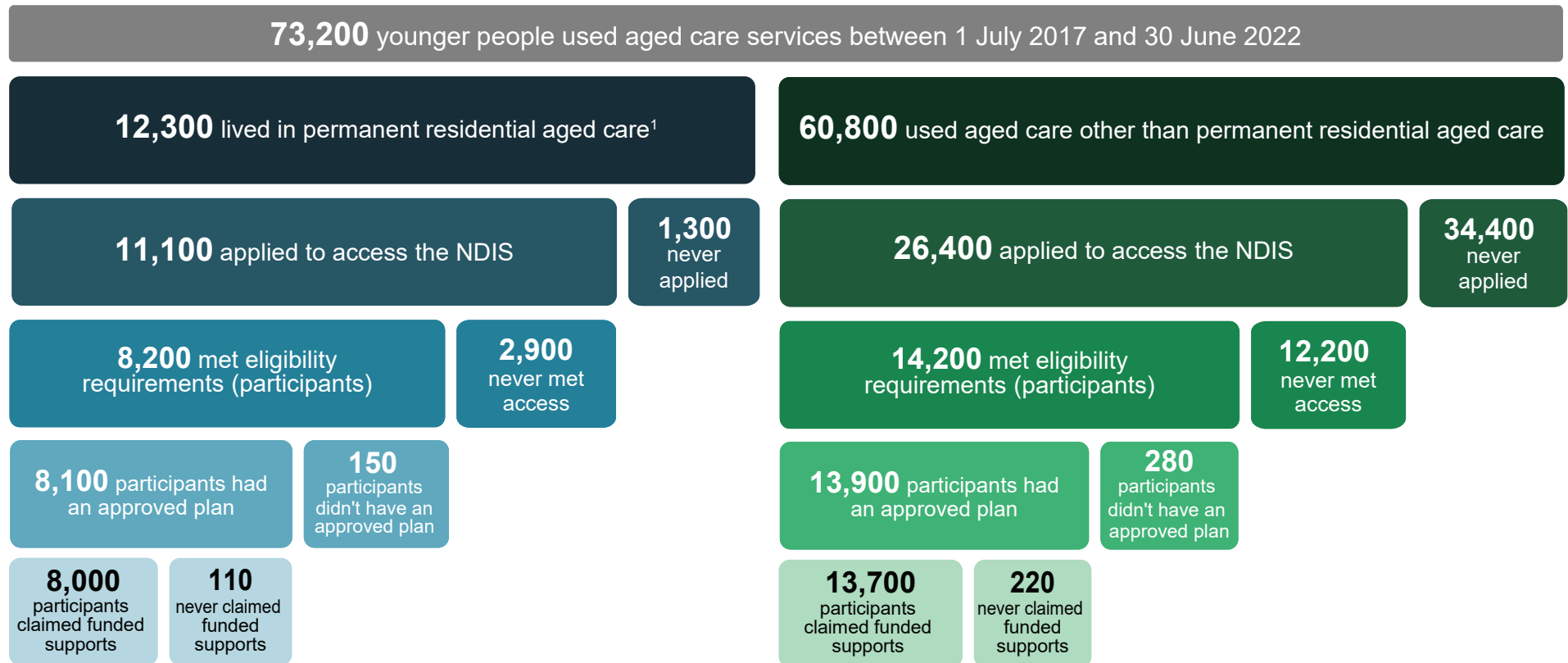
In response to the Royal Commission into Aged Care Quality and Safety, the Australian Government set three targets to reduce the number of younger people (aged under 65) living in residential aged care. The goal of the targets was to have no younger people living in permanent residential aged care (residential aged care) by January 2025. Although this and other targets have not been fully met, the number of people aged under 65 living in residential aged care has fallen substantially, a decrease from 5,216 to 880 people (an 83% reduction) between 30 June 2019 and 30 June 2025.

Whilst progress has been made on the targets, younger people remain living in residential aged care and should continue to be supported to transition into more age-appropriate care, where it is their preference. The National Disability Insurance Scheme (NDIS) is the primary avenue for more age-appropriate accommodation for younger people with disability. By linking aged care and NDIS data, this report provides unique insights about younger people living in residential aged care and explores differences between NDIS participants and non-participants in this setting.

The data linkage enabled analysis of more than 73,200 younger people who used aged care services in the 5 years between 1 July 2017 and 30 June 2022. Of these, 12,300 lived in residential aged care and 60,800 used other aged care services. Further, among those living in residential aged care, 11,100 applied to access the NDIS and 8,200 were participants. Figure 1 illustrates the different groups of people included in the report.

Figure 1. 73,200 younger people used aged care services between 1 July 2017 and 30 June 2022

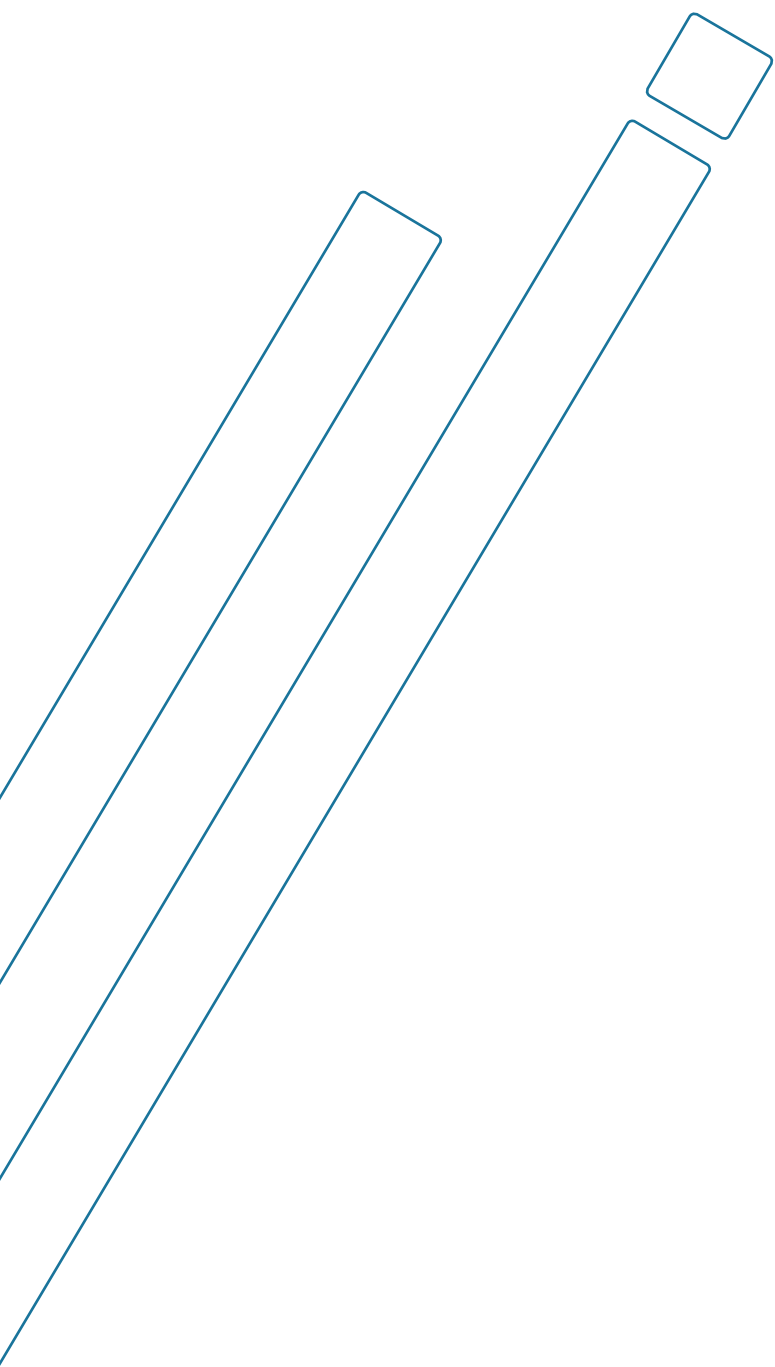
Diagram of the sub-populations described within the report



Notes

1. Consists of younger people who were living in residential aged care at any stage during the study period (between 1 July 2017 and 30 June 2022). In addition to living in residential aged care, younger people in this group may have also used other aged care services during the study period.
2. The sum of sub-populations may not equal the total populations due to rounding. Unrounded sub-population numbers are available in Table 1 of the supplementary tables.

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025



Aged care services are designed to meet the needs of older people

Under previous legislation (*Aged Care Act 1997*), eligibility for government-funded aged care services was not restricted by age. This meant younger people (aged under 65) could use aged care services, including residential aged care. However, as highlighted by the Royal Commission into Aged Care Quality and Safety (2021), aged care services are designed to meet the needs of older people, with younger people's needs better supported by other more age-appropriate services, except in specific circumstances. Under current legislation, the *Aged Care Act 2024* (Aged Care Act), government-funded aged care services are provided to approved recipients based on their assessed need, as well as their age.

At 30 June 2024, nearly **6 in 10** people living in residential aged care were aged 85 and over



