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The Aged Care Workforce Remote Accord Implementation Project: Final Report

Prepared for the Remote Accord by Margaret Kuhne and Lara Bishop

Acknowledgments

The Aged Care Workforce Remote Accord ('Remote Accord') wants to thank aged care and other healthcare organisations providing services to older Australians in remote and very remote Australia that have participated in this project.

We are especially grateful to the communities of Kimberley, Murdi Paaki and Yalata for participating in this project.

We acknowledge that Aboriginal and Torres Strait Islander peoples form a significant and integral part of the communities where this project was conducted. We thank the Aboriginal and Torres Strait Islander communities for generously sharing their voices, knowledge, and guidance throughout this project.

We look forward to continuing to collaborate with communities in remote and very remote Australia to implement strategies that support a robust, appropriately skilled, and supported aged care workforce.

Published by
The Aged Care Workforce Remote Accord
PO Box 4097
Kingston ACT 2604
Tel: (02) 6181 1017
Email: contact@acwra.org.au

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About the Remote Accord

The Remote Accord was formed based on the belief that every community – including those in remote and very remote areas of Australia – has an equal right to accessible, high quality aged care services.

The Remote Accord was established in 2019 following the release of A Matter of Care: Australia's Aged Care Workforce Strategy[1] [1]by the Aged Care Workforce Strategy Taskforce. The Strategy outlined 14 actions[1] to help the aged care sector meet current and future workforce challenges and improve the quality of aged care for everyone.

Of the 14 actions outlined, **Strategic Action 11** recommended the establishment of a remote accord to facilitate a united remote and very remote industry voice to engage in, and address workforce issues, and develop pathways for change involving all levels of government, industry and the community.[1]

The Remote Accord comprises a group of employers and industry experts delivering aged care services in remote and very remote areas of Australia.

The overall objective of the Remote Accord is to achieve an adequate, robust, and appropriately skilled and supported workforce that meets the current and future care needs of older people living in remote and very remote Australian communities.

Indigenous Australians

The term 'Aboriginal and Torres Strait Islander peoples' is preferred in the Remote Accord's publications when referring to the separate groups of Indigenous peoples of Australia. However, the term 'Indigenous Australians' is used interchangeably with 'Aboriginal and Torres Strait Islander peoples' to assist with readability. Throughout this publication, the term 'Indigenous Australians' refers to all persons who identify as being Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.

Contents

Contents (continued)

Contents (continued)

Abbreviations and acronyms

ACPR	Aged Care Planning Region
AIHW	Australian Institute of Health and Welfare
AIN	Assistants in Nursing
CDP	Community Development Program
CHSP	Commonwealth Home Support Program
CRM	Customer Relationship Management
DoHAC	Department of Health and Aged Care
DHDA	Department of Health, Disability and Ageing
DSS	Department of Social Services
HSSO	Human Services Skills Organisation
ID	Identification
KACC	Kimberley Aged Care Collaborative
km	Kilometres
LGA	Local Government Area
MM	Modified Monash
MMM	Modified Monash Model
MPS	Multi-Purpose Services
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIAACC	National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NIAA	National Indigenous Australians Agency
NSW	New South Wales
PHN	Primary Health Network
RAES	Remote Australia Employment Service
RJED	Remote Jobs and Economic Development
RN	Registered Nurse
RPL	Recognition of prior learning
RTO	Registered Training Organisation
SA	South Australia
SAHMRI	South Australian Health and Medical Research Institute
SA2	Statistical Area Level 2
TAFE	Technical and Further Education
UCL	Urban Centres and Localities
WA	Western Australia
%	Per cent

Tables

Figures

Executive Summary

The delivery of aged care services in remote and very remote communities across Australia presents profound and persistent challenges, particularly in attracting, retaining, and housing a suitably skilled workforce. Conventional models of aged care, typically designed for urban or regional settings, are frequently misaligned with the cultural, geographic, and socio-economic realities of remote Australia. Accordingly, there is an urgent need for bespoke, community-driven, and culturally responsive aged care workforce strategies.

In response to these challenges, the Remote Accord received Australian Government funding in 2022 to implement a comprehensive 24-month initiative to support local aged care workforce and service access, subsequently extended to June 2025. This initiative, known as the Workforce Implementation Project ('the Project'), was undertaken in close partnership with three remote and very remote communities ('Project Communities'): Kimberley in Western Australia (WA), Murdi Paaki in New South Wales (NSW), and Yalata in South Australia (SA). The Remote Accord Project Team ('Project Team') sought to co-design and pilot sustainable workforce solutions that were contextually appropriate and locally endorsed.

The Project aimed to strengthen aged care service delivery by engaging communities in the design and development of workforce solutions that were locally appropriate, culturally safe, and responsive to on-the-ground needs. The initiative focused on building capacity, fostering collaboration, and identifying barriers and enablers to successful workforce implementation in remote settings.

To achieve this, the Project Team conducted comprehensive stakeholder engagement. They implemented a range of qualitative and community-embedded research methods. This was essential to understanding the complex dynamics impacting recruitment and retention of aged care workers in remote and very remote Australia.

Given the cultural diversity, geographic isolation, and distinct socio-economic challenges in these regions, approaches such as focus groups, Yarning Circles, semi-structured interviews, informal engagement, immersion in community life, and connections with industry groups offered complementary strengths that enriched both the depth and relevance of the data collected.

In combination, these methods created a well-rounded, context-sensitive evidence base that captured both the lived experience of communities and the operational frameworks of aged care providers. Importantly, they helped to ensure that workforce projects arising from the Project were not only technically sound but also culturally responsive, community-endorsed, and practically achievable within the unique environment of remote Australia.

Two of the three targeted Project Communities (Kimberley and Murdi Paaki) progressed through detailed planning and engagement phases. In these locations, the Project Team worked closely with community leaders, health services, and other stakeholders to co-design two supported workforce strategies.

A hybrid tertiary training/pathway to homeownership project proposal was co-designed for the Kimberley region in response to stakeholder consultation that overwhelmingly identified lack of access to suitable accommodation for aged care workers, and the need for additional tertiary training. This Project was developed to encourage remote candidates to undertake supported tertiary training in a recognised health practitioner course and be provided with a defined pathway to homeownership in the community they identify with. In this model candidates would receive financial and academic support whilst studying towards attainment of a tertiary health qualification and be provided with housing, at a nominal rent, whilst studying.
To participate in the pathway to homeownership, there would be certain caveats applied to ongoing occupancy. Unfortunately, further progression of this initiative was stymied by both the inability to secure funding in one community and the reluctance of another to take a leadership role, although interest in participating in the model continues to exist.

Interviews with providers in the Murdi Paaki Region identified that a large proportion (estimated to be up to 90%) of candidates for aged care positions lacked training and qualifications or had not previously worked formally in the sector prior to their application.

While many people in the community are young and keen to work, there is no recognition of lived experience or informal caring skills that they may have developed in either other jobs or their personal lives. This is then compounded by limitations on both the availability of relevant courses and opportunities for financial assistance to become a health care worker. The overarching theme was one of recognition of 'lived experience' not just of formal prior learning. As a result of the successful Yarning Circle and other stakeholder engagement the recognition of lived experience program was developed for the Murdi Paaki region, in the town of Menindee. This initiative has successfully progressed to implementation with funding secured and four local students having commenced their training and employment as of July 2025.

A project proposal for the third site (Yalata) was not developed due to limited community engagement. Although disappointing, this outcome provided valuable insight into the importance of assessing community readiness and ensuring alignment with local priorities from the outset.

A key success factor in the participating communities was the establishment of strong relationships with stakeholders, underpinned by a clear set of guiding principles endorsed by the Remote Accord Leadership Group ('Leadership Group') and the National Reference Group. These principles, along with flexible and honest communication practices, enabled the Project Team to navigate challenges and maintain trust throughout the project.

Despite the progress made, the project highlighted several challenges, most notably the constraint of short project timeframes and limited access to long-term funding. While the timeframes of the Project were not considered short by metropolitan standards, they were not long enough to achieve any sustainable change in remote Australia. In this instance it was not possible to fully implement complex solutions such as transitional housing for health workers. The experience underscored the need for longer-term funding commitments and flexible implementation periods to support change in remote workforce development.

Recommendations for future initiatives include extending project timelines, embedding monitoring and evaluation frameworks, documenting implementation processes, and investing in community-led capacity building. Securing sustained funding and continuing to apply the guiding principles established through this project will be essential for replicating and scaling successful models across other remote communities.

Overall, the project provided important insights into what is required to build a resilient and effective aged care workforce in remote Australia, laying the groundwork for future investment and innovation in this critical area.

Recommendations

This project has given rise to a number of recommendations for future health and aged care initiatives in remote Australia.

Investing in community-led capacity building

Capacity building within communities should be a core focus. Supporting the development of local leadership, training pathways, and employment opportunities is essential to building a self-sustaining workforce. Rather than relying on external expertise alone, projects should prioritise skills transfer and locally led solutions that reflect the strengths and aspirations of the community.

Applying longer-term funding and timelines in remote communities

Timeframes for project planning and implementation should be carefully reconsidered. Particularly in remote settings, the complexity of workforce and infrastructure development requires extended timelines. Short-term projects may not allow sufficient time to build trust, secure funding, or deliver tangible outcomes. A longer-term commitment to projects would offer greater opportunity for progress and sustainability.

Longer-term projects would also allow for continuity of service development, support the recruitment and retention of local staff, and provide the stability needed to build community trust and foster meaningful engagement.

Without secure, long-term investment, projects often struggle to move beyond short-term pilots, limiting their impact and the ability to embed lasting change in remote health systems.

Having a flexible and adaptable project plan

Flexibility must also be built into project design and delivery. The ability to adapt to emerging needs, contextual challenges, or shifting community dynamics is vital, particularly in remote and culturally diverse environments. Governance structures should be inclusive and responsive, ensuring that community voices guide decision-making throughout the project lifecycle.

Development and use of a guiding principles framework

It is strongly recommended that future projects adopt or adapt the guiding principles established by the Remote Accord Leadership Group. These principles provided a consistent and values-driven foundation for the Project Team and proved invaluable during complex negotiations and periods of operational isolation. Embedding such principles from the outset can promote shared understanding and mutual respect across all partners.

Ensuring the use of community-informed data collection and project tools

The use of accessible, community-informed data collection tools should also be embedded into future initiatives. While a formal needs assessment was not conducted for this Project, the development of a fit-for-purpose survey tool provided important insights and supported evidence-based planning. Systematic data collection not only strengthens project design but also provides a basis for monitoring impact and informing continuous improvement.

Ensuring the use of multi-faceted stakeholder engagement practices and tools

Maintaining an up-to-date stakeholder register and fostering strong communication practices will continue to be essential. Respectful, timely, and transparent engagement with stakeholders builds trust and demonstrates accountability. A structured approach to communication ensures that community contributions are acknowledged and that expectations remain realistic and clearly understood.

All stakeholder engagement and implementation processes should be thoroughly documented, ensuring that the lessons learned are captured and shared. Systematically recording these experiences will support the refinement and adaptation of successful models across other remote communities.

Ensuring the use of a monitoring and evaluation framework at project inception

The development of a clear and well-structured monitoring and evaluation framework is essential. Such a framework will not only help assess project outcomes and impact but will also provide evidence to inform policy decisions and strengthen advocacy efforts for sustained investment in remote workforce and infrastructure development.

1. Introduction

Remote and very remote communities face systemic challenges when it comes to attracting, retaining and housing an appropriately skilled aged care workforce, and current mainstream aged care models are not suitable for remote and very remote service provision.

To address these challenges, the Remote Accord successfully applied for Australian Government funding in 2022 to conduct a 24-month project to implement a comprehensive 24-month initiative to support local aged care workforce and service access remote in three Project Communities in remote and very remote areas of Australia. The project was extended until June 2025.

The Remote Accord proposed the project be delivered in partnership with each of the communities, to address each community's specific aged care workforce challenges.
The aims of the project were to:

1. Develop guiding principles for engaging with communities with different service configurations, locations, indigeneity, service access, and provider presence.
2. Map aged care and other health services for potential project communities. Develop a Matrix for classifying organisations ('the Matrix') that helps determine the level of organisational maturity in a community.
3. Support the implementation of specific and tailored reforms and measures with a focus on addressing workforce supply and retention problems.
4. Facilitate collaborative relationships between aged care service providers and other place-based community service providers that support healthy ageing.
5. Identify potential alternative training pathways and capacity building opportunities for community members to facilitate their engagement in the aged care workforce.
6. Develop a toolbox of strategies that can be used by all aged care and community service providers across remote and very remote Australia to sustain and increase a viable workforce.

