

# RWAV Snap Survey 03: Rural Accommodation Availability and Suitability for Healthcare Workers

April, 2025

Over the last few years, Rural Workforce Agency Victoria (RWAV) has heard from health professionals and stakeholders that a lack of suitable accommodation impacts their ability to attract and retain healthcare workers in rural and regional Victoria. In some areas, there are concerns about housing availability, affordability, and quality — particularly for those relocating for short-term placements or outreach work. While anecdotal evidence suggests this is a growing issue, the scale and specifics of the problem were unclear. To better understand the extent and nature of these accommodation challenges, RWAV launched a dedicated survey to health professionals across the state to gather further insights and clarification.

Between 15 January and 15 February 2025, RWAV conducted a Snap Survey to better understand issues related to the availability and suitability of accommodation for healthcare workers in rural and regional Victoria.

RWAV is a non-profit organisation, funded by State and Commonwealth governments, that aims to improve access to quality health services for rural, regional and First Nations communities throughout Victoria. We seek to improve health outcomes through effective and customised health workforce solutions that are informed through partnerships, workforce and population health data, and collaboration with communities. RWAV has previously conducted Snap Surveys on rural internet access and nonurgent patient waiting times. This document refers to the RWAV Snap Survey 03: Rural Accommodation Availability and Suitability for Healthcare Workers.

Figure 1

**Total Survey Responses by MMM Location**

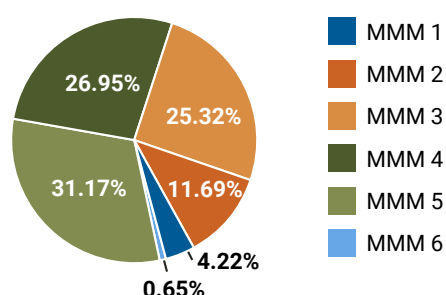
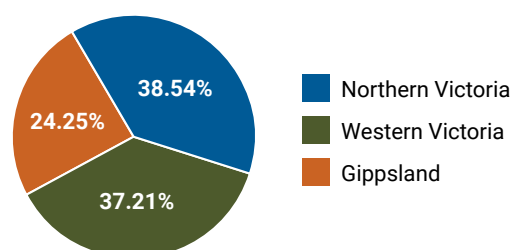


Figure 2

**Total Survey Responses by PHN Region**

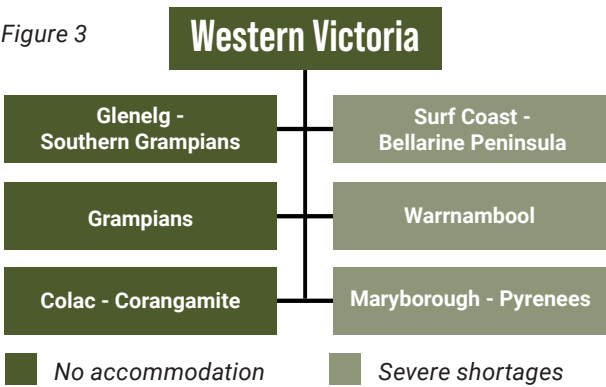


We received 315 useable survey responses, with 39% from the Northern Victoria PHN region, 37% from the Western Victoria PHN region, and 24% from the Gippsland PHN region. The highest number of responses were received from MMM5 (31%) locations, followed by MMM4 (27%) and MMM3 (25%) locations (*figure 1*).