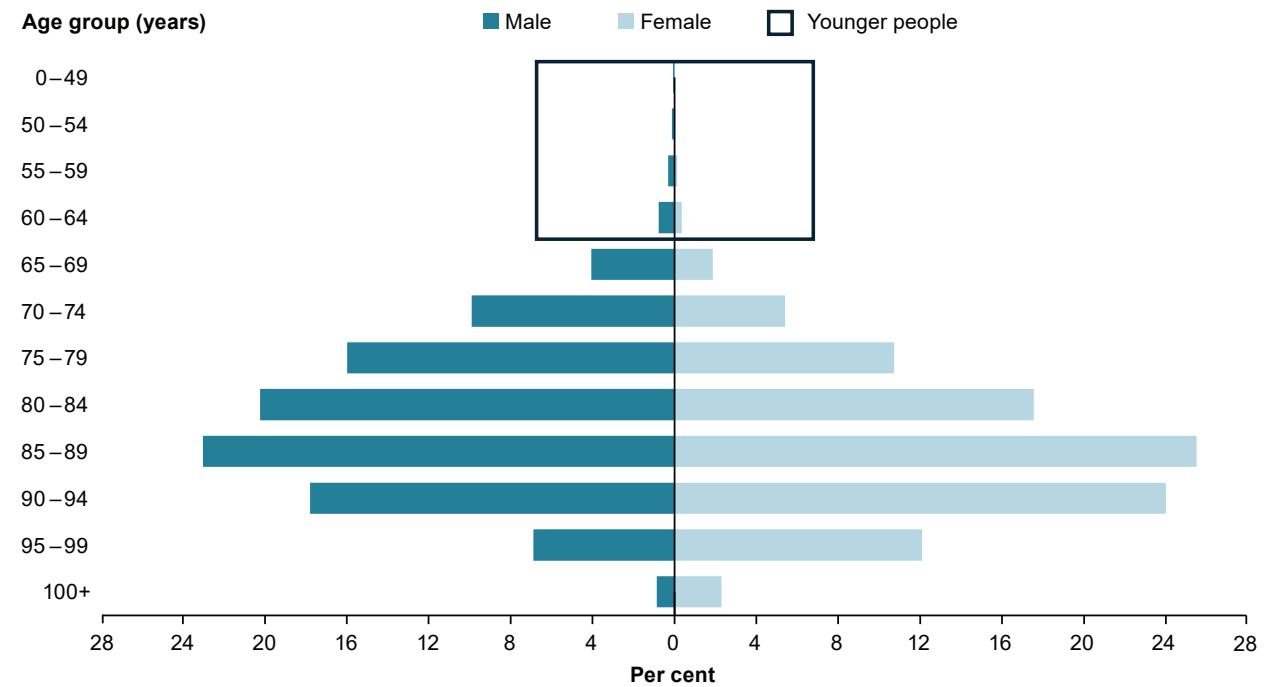
Residential aged care is typically entered when a person's care needs have increased, and they can no longer live at home independently. This usually occurs when the person is older, as in-home supports are typically used before residential aged care. At 30 June 2024, those aged 85 and over accounted for:

- nearly 6 in 10 (59%) people living in residential aged care (49% of males and 64% of females) (Figure 2),
- around 4 in 10 (41%) people using home care packages (40% of males and 41% of females); and
- nearly 3 in 10 (29%) people using formal home support (30% of males and 29% of females) (AIHW 2025b).

Despite the majority of those living in residential aged care being aged 85 and over, younger people aged under 65 continue to enter and live in this setting.

Figure 2. Most people in residential aged care are aged 85 and over

People living in residential aged care by age group and sex, 30 June 2024



Source: AIHW 2025b

Lived experience of younger people living in residential aged care

While the data used for this report provides important information about the experiences of younger people living in residential aged care, individuals' lived experiences are also critical. This includes understanding the human perspective of living in residential aged care and exiting to age-appropriate accommodation. The Summer Foundation is a not-for-profit organisation which was established to prevent younger people with disability from entering residential aged care, as well as develop improved housing and living solutions for people with disability who need 24-hour-a-day support. [The Summer Foundation's website](#) includes videos that explore the experience and outcomes of younger people who have lived in residential aged care, and who have been supported to exit to age-appropriate accommodation. [Ability First Australia \(AFA\)](#) is an alliance of disability service providers, which has included experiences of people seeking assistance from the Younger People in Residential Care System Coordinator Program in its newsletters. The [Younger People in Nursing Homes Alliance](#), Australia's national peak body for younger people living or at risk of being placed in residential aged care also has a range of resources reflecting the lived experience of younger people on its [website](#).

Younger people in residential aged care targets

Various Australian Government initiatives over the last 2 decades have worked on reducing the number of younger people living in residential aged care. The Royal Commission into Aged Care Quality and Safety's Interim report (2019) highlighted the need for immediate action to reduce the number of younger people living in residential aged care. In response, the Australian Government announced Younger people in residential aged care (YPIRAC) targets, apart from in exceptional circumstances, to work towards there being:

- no people under the age of 65 entering residential aged care by 1 January 2022
- no people under the age of 45 living in residential aged care by 1 January 2022
- no people under the age of 65 living in residential aged care by 1 January 2025.

Although the targets have not been met, the Australian Government remains committed to ensuring there are no younger people under the age of 65 living in residential aged care, apart from in exceptional circumstances. Reporting of progress towards the targets is available at the [GEN Aged Care Data: Younger people in residential aged care dashboard](#).

The Principles and guidelines for a younger person's access to Commonwealth funded aged care services under the *Aged Care Act 1997* provided direction to those who have responsibilities around the pathways of younger people accessing aged care services. It recognised that some people aged under 65 were eligible to use government-funded aged care, including through residential aged care facilities, either temporarily or permanently (Department of Health and Aged Care 2024). Where it was their preference, this included:

- Aboriginal and/or Torres Strait Islander (First Nations) people aged 50–64
- a person who was experiencing homelessness, or at risk of homelessness, and aged 50–64.

This was further established in the *Aged Care Act*, which states that from 1 November 2025, eligibility for an aged care needs assessment is limited to certain groups (see 'Age restrictions in *Aged Care Act 2024*').

Age restrictions in *Aged Care Act 2024*

On 1 November 2025 the *Aged Care Act 2024* (*Aged Care Act*) came into effect.

The new regulatory model focuses on improving quality and safety, protecting the rights of older people, and ensuring the financial sustainability of aged care providers. This involves the provision for a statement of rights, an independent complaints mechanism, and enforceable rights for older people.

The *Aged Care Act* also specifies new age restrictions to accessing a needs assessment for government-funded aged care services. Apart from in specific circumstances, people must be aged 65 or over to access an aged care needs assessment, and therefore, aged care services. For younger people, entry to government-funded aged care services will be limited to younger people with care needs who are either:

- Aboriginal or Torres Strait Islander and aged at least 50
- experiencing homelessness, or at risk of homelessness, and aged at least 50.

The *Aged Care Act* further specifies that if the person is eligible and aged under 65, they:

- have elected to be provided with funded aged care services before they turn 65
- have been informed of any other services that may be available to meet their care needs (Australian Government 2024).

Number of younger people entering and living in residential aged care has fallen substantially

There has been considerable progress towards reducing the number of younger people entering and living in residential aged care since the targets were implemented.

Target 1: No people under the age of 65 entering residential aged care by 1 January 2022

↓ 93%

28 people aged under 65 entered residential aged care for the first time during April to June 2025, a reduction from 395 people entering from April to June 2019.

Target 2: No people under the age of 45 living in residential aged care by 1 January 2022

↓ 93%

12 people aged under 45 were living in residential aged care at 30 June 2025, a reduction from 163 people at 30 June 2019.

Target 3: No people under the age of 65 living in residential aged care by 1 January 2025

↓ 83%

880 people aged under 65 were living in residential aged care at 30 June 2025 a reduction from 5,216 people at 30 June 2019.

Reporting on the targets excludes First Nations people aged 50–64 because they are eligible for aged care. Due to data limitations, people who are experiencing homelessness, or at risk of homelessness, and aged 50–64, who are also eligible for aged care, cannot yet be reported separately. However, this may be possible in future with the introduction of the Integrated Assessment Tool in July 2024; a new care needs assessment which captures whether a person is experiencing homelessness or is at risk of homelessness.

It is important to note that as the number of younger people entering and living in residential aged care continues to change, the disability services used by younger people living in residential aged care may also change from what is presented in this report.

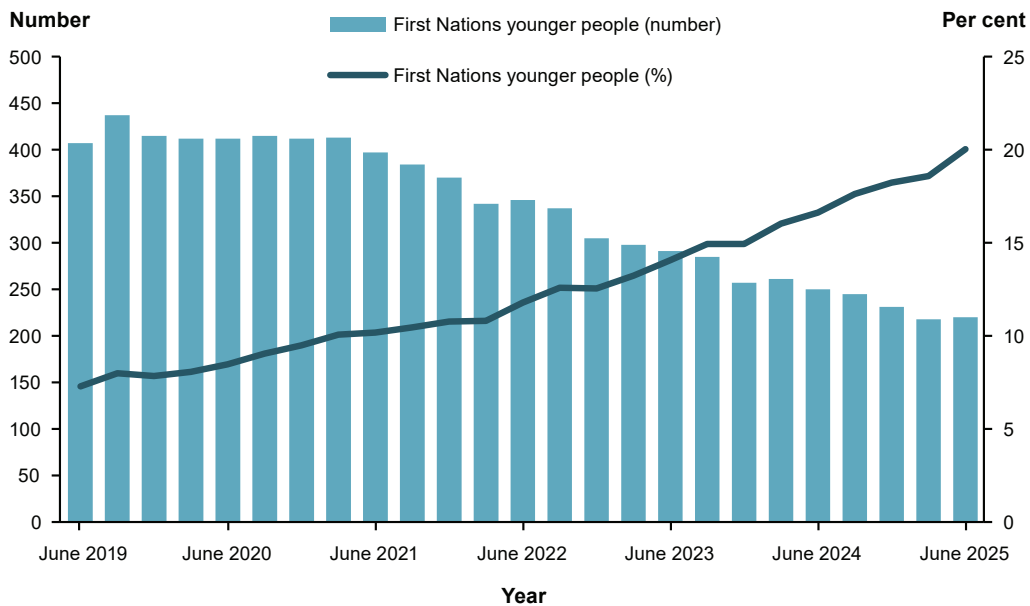
First Nations people in residential aged care

Data from the Department of Health, Disability and Ageing (2025a) shows that the number of First Nations younger people (under 65) living in residential aged care has decreased. At 30 June 2025, 220 First Nations younger people were living in residential aged care, a reduction of 46% from 30 June 2019 (407 people) (Figure 3). This decrease was particularly notable for First Nations people aged under 50, who are considered ineligible for aged care and are included in the targets. Of this group, 2 people were living in residential aged care at 30 June 2025, a reduction of 96% from 30 June 2019 (45 people).

First Nations people now make up a larger proportion of the total number of younger people living in residential aged care, than in previous years (Figure 3). It is likely that this proportion will continue to increase from 1 November 2025, given that First Nations people aged 50 and above are eligible for aged care under the Aged Care Act (see 'Age restrictions in *Aged Care Act 2024*').

Figure 3. The total number of First Nations younger people in residential aged care has decreased since the targets were introduced

Number and proportion of First Nations younger people living in residential aged care, at 30 June 2019 to 30 June 2025



Note: The number of First Nations younger people refers to the number of people on the last day of each month.

Source: AIHW analysis of the Department of Health, Disability and Ageing's Aged Care Data Warehouse (ACDW). Data were extracted on 12 August 2025.

Diverting younger people from entering residential aged care has been key to reductions

Preventing younger people from entering residential aged care (diversion) has been an important means of reducing the number of younger people living in residential aged care (Department of Health and Aged Care 2024), with entries falling by 93% between April–June 2019 (395 people) and April–June 2025 (28 people) (AIHW 2025c).