This final report describes the project in detail, discusses findings and the key learnings and provides recommendations and further considerations for future project opportunities.

1.1 Chapters

This report comprises seven chapters. Chapter one introduces the Project and its aims. Chapter two provides some background to the Project, through the initial stakeholder engagement phase. It describes the challenges of working in remote and very remote communities, including operating in thin markets, as well as conceptualising the Project. Chapter three describes the communities that were chosen for the Project, and presents demographic data for each of these. Chapter four provides an in-depth description of the stakeholder engagement for this Project in each of the three communities and the development of the Toolkit and how its tools were used and modified throughout the life of the Project. Chapter five outlines the Project proposals for each of the three communities, describing how each progressed. Chapter six summarises the key learnings from the Project, both strategic and operational. The final chapter outlines future considerations and provides recommendations both for this project and others that may follow.

1.2 Project governance

The Remote Accord implemented a robust governance structure.

Project Team

The project was delivered by the Project Team, comprising one project manager and project support staff, with oversight from the director of the organisation.

The Project Team met weekly throughout the Project.

The Project Team provided regular project updates to the Department of Health, Disability and Ageing (DHDA) – formerly the Department of Health and Aged Care (DoHAC), and the Community Grants Hub, in line with contractual obligations.

Remote Accord Leadership Group ('Leadership Group')

The Leadership Group, comprising a group of employers and industry experts delivering aged care services in remote and very remote areas of Australia, provided overall governance of the project, such as strategic decision-making, and met regularly throughout the life of the project.

National Reference Group

In partnership with the DHDA, the Remote Accord formed a National Reference Group. It comprised

representatives from the Project Team, Leadership Group, DHDA, Department of Social Services (DSS), National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), National Disability Insurance Agency (NDIA), National Aboriginal Community Controlled Health Organisation (NACCHO), and the National Indigenous Australians Agency (NIAA).

1.3 Notes

This document should be read in conjunction with the other reports developed by the Remote Accord for the Project including:

- Aged Care Workforce Remote Accord Implementation Project: Report on Matrix Development and Evolution.[2]
- Aged Care Workforce Remote Accord Implementation Project: Toolkit.[3]
- Aged Care Workforce Remote Accord Implementation Project: Data Analysis and Summary.[4]

2. Background

In 2018, the Aged Care Workforce Strategy Taskforce (the Taskforce') released A Matter of Care: Australia's Aged Care Workforce Strategy1 ('the Strategy'). The brief for the Taskforce was to "develop an industry-driven workforce strategy to grow and sustain the workforce to ensure it can provide aged care services that can meet the care needs of our elderly now and into the future, irrespective of setting."[1]

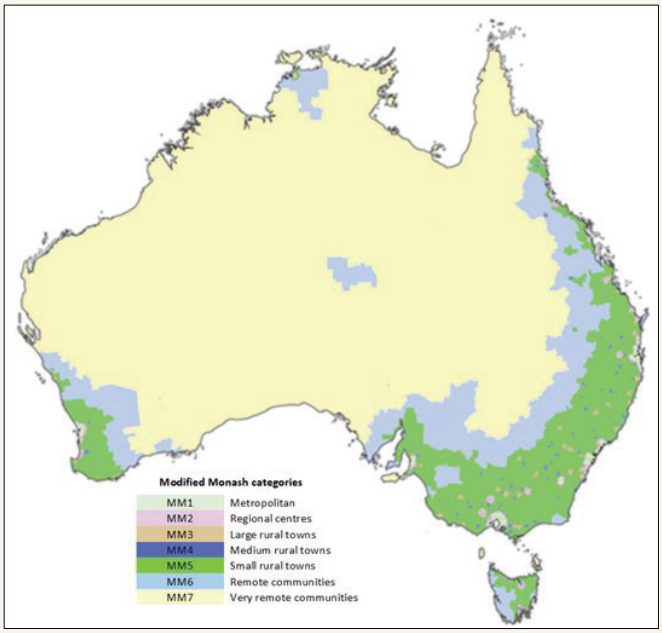
The Strategy outlined 14 actions[1] to help the aged care sector meet current and future workforce challenges and improve the quality of aged care for everyone.

Of the 14 actions outlined, Strategic Action 11 recommended the establishment of a remote accord to facilitate a united remote and very remote industry voice to engage in, and address workforce issues, and develop pathways for change involving all levels of government, industry and the community.[1]

Consequently, the Remote Accord was established in 2019. The aim of the Remote Accord is to promote an adequate and appropriately trained and supported workforce to meet the care needs of older people living in remote and very remote Australian communities. As part of this, the Remote Accord aims to promote a joined-up approach across government – aged, disability, education, housing and health – to better meet the needs of consumers, communities and services in remote and very remote areas. It was formed based on the belief that every community – including those in remote and very remote areas of Australia – has an equal right to accessible, high quality aged care services.

The Remote Accord is specifically concerned with services delivered in Modified Monash (MM) 6 (remote communities) and MM 7 (very remote communities). The Modified Monash Model (MMM) geographical classification system measures remoteness and population size on a scale of Modified Monash (MM) categories. It classifies metropolitan, regional, rural, and remote areas in Australia into seven remoteness categories (Figure 2.1). The MMM was developed to better target health workforce programs and to attract health professionals to more remote and smaller communities.[5]

Figure 2.1 Map of Modified Monash categories



Source: Department of Health and Aged Care (2024).[6]

2.1 Stakeholder consultation

After the formation of the Remote Accord, Remote Accord staff commenced consultation with aged care service providers in remote and very remote Australia to understand and document the challenges facing workforces, and to identify existing strategies aimed at combatting those challenges.

In addition to fewer aged care facilities and services, there are significant workforce and funding challenges impacting aged care service provision in MM 6 and MM 7 areas.

These challenges are not solely borne by the aged care sector – disability, education and other health services face the same workforce and funding issues in remote and very remote communities. Table 2.1 describes some of these challenges and suggests potential solutions.

Table 2.1 Challenges and potential solutions to issues impacting aged care service provision in remote and very remote Australia

Challenges[1]	Why address the challenges?	Potential solutions
Workforce		
→ Inability to attract and retain a suitably qualified and skilled workforce → Organisational sustainability and viability → High employee turnover, including significant movement between organisations → Poor employee engagement and enablement → Difficulty in attracting talent → Ineffective and inefficient design of work organisation and jobs → Undervalued jobs with poor market positioning → Suboptimal workforce planning → Casualisation of the workforce, particularly in home-based care → Leadership effectiveness gaps → Key capability gaps and skills and competencies misalignment → Career progression bottlenecks → Ineffective recruitment, induction and on-boarding processes	→ Workers in remote areas face safety issues related to the immense distances required for travel, isolation from other services, and the need for an understanding of Aboriginal and Torres Strait Islander culturally safe service delivery and health approaches → Remote services often must provide housing as an incentive to attract staff, but staff housing in remote areas is often either unavailable or inadequate → Care work is a challenging role which is under remunerated even in metropolitan areas – this problem is exacerbated in remote areas where costs of living are higher, and workers often face extremely challenging conditions	→ Improve worker conditions to attract and retain an appropriate workforce → Increase Government funding to allow the base award rates in remote areas to be raised to attract workers → Develop an affordable housing program for care sector workers (inclusive of aged care workers as well as health, disability, community workers etc.) → Provide resourcing to reconcile and promote funding, training, and development pathways for remote services and workers
Funding		
→ Difficult to work with other service provider types due to siloed nature of funding → Funding allocated per capita and according to outputs → Insufficient long term funding certainty and continuity to meet future potential demand and need (particularly as some communities age)	→ Adequate funding will reduce issues associated with sparsity of appropriately qualified human resources → Community can see a direct link between need and service provision → Implementing the co-design process allows the services and their staff to drive the changes that need to occur on the ground	→ Allocate funding per community rather than per funding type (like multi-purpose funding) → Develop a commissioning outcomes co-design model that determines the needs and empowers the services → Encourage and reward collaboration between provider types → High degree of funding flexibility required – modify traditional policies and funding practices to ensure funding is based on operational expenditure rather than outputs, in environments where outputs vary constantly

The unique aged care workforce challenges impacting remote and very remote areas of Australia must be addressed to facilitate better access to aged care services for older people living in these communities. Additionally, innovative funding models that avoid siloed funding streams and, where possible, utilise and share resources with other service providers that may also be operating in the community, should be implemented in remote and very remote communities to improve access to aged care services.

The general consumer within most communities is not aware of, or interested in, which funding model or provider type delivers the service, just that it is available to them and their family.

The Remote Accord identified systemic challenges associated with attracting, retaining and housing an appropriately skilled aged care workforce and identified that current mainstream aged care models are not suitable for remote and very remote areas where there are 'thin markets'.

2.2 Thin markets

'Thin markets are a persistent issue in care and support services and refer to inadequate market provision for certain populations or in certain regions.'7 In thin markets, some people requiring care and support may miss out on services, or be forced into services that do not meet their needs (including services that are far away from their home).

'Challenges to delivering services in thin markets include low and geographically-dispersed demand, increased costs, administrative and regulatory complexity, and workforce shortages.'[7]

'While it is appropriate in a market model that the financial viability of any individual provider is not guaranteed, widespread poor financial performance indicates a problem in policy and program settings. Without effective intervention and market stewardship, issues like this can result in under-provision of essential services.'

2.3 Conceptualising the Project

In response to identification of the systemic challenges associated with attracting, retaining and housing an appropriately skilled aged care workforce, the Remote Accord developed a funding proposal. The Remote Accord sought to work with remote and very remote communities to co-design projects to support the recruitment and retention of aged care workers in remote and very remote communities. In embarking on this process the Remote Accord also sought to learn more about the specific challenges in undertaking and implementing reform process with remote communities, and to distil and share those learnings with others seeking to create change in remote Australia.

The Remote Accord secured Australian Government funding in 2022 to implement a comprehensive 24-month initiative to support local aged care workforce and service access, subsequently extended to June 2025.

The Project, was undertaken in close partnership with three remote and very remote Project Communities: Kimberley in WA, Murdi Paaki in NSW, and Yalata in SA. The Project Team sought to co-design and pilot sustainable workforce solutions that were contextually appropriate and locally endorsed.

3. Project Communities

Several steps are required to ensure a planned and coordinated approach to delivering reforms in remote and very remote areas of Australia.

The first step in this Project was to identify three communities in MM 6 or MM 7 regions that represented communities from across a wide spectrum of service classifications that are contending with a range of systemic and ground-level issues in relation to workforce attraction and retention.

The Leadership Group identified three Project Communities located in MM 6 and MM 7 areas. The three communities chosen included Kimberley (WA), Murdi Paaki (NSW) and Yalata (SA).

While there are similarities in some of the issues that impact these communities, they represent a range of sizes, demographics, types of aged care services provided, challenges, and opportunities. Each of the communities is described.

3.1 Kimberley

Kimberley is in the shire of Derby–Kimberley in Western Australia. The region covers 120,146 square kilometres (km) and is in the northern region of the state. The region comprises pastoral stations, businesses, and tourist spots (Figure 3.1).