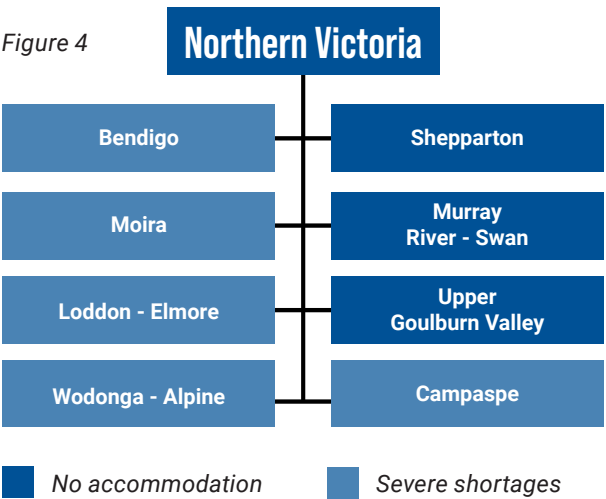
The survey found that 75% of all respondents agreed that accommodation availability is a disincentive to rural practice. Many respondents across each PHN region reported that there was no available accommodation, and that wait times could be over 12 months. Overwhelmingly, most respondents (82%) agreed that access to an accommodation advocate or navigator for health professionals in rural locations would be beneficial.

### Survey results

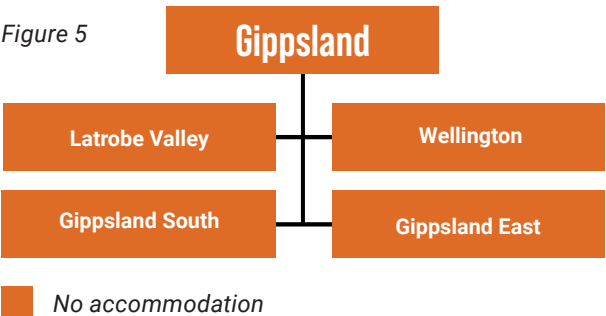
Across all survey respondents, 43.8% reported that there were no (13.3%) or only ‘a few’ (30.5%) accommodation options in their area. Differences by Western, Northern and Gippsland regions are highlighted later in this report at Figures 11a, 11b, and 11c.



There are six (SA3) critical areas in the Western Victoria PHN region where the survey found there were no available accommodation, with Glenelg - Southern Grampians, Grampians, and Colac - Corangamite the top three areas identified where no accommodation was available. (Figure 3)

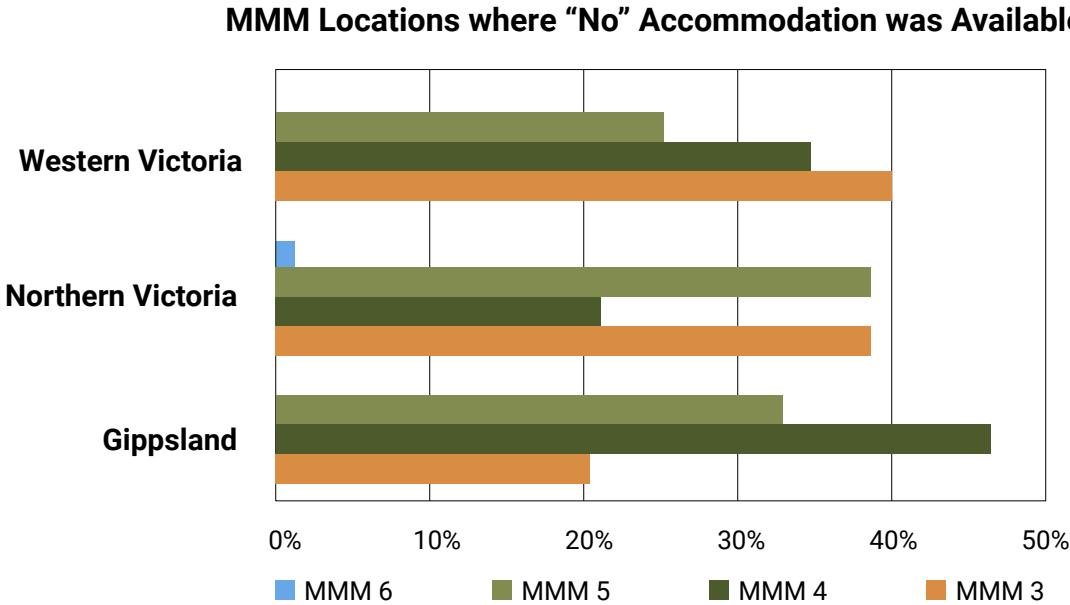


There are eight (SA3) critical areas in the Northern Victoria PHN region where the survey found there were **no available accommodation**, with Shepparton, Upper Goulburn Valley, and Murray River - Swan Hill the top three areas identified. (Figure 4)



