

RURAL AND REMOTE AGED CARE WORKSHOP 2026



ACKNOWLEDGEMENT

Keogh Bay respectfully acknowledges the First Nations Peoples who are the Traditional Owners and First People of the land on which we meet today. We pay our respect to their Elders, past and present, and recognise their continued connection to culture, land and waterways.

CONTENTS

1 CONSUMER ENGAGEMENT
2 FINANCIAL GOVERNANCE
3 SUPPORT AT HOME & RESIDENTIAL CARE
4 CURRENT SUPPORTS
5 REGIONAL TOPICS OF CONCERN



TIMINGS

8.30 am	Arrival (tea, coffee and juice available)
9.00	Introductions, housekeeping and Agenda
9.30	**Topic 1: Consumer Engagement** - navigating the difficult conversations with consumers
10.30	Morning tea
10.45	**Topic 2: Financial Governance and Audits** - managing your organisation's finances and an overview of audit processes (presented by the Commission)
11.45	**Topic 3: Support at Home & Residential Care** - tackling common issues at the provider level
12.45 pm	Lunch
1.30	Q&A re morning topics
1.45	**Topic 4: Current Supports Available** (presented by the Department)
2.45	Afternoon tea
3.00	**Topic 5: Regional Topics of Concern** - the issues you tell us matter most
4.00	Wrap-up
4.30	Close



AIM OF TODAY'S WORKSHOP

1

Knowledge and understanding

Providers will learn practical skills they can immediately use at work.

2

Develop provider capacity

We'll help you consider how to implement these skills in your daily work to improve care delivery and meet aged care regulations.

3

Network and build relationships

Network and share insights with other providers and department staff.



INTRODUCTIONS

Who you are?

What is your experience/role in aged care?

What do you hope to get out of today’s workshop?



CONSUMER ENGAGEMENT

WHERE THIS SITS IN LAW

A HARD CONVERSATION DONE BADLY IS A RIGHTS ISSUE

1

Statement of Rights

s.23, Aged Care Act 2024

Person-centred communication, and the ability to raise issues without reprisal, is a right.

2

Statement of Principles

s.25, Aged Care Act 2024

Put older people first. Treat them as unique individuals in every decision and action.

3

Aged Care Code of Conduct

Monitored by the Commission

Support personal choice, dignity and respect. Behave kindly, honestly and respectfully.

4

Standard 1: The Individual

Strengthened Quality Standards

Underpins all seven Standards: person-centred care, dignity of risk, culturally safe practice.

5

Standard 3: The Care and Services

Outcome 3.1 Assessment and planning

Partner with the person on their care plan. Record communication preferences, decision-making capacity, who they want involved and their right to take risks.

"Providers must take all reasonable and proportionate steps to act compatibly with these rights."
Support at Home Program Manual v4.3, s.2.3.1

ACTIVITY | 10 MINUTES

WHICH CONVERSATIONS DO YOU PUT OFF?

1

In your group

2 min

Write down some difficult conversations you've had or need to have with clients or their representatives.

2

Why?

5 min

Write what made you think it would be difficult.

3

Share your group's thoughts

3 min

One person from your group will share what you wrote down.

ACTIVITY | 10 MINUTES

YOUR TURN FIRST: A SHOW OF HANDS FOR A, B, C OR D

THE SCENARIO

Paying more, and a possible complaint

- An older person you support, at home or in residential care, is told she must pay more.
- Nothing about her care has changed. The letter explained the rule, not the reason.
- She says she cannot afford it, and is talking about taking it further.
- You have four ways to open the conversation.

Built in Articulate Storyline. The module can be provided so you can run it with your own team.

1	**View the scene**	It plays on the screen. Nothing to write down; just watch how she says it.
2	**Decide on your own**	Four options appear, marked A, B, C and D. You get about five seconds. Do not confer.
3	**Put your hand up**	We call A, B, C and D in turn. Raise your hand for your choice and keep it up until we have counted the room.
4	**Live with it**	The room's choice runs, and we view what happens next.

Ground rules

- Vote on instinct. We are doing this before the models, on purpose.
- There are no trick options. Every one is a choice a real staff member has made.