367

fewer younger people entered residential aged care in the second quarter of 2025 compared with 2019

Prior to the implementation of the Aged Care Act (from 1 November 2025), a younger person who was not eligible could only enter residential aged care after all options for age-appropriate accommodation and supports had been actively explored. This exploration needed to show that there was no other care facility or service more appropriate to meet the younger person's needs (Department of Health and Aged Care 2024). This diversion of younger people has now been legislated with the age restrictions outlined in the Aged Care Act, as discussed above (see 'Age restrictions in *Aged Care Act 2024*').

Accommodation outcomes in this report are limited to younger people who have already entered residential aged care; the data does not explore younger people who may have been diverted away from aged care services to the National Disability Insurance Scheme (NDIS) or elsewhere. While fewer younger people are entering residential aged care, we do not know whether they are living in alternative age-appropriate accommodation that meets their needs. Future research should seek to explore outcomes for the cohort of younger people who are diverted from residential aged care, if their needs are being met, and what services and systems are supporting them.

Leaving residential aged care can be challenging

The current YPIRAC initiative aims to support younger people to leave residential aged care to live in alternative age-appropriate accommodation, where it is their preference. Although it is not possible to determine a person's preference with currently available aged care data, past reporting has shown that some younger people have a preference to stay living in residential aged care (AIHW 2025d). Once a younger person is living in residential aged care, leaving can be challenging. This is particularly the case when considering the often high, complex and multifaceted care needs that lead to a younger person entering residential aged care, and that some younger people enter residential aged care to access palliative care or end-of-life services (See 'Most younger people in residential aged care live with disability').



Around **2 in 3** younger people in residential aged care die before leaving

The majority of younger people do not exit residential aged care; they are most likely to die while in residential aged care or age out of the younger person age group. Reporting on the GEN Aged Care Data: YPIRAC dashboard shows that over the 5 years from July 2020 to June 2025, 68% (1,800) of younger people no longer living in residential aged care had died while living in residential aged care (AIHW 2025c). Younger people turning 65 while in care – therefore 'ageing out' of the younger person age group – is also common. Whilst this cannot be quantified based on the data used for reporting on the GEN Aged Care Data: YPIRAC dashboard, previous research has shown that between 2009–10 and 2019–20, around 40% of younger people aged out of the younger person age group before dying or leaving (AIHW 2023).

The [NDIS](#) has supported younger people to exit residential aged care. Quarterly reporting by the National Disability Insurance Agency (NDIA) states that at 30 June 2025, 1,117 NDIS participants aged under 65 had left residential aged care for more age-appropriate accommodation since 1 July 2016 (NDIA 2025f). Further, Ability First Australia (AFA) supports younger people who were not NDIS participants to explore and access alternative options to residential aged care. At 30 June 2025, 724 younger people who were not NDIS participants had been contacted by AFA's Younger People in Residential Aged Care System Coordinator Program. Of this group, 10 younger people were assisted by AFA to exit residential aged care, and 157 were assisted to access NDIS support. For AFA outcome data, see the [Younger people in residential aged care fact sheet](#) (AIHW 2025d).

Most younger people in residential aged care live with disability

Younger people may enter residential aged care when no other suitable accommodation and supports exist to meet their needs. For many of these younger people, there is a common need for high-level care and access to primary health services (AIHW 2024a, Bishop et al. 2021). This need for care and support can be due to disability. Disability is an umbrella term for impairments, activity limitations and participation restrictions (AIHW 2024b). In aged care data, it is difficult to quantify how many people live with disability, but NDIS data can give a very rough indication. It is important to note that this is an under-estimation, because not everyone with disability is an NDIS participant.

National Disability Insurance Scheme

In 2010, the Australian Government asked the Productivity Commission to carry out a public inquiry into a long-term disability care and support scheme. In July 2012, in response to the inquiry's final report, the Australian Government introduced the National Disability Insurance Scheme (NDIS).

The introduction of the NDIS was a fundamental shift in the way Australians with significant and permanent disability access supports. Its goal is to provide eligible Australians who have permanent disability that substantially impacts their ability to do daily life activities, with the reasonable and necessary supports they need.

The NDIS was introduced to trial sites in 2013 and was progressively rolled out across Australia from July 2016. Since 1 July 2020, it has been available to all eligible Australians aged under 65.

An independent review of the NDIS was announced in 2022, with the final report [Working together to deliver the NDIS](#) released in 2023. In response to this review, the NDIS was reformed in 2024, including legislative changes. [The National Disability Insurance Scheme Amendment \(Getting the NDIS Back on Track No.1\)](#) Act 2024 began on 3 October 2024. For more information on the NDIS review and reforms, see the [NDIS Review](#) and [Making the NDIS stronger together](#) web pages.

For more information on the NDIS more generally, see [People with Disability in Australia: The disability policy environment](#) (AIHW 2024b), and the [NDIS website](#).

Many younger people living in residential aged care are NDIS participants. At 30 June 2025, 69% (757) of younger people living in residential aged care (1,098) were NDIS participants with an approved plan (including First Nations people aged 50–64). NDIS participation among younger people living in residential aged care peaked at 89% at 31 December 2022 but has consistently decreased in each subsequent quarter (AIHW 2025c, NDIA 2020, 2021a–d, 2022a–d, 2023b–e, 2024a–d, 2025d–f).

Whilst most younger people living in residential aged care are NDIS participants, many are not. The number of younger people living in aged care who are non-participants declined from 30 September 2020 to 30 September 2022. Following this, despite reductions in the total number of younger people living in permanent residential aged care, since 31 December 2022, the number of non-participants has remained relatively stable. This has resulted in an increase in the proportion of non-participants over the same period (Figure 4).

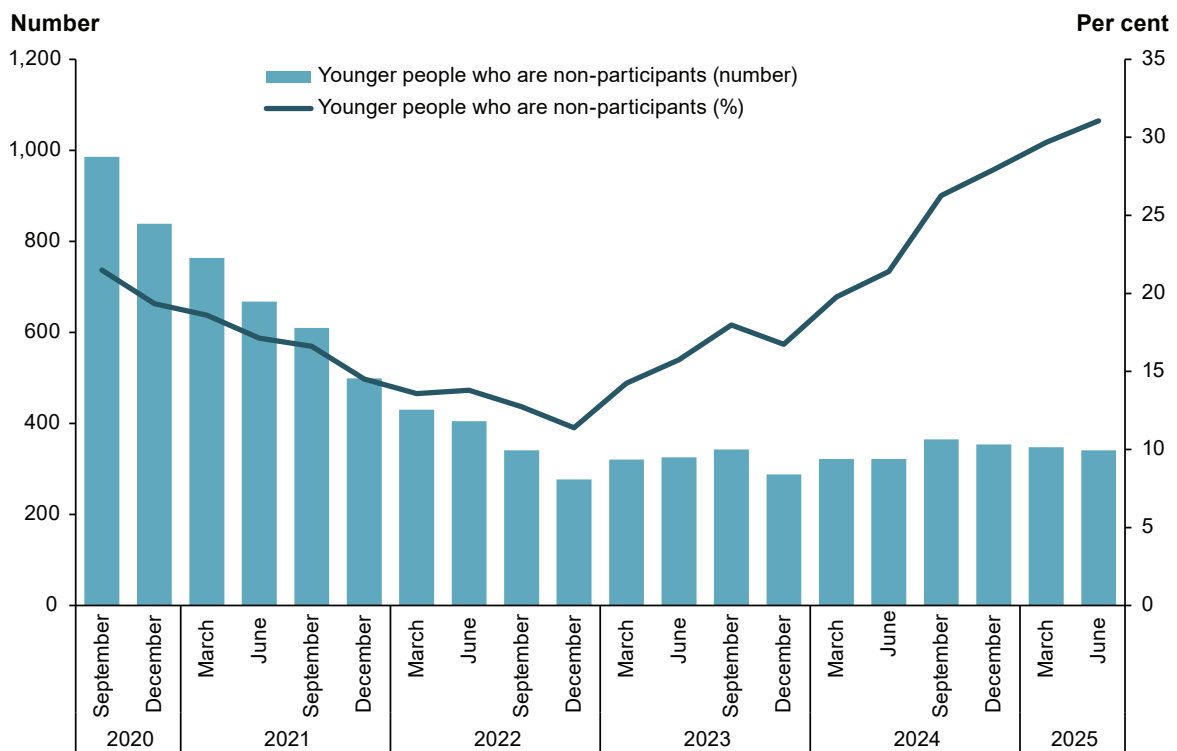
This likely reflects service gaps for those who are not eligible for the NDIS. Younger people who are non-participants might enter and live in residential aged care for several reasons including:

- those with disability may not have applied to access the NDIS or met the eligibility requirements of the NDIS
- they have high care needs but live without disability.

Further research is needed to understand what services are required by non-participants to ensure age-appropriate accommodation is available and accessible.

Figure 4. The proportion of non-participants in residential aged care is increasing

Number and proportion of younger people living in residential aged care who are non-participants, from 30 September 2020 to 30 June 2025



Notes:

1. NDIS was fully rolled out and available to all Australians from July 2020.
2. Includes younger people who are considered eligible for aged care.
3. The number of younger people refers to the number of people on the last day of each month.

Sources: AIHW 2025c and NDIA 2020, 2021a–d, 2022a–d, 2023b–e, 2024a–d, 2025d–f

Some younger people (with and without disability) enter residential aged care to access palliative care or end-of-life services (AIHW 2024a, Hart et al. 2023, Royal Commission into Aged Care Quality and Safety 2021). In 2020–21, around 1 in 10 (11%, 100) of the 940 younger people entering residential aged care received specialist palliative care services in the 12 months before entry. Although the number of younger people entering residential aged care has been decreasing, the proportion receiving specialist palliative care services prior to entry has been steadily increasing, from a low of 6.5% in 2014–15 to 11% in 2020–21 (AIHW 2024a). Future research should explore where younger people are being diverted to if they are not entering aged care, particularly for those who are not NDIS participants and are potentially seeking palliative care or end-of-life services. Aged care data on palliative care and end-of-life services are currently collected only for funding purposes in the Australian National Aged Care Classification (AN-ACC) assessment tool, and palliative care status is only recorded in AN-ACC assessments for people who enter residential aged care for planned palliative care. Unfortunately, this limits the ability to evaluate the needs of this group.

Data linkage provides new insights

Data linkage brings together data from multiple sources to better understand a person's interactions with different services and programs. Linked data can provide detailed insights into the characteristics, journeys and needs of younger people living in residential aged care.

