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The Aged Care Workforce Remote Accord Implementation Project: Toolkit

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 West 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.

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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 by the Aged Care Workforce Strategy Taskforce. The Strategy outlined 14 actions¹ 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.



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Abbreviations and acronyms

ABN	Australian Business Number
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ABS	Australian Bureau of Statistics
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AE	Approved Employer
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AIHW	Australian Institute of Health and Welfare
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AS	Australian Standard
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CRM	Customer Relationship Management
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DAMA	Designated Area Migration Agreement
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DAR	Designated Area Representative
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DoHAC	Department of Health and Aged Care
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DHDA	Department of Health, Disability and Ageing
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FIFO	Fly-in-fly-out
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GP	General Practitioner
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HSSO	Human Services Skills Organisation
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ISO	International Organisation for Standardisation
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LALC	Local Aboriginal Land Council
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LGA	Local Government Area
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MBS	Medicare Benefits Scheme
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MORT	Mortality Over Regions and Time
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MoU	Memorandum of Understanding
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NDIS	National Disability Insurance Scheme
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NSW	New South Wales
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NT	Northern Territory
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PALM	Pacific Australia Labour Mobility
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PHN	Primary Health Network
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QLD	Queensland
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RFDS	Royal Flying Doctor Service
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RPL	Recognition of prior learning
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RTO	Registered Training Organisation
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SA	South Australia
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TAFE	Technical and Further Education
------	---------------------------------

TAS	Tasmania
-----	----------

VET	Vocational Education and Training
-----	-----------------------------------

VIC	Victoria
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WA	Western Australia
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Executive Summary

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.

In response to these challenges, the Aged Care Workforce Remote Accord ('the Remote Accord') received Australian Government funding in 2022 to implement a comprehensive 24-month reform initiative, 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'): West Kimberley in Western Australia (WA), Murdi Paaki in New South Wales (NSW), and Yalata in South Australia (SA). The Project Team sought to co-design and pilot sustainable workforce solutions that are contextually appropriate and locally endorsed.

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') 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.

The work of our Project Team also intersects with and informs the important work of our Leadership Group and Policy Team, with the aim to highlight both the structural barriers that impede reform, and the opportunities for policy improvements or streamlining that promote positive change. It is our view that this work will be increasingly important as the vast reform agenda outlined in the new *Aged Care Act 2024*, becomes a reality for remote services providers from 1 July, 2025.

This Toolkit was developed over a period of three years; however, the Remote Accord acknowledges that more work, time, and any future projects would provide an opportunity to refine these tools, work with new communities and projects, and ensure the Toolkit delivers maximum value and impact.

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. You will find that 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.

The Remote Accord is committed to continuing this work and looks forward to ongoing collaboration with the Department of Health, Disability and Ageing (DHDA) – formerly the Department of Health and Aged Care (DoHAC) – and other stakeholders, to further develop and refine this essential resource.

We believe that with ongoing support, this Toolkit will become a vital asset in driving reform and enhancing service delivery in remote Australia, ensuring that the unique needs of these communities are met with flexibility, respect, and innovation.



1. Background

The Remote Accord was formed in 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. This Project was supported by the DHDA, as part of Strategic Action 11 in *A Matter of Care: Australia's Aged Care Workforce Strategy*.¹ One of the aims of the Project was to develop a toolbox of strategies to improve service delivery, and service delivery models, within remote and very remote communities.

Three communities were selected for the Project – West Kimberley in WA, Murdi Paaki in north western NSW and Yalata in south western SA.

Each of these communities were of different sizes and geography and representatives from aged care health organisations operating within these communities initially expressed interest in participating in the Project.

This Toolkit was developed over the life of the Project, a period of three years from 2022 to mid-2025.

The intent of the Toolkit is to provide a series of standalone 'tools,' based on stakeholder feedback, best practice and the Project Team's direct experiences in the implementation and management of the Project within the three communities. There is a significant amount of information and resources available in relation to best practice project management in general, but little practical information for specifically managing aged care workforce projects in remote Australia. Therefore, much of the information and advice contained in this Toolkit is not referenced or sourced but is a result of the Project Teams' direct experience in managing the Project.

1.1 Notes

More information about the Project, and the implementation communities, is available in the following reports developed by the Remote Accord:

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

2. Methodology and outline of Toolkit sections

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.

2.1 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, National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, National Disability Insurance Agency, National Aboriginal Community Controlled Health Organisation, and the National Indigenous Australians Agency.

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

2.2 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 created in an Excel spreadsheet format, and can be accessed through a link in the Toolkit. The Project Team used 'monday' – 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.

2.3 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 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 is provided in this section as a tool for project teams.

2.4 Change management

The change management section of this Toolkit drew on both the experiences of the Project Team and research conducted in 2020,⁶ which was 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.

2.5 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. This section also includes a brief description of the Project Team's use of the Matrix.

2.6 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.⁷ 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.⁷

2.7 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 RTO. Such a tool has already been developed by the Human Services Skills Organisation (HSSO)⁸ and the Remote Accord website provides a link to that tool. For the purposes of this 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.

This section also includes useful state and territory links, as well as a brief case study of the experiences in the Murdi Paaki region – where the Project involves securing an RTO to provide training and employment for local participants in the small town of Menindee, approximately one hour south east of Broken Hill.

2.8 Effective models of workforce engagement

This section 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.

2.9 Development of one-page 'summary sheets'

To assist future users of the Toolkit, one-page summaries outlining each of the tools have also been developed and included in this Toolkit.

Tool 01

Guiding principles for remote engagement

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01

Guiding principles for remote engagement summary sheet

The guiding principles are an important aspect of working within remote and very remote communities as they set the framework for all that will follow, providing guidance for project workers and staff in the minimum tenets required.

Principle	Definition
Culturally safe engagement	→ Conscious awareness of behaviour, whether it is overt or covert or intended or unintended, which disadvantages people who are identified based on their real or assumed membership of a racial or cultural group.
Communication	→ Foster co-ownership of the communication process with clearly defined lines of communication. → Clearly define lines and methods of communication to ensure relevance. → Maximise community and stakeholder opportunities. → Ensure community and stakeholder access to project representatives. → Demonstrate active listening and sensitivity to concerns. → Ensure the right people are engaged, and contacts are representative. → Build and maintain honest relationships through timely and accurate information. → Understand individual and group capacities and incorporate into planning. → Identify and assess social, environmental, and economic impacts of project.
Transparency	→ Clearly identify objectives and preferred outcomes of the project. → Clearly explain or negotiate the decision-making and feedback processes. → Clearly outline and negotiate the boundaries and level of influence. → Provide information immediately on any changes to the expected outcomes. → Report openly regarding input and feedback received from all. → Document decisions and outcomes of meetings and ongoing performance.
Collaboration	→ Ensure cognisance of stakeholders and community capability and resources. → Work in cooperation and share expertise. → Establish joint ownership of outcomes. → Comprehensively deal with the issues consistently seek input. → Consider independent mediation for any disagreements and disputes.
Inclusiveness	→ Identify the relevant communities and stakeholders and their issues, interests, and aspirations, noting they may change over time. → Facilitate community and stakeholder engagement. → Acknowledge and respect diversity and differing agendas. → Respect the cultural and heritage of local communities. → Systems to engage with minorities and marginalised groups appropriately. → Acknowledge it is rarely feasible to involve the entire community.
Integrity	→ Be open about the nature of the engagement process and make it clear from the beginning what decisions are outside the scope of the process. → Clearly articulate what is negotiable and what is not negotiable in the engagement process. → Ensure realistic expectations. → Report often on progress – accurately and promptly. → Ensure that opinions, objections, or support are respected. → Treat people fairly and without discrimination. → Respect legal, ethical, and human rights. → Be honest, even when the news is not good.

Guiding principles for remote engagement

This Section of the Toolkit sets out the guiding principles that were established by the Remote Accord, as well as how they have been expanded on and applied in practice as part of the Project.

The Remote Accord guiding principles for engagement with communities and stakeholders ('guiding principles') were originally developed in June 2023 and were reviewed by the Remote Accord Leadership Group and approved by the National Reference Group in August 2023. The Project Team employed the guiding principles for the site-specific projects in Project Communities. The site-specific project work conducted by the Project Team informed further explanation and expansion of the principle's elements, i.e., what the principles looked like in the reality of consultation and engagement with remote communities.

The guiding principles are an important aspect of work within remote and very remote communities as they set the framework for all future work. They provide guidance for project workers and staff in the minimum tenets required for successful collaborations and outcomes. The principles and their original definitions are noted in Table 1.

Table 1. The original Remote Accord guiding principles for engagement with communities and stakeholders

Principle	Definition
Culturally safe engagement	→ Conscious awareness of behaviour, whether it is overt or covert or intended or unintended, which disadvantages people who are identified based on their real or assumed membership of a racial or cultural group.
Communication	→ Open and effective engagement involving both listening and talking. → Two-way communication. → Clear, accurate and relevant information. → Timeliness.
Transparency	→ Clear and agreed information and feedback processes. → Transparency. → Reporting.
Collaboration	→ Working cooperatively to see mutually beneficial outcomes.
Inclusiveness	→ Recognise, understand, and involve communities and stakeholders early and throughout the process.
Integrity	→ Conduct engagement in a manner that fosters mutual respect and trust.

Using the learnings from the Project and the day-to-day work involved in the Project's evolution, these principles also evolved and expanded, with elements gleaned from the Project Team's real-life experience. These elements better describe all the different aspects of each of the principles. Tables 2 to 7 set out each of the revised guiding principles and the elements that need to be considered to successfully meet them. Each of these are supported by a small example of the experiences of the Project Team.

Table 2. The guiding principle of culturally safe engagement

Principle	Definition
Culturally safe engagement	Conscious awareness of behaviour, whether it is overt or covert or intended or unintended, which disadvantages people who are identified based on their real or assumed membership of a racial or cultural group.
Elements	No additional elements for this principle

Case Study

The Project Team engaged with members of the local communities in the Project areas extensively. The main message was to "keep this principle simple" and just provide a clear and simple definition, rather than trying to complicate an important self-explanatory principle.

Table 3. The guiding principle of communication

Principle	Definition
Communication	Open and effective engagement involving both listening and talking. 1. Two-way communication. 2. Clear, accurate and relevant information. 3. Timeliness.
Elements	→ Foster co-ownership of the communication process. → Clearly define lines of communication. → Maximise community and stakeholder opportunities to say what they want and to provide information and feedback. → Ensure project representatives take part in consultation and are accessible to communities and stakeholders. → Demonstrate active listening by responding to the issues of each community and stakeholder group and being sensitive to their concerns. → Determine and use the right channels of communication to ensure the method of communication is appropriate to the relevant communities and stakeholders. → Identify appropriate individuals and contacts to ensure the right people are engaged, ensuring the contacts are representative of their group. → Build and maintain honest working relationships through the provision of accurate and timely information. → Understand individual and group capacities to participate and incorporate this into planning. → Identify and assess relevant social environmental and economic effects of activities. → Provide information in a form that is understandable by the target audience and in a way that genuinely assists people to understand and make informed decisions. → Allow enough time for community and stakeholder issues to be raised and addressed and for the stakeholders to review and respond to information. → Maintain engagement throughout the life of the project, from the planning stage through to construction, implementation, operation, review and finally through to closure. → Respect timeframes that will allow community and stakeholder representatives to consult appropriately with their constituencies. → Provide information within appropriate timeframes and contexts and identify the reporting period.

Case Study

Ideally, the Project Team members aligned themselves with industry groups in the first instance. Where possible, they met with stakeholders face-to-face in their own communities in the beginning. This was through an informal process of 'immersion': talking to people in local cafes and shops, patiently building, and maintaining relationships and lines of communication. Then following up with their preferred method of communication and frequency – "...people are happy to tell you what suits them best."

Table 4. The guiding principle of transparency

Principle	Definition
Transparency	Clear and agreed information and feedback processes. 1. Transparency. 2. Reporting.
Elements	→ Clearly identify objectives of the project. → Identify the objectives of the community and stakeholders. → Clearly explain or negotiate the decision-making processes and ensure that communities and stakeholders understand the project objectives. → Clearly outline and negotiate the boundaries of the engagement process, commitment of resources and level of influence of the various parties involved in the process. → Clearly articulate the preferred outcomes of the project. → Clearly set out the process and provisions for two-way feedback. → Reinforce the expected outcomes throughout the process – provide information immediately on any changes to the expected outcomes. → Report openly the input from all communities and stakeholders and include feedback on their input. → Document decisions and outcomes of meetings with communities and stakeholders. → Report appropriate performance information on the consultation through an agreed process.

Case Study

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.

Table 5. The guiding principle of collaboration

Principle	Definition
Collaboration	Working cooperatively to see mutually beneficial outcomes.
Elements	→ Ensure cognisance of how capable stakeholders and community groups are in participating in the process of collaboration. → Recognise that communities need adequate time and resources to effectively engage. → Share expertise. → Work in cooperation. → Establish joint ownership of outcomes, seeking mutually beneficial outcomes where feasible. → Comprehensively deal with the issues and seek community and stakeholder input into responses. → Consider independent mediation processes to deal with any disagreements and disputes.

Case Study

Developing key stakeholders and champions within the communities was a key element to the success of the Project Team. Collaboration with those on the ground helped set the framework for creating sustainability of the initiatives.

Table 6. The guiding principle of inclusiveness

Principle	Definition
Inclusiveness	Recognise, understand, and involve communities and stakeholders early and throughout the process.
Elements	→ Identify the relevant communities and stakeholders, recognising they may change over time. → Identify and, where possible, understand community issues, interests, aspirations, and concerns to better define what matters most to the community. → Facilitate (where appropriate) community and stakeholder engagement. → Acknowledge and respect the diversity of communities and stakeholders. → Accept the different agendas of different communities and stakeholders and ensure that dominant groups are not the only voices heard. → Acknowledge that in few circumstances is it feasible to involve the entire community. → Respect the cultural and heritage requirements of local communities, including the traditional owners of the area. → Ensure there are appropriate systems, with minorities and other marginalised groups having equitable and culturally appropriate ways to engage, so groups that may be under-represented or hard to reach, take part.

Case Study

Focus groups and regular feedback using tools such as infographics, ensured continued engagement with a variety of stakeholders for the life of the Project. Providing these in a range of formats, depending on the audience, ensured all stakeholders felt they were heard and seen.

Table 7. The guiding principle of integrity

Principle	Definition
Integrity	Conduct engagement in a manner that fosters mutual respect and trust.
Elements	→ Be open about the nature of the engagement process and make it clear from the beginning what decisions are outside the scope of the process. → Clearly articulate what is negotiable and what is not negotiable in the engagement process. → Ensure realistic expectations are set and agreed early in the process. → Report often on progress – accurately and promptly. → Ensure that all community opinions and rights to object or support a project or policy are respected. → Treat people fairly and without discrimination. → Respect legal, ethical, and human rights. → Be honest, even when the news is not good.

Case Study

Focus groups and regular feedback using tools such as infographics, ensured continued engagement with a variety of stakeholders for the life of the Project. Providing these in a range of formats, depending on the audience, ensured all stakeholders felt they were heard and seen.