SDAP Workshop 2026 | Consumer Engagement



BEFORE ANY OF THE MODELS

THE BASICS: HOW TO HOLD ANY OF THESE CONVERSATIONS

None of the models later in this session will rescue a conversation held in the wrong room, in the wrong words, with the wrong people present.

Before you start

- Choose the place and the time.
- Ask who else should be there, and check that nobody is being left out or wrongly included.
- Arrange for an interpreter if possible.
- Know your one sentence.

In the room

- Say who you are and why you are there, every visit.
- Sit down at eye level, laptop closed.
- Plain English only.
- Choosing when to say hard things depends on the strength and health of your relationship.
- Speak to the person, not about them.
- Acknowledge the person's feelings.

Before you leave

- Check what landed: "How would you explain this?" never "Do you understand?"
- Agree on what happens next, who does it, and by when.
- Document it in the client file.
- Tell the people who need to know.

Words to drop: unfortunately · as you are aware · policy says · non-compliant · refused · we'll look after you · contribution · classification · reablement · AT-HM · SIRS

If it is not a word they would use at their own kitchen table, find another one.



SOME MODELS TO CONSIDER

Three models that could be used

SOME MODELS TO CONSIDER

THREE MODELS THAT COULD BE USED

No single model covers a hard conversation from start to finish. Structure gets the information across and keeps it intact as it escalates. Person-centred models determine whether the family is still with you when you finish.

STRUCTURE

ISBAR

Five steps that stop you burying the point.

HARD NEWS

PREPARED

Eight steps for the conversation where the news itself is the harm.

PERSON-CENTRED

Kitwood

Person-centred care as a leadership test: do your meetings, incident reports and board papers still describe a person, or just “the fall in room 12”?

ISBAR: FIVE STEPS, IN THIS ORDER

I	**Introduction and Identification**	Who you are, your role, and who this is about. Check who else should be in the room before you go further. *You, the DON and both daughters, not the RN involved.*
S	**Situation**	Why are you here today, in one sentence? Say it early; do not build up to it. *"I am here about Tuesday's medication error."*
B	**Background**	What has led to this? History, previous agreements, what has changed since. Say it out loud so we can correct it. *Tuesday: the notification was lodged; the review since.*
A	**Assessment**	What do you think it means? Your professional read, in plain words, offered as an opinion the person is allowed to disagree with. *"Our rounds process failed here. This is not one nurse."*
R	**Recommendation**	What you are proposing, what you need from them, when you need it, and when you will review it. *"Three changes by 30 June, and I will write to you after each one."*

Before you start

Write the five steps on one page before you walk in.

If you cannot fit the conversation on one page, you are not ready to have it yet.

Take the page in with you. Nobody minds.

PREPARED: EIGHT STEPS FOR THE HARDEST CONVERSATION

Built for any conversation where the news itself is the harm: dying, a serious incident, or telling a family your service can no longer meet their parent's needs. NSW Clinical Excellence Commission, adapted from Clayton et al., Medical Journal of Australia, 2007.

P — Prepare for the discussion
Confirm the facts and the options before you go in. Find privacy and uninterrupted time. Gauge readiness and agree on who is present.

A — Acknowledge emotions and concerns
Name and respond to fear and distress throughout, not just once and to your team. This is hard on staff too.

R — Relate to the person
Introduce yourself and your role. Build rapport. Consider cultural and contextual factors. Listen far more than you talk.

R — Foster realistic hope
Honest without being blunt. Be specific about what you will do and by when. Find the goals that are still realistic.

E — Explore priorities and concerns
Ask what they already understand and how much they want to know, before you give information. Explore the family's concerns and their need for support.

E — Encourage questions
Check understanding. Be ready to repeat explanations. Leave the door open for the conversation to be had again.

P — Provide information
Ask permission first. Pace it to their understanding. Be honest about uncertainty. Around three facts at a time, then stop.

D — Document
Write a summary of what was discussed and agreed. Tell everyone involved in the person's care, including the GP.

E, P and A are not a sequence. Respond to emotion whenever it arrives, then come back to where you were.

WHAT PREPARED SOUNDS LIKE

Openers worth using

- “Is there anyone else you'd like here with you while we talk?”
- “What have you been told so far about what's happening?”
- “How much detail would you like from me today?”
- “What matters most to you about how we look after you now?”
- “If she could tell us herself, what would she want us to know?”
- “Is there anything you really don't want to happen?”
- “What worries you most about what we've talked about?”
- “We can plan for things getting worse and still hope for the best.”
- “Have I given you what you needed? Write anything else down and ask me next time.”