The first report in the younger people living in residential aged care series used data linkage to explore an individual's aged care service use, from needs assessment to the end of their life. For further information, see [Exploring pathways of younger people living in residential aged care](#) (AIHW 2023).

The second report used data linkage to explore younger people's use of health services outside the aged care system. For further information, see [Health services used by younger people living in residential aged care](#) (AIHW 2024a).

This report is the third in this series, and uses linked data comprised of administrative aged care data from the [National Aged Care Data Clearinghouse](#) (NACDC), death records from the National Death Index (NDI) and a custom NDIS data extract from the NDIA. Combining aged care, NDI and NDIS data provides new insights, including:

- a better understanding of the types of services sought by younger people using aged care
- how the NDIS can support younger people to leave residential aged care for alternative accommodation
- pathways people take through the aged care system and the NDIS, for example, which services are used first
- NDIS participants' demographics, primary disability, use of funding, and goals
- the characteristics and circumstances of younger people who are not NDIS participants and continue to enter and live in residential aged care.

This enhanced understanding will help identify data gaps and inform improvements to support services for this group.

Data linkage resulted in records for around 73,200 younger people who had used any aged care service or received an aged care needs assessment, at some stage between 1 July 2017 and 30 June 2022.

Aged care services used by younger people

Over the 5-year study period, most of the 73,200 younger people who used aged care services, used services other than residential aged care (60,800). Other aged care services comprise of formal home support (Commonwealth Home Support Program), home care packages, respite residential care, short-term restorative care and transition care.

The most common aged care services used by younger people were formal home support (85%, 51,900), followed by home care packages (11%, 6,500). Where a younger person used multiple aged care services over the 5-year study period, they are counted toward each aged care service used. As such, the sum of people using aged care services does not equal the population total of 60,800.

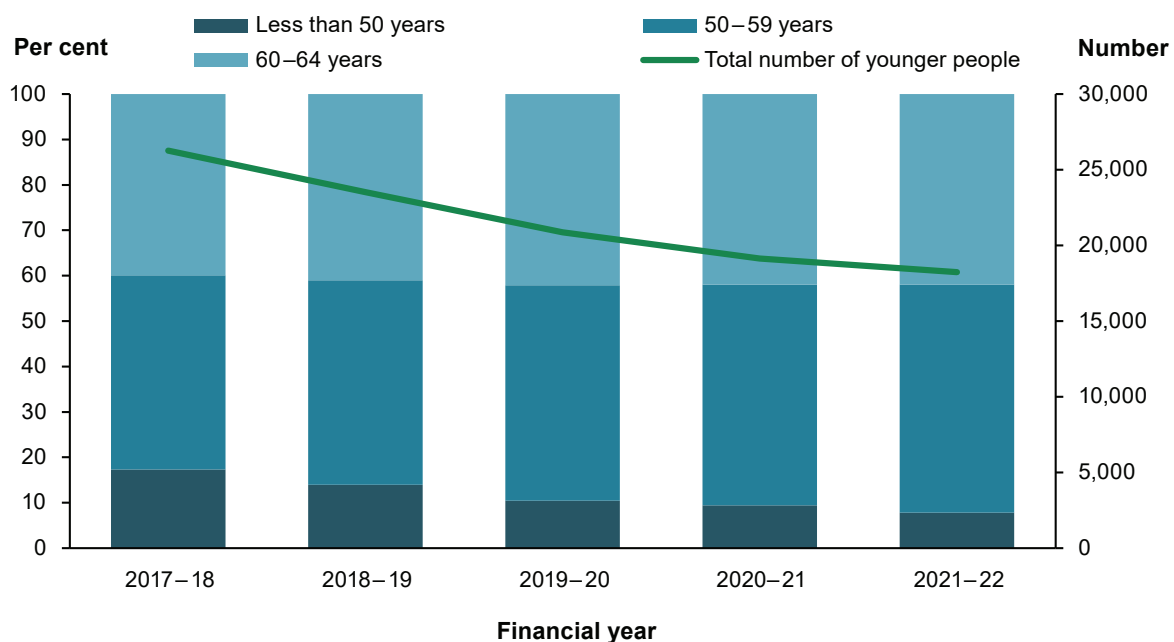
Younger people who were NDIS participants were less likely to use:

- Formal home support (78%, 11,100), compared with non-participants (87%, 40,800).
- Home care packages (7.2%, 1,000), compared with non-participants (12%, 5,500).

The number of younger people using aged care services other than residential aged care has decreased over recent years, from around 26,300 in 2017–18 to 18,200 in 2021–22 (Figure 5). Across all years, the 50–59 age group were the largest users, ranging from 43% of users in 2017–18 to 50% in 2021–22.

Figure 5. People aged 50 to 59 are the largest group of younger people using aged care other than residential aged care

Number of younger people using aged care other than residential aged care, by year and age group, 2017–18 to 2021–22



Note: Younger people who used aged care services other than residential aged care during the study period, may have lived in residential aged care prior to the study period or entered residential aged care after the study period ended.

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Residential aged care was used by 12,300 younger people at any time in the 5 years from 1 July 2017 to 30 June 2022. This includes all people aged under 65, regardless of whether they were a First Nations person, or experiencing homelessness, or at risk of homelessness. It does not include other aged care services that may be provided in a residential setting, including respite residential aged care or flexible aged care programs such as the [National Aboriginal and Torres Strait Islander Flexible Aged Care \(NATSIFAC\) Program](#), as data regarding these programs are not currently available to the AIHW.






Younger people in residential aged care

This section focuses on the 12,300 younger people who lived in residential aged care at any time during the study period. It highlights differences in the characteristics and care needs of younger people in residential aged care by NDIS participant status, and compared with the broader residential aged care population.

Around 2 in 3 younger people in residential aged care are NDIS participants

Around 2 in 3 (67%, 8,200) younger people who lived in residential aged care at some stage during the study period were NDIS participants. Younger people who were NDIS participants differed from non-participants on various characteristics (Table 1).

Table 1. Characteristics of younger people living in residential aged care, by NDIS participation

	 Number of people	 Median age	 Aged under 50	 Male	 First Nations
NDIS participants	8,200	58	16%	55%	8.0%
Non-participants	4,100	61	6.9%	54%	11%
All younger people	12,300	59	13%	55%	8.9%

Note: Consists of younger people who were living in residential aged care at any stage during the study period (between 1 July 2017 and 30 June 2022).

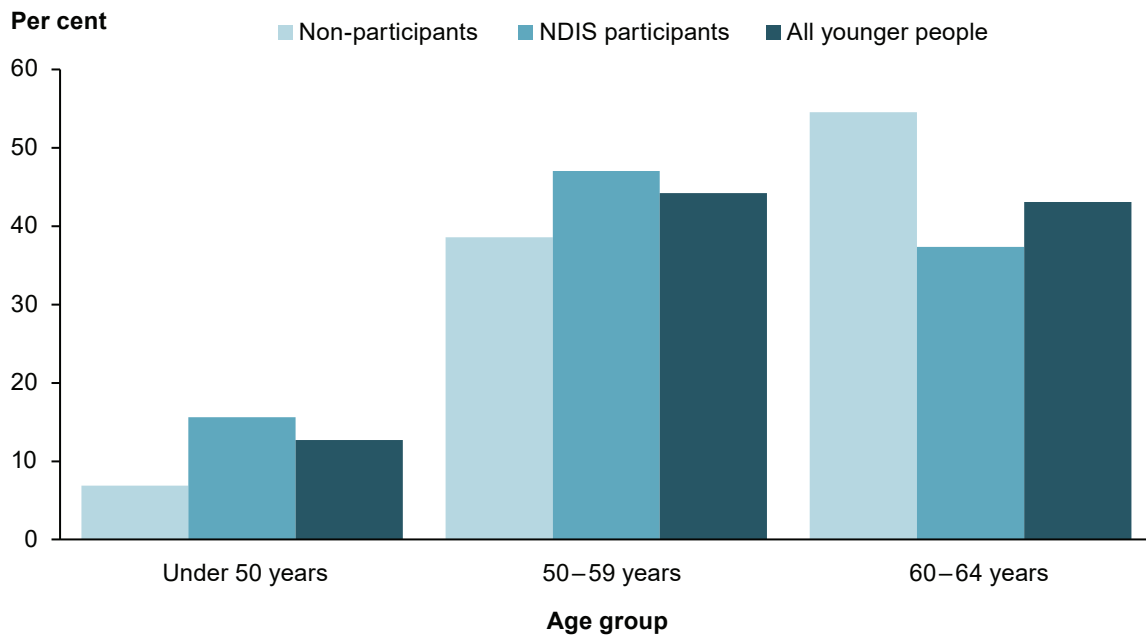
Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

NDIS participants were generally younger when entering residential aged care than non-participants (Figure 6):

- Participants had a median age of 58 compared with 61 for non-participants.
- Around 1 in 6 (16%, 1,300) participants were aged under 50 compared with 1 in 14 (6.9%, 285) non-participants.
- For sex and First Nations, this pattern was consistent. That is, both male, female, and First Nations younger people who were NDIS participants were younger than non-participants on entering residential aged care.

Figure 6. NDIS participants enter residential aged care at younger ages than non-participants

Proportion of younger people living in residential aged care, by age at entry and NDIS participation



Note: Consists of younger people who were living in residential aged care at any stage during the study period (between 1 July 2017 and 30 June 2022).

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Just over half of younger people who lived in residential aged care during the study period were male (55%, 6,700). This proportion was consistent across NDIS participants (55%, 4,500) and non-participants (54%, 2,200). This differs from the broader residential aged care population (which includes people of all ages) where, at 30 June 2024, 34% of people living in residential aged care were male. This reflects the older age distribution of the broader residential aged care population (59% of people aged 85 and over at 30 June 2024) and differing life expectancies of males and females (AIHW 2025b).

Around 1 in 11 younger people living in residential aged care were First Nations (8.9%, 1,100). By NDIS participation, around 1 in 9 non-participants were First Nations (11%, 440), compared with 1 in 13 younger people who were NDIS participants (8.0%, 660).

Most younger people who lived in residential aged care at some stage during the study period were born in Australia (81%, 10,000) and reported a preferred language of English (94%, 11,600). Country of birth and preferred language were consistent across NDIS participation but differed to the broader residential aged care population. Of all people living in residential aged care at 30 June 2024, around 2 in 3 (65%) were born in Australia, and 88% reported a preferred language of English (AIHW 2025b). A contributing factor to this difference may be the greater proportion of First Nations people in the younger people study group, compared with the broader residential aged care population — 8.9% compared with 1.2% respectively (AIHW 2025b).