Tool 02

Remote stakeholder engagement

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02

Remote stakeholder engagement summary sheet

The most important single priority when attempting to implement a project in a defined community, particularly when the project team is not located locally, is stakeholder engagement and management.

This summary sheet outlines the basic elements of effective stakeholder management, with particular emphasis on focus groups and development of a Stakeholder Register. For further information, please consult Section 2 of the Remote Accord Implementation Project Toolkit.

Focus groups

A good introduction for projects and programs and an excellent means of identifying future key stakeholders. Considerations when planning and executing focus groups include:

- Ethics and consent – determine if the focus group is part of a research project or if involves any risk to participants.
- Human resources – need to have an appropriate, independent facilitator who is empathetic, respectful and engenders trust. Also consider the use of a note taker to ensure and record flow of conversation.
- Venue and set-up – ensure accessibility, assess technical requirements, and consider open and equitable layout of the room. Alternatively, focus groups can be conducted online.
- Participants – consider the size and dynamics of the group – identify at least 20 attendees – and ensure that the relevant target groups are represented. Respecting cultural requirements and ensuring safety of all is paramount. Remember to record details of attendees.

Other methods of for regular contact with stakeholders

- Immersion in the community – attend local coffee shops and cafes and local events.
- Regular attendance at local industry events.
- Face to face interactions – particularly in the initial phases of a project to build trust and open communication.
- Regular 'update emails' – have a fortnightly or monthly email to keep all stakeholders updated.
- Newsletters – a more formal (and less frequent) means of communication.
- Surveys – a good tool for both data collection and to stay connected with stakeholders. Always ensure that results of surveys are fed back to all who were requested to participate.
- Infographics – provides an excellent snapshot of an aspect of a project – results of data collection or surveys, progress on project initiatives. Easily digestible and able to be displayed in hard copy as well as being sent electronically.

Stakeholder management and register

- Develop a register of stakeholders, making sure to include:
- Their role and who they represent – organisation or group.
- Best communication method and appropriate contact details.
- Their value, expertise, and relevance to the project.
- Their capacity to contribute to the project.

The most important consideration when engaging with stakeholders is to ensure that any consultations or interactions are followed up by your project team at a frequency and in a manner that meets the needs of that stakeholder.

Remote stakeholder engagement

This section of the Toolkit provides an overview of stakeholder management in remote and very remote Australia with reference to the Project Team's experience. The most important single priority when attempting to implement a project in a defined community, particularly when the project team is not located locally, is stakeholder engagement and management.

While this guide explores the importance of local stakeholder engagement and provides information and tools for doing this, the perils of consultation fatigue is an important consideration when dealing with communities in remote Australia and is also addressed.

Focus groups

Focus groups are a good introduction for projects and programs within a community and are an excellent means of identifying any participants who can be pivotal community members and champions of initiatives.⁹ Focus groups are guided interactive sessions that provide an excellent means of obtaining feedback from both health providers and community members.¹⁰

The idea is to capitalise on the group dynamics to elicit more information and detailed knowledge than would otherwise be gained from a one-on-one interview. Participants are encouraged to interact with each other in a controlled environment and require a skilled facilitator to keep the discussion on track.

Local focus groups are essential for driving meaningful reform in remote communities as they provide a platform for direct community engagement, ensuring that local voices are heard and valued in decision-making processes. These groups bring together a diverse range of stakeholders, fostering collaboration between service providers, community members, and government representatives. By facilitating open dialogue about region-specific challenges and opportunities, focus groups help generate practical, locally relevant solutions that reflect the unique needs of the community.

Planning and executing focus groups requires the following considerations:

Ethics and consent:

- If the focus group is part of a research project, then ethics approval is required. If the focus group is not part of a research project, it still needs to be assessed to rule out the potential for risk to any participants, in which circumstance ethics approval would be required.
- Ensure that all participants sign a consent and are informed that they can remove that consent at any time during or after the meeting. Figure 1 provides a template for a focus group consent form.
- If the group is to be recorded, ensure all participants consent to this prior to commencement – this could be included as part of the signed consent, with an undertaking to destroy any recordings after the event has been documented.

- It may be important to assure participants that all information and comments are deidentified in any documentation or reporting.

Human resources

- Focus groups can have a facilitator who is external or internal to the organisation, but it is best to avoid using someone who works with the participants on a day-to-day basis.
- Attributes to consider include empathy, sensitivity and someone who engenders trust.
- During the focus group, it is important that the facilitator listens actively and respectfully, ensuring that the conversation flows, and all participants are allowed to tell their stories.
- Consider the use of a note-taker to ensure the collection of information and data does not impede the flow of conversation.

Venue and set-up

- Ensure a venue that is accessible for participants but is private, with distractions and noise reduced to a minimum.
- Ensure all technical requirements and issues have been met and resolved prior to the first participant arriving.
- Seating in a U-shape or semi-circle is best, so that all participants can see any speakers and there is no perception of some participants being more important than others (e.g. if seating is in rows or at tables throughout the room).

Participants

- Consider the size of the group and the effect that may have on the dynamics: too many may be overwhelming, and too few may not elicit adequate information. Identify up to 20 with an aim to have at least half attend.
- Ensure the relevant target groups are represented as much as possible.
- Ensure there is an Acknowledgement of Country or Welcome to Country as part of the introduction and that any other cultural requirements of the group are met.
- The safety of participants is paramount. Ensure that the contact details of all participants are recorded to follow up later should they require subsequent support.

Creating terms of reference for focus groups

In circumstances where focus groups may be ongoing, a valuable strategy is to create a terms of reference for the group. This allows the group to continue to work cohesively and productively in a collaborative manner. It involves clearly defining the group's purpose, objectives, and scope, in consultation with the participants.

Start by outlining the focus group's role, such as identifying local challenges, fostering collaboration, and advocating for community needs. Specify the membership criteria, ensuring diverse representation from service providers, community members, and local leaders.

Establish the group's meeting frequency, decision-making processes, and expectations for participation. Lastly, clarify the focus group's goals to provide a shared understanding of its mission and responsibilities. This ensures structure and accountability while allowing flexibility for the group to evolve over time.

The terms of reference should be approved by the group at the first or second meeting. If the group is meeting over a significant period (more than six months) the group should review the TORs to ensure they remain relevant to the progress of the project. Figure 2 provides a template for the development of a terms of reference.

Figure 1. Focus group consent form template

Project Summary:*[provide a brief project summary here]*

.....

.....

.....

.....

I,(name), being over the age of 18 years, consent to participate in the [name of focus group] held at (location) on (date).

1. Details of the focus group have been explained to my satisfaction.
2. I agree to audio recording of my information and participation.
3. I understand that:
 - I may not directly benefit from taking part in this focus group.
 - I can withdraw my consent at any time.
 - I can decline to respond to any questions or discussions as I wish, during the focus group.
 - I will not be identified in any notes or reports published about this project.
 - Declining to participate or removing my consent at any time will not mean that I cannot benefit from any aspect of this project in the future.
 - I can change my mind at any time during or after this focus group and have information I have provided withdrawn from any notes or reports, if I request that.

Participant Details

Role.....

Organisation (if any).....

Contact (phone or email).....

Signature:

Figure 2. Focus group terms of reference template

[Logo]

Name of the project or group
Focus group terms of reference

Purpose

This should clearly outline the reason for the group's existence and what the project team hope to elicit from the group. It is important to be completely transparent about the information that is hoped to be gained.

Scope

The scope of the group should directly match the objectives of the project and the purpose of the group. This assists the project team and the facilitator to stay on track and allow them to gently redirect participants if they are raising issues outside the scope of the project.

Membership and responsibilities

This includes who chairs or facilitates the meetings and sets out any responsibilities for the participants.

Name	Role	Organisation	Responsibilities

Duration of group

The estimated length of time the group will run for. These may be actual dates or may be up to a certain point where the date is as yet unknown.

Frequency and timing of meetings

How often will the group meet? Will there be a set day and time?

Secretariat

Who is responsible for taking minutes or notes, creating reports and distributing any such documents? For a focus group this is usually the project team.

Reporting responsibilities

This includes information on who the group reports to, where minutes or summaries of meetings are reported and whether information will be deidentified. Participants may be concerned about where the information they provide is going.

Date of commencement: XX/XX/20XX

Date of review if applicable: XX/XX/20XX

Other methods for regular contact with stakeholders

A variety of methods can be employed to ensure regular and valuable contact and collaboration with communities and stakeholders. The main consideration is how the stakeholders want to be communicated with. Be prepared for methods and times that may be out of the usual working day.

As well as regular agreed methods such as newsletters and updates, it is useful to stagger data collection or feedback tools throughout the project period, so that all involved feel they are regularly contributing to the knowledge and outcomes of the project as well as simply being provided with information. It is important not to 'overload' stakeholders with either information or requests.

In all communications, it is imperative that the Guiding Principles remain the central framework for all interactions. With any interaction you have, always follow up with a thank you or similar, either by phone or email.

Below is a list of suggested means of stakeholder engagement, which is by no means complete.

Immersion in community

While linking in with existing community members or stakeholders that the project may have connections to is desirable, at times this method can be difficult. Immersion is an important tool of engagement when new to a community or when links are not well established. There may be distrust of new people or projects, and you need to establish yourself as a regular in the community.

Immersion in the community allows project teams to gain firsthand insights into a community by considering their behaviours, experiences, and emotions. This methodology involves "hanging out" informally, having two-way conversations, observation, and experiencing the community firsthand over several days.

Be a presence in the community:

- Be in places that community members are known to congregate e.g. coffee shops, cafes
- Attend local events
- Be prepared to strike up conversations but always be genuine and interested.

This facilitates community interest and participation, shared decision-making and genuine partnerships that are not tokenistic.

Remember, many project workers come and go; you need to show that you are committed and reliable.

Regular attendance at local industry meetings

Through contacts that you already have or through organisations such as the local PHN or other health organisations, link in to any local industry meetings. Offer to talk to industry groups and be prepared to be flexible in your availability.

Face-to-face

Particularly in the initial phase of a project, face-to-face is always the best option. This may mean a lot of travel, but it allows

stakeholders to get to know and trust you. It also helps you to understand the community, its people, and its geography. Do not go into a community just the once – it is your willingness to repeatedly be present and learn about the community and the people that will engender trust and open the lines of communication.

One-on-one meetings

These can be face-to-face, online or over the phone. Face-to-face meetings are preferable, particularly in the initial stages of a project. Forward plan a trip to the area using the collaborative checklist contained in this Toolkit, research the key people you need to connect with, and cold call if necessary – try and offer something when you set up these meetings. Always remember to follow the guiding principles, as set out in in this Toolkit.

Yarning Circle

Project teams can use Yarning Circles to build rapport and gather information from local stakeholders in a community, and is a methodology sometimes employed when engaging with Indigenous stakeholders.

A Yarning Circle is a traditional Indigenous practice used to learn, share, build relationships, share cultural knowledge through narrative, and come together as a community.¹¹

Entering a Yarning Circle is recognised as a privilege for both Indigenous and non-Indigenous Peoples. Sitting in the Circle allows conversation and sharing to flow naturally – allowing all members of the group to be seen clearly, facing each other, and placed equally around the Circle.¹¹

Regular update emails

These can consist of a regular 'dot-point' email or texted document that is sent to all relevant stakeholders, remembering that the format needs to be tailored to the receiver's preferred mode and format. It is suggested that these occur on a consistent day and time and could be fortnightly or monthly, with the aim of providing information, but also keeping the project relevant and front-of-mind for them. That needs to be balanced with not over-communicating. Try to keep the sharing of information confined to these regular updates, rather than sending information too frequently, unless of an urgent nature. Remember, if you lapse in providing a frequent regular reminder of the project, then chances are they will too.

Newsletter or more formal update

Once again, this is to keep stakeholders updated on the project and keep it front-of-mind for them but takes a more formal and less frequent approach. Frequency depends on the life of the project, but it is suggested to be second monthly or quarterly. Formatting depends on the community and stakeholder preferences but could be based around the objectives or initiatives of the project, to maintain consistency and augment keeping the project on track to meet the anticipated outcomes.

Surveys

These are an important tool in the project arsenal both from a data collection perspective and as an opportunity to learn more about the community, stakeholders and organisations involved.

Surveys should be conducted sparingly, with pre and post surveys being valuable in measuring outcomes where evidence of improvement or change can be tenuous.

Surveys may be short and simple, or a bit longer, depending on the information required from participants. An important aspect of conducting surveys is to ensure that the results are fed back to those that were requested to provide information, as well as the actual contributors. It shows that you are listening and are genuine in your efforts.

One of the valuable tools provided in this project has been the development of the Matrix, which can be used with, or self-administered by, organisations within a project community. See the section on the Matrix in this Toolkit for more information.

Infographics

These are an excellent tool for providing information on progress, or a snapshot of the project, and are especially valuable for the community, as they are easily displayed and digested.

Once again, providing these on a consistent basis is important and their frequency is determined by the length of the project. About three to six monthly is suggested. Topics for infographics could include:

- Data gathered about the community
- Results of surveys
- Progress on project initiatives.

Stakeholder management

It is important to keep the guiding principles in mind when interacting with and managing stakeholders.

When developing a list of stakeholders, the following needs to be considered:

- Who they are, their role and who they represent?
- How they want to be communicated with, including their contact details.
- The value and relevance they can bring to the project – some stakeholders may be interested and be part of the community, but their interest, expertise, representativeness or reach within the community may be limited.
- Their capacity to contribute to the project – they may not have the knowledge or experience to make them a key stakeholder, or they may not be in a role or position of influence to enable them to make decisions about the project.

Part of good stakeholder engagement and management is to keep all that information in a readily available format and place. It is recommended that any project creates a comprehensive stakeholder register to keep track of all those involved.

Creation of a stakeholder register

A stakeholder register or master list, allows all the details of any stakeholders to be kept in the one location. At a minimum, it should contain fields for all the information you need to keep about your stakeholders. A good option for such a register is to use an Excel spreadsheet or a database specifically designed

for the task, as this allows you to search and sort the list. Where possible, have separate fields for the stakeholder's role, organisation, street name etc. of address and town or location as this will assist with accurate sorting.

Fields in Stakeholder Register

The following fields should be considered for inclusion in a Stakeholder Register:

- Name – first and surname in separate fields
- Organisation
- Role
- Address – street
- Location
- Email
- Phone number
- Referred by
- Reason for inclusion
- Interest in project
- Role in change management process
- Preferred method of communication
- Date first contact
- Date most recent contact (optional)
- Preferred method of communication
 - Meeting minutes/notes
 - Infographic
 - Newsletter/ Report
 - Regular email update
 - Change management plan updates
 - Other.

Simply add additional fields that you may require e.g. what sort of coffee they like.

An example of a stakeholder register is included at Figure 3. This can be converted to an Excel document for ease of data capture.

Consultation fatigue

Consultation fatigue occurs when communities or individuals are over-consulted or poorly consulted and is a particularly prevalent phenomenon in remote and Indigenous communities.¹² Constant changes in government and policy direction, a plethora of well-meaning organisations and not-for-profit organisations, and lack of adherence to cultural protocols and norms, can all lead to consultation fatigue.¹³ When combined with a feeling of needs not be recognised or addressed, consultation fatigue can detrimentally affect a project before it has even begun.