ISBAR or PREPARED?

- ISBAR when the risk is that information gets lost or the decision does not get made.
- PREPARED when the risk is that the person is distressed by the way they are told.
- Often both: the family conversation, then the handover to the GP and after hours.

KITWOOD: WHAT PERSON-CENTRED CARE ASKS OF YOU

D = NI + H + B + P + SP

What you see is the dementia (D) plus neurological impairment, physical health, biography, personality and social psychology: how we treat the person. Only one of those five is fixed.

Five psychological needs, with love at the centre

Comfort	Warmth, closeness, relief from anxiety
Attachment	Bonds that make an unfamiliar world safe
Inclusion	Being part of the group, not beside it
Occupation	Doing something that matters to them
Identity	Knowing and being known as who they are

Malignant social psychology

Ordinary, unmalicious things staff do that strip personhood:

- Outpacing
- Infantilisation
- Invalidation
- Disempowerment
- Labelling
- Objectification
- Intimidation
- Ignoring

Positive person work

What you replace them with:

- Recognition
- Negotiation
- Collaboration
- Play
- Timalation
- Celebration
- Validation
- Facilitation

PUTTING IT TOGETHER

WHICH APPROACH, WHEN

The moment	Reach for	Because
Handing over to a locum, a hospital or another provider	**ISBAR, with a written handover**	The risk is lost information, not emotion. Structure and documentation are the intervention.
Telling a family the price or the service is changing	**ISBAR, in plain English, plus a written summary**	They need the sequence and the record. Give them both, and a review date.
Explaining the End-of-Life pathway to a Support at Home participant	**PREPARED**	The news itself is the harm. Ask permission, pace it, and answer the emotion before the logistics.
She insists she already paid, and she has not	**Kitwood**	Invalidation is the failure mode. Arguing the bank statement costs the relationship and will not shift the belief.
He refuses the shower every single visit	**Kitwood**	Look at what the routine is doing to his dignity before you change the care plan. Outpacing and infantilisation start in the bathroom.
A family in conflict about entering residential care	**Yarning, collective decision-making, more time**	The decision is not one person's to make. A single signature is not a decision.



CULTURALLY SAFE CONVERSATIONS

Yarning, kinship, practical tips, and words that land

CULTURALLY SAFE PRACTICE

WHAT CHANGES IN A FIRST NATIONS CONTEXT

Who is in the room is not your decision

Kinship and avoidance relationships determine who can speak, who cannot sit together, and who holds authority for this person. Ask before you convene the meeting.

Institutional care carries memory

Missions, dormitories, removal. “We'll look after you” is not a neutral sentence. Trauma-aware and healing-informed practice is a Standard 1 requirement, not an add-on.

Sorry and cultural business takes precedence

Reschedule. Do not record it as a missed appointment or a refusal of service, and do not let it trigger a cancellation fee.

Decisions are collective

One signature is not a decision. Build in the time for family to talk it through and the second and third visit.

Direct questioning reads as interrogation

Gratuitous concurrence agreeing to end the discomfort is a live risk in consent, service agreement and contribution conversations. A “yes” may not be a yes.

Language support is available and free

Interpreter Connect for First Nations languages via My Aged Care. Free translation and Easy Read via diversityagedcare.health.gov.au.

Shame is not embarrassment

It attaches to money, bodies, continence, literacy and being singled out in front of others. Design the conversation so nobody is singled out.

Aged care starts at 50

Eligibility from age 50 means these conversations happen with people who still hold work, family and cultural responsibilities.

CULTURALLY SAFE PRACTICE

YARNING IS A METHOD, NOT A SOFTER WORD FOR CHATTING

What an interrogation looks like

- Closed questions asked in sequence, off a form.
- A clipboard or a laptop between the two of you.
- Sustained direct eye contact, expected and returned.
- One hour, one room, one outcome, booked in advance.
- Silence treated as a problem to be filled.
- “Do you understand?” a question that can only be answered yes.