NDIS participants live in residential aged care longer than non-participants

NDIS participants were more likely to have lived in residential aged care for longer periods than non-participants. Over the 5-year study period:

- 25% (2,100) of participants were living in residential aged care for the entire 5 years compared with 12% (490) of non-participants.
- 14% (1,100) of participants had spent 4 to less than 5 years living in residential aged care compared with 6.1% (250) of non-participants.
- 9.0% (740) of participants had lived in residential aged care for less than 6 months compared with 36% (1,500) of non-participants.

Length of stay: Length of stay is the total length of time spent living in residential aged care during the study period. If a younger person has had multiple episodes of residential aged care, the length of stay combines the length of all episodes within the study period. For this analysis, a residential aged care episode ends if the younger person leaves residential aged care, dies or ages out (turns 65). If a residential aged care episode has not ended, the length of stay is calculated to 30 June 2022.

Younger age at entry and longer length of stay for NDIS participants likely reflects their significant care needs. To be eligible for participation in the NDIS, a person must have permanent disability that substantially impacts their ability to do daily life activities (Australian Government 2013, NDIA 2025a). Some younger people may enter residential aged care to access palliative care or end-of-life services, which may contribute to the shorter lengths of stay among non-participants.

Mental and behavioural health conditions are more commonly recorded for NDIS participants

One of the reasons younger people enter residential aged care is to access the care and support they require due to complex health circumstances. Before a person enters residential aged care, an aged care needs assessment must be undertaken. During the study period, aged care needs assessments were undertaken using the National Screening and Assessment Form (NSAF). The NSAF was a comprehensive assessment process that captured details on an individual's care and health needs, activity limitations and support requirements. It included the reporting of specific health conditions, including physical or mental health conditions, disability or signs/symptoms which have an impact on the person's need for assistance with activities of daily living and social participation.

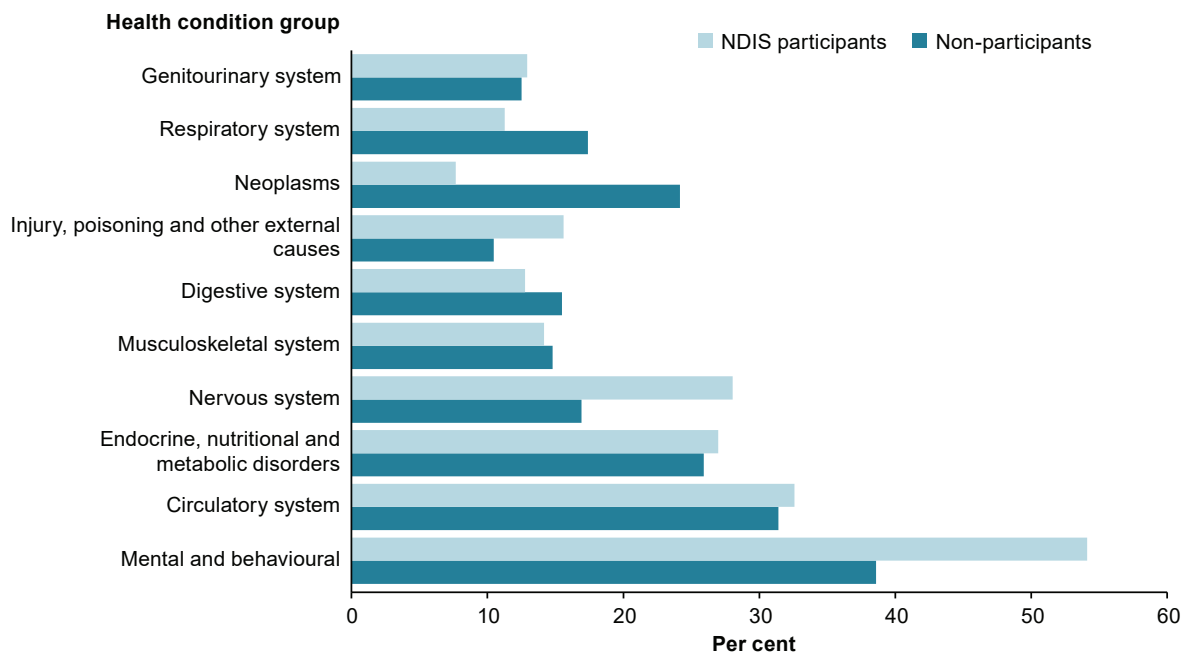
The NSAF was in effect from 2015–16 to 2023–24, and of the 12,300 younger people in the study group, 7,500 had an NSAF assessment during this time period. The NSAF cannot be directly compared with data obtained through earlier aged care needs assessment processes, and for this reason, the following analysis on reported health conditions is restricted to the 7,500 younger people who had an NSAF assessment. It is important to note that health conditions reported in the NSAF may or may not be formally diagnosed, and not every health condition reported for an individual may affect their ability to carry out day-to-day personal, household or social activities, or be a contributing factor to an individual's need for aged care services.

Reported health conditions differed by NDIS participation status (Figure 7). While mental and behavioural health conditions were the most commonly recorded conditions for both groups, they were more common among NDIS participants than non-participants; 54% (2,600) compared with 39% (1,100) respectively. Similarly, nervous system health conditions (such as Huntington's disease, motor neurone disease and multiple sclerosis) were more commonly recorded for NDIS participants than non-participants; 28% (1,300) compared with 17% (460) respectively.

The largest difference in recorded health conditions was for neoplasms (primarily cancer) which was recorded for 1 in 13 NDIS participants (7.7%, 370), compared with 1 in 4 non-participants (24%, 660). This supports the point made earlier that some younger people may enter residential aged care for palliative care or end-of-life services, and this may or may not be related to disability.

Figure 7. The most common health conditions differ by NDIS participation

Top 10 recorded NSAF health condition groups for younger people who lived in residential aged care, recorded at the time of aged care needs assessment, by NDIS participation



Notes:

1. Health condition information is from the NSAF, which was in effect from 2015–16 to 2023–24. NSAF health condition groupings are broadly based on ICD-10 groupings and therefore some differences may be observed.
2. The study cohort includes younger people who entered residential aged care prior to 2015–16 when the NSAF came in effect. Given this, 4,808 people were excluded from the figure as they did not have an NSAF assessment.
3. The sum of items does not equal the total as a person may have more than one health condition.
4. Consists of younger people who were living in residential aged care at any stage during the study period (between 1 July 2017 and 30 June 2022) and had an NSAF assessment.

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Further, younger people who were NDIS participants were more likely than non-participants to have the following neurological conditions:

- dementia (20%, 970 compared with 11%, 300)
- schizophrenia (12%, 560 compared with 5.4%, 150)
- stroke (11%, 510 compared with 6.7%, 185)
- head injury (6.7%, 320 compared with 2.8%, 75).

This likely reflects the widespread functional effects of these conditions. Neurological conditions can result in significant psychological, cognitive, physical and behavioural effects. People with these conditions may have high and complex care needs that meet NDIS access requirements and necessitate the support that can be provided 24 hours a day in residential aged care.

Younger people in residential aged care who are NDIS participants

This section focuses on the 8,200 younger people who lived in residential aged care at any time during the study period, who were NDIS participants. Linking NDIS and aged care data allows more detailed insights into the characteristics of this group, their care needs, and how they are interacting with both these support systems.

Traumatic brain injury is the most common primary disability

To be eligible to become an NDIS participant, an individual must have permanent disability that significantly impacts their ability to do daily life activities (Australian Government 2013, NDIA 2025a). The NDIA collects disability information as it relates to health conditions using the International Classification of Disease (ICD-10). While individuals can live with multiple disabilities, this section focuses on an NDIS participant's primary disability. Primary disability refers to the impairment that has been assessed as having the greatest impact on a person's daily life (NDIA 2025c).

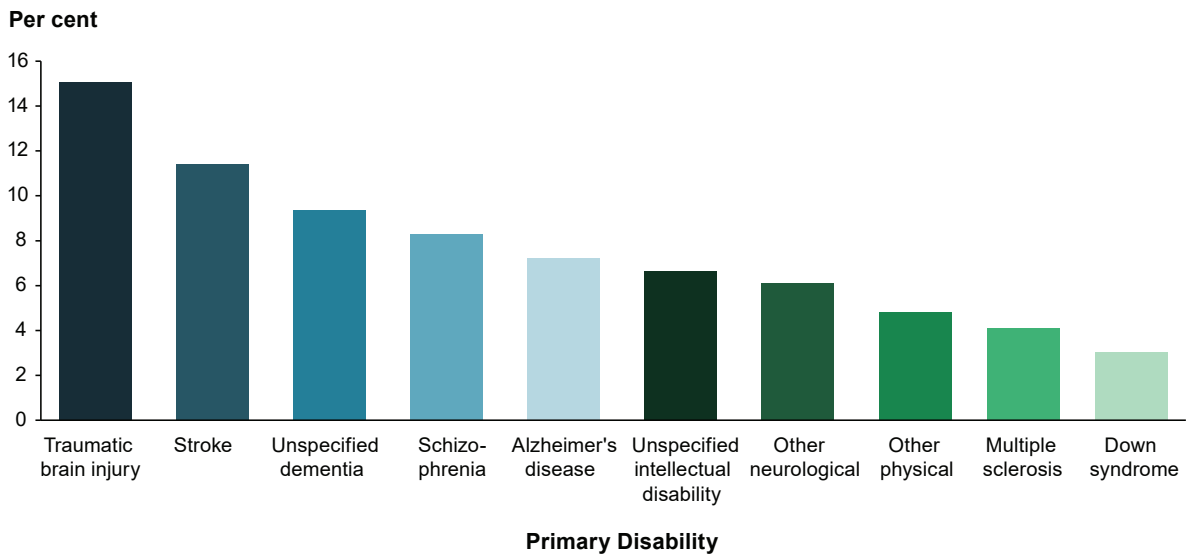
The analysis presented here on disability is not comparable to analysis on health conditions presented in the section 'Mental and behavioural health conditions are more commonly recorded for NDIS participants'. Whilst similar descriptive labels may be used, disability and health conditions are not the same thing. Information on primary disability in NDIS data is collected as part of the participant eligibility process and includes the requirement of supporting evidence from a health or education professional. Health condition information is collected in aged care data as part of the aged care needs assessment process, is self-reported and may or may not be formally diagnosed.

Traumatic brain injury was the most common primary disability for younger people living in residential aged care who were NDIS participants (15%, 1,200), followed by:

- stroke (11%, 940)
- unspecified dementia (9.3%, 770)
- schizophrenia (8.3%, 680)
- Alzheimer's disease (7.2%, 600) (Figure 8).