In 2021 the population of Derby–Kimberley Statistical Area Level 2 (SA2)[a] was 7,045 – 60.2% of the population identified as Aboriginal and/or Torres Strait Islander, 25.4% were non-Indigenous and the reminder did not state their Indigenous status.[8]

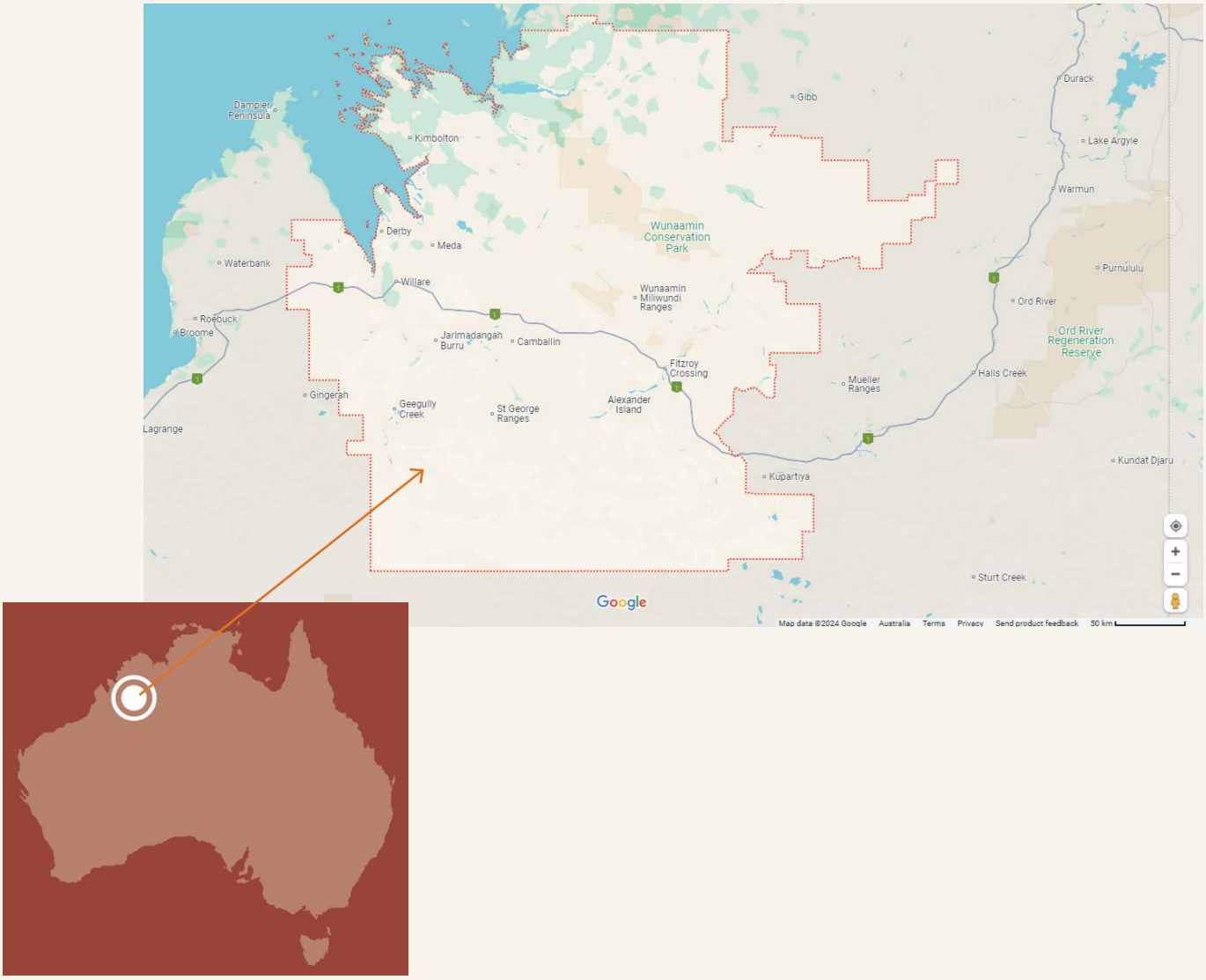
There are 54 communities in the region and two main towns – Derby and Fitzroy Crossing – with populations of 3,009 and 1,002 people in 2021, respectively.

In 2021 the median age of people in Derby–Kimberley was 32 years. In 2021, 848 (8.0%) people were aged 65 years or older.[8] An additional 333 Aboriginal and/or Torres Strait Islander Australians were aged between 55 and 64 years (only 10-year age groups were reported for Indigenous people for this location).[8]

Residential aged care services are in each of the main towns within the Kimberley, being Derby, Fitzroy Crossing, Halls Creek, Kununurra and Broome. These larger communities also have aged and community services run by WA Health as well as several private providers of home-based care services. All these communities have either an Aboriginal Medical Service or some other indigenous-specific health service providing general healthcare services. However, none of the services offer residential aged care. The other larger community in the region is Wyndham which, while it doesn't provide residential aged care services, does have a variety of home-based service providers.

a SA2s are medium-sized areas with a population between 3,000 and 25,000. Their purpose is to represent a community that interacts together socially and economically. SA2s represent suburbs within cities and catchments of rural areas. In remote and regional areas, SA2s have smaller populations and cover a larger area than those in urban areas.[10]

Figure 3.1 Kimberley



Source: Adapted from Google Maps (2024)[9] and National Museum of Australia (2024).[11]

There are a further twenty-five smaller communities in the region. Most of these communities are serviced by a nurse-led clinic which has visiting general practitioners on certain days periodically, mostly weekly. The community of Warmun, 847 kms east of Broome, is an example of service provision not matching community need or workforce availability. A community clinic exists in the community and a residential aged care facility was built there in 2014 but unfortunately has never hosted a resident.

The Derby–Kimberley SA2 falls within the Kimberley Aged Care Planning Region (ACPR) ('the Kimberley'). As such, aged care data for the Kimberley is used in this report to represent the Derby Kimberley SA2. It should be noted that the Kimberley ACPR also includes the following SA2s – Roebuck, Kununurra, and Halls Creek.

Although this is the most granular information available for the West Kimberley region, the inclusion if the additional SA2s is likely to confound the data.

In 2022–2023, 149 people were admitted into aged care in the Kimberley (Table 3.1) – admission into aged care includes home care, permanent residential care, respite residential care, short term restorative care and transition care, although not all types of aged care are available in all Project Communities. Table 3.1 indicates that in 2022–2023 people in the Kimberley were most likely to be admitted into permanent residential care or home care, and that these people were most likely to be female, Indigenous and aged over 60–89 years.

Table 3.1 People admitted into aged care, by type of care and demographic data, the Kimberley, 2022–2023

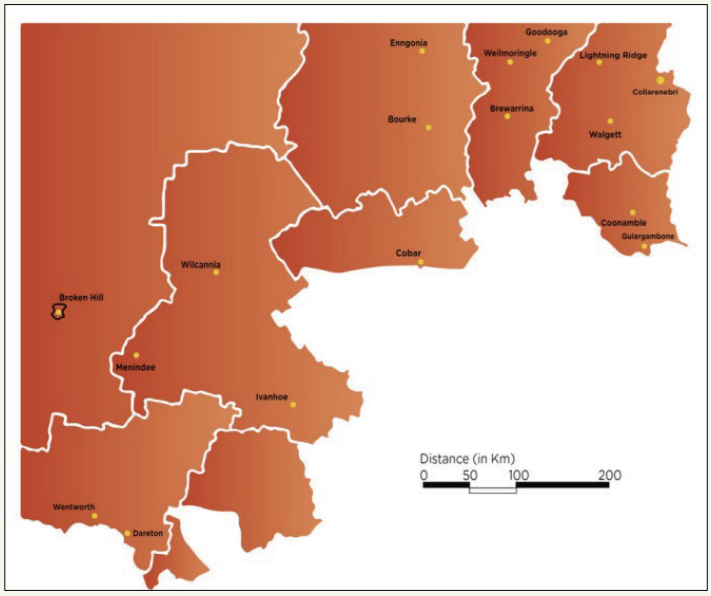
Demographic/ other data	Home care	Permanenet residential care	Respite residential care	Short term restorative care	Transition care	Total
Sex						
Male	21	19	7		9	56
Female	29	32	19		13	93
Indigenous status						
Non-Indigenous	14	8	5		-	27
Indigenous	36	43	21		22	122
Unknown	-					
Age group (years)						
50–54	-	-	-		5	5
55–59	4	1	2		2	9
60–64	6	5	2		4	17
65–69	8	4	3		2	17
70–74	7	12	5		3	27
75–79	9	8	4		2	23
80–84	7	10	6		1	24
85–89	6	6	3		-	15
90–94	1	3	1		2	7
95–99	2	-	-		1	3
100+	-	2	-		-	2
Level of home care package						
Level 1	-					
Level 2	31					31
Level 3	15					15
Level 4	4					4
Total admitted	50	51	26	-	22	**149**

Source: Adapted from Australian Institute of Health and Welfare (AIHW) (2024).[12]

3.2 Murdi Paaki Region

The Murdi Paaki region is in western New South Wales and extends from the Victorian border towns of Wentworth and Dareton in the south to the Queensland border in the north, and from Collarenebri in the east to the SA border in the west (Figure 3.2).

Figure 3.2 Murdi Paaki Region



Source: Adapted from Murdi Paaki Services Ltd (2023).[13]

The Murdi Paaki Region accounts for over 40% of New South Wales and includes all or part of nine Local Government Areas (LGAs).[13] The LGAs of Walgett, Coonamble, Bourke, Brewarrina, Broken Hill, Central Darling and Wentworth and the Unincorporated Far West are all contained completely in the region; the northern part of Cobar LGA (including Cobar) and the northern and western parts of Balranald LGA (including Euston but excluding Balranald) also form part of the region.[9]

Broken Hill is the largest town in the region, with a population of 17,588 people in 2021.[8] Most other towns have much smaller populations.

Doubts about the validity of the 2021 census counts of Aboriginal people due to Covid were identified in the Murdi Paaki Regional Assembly Regional Plan for The Murdi Paaki Region April 2023.13 Consequently, the authors used the Estimated Resident Population Projections from the 2016 census to give a 2023 population projection for the Region, which estimated that 10,897 (24.5%) of the population were Aboriginal.[13] 2021 Census data indicates that the proportion of the population that is Aboriginal varies between towns within the Region.

For example, in 2021, 35.7% of people in Bourke Urban Centres and Localities[b] (UCL) identified as Aboriginal and/or Torres Strait Islander, 48.7% identified as non-Indigenous and the reminder did not state their Indigenous status.[8]

In 2021, 10.0% of people in Broken Hill UCL identified as Aboriginal and/or Torres Strait Islander, 81.9% identified as non-Indigenous and the reminder did not state their Indigenous status.[8]

There are two residential aged care facilities located in Broken Hill, the largest centre in the Murdi Paaki region. Bourke and Cobar also have one each. The other fourteen communities' range in both size and the level of health service provision. Seven communities have either an Aboriginal Medical Service or some other indigenous-specific health service providing non-residential aged care. Otherwise, the number of health service facilities providing home-based aged care varies according to the size of the community, with Wentworth and Dareton having up to seven providers, many from outside the community and smaller communities such as Tibooburra having only one, which provides a multitude of services from various sources.

Most towns within the Murdi Paaki Region fall within the Orana Far West ACPR ('Orana Far West'). As such, aged care data for Orana Far West is used in this report to represent the Murdi Paaki Region.

In the 2021 Census, the median age of people living in Orana Far West was 39 years – 22,992 (19.9%) people were aged 65 years or older.[8] An additional 1,706 Aboriginal and/or Torres Strait Islander Australians were aged between 55 and 64 years (only 10-year age groups were reported for Indigenous people for this location).[8]

In 2022–2023, 2,415 people were admitted into aged care in Orana Far West (Table 3.2). Table 3.2 indicates that in 2022–2023 people in Orana Far West were most likely to be admitted into home care, and that these people were most likely to be female, non-Indigenous and aged over 75 years.

b UCLs represent areas of concentrated urban development with populations of 200 people or more. These areas of urban development are primarily identified using dwelling and population density criteria using data from the 2021 Census. UCLs are not an official definition of towns.[8]

Table 3.2 People admitted into aged care, by type of care and demographic data, Orana Far West, 2022–2023

Demographic/ other data	Home care	Permanenet residential care	Respite residential care	Short term restorative care	Transition care	Total
Sex						
Male	412	175	320	16	3	926
Female	744	268	454	18	5	1,489
Indigenous status						
Non-Indigenous	1,095	415	725	30	8	2,273
Indigenous	54	26	46	4	-	130
Unknown	7	2	3	-	-	12
Age group (years)						
50–54	1	1	2	-	-	4
55–59	6	-	4	1	-	11
60–64	6	6	4	-	-	16
65–69	61	17	22	5	2	107
70–74	126	35	76	11	1	249
75–79	219	61	105	5	1	391
80–84	278	106	187	11	1	583
85–89	271	106	174	-	1	552
90–94	140	76	138	1	1	356
95–99	44	32	54	-	1	131
100+	4	3	8	-	-	15
Level of home care package						
Level 1	145	-	-	-	-	145
Level 2	620	-	-	-	-	620
Level 3	309	-	-	-	-	309
Level 4	82	-	-	-	-	82
Total admitted	1,156	443	774	34	8	**2,415**

Source: Adapted from AIHW (2024).[11]

3.3 Yalata

Yalata is an Aboriginal community located about 200 km west of Ceduna and situated on the Far West Coast of SA.[14] Yalata is Aboriginal owned land, managed by Yalata Anangu Aboriginal Corporation.[14]

The Yalata Lands cover 458,000 hectares and span approximately 150 km of the Eyre Highway (Figure 3.3).[14]