The four areas in the Gippsland PHN region where the survey found there were no available accommodation, are Gippsland East, Gippsland - South West, Latrobe Valley, and Wellington. (Figure 5)

Figure 6



Within the Gippsland PHN region the majority of areas reported to have no available accommodation were in MMM4 locations, in the Northern Victoria PHN region the majority are across MMM3 and 5 locations and in the Western Victoria PHN region the majority were in MMM3 locations. (Figure 6)

Across the three rural PHN regions, 56.81% of all respondents rated accommodation as suitable for all categories (single/couple/family/single parent/student/shared).

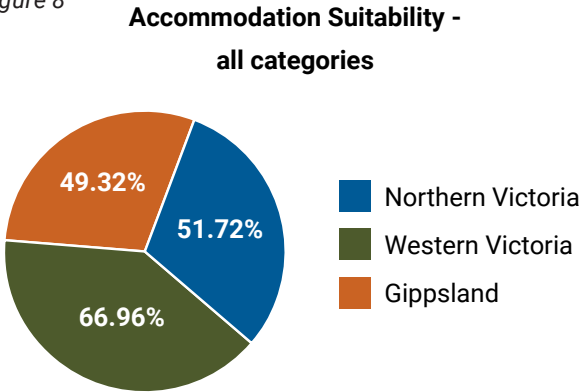
In the Western Victoria PHN region, 66.96% of respondents indicated that accommodation was suitable for all categories, whereas 20.54% indicated available accommodation was suitable for couples only. In the Gippsland PHN region, 49.32% of respondents indicated that the accommodation was suitable for all categories, with 36.99% indicating available accommodation were suitable for couples only. In the Northern Victoria PHN region, 51.72% of respondents indicated that accommodation was suitable for all categories however 31.90% of respondents indicated available accommodation was suitable for couples only. (Figure 8)

Figure 7

MMM	Estimated Resident Population (ERP)
1	5,259,855
2	505,304
3	325,331
4	295,477
5	424,797
6	4,677

Australian Government Department of Health and Aged Care. (2025, 03 11). Modified Monash Model 2023: Estimated Resident Population (ERP). Australia: Australian Government Department of Health and Aged Care.

Figure 8



While 52.68% of respondents from the Gippsland PHN region noted that the condition of accommodation met market expectations, 39.73% of respondents indicated that available properties were old and in need of renovation. In the Northern Victoria PHN region 6.9% of respondents noted that properties in their area met market expectations, while 30.17% of respondents indicated that available properties were old and in need of renovation. In the Western Victoria PHN region 52.68% of respondents noted that the condition of accommodation met market expectations, however 32.14% said the properties in the region were old and in need of renovation. (Figure 9)

Figure 9

Accommodation Condition - old or needing renovation

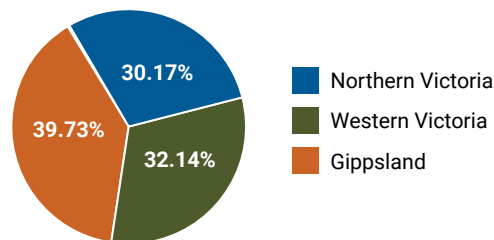
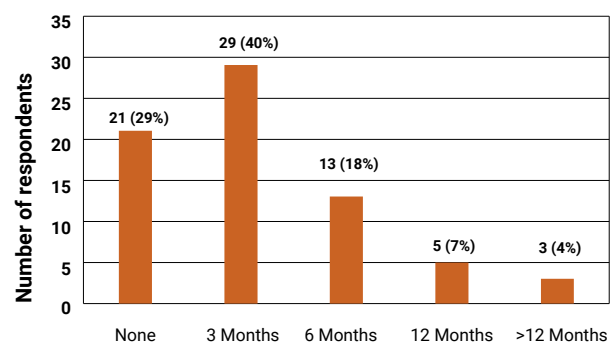