Figure 8. Traumatic brain injury is the most common primary disability for NDIS participants in residential aged care

Top 10 primary disabilities of younger people living in residential aged care who were NDIS participants



Notes:

1. Primary disability is collected by the NDIA.
2. Where a person has more than one disability, the primary disability is the impairment that has the greatest impact on the person's daily life.

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Traumatic brain injuries are a major cause of disability in Australia and can affect every aspect of a person's life (Department of Health, Disability and Ageing 2025b). Traumatic brain injury being the leading primary disability of younger people living in residential aged care who were NDIS participants, reflects the complex, long-term impairments caused by the condition.

The analysis presented above is at a primary disability level, which distinguishes between different forms of dementia. When exploring dementia as a group of conditions characterised by gradual impairment of brain function, dementia is the primary disability for 18% (1,500) of younger people. Previous research has shown that among the broader residential aged care population, those living with dementia make up over half (54%) of residents, reflecting the high care needs of those with dementia (AIHW 2025a). Although dementia is more common among older age groups, the current findings show that early onset dementia is prevalent among younger people living in residential aged care who are NDIS participants. While care needs associated with dementia may be supported in an aged care setting, it is important that accessible and available age-appropriate accommodation options exist to meet the needs of younger people with dementia.

Most NDIS participants use aged care services before the NDIS

For those who are eligible, the NDIS is a key support in diverting younger people from entering residential aged care and supporting younger people to leave residential aged care. Younger people can have many different pathways through the aged care system and the NDIS. It is important to understand how and when younger people are interacting with aged care services and the NDIS to help inform diversion and exit efforts.

During the study period, most younger people used aged care services before receiving an NDIS approved plan. This order of events may be impacted by the rollout of the NDIS during this time, as younger people may have received aged care services before the NDIS was implemented or available in their area. Of the 8,200 NDIS participants in the study group, more than 3 in 4 had an approved plan after using aged care services (77%, 6,400). Of these:

- Around 1 in 20 (5.2%, 430) were NDIS participants with an approved plan after using aged care services but before entering residential aged care.
- The majority (72%, 5,900) became NDIS participants with approved plans after entering residential aged care.

Around 1.8% (150) of younger people did not go on to have an approved plan despite being an NDIS participant. There are various reasons why a person may not proceed to an approved plan after meeting NDIS access requirements and becoming an NDIS participant. Of this group, most died before an approved plan could be implemented (67%, 100). A further 1 in 5 (22%, or 35) withdrew from the NDIS for reasons such as the participant requesting the withdrawal.

After entering residential aged care during the study period, many younger people became NDIS participants. The NDIA has YPIRAC aged care planners and accommodation officers that support younger people living in residential aged care to explore alternative accommodation options. Despite participation in the NDIS, and the associated supports available, younger people with a preference to leave residential aged care still face barriers to accessing age-appropriate accommodation.

1 in 5 NDIS participants have a goal to leave

Younger people who are eligible for residential aged care should only enter and live in this setting where it is their preference. It is not possible to determine a person's preference through currently available aged care data, but it is possible to determine if a person has a goal to leave residential aged care included in their NDIS approved plan.

8,100 NDIS participants with an approved plan: participants who had an NDIS approved plan in a given year within the study period, who may or may not have used their plan to access funded supports. Note, this population is a sub-population of NDIS participants (8,200), as some people did not progress to receiving an approved plan.

Across the study period, 1 in 5 (21%, 1,700) of the 8,100 NDIS participants with an approved plan who lived in residential aged care, had a goal to leave. Despite being considered eligible for residential aged care, more than 1 in 4 (27%, 150) First Nations people aged 50–64 at the time of entry to residential aged care had a goal to leave. This was higher than Other Australians of the same age (18%, 1,100). Other Australians consist of people who did not identify as First Nations, or whose First Nations status was unknown. These findings show the importance of people's accommodation preferences being considered regardless of eligibility for residential aged care.

Without information on preferences, there is a risk that younger people may enter and live in residential aged care instead of age-appropriate accommodation. Preferences must be considered in conversations with younger people who may still be eligible for residential aged care, so that other culturally or age-appropriate support options are still considered. The new Integrated

Assessment Tool (used to determine a person's eligibility for aged care services) may assist in tailoring support, as it includes questions regarding people's goals for aged care.

Important progress was made with the Principles and guidelines for a younger person's access to Commonwealth funded aged care services (Department of Health and Aged Care 2024) that were in place from March 2022. They required that alternative accommodation options were actively explored before an aged care needs assessment was undertaken. However, evidence of this exploration was not required for younger people aged 50–64 who were Aboriginal or Torres Strait Islander (First Nations) people, or who were experiencing homelessness, or at risk of homelessness. Moving forward under the Aged Care Act, evidence of exploration of alternative accommodation options is not required. Eligible younger people must, however, be informed of any other services that may be available to meet their care needs (see 'Age restrictions in *Aged Care Act 2024*').

1 in 5 NDIS participants have Specialist Disability Accommodation funding

The NDIS provides a range of home and living supports aimed at enabling people with disability to live as independently and meaningfully as possible in their chosen environment. These supports include Specialist Disability Accommodation (SDA), Supported Independent Living (SIL) and home modifications. Data limitations prevented detailed analysis of SIL and home modification supports, with the following section focusing on SDA. It is important to note that NDIS participants may be receiving other home and living supports to move out of residential aged care that are not included in this analysis.





SDA is housing designed for people with very high care needs or extreme functional impairment. This housing solution focuses on physical design and structural modifications to support safety and accessibility. For younger people living in residential aged care, SDA may offer a more suitable alternative, designed to meet complex care needs while supporting independence. An NDIS participant can only receive SDA funding if their approved plan includes a home and living goal, and most participants with home and living goals receive other home and living supports than SDA (NDIA 2025b).

Of the approximately 8,100 NDIS participants who lived in residential aged care and had an approved plan at any time during the study period:

- 1 in 5 (20%, 1,600) had SDA funding included in at least one of their plans
- Over half of those with SDA funding also had a goal to leave residential aged care (54%, 870).

Participants with SDA funding were generally younger at age of entry to residential aged care than participants without. Specifically, more than 1 in 4 participants with SDA funding were aged under 50 at entry (27%, 430), compared with 1 in 8 participants without (13%, 840) (Table 2).

Table 2. Characteristics of younger people in residential aged care who were NDIS participants with an approved plan, by SDA funding status

	 Number of people	 Aged under 50	 Male	 First Nations
With SDA funding	1,600	16%	57%	8.3%
Without SDA funding	6,500	6.9%	54%	7.9%
All NDIS participants with an approved plan	8,100	13%	55%	8.0%

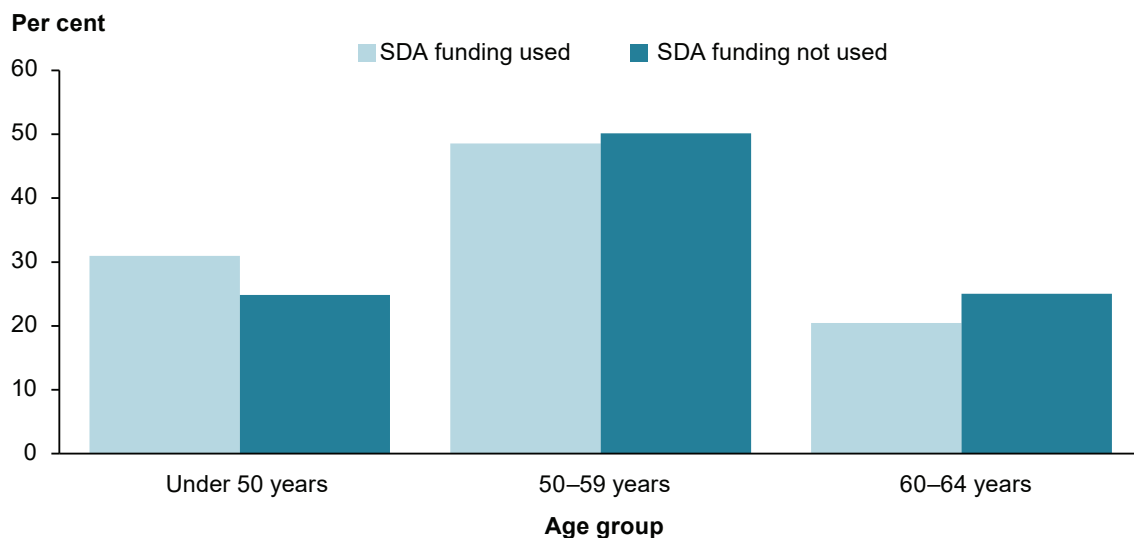
Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Fewer than 1 in 3 NDIS participants with SDA funding used it

Around 500 (30%) of the 1,600 NDIS participants with SDA funding included in at least one of their plans used this funding during the study period. Those who used SDA were younger than those who did not. That is, of those who used SDA funding, 31% (155) were aged under 50 compared with 25% (280) who did not use SDA (Figure 9).

Figure 9. SDA funding is used by people who are younger

NDIS participants with an approved plan, by whether SDA funding was used and age at entry to residential aged care



Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

The low levels of SDA uptake among younger people participating in the NDIS may reflect limited supply of these housing solutions. The NDIS Review reported that there were not enough SDA homes available to meet participant's needs, and many SDA homes required redevelopment or replacement to become suitable (NDIA 2023a). Recent reports show that the number of SDA dwellings and number of participants using SDA funding has been increasing over recent years, with the number of participants using SDA increasing by 4% per year, between 31 December 2022 and 31 December 2024 (NDIA 2025g). It will be important for future research to see if this increase in use of funding is also seen for younger people living in residential aged care.

More than half of NDIS participants die or turn 65 in residential aged care

Consistent with previous research, few younger people left residential aged care to age-appropriate accommodation with access to the support and services they need, and were most likely to either die while in care, or age out by turning 65 (AIHW 2023, AIHW 2025c).