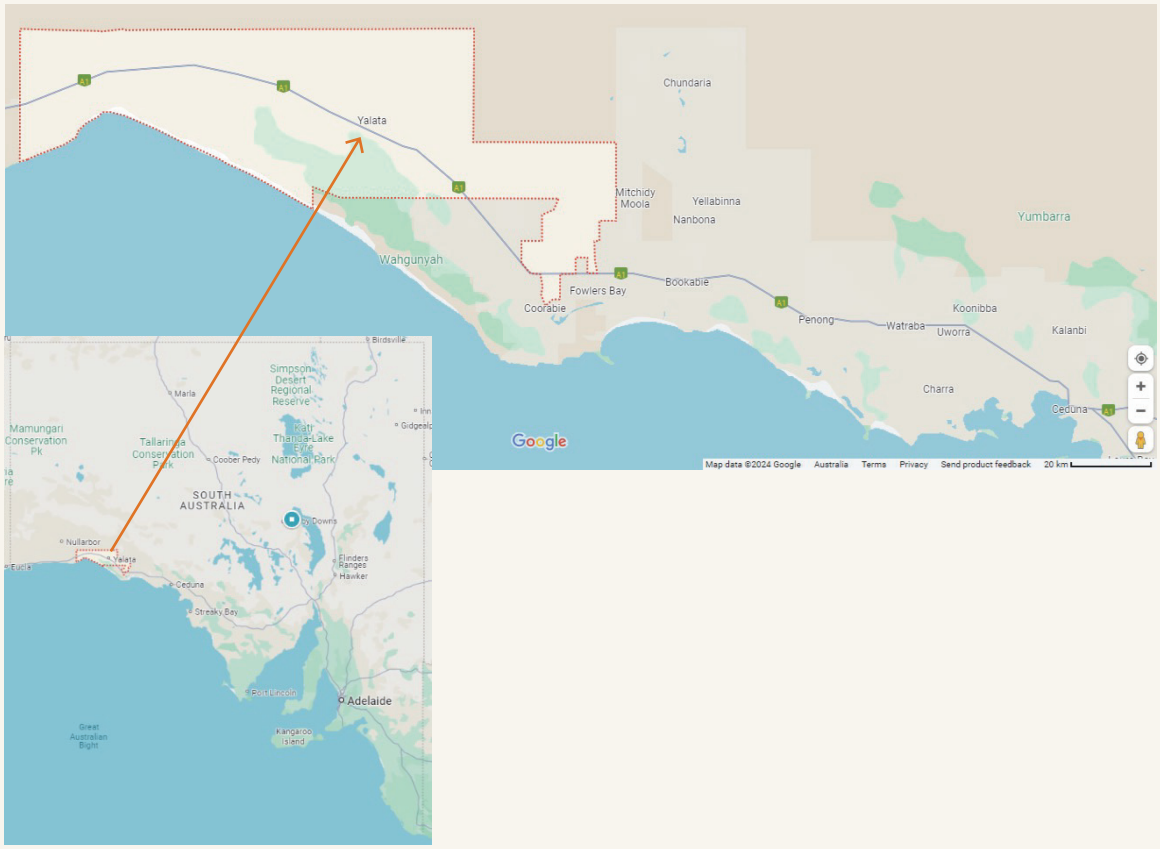
Traditional owners regularly move between Yalata and Oak Valley.15 Oak Valley is located about 310 km north west of Yalata and is a community established by the Pitjantjatjara Anangu people on Maralinga Tjarutja lands in 1984.[15]

Ceduna is the major business centre in the region and is 780 kms from Adelaide.[15]

In 2021 the population of Yalata UCL was 302 – 91.7% of the population identified as Aboriginal and/or Torres Strait Islander, 5.3% were non-Indigenous and the reminder did not state their Indigenous status.[8]

The population of Yalata had a median age of 28 years.[8] Only 1.9% of the population was aged 65 years or older, and 22.0% of the population were aged 50 years or older in 2021.[8]

Figure 3.3 Yalata



Source: Adapted from Google Maps (2024).[9]

The relatively 'young' population of Yalata likely reflects the fact that the majority of the population identified as Aboriginal and/or Torres Strait Islander, and that life expectancy for Indigenous Australians is significantly lower than for non-Indigenous Australians.[16] In 2020–2022 the gap in life expectancy between Indigenous Australians and non-Indigenous Australians (both male and female) increased by increasing remoteness – life expectancy of Indigenous males in remote and very remote Australia (67.3 years) was 12.4 years lower than non-Indigenous males in remote and very remote Australia (79.7 years).[16]

Similarly life expectancy of Indigenous females in remote and very remote Australia (71.3 years) was 12.4 years lower than non-Indigenous females in remote and very remote Australia (83.7 years).[16]

There is no residential aged care facility located at Yalata itself, which has one Aboriginal Community Controlled Health Organisation providing services to the community. These include aged care and disability services, with mostly visiting clinicians provided by a variety of health providers. Yalata does offer a day respite service for aged members of the community, providing meals, showers etc. Nearby Oak Valley and Ceduna both have health services that also provide residential aged care beds as well as home-based aged care services.

Yalata falls within the Eyre Peninsula ACPR ('Eyre Peninsula'). In 2022–2023, 1,399 people were admitted into aged care in the Eyre Peninsula (Table 3.3). Table 3.3 indicates that in 2022–2023, people in Eyre Peninsula were most likely to be admitted into home care, and that these people were most likely to be female, non-Indigenous and aged over 75 years.

Table 3.3 People admitted into aged care, by type of care and demographic data, Eyre Peninsula, 2022–2023

Demographic/ Other data	Home care	Permanenet residential care	Respite residential care	Total
Male	424	43	77	544
Female	717	60	78	855
Indigenous status				
Non-Indigenous	1,128	101	154	1,383
Indigenous	9	1	1	11
Unknown	4	1	-	5
Age group (years)				
50–54	2	-	-	2
55–59	-	1	-	1
60–64	5	-	-	5
65–69	65	3	14	82
70–74	131	4	6	141
75–79	223	14	29	266
80–84	295	22	25	342
85–89	251	24	32	307
90–94	133	25	30	188
95–99	34	9	14	57
100+	2	1	5	8
Level of home care package				
Level 1	97	-	-	
Level 2	620	-	-	
Level 3	316	-	-	
Level 4	108	-	-	
Total admitted	1,141	103	155	**1,399**

Source: Adapted from AIHW (2024).[19]
Note: There were no admissions to short term restorative care or transition care.

4. Stakeholder engagement and development of a Toolkit

4.1 Introduction

Stakeholder engagement was an essential component of the Project. Engaging with stakeholders in each of the Project Communities was vital to understanding the specific issues impacting the recruitment and retention of aged care workers in their communities. This information underpinned the development of each of the different workforce initiatives that were identified for each of the Project Communities. Once identified, the projects were co-designed with Project Communities.

One of the aims of the Project was to "develop a toolbox of strategies that can be used by all aged care and community service providers across remote and very remote Australia to sustain and increase a viable workforce." Consequently, the Remote Accord developed a toolkit ('the Toolkit'), informed through a review of existing literature, learnings from the Project Team, and stakeholder engagement and feedback from Project Communities. The Toolkit comprises eight tools and was designed to support organisations implementing reforms in remote Australia.

The full methodology for the Project is described in the *Aged Care Workforce Remote Accord Implementation Project: Data Analysis and Summary*,[4] which should be read in conjunction with this report. The development of the Toolkit, and all associated tools are described in detail in the *Aged Care Workforce Remote Accord Implementation Project:Toolkit*.[3]

4.2 Summary of stakeholder engagement activities

Engaging a range of qualitative and community-embedded research methods was essential to understanding the complex dynamics impacting recruitment and retention of aged care workers in remote and very remote Australia. Given the cultural diversity, geographic isolation, and distinct socio-economic challenges in these regions, approaches such as focus groups, yarning circles, semi-structured interviews, informal engagement, immersion in community life, and connections with industry groups offered complementary strengths that enriched both the depth and relevance of the data collected.

Focus groups enabled open dialogue among aged care workers, community leaders, and the broader health workforce, helping to identify shared experiences and operational challenges across the sector. In many cases, the collective nature of the discussion encouraged participants to voice concerns and solutions that might not arise in one-on-one interviews. These forums highlighted common workforce barriers such as housing availability, staff burnout, cultural misunderstandings, and limited access to training or career pathways.

Yarning circles were especially valuable in engaging Indigenous stakeholders. As a culturally appropriate method rooted in storytelling and relational accountability, yarning facilitated honest, respectful, and inclusive conversations. Participants shared nuanced insights into culturally safe care. These contributions were critical for ensuring any workforce initiative aligned with local cultural values and needs.

Semi-structured interviews offered the flexibility to delve into individual perspectives, particularly with aged care workers and leaders. These interviews uncovered specific gaps in recruitment, retention, and workforce development, particularly in areas such as limited housing, on boarding processes, and the delivery of culturally appropriate services.

Informal engagement through casual conversations, and time spent in shared spaces like cafes or local pubs offered an authentic and often unfiltered view of how aged care services are perceived and experienced.

Immersion in the community strengthened the integrity and contextual understanding of the Project. Spending time in remote locations allowed the Project Team to observe how aged care is embedded in everyday community life, including how responsibilities are shared, where informal care networks exist, and how mobility and family obligations affect workforce participation. This presence also helped build relationships of trust that supported more open and sustained engagement.

Finally, connecting with Industry Groups, such as local aged care service providers, health networks, training organisations, and peak bodies, was essential to grounding the Project in practical realities. These groups provided valuable insight into systemic challenges (e.g. funding, regulation, and workforce pipelines) and offered feedback on proposed solutions. Their involvement also helped bridge the gap between community insights and policy-level action.

In combination, these methods created a well-rounded, context-sensitive evidence base that captured both the lived experience of communities and the operational frameworks of aged care providers. Importantly, they helped to ensure that workforce projects arising from the Project were not only technically sound but also culturally responsive, community-endorsed, and practically achievable within the unique environment of remote Australia.

The quantitative data provided through the Matrix assisted the Remote Accord to identify organisational maturity and community collaborative opportunities. This was useful in assisting communities to determine the most appropriate types of aged care and health service models, and the types of aged care reforms that would be best suited to their community.

Stakeholder engagement provided clear evidence of workforce supply and retention challenges across the three participating communities. The infographics and case studies in this document reflect key findings from the qualitative data collected.

Supported by the aged care reforms, the Aged Care Workforce Remote Accord worked alongside the Project Communities to develop and implement targeted projects to address workforce supply and retention problems in the remote and very remote Project Communities.

4.3 Workforce issues identified from stakeholder engagement activities

4.3.1 Focus groups

One regional stakeholder focus group was conducted in each of the three Project Communities in May and June 2024.

Participants included aged care service providers, service users, local government representatives, regional stewards and other interested parties.

Overall, 20 stakeholders participated in the focus groups including:

- 10 (plus five Remote Accord staff) in West Kimberle y
- Seven (plus three Remote Accord staff) in Murdi Paaki
- Three (plus three Remote Accord staff) in Yalata.

These sessions served as a platform to share local challenges and opportunities, fostering collaboration at the community level to work towards solutions and to advocate for regional issues.

The key issues identified by each of the communities are described.

West Kimberley

The key issues identified in the focus group held in West Kimberley included:

1. Housing: Accommodation must be of high quality and safety standards.
2. Agency nursing costs: Significant financial impact on aged care facilities due to reliance on agency staff.
3. Registered nurse curriculum review: Need to revise training to ensure registered nurses return with enhanced management capabilities.
4. On-site upskilling: Emphasis on training existing employees locally to reduce the need for travel and minimize absenteeism.

Murdi Paaki

The key issues identified in the focus group held in Murdi Paaki included:

1. Funding limitations: Current funding models lack remoteness or distance loadings; this needs further investigation.
2. Staff incentives: Greater incentives are required to attract and retain staff in remote areas.
3. Workforce availability: Lack of a stable workforce results in high turnover and increased costs, negatively impacting patient care.
4. Childcare access: The inclusion of childcare services is seen as a vital incentive to increase workforce participation.
5. Technical and Further Education (TAFE) accessibility: Limited remote training offerings due to geographic and enrolment constraints disadvantage staff.
6. Understanding of remoteness: New employees need a clearer understanding of the challenges associated with working in remote areas.
7. MMM review: Suggestions to review and potentially update the MMM classification and rating system.

Yalata

Key issues were not identified by participants in the Yalata focus group. The outcomes of the focus group included:

- Participants expressed no interest in continuing regular focus group meetings.
- The agenda was not addressed, discussion was minimal, and the meeting concluded without substantive outcomes.
- No notes were recorded.

It was initially hoped that each group would naturally evolve into an independent, representative body, creating a unified voice for aged care in their respective remote regions, with the hope of bimonthly meetings. This did not occur.

4.3.2 Semi-structured interviews

In addition to the case studies developed from the semi-structured interviews and reported in the Aged Care Workforce Remote Accord Implementation Project: Data Analysis and Summary,[4] multiple barriers to the recruitment process were identified, and were common across the three Project Communities.