Figure 10a

Average accommodation waiting time - Gippsland (n=72)



Waiting times for available accommodation vary from area to area but in each case the most common response was three months (40-59% of respondents). In each location 22-29% of respondents reported that waiting times were six months and over, including 4-5% reporting a wait of over 12 months. (Figures 10a, 10b & 10c)

Figure 10b

Average accommodation waiting time - Northern Victoria (n=115)

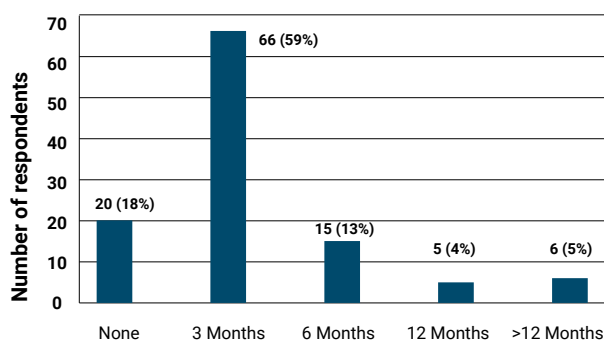
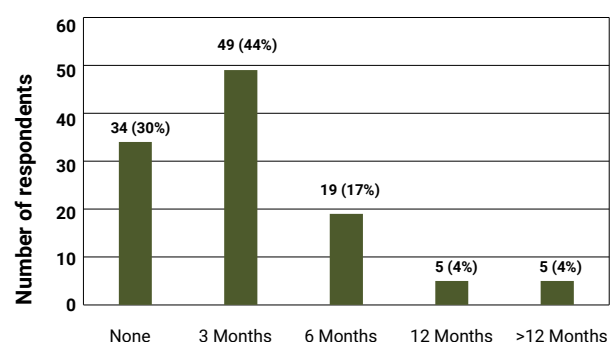


Figure 10c

Average accommodation waiting time - Western Victoria (n=112)



The Snap Survey found that 53.15% of rental accommodation in the Western Victoria PHN region costs between \$200-\$400 per week whereas 59.48% of rental accommodation in the Northern Victoria PHN region was over \$400 per week and in the Gippsland PHN region 58.57% was over \$400 per week. Overall, the majority of rental accommodation costs over \$400 per week. For each region, the survey found that between 12-18% of respondents indicated no current available accommodation in their area, and between 23-35% indicated that there were only ‘a few’ options. (Figures 11a, 11b & 11c)