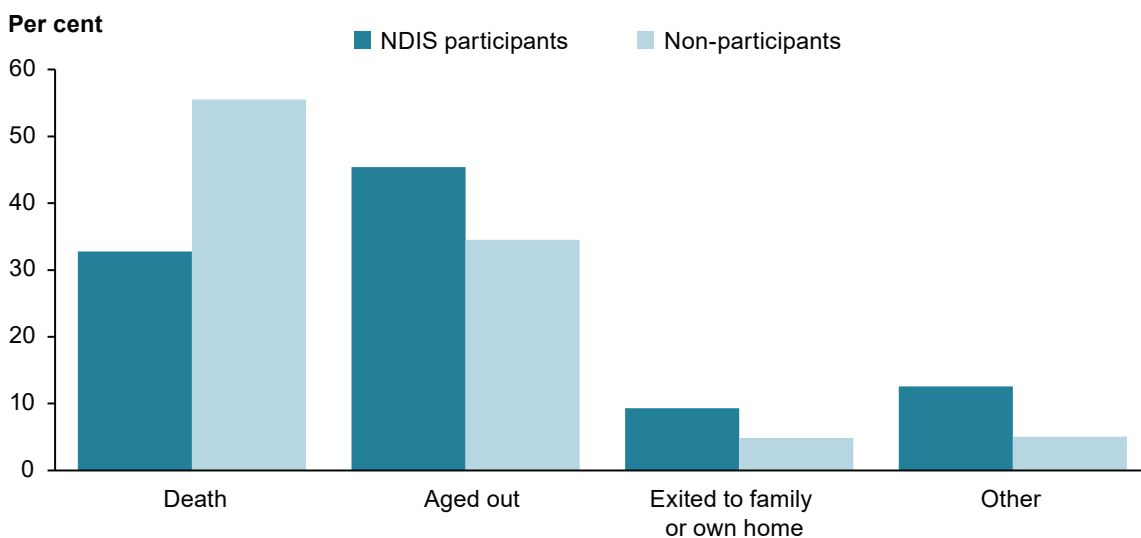
Focusing on NDIS participants and non-participants no longer living in residential aged care as a younger person (9,500):

- NDIS participants were more likely to have left to live in their family home or own home, 9.3% (540), compared with non-participants, 4.9% (180).
- NDIS participants were less likely to have died while living in residential aged care, 33% (1,900), compared with non-participants, 56% (2,100).

Further, NDIS participants were more likely to have aged out of the study group by turning 65 years, 45% (2,600), compared with non-participants, 35% (1,300) (Figure 10).

Figure 10. NDIS participants most likely to age out, non-participants most likely to die in care

Reasons for leaving the study group, by NDIS participation



Notes:

1. Where a person has had more than one episode of residential care during the study period, the most recent episode is used.

2. Other includes transfer to another residential aged care facility, transfer to hospital, other, and unknown.

Source: AIHW analysis of linked NACDC, NDI and NDIS data, 2025

Non-participants more commonly dying while in care than NDIS participants likely reflects non-participants entering residential aged care to access palliative care or end-of-life services. The larger proportion of NDIS participants leaving to live in their family home or own home may reflect the housing supports available to participants. Of the 720 younger people who left residential aged care to live in their family home or own home – 540 (75%) were NDIS participants. Around 7.4% of these moved into SDA (40) and a further 8.4% (45) had moved with SIL. This data is limited however, with additional accommodation data not available for 43% (230) of participants who had moved to alternative accommodation.

As mentioned earlier, quarterly reporting by the NDIA states that at 30 June 2025, 1,117 NDIS participants aged under 65 had left residential aged care for more age-appropriate accommodation since 1 July 2016 (NDIA 2025f). However, for those who are not NDIS participants, several barriers to leaving residential aged care have been identified, including funding to access services, difficulties navigating funding and services, and the availability of services in rural and regional areas (Shannon et al. 2024).

Given the focus on SDA by the NDIA in recent years, the increase in SDA dwellings, and the greater number of NDIS participants using their SDA funding, it is likely that the counts of younger people leaving residential aged care for SDA will increase over time (NDIA 2025g).

Conclusion

This report presents key learnings about the study group of younger people living in residential aged care at any time between 1 July 2017 and 30 June 2022, including that:

- Around 2 in 3 younger people living in residential aged care were NDIS participants.
- More than 3 in 4 NDIS participants used aged care services before the NDIS.
- Traumatic brain injury was the most common primary disability for NDIS participants.
- Less than 1 in 3 NDIS participants with SDA funding used it.
- NDIS participants with SDA funding were twice as likely to be aged under 50, compared with those without funding.

The report also highlights that NDIS participants differed from non-participants in several ways:

- The median age when entering residential aged care was around 3 years younger for NDIS participants compared with non-participants.
- NDIS participants in residential aged care were less likely to be First Nations, compared with non-participants.
- NDIS participants were more likely to exit residential aged care to live in their family home or own home than non-participants.
- Neurological health conditions were more commonly recorded for NDIS participants than non-participants.

These findings highlight the different needs of younger people in residential aged care, and importance of ensuring that appropriate support options are available to all. They also illustrate the need for affordable and accessible accommodation options for both NDIS participants and non-participants.

Supporting groups with distinct needs

Diversity in the characteristics and circumstances that contribute to younger people entering and living in residential aged care, means that some groups may face barriers to getting the support they need. This may be due to systemic or structural gaps between the aged care, disability, housing and health supports that are accessible, available and appropriate for them. Therefore, it is important to highlight and monitor these groups to address unmet needs and ensure access to person-centred supports that are culturally and age-appropriate.

Younger people aged 60–64

For those aged 60–64, time is critical. After the age of 65, these people can no longer apply to participate in the NDIS. Without the primary avenue through which age-appropriate accommodation is available, these younger people risk remaining in residential aged care for long periods.

At 65 years, those who ‘age out’ of NDIS eligibility are around 20 years younger than the median age at entry to residential aged care (AIHW 2025b). By entering at a younger age, these people are likely to spend many years living in residential aged care. Of the 3,900 who aged out of the younger people study group, 60% were still living in residential aged care at 30 June 2022, with 6.2% having lived in residential aged care for 15 years or more.

Reporting of the targets by AIHW shows the proportion of younger people living in aged care in the 60–64 age group has been increasing over the last 7 years, from 54% at September 2018, to 63% at June 2025 (AIHW 2025c).

People ineligible for aged care or NDIS

While NDIS support is considered the most appropriate alternative for younger people with disability living in residential aged care, the eligibility criteria for the scheme are stricter than aged care, and not all supports are in scope for NDIS funding or provision (NDIA 2024e). In combination with the legislated age restrictions to accessing aged care, younger people who are not eligible for either aged care or the NDIS may face difficulties getting support, due to the unavailability of alternative services that are appropriate, accessible, and meet their specific needs.

A small qualitative study by Shannon et al. (2024) focused on these younger people who can find themselves between service sectors; younger people not eligible for the NDIS, who were living in residential aged care, or at risk of entering. Most of those interviewed were opposed to living in residential aged care, as were their families. Further, many of those living in residential aged care reported dissatisfaction with their lives, however some participants did report satisfaction. Participants also reported concerns that, due to a lack of funding for appropriate services, their needs would not be met outside of residential aged care, which contributed to uncertainty around exploring alternatives. It is critical that there are accessible and age-appropriate alternatives for younger people ineligible for aged care and the NDIS, and younger people are supported to access these services.

Those experiencing homelessness or at risk of homelessness

The Aged Care Act provides an exception to age-based eligibility for aged care services, for individuals experiencing homelessness, or who are at risk of homelessness (and aged 50–64). The circumstances that constitute homelessness or being at risk of homelessness are defined in the [Aged Care Assessment Manual](#). It will be important to monitor the number of younger people who enter residential aged care due to homelessness or the risk of homelessness, to ensure that service and support gaps potentially leading to this situation can be addressed. It will be particularly important to monitor the setting from which younger people are entering from, with younger people at risk of entering residential aged care often presenting at hospital (Department of Health and Aged Care 2024). Younger people should be discharged from hospital when clinically ready, to age-appropriate services and supports which may need to span across the disability, health, and housing sectors.

Future analysis and reporting

Improvements in data linkage, data cleaning and data development processes will enable more comprehensive and detailed analysis of younger people's experiences in residential aged care. The National Aged Care Data Asset (NACDA) brings together data across aged care, health, and disability settings, providing a new and holistic view of the needs and characteristics of younger people living in residential aged care. Future analysis of the NACDA could explore and synthesise findings about younger people's:

- detailed aged care journeys across multiple aged care services and aged care needs assessments
- health service use including use of the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Repatriation Pharmaceutical Benefits Scheme, admitted patient care services, and emergency department services
- NDIS participation and use, including more detailed analysis of home and living supports with improved funding and claims data
- time and cause of death information.

Planned enhancements to the AIHW's data linkage system, for example, housing, homelessness and income support data, will also enable further exploration of the role of other services and supports in reducing the number of younger people in residential aged care.

Whilst the implementation of the Aged Care Act on 1 November 2025 restricts access for most younger people to aged care services, it is important to continue to regularly report on:

- younger people who were already approved for residential aged care and therefore remain eligible to enter residential aged care
- those already living in residential aged care who should be supported to exit to age-appropriate accommodation, where it is their preference.

This future analysis and regular reporting will be critical in ensuring that younger people continue to be supported to leave residential aged care and to explore all alternatives, particularly in the context of legislated changes.