The following considerations can assist project teams in minimising the risk of consultation fatigue:

- Ensure quality over quantity with any interactions with stakeholders. It is important not be 'ticking boxes' but ensuring productive interactions that address and progress needs within the community.
- Take a coordinated approach to any consultations. Try to be aware of other priorities that stakeholders may have, and

work around them where possible. The best outcome would be to collaborate and coordinate with others where possible.

- While promises should not be made that cannot be delivered upon, try to ensure your project and actions are working towards building capacity in a community. In relation to workforce issues, ensure all strategies and objectives are SMART – specific, measurable, achievable, relevant and time bound i.e. they should have a target date for completion.
- Ensure consistent, long-term engagement, to develop a genuine relationship with communities and individuals – noting that long-term will be a longer time frame than in metropolitan areas.
- Use technology where appropriate. For many communities,

interacting with other stakeholders can be difficult and having online meetings or consultations can be valuable. Equally, be aware that for many remote and very remote communities, connectivity can be an issue, so this should be assessed and mitigated where possible.

- Recognise and respect any cultural protocols or nuances for the community. These can be different in different locations; there is no one-size-fits-all.

Always refer to, and adhere to, the guiding principles as set out in this Toolkit.

Figure 3. Example of a stakeholder register - Example 1

[illegible]

Figure 3. Example of a stakeholder register - Example 2

First name	Surname
Organisation	Role
Address	
Email	Phone no.
Referred by	Reason for inclusion
Interest in project	
Role in change management process	
Preferred method of communication	
Date first contact	Date most recent contact
Preferred communication documents	
☐ Meeting minutes ☐ Email Updates ☐ Infographic ☐ Newsletter/ Report ☐ CM Plan Updates	
☐ Other	

Case Study

The Project Team were very aware of the risk of consultation fatigue. Their main take-home advice was:

- *Do not promise the world or things that cannot be delivered.*
- *Appreciate realism.*
- *Stakeholder focus groups, immersion and face-to-face connections were particularly important in reducing consultation fatigue and engendering trust.*

Conversely, what drives communities away is:

- Failure to deliver on projects that have been consulted on previously.
- Failure to explain why projects have not been delivered.
- Failure to acknowledge previous contributions.
- Failure to report back a summary of consultation outcomes.
- Failure to report back on the impact of the consultation process.

Remote implementation project experience

In the initial stages, the Project Team aligned themselves with local industry groups where possible. In conjunction with this they visited the community regularly and took an immersive approach, frequenting local coffee shops and cafes, approaching people who looked like they were employed in health professions e.g. lanyard, identification tags, wearing health organisation logos etc. This was a sometimes-laborious process and required significant patience and persistence. In all instances, where contact details were provided, all these contacts were emailed or phoned thanking them for their assistance and following up on any questions or suggestions.

Once some contacts were established, local stakeholder focus groups were planned across each of the Project Communities, with the intent to meet every two to three months. The goal for each group was to naturally evolve into an independent, representative body, creating a unified voice for aged care in their respective remote regions. In reality, only one was held in each of the three communities.

The reasons for this were numerous:

- *It was difficult to get the various stakeholders and groups to agree on a time to meet.*
- *Some stakeholders felt threatened and did not have a good relationship with others.*
- *The one particularly successful focus group did not continue due to representatives being replaced within their organisations – changes in personnel can be quite frequent in remote and very remote communities thus resulting in loss of corporate knowledge.*
- *Participants were constantly inundated by projects – one person contacted to organise a time to reconnect after the focus group, stated ..."no, you are the fourth one to contact me this morning."*

Focus group attendees came from a cross-section of organisations and backgrounds, including aged care service providers, service users, local government representatives, regional stewards, Remote Accord representatives, and other interested parties.

While the intent was to develop terms of reference and a proforma was set up, this was abandoned given the low appetite for having subsequent focus group meetings. One community were not interested at all, one pulled out when a key figure left their role and the third could not agree on a date, location etc.

The sessions that were held 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. One of the sessions was particularly helpful in establishing trust with the community and progressing actions. There was no one real reason for this but the following aspects contributed:

- *The target community was quite large but had one central location that culturally all attendees gravitated regularly towards.*
- *In addition to the focus groups, The Project Team held a Yarning Circle in one community, which appealed to attendees.*
- *Persistent adherence of the Project Team to providing consistent and timely follow-up for attendees.*

Other communities did not have a central location, therefore gathering enough relevant stakeholders in person was extremely difficult and that focus group ended up being held online, which was the best option in the circumstances.

Figure 4 shows the draft terms of reference that were developed for one of the focus groups. It should again be noted; these were never enacted as the groups only met once per community.

Figure 4. Draft terms of reference for Murdi Paaki



Australian Government
Department of Health and Aged Care



Remote Accord Workforce Implementation Project
Murdi Paaki Regional Stakeholder Focus Group
Terms of Reference

As of 1st of February 2024

Purpose

The Remote Accord Implementation Project Murdi Paaki Regional Stakeholder Focus Group will act as a mechanism to share information, support informed decision making, and embrace collaboration in relation to the Workforce Implementation Project funded by the Department of Health. The Group will foster a partnership approach to facilitate linkages relating to key reforms in remote aged care and Aboriginal and Torres Strait Islander health. The Group will also provide opportunities for the sharing of early learnings from the Project.

Scope and responsibilities

The Regional Stakeholder Focus Group will meet with the intention of sharing information to help the Project meet its objectives. The Project objectives include:

- Embedding strategies that address multiple aged care workforce issues through developing and implementing place-based staff attraction and retention strategies.
- Conducting place-based projects to implement aged care service delivery reforms; and
- Developing resources to support ongoing service delivery reforms.

The Murdi Paaki Regional Stakeholder Focus Group will ultimately be assisting the success of the Project by sharing relevant information that will help strengthen the aged care workforce and improve the quality of aged care services in remote and very remote Australia.

Duration of the Project Reference Group

The Regional stakeholder Focus Group is formed to deliver on the scope and responsibilities as set out above. The Group's term will commence from the first meeting and will cease after the first draft of the final Project Report.

Frequency and timing of meetings

The Murdi Paaki Regional stakeholder Focus Group will meet every three months for 2 hours, via Teams Meeting or in person where practicable.

Date of commencement: XX/XX/20XX
Date of review if applicable: XX/XX/20XX

Tool 03

Collaboration framework



03

Collaboration framework summary sheet

This section of the Toolkit provides a hands-on guide to collaboration with remote communities, including the logistics of identifying key-collaborators, and important information regarding emergency management and risk management.

Collaboration checklist development

The collaboration checklist is specifically designed for those going out to work with remote and very remote communities for the first time. It provides a quick reference for the elements to be considered and gives examples of how these impacted the Project and led to their inclusion.

Collaboration is the act or process of working together or cooperating on a project. For the project, collaboration functioned as a mechanism to share information and support informed decision making.

Undertaking collaboration fosters a partnership approach, to facilitate linkages relating to key reforms in remote aged care and Indigenous health.

In the Project, collaboration was undertaken using various methods. This included phone calls, emails, face-to-face interviews, videoconferencing, meetings, Yarning Circles, focus groups and community discussions. The DHDA also participated in reform discussions and forums.

The following checklist (Table 1) provides assistance and guidance to those wanting to undertake collaborative initiatives, in varying forms, throughout remote localities across Australia.

Table 1. Collaboration elements to be considered and addressed for remote project management

Purpose	→ Clearly define the purpose of the collaboration – TORs or a memorandum of understanding (MoUs) are useful tools.
Scope	→ Clearly outline what is relevant to discussions and what is not.
Language	→ Understand use and frequency of community language. Do you need additional support to interpret discussions?
Key Stakeholders	→ This takes a large amount of time in remote areas to ascertain key people for engagement. Recommended to do research prior to engagement.
Medium	→ Understand how best to undertake ongoing engagement based on the available resources, for example face to face, videoconferencing, etc.
Timeframes and duration	→ Allocate longer than anticipated timeframes for initial discussions due to remoteness and the availability of people. → Note that Australia has differing time zones so ensure that the duration of any engagement activities is within normal business hours for all involved.
Responsibilities	→ Clearly identify who has what responsibilities, such as chair, minute taker, action items, etc.
Timing	→ Cultural requirements in each community need to be understood prior to entry. For example, you may not enter a community if sorry business or men's business is being undertaken. Consult with Local Aboriginal Land Council (LALC) or council for confirmation prior to travel and for safety precautions.
Review	→ Ensure a process for regular review of key stakeholders is in place.

Travel

- Research – understand where you are going to appropriately allocate time and resources for travel.
- Distance – Allocate longer than anticipated travel times due to the vastness of remote communities
- Vehicle – 4WD vehicles are recommended to cater for the terrain and road conditions in some locations.
- Fuel – load additional fuel/diesel.
- Water – ensure adequate amounts and storage of water.
- Food – enough supplies to cater for the number travelling.
- Clothing – include both warm and cold weather items.
- Satellite phone – internet is sparse in some remote localities.
- First Aid Kit – for unforeseen medical requirements.
- Spare tyre and tools – for breakdowns.
- Advise work colleagues of travel dates and times – expected departures, arrivals, accommodation, and contact details at all locations.

**Environmental
Conditions**

- Seasonal weather plays a large role in ascertaining when to travel. For example, the wet season in the Kimberley restricts/prohibits road travel for months. Review weather reports and contact local council and police for information prior to, and during travel. Abide by all road closure signage and warnings.

Frequency

- Due to high work volumes in remote locations, it is important not to unnecessarily add additional requirements to stakeholders. The frequency of meetings should be as required and needed.
-

Collaboration framework

This section of the Toolkit provides a hands-on guide to collaboration with remote communities, including the logistics of identifying key collaborators, and important information regarding emergency management and risk management. It includes a collaboration checklist, emergency management plan template and risk management plan template.

Collaboration checklist development

The collaboration checklist is specifically designed for those going out to work with remote and very remote communities for the first time. It provides a quick reference for the elements to be considered and gives examples of how these impacted the Project and led to their inclusion.

Collaboration is the act or process of working together or cooperating on a project. For the Project, collaboration functioned as a mechanism to share information and support informed decision making. Undertaking collaboration fosters a partnership approach, to facilitate linkages relating to key reforms in remote aged care and Indigenous health.

This framework was developed through experiences during the Project and through the extensive knowledge of the Project Team

members regarding working with remote and very remote communities across Australia.

In the Project, collaboration was undertaken using various methods. This included phone calls, emails, face-to-face interviews, videoconferencing, meetings, Yarning Circles, focus groups and community discussions. The DHDA also participated in reform discussions and forums.

Table 1 provides assistance and guidance to those wanting to undertake collaborative initiatives, in varying forms, throughout remote localities across Australia. The experiences of the Project Team in developing the Collaboration Checklist are shown in Table 2.

Table 1. Collaboration elements to be considered and addressed for remote project management

Purpose	→ Clearly define the purpose of the collaboration – TORs or MoUs are useful tools.
Scope	→ Clearly outline what is relevant to discussions and what is not.
Language	→ Understand use and frequency of community language. Do you need additional support to interpret discussions?
Key Stakeholders	→ This takes a large amount of time in remote areas to ascertain key people for engagement. Recommended to do research prior to engagement. → Be prepared to adapt over the course of the engagement as key personnel may change.
Medium	→ Understand how best to undertake ongoing engagement based on the available resources, for example face to face, videoconferencing, etc.
Timeframes and duration	→ Allocate longer than anticipated timeframes for initial discussions due to remoteness and the availability of people. → Note that Australia has differing time zones so ensure that the duration of any engagement activities is within normal business hours for all involved. This demonstrates your respect for people working across different states and time zones.
Responsibilities	→ Clearly identify who has what responsibilities, such as chair, minute taker, action items, etc.
Timing	→ Cultural requirements in each community need to be understood prior to entry. For example, you may not enter a community if sorry business or men's business is being undertaken. Consult with LALC or council for confirmation prior to travel and for safety precautions.
Review	→ Ensure a process for regular review of key stakeholders is in place.

Travel

- Research – understand where you are going to appropriately allocate time and resources for travel.
- Distance – Allocate longer than anticipated travel times due to the vastness of remote communities
- Vehicle – 4WD vehicles are recommended to cater for the terrain and road conditions in some locations.
- Fuel – load additional fuel/diesel.
- Water – ensure adequate amounts and storage of water.
- Food – enough supplies to cater for the number travelling.
- Clothing – include both warm and cold weather items.
- Satellite phone – internet is sparse in some remote localities.
- First Aid Kit – for unforeseen medical requirements.
- Spare tyre and tools – for breakdowns.
- Advise work colleagues of travel dates and times – expected departures, arrivals, accommodation, and contact details at all locations.

**Environmental
Conditions**

- Seasonal weather plays a large role in ascertaining when to travel. For example, the wet season in the Kimberley restricts/prohibits road travel for months. Review weather reports and contact local council and police for information prior to, and during travel. Abide by all road closure signage and warnings.

Frequency

- Due to high work volumes in remote locations, it is important not to unnecessarily add additional requirements to stakeholders. The frequency of meetings should be as required and needed, with a focus on minimising the number of repeat engagements. Ensure you cover all your points at the opportunities you do get.
-

Table 2. Project collaboration experiences

Element	Remote Accord Project example
Purpose	<i>A template for terms of reference was developed, which could be used across all the projects, with adjustments made following stakeholder feedback.</i>
Scope	<i>The Project Team were clear from the outset that they could not 'promise the world.' Communities came to them with what they saw as solutions to issues, based on infrastructure they already had. If this turned out to be unfeasible, stakeholders were immediately and honestly informed.</i>
Language	<i>The Project Team made sure all resources used language appropriate to the stakeholders.</i>
Key stakeholders	<i>The Project Team had initial contacts within each of the communities through the Remote Accord Leadership Group. Unfortunately, throughout the Project, key personnel left positions, resulting in the Project Team needing to refresh and reorientate stakeholders to the Project.</i>
Medium	<i>The preferred methods of stakeholder communication were varied, thus requiring the Project Team to be agile and prepared to communicate at any time of day.</i>
Timeframes and duration	<i>The Project Team found that a significant number of stakeholders 'lived' their role, thus requiring the Project Team to be prepared to make contacts and communications at any time of day. The Project needed to be of a longer duration due to regular hold-ups in communications and actions.</i>
Responsibilities	<i>Due to the high turnover of stakeholders, allocating responsibilities within the community was difficult at times, and the Project Team needed to be prepared to assume many of the responsibilities.</i>
Timing	<i>The Project Team had to be prepared to be flexible – in one of the communities 'sorry business' was occurring and the Project Team were allowed to drive through the area, but not allowed to stop, requiring planned visits and meetings to be rescheduled.</i>
Review	<i>The importance of regularly reviewing the key stakeholders and the stakeholder register was highlighted for the Project Team given the high turnover in key personnel and thus stakeholders.</i>
Travel	<i>Assessing the travel requirements for each of the communities was vital in ensuring the Project Team's safety whenever travelling into remote and very remote communities.</i>
Environmental conditions	<i>Prior to each trip into a community, the Project Team would contact local authorities to determine the weather and state of roads. Several times travel plans required adjustment or rescheduling to ensure the Project Team's safety.</i>
Frequency	<i>While the frequency of meetings was governed by stakeholder preferences, the Project Team were very aware of consultation fatigue on the part of stakeholders. Meetings were difficult to organise due to participants' competing priorities and at times resulted in delays in the Project.</i>

A template for assessing and recording all the elements of collaboration has been developed for future use as a collaborative checklist (Table 3). This should be completed at the commencement of a project. This checklist, combined with local emergency plans and a project risk management plan, can form the basis of a sound foundation for initiating a project in remote and very remote Australia.