What a yarn looks like

- You go first who you are, where you are from, who you are connected to.
- Side by side, outside if possible. No barrier between you.
- Silence is part of the method. Leave it alone.
- The topic arrives late, and that is not a failure of the meeting.
- A second and third visit is the plan, not a sign the first one failed.
- “How would you explain that to your grandson?” a question that shows you what landed.

CULTURALLY SAFE PRACTICE

TALKING WITH AN ABORIGINAL OLDER PERSON

General guidance, not a rule book. Practice differs between the Kimberley, the Pilbara and the Goldfields and between communities within each. Check it locally before you rely on it.

1 Start with who you are

Your name, where you are from, who you work for, and anyone you know in common. Business comes after that, not before it.

2 Get the name right

Ask what they want to be called. Aunty and Uncle are titles of respect earned in community wait to be invited, do not assume them.

3 Sit, do not stand

Same level, side by side, outside if they would rather. Never talk business standing over someone in a bed or a chair.

4 Leave the silence alone

A long pause is thinking time. Filling it with another question is how you end up with an answer nobody meant.

5 Eye contact is not the test

Looking away can be respect. It is not evasion, and it is not evidence of cognitive decline. Do not record it as either.

6 Offer an interpreter

Aboriginal English is a dialect, not poor English, and many people are speaking a third or fourth language.

Interpreter Connect for First Nations languages is available through My Aged Care, and organising interpreter services is an included care management activity.

CULTURALLY SAFE PRACTICE

TALKING WITH FAMILY AND THE WIDER DECISION GROUP

1	**Ask who speaks for this person**	The next of kin recorded on your form may not hold the authority. Ask directly, and ask again if the answer shifts.
2	**Check before you convene**	Avoidance relationships mean some people cannot be in the same room. Finding that out at the door is too late for everyone.
3	**Plan for more than one meeting**	Family need to talk it through without you in the room. Build the second and third visit into the care management schedule from the start.
4	**Never push for a signature on the day**	Consent given to end the pressure gets withdrawn later and costs you the relationship in the meantime.
5	**Say the money number plainly and early**	Income is often shared across a household. A contribution may come out of what feeds several people. Do not bury it on page four.
6	**Know what the move costs the household**	The house may be in the older person's name. Entering residential care can leave others with nowhere to live. Ask before you recommend.

Sorry and other community business takes precedence over any appointment you have made.

CULTURALLY SAFE PRACTICE

SAME MESSAGE, DIFFERENT WORDS

Instead of	Try	Why it matters
"Do you understand?"	**"How would you explain this to your family?"**	The first can only be answered yes. The second shows you what actually landed.
"You'll need to sign this today."	**"Take this away and talk about it. I'll come back Thursday."**	A signature under time pressure is not consent, and it will be revisited.
"We'll look after you."	**"You'd still make your own decisions. Here's what changes and what doesn't."**	That phrase carries the memory of missions and dormitories. Name what stays in the person's control.
"Who is your next of kin?"	**"Who speaks for you? Who should be here when we talk about this?"**	The category on the form and the authority in the family are often different people.
"Why haven't you paid?"	**"Let's have a look at this bill together."**	Why questions read as accusation. Sit on the same side of the paper.
"We'll organise respite."	**"A short stay so your daughter gets a break then you come home."**	Program words mean nothing. Describe what happens, including the going-home part.
"The client refused services."	**"We haven't found a way that works for her yet."**	The first closes the file. The second keeps the problem yours, where it belongs.

BEFORE YOU LEAVE

THINGS TO DO ON MONDAY

Your one action

- Pick the conversation you have been putting off and select a model or approach that you will now use.

Your commitment

Write one sentence and address it to yourself.

