

# Services for Australian Rural and Remote Allied Health



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## MEDIA RELEASE

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### **Outreach or out-of-reach? New report reveals postcode lottery for occupational therapy access in Australia**

More than **half a million Australians** are missing out on essential occupational therapy (OT) services simply because of where they live, according to a new national report released today by **Services for Australian Rural and Remote Allied Health (SARRAH)**.

The report, *Outreach or Out-of-reach? Access to Occupational Therapy Services in Australia*, reveals that **over 550,000 people live more than 30 minutes' drive from an occupational therapist**, with the vast majority living in **rural, remote and very remote communities**.

Children, older Australians, people with chronic conditions, unpaid carers and First Nations communities are among those most affected. In very remote areas, **nearly two-thirds of residents have no access to an occupational therapist at all within a reasonable travel distance**.

“This report shows that access to occupational therapy in Australia is not decided by a matter of need, but by postcode,” said **report author Karen Hayes, occupational therapist and PhD candidate at Western Sydney University**. “For too many people, especially in rural and remote communities, the service simply isn’t there.”

Even when an OT is there, it doesn’t mean they have room on their books. Some places might only have one occupational therapist available for thousands of residents. In fact, 5.7 million Australians were found to have no, very low, or low access to an OT when population numbers, OT numbers, and driving distances were combined.

“It is more than just having an OT nearby, the OT needs to have time to take you on. I have spoken to rural OTs that are scared to answer their phones because they are so distressed by repeatedly having to say no to people in genuine need” said Ms Hayes.

### **Behind the data: the reality on the ground**

Five years ago, Well Balanced Care began providing allied health services across rural and remote communities in northern Australia. What started as a small, values-based organisation with a commitment to ensuring that postcode should not determine access to care has grown into a team regularly travelling long distances to reach people who would otherwise have no services at all.

Over the past year alone, Well Balanced Care **clinicians have travelled more than 10,000 kilometres across Far North Queensland** and beyond — visiting homes, schools, farms and community clinics in places where allied health services are scarce or non-existent.

Every journey represents an effort to bring care closer to people who need it. But behind each outreach visit sits a complex reality.

As a small provider operating in rural and remote areas, Well Balanced Care must constantly balance its mission with the economics of service delivery.

Travel takes time. Distances are vast. Communities are small. Funding models rarely reflect the true cost of reaching people where they live.

Like many rural allied health providers, the organisation often has to make difficult decisions about where and when services can be delivered. Outreach visits frequently depend on being able to cluster a number of clients within the same community or region to make the travel viable. Without that critical mass, the cost of delivering care can exceed the funding available to support it.

These are not abstract challenges. They shape who gets seen—and who misses out.

### **Telehealth can't replace people on the ground**

While telehealth can be a useful adjunct, the report makes clear it **cannot replace face-to-face occupational therapy**, particularly where assessment, functional rehabilitation, home modifications or assistive technology are required.

“OTs can't measure people or their homes from a distance. Assistive technology like wheelchairs must fit the person's body perfectly for them to be able to use them, and to prevent potentially fatal outcomes like pressure injuries or falls,” said Ms. Hayes. “They also need to work in the terrain they are going to be used in. For rural places this often means wheelchairs that can handle gravel roads and rough footpaths over long distances, as well as the usual considerations about door widths and ramp access. But if we can't see it, we can't prescribe for it.”

There are growing concerns that policy changes—such as reduced funding for therapist travel under programs like the NDIS—are making outreach services increasingly unsustainable, risking further withdrawal of services from rural and remote communities.

“If outreach becomes financially unviable, telehealth becomes the default—not because it's clinically appropriate, but because it's the only option left,” said **Catherine Maloney, CEO of SARRAH**. “That creates a two-tiered system where rural Australians receive a lower standard of care.”

## **Funding needs to recognise the true cost of delivering care in the bush**

The impact of outreach services in rural and remote Australia is profound. When clinicians arrive in a community, assessments that have been delayed for months can finally take place. Children receive the supports they need to participate in school. Older people are able to remain safely in their homes. Families and carers gain guidance and reassurance.

But for many families, therapy only happens because **someone is willing to make the road part of the job.**

This comes with inherent risks to health professionals' wellbeing – fatigue and burnout are often reported by clinicians providing outreach services to remote communities. Managing the logistics of outreach, travel, time, funding limits and tightly packed schedules can be challenging. Therapists working across rural and remote communities often feels the weight of trying to meet significant need with limited time and resources. Travelling long distances to provide outreach services to these communities is not a luxury - it's integral to the job.

## **A call for a Review of Travel Cost Caps to Protect Access to Care**

The report makes clear that for professions such as occupational therapy, **travel is not optional or incidental—it is a core component of safe, effective, person-centred care.** When funding models fail to recognise this reality, the cost burden is shifted onto providers or clients, making outreach services increasingly unsustainable.

“Capping travel costs does not reduce the need for care—it simply reduces who is able to provide it,” said Ms Maloney. “When travel is under-funded, services withdraw, outreach is scaled back, and communities are left without care.”

Recent policy decisions to limit billable travel time or reduce travel reimbursement—particularly in programs supporting people with disability, chronic conditions and older Australians—risk accelerating service withdrawal from rural and remote areas. These decisions disproportionately affect **thin markets**, where small population sizes and long distances already challenge service viability.

“It is also hitting the people least able to afford it the hardest,” added Ms Hayes. “Low OT access scores were also places with lower incomes, education levels, employment, and levels of home or car ownership – people who don't have spare money to pay for additional travel for themselves or anyone else.”

SARRAH commissioned this report in response to changes in NDIS pricing arrangements last year that introduced travel caps for therapy supports. SARRAH's report shows how these caps have disproportionately impacted access to services in rural and remote communities. Ms Maloney said “SARRAH is calling on the Australian Government to **urgently review recent decisions to cap or reduce travel cost reimbursements for allied health services**, which are [already having significant consequences for access to care in rural and remote Australia.](#)”

Specifically, this means:

- **Review and reverse recent caps on allied health travel costs**, particularly where they undermine outreach viability
- **Recognise the true cost of delivering care in rural and remote settings**, including time, distance, workforce scarcity and infrastructure limitations
- **Ensure funding models support in-person care where clinically required**, rather than defaulting rural patients to telehealth because travel is unaffordable
- **Protect equity of access**, so rural and remote Australians are not offered a lower standard of care due to funding constraints

Without urgent action, the report warns that continued travel cost constraints will deepen existing inequities—leaving rural and remote Australians increasingly **out of reach of essential care**, despite growing demand and demonstrable need.

“If the Australian Government is serious about closing access gaps, then funding policies must reflect geography,” Ms Maloney said. “You cannot deliver city-based funding models and expect them to work in the bush.”

SARRAH is deeply grateful for the support of author Karen Hayes and the research team who assisted in writing the report, Western Sydney University and the data analytics team at Charles Sturt University.

#### **Report details**

**Title:** *Outreach or Out-of-reach? Access to Occupational Therapy Services in Australia*

**Prepared for:** Services for Australian Rural and Remote Allied Health (SARRAH)

**Authors:** Hayes, K, McDonald, S, Coxon, K, Thyer, L & Bye, R (2026)

**Method:** National spatial analysis of OT access using road-network travel times and workforce capacity modelling

The full report is available at: [www.sarrah.org.au](http://www.sarrah.org.au)

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