Barriers to the recruitment process in all Project Communities

The recruitment pathway for any role in health can be difficult to negotiate. This is even more challenging when working in remote and very remote communities. Figure 4.1 demonstrates the road blocks at all stages of the recruitment and on-boarding process, which leaves organisations with a very small pool of potential candidates to draw upon. Further explanation of these barriers is provided. These are the challenges impacting all Project Communities.

Advertising

- Potential candidates may not have internet access or skills to receive notification
- Generally, recruitment is by word-of-mouth – in many instances, organisations seeking to recruit employees send current staff to stand at a post office or Centrelink branch/ depot to recruit.

Identification requirements

- Many struggle to provide 100 points of identification, having no birth certificate and no passport.
- Providing a satisfactory policy check can also be difficult.

Transport

- Many have no regular access to a reliable vehicle.
- Some communities have one car between 20–30 people.
- Many don't have a driver's licence and if they do, they are the members of their communities who are expected to transport others in their community to appointments, child care, shopping etc., therefore find it difficult to work standard hours around those responsibilities.
- There is nowhere in many remote and very remote communities to access driving lessons.

General literacy

- Some struggle to read and write to a level where they can report on care provided, let alone use electronic systems to do so.

Salary

- At times other members of their community expect them to purchase all the food etc.
- They lose other benefits such as discounted rent and utilities and find they are earning less money than when they didn't work.
- Some can struggle with the financial obligations that arise because of earning a salary as they have limited financial literacy or experience.

Cultural obligations

- Staff can be away for significant amounts of time with no warning.
- Some staff may not be able to go into certain communities – this is where a range of staff from different communities is essential.

Training

- Staff may not be comfortable to leave country for training.
- Can be difficult to get trainers on site given limited accommodation availability and safety concerns

Figure 4.1 Barriers to recruiting staff for aged care services in MM 6 and MM 7 areas

4.3.3 Additional information from interviews, focus groups and Yarning Circles

In multiple forums, participants were asked "why don't you work within aged care?" The results for each community have been aggregated and are reported. It should be noted that communities, people, and organisations have been de-identified, where requested.

Kimberley Region

Twenty-six participants from three remote communities in the Kimberley provided their views on why they don't work within aged care. These participants came from the Djardijin Community, Beagle Bay Community and Bidyadanga Community.

The reasons why they don't work in aged care, are listed (reported verbatim):

- They don't like the way elders are treated in aged care facilities.
- Non-indigenous staff think they are always the boss, and they don't listen to Aboriginal people in how to care for their elders.
- Centrelink cuts out their benefits including concession cards. They then have to pay full price for medications and the dentist – You get the same money on Centrelink even if you are working.
- One female participant said it was easier to stay on Centrelink because once you start working they start taking everything off you, this is our community not theirs.
- Housing – if you work, you can't get a house. You have to move out of community housing and we can't afford private rent here in the community. If you get more money then you have no home, so we just don't work. We live overcrowded just so we can get a bigger house to care for our family.
- Family – we look after our kids and parents, and we don't have support from the dads. A female participant stated that she has five kids and her partner drinks, so she has to look after the kids and his parents who are elders. She can't event help her own parents. One of the male participants explained that it's not just your kids you look after, but it can be your brothers/sisters kids so we can have at least 10 kids in the house. He stated that he has 12 kids in his house because his sister is on drugs and the Department for Child Protection took the kids off her and placed them with us. Most of the time the women have to care for the family so they can't work.
- Culture – non-indigenous people don't understand culture, one lady went into it further saying that if her father-in-law is in aged care she can't help with him because of the culture, people don't understand that this is our way of respect. It might not be family but a woman cannot dress, bath or even touch an Aboriginal male. When you explain it to them, they just say well it's your job, and if you can't do it then it's not the right place so that's why we won't work in aged care.
- Sorry time/death is another factor in our community. Sometimes sorry camp will happen for weeks and months until all the family have arrived, if someone is considered missing this can be longer, or if there needs to be punishment. Men's business that means that the women need to take care of the family.
- Culturally appropriate services.
- Education – a few participants did make the comment that they only went to year six due to family. Too many forms you have to do and we don't understand, four ladies mentioned they had put in for jobs in the community working with aged care and when they were offered the job, they had to do all the forms, pay for checks and it took too long. They promise you things and it never comes. It was also noted that a few of the participants mentioned that they can't read or write.
- Peer pressure – if you work in communities and do your job well you get the jealousy of other community members, we get shame to work because of this and they think we are stuck up.
- The men also stated that if there is alcohol in community, they will have a drink and then not be able to work.
- Family Feuds – fighting with other families in the community can stop us from working as their elder could be with aged care and if we are working with that person (the other family) it can start conflict that's why we don't work. Fights within the community stop us from working.
- Sometimes it's not what you know but who you know to work, some communities are more one sided.

Murdi Paaki Region

Seventeen individuals from the broad Murdi Paaki region were interviewed and provided their views on why they don't work within aged care. Reasons included:

- Culturally appropriate services – services are not culturally aligned looking after the elderly people.
- Some communities do not cater for childcare or have facilities to do so – cannot work when you have children to care for.
- Most communities do not have public transport so cannot get to and from the workplace.
- Workplace bullying and racism.
- Lack of clear pre-employment program. Meeting ID requirements to commence the process for some applicants proves difficult.
- Lack of trained local workforce due to very little clarity and availability of trainers and community members not wanting to travel outside of community.
- Humbugging is common.
- Employer needs flexibility in rosters and shifts to accommodate family needs.
- Again people are set up to fail with all the pre-employment checks and police clearance, so doing pre-training checks would at least not destroy their confidence.

Yalata region (including Ceduna)

At times, the Yalata Community has an influx of people in the community due to cultural obligations, sorry business and/or family reasons. This can affect service delivery of all programs in the community.

Thirty-two participants provided their views on why they don't work within aged care. Reasons included:

- Lack of education and training available in communities which are culturally appropriate. There are limited opportunities for people living in community for them to be able to obtain a Certificate III in aged care. People have to travel to regional towns with training facilities to be able to complete courses. This becomes very expensive due to limited rental properties, cost of living, and other expenses incurred with being away from home. This is also very difficult as people are away from their family and home supports for periods of time. The numeracy and literacy levels in our community are very low and we know that there is a lot of paperwork to do if we work in aged care.
- A number of our community members do not have driver's licences and are not able to obtain one due to driving offences, outstanding fines and also do not have the means to be able to purchase a vehicle. We have been advised that you must have a driver's license to be able to obtain employment in aged care in our community – it is small and aged care workers could walk to people's houses to be able to provide care. We also live on an Aboriginal community and there is not legal requirements for people to have driver's licenses to drive on our community land.
- It is difficult to look after our own family due to our culture. Men cannot provide personal support to women and vice versa. In our culture we are very spiritual people and when someone passes it affects us differently to other people. We have sorry business to attend which takes us away from our community for long periods of time.
- Police Clearances – it is difficult for us to be able to obtain the clearances required to work in aged care. Many community people have criminal records which is shame for white people to see them. Our people have had lots of generational trauma which has led to criminal activity. We cannot afford to get the police clearances if we do not have work.
- If we do get work in aged care, we don't have anyone to look after our children. In our community we do not have options of childcare therefore no one to look after our kids whilst we work.
- In our community there are a number of ageing people and we look after each other without the assistance of aged care workers. We do what we need to do to ensure that they are safe and living well. There are limited opportunities for our community members to be upskilled in aged care due to our location.
- We have our own training room and accommodation but do not have the access to educate our young people, they have shown very little interest in the aged care industry as they are able to obtain work in the mining sector which pays significantly more than what they would get as a care worker.
- Our community is approximately 120 kms from Ceduna and there is not enough work in our local community to be able to sustain paid employment looking after the ageing community members. The possibility of earning an income in aged care would be detrimental to our current income on welfare benefits or working in the mining industry.
- We do not have any childcare options here in our remote community. We would have to rely on family members to look after our young children whilst we work with the elderly. To complete a certificate in aged care we would have to be away from our community and have to rely on others to take care of our households.
- The local job network based in Ceduna offers several training programs, not only in aged care. The supports offered are individual support, transportation, clothing upon obtaining an interview or employment, assistance in applying for police clearances once confirmation of employment, assistance to obtain a driver's license (as long as there are no outstanding fines or issues with obtaining) and support for a number of weeks once employment is obtained.
- The biggest issue that this organisation faces at this present time is mutual obligation. If someone doesn't turn up for their appointment or job interview we have no control over that. We have seen numerous times that people fail to adhere to their obligations and there are no consequences.

- Aboriginal people continue to have cultural obligations where they are required to attend cultural business for many weeks/months of the year, and at times very short notice. The impact that this has on industry is commitment to employment, understanding of required employment obligations and ability to maintain employer/employee relationships.
- A number of people interviewed also explained that it is not culturally appropriate for men to provide personal care to women and vice versa. Other issues outlined in Aboriginal communities is the death of family members where it is expected that close family and extended family take time away from what is considered the "everyday normalities" in western culture to be with the grieving family.
- It is understood that within the Aboriginal culture, there are certain tasks that cannot be performed by women such as personal care to men and men to women. It is the woman's duty to look after children and family as well as take care of the family and home. Men are to hunt and gather food. With these traditions, it is difficult for employment in the aged care sector for both Aboriginal men and women.
- Cultural obligations take Aboriginal people away from their communities, and at times for many months. There is traditional business, sorry business and cultural business that is performed throughout Australia. The issues this causes not only in the aged care sector but in all industries is absenteeism in the workplace, especially in remote and very remote communities where this impacts all of community. Other issues outlined in Aboriginal communities is the death of family members where it is expected that close family and extended family take time away from what is considered the "everyday normalities" in Western culture to be with the grieving family.

4.4 Toolkit

The Remote Accord developed the Toolkit to support organisations implementing reforms in remote Australia. The Toolkit was informed through a review of existing literature, learnings from the Project Team and stakeholder engagement – the Toolkit both informed, and was informed by, stakeholder engagement.

The Toolkit offers a comprehensive range of tools and resources designed to foster collaboration, build capacity, and support service delivery that is responsive to the unique challenges and opportunities in remote Australia. The tools in the Toolkit can be used by organisations, service providers, and government agencies seeking to deliver meaningful and sustainable changes in aged care across remote communities.

This Toolkit was developed over a period of three years. The Toolkit provides a series of standalone 'tools' that have been developed or modified based on the Project Team's direct experiences in implementation in remote Australia. Much of the content is not referenced or sourced and this is because it is a direct result of the Project Team's 'on-the-ground' experience with the Project.

This Toolkit includes information on the following aspects of project management in remote Australia, along with the associated tools:

1. Development of guiding principles.
2. A guide to stakeholder engagement.
3. A collaboration framework drawn directly from the experience and knowledge of the Project Team, including a section on crisis management.
4. Change management.
5. A Maturity Matrix ('the Matrix') developed by the Project Team, which assists in assessing organisational maturity and collaborative capacity, essential elements required to instigate collaborative change.
6. A needs assessment based on the Primary Health Network (PHN) model.
7. Education and training and a step-by-step guide to securing a registered training organisation (RTO).
8. An exploration of models of workforce development that are, or have, operated throughout communities across Australia.

This Toolkit is divided into eight sections – each one representing a project management resource necessary in the arsenal of health project managers operating in remote Australia. It is designed so that users can use the tools on a particular topic in isolation or they can use the suite of tools as they work their way through the complexities of remote project management.

Each section provides information and resources based on recognised project practices and draws significantly from the Project Team's experiences and stakeholder feedback obtained from surveys, focus groups, Yarning Circles, semi-structured interviews, immersion in the community and informal engagement. Where possible, the specific learnings from this project are included to provide the often-unique remote context. For each tool, the methodology for its development was slightly different.

4.4.1 Guiding principles

The guiding principles set out in this Toolkit were originally established by the Remote Accord as stand-alone statements. The guiding principles were reviewed by the Remote Accord Leadership Group ('Leadership Group'), comprising a group of employers and industry experts delivering aged care services in remote and very remote areas of Australia – and the National Reference Group, comprising representatives from the Project Team, Leadership Group, DHDA, Department of Social Services, NATSIAACC, NDIA, NACCHO, and the NIAA.

The guiding principles were updated throughout the Project to incorporate learnings from the Project Team.

4.4.2 A guide to stakeholder engagement

A review of the literature on stakeholder engagement and consultation fatigue was conducted. The different methods of stakeholder engagement, along with the concept of consultation fatigue were explored with the Project Team, including specific information regarding the Project Team's experience in the three communities.

A stakeholder register, based on that used by the Project Team, was refined and can be accessed through the Toolkit. The Project Team used 'monday'[17]– a customer relationship management (CRM) database that can be exported into an Excel spreadsheet.