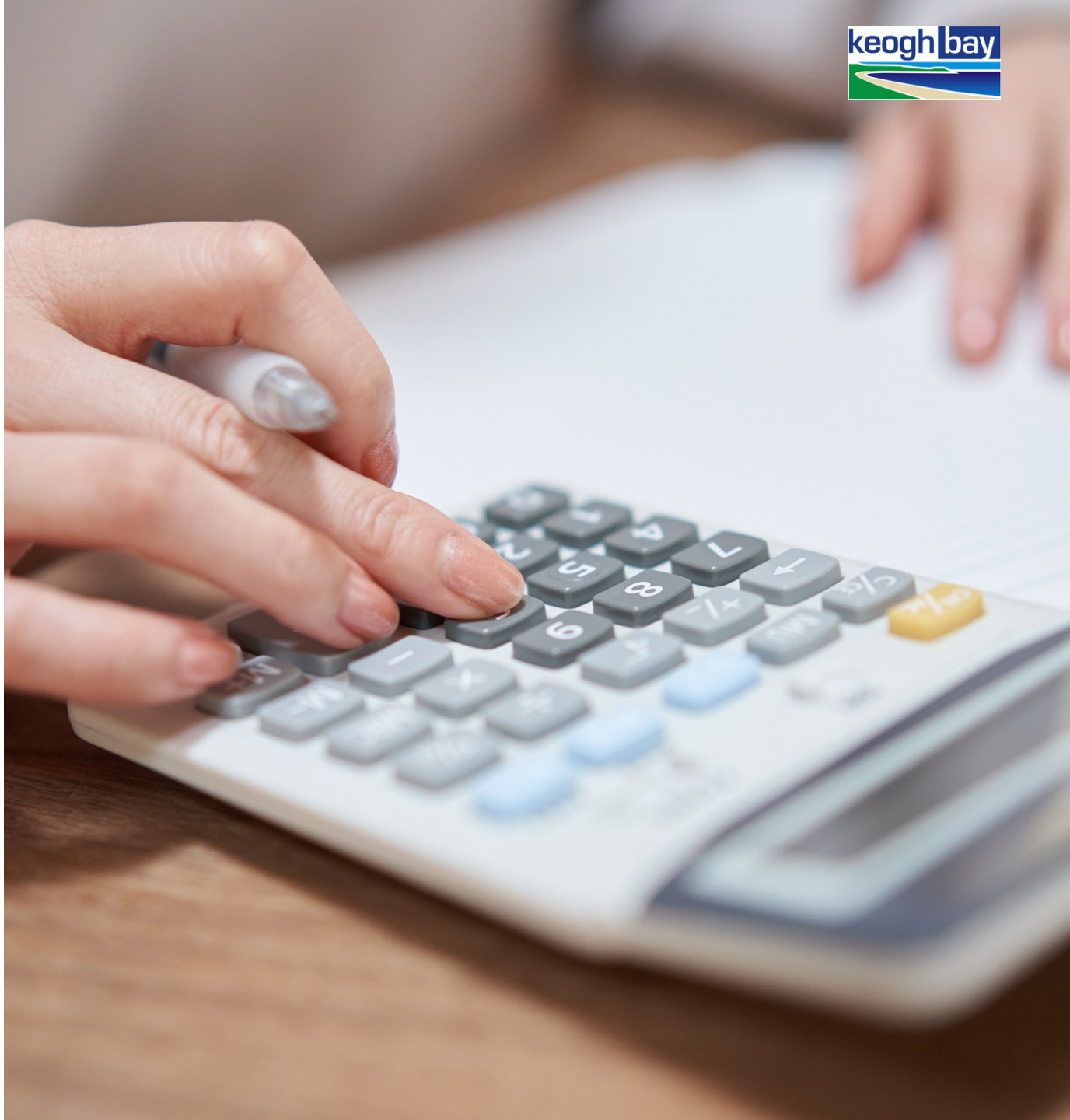
"One conversation I will have differently before the end of the month is…"

BREAK



NEXT TOPIC

FINANCIAL GOVERNANCE



Presented by the Commission

NEXT TOPIC

SUPPORT AT HOME & RESIDENTIAL CARE



BREAKOUT SESSION

SPLITTING INTO TWO GROUPS

We will now split into two groups so the next session can focus on what is relevant to your service type.

Group 1

- Support at Home, CHSP and NATSIFACP providers

Group 2

- Residential Care providers

Please join the group that matches your service type.





STRATEGIES TO ADDRESS COMMON ISSUES & CHALLENGES

for Support at Home, CHSP and NATSIFACP Providers

THE LANDSCAPE HAS SHIFTED

Support at Home

Replaced the Home Care Packages and Short-Term Restorative Care programs on 1 November 2025.

CHSP

Continues as a separate block grant-funded program under the Act, funded to 30 June 2027, with its own reporting rules.

NATSIFACP

Delivers flexible, culturally safe care in homes, communities and aged care homes newly regulated under the Act.