Appendix A: Technical notes

About aged care data

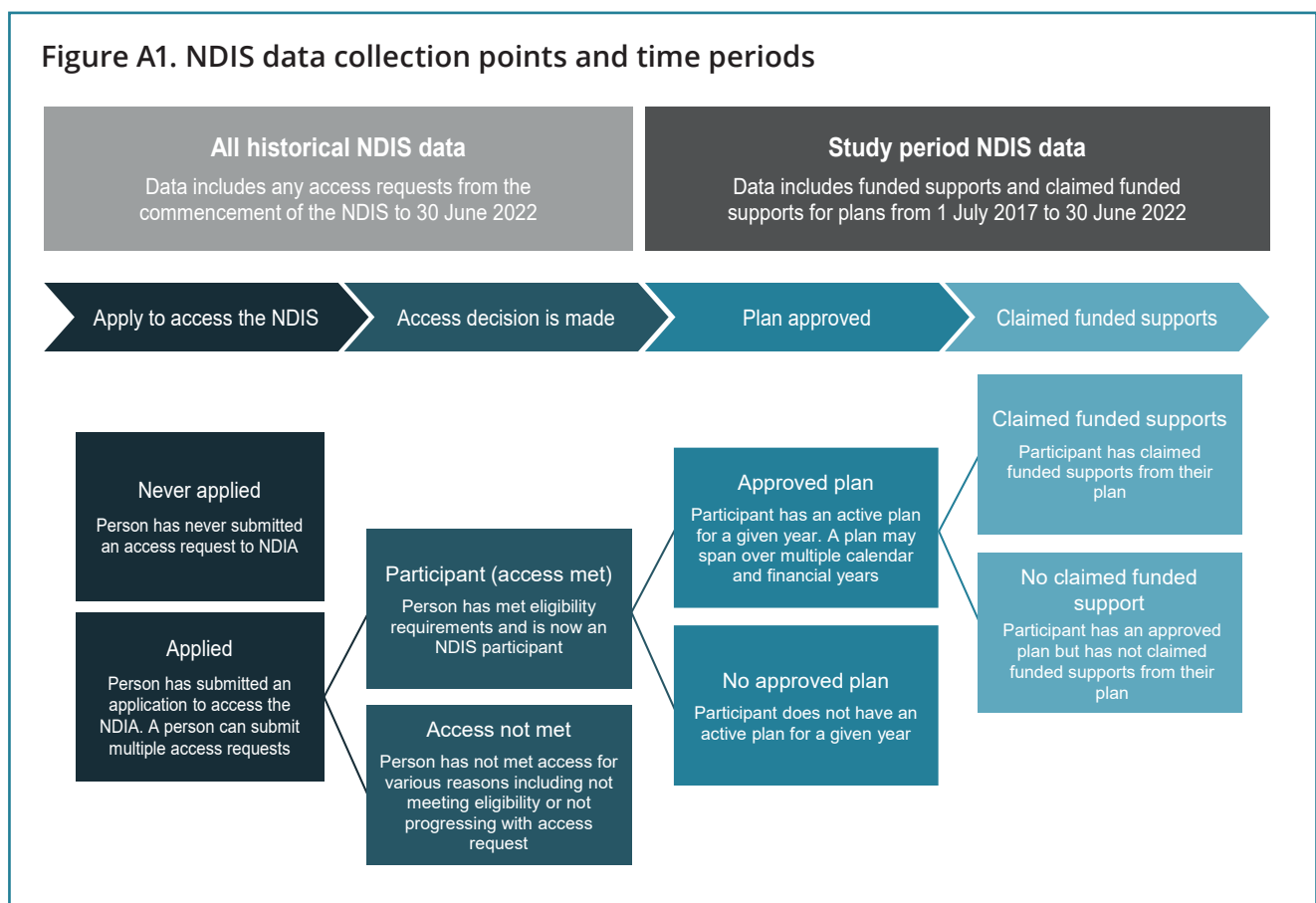
The aged care data used for this report is sourced from the NACDC, an independent and central repository of national aged care data. The NACDC brings together information on people receiving aged care, and the services and organisations providing care. It largely contains administrative byproduct data from the Department of Health, Disability and Ageing. See the [AIHW website](#) and the [NACDC user guide](#) for further information.

Further data and information about aged care services in Australia can be found on the [GEN Aged Care Data website](#).

About NDIS data

The custom NDIS data extract used for this report, includes data at various points of the NDIS application and access process, and covers different time periods (Figure A1).

Figure A1. NDIS data collection points and time periods



About the data linkage

The data linkage was undertaken by [AIHW's Data Integration Services Centre](#) and used the AIHW aged care linkage map. The map brings millions of aged care records together, into a structure where each row refers to a distinct person. It has been created through regular linkages to the AIHW Enhanced Medicare Spine, a foundational data set containing key identifiers that allow records to be linked to additional databases. The spine is based on the Medicare Consumer Directory, so only people enrolled in Medicare are included in the data linkage. This means that some people using aged care or the NDIS may not be included, and data presented here may differ from other reports and sources. The aged care linkage map is updated annually based on the NACDC.

Each person was assigned a unique project-specific person identifier that was used to link their aged care data with their NDI and NDIS data.

First Nations people in the linked data

Two variables indicating Indigenous status were used from the aged care data to determine the number of First Nations people within the linked population. A hierarchy was applied whereby if Indigenous status was missing from the primary file, Indigenous status from the secondary file was taken. The hierarchy applied to the files was consistent with previous AIHW treatment of aged care data.

Ethics approval

In 2022, this research project was approved by the AIHW Ethics Committee. As part of the approval process, standards set by the National Statement on Ethical Conduct in Human Research were evaluated and applied. Specifically, additional considerations were made given the inclusion of the following specific groups in the project:

- children and young people
- people highly dependent on medical care who may be unable to give consent
- people with a cognitive impairment, an intellectual disability or a mental illness
- Aboriginal and Torres Strait Islander (First Nations) people.

These considerations included the provision of the current report for review and input by relevant subject matter experts and peak bodies. These reviews supported compliance with ethical research standards, the observance of community expectations, and provided valuable sector-specific insights.

COVID-19

It is important to note that during 2017–2022, Australia was affected by the COVID-19 pandemic. From 2020–2023, the Australian Government declared a human biosecurity emergency response to COVID-19. Public health and social measures during this time may have affected aged care and disability services in Australia.

Further information on the effect of COVID-19 on people living in residential aged care services can be found in the [Report on the Operation of the Aged Care Act](#).

Further information on the effects of COVID-19 on people living with disability can be found in [People with disability in Australia 2022](#).

References

- Australian Government (2013) [National Disability Insurance Scheme Act 2013](#).
- Australian Government (2024) [Aged Care Act 2024](#).
- Australian Institute of Health and Welfare (AIHW) (2023) [Exploring pathways for younger people living in residential aged care](#). AIHW.
- AIHW (2024a) [Health services used by younger people living in residential aged care](#). AIHW.
- AIHW (2024b) [People with Disability in Australia](#). AIHW.
- AIHW (2025a) [Dementia in Australia](#). AIHW.
- AIHW (2025b) [GEN Aged Care Data: People using aged care](#). AIHW.
- AIHW (2025c) [GEN Aged Care Data: Younger People in Residential Aged Care Dashboard](#). AIHW.
- AIHW (2025d) [GEN factsheet June 2025 Younger people in residential aged care](#). AIHW.
- Bishop, G.M., Mulherin, P., & Winkler, D. (2021) [Young people in residential aged care in Australia, 2019-2020](#). Box Hill, Victoria: Summer Foundation.
- Crowe, A., James, A., Peaty, G., Malbon, E., & Ellis, K. (2024) [Specialist Disability Accommodation in the social housing sector: Policy and practice, AHURI Final Report No. 417](#). Melbourne: Australian Housing and Urban Research Institute Limited.
- Department of Health and Aged Care (2024) Principles and guidelines for a younger person's access to Commonwealth funded aged care services. Canberra: Department of Health and Aged Care.
- Department of Health, Disability and Ageing (2025a) AIHW analysis of Aged Care Data Warehouse data extract. Canberra: Department of Health, Disability and Ageing.
- Department of Health, Disability and Ageing (2025b) [Traumatic Brain Injury Mission](#). Canberra: Department of Health, Disability and Ageing.
- Hart, C., Koritsas, S., Shannon, B., & McVilly, K. (2023) [Younger people living in, or at risk of entering residential aged care who are not NDIS participants: Towards a better life](#) Melbourne: The University of Melbourne & Scope Australia.
- National Disability Insurance Agency (NDIA) (2020) [Quarterly report to disability ministers Q1 2020-21](#). Canberra: NDIA.
- NDIA (2021a) [Quarterly report to disability ministers Q1 2021-22](#). Canberra: NDIA.
- NDIA (2021b) [Quarterly report to disability ministers Q2 2020-21](#). Canberra: NDIA.
- NDIA (2021c) [Quarterly report to disability ministers Q3 2020-21](#). Canberra: NDIA.
- NDIA (2021d) [Quarterly report to disability ministers Q4 2020-21](#). Canberra: NDIA.
- NDIA (2022a) [Quarterly report to disability ministers Q1 2022-23](#). Canberra: NDIA.
- NDIA (2022b) [Quarterly report to disability ministers Q2 2021-22](#). Canberra: NDIA.
- NDIA (2022c) [Quarterly report to disability ministers Q3 2021-22](#). Canberra: NDIA.
- NDIA (2022d) [Quarterly report to disability ministers Q4 2021-22](#). Canberra: NDIA.
- NDIA (2023a) [Fact sheet 6: Housing and Living Supports](#). Canberra: NDIA.
- NDIA (2023b) [Quarterly report to disability ministers Q1 2023-24](#). Canberra: NDIA.
- NDIA (2023c) [Quarterly report to disability ministers Q2 2022-23](#). Canberra: NDIA.
- NDIA (2023d) [Quarterly report to disability ministers Q3 2022-23](#). Canberra: NDIA.
- NDIA (2023e) [Quarterly report to disability ministers Q4 2022-23](#). Canberra: NDIA.

NDIA (2024a) [Quarterly report to disability ministers Q1 2024–25](#). Canberra: NDIA.

NDIA (2024b) [Quarterly report to disability ministers Q2 2023–24](#). Canberra: NDIA.

NDIA (2024c) [Quarterly report to disability ministers Q3 2023–24](#). Canberra: NDIA.

NDIA (2024d) [Quarterly report to disability ministers Q4 2023–24](#). Canberra: NDIA.

NDIA (2024e) [Supports that are not 'NDIS supports'](#). Canberra: NDIA.

NDIA (2025a) [Am I eligible?](#) Canberra: NDIA.

NDIA (2025b) [Our Guidelines: Supported Disability Accommodation](#). Canberra: NDIA.

NDIA (2025c) [Providing evidence of your disability](#). Canberra: NDIA

NDIA (2025d) [Quarterly report to disability ministers Q2 2024–25](#). Canberra: NDIA.

NDIA (2025e) [Quarterly report to disability ministers Q3 2024–25](#). Canberra: NDIA.


NDIA (2025f) [Quarterly report to disability ministers Q4 2024–25](#). Canberra: NDIA.

NDIA (2025g) [Specialist Disability Accommodation Report May 2025](#). Canberra: NDIA

Royal Commission into Aged Care Quality and Safety (2019) [Interim Report: Neglect](#). Adelaide, South Australia.

Royal Commission into Aged Care Quality and Safety (2021) [Final Report: Care, Dignity, Respect](#). Adelaide, South Australia.

Shannon, B., Hart, C., Koritsas, S. & McVilly, K. (2024) '[That grey area where no one can help: The experience of younger people avoiding or leaving residential aged care who are not NDIS participants](#)'. *Australian Journal of Social Issues*, 00, 1–16.



Over recent years, there has been considerable progress towards reducing the number of younger people (aged under 65) entering and living in residential aged care. Using linked aged care and National Disability Insurance Scheme (NDIS) data, this report explores a cohort of 12,300 younger people living in residential aged care between 1 July 2017 and 30 June 2022. It provides detailed insights into the characteristics, pathways, and needs of NDIS participants and non-participants.

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