Figure 11a

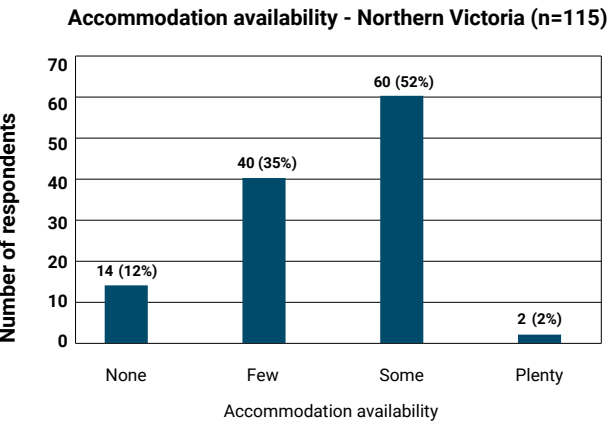


Figure 11b

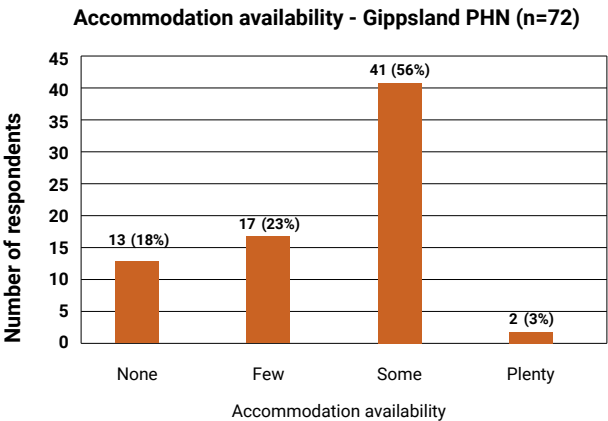


Figure 11c

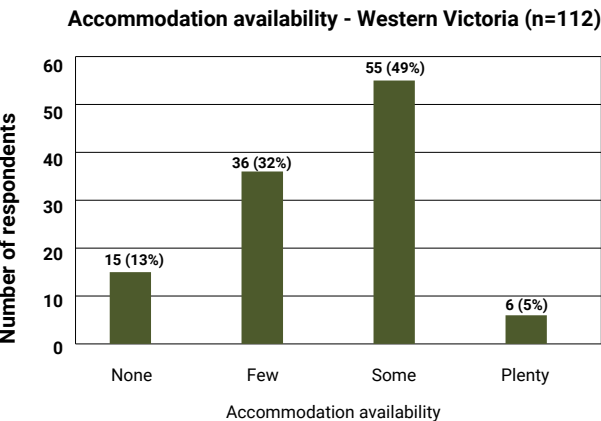
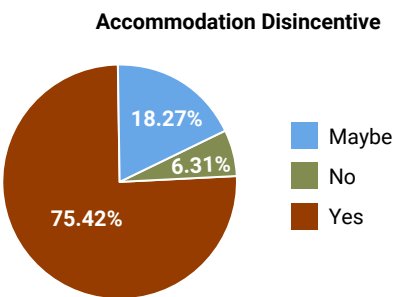
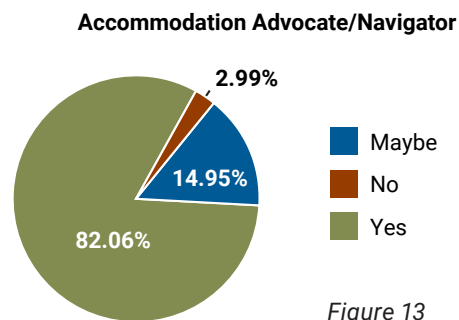


Figure 12



There was a significant response to the question on whether the availability of rural accommodation is a disincentive to work in rural locations, with 75.42% of all respondents agreeing that it is a disincentive. In the Northern Victoria PHN region 79.31% of responses agreed, in the Gippsland PHN region 73.97% agreed, and in the Western Victoria PHN region 72.32% of respondents agreed. (Figure 12 shows combined results)

Another significant response was received in relation to a question on the benefit of access to an accommodation advocate or navigator for new health professionals in rural locations. The majority of respondents - 82.06% (Figure 13) agreed that it would be beneficial to have access to support in securing accommodation in rural Victoria.



## Conclusion

The RWAV Snap Survey on Rural Accommodation Availability and Suitability for Healthcare Workers has confirmed that access to appropriate housing is a significant and widespread challenge across rural and regional Victoria. With 75% of respondents agreeing that accommodation availability is a disincentive to rural practice, and many reporting limited or no options, particularly in MMM3–5 locations, the findings highlight an urgent need for targeted solutions. The lack of affordable, high-quality, and fit-for-purpose accommodation—especially for short-term placements—continues to impact health workforce attraction and retention.

Key issues identified include long wait times, high rental costs (often exceeding \$400 per week), and poor-quality housing, with many properties old and in need of renovation. Despite more than half of the respondents reporting that accommodation is suitable for all living arrangements, many others indicated limited suitability for anything beyond couples or singles.

Importantly, the majority of respondents (82%) supported the idea of an accommodation advocate or navigator to assist health professionals in securing suitable housing in rural locations. These findings underline the need for a strategic and collaborative approach to address rural accommodation challenges, supporting a sustainable health workforce for Victoria's rural, regional, and First Nations communities.



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