All three now sit under the Aged Care Act 2024, applicable Aged Care Rules, and program-specific grant agreements with different funding, claiming and reporting rules.

THE REALITY OF REGIONAL AND REMOTE SERVICE DELIVERY

We are operating in an environment characterised by:

- **Rising costs**
  Wages, insurance, energy, freight and travel
- **Workforce shortages**
  Thin local labour pools and sector competition
- **Demand and complexity**
  Higher acuity, more clinical need, later entry
- **Regulatory expectations**
  Aged Care Act 2024 and strengthened Standards
- **Ageing infrastructure**
  Buildings and assets past their useful life
- **Thin markets**
  Few alternatives, limited scale, high fixed costs

?

DISCUSSION

Which of these factors is having the greatest impact on your organisation today?

TODAY'S FOCUS: STRATEGY, NOT JUST ISSUE-NAMING



PURPOSE

Move quickly from naming shared issues to committing to practical strategies you can each take back and act on this quarter.



GROUND RULE

Speak freely about approaches and challenges, but keep examples general.

Avoid naming specific clients, staff, or commercially sensitive details. You're in a room with peers from other organisations; it’s safe to compare notes.

STEP 1 | 10 MINUTES

RAPID ISSUE SCAN - WHICH ISSUES COME UP MOST?

1. Regulatory change & governance
2. Workforce capacity & capability
3. Assessment, care planning & review
4. Service availability & continuity
5. Older person involvement & communication
6. Clinical & safeguarding issues
7. Information systems & data quality
8. Third-party (associated provider) delivery
9. Complaints & incident learning
10. Interface between programs

Quick poll: show of hands for each. Which shows up across multiple organisations in the room?

ISSUE → POSSIBLE STRATEGIES: CROSS-PROGRAM (1 OF 2)

ISSUE		POSSIBLE STRATEGY
Regulatory change & governance not keeping pace	→	Program-by-program obligations register with named owners and review dates.
Workforce capacity & capability gaps	→	Workforce dashboard (vacancies, screening, competencies) reviewed monthly.
Assessment, care planning & review weaknesses	→	Quarterly audit of a care-plan sample against goals, risks & funded services.
Service availability & continuity issues	→	Track access, wait times & missed visits; build contingency rosters.
Limited older-person involvement & communication	→	Plain-language templates tested with client/family reference groups.

Starting points for discussion.

ISSUE → POSSIBLE STRATEGIES: CROSS-PROGRAM (2 OF 2)

ISSUE		POSSIBLE STRATEGY
Clinical & safeguarding inconsistency	→	Escalation protocols aligned to SIRS timeframes (24hrs / 30 days) with feedback loops to frontline teams.
Information systems & data quality issues	→	Routine reconciliation of client, roster, claims & finance data.
Associated provider delivery oversight gaps	→	Risk-based due diligence & documented oversight accountability can't be delegated.
Complaints & incident learning not systematised	→	Centralised capture with mandatory categorisation & quarterly trending.
Unclear interface between programs	→	Clear referral/boundary protocols with one accountable contact.

Starting points for discussion.

STEP 2 | 20 MINUTES

STRATEGY BREAKOUT

Support at Home

CHSP

NATSIFACP

Groups are mixed across different provider organisations by program type.

1. Select your top 2-3 issues from the rapid issue scan.
2. Note how your own organisation currently handles each one.
3. Design a strategy: what would actually change, who could own it, what it would need.

SUPPORT AT HOME - POSSIBLE STRATEGIES

ISSUE	POSSIBLE STRATEGY
Pricing compliance issues	Quarterly review vs published price & the National Summary of SaH Prices; document any variance.
Service agreement & statement quality	Standard templates + pre-send accuracy check against delivery.
Budget management difficulty	Monthly forecasting against the quarterly budget, 10% care-management set-aside & rollover limit.
Service classification & claiming errors	Pre-validation step on service/unit mapping before submission.
Transition arrangement uncertainty	Dedicated plain-language transition communication plan.

Starting points for discussion - bring your own if your group has a better strategy.