Table 3. Collaboration checklist template

This checklist is designed for those going out to work collaboratively with remote and very remote communities for the first time.

Date commenced:

Date completed:

Element	Component item	In place	Actions to be taken	Responsibility	Date completed	Outline of initiative/ control in place
<i>Topic of checklist item</i>	<i>Item/documents that need to be considered or be in place.</i>	<i>Mark check box if in place</i>	<i>Note any actions that need to be implemented to ensure component is completed or in place e.g. interpreter/s to be sought.</i>	<i>Name, designation and organisation</i>	<i>Date component is in place</i>	<i>Brief dot point/s outlining what has been put in place to address the component e.g. Two local language interpreters confirmed.</i>
Purpose	Terms of reference	☐				
	Memorandum of understanding	☐				
Scope	Document clearly outlining scope parameters	☐				
	Items out of scope clearly documented	☐				
Language	Frequency of community language use is understood	☐				
	Additional interpreter requirements considered	☐				
Key Stakeholders	Contact made with relevant local organisations	☐				
	Adequate cross-section of external stakeholders identified	☐				
Medium	Best mode of engagement is determined e.g. face-to-face, online etc.	☐				
Timeframes and Duration	Adequate timeframe for initial discussions established	☐				
	Differing time zones considered in planning and confirmation of meeting schedules	☐				

Element	Component item	In place	Actions to be taken	Responsibility	Date completed	Outline of initiative/ control in place
<i>Topic of checklist item</i>	<i>Item/documents that need to be considered or be in place.</i>	<i>Mark check box if in place</i>	<i>Note any actions that need to be implemented to ensure component is completed or in place e.g. interpreter/s to be sought.</i>	<i>Name, designation and organisation</i>	<i>Date component is in place</i>	<i>Brief dot point/s outlining what has been put in place to address the component e.g. Two local language interpreters confirmed.</i>
Frequency	Frequency of meeting schedule determined based on local stakeholder availability	☐				
Responsibilities	Responsibilities for meeting actions clearly documented	☐				
	Responsibility for initiative elements clearly documented	☐				
Timing	Liaison with Local Aboriginal Land Council or council re. cultural requirements	☐				
Review	Process for regular review of key stakeholders in place	☐				
Medium	Best mode of engagement is determined e.g. face-to-face, online etc.	☐				
Timeframes and Duration	Adequate timeframe for initial discussions established	☐				
	Differing time zones considered in planning and confirmation of meeting schedules	☐				
Travel	Location researched and itinerary documented, including available fuel and food stops	☐				
	Accommodation organised	☐				
	Appropriate vehicle available i.e. 4WD	☐				
	Additional fuel allocated	☐				

Element	Component item	In place	Actions to be taken	Responsibility	Date completed	Outline of initiative/ control in place
<i>Topic of checklist item</i>	<i>Item/documents that need to be considered or be in place.</i>	<i>Mark check box if in place</i>	<i>Note any actions that need to be implemented to ensure component is completed or in place e.g. interpreter/s to be sought.</i>	<i>Name, designation and organisation</i>	<i>Date component is in place</i>	<i>Brief dot point/s outlining what has been put in place to address the component e.g. Two local language interpreters confirmed.</i>
Travel	Water storage in vehicle	☐				
	Appropriate amount of food	☐				
	List of appropriate clothing items for all participants	☐				
	Satellite phone	☐				
	First Aid kit in vehicle	☐				
	Spare tyre and tools in vehicle	☐				
	Non-travelling work colleagues advised and sent itinerary	☐				
	Daily check-in with non-travelling work colleagues organised	☐				
Environmental Conditions	Local weather reports reviewed	☐				
	Contact made with local council for weather and travel advice	☐				
	Contact made with local police for travel advice and to notify of trip	☐				

Emergency management in remote Australia

This tool aims to assist external stakeholders in effectively navigating and integrating with the community's existing emergency management plans. The tool provides a comprehensive framework to help external parties understand and align with the various overlapping strategies in place, ensuring a coordinated and responsive approach during emergencies.

Emergency events occur all too often in remote and very remote communities throughout Australia. All aged care service providers that are regulated by the DHDA are subject to the Aged Care Quality Standards and are required to have an internal emergency management plan in place.¹⁴ The requirement of a plan in remote and very remote communities takes on even more importance during hazardous events, given that emergency management amenities are less common-place.¹⁵

Each Australian state and territory has generic emergency and disaster response legislation which authorises officials to declare emergencies in a variety of circumstances and make orders to deal with an emergency. The Australian Government does not have specific legislative power to deal with emergencies and has not enacted equivalent generic legislation. For specific information related to the jurisdiction in which you are operating, you can access the relevant disaster management or emergency legislation.

Local Government is primarily responsible for managing events in their Local Government Area (LGA) through their respective local disaster management groups. Local Councils play a critical role in emergency management as they are the closest tier of government to community and possess an intricate understanding of local requirements.

Many aged care organisations in remote and very remote communities are part of larger external organisation therefore they may have a generic plan but there may be limited knowledge of it in the remote community itself.

It is important for any project team regularly accessing and working within a community to have a general knowledge of that community's emergency management plan and processes. Refer to the LGA website in the relevant region to obtain further information regarding community disaster management.

While it is beyond the scope of external stakeholders such as workforce project teams to contribute to the planning for crises within a community, it is important to have an understanding of the issues, knowledge of the relevant organisation/s emergency management plan/s and have a project risk management plan that considers such eventualities.

Content of emergency management plans

An emergency management plan ensures safe service delivery continues during an emergency. The emergency management plan allows consideration of risks to residents, clients and staff, and the steps required to reduce those risks at all stages of an emergency.

The emergency management plan must consider and document the following:

- Planning for staff shortages – staff travel to and from work is likely to change because of an emergency event.
- The immediate, medium, and long-term implications of an emergency, with a focus on those at highest risk.
- Planning for power failures and other critical infrastructure issues – this includes road access, internet, phone services, and water and sewerage systems.
- Processes for identifying, supporting, and monitoring affected people and situations. Be aware how an emergency event continues to affect older people.
- How service delivery may be adapted to accommodate restricted access to essential supply chains.
- The impact on continuity of services and the actions to minimise that impact.
- The impact and process of emergency evacuation if this is required.

The DHDA website contains excellent guides and checklists to assist with the development and review of emergency management plans.

For residential aged care:

[Preparing for an Emergency Event – Residential Aged Care.](#)

For home care services:

[Preparing for an Emergency Event – Home Care.](#)

Emergency management impact on projects

Before conducting longer term work within a community, the following steps should be taken:

- Access the LGA disaster or emergency management plan or plans.
- Access any specific organisations' emergency management plan.
- Complete the collaboration checklist (included in this Toolkit).
- Create a risk management plan using the risk management template (included in this Toolkit), ensuring the issues considered in the collaboration checklist and any local plans are covered, and contingencies have been considered.

Risk management plan template for crisis management

A basic risk management plan is included at Figure 1, along with examples of risk management treatment and action plans. As per the Plan, these risks should be reviewed by the project team on a regular basis and in the event of a potential major event e.g. flood or fire.

Figure 1. Risk management plan template and example

[Enter Name of your Organisation]

[Enter Australian Business Number (ABN) of your Organisation]

Risk Management Plan

[Month, Year]

Introduction

This risk management plan has been developed by [Insert your Organisation's name] specifically to address issues related to the risks affecting [Insert name of the project].

Out of scope of this risk management plan are:

- The day-to-day risks and internal process of [Your Organisation's] partner organisations; and
- External contractors and partners, and the way their operational delivery is conducted.

This risk management plan has been prepared and updated in accordance with Australian Risk Management Standard: Australian Standard (AS) International Organisation for Standardisation (ISO) 31000:2018.

Background

[Add background information about your organisation]

Risk appetite statement

[Include a risk appetite statement]

According to AS ISO 31000:2018, risk appetite is defined as "the amount and type of risk that an organisation is prepared to pursue, retain or take." It is important to link risk appetite to business decisions, since the level of exposure that an organisation views as acceptable, is intrinsically related to business objectives and resources. It is pertinent to collect the appropriate metrics to measure the risk appetite.

Plan outline

This risk management plan is structured to:

- Identify potential risks and threats that may occur in the project (untreated risks);
- Analyse risks considering the probability of a specific event occurring and the consequences of such an occurrence;
- Evaluate and quantify each identified risk assessing the level of acceptability;
- Implement strategies and control measures to reduce all risks considered to be unacceptable;
- Re-rate each identified risk post control measure or treatment (treated risks);
- Monitor, review and report on the effectiveness of these strategies and measures on a quarterly basis; and
- Provide adequate contingency arrangements (control measures) to minimise risks.

Identifying risks

This plan was completed by:

- Conducting an initial scan of the elements of the project to develop a key group of risks;
- Reviewing the risk management plans of similar organisations; and
- Discussing identified risks within [Your Organisation] and incorporating identified risks and controls.

Internal and external risks

Risks can be internal or external. Internal risks describe potential problems that could happen within [Your Organisation]. Examples include cost risks (project costs exceeded due to inaccurate estimates or scope creep), schedule changes (an activity takes longer than expected), and performance and quality risks (the project fails to deliver the planned results with the promised performance and quality). These are associated with project execution and relate to the project itself and the factors within the control of the project.

External risks describe the risks related to the environment in which [Your Organisation] operates. These can include political (changes in government or government policies), financial (competition risks, costing risks), legislative (arise from changes in regulatory requirements) and environmental risks (related to pandemics, storms, flooding etc.).

Categories of risk

[Describe the categories of risk and define each category e.g. strategic, operational, financial, compliance, other].

Likelihood and consequence

In measuring risk, criteria were defined that allowed the risk event to be quantified in terms of likelihood of occurrence and consequence of the event to [Your Organisation]. Tables 4–6 define these criteria.

Table 4. Likelihood of risks

Category	Likelihood and example of measures
Almost certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence in similar projects.
Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence in similar projects.
Occasionally	The event might occur at some time as there is a history of casual occurrence in similar projects.
Unlikely	Not expected, but there is a slight possibility it may occur at some time.
Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

Table 5. Consequence of risk

[Examples only – populate with information relevant to Your Organisation – include additional columns as relevant e.g. environment]

Descriptor	Consequence
	People Services Reputation Financial
Insignificant	
Minor	
Moderate	
Major	
Extreme	

Identifying significant risks

Once the risk events were identified and assigned values for likelihood, and consequence determined, analysis was undertaken to determine the level of risk involved. This risk level implies a priority order from which the risk management plan has been developed.

Table 3 shows the Resultant Risk Analysis Matrix that was used to assign the level of risk to each event. For each risk, a value from low to extreme was assigned according to the table, using the resulting values from the previous likelihood and consequence tables.

Table 6. Resultant risk analysis matrix

		Consequence				
		Insignificant	Minor	Moderate	Major	Extreme
Likelihood	Almost certain	Low	Low	Low	Medium	High
	Likely	Low	Low	Medium	High	High
	Occasionally	Low	Medium	High	High	Extreme
	Unlikely	Medium	Medium	High	Extreme	Extreme
	Rare	Medium	High	Extreme	Extreme	Extreme

The following general guidelines are presented to explain how risk associated with each level is managed:

- Low risk – Possibly no action is required for this level of risk. It may simply require awareness of the issue and at the most, monitoring of the activity through routine procedures.
- Medium risk – Activity of this level may require assignment of resources to manage the risk. Mitigation activities may be applied to reduce the risk. This risk should be reported to the project working group for consideration.
- High risk – Regular management and monitoring of a high-risk activity is required. Additional processes and procedures may be instigated to mitigate or manage the risk. Close, detailed management of the activity will be required to ensure a successful conclusion. The [insert name of the group that will oversee high risk activities e.g. your leadership group/Board] to be consulted and reported to regularly on the effectiveness of controls for this risk.
- Extreme risk – Immediate action by [insert name of the group that will oversee high risk activities e.g. your leadership group/Board] is required to lower the risk.

Treatment of risks

Once the risk events are quantified, an appropriate action plan is developed to manage each risk. Responsibility for management of each risk is also assigned to individuals to ensure accountability for outcomes.

The treatment of risks fall into one of the following categories:

- Avoid the risk – In some instances risk can be avoided and the associated activity not performed.
- Accept the risk – It may be possible to vary out the activity, or it may need to be modified. In this instance, a management plan is required to support the risk.
- Reduce likelihood of the risk occurring – Develop a treatment that would reduce the impact the event has on the project.
- Reduce consequence of the risk – Develop a treatment that would reduce the impact the event has on the project.
- Transfer the risk – Involve another party in taking on, or sharing part or all, of the risk.

The post risk rating is based on assessment of the effectiveness of the described treatments. During regular reviews, the post risk rating may be adjusted down or up, depending on the effectiveness or adequacy of the controls. The project working group meetings should include any decisions around adjustments.

Risk management measures

For each risk identified in the risk analysis table, an action plan (mitigation strategy) is developed. The action plan:

- Describes the risk;
- Identifies the actions required to alleviate the risk;
- Identifies the management strategy for each triggering activity; and
- Identifies resources and responsibility for managing the action plan.

Re-rating risks post treatment

The likelihood and consequence of each risk is reassessed post treatment (the treated risk). The treated risk rating assumes that:

- The treatment activities identified in the action plan are successful in reducing the risk; and
- The people assigned responsibility for management of each untreated risk implement the appropriate action plan.

It is noted that for some risks, treatment does not reduce likelihood or consequence, but serves to alert us to the existence of the risk, which can then be monitored.

Risk monitoring and review

Regular monitoring and review of risks is required at all levels within [Your Organisation] and the project. The [Add title of risk management process holder, e.g. project manager], who is the risk management process holder, should schedule regular review meetings with the project working group and update the risk management plan accordingly.

Table 7 details the risk management and treatment action plan.

Table 7. Risk management and treatment action plan.