Other tools developed for the Toolkit include consent forms and terms of reference templates based on those used or developed by the Project Team.

4.4.3 Collaboration framework

The collaboration framework tools, and information were developed by the Project Team. Project Team members used both the knowledge gained during the Project, as well as the wealth of their previous experience, to develop the elements of the framework. This then informed the development of the collaboration checklist tool as well as further information regarding the context of collaboration throughout the Project.

The section on emergency management drew from both the available literature and government policy, as well as the experiences of the Project Team at various points during the Project.

A standard risk management plan template was also developed.

4.4.4 Change management

The change management section of the Toolkit drew on both the experiences of the Project Team and research conducted in 2020,[18] which had been utilised in the change processes for the introduction of telemedicine. The change management framework was created directly from that research, while the change management action plan template is a modified version of that framework.

4.4.5 Maturity Matrix

The Matrix tool was specifically developed by the Remote Accord for the Project.[2] The tool consists of survey-type questions designed to measure a remote health organisation's organisational maturity and community collaborative capacity. The Toolkit includes the Matrix, as well as instructions for its completion.

4.4.6 Needs assessment

The needs assessment component of the Toolkit draws heavily on the templates created by PHNs and informed by the requirements of the DHDA.[19] While needs assessments were not conducted as part of the Project, they can be used to inform an understanding of the service area being investigated, through a detailed and systematic assessment of the population's health needs.[19]

4.4.7 Education and training

The intent of the education and training section of the Toolkit was to create a step-by-step guide to securing an external RTO. Such a tool has already been developed by the Human Services Skills Organisation (HSSO)[20] and the Remote Accord website provides a link to that tool. For the purposes of the Toolkit, the guide was expanded on and modified to include advice and context from the Project Team, as well as other valuable links, to assist the process of securing an RTO.

Useful state and territory links, as well as a brief case study of the experiences in the Murdi Paaki region are also included – where the Project involves securing an RTO to provide training and employment for local participants in the small town of Menindee.

4.4.8 Effective models of workforce engagement

This includes a review of five alternative workforce engagement and development models that operate in other rural and remote communities. A brief outline of each model is provided, including the key factors of success, potential barriers, and an example of the model in practice. This information was drawn from both a review of the models and the knowledge of the Project Team, especially in relation to the two models that form part of the Project.

5. Project proposals for each Project Community

Between January and June 2023, stakeholder engagement commenced in all Project Communities, with the aim being to both understand each Project Community and to build trusting relationships within each community. To achieve this, the Project Team spent a significant amount of time 'on the ground.' During this phase of the Project, the Project Team focused on three methods of stakeholder engagement – the implementation of the Matrix survey; attendance and participation in local Industry Groups; and informal immersion in the community, such as 'hanging out' at local cafes and other venues, and informal approaches to community members.

By November 2023 project staff for each of the communities had been recruited. Some project staff were recruited from the local community while others were recruited from outside the Implementation Communities.

In December 2023, the Project Team commenced stakeholder engagement using the methodology described in chapter 4 and in the Aged Care Workforce Remote Accord Implementation Project: Data Analysis and Summary.[17]

Based on the comprehensive stakeholder engagement, and the preferences of the Project Communities, the Project Team co-designed bespoke workforce implementation projects with each of the Project Communities.

These reflected the needs of the aged care workforce identified through stakeholder engagement, were underpinned by the tools in the Toolkit, and were supported by the aged care reforms. The intention was that these projects would be driven by each of the Project Communities, with support from the Project Team.

The information obtained from the stakeholder engagement provided strong evidence of workforce supply and retention issues across the three communities that participated in this Project. The following projects were identified:

1. West Kimberley – housing, grant application.
2. Murdi Paaki – governance education and training.
3. Yalata – community specific vocational training.

These are described below, and the timelines for their development are presented.

5.1 Kimberley

Accessing suitable accommodation was identified as an ongoing issue in all the communities in the Kimberley. To date, this has limited the availability of aged care and health services that can be provided to communities. There are multiple causes:

- Limited accommodation in some communities in the first instance.
- Accommodation can be expensive for health workers with other essential services such as police and education receiving subsidised accommodation, which leads to higher rental prices.
- Accommodation may not always be secure.

As a result of these accommodation limitations, both permanent and fly-in fly-out staff have been unable to be recruited to health services at times.

The hybrid tertiary training/pathway to homeownership program model was developed for the Kimberley region.

The intent of this project was to encourage opportunity for remote candidates to undertake supported tertiary training in a recognised health practitioner course and be provided with a defined pathway to homeownership in the community they identify with. In this model candidates would receive financial and academic support whilst studying towards attainment of a tertiary health qualification and be provided with housing, at a nominal rent, during that study. To participate in the pathway to homeownership, there would be certain caveats applied to ongoing occupancy, for example, continued participation and completion of tertiary qualification, children attending school, rent payments being met. Upon meeting the caveat requirements of the home ownership pathway, the ownership of the property would be transferred to the participant on a mortgage basis, with the contributed rent being used as a deposit.

Both stakeholders and the Research Team identified that a program around provision of accommodation had been previously trialled in the community. This program, called the Pathways to Home Ownership Program, was developed to facilitate and support home ownership for members of the community and was not specific to aged care workers. Through the program, eligible community members were able to access assistance with financial planning and ongoing mentorship through the home ownership process. The program worked with both clients and financial institutions to assist with successful negotiation of the home ownership process.

To qualify, community members had to satisfy the following requirements:

- A steady job for a minimum of 12 months.
- Little or no other debt.
- Have a deposit to the value of 5–10% saved.
- Provide evidence of good banking conduct.

The Remote Accord Project Team investigated further, speaking with stakeholders who had been involved in the initial development and ongoing management of this program. This fact-finding was not a straightforward process and took months of ongoing contacts and negotiations. Ultimately it was revealed that when the key driver left the program, it failed to be the success that was originally intended. In addition tenants found it difficult to adhere to the criteria for home ownership, resulting in ongoing issues with tenant disruption, payment issues and alcohol and other drug related concerns. There was, however, a strong desire in the community to trial something similar to the original model.

Further discussions with stakeholders and with the Project Team, resulted in a plan for a new model, based on the old, which would be a specific model for health workers. Under the new model, assistance with the transition to home ownership would be predicated on the workers being engaged in full time employment in the aged care sector as well as working towards appropriate qualifications, as described above. From May 2024, work continued, on the part of the Project Team, to meet with stakeholders, identifying potential locations. The main location earmarked was at Warmun (Turkey Creek) supported by the Wunan Foundation, a not-for-profit Aboriginal organisation based in the East Kimberley. The Wunan Foundation exists to assist the community in making positive choices to promote independence while improving capabilities and making the most of opportunities. The organisation does this through a partnership model which focuses on education, health, leadership, housing, employment and commercial ventures.[19]

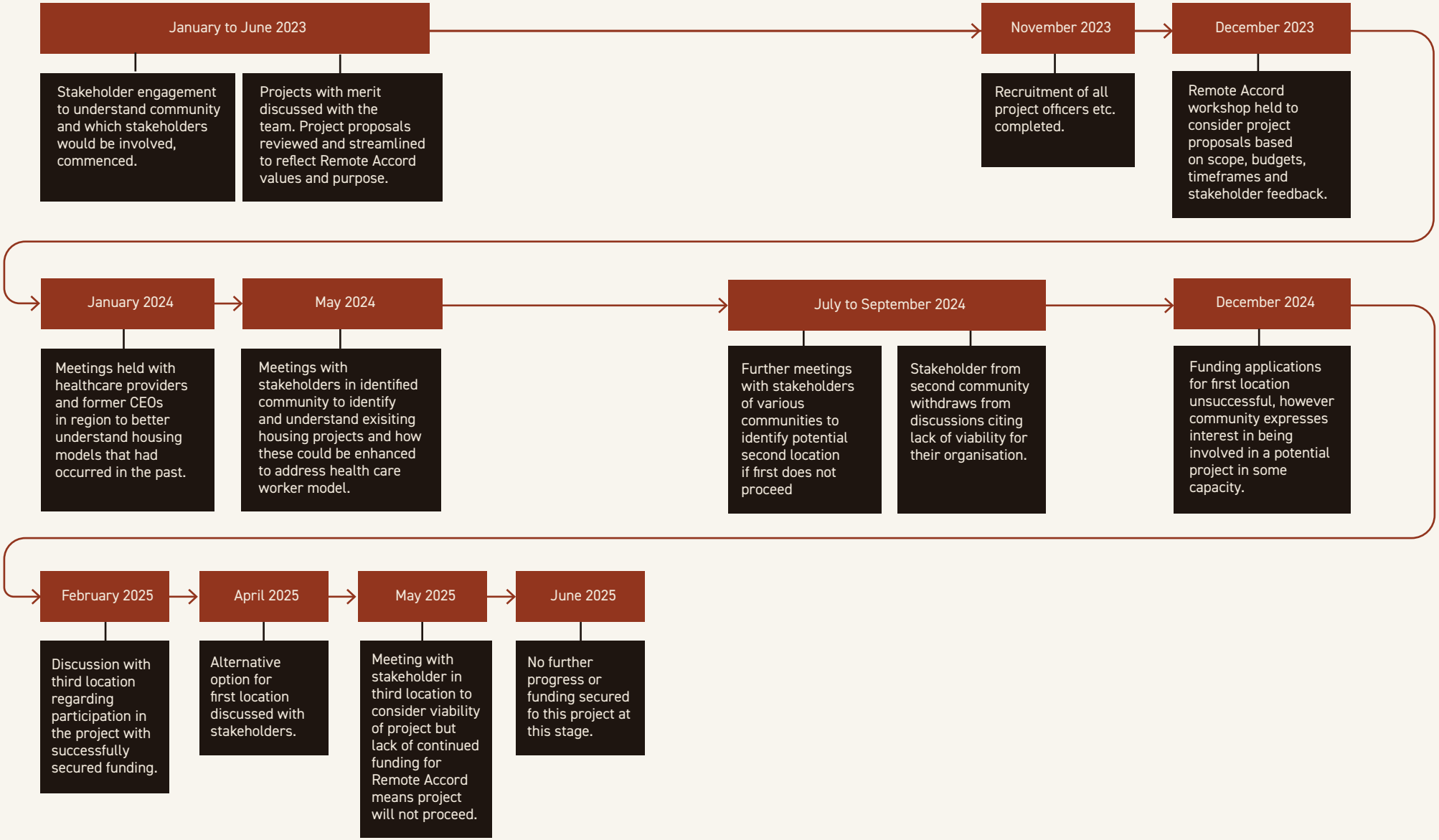
Several funding applications were submitted for the Warmun Project – unfortunately none were successful.

The Project Team had initiated contingency planning, which included the identification of two alternative sites, one of which was Kununurra. However, this option was ultimately not pursued, as the lead agency declined to take on a leadership role, although it remained interested in participating in a supporting capacity.

A third potential location was also assessed but ultimately deemed unviable by the Project Team. Consequently, by the end of the project period in June 2025, no funding had been secured, and the project could not be advanced further – despite ongoing interest in the concept from some parties. The Project Team considered that, had funding been extended, it is likely that additional interest from stakeholders and local organisations could have been fostered.

Figure 5.1 demonstrates the timeline for the project and outlines the stakeholder engagement that was conducted to support this project's implementation.

Figure 5.1 The hybrid tertiary training/pathway to homeownership program timeline



5.2 Murdi Paaki

Unlike the other two project areas, Murdi Paaki had a central location that suited a face-to-face stakeholder activity given that organisations and communities naturally gravitated towards it. That location was Broken Hill, which is the largest township in the area. As a result, a Yarning Circle was able to be organised and this created an environment that was conducive to the constructive and productive gathering of feedback and information from stakeholders across organisations.

Interviews with providers in the Murdi Paaki Region identified that a large proportion (estimated to be up to 90%) of candidates for aged care positions lacked training and qualifications or had not previously worked formally in the sector prior to their application.

While many people in the community are young and keen to work, there is no recognition of lived experience or informal caring skills that they may have developed, in either other jobs or their personal lives. This is then compounded by limitations on both the availability of relevant courses and opportunities for financial assistance to become a health care worker. Much of the financial assistance provided by Government is allocated to more highly skilled workers, such as doctors and nurses.

The overarching theme was one of recognition of 'lived experience' not just of formal prior learning. As a result of the successful Yarning Circle and other stakeholder engagement activities the **recognition of lived experience program** was developed for the Murdi Paaki region, in the town of Menindee. This includes Identifying skills in people who are not qualified to work in aged care but may have skills that are transferable to the aged care sector, to increase employment in the Aged Care sector and to promote the local workforce.