CHSP - POSSIBLE STRATEGIES

ISSUE	POSSIBLE STRATEGY
Grant compliance issues	→ Live map of funded service types/outputs vs actual delivery.
DEX reporting quality issues	→ Pre-submission validation ahead of the mandatory monthly DEX report.
Inconsistent client contribution practices	→ Clear published policy; train frontline staff for consistency.
Wellness/reablement drift to task-focus	→ Documented, time-bound goals reviewed at set intervals.
Demand exceeding block-funded capacity	→ Transparent, criteria-based waiting list with escalation path.

Starting points for discussion - bring your own if your group has a better strategy.

NATSIFACP - POSSIBLE STRATEGIES

ISSUE	POSSIBLE STRATEGY
Cultural safety & community control gaps	Local cultural governance using existing sector guides & board templates, not built from scratch.
New regulatory obligations since Nov 2025	Gap assessment & dated remediation plan, drawing on funded transition support for NATSIFACP providers.
Remote service viability pressure	Remote-specific operating assumptions, reviewed annually.
Workforce & cultural capability gaps	Local recruitment/training investment; cap on agency reliance.
Limited clinical governance / emergency response	Formalised escalation, telehealth & evacuation protocols.

Starting points for discussion - bring your own if your group has a better strategy.

STEP 3 | 10 MINUTES

BEFORE IT COUNTS: STRESS-TEST THE STRATEGY



Is it owned?

Is there a single named person or role accountable for it?



Is it resourced?

Can it be done with current staff/systems, or does it need a business case?



Is it measurable?

How will we know in three months whether it worked?

Speak generally - no specific clients or incidents needed to make the point.

STEP 4 | 5 MINUTES

YOUR ACTION PLAN - TAKE IT BACK WITH YOU

Strategy

What will you implement this quarter?

Owner

Who is driving it - you, or someone you'll assign?

First step

What happens first, and by when?

Resourcing

What (if anything) does it need - time, budget, people?

Success measure

How and when will you know it worked?

This is individual. Each of you is taking a strategy back to a different organisation.

STEP 5 | 2 MINUTES

CLOSE & PEER COMMITMENT

Say it out loud.

Public commitment increases follow-through even across organisations.

Two or three participants share their committed strategy aloud.

Review your own handout again in three months.

Optional: swap contact details with peers tackling the same strategy.



STRATEGIES TO ADDRESS COMMON ISSUES & CHALLENGES

for Residential Aged Care Providers

TODAY'S FOCUS: STRATEGY, NOT JUST ISSUE-NAMING



PURPOSE

Move quickly from naming shared issues to committing to practical strategies you can each take back and act on this quarter.



GROUND RULE

Speak freely about approaches and challenges, but keep examples general.

Avoid naming specific clients, staff, or commercially sensitive details. You're in a room with peers from other organisations; it’s safe to compare notes.

THREE QUESTIONS SHAPING THE FUTURE

Everything we discuss today comes back to one of these three.

01

Sustainability

Can residential services remain financially viable in increasingly challenging operating environments?

02

Workforce

How do providers attract, retain and support the workforce needed to deliver quality care?

03

Community confidence

How do providers ensure older people and their families continue to choose and value local residential care?

?

OPENING QUESTION

What is the single biggest issue keeping you awake at night as a residential aged care leader?

THE REALITY OF REGIONAL AND REMOTE RESIDENTIAL CARE

We are operating in an environment characterised by:

- **Rising costs**

  Wages, insurance, energy, freight and travel

- **Workforce shortages**

  Thin local labour pools and sector competition

- **Demand and complexity**

  Higher acuity, more clinical need, later entry

- **Regulatory expectations**

  Aged Care Act 2024 and strengthened Standards

- **Ageing infrastructure**

  Buildings and assets past their useful life

- **Thin markets**

  Few alternatives, limited scale, high fixed costs

?

DISCUSSION

Which of these factors is having the greatest impact on your organisation today?