Note: all risks are initially assessed at untreated levels. Post action plan (treated) risk is also included. [Examples provided]

					Untreated Risk					Treated Risk		
Risk No.	Category	Risk Event	Cause – how would it occur?	Impact	Likelihood	Consequence	Risk Level	Action	Action Plan	Likelihood	Consequence	Risk Level
Staff/ Workplace health and safety												
1	Operational	Staff injury/ accident	Accident during travel; or in workplace Manual handling	Service/ project discontinued or suspended	Occasionally	Major	High	Reduce likelihood and consequence	Staff training and documented processes Tracking system for staff Adopt lead provider's policies and procedures	Unlikely	Moderate	Medium
Stakeholder engagement												
2	Strategic	No stakeholders engaged	Community members or organisations unwilling to participate	May affect outcome of project	Occasionally	Moderate	High	Reduce likelihood and consequence	Immersion in community Attend local industry meetings Face-to-face meetings Focus groups Always ensure genuine feedback and communication	Unlikely	Moderate	Medium
Timelines												
3	Strategic	Unable to meet timelines	Timelines unrealistic Environmental impacts	Project delayed or funding withdrawn	Likely	Moderate	High	Reduce consequence	Regular meetings and feedback with stakeholders Regular reports to funders Contingency plans for environmental impacts	Likely	Minor	Medium

					Untreated Risk					Treated Risk		
Risk No.	Category	Risk Event	Cause – how would it occur?	Impact	Likelihood	Consequence	Risk Level	Action	Action Plan	Likelihood	Consequence	Risk Level
Financial operations												
4	Strategic	Inadequate funds for project	Project taking longer than anticipated Inadequate budget in first instance	Project scaled back or ceased before completion	Occasionally	Moderate	High	Reduce likelihood	Contract with funding body Monitor hours/budget Regular financial reporting	Unlikely	Moderate	Medium
Communications												
5	Operational	Lack of stakeholder engagement	Competing priorities for stakeholders Poor communication or inaction by project team	Project unable to progress Results/ information invalid or incomplete	Occasionally	Moderate	High	Reduce likelihood and consequence	Create strong collaborative environment Regular meetings and communication Develop champions in community	Unlikely	Moderate	Medium
Environmental												
6	Operational	Natural event	Flood, fire etc.	Project impeded due to emergency response or lack of access to community	Occasionally	Major	High	Reduce consequence	Be aware of regional/area and any organisational emergency plans Have own emergency plan and processes in place Communication with local authorities	Occasionally	Minor	Medium

Emergency management experiences of the Project Team

During the period of the Project there were two major crises that occurred with the Project Communities: a flood and an episode of traditional indigenous business. The Project Team provided the following advice as a result of these.

Flood-related events

- Prior to traveling in remote areas, always check up-to-date weather conditions close to your departure time.
- Contact the local community you plan to visit to confirm there have been no recent localised weather events and that all access routes remain open.
- Nominate a reliable contact person who will be notified upon your safe arrival at your destination.
- When using a hire or company vehicle, ensure it is suitable for the terrain (e.g., 4WD) and is equipped with a spare tyre and other essential tools.
- In flood-prone or high-risk weather areas, especially during storm season, book accommodation with well-established providers who are prepared for extended stays and maintain backup communication systems.
- Be prepared for unexpected delays due to sudden weather changes. It is advisable to carry essential supplies such as regular medications, a power bank for mobile devices, and sufficient provisions for extended isolation.

Traditional Indigenous business

- When planning travel to an Indigenous community, confirm with the community beforehand whether the scheduled meeting is still proceeding. Do not rely on the community to notify you of changes; updates may occur while you are in transit.
- In the event of a death in the community, "sorry business" may be taking place. Community members may be engaged in mourning practices or have left the area to attend "sorry camp." If this occurs, consult with the meeting organiser, if possible, to reschedule. Activities are unlikely to proceed, and it may take several weeks before communications or alternative arrangements can be re-established.
- From September to November, many Northern Australian Indigenous communities observe "Lore" or "Business" time, involving traditional men's or women's ceremonies in sacred areas. During this period:
 - *Confirm all meetings and travel arrangements prior to departure.*
 - *Inquire whether your intended route traverses areas used for traditional ceremonies. Entry into these areas, particularly by individuals of the opposite gender, is highly inappropriate and may be deeply offensive.*
 - *Solo travel during this period is discouraged. Where possible, travel with others and ensure your presence and movements are communicated and culturally appropriate.*

Tool 04

Change management in remote Australia



04

Change management summary sheet

Change management in remote Australian communities requires a tailored approach that respects cultural contexts, local dynamics, and the unique challenges these communities face. Successful change management in remote areas centres on trust and long-term relationship building.

Community sensitive approaches are needed that consider geographic isolation – often resulting in limited material and human resources; workforce challenges – such as difficulty recruiting and retaining personnel; and the importance of Indigenous culture – ensuring any changes are culturally appropriate, community driven and co-designed.

Creating a change management plan in a collaborative environment:

- Enhances community involvement in decision-making.
- Builds trust and transparency.
- Mitigates resistance to change.
- Manages expectations regarding timeframes.
- Promotes positive outcomes that align with community values and needs.

Change management process

A. Preparation

- Assess the need for change
- Define clear objectives
- Identify stakeholders.

B. Planning

- Engage the community

- Think about cultural considerations
- Develop a change management plan.

C. Implementation

- Communicate effectively
- Provide training and support
- Foster participation.

D. Evaluation

- Monitor progress
- Gather feedback
- Adjust, as necessary.

E. Sustainability

- Embed changes into culture
- Strengthen local capacity
- Maintain engagement.

Change management plan

An effective plan template divides activities into three key phases, with practices and actions identified as either strategic or operational (Table 1).

Table 1. Change management plan phases and steps

Phase	Change steps
Preparing for change	→ Assess the opportunity or problem motivating the change → Select and support a guiding change coalition → Formulate a clear compelling vision
Managing the change	→ Communicate the vision → Mobilise energy for change → Empower others to act → Develop and promote change-related knowledge and ability → Monitor and strengthen the change process
Reinforcing change	→ Identify short term wins and use as a reinforcement of the change process → Institutionalise change in organisational culture, practices and management succession

Change management in remote Australia

This section of the Toolkit provides a remote-specific guide to change management, with exploration of timeframes for change in remote Australia, and the logistical and contextual factors that lead to delays and extended timelines in remote project management. This is based on the Project Team's direct experience in remote project implementation.

Introduction

Change management in remote Australian communities requires a tailored approach that respects cultural contexts, local dynamics, and the unique challenges these communities face. Successful change management in remote areas centres on trust and long-term relationship building.

Community sensitive approaches are needed that consider geographic isolation – often resulting in limited material and human resources; workforce challenges – such as difficulty recruiting and retaining personnel; and the importance of Indigenous culture – ensuring any changes are culturally appropriate, community driven and co-designed.

This guide provides a framework for effectively managing change initiatives, ensuring community engagement, managing expectations regarding timeframes, and promoting sustainable outcomes.

The primary intent of this guide is to equip community leaders, organisations, and stakeholders with strategies to implement change effectively and sustainably. By fostering a collaborative environment, the guide aims to:

- Enhance community involvement in decision-making
- Build trust and transparency
- Mitigate resistance to change
- Manage expectations regarding timeframes and
- Promote positive outcomes that align with community values and needs.

The change management process requires significant preparation and an understanding of the community into which the change is to be implemented. Before any change is broached, it is recommended that the following are completed first:

- The Matrix (see Tool 5 of this Toolkit) to determine the level of organisational maturity and readiness for community collaborative opportunities.
- The Aged Care Needs Assessment template (see Tool 6 of this Toolkit) to identify the community's and organisation's unique needs in relation to workforce.

Change management process

The following process is a guide to assist in the steps to the development of a change management plan.

A. Preparation

1. Assess the need for change

- Conduct a needs assessment to identify the specific issues or opportunities prompting the change (see Tool 6 of this Toolkit).
- Engage with community members to gather insights on their perspectives and experiences (also see Tool 2 of this Toolkit).

2. Define clear objectives

- Establish clear, measurable objectives for the change initiative. Ensure that these objectives reflect the community's values and aspirations (also see Tools 2 and 3 of this Toolkit).

3. Identify stakeholders

- Map out key stakeholders, including community leaders, local organisations, and affected individuals. Understand their interests and potential impact on the change process (also see Tool 2 of this Toolkit).

B. Planning

1. Engage the community

- Foster community engagement through workshops, focus groups, and public meetings. Encourage open dialogue and collaboration in developing the change plan (also see Tools 2 and 3 of this Toolkit).

2. Cultural considerations

- Integrate cultural values and practices into the change process. Collaborate with local elders and cultural advisors to ensure respect and relevance (also see Tools 1, 2, 3 and 5 of this Toolkit).

3. Develop a change management plan

- From the above planning activities, create a change management plan outlining both the strategic and operational changes that need to be made. Once this is developed, a more detailed activity plan can then be developed to outline the steps, responsibilities, resources, and timelines required for the change initiative. Include strategies for communication, training, and support.

C. Implementation

1. Communicate effectively

- Develop a communication strategy that provides regular updates on the change process. Use multiple channels (meetings, newsletters, and social media) to reach diverse community members.

2. Provide training and support

- Offer training sessions and resources to equip community members with the skills needed to adapt to the change. Ensure support systems are in place to address concerns and challenges.

3. Foster participation

- Encourage active participation throughout the implementation phase. Recognise and celebrate community contributions to reinforce ownership and commitment.

D. Evaluation

1. Monitor progress

- Establish key performance indicators to track progress against objectives. Regularly assess the effectiveness of the change initiatives.

2. Gather feedback

- Solicit feedback from community members on their experiences and perceptions of the change process. Use surveys, interviews, and informal discussions to collect insights.

3. Adjust as needed

- Be flexible and willing to make adjustments based on feedback and evolving community needs. Continuous improvement should be an integral part of the change management process.

E. Sustainability

1. Embed changes into culture

- Work towards integrating changes into the community's cultural practices and daily routines. Promote ownership and pride in the changes made.

2. Strengthen local capacity

- Invest in capacity-building initiatives to empower community members with skills and knowledge for ongoing development.

3. Maintain engagement

- Continue engaging with the community post-implementation. Regularly check in to ensure that the changes remain relevant and beneficial.

Challenges and considerations

Effective change management in remote Australian communities is a collaborative, respectful process that prioritises community engagement and cultural considerations. Engaging the community as active participants ensures that changes reflect their values, needs, and aspirations. Any change comes with its challenges, but this is more pronounced in remote and very remote communities.

There are a wide range of complex reasons for this.

Resistance to change

It is important to remember that, in many cases, these communities come with a complex history of external parties and organisations compelling or even forcing, change upon them. There is potentially an innate distrust of anyone advocating change.

It is important to acknowledge that resistance may arise due to fear of the unknown or past negative experiences. We are all the products of our experiences and people in these communities are no different. Be willing to address concerns with empathy and open communication. Take change slowly and always be guided by your stakeholders' pace and feedback.

High turnover of personnel

One aspect of health organisations in remote and very remote Australia is the high turnover of personnel. This is a particular problem when it comes to senior decision makers. People move in and out of roles and they are often temporarily filled by staff who lack the experience, corporate knowledge, and confidence to either juggle the competing priorities or make sound strategic changes. They are often 'just filling in' and reluctant to get involved in projects that will require them to make strategic long-term decisions. Project workers can continually find themselves establishing new relationships and reorientating personnel to the project.

While projects will struggle to change the nature of that high turnover in the short-term, it is imperative that there is sound and thorough documentation to support the project and explain the project trajectory. A Change Management Plan is an important part of that documentation to ensure knowledge transfer.

Cultural sensitivity

Any project in any community must always ensure cultural safety and respect throughout the change process. Be aware of the cultural needs and nuances in a community through involvement of the cultural leaders in any decision-making and planning associated with the project. Listen to stakeholders when they explain what will and will not work.

Complete the Collaboration Checklist (Tool 3 of this Toolkit) and ensure thorough research of the cultural considerations for the community involved.

Resource limitations

Remote and very remote communities often have limited resources, both material and human. Usually, it is a handful of key people that participate in multiple projects, and this can be a burden on them and on the community. This can lead to difficulties in relation to assigning responsibilities for aspects of the project. Refer to Tool 2 of this Toolkit which discusses consultation fatigue. Always be guided by the stakeholders in terms of pace, actions, communication methods etc.

Wherever possible, seek partnerships and external support to enhance capacity both for human and material resources. Project teams should, however, be cautious of just providing material resources into a community. This often does not promote lasting change and, in many cases, can just exacerbate the issues.

Remote Implementation Project experience

The Project Team found the high turnover of staff to be a particularly difficult problem to navigate. In one community the Project failed due to a key staff member leaving their role, resulting in no stakeholders available and willing to be involved. In the other two communities, there were, at times, different people involved each time they met. This highlighted the importance for the Project Team of having a change management plan and a brief project plan available to upskill stakeholders.

Change management planning template

An excellent change management plan template, based on the 2020 research of Kho, Gillespie and Martin-Khan,⁶ divides the change management process into three phases, with each of these phases including both strategic and operational elements:

- Preparation for change
- Managing change
- Reinforcing change.

We have included a change management plan framework (Figure 1) and a change management action plan and reporting template (Table 1) to assist your organisation with change management.

Figure 1. Change management plan framework^{6,16}

Phase	Change steps	Strategic practices identified	Operational practices identified
Preparing for change	Assess the opportunity or problem motivating the change	Assess need for changes	Scope the requirements for organisation
	Select and support a guiding change coalition	Establish a working group or focus group	Include cross-section of representative types and ensure inclusion of 'champions' and executive sponsorship
	Formulate a clear compelling vision	Develop and articulate a clear, simple vision	Create visual communication tools for various stakeholders
Managing change	Communicate the vision	Communicate changes and understanding of the aims of the project	Regular communiques to all stakeholders Develop strategies to enhance communications
	Mobilise energy for change	Engage clinicians/staff/stakeholders	Establish 'champions'
	Empower others to act	Facilitate effective co-design principles and empower others to participate and act	Training for staff in new workflows Utilise 'train the trainer' model
	Develop and promote change-related knowledge and ability	Advocate for, and implement updated workflows/processes	Develop new agreed workflows/processes, protocols and procedures
	Monitor and strengthen the change process	Monitor change and maintain flexibility	Regular reporting against actions and performance indicators Continue regular communication
Reinforcing change	Identify short term wins and use as a reinforcement of change process	Implement actions or performance indicators for quick wins	Communicate success of 'quick wins'
	Institutionalise change in organisational culture, practices and management succession	Permanent changes to workflows/processes Support and training	Continued communication of collaborative change

Table 1. Change management action plan and reporting template

Phase	Date added	Strategic or operational	Action	Responsible	Due date	Progress and completion
Preparing for change						
Managing change						
Reinforcing change						

Tool 05

Service Provider Maturity Matrix (‘the Matrix’)

A large, faint orange circle graphic is positioned in the bottom right corner of the page, partially overlapping the page number.

05

The Matrix summary sheet

The Matrix serves several purposes. It:

- Determines the level of organisational maturity in a community to guide planning of current and future services
- Assists in determining the most appropriate approach to addressing local workforce issues
- Can be used by other stakeholders to measure and analyse their readiness for implementing new workforce models.

The Matrix, which can be self-administered or administered in conjunction with other organisations, consists of 19 forced-choice

survey-type questions (Table 1), and one open-ended question (optional). It was designed to assess:

- Organisational maturity – the readiness to grow adapt and perform effectively through management of resources, processes, and strategies (11 questions).
- Community collaborative opportunities – the capacity to collectively identify and participate in problem-solving workforce issues (eight questions).