The Project Team continues to work with a regional RTO in the Murdi Paaki region to develop skill set training courses and RPL lived skills recognition, enabling recognition of informal care-giving in remote communities for those who can't access and complete full vocational qualifications, thus enhancing employment possibilities.

The intent of this Project is to develop and test these processes and create a tool outlining operational requirements and funder opportunities for providers to replicate and finance training.

The next task was to pitch the project to suitable funding bodies. Work commenced on a draft funding proposal in October 2024 and at that point it was also important to enlist the assistance of the local Community Development Provider (CDP).

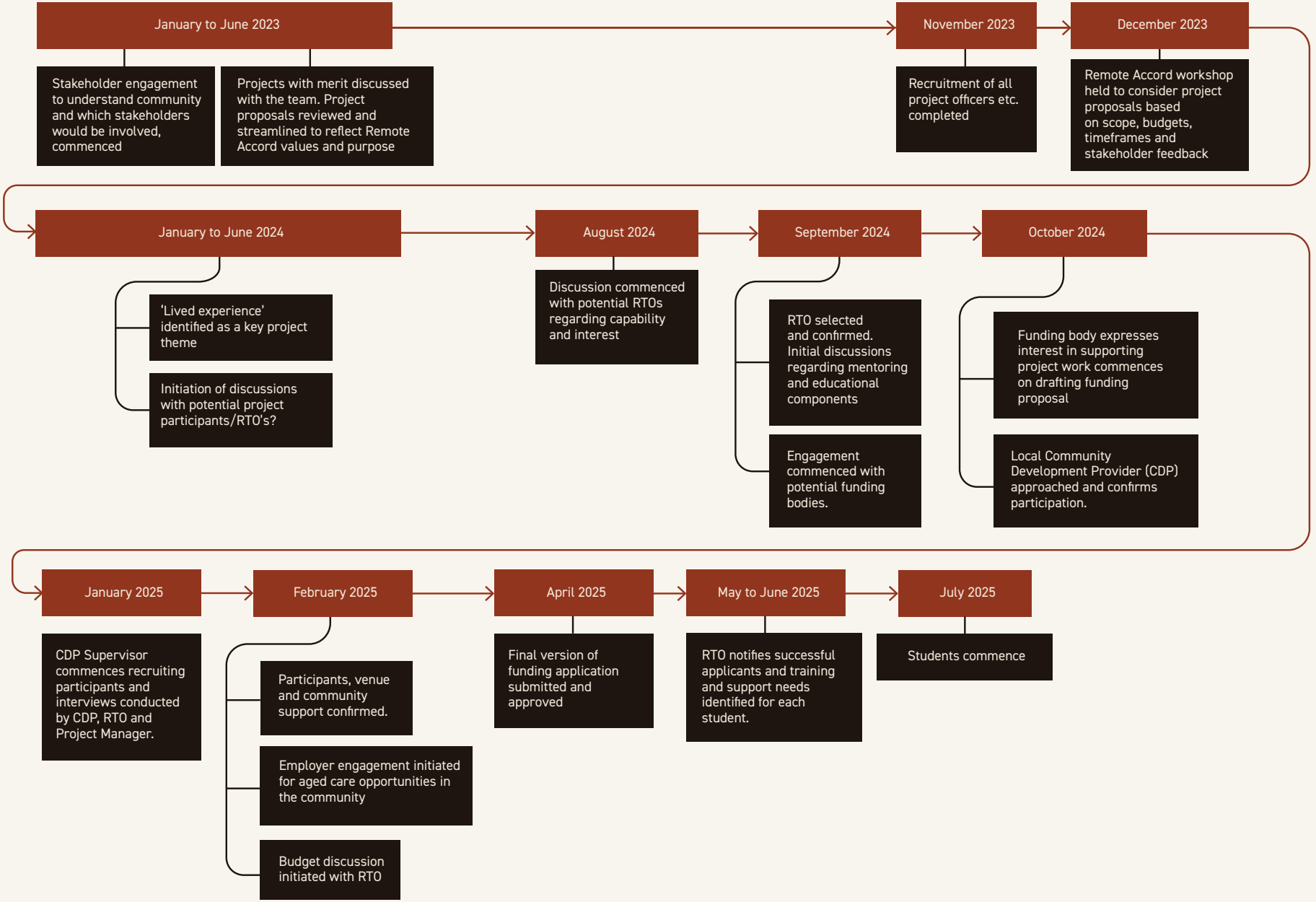
While the CDP program is morphing into two new programs – the Remote Jobs and Economic Development (RJED) program and the Remote Australia Employment Service (RAES) – these programs form an essential component of any new workforce initiative in remote Aboriginal communities. They facilitate and assist those undertaking training to enter the workforce and build the necessary skills and training while helping to address barriers to employment. The CDP was a vital component of the team developed to see this project to fruition.

Within a month the CDP confirmed their participation and had commenced recruitment of participating students by January 2025. This recruitment was in partnership with the RTO and, of course, the Project Team.

From this point things moved quickly. By April 2025 students had been recruited, with a venue, employers and community support confirmed and funding for the Recognition of Lived Experience Project being approved. The next two months were devoted to working with the successful applicants to ensure their training and support needs were identified and addressed by all involved. The students are due to commence in July 2025.

Figure 5.2 demonstrates the timeline for the project and outlines the stakeholder engagement that was conducted to support this project's implementation.

Figure 5.2 Recognition of lived experience program (Menindee) proposal timeline



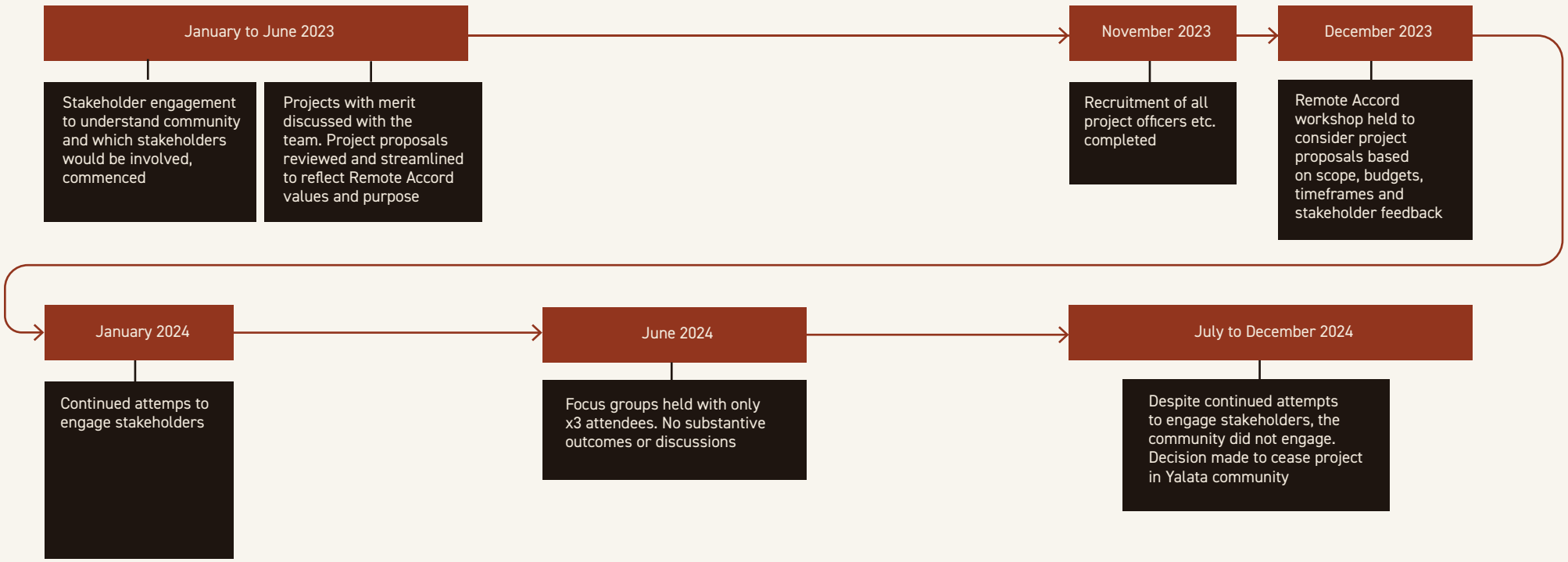
5.3 Yalata

In tandem with the other Project Communities, Yalata participated in much of the data gathering activities that occurred in the first 12 months of the Project. In the early stages of the Project there was good engagement from stakeholders, in some ways even more so than the other two Project Communities. The theme that seemed to emerge was around the appropriateness and experience of staff to work in a very remote community such as Yalata, with respect to the work environment and the isolation, as well as cultural appropriateness. Stakeholders expressed that, while staff may have undertaken cultural training, it may not always be applicable to the environment they find themselves working in when they come to this remote and relatively transient community.

Unfortunately, the Yalata experience also highlighted the importance of having engagement with more than one stakeholder willing to assist in pursuing a project. When one of the key figures left their position late in 2023, all traction on a potential project ceased. The Project Team made numerous efforts to continue to engage with other stakeholders in the community for more than 12 months, but were unable to gain traction. The Project Team ultimately decided to discontinue efforts to engage with stakeholders.

Figure 5.3 demonstrates the timeline for the proposed project and outlines the stakeholder engagement that was conducted to support this project. Despite the ongoing attempts at engagement, the community did not engage with the Project Team. As a consequence, no project has been initiated in this community.

Figure 5.3 Yalata proposal timeline



5.4 Summary

The development of aged care workforce implementation project proposals for two of three targeted remote communities were successful and were underpinned by extensive consultation, planning, and alignment with local health priorities and workforce needs. The proposals in West Kimberley and Menindee were designed to strengthen aged care service delivery through locally driven workforce models. In two communities, engagement with local stakeholders, including health services and community leaders, was strong, allowing for collaborative identification of workforce gaps and co-designed solutions tailored to the unique social and geographic contexts.

However, in Yalata, the project failed to progress beyond the initial scoping phase due to a lack of continued local engagement. Despite multiple attempts at consultation and outreach, the community did not demonstrate interest or capacity to participate further in the planning process. This outcome highlights the importance of community ownership in workforce development initiatives and reinforces the need to respect community readiness and autonomy in remote service delivery planning.

It is difficult to determine how to improve engagement and community ownership in potential project sites when the community has nominated a single person as their representative. When this person leaves, it can be difficult to seek another project champion and re-engage the community

The experience provided valuable lessons for future engagement strategies and underscored the principle that effective implementation cannot occur without genuine and active community involvement. This includes ensuring buy-in from multiple senior leaders within a community.

6. Key learnings

This chapter describes the key learnings from the Project, both strategic and operational.

6.1 Strategic key project learnings

Despite the successful development of two project proposals, only one of the three project sites can be considered to have achieved a tangible outcome. The initiative in the Murdi Paaki region led to the recruitment of four students, who are scheduled to commence training and employment under the Recognition of Lived Experience Project on 1 July 2025.

It is the view of the Project Team that an extension of the Recognition of Lived Experience Project by at least 12 months would have been highly beneficial. This additional time would have allowed for oversight of the first cohort, support through course completion, and evaluation of student outcomes—potentially enabling a second intake informed by learnings from the initial implementation.

Although the second site, located in the Kimberley region, did not progress to the development and implementation of the proposed Health Worker Transitional Housing Project, it nonetheless fostered strong community interest and goodwill. The community's willingness to engage with the initiative reflects a level of success in relationship-building and early-stage project development. The primary barrier to further progress was the unavailability of capital investment during the project timeframe.

As with the Murdi Paaki Project, a 12-month extension to the Kimberley initiative would likely have enhanced its prospects of success. This additional time would have enabled the Project Team to continue collaborating with the community to identify and pursue suitable capital funding opportunities, potentially increasing the likelihood of securing support for the housing component. Nevertheless, even with additional funding, the overarching limitation of the project's short duration may have continued to constrain the feasibility of delivering a long-term infrastructure outcome such as transitional housing.

One of the key insights emerging from the Project is that delivering initiatives in remote and very remote communities presents distinct challenges that are not always adequately accounted for by funding bodies.

There appears to be a prevailing assumption that the duration and funding levels allocated to projects in these areas should be equivalent to those provided for metropolitan or regional initiatives. However, this assumption does not reflect the on-the-ground realities. Remote and very remote communities require a differentiated approach – one that recognises their unique contexts and supports them accordingly through tailored timeframes and resource allocations.