Table 1. Matrix questions

Item	Question
1	Does the service have a Star Rating?
2	Is the service registered on My Aged Care?
3	Is the service a National Disability Insurance Scheme (NDIS) provider?
4	Does the service meet the current Registered Nurse (RN) minute requirements?
5	Has the service had (or does it need) support with the new Aged Care Act? (pending)
6	Does the service meet or have any exemption for quality data submission?
7	Does the service have a current Emergency Response Plan?
8	Is the community's aged care service culturally safe?
9	Are staff able to access relevant and appropriate training?
10	Is training accessible to maintain and continue further education relevant to the sector?
11	Has the aged care workforce received relevant training/is qualified to provide aged care services appropriate to their role/position?
12	Does the aged care workforce comprise persons local to the community?
13	Is safe, clean and maintained accommodation available and/or provided to local aged care staff, agency staff or relief staff?
14	Does the provider resource clinical support outside the service?
15	Does the service have the ability to source and share staffing with other services?
16	Can staff access training and skill development from other service providers in the area or remotely?
17	What opportunities are there to collaboratively train workforce in the community?
18	Are there opportunities available for shared accommodation facilities?
19	Is there evidence that the organisation is engaged within the community?

The outcome from scoring the 19 questions determines the level of organisational maturity and community collaboration (Table 2).

Organisational maturity scoring

Community collaboration scoring

Description	Score	Description	Score
Meets regulatory requirements and demonstrates organisational maturity	8–11	Organisation and community have complete range of collaborative services	6–8
Meets some regulatory requirements and working towards demonstrating organisational maturity	4–7	Organisation and community have some services and limited collaboration	3–5
Organisation not mature and risks not meeting regulatory requirements	0–3	Organisation and community have minimal/no services and no collaboration	0–2

The Matrix

This section describes the development and implementation of the Matrix, presents the Matrix, and includes the instruction guide for completing the Matrix. The experience of the Project Team in the use of this Matrix is included. However, for further information, see the *Aged Care Workforce Remote Accord Implementation Project: Report on Matrix Development and Evolution*.²

Matrix development

The Service Provider Maturity Matrix (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 consists of several survey-type questions designed to assess an organisation's maturity and community collaborative opportunities, to assist in determining the most appropriate types of aged care and health service models and reforms that could be implemented within that specific community.

Organisational maturity relates to an organisation's readiness to grow, adapt, and perform effectively.¹⁷ It includes how well

an organisation can manage its resources, processes, and strategies to achieve its goals, and its ability to meet regulatory requirements.¹⁷

Community collaborative opportunities refer to the ability of organisations to collectively identify local issues, problem solve and promote communication that supports coordination of care for people in the community.¹⁸ This includes creating and sustaining partnerships within the community, including through workforce, funding, strategic partnerships, organisational alliances and referrals.¹⁸

The final Matrix comprises 19 questions. This includes 11 questions related to organisational maturity and eight questions related to community collaborative opportunities. It is designed to be a stand-alone tool that can be self-administered.

There is space at the end of the forced-choice questions for organisations to include additional free text questions. An organisation may choose to include free text questions to ask for respondents' opinions or to provide them with the opportunity to explain a previous answer. Examples could include questions such as 'what specific opportunities are there to implement aged care reforms within the organisation?' or 'what are the barriers to implementing aged care reforms within our organisation?' any additional questions are not included in the scoring of the matrix. The Matrix is included at Figure 1.

Figure 1. The Matrix

Name of person completing the Matrix: _____

Name of Organisation: _____

Date: _____

Item	Question	Response (Yes/ No)	Score Yes=1; No=0
Organisational maturity			
1	Does the service have a Star Rating? (The Star Ratings system provides information about a residential aged care (RAC) provider's quality of care)		
2	Is the service registered on My Aged Care?		
3	Is the service a National Disability Insurance Scheme (NDIS) provider?		
4	Does the service meet the current Registered Nurse (RN) minute requirements? (The care minutes responsibility is based on a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct RN care)		
5	Has the service had (or does it need) support with the new Aged Care Act? (pending)		
6	Does the service meet or have any exemption for quality data submission?		
7	Does the service have a current Emergency Response Plan?		
8	Is the community's aged care service culturally safe?		
9	Are staff able to access relevant and appropriate training?		
10	Is training accessible to maintain and continue further education relevant to the sector?		
11	Has the aged care workforce received relevant training/is qualified to provide aged care services appropriate to their role/position?		
Total Score			/11
Community collaborative opportunities			
12	Does the aged care workforce comprise persons local to the community?		
13	Is safe, clean and maintained accommodation available and/or provided to local aged care staff, agency staff or relief staff?		
14	Does the provider resource clinical support outside the service?		
15	Does the service have the ability to source and share staffing with other services?		
16	Can staff access training and skill development from other service providers in the area or remotely?		
17	What opportunities are there to collaboratively train workforce across various services /funding types in the community?		
18	Are there opportunities available for shared accommodation facilities?		
19	Is there evidence that the organisation is engaged within the community?		
Total Score			/8

Insert open-ended questions or delete row

Organisational maturity questions and scoring

The 11 organisational maturity questions are forced choice (yes/no) and include:

- Does the organisation have a Star Rating (the Star Ratings system provides information about a residential aged care provider's quality of care)?
- Is the organisation registered on My Aged Care?
- Is the organisation a NDIS provider?
- Does the organisation meet the current RN minute requirements? (The care minutes responsibility is based on a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct RN care)
- Has the organisation had (or does it need) support with the New Aged Care Act? (pending)
- Does the organisation meet or have any exemption for quality data submission?
- Does the organisation have a current Emergency Response Plan?
- Is the aged care organisation culturally safe?
- Are staff able to access relevant and appropriate training?
- Is training accessible to maintain and continue further education relevant to the sector?
- Has the aged care workforce received relevant training/is qualified to provide aged care services appropriate to their role/position?

All forced-choice responses require a simple yes/no response (yes=1; no=0) as per Table 1.

Table 1. Organisational maturity scoring for forced response questions

Sliding scale scoring system

Sliding Scale Description	Score
Yes – meeting aged care regulations	1
No – not meeting aged care regulations	0

The number of 'yes' responses for the 11 organisational maturity questions determines a service's maturity. The overall score can range from 0–11 (Table 2), with a higher overall number indicating greater organisational maturity.

Table 2. Organisational maturity scoring – total score for all questions

Scoring Matrix

Description	Total Score
Organisation is meeting regulatory requirements and demonstrates organisational maturity	8–11
Organisation is meeting some of the regulatory requirements and working towards demonstrating organisational maturity	4–7
Organisation is not mature and risks not meeting regulatory requirements	0–3

Community collaborative opportunities questions and scoring

The eight community collaborative opportunity questions are forced choice (yes/no) and include:

- Does the aged care workforce comprise persons local to the community?
- Is safe, clean and maintained accommodation available and/or provided to local aged care staff, agency staff or relief staff?
- Does the provider resource clinical support outside the service?
- Does the service have the ability to source and share staffing with other services?
- Can staff access training and skill development from other service providers in the area or remotely?
- Are there opportunities to collaboratively train workforce across various services/funding types in the community?
- Are there opportunities available for shared accommodation facilities?
- Is there evidence that the organisation is engaged within the community?

All forced-choice responses require a simple yes/no response (yes=1; no=0) as per Table 3.

Table 3. Community collaborative opportunities scoring for forced response questions

Sliding scale scoring system

Sliding Scale Description	Score
Yes – interested in, or participating in, community collaboration	1
No – not interested in, or not participating in, community collaboration	0

The number of 'yes' responses for the 8 community collaborative questions determines a service's readiness to work with other organisations in the community. The overall score can range from 0–8 (Table 4), with a higher overall number indicating greater collaborative opportunities.

Table 4. Community collaborative opportunities scoring – total score for all questions

Scoring Matrix

Description	Total Score
Organisation and the community have a complete range of services available that work collaboratively	6–8
Organisation and the community have some services available but there is limited collaboration	3–5
Organisation and the community have minimal or no services available and there is no interest from other service types for a collaborative model	0–2

Complete instructions for the use of matrix are provided in Figure 2.

Figure 2. Instruction for completing 'the Matrix'

Introduction

Organisations in remote and very remote communities face systemic challenges when it comes to attracting, retaining, and housing an appropriately skilled aged care workforce.

To quantify workforce challenges within aged care and other healthcare organisations providing services to older people, the Remote Accord developed, evaluated, and refined a Matrix for Classifying Organisations 'the Matrix.' The Matrix can be used to identify a community's readiness to address local workforce issues. It specifically measures **organisational maturity** and **community collaborative opportunities**.

Organisational maturity relates to an organisation's readiness to grow, adapt, and perform effectively.¹⁷ It includes how well an organisation can manage its resources, processes, and strategies to achieve its goals, and its ability to meet regulatory requirements.¹⁷

Community collaborative opportunities refer to the ability of organisations to collectively identify local issues, problem solve and promote communication that supports coordination of care for people in the community. This includes creating and sustaining partnerships within the community, including through workforce, funding, strategic partnerships, organisational alliances and referrals.¹⁸

Results from the Matrix can assist organisations to determine the most appropriate types of aged care and health service models, and the types of aged care reforms, which would be best suited to their community, to address workforce issues.

Instructions

The Matrix is simple to administer and takes about 10 minutes to complete. Anyone who works in an aged care or other healthcare organisation that provides services to older people can complete the Matrix.

There are 19 forced-choice questions, 11 of these are about organisational maturity and eight are about community collaborative opportunities.

There is space for an organisation to include free text questions. An organisation may choose to include free text questions to seek people's opinions, or to provide them with the opportunity to explain a previous answer.

Scoring

Scoring is simple. All forced-choice responses can be answered with a 'yes' or a 'no' (yes=1; no=0). The number of 'yes' responses determine the level of readiness of an organisation in terms of organisational maturity and community collaborative opportunities. Scoring is broken down into two sections – organisational maturity and community collaborative opportunities, as described in Tables 1–4.

Project Team's experience of the Matrix

The Matrix was an integral part of the Project Team's work in understanding the needs of remote providers and progressing particular projects. The Matrix proved to be a useful means of introduction into the communities, and it helped to identify the organisations and individuals who were receptive to the Project and potential initiatives. The tool has been refined since that first iteration and is now a more rigorous instrument that can be self-administered, rather than requiring an external person.

There were, however, several barriers to the use of the Matrix within the three communities. For some facilities and organisations there was a sense of distrust of 'yet another organisation coming in to the community and then not delivering on promises.' There was also limited understanding of the Matrix or even the Remote Accord itself.

The unintended issues, which were outside the control of Project Team, were in relation to staff within the organisations themselves: the turnover of leadership staff and staff 'acting' in leadership roles without appropriate experience or training. This led to a lack of knowledge when completing the Matrix in the first instance and had longer-term repercussions for the continuity of the Project itself.

Despite all this, the Matrix provided key information to the Project Team and allowed them to discern where the strengths and challenges were for organisations to participate in the Project.

It should be noted that completion of the Matrix was not repeated later in the Project but may be a useful tool in measuring an organisation's maturity both before and after project implementation.

With more time, ideally the Project Team would have liked to conduct a full review of the Matrix with providers in late 2025, to assess the changes the Project has made and to assess the impacts of the new Aged Care Act in the Project Communities

Tool 06

Needs assessment

06

Needs assessment summary sheet

A needs assessment is a collection of methods used for identifying the health and service needs of a population. It informs an understanding of the region being investigated, through a detailed and systematic assessment of the population's health needs. It should include analysis of internal and external data, consultation with local health services and other stakeholders, and community consultation. This process identifies health needs, service gaps and key issues to inform current and future priorities.

The needs assessment information presented in this document is based on the [Primary Health Network's \(PHN\) Program Needs Assessment Policy Guide](#)⁷ developed by the DHDA. This document is used by each of Australia's 31 PHNs to inform their comprehensive needs assessments, which are conducted every three years.

Before you undertake a needs assessment, you should review the needs assessment conducted by the PHN in the region you are investigating, to determine whether they have identified specific priorities related to aged care. They will have mapped services, and their needs assessment will provide a strong basis for any additional needs assessments you may want to conduct.

Conducting a needs assessment

If you want to undertake your own needs assessment, or build on the needs assessment of a PHN, there are key data that should be

considered. A needs assessment should include:

- Population health planning and an analysis of the health needs of the region
- Reviewing and identifying market factors and drivers of health services
- Analysing the relevant local and national health data
- Identifying service gaps or market failures
- Stakeholder and community consultation and market analysis
- Determining priorities for your organisation to address.

Several types of data (Table 1) should be collected, collated, and analysed, with particular attention to stakeholder engagement, which is an essential component.

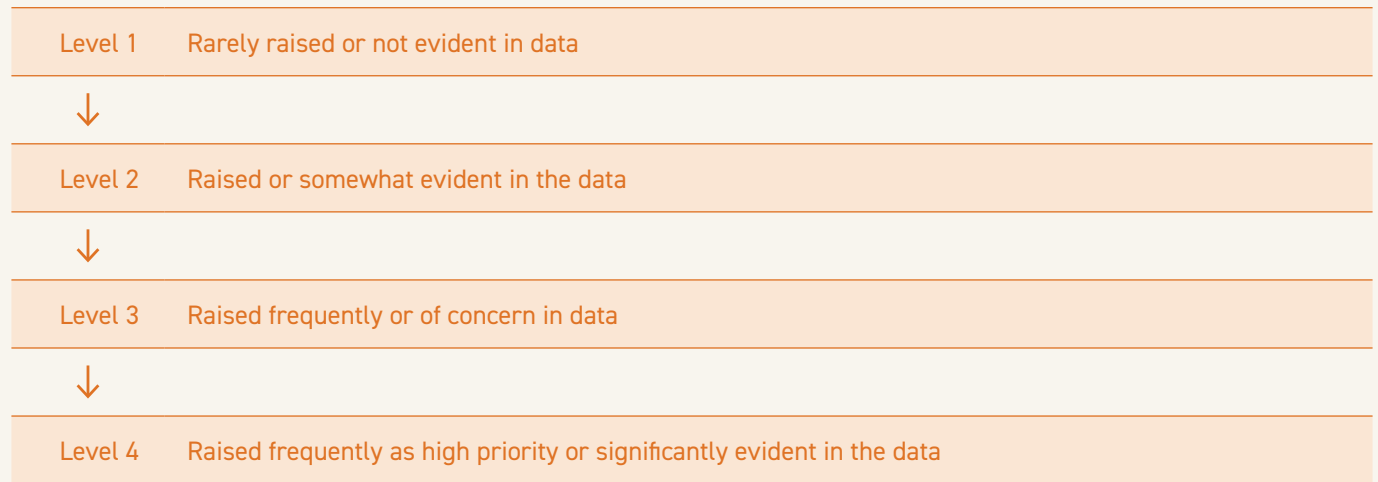
Table 1. Data underpinning a needs assessment

Health needs analysis	Service needs analysis	Market needs analysis
→ Geographic	→ Geographic	→ Efficiency and effectiveness of health services
→ Demographic	→ Workforce mapping	→ Strengths and weaknesses
→ Health determinants	→ Service mapping	
→ Health status	→ Location	
→ Populations with special needs	→ Utilisation	
	→ Accessibility	
	→ Capability	
	→ Quality	

Assessment

Once all the data has been collected, the main issues, as well as their level of priority, should be determined for the population and region being considered. For an example of priorities, see Figure 1.

Figure 1. Needs assessment priorities



Needs assessment

This section explains what a needs assessment is and why it should be conducted and provides a guide for completing one. It should be noted that, while a formal needs assessment was not conducted in any of the communities for the Project, many elements of a needs assessment were completed e.g. investigation of data and consultation with local health services and other stakeholders.

Needs assessment definition

A needs assessment is a collection of methods used for identifying the health and service needs of a population. It informs an understanding of the region being investigated, through a detailed and systematic assessment of the population's health needs. It should include analysis of internal and external data, consultation with local health services and other stakeholders, and community consultation. This process identifies health needs, service gaps and key issues to inform current and future priorities.

The needs assessment process consists of both analysis and assessment. Analysis is the examination and documentation of the community's health and service needs. Assessment is where priorities are determined.

The focus of a health needs analysis should move progressively from the overall community health status, characteristics of specific populations and narrows towards identification of service delivery priorities for the organisation.

Sourcing external data

The needs assessment information presented in this document is based on the [Primary Health Network's \(PHN\) Program Needs Assessment Policy Guide](#)⁷ developed by the DHDA. This document is used by each of Australia's 31 PHNs to inform their comprehensive needs assessments, which are conducted every three years.

Before you undertake a needs assessment, you should review the needs assessment conducted by the PHN in the region you are investigating, to determine whether they have identified specific priorities related to aged care. They will have mapped services, and their needs assessment will provide a strong basis for any additional needs assessments you may want to conduct.

Conducting a Needs Assessment

If you want to undertake your own needs assessment, or build on the needs assessment of a PHN, there are key data that should be considered. A needs assessment should include:

- Population health planning and an analysis of the health needs of the relevant service area.
- Reviewing and identifying market factors and drivers of health services in the relevant service area.
- Analysing the relevant local and national health data.
- Identifying service gaps or market failures.
- Stakeholder and community consultation and market analysis.
- Determining priorities for your organisation to address.

Data

Tables 1, 2 and 3 show types of analysis and the data that needs to be considered in a health and services needs analyses. Table 4 includes a list of useful data sources.

Table 1. Health needs analysis data to be reported

Health needs analysis This is conducted to understand the health needs of individuals and communities within a project's service area. It makes use of a range of demographic, epidemiological and consultative data sources.

The focus of a health needs analysis should move progressively from the overall community health status, characteristics of specific populations and narrows towards identification of service delivery priorities for the organisation.

Type of data	Data to be reported
Geography	The Australian Statistical Geography Standard SA 3 level data should be used. This level of data is designed for information on a region, with 359 SA3s covering the whole of Australia. SA3s are defined by several criteria e.g. they have populations between 30,000 and 130,000, they are often the functional areas of regional towns or cities and, in many circumstances, are defined by existing administrative boundaries such as Local Government Areas (LGAs) or State Regional Development Areas.
Demography	Needs to include a variety of demographic data – population trends can be significant indicators of current or future health needs.
Health determinants	Include all the social determinants of health including those for both Indigenous and non-Indigenous populations.
Health status	This data needs to be sourced and analysed from multiple datasets, along with stakeholder consultation.
Populations with special needs	This requires explicit consideration of populations with non-disease related special needs e.g. issues or inequities specific to the regional that were less evident in the preceding analyses, such as suicide or injury in farming communities.

Table 2. Service needs analysis data to be reported

Service needs analysis This is conducted to ensure an understanding of a community's existing services and health infrastructure. It includes the distribution of the workforce and services, as well as characteristics of specific locations and service types. It can then narrow in on specific locations, service types or relationships between services that are likely to be priorities for a project. The use of the Matrix, found in Section 5 of this Toolbox is also a valuable tool for eliciting this type of information.

Type of data	Data to be reported
Geography	Consider how boundaries impact the area's health system capacity and performance.
Workforce mapping	Analyse the health workforce data for the region e.g. the number and distribution by type of service, workforce characteristics (full time, part time, locum), formal relationships and communication channels between professional groups.
Service mapping	Identify and document the range of services available within the area and the relationships that exist between them. Consider the ability to deal with public health emergencies and issues around regional coordination and preparedness.
Location	Data regarding the physical location and opening hours of services, including outreach services. Stakeholder engagement as well as organisational websites are good sources for this data.
Utilisation	Review Medication Benefit Scheme (MBS) and Pharmaceutical Benefit Scheme data, as well as measures of occasion of service e.g. emergency department presentations and potentially preventable hospitalisation data.
Accessibility	Include financial, cultural and disability barriers, access to specialists and access to services after hours.

Capability	Skills and competence of staff. Stakeholder engagement is the best source of this level of information.
Quality	Accreditation status, practice incentive program enrolment.

Table 3. Market analysis data to be reported

Market analysis Consider how the health market operates in the region. Particularly focus on parts of the market that are not currently active but where there are potential opportunities for engagement, such as from other sectors.

Type of data	Data to be reported
Efficiency and effectiveness of health services	How well does a service's outputs achieve its objectives and at what cost? Consider access, quality, appropriateness, and cultural competency for Indigenous people or culturally and linguistically diverse communities.
Strengths and weaknesses	Combines the evidence gathered to reflect on the strengths and weaknesses of the area's services and health infrastructure. This further builds the understanding of the area and the potential next steps of assessment and prioritisation.

Table 4. Useful data sources for remote health and service data, as at June 2025

Data set	Information available
Australian Institute of Health and Welfare (AIHW)	
Home page	Describes AIHW resources.
Reports and data	Reports, data tables and other key resources that draw on national major health and welfare data collections, across multiple health topics.
Australia's Health 2024	Report on the health of Australians. It is a mix of short statistical updates and longer discussions exploring selected topical health issues.
METeOR metadata registry	Registry for Australian metadata standards for statistics and information in areas such as health, housing and homelessness, aged care, Indigenous, disability, children, families, and youth.
Rural and remote health	Profiles health of rural and remote Australians.
MBS data	Contains information on services that qualify for a benefit under the <i>Health Insurance Act 1973</i> and for which a claim has been processed.
PBS data	Data collection contains information on prescription medicines.
AIHW data by geography	Lists all data for multiple conditions by geography.
Mental health	An overview of mental health with latest data.
Mortality Over Regions and Time (MORT) books	MORT Excel workbooks present mortality data and leading causes of death by sex for specific geographical areas in 2019–2023.
Hospitals	Looks at all aspects of hospital care, can search for region specific data by hospital name.

Data set	Information available
Public Health Information Development Unit Torrens University	
Home page	Comprehensive range of data at national, jurisdictional, regional, and small area levels for Australia.
Social Health Atlases of Australia: Topics, Indicators and Notes	Socioeconomic and geographical variations in health are highlighted in interactive atlases and graphs.
Data workbooks	Where available, data are analysed by age, sex, and Indigenous status.
DHDA or Australian Government	
MBS information	Contains the MBS information.
Medicare item reports	Allows user to generate reports and produce statistics on requested items in the MBS.
Australian immunisation register	Immunisation data for health professionals.
PHNs	About PHNs and interactive maps on their location.
Australian Bureau of Statistics (ABS)	
General census information	ABS Census and Census-derived data on demographics, including the Socio Economic Indices for Areas and profiles of health including the National Health Survey, the National Nutrition and Physical Activity Survey and the National Health Measures Survey, the Patient Experience Survey, the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey, and the National Aboriginal and Torres Strait Islander Health Measures Survey.
Health conditions and risks	Details health conditions and risks.
Causes of death	Latest causes of death data.
Disability	Disability in Australia.
Health services	Health services in Australia.
Mental disorders	About mental disorders.
Indigenous data	
DHDA – Aboriginal and Torres Strait Islander Health Performance Framework	Includes resources on supporting Indigenous health.
Australian Indigenous Health InfoNet website - Homepage	Provides the evidence base to inform practice and policy in Indigenous health.
Profile of Indigenous Australians	AIHW data.

Data set	Information available
Health workforce data	
Workforce	Contains AIHW data and reports on health workforce.
National Health Services Directory (NHSD) and Healthdirect	
Home page	NHSD is a national directory of health services and the practitioners who provide them. Includes maps and locations of services.
Aged care	
GEN aged care data	Comprehensive data on aged care in Australia. Use my aged care region tool, to explore data about the population of your region, the provision of aged care services, and the people who receive these services.

Stakeholder engagement is an essential component of a needs assessment.

Project teams should consult with clinical council, community advisory committees, local area networks, services providers, individual local health professionals, consumers, and any other relevant stakeholders. See Section 2 of this Toolkit for further information on stakeholder engagement.

Assessment

Once the evidence has been collected, this information needs to be synthesised to identify the main issues and prioritised. Create a system for determining the priority of each of the issues raised. An example such as that provided in Table 5 could be used.

Table 5. Example of priority levels for issues raised as part of a needs assessment

Priority Level	Definition
Level 1 (lowest priority)	Rarely raised as an issue or not evident in the data.
Level 2	Raised as an issue or somewhat evident in the data.
Level 3	Raised frequently as an important issue or concern and is evident in the data.
Level 4 (highest priority)	Raised frequently as a high priority issue or there is significant concern requiring action evident from the data.

Tool 07

Education and training



07

Education and training organisations in remote Australia summary sheet

Guide to engaging an RTO in remote Australia

Researching, selecting, and working with an RTO can be complex when delivering training in remote and very remote communities. Figure 1 provides an outline of the steps required to engage an RTO, with some additional considerations in remote communities.

Figure 1. Steps required to engage an RTO

Step	Remote perspective
Step 1 – write a brief background information	Important not to 'settle' for inappropriate RTOs, based on your location, but may have to be some compromises.
↓	
Step 2 – Research courses and the RTO itself	Once community requirements are understood, determine which RTOs can offer courses reflecting those needs e.g. aged care certificates
↓	
Step 3 – Create a shortlist of RTOs	This may be particularly short once geography and remoteness is considered.
↓	
Step 4 – Interview and assess	Assessed against ability to: → Provide required qualification → Deliver to small groups in remote localities → Consider recognition of prior learning (RPL) → Have available trainers → Travel to remote locations → Deliver training in a culturally safe manner.
↓	
Step 5 – Assess the benefits/ challenges and create options list	Onerous when working remotely but try to have at least one face-to-face meeting.
↓	
Step 6 – Clarify the rules of engagement – timelines, roles etc.	Difficult to find RTOs who can cater for Indigenous members of the community.
↓	
Step 7 – Regular review –including of Step 1	Fortnightly meetings with proposed RTO and other stakeholders (Community Development Program, employers, funder, community representatives) to ensure scope, budgets and timeframes were met.

National guide to vocational training and funding

The Australian Government provides a searchable database of current RTOs at www.yourcareer.gov.au/learn-and-train/training-providers?locationCode=509. There is also a national site for information on options for Commonwealth financial assistance at www.dewr.gov.au/skills-and-training/help-cost-training.

Education and training organisations in remote Australia

This section of the Toolkit provides a step-by-step guide to engaging an RTO. Each of the steps includes contextual and experiential information, which demonstrates the unique nature of engaging an RTO in remote and very remote communities.

This section also includes a simple list of available vocational training options and funding opportunities throughout Australia. This list is by no means definitive but more a starting point for other project teams. The Project Team suggests caution since websites and links can change over time – however, those provided in this document were current at the time of writing of this publication.

Finally, this section describes the unique issues that were experienced by the Project Team in securing an RTO in a remote community.

Guide to engaging an RTO in remote Australia

Engaging an RTO is usually straightforward – but doing so in remote and very remote communities comes with its own set of barriers. An excellent step-by-step guide to Vocational Education and Training (VET) already exists and is available from the HSSO.

For this Toolkit, the Project Team have instead developed a step-by-step guide (Figure 1) that follows the information provided by the HSSO. However, it provides a remote and very remote project perspective, as experienced by the Project Team.¹⁹

Figure 1. The Project step-by-step guide to securing an RTO

Step	Remote perspective
Step 1 – Write a brief → Background information. → What you need for your organisation. → Think big picture and both short and long term. → Consider your workforce challenges and goals.	→ It is very important in remote and very remote areas as it is difficult to find RTOs, but you don't want to settle for something that turns out to be inappropriate for your organisation or setting. → There may not be a lot of choice, but some things should not be compromised on. → Ensure that you have consulted with community members to correctly match the brief to what they want and what they will be willing to participate in.
↓	
Step 2 – Research courses and the RTO itself → Look online. → How long have they been an RTO? → Who is their governing organisation? → Do they have any regulatory restrictions imposed on them?	→ Ensure the RTO has capacity and an understanding of the requirements of providing services to very remote areas and are willing to support the learning progress of participants in the community.
↓	
Step 3 – Create a shortlist of RTOs → It is important to match the offering to your brief from Step 1. → Using the following criteria, create a shortlist of RTOs that may be suitable: — Preparedness to travel onsite — Cost — Qualifications of trainers — Ongoing support and follow-up for students — Methods of course delivery — RPL options — How do they contextualise their courses? — How prepared are they to customise both the course and their mode of delivery?	→ In remote communities this list is often very short as finding suitable RTOs who are prepared to match their course to the community's needs can be difficult, but it is important to persevere.

Step	Remote perspective
↓	
Step 4 – Interview and assess → Interview the RTO as you would an applicant for a job interview. → Use the information and questions from Steps 1, 2 and 3 to create your interview questions.	→ Request that the RTO describes how they will ensure financial viability for the duration of the course e.g. will they be seeking funding to proceed?
↓	
Step 5 – Assess the benefits and challenges → For each of the RTO's you have looked at and interviewed, create a benefits and challenges list. → If you haven't already done so at the interview, explore the options with them – what can and can't be changed.	→ This step will involve more work and is particularly onerous when working remotely, but it is worth it in the long run. → If you haven't already done so, maybe visit the RTO and meet face-to-face.
↓	
Step 6 – Clarify the rules of engagement → Ensure the following aspects are clarified and documented with your selected RTO: – Timelines and details of the training – Roles and responsibilities of all parties – How you will communicate – How any conflict will be resolved. → Finally, document and sign a formal agreement. You may choose to use: – A service agreement template that your organisation currently uses. – An agreement template provided by the RTO.	→ Difficult to find RTOs who can cater for Indigenous Australian members of the community: – Police check and identification requirements – Caring for family members – Lack of childcare – Implications of sorry business – Requirements to travel off country
↓	
Step 7 – Regular review → Regularly review the arrangements with your RTO, looking at: – Trainer skills and currency – Quality of resources – Whether the training continues to meet your needs – refer back to Step 1. Note: if your needs change, review and change your brief.	→ In the context of the Project this has yet to occur but is an important reminder to ensure the RTO continues with its initial contact and responsibilities. Things can change with the brief,

Guide to vocational training and funding

This guide is designed to help users navigate the available vocational training options and funding opportunities throughout Australia and includes an existing database of all registered training organisations.