The reasons are variable and complex and include:

- Remote and very remote communities have significant socio-economic and health disadvantage – their health and social requirements are unique and often compromised.
- Multiple projects in these communities with only a limited number of stakeholders means their time and ability to commit to projects is stretched and limited – it takes longer to successfully develop and implement a project.
- There can be innate distrust of external project workers coming into communities, completing tick-box exercises and then leaving – it takes time and patience to build up trust. Unfortunately, the Project could well be seen as an example of this, given the timeframes have not been long enough to measure any substantial outcomes and embed change.
- Cultural and social factors within the community – sorry business, language issues and a justified intergenerational distrust of outsiders.
- The costs associated with providing resources, both human and material, in remote and very remote areas are higher as a result of that remoteness.
- The lack of time built into projects to enable evaluation of need and capacity within a community before a project even gets off the ground. Longer term projects, five to ten years, are more realistic and prevent a 'seagull' approach, whereby project workers are seen to come into a community and just pick off easy wins that satisfy outcomes but can lead to further resentment and distrust.

There is also an increased risk of 'scope creep' for these projects, as it is not always possible to be specific at the outset. In health projects, scope creep refers to the unplanned expansion of project objectives without adjusting timelines, budgets, or resources. It is not until time is spent immersing in a community, that a realistic picture of a project can be developed. Project teams should begin with a broad agenda; no two communities are the same.

While a broader agenda is vital, uncontrolled scope changes can lead to delays, increased costs, overburdened staff, and reduced impact. To protect project integrity and public value, changes must be assessed and approved through formal governance to ensure they support strategic health priorities without jeopardising delivery.

The structure of a project is integral to its success and the Project has shown that certain qualities are important:

Approaches and tools need to be specific to remote communities. Using resources such as the Remote Accord Toolkit is important.

- It is important to start with a broad agenda, which means there is flexibility in being able to address community specific issues as they are presented.
- Remote-specific projects need to be undertaken by, or in close proximity with, remote specific organisations. At times it is valuable to have some objective independence, but it is also extremely valuable to have local expertise and experience.
- The construct and make up of a Project Team can be important. While it can be valuable to have the local knowledge of project workers from within a community, that can sometimes be a limitation, with prior relationships and or distrust sometimes inhibiting progress.
  This structure should be regularly reviewed. One of the important positives of the Project was having a relatively small team. Stakeholders in two of three communities got to know and trust those involved.
- As demonstrated by this Project, it is essential for project teams to acknowledge that not all efforts will result in successful outcomes, and projects may ultimately be unfeasible.
  These experiences, including setbacks, constitute valuable learning opportunities that can inform the design and implementation of future initiatives. It is therefore imperative that both the successes and challenges encountered during the Project are carefully considered in the planning of subsequent projects within these communities. A failure to reflect on and incorporate these lessons would represent a missed opportunity, and would arguably be the most significant shortcoming of all.

From a strategic standpoint, the key learnings relate to the attitudes and behaviours demonstrated by the Project Team.

These include:

- Establishing and maintaining a consistent and visible presence within the communities.
- Consistently demonstrating cultural sensitivity and respect, and tailoring engagement strategies to align with local cultural contexts.
- Adopting a community-led approach grounded in active listening.
- Remaining flexible and adaptable in response to evolving circumstances and community needs.
- Leveraging existing local networks and fostering genuine, trust-based relationships.
- Providing appropriate training and support where required
- Promoting alignment through the development of shared goals and a common vision.

These behaviours and approaches were central to the effectiveness of the Project and should inform the design and implementation of future initiatives in similar contexts.

Having just one main stakeholder driving participation in the Yalata project was ultimately the main reason for nothing progressing past the focus group stage. Even though the engagement in the initial surveys and interviews was good, even when compared to the other two, once the key person moved out of the area, there was no one else who was willing to step up and contribute.

6.2 Operational key project learnings

6.2.1 Stakeholder engagement

Stakeholder engagement is the key to any successful project. If sound practices are not established and followed, a project will not succeed. It is important to draw from a suite of strategies to find the right ones for both the project and the community. Having a combination ensures you are meeting the varying needs of all your stakeholders and demonstrates your commitment and willingness to meet the community on their terms.

While some may have considered the Project Team 'lucky' to be in the right place at the right time, this was only as a result of lengthy periods spent 'on the ground' and being flexible with time while there.

Focus groups are a good way to introduce a project and get key players in the same 'room', be it face-to-face or virtually. Creating a yarning circle was found by the Project to be the most effective format for this as it offered face-to-face connection and provided an opportunity to build the relationships, trust and learnings between the Project Team and stakeholders.

Immersion in the community, even in those where links already exist, was an excellent way to get to know the real community and engender the Project Team and the Project itself. It provided a context for the work being done, demonstrated the integrity of the project and unearthed unexpected important contacts that may not have been realised through more official channels, for example, the 'cheese cake lady' experience in the Murdi Paaki project area.

The Project Team were seeking to connect with a Community Development Program (CDP) provider to assist them and were recommended to contact a lady in Broken Hill. They met with the lady from Broken Hill, who invited them for cheese cake. It turned out that the "cheese cake lady" personally knew the Manager of the CDP organisation the team were seeking to engage with, and she connected them with the CDP provider.

Once stakeholders were identified, the challenge shifted to effectively managing and maintaining those relationships. Establishing and regularly updating a current and dynamic stakeholder register proved to be a worthwhile investment, supporting ongoing engagement and accountability.

Building strong, personal relationships with community leaders, healthcare workers, and other key stakeholders was central to fostering open communication and collaboration. The Project Team prioritised timely and responsive communication, ensuring stakeholders received prompt follow-up and expressions of appreciation following activities such as survey participation. This approach reinforced that their input was valued and taken seriously.

Transparency and flexibility were critical throughout the project. The team communicated openly about challenges and limitations, including when aspects of the project were not progressing as planned. From the outset, stakeholders were given a clear understanding of what could and could not be delivered. This honest and realistic approach helped maintain trust and manage expectations effectively.

An organisation in one community thought a particular strategy would work based on some pre-existing infrastructure they had. "It just wasn't feasible..." and outlining that clearly and honestly worked well for the long-term relationship between the stakeholders and the Project Team.

An important aspect was to understand that not everyone can or needs to be involved. It was vital to 'triage' relationships; highlighting critical relationships and actively pursuing them. Culling or pruning those that were either not progressing, or where stakeholders did not or could not contribute to the Project. Having a higher number of people involved does not always mean a better outcome and can, in fact, divert valuable resources.

In combination, these methods created a well-rounded, context-sensitive evidence base that captured both the lived experience of communities and the operational frameworks of aged care providers.

6.2.2 Guiding principles

While maintaining a broad and flexible agenda was important, the presence of a clear set of guiding principles proved to be crucial for all involved. These principles, developed by the Leadership Group in June 2023 and endorsed by the National Reference Group in August 2023, served as a foundational framework for the Project Team. Although the principles evolved over time – shaped and expanded through the team's ongoing work – they remained central to all activities and interactions.

The guiding principles were particularly valuable during challenging negotiations and periods when Project Team members were working in isolation from one another. They provided a consistent reference point that supported decision-making and reinforced shared values across diverse contexts. It is strongly recommended that future projects adopt these or similar principles to ensure coherence, accountability, and a unified approach in complex or dispersed project environments.

6.2.3 Surveys and assessments

Projects should incorporate a data gathering and research component as part of their overall approach. While this may sometimes be theoretical, for projects operating in remote communities it often involves direct engagement through surveys, such as the Matrix, or needs assessments.

Although a formal needs assessment was not conducted for this Project, the team made use of existing information from local Primary Health Networks (PHNs) and publicly available sources. In addition, the development and implementation of the Matrix, a tailored survey tool, proved instrumental in capturing relevant, community-specific insights and informing the direction of the Project.

The Matrix was developed to serve several purposes:

- To determine the level of organisational maturity in a community to guide planning of current, and future, aged care and health service models that incorporated aged care reforms.
- To assist in determining which communities would be best suited to trial collaborative approaches to addressing local workforce and funding issues, and the types of projects that would be best suited to a community.
- To be used by other stakeholders in rural and remote communities to measure and analyse their readiness for implementing collaborative workforce and funding models and provide the steps for them to accomplish that.

The Matrix was developed, tested, and refined to focus on questions that facilitated a comprehensive assessment of an organisation's maturity and community collaborative opportunities. For the Project, assessing these attributes was useful in assisting communities to determine the most appropriate types of aged care and health service models, and the types of aged care reforms that would be best suited to their community.

Other smaller surveys were conducted periodically with important components being to feedback the results in an easily digestible format that met stakeholder's communication preferences, such as infographics.

From a small face-to-face survey regarding why community members are not working in aged care in remote communities, an infographic outlining the themes and results was produced. This was easy to communicate, display and digest for those who contributed, as well as a wider audience.

6.2.4 Project management tools

Finally, one of the key learnings of the Project was the need to both develop new, and modify existing, recognised project tools to meet the needs and context of operating an aged care project in a remote environment. All of these tools, along with further learnings and experiential case studies, are included as part of the Toolkit developed specifically for this and other remote aged care projects.

The following tools, which were modified specifically for this Project but can be used as the basis for others, include:

- Templates for focus groups – these included a consent form and terms of reference.
- A stakeholder register.
- A change management framework template with an accompanying action plan.
- A needs assessment framework along with useful links and information sources.
- A step-by-step guide to securing and maintaining an RTO, along with useful links.

Tools that were developed as part of this Project, that can be modified and adopted for others, include:

- A set of guiding principles for remote project management.
- A collaboration framework with an accompanying Collaboration Checklist.
- A template for risk management planning.
- The Matrix for assessing organisational maturity and collaborative opportunity readiness.

7. Recommendations

Future aged care workforce implementation initiatives must be developed by understanding community needs and responding to community readiness. Not all communities will be equally prepared or positioned to engage, and a one-size-fits-all approach is unlikely to succeed. Early assessment of local interest, capacity, and priorities can help tailor engagement strategies and set realistic expectations for both the community and the project team. That said, there are a number of key recommendations that can be universally applied to future initiatives.

7.1 Investing in community-led capacity building

Capacity building within communities should be a core focus. Supporting the development of local leadership, training pathways, and employment opportunities is essential to building a self-sustaining workforce. Rather than relying on external expertise alone, projects should prioritise skills transfer and locally led solutions that reflect the strengths and aspirations of the community.

7.2 Applying longer-term funding and timelines in remote communities

Timeframes for project planning and implementation should be carefully reconsidered. Particularly in remote settings, the complexity of workforce and infrastructure development requires extended timelines. Short-term projects may not allow sufficient time to build trust, secure funding, or deliver tangible outcomes. A longer-term commitment to projects would offer greater opportunity for progress and sustainability.

Longer-term projects would also allow for continuity of service development, support the recruitment and retention of local staff, and provide the stability needed to build community trust and foster meaningful engagement.

Without secure, long-term investment, projects often struggle to move beyond short-term pilots, limiting their impact and the ability to embed lasting change in remote health systems.

7.3 Having a flexible and adaptable project plan

Flexibility must also be built into project design and delivery. The ability to adapt to emerging needs, contextual challenges, or shifting community dynamics is vital, particularly in remote and culturally diverse environments. Governance structures should be inclusive and responsive, ensuring that community voices guide decision-making throughout the project lifecycle.

7.4 Development and use of a guiding principles framework

It is strongly recommended that future projects adopt or adapt the guiding principles established by the Remote Accord Leadership Group. These principles provided a consistent and values-driven foundation for the Project Team and proved invaluable during complex negotiations and periods of operational isolation. Embedding such principles from the outset can promote shared understanding and mutual respect across all partners.

7.5 Ensuring the use of community-informed data collection and project tools

The use of accessible, community-informed data collection tools should also be embedded into future initiatives. While a formal needs assessment was not conducted for this Project, the development of a fit-for-purpose survey tool provided important insights and supported evidence-based planning. Systematic data collection not only strengthens project design but also provides a basis for monitoring impact and informing continuous improvement.

Ensuring the use of multi-faceted stakeholder engagement practices and tools

Maintaining an up-to-date stakeholder register and fostering strong communication practices will continue to be essential. Respectful, timely, and transparent engagement with stakeholders builds trust and demonstrates accountability. A structured approach to communication ensures that community contributions are acknowledged and that expectations remain realistic and clearly understood.

All stakeholder engagement and implementation processes should be thoroughly documented, ensuring that the lessons learned are captured and shared. Systematically recording these experiences will support the refinement and adaptation of successful models across other remote communities.

7.6 Ensuring the use of a monitoring and evaluation framework at project inception

The development of a clear and well-structured monitoring and evaluation framework is essential. Such a framework will not only help assess project outcomes and impact but will also provide evidence to inform policy decisions and strengthen advocacy efforts for sustained investment in remote workforce and infrastructure development.

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