National RTOs database

The Australian Government provides a searchable database of RTOs. You can find RTOs by state, region, or qualification at www.yourcareer.gov.au/learn-and-train/training-providers?locationCode=509.

Government vocational training funding opportunities by state and territory

Figure 2 lists sites available for vocational training funding across Australian states and territories.

Figure 2. Vocational training funding opportunities in Australia – national, state and territory, as of June 2025

State or territory	Name	Link	Description
National	Department of Employment and Workplace Relations – Training Costs	www.dewr.gov.au/skills-and-training/help-cost-training	Provides information regarding options for Commonwealth financial assistance.
ACT	ACT Government – Skills Grants	www.act.gov.au/skills/grants	Provides information and links to Skills Canberra grant opportunities.
NSW	NSW Government Vocational Funding Overview	www.nsw.gov.au/education-and-training/vocational/funding	Provides information on how to access funding for VET courses for high-demand industries.
	NSW Government Smart and Skilled	www.smartandskilled.nsw.gov.au	Provides information and search option for Skills NSW training courses, including any available fee-free options.
NT	Industry Skills Advisory Council NT – Funding	www.isacnt.org.au/funding	Provides information on grant and funding opportunities for training in NT.
QLD	Grow Your Own Workforce – Training Funding	www.gyoworkforce.com.au/funding-for-training	Provides information and search option for vocational training options, including fee-free options and Certificate 3 Guarantee.
	Qld Government Department of Trade, Employment and Training	www.desbt.qld.gov.au/training	Provides information on employment and training, including training subsidies and fee-free options, via the Training/Training and careers option.
SA	SA Government Skilling SA	www.courses.com.au/government-funding/skilling-sa	Provides SA students with information on subsidised qualifications, based on your employment and training level.
TAS	Tas Government Skills Tas – Funding	www.skills.tas.gov.au/funding	Provides links to funding programs through the Skills Tasmania funding opportunities and grants.
VIC	Vic Government Skills First Funding Eligibility Check	www.vic.gov.au/check-your-eligibility-for-skills-first-funding	A funding program that provides students with access to government-subsidised training courses in growth industries.
	Vic Government Free Technical and Further Education (TAFE)	www.vic.gov.au/free-tafe	Provides information on free TAFE courses available in Victoria.
	WA Government – Jobs and Skills	www.jobsandskills.wa.gov.au	Provides information on fee-free and low fee training opportunities in priority industry areas.

Case study – the Menindee example

The Remote Accord Project Team attempted to follow an agreed process when researching and securing an RTO. However, this did not necessarily go to plan. As with many aspects of working with remote and very remote communities, the issues and barriers were complex and varied.

After consulting with approximately 11 different RTOs, the Project Team selected a provider^a based on several key factors:

- **Regional understanding and support** – *As a regional provider, the chosen provider demonstrates a clear understanding of the challenges posed by geographic isolation and the support mechanisms required to address them effectively.*
- **Experience with migrant students** – *The chosen provider has a strong track record of working with migrant students relocating to Australia. The organisation offers a comprehensive support system that includes academic tutoring, pastoral care, cultural training, and proactive measures to ensure individual cultural safety during the transition to a new country and culture.*
- **Flexible workforce** – *The chosen provider maintains a flexible staffing model, allowing the organisation to scale resources up or down as needed throughout the life of the Project.*
- **Self-awareness and capability** – *The chosen provider demonstrates a realistic understanding of its capabilities and limitations, which supports more effective planning and execution.*
- **Tailored training delivery** – *The chosen provider expressed a strong willingness to collaborate on creating a tailored and viable training pathway for small student cohorts in remote and very remote areas.*
- **Transparency and communication** – *From the outset, the Directors of the chosen provider were transparent in all communications, including financial considerations – an important factor in the decision-making process.*

^a The provider that was engaged has been de-identified, at their request.

Tool 08

Effective models of workforce engagement

Note: No summary sheet is provided for this tool as it highlights multiple case studies for workforce engagement that should be read in full.

08

Effective models of workforce engagement

This section includes exploration of various innovative approaches to engaging the workforce in Australia and may be applicable in some remote locations. Two of the models presented are in various stages of implementation in the remote Project Communities. Given further time and resourcing it is anticipated that the current Project would benefit from further testing of these models in these two communities.

Exploration of models

Scarcity of a health workforce in remote and very remote Australia has resulted in the introduction and piloting of schemes that address the lack of workforce. This Section of the Toolkit offers an outline of five such models and looks at both the key factors in the potential success of those models and the barriers. While most of these models cross several industries, for this exercise, the analysis will focus on their application in the health industry and the disability sector, in remote areas.

Pacific Australia Labour Mobility (PALM) Scheme

The PALM scheme is an initiative by the Australian Government to facilitate job opportunities for individuals from nine Pacific island countries, and Timor-Leste, in the Australian aged care sector.²⁰ Participants can work in Australia for a minimum of one year, with the option to extend their stay for up to four years.²⁰ This program aims to address workforce shortages while providing valuable employment opportunities and experience for Pacific job seekers.

Key factors to success

A review of PALM initiatives across both the health and disability sector has identified several key factors resulting in its success. These include:

- Executive and management support for the program.
- Ensuring that the host organisation is enthusiastically engaged in the model, and, where possible, is a larger scale provider so that workers can be 'clustered' and thus be better supported.²¹
- Where possible, include other industries that provide ancillary health services e.g. cleaning, catering or maintenance, so that the number of participants in one location can be expanded, thus maximising the attraction of the model.²¹

- An understanding of any cultural practices or issues.^{22,23}
- Adequate workplace supervision for participants, including the allocation of 'buddies' in the Australian workplace.^{22,23}
- A degree of experience in a similar role e.g. previous training in a similar role in their country of origin or additional support for those without formal employment experience.^{22,23}
- A comprehensive induction prior to commencing in the Australian workplace environment.
- Ensuring participants understand the nature of the role and program, both from an academic and physical perspective.^{22,23}
- The model works well in industries such as health, where there is a workforce shortage rather than those where there is limited opportunity for job growth e.g. manufacturing industry.²⁴

Potential barriers

While the PALM model provides significant benefits to areas of workforce shortage, there are some barriers that are common across various initiatives. These include:

- A lack of support for the program in some Australian workplaces.
- Miscommunication between participating organisations.^{22,23}
- Placing participants in very small facilities with no connection to an overarching larger organisation for support can be problematic, or alternatively²¹
- Placing only a few participants in a location or moving participants frequently between wards or facilities reduces their satisfaction with the model.²¹⁻²³

Model in practice

The Australian Pacific Training Coalition and the Pacific Labour Facility worked with a PALM labour hire Approved Employer (AE) to deliver a Certificate III in a relevant discipline to 40 students from Suva.^{22,23} The program involved blended training arrangements: it was delivered for 12 weeks in Suva and then followed by a supervised work placement for the remaining 10 weeks on site in one of nine Australian aged care facilities.

Unfortunately, poor communication between the AE and the Host Employer meant that some facilities did not have a formalised dedicated workplace supervisor. This issue was compounded by some of the Host Employer facilities not being receptive to the pilot.

Despite these setbacks, overall, the experience was positive with 38 of the participants completing the course.

Designated Area Migration Agreements (DAMA)

A DAMA is a formal arrangement between the Australian Government and a Designated Area Representative (DAR); usually a state or territory authority or a regional body such as Local Government or Chambers of Commerce, allowing access to a greater number of overseas workers than standard migration programs. DAMAs are structured as a two-tier framework:

- Tier 1: An overarching five-year deed of agreement (head agreement) with a regional representative.
- Tier 2: Individual labour agreements tailored to employers within the parameters set by the head agreement. This flexibility enables regions to respond effectively to their specific economic and labour market needs.

Employers are required to apply for endorsement from the DAR. Once approved, the business then nominates and sponsors skilled and semi-skilled overseas workers for certain occupations, including health. An important requirement of a DAMA is that employers must provide evidence of genuine attempts to employ Australian workers first. Participants employed under a DAMA may be currently living overseas or may be already in Australia but have visas that are soon to expire.

Key factors to success

- Prioritising of regional visa processes.²⁵

- Having a DAR that is experienced in employment via DAMAs.²⁵
- Concessions can include the level of experience, age, salary, and command of the English language.
- While it is up to the employer as to whether they collaborate with a registered migration agent, this can contribute to the success of the program.²⁶
- As with the PALM model, employing a critical mass of staff in a community, across a range of industries ancillary to aged care, can contribute to the success of the model.²⁶
- Allows for a wider range of occupations than regular visas.²⁷
- Participants employed under a DAMA can include those already working in Australia whose visa may soon expire or who may soon cease to comply with normal working visa requirements e.g. age.²⁶
- Participants must live and work in the area sponsored under the DAMA i.e. fly-in, fly-out (FIFO) workers are not eligible.

Potential barriers

- DARs must be cognisant of the potential for a higher risk of exploitation and therefore must have the capacity and organisational maturity to manage the complexities involved in supporting workers sponsored and employed through a DAMA.²⁵

Model in practice

East Kimberley Chamber of Commerce and Industry have a DAMA with the Federal Government for the provision of overseas workers from a range of industries including the health and aged care sector.²⁶ An Aged Care facility located in the area, with a range of workforce gaps, were successful in their application for a labour agreement initially for two participants who were currently working in two separate Australian capital cities, with one soon to exceed the allowable age for a regular visa (45 years of age).

These were the first of many DAMA participants for that facility. Within 12 months of the first two, all 17 of their vacant positions, ranging from nursing and personal care workers, to catering and administrative services, were filled.

Hybrid tertiary training and pathway to homeownership

This innovative project model seeks to establish a collaborative working group composed of health service providers and educational institutions to develop a hybrid tertiary training program, specifically for Indigenous Australians. This initiative aims to:

- Facilitate access to recognised health qualifications for students.
- Create a defined pathway to homeownership, promoting community stability and economic empowerment. By integrating education and financial stability, this model enhances opportunities for local residents.

It is anticipated the hybrid model will provide assistance for Indigenous community members to more easily access financial assistance to apply for a loan and purchase a home, while providing them with appropriate support to make that a reality i.e. financial, legal and negotiation assistance and education.²⁸ The initiative will see the Pathway to Home Ownership model that has been established in the East Kimberley through the Wunan Foundation, combined with a tertiary training model. The Project

will provide Indigenous Australian people with access to health-related courses while working in the health industry in the area. Participants would be provided with rental accommodation that would evolve into them working towards home ownership of the property.

Key factors to success

- Using a co-design approach to construction to ensure homes meet the actual needs of the community.
- Participants would be required to be enrolled and completing a health-related tertiary course while working at a local health facility to be eligible.

Potential barriers

- Having key individuals leave the area or cease involvement can seriously impact both the success and longevity of the program.
- Ensuring adequate mentoring and support throughout the program is a vital component of it succeeding.

Model in practice

The proposed model in the West Kimberley community is partly based on a successful one that was implemented in there by the Wunan Foundation – The Pathways to Home Ownership Program.²⁸ The program facilitated and supported home ownership for members of the community. Through the program, eligible community members were able to access assistance with financial planning and ongoing mentorship through the home ownership process, with the program collaborating 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.

Recognition of lived skills for employment in aged care

The RPL initiative focuses on creating a process to recognise lived skills within remote communities and promote local workforce participation in the aged care sector. This framework will:

- Acknowledge and validate the unique skills and experiences of individuals.
- Support the employment of local residents in aged care roles, thereby strengthening community ties, enhancing service delivery and contributing to the sustainability of services.

Key factors to success

- Participants must be willing to remain working at the organisation for the length of the training course, thus providing a consistent workforce.

- Having a specific training provider for all participants ensures that the nuances of participant requirements in that specific community, can be addressed.
- Provides employment for local community members who are more likely to remain employed in the health sector within that community.

Potential barriers

- Participants would be required to commit to the length of the training course and to their ongoing employment during that period.
- The importance of sourcing and maintaining mentors for participants would be paramount.

Model in practice

In the community of Menindee, a program providing training from an RTO (de-identified at the request of the provider), to train students in a health-related discipline, will be trialled. The aim of the program is to provide the required training, with experiential learning being recognised as well as any formal qualifications. Four participants have been signed up to commence in July 2025 with three of these identifying as Indigenous.

For participants, this program means being able to achieve appropriate qualifications while securing employment in a local health organisation. The ability to do this without the program is limited given the constraints for them in gaining employment in their local community, as well as accessing the necessary training despite barriers such as transport and funds for course fees.

Participants will be mentored right through the training process; from providing all the essential paperwork for employment and training to assistance with study and gaining the necessary practical skills associated with their roles.

Fly-in, fly-out clinical staffing

FIFO models rely on staff moving in and out of a community to provide services where there is a workforce shortage. These can take a variety of different forms:²⁹

- Specialist outreach services where it would not be conceivable to have that discipline of clinician permanently in a remote or very remote location.
- 'Hub and spoke' model where outreach services are provided to a variety of locations from one central location.
- Orbiting staff who move around between a few specific communities, negating the need for repeated orientation.
- Long-term positions where a cohort of practitioners provide services on a regular basis (e.g. month on, month off).
- Short-term locum or agency staff who attend a location as a once-off occurrence.

Each has its own advantages and drawbacks.

To address clinical staffing shortages in remote areas, a FIFO model that recruits a regular cohort of clinicians to work at remote facilities is usually the best option for sustainable and high-quality care.

Key features include:

- Clinicians are compensated at rates comparable to those offered by nursing agencies.
- This arrangement ensures continuity of care, as clinical staff are consistently present.
- By using direct employment, aged care organisations avoid the additional costs typically associated with temporary staffing.

Key factors to success

- A well-functioning effective permanent staff cohort with a good relationship with, and being held in high regard, by the community.³⁰
- Adequate infrastructure including accommodation and information technology.³⁰
- Prior knowledge of the community and/or the organisation or good orientation to the same.³⁰
- FIFO staff being supportive of the local health workforce.³¹
- Remuneration that reflects the associated travel and living-away-from-home costs.³²

Potential barriers

- Constant loss of corporate knowledge in addition to repeated need for on-boarding and induction processes, thus leading to unsustainable pressure for permanent staff.³⁰
- Address the immediate, short-term health needs but lead to lack of continuity and do not 'value-add' in the longer term.³⁰
- High staff turnover can lead to decreased quality of care and an increased risk of errors.³⁰
- A poorly planned FIFO solution can result in a time-consuming drain on existing permanent services and staff.²⁹
- Relies on staff being able comfortable to be separated from their usual lifestyle for significant periods of time, potentially resulting in limited social support and social dislocation, as well as the associated health risks.³²

Model in practice

One organisation that extensively uses a FIFO workforce is the Royal Flying Doctor Service (RFDS). This includes providing regular FIFO general practitioner (GP) and nurse-led clinics, mental health clinics and dental services.³³ These services are often provided 'beyond normal medical infrastructure' where demand or capacity to house a permanent service is not viable, and there is no access to the medical benefits schedule.³³

One specific example is the provision of the Rural Women's GP Service by the RFDS.³⁴ This service provides a choice of a female GP in communities where there is only a male permanent practitioner. These female GPs attend these communities for years, negating the need for constant orientation of new staff and engender trust from the community normally only achieved through having a long-term practitioner.



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