FINANCIAL SUSTAINABILITY

The perfect storm

- Rising workforce costs - wage escalation and care minute compliance
- Occupancy pressures - small fluctuations, large financial consequences
- Increasing compliance costs - reporting, governance and documentation
- Ageing infrastructure - deferred renewal accumulating as risk
- Limited ability to absorb financial shocks or major expenditure items

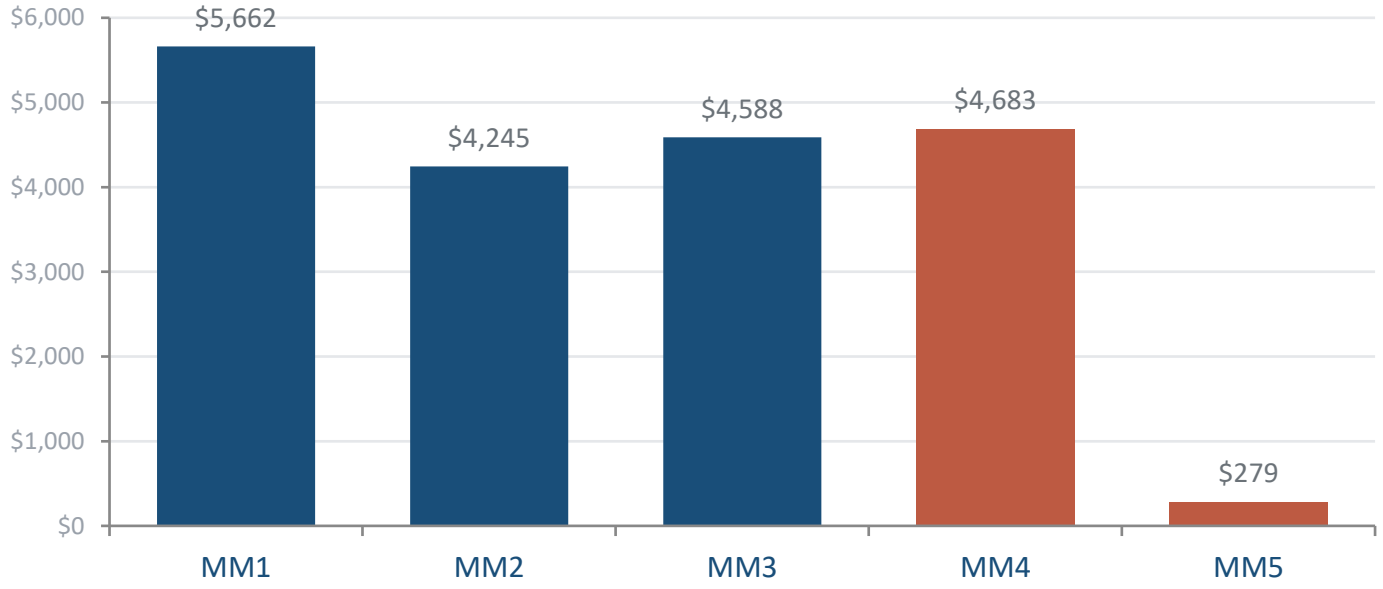
62% of aged care homes operated at a loss for YTD Mar-26, up from 49% a year earlier

$9.16 average operating deficit per bed day a swing from a $0.91 surplus at Mar-25

Source: StewartBrown Aged Care Financial Performance Survey, Mar-26 YTD (Residential).

REMOTENESS CHANGES THE EQUATION

Operating EBITDA per bed per annum, March 2026 quarter, by Modified Monash location



$20,000 EBITDA per bed per annum widely regarded as the threshold required to encourage ongoing investment in the sector

93.2% MM4 occupancy for the March 2026 quarter, against 96.1% in MM1, the thinner the market, the thinner the buffer

–$14.70 MM4 accommodation margin per bed day, the weakest of any MM category

Source: StewartBrown Aged Care Financial Performance Survey, Mar-26 Residential, Table 6 (March 2026 quarter). Table 6 reports MM1 to MM5.

DISCUSSION

Where does your organisation sit against these benchmarks, and does your board see it that way?
How can remote residential aged care remain financially viable under current settings?

CAPITAL INVESTMENT

The investment dilemma

Providers need to invest in:

- Buildings and infrastructure
- Resident amenity and living environments
- Technology and connectivity
- Energy efficiency
- Asset replacement and renewal

The RAD constraint

Permitted uses of Refundable Accommodation Deposits limit what providers can fund, even when the spend directly benefits residents.

Providers have raised funds for living-area furniture, flooring and tiling, resident communication and audio-visual equipment, and solar installations that would cut operating costs.

Small regional providers can take several years to accumulate enough funds for purchases they can't make item by item.

?

DISCUSSION

What capital investment is most critical for your organisation over the next five years, and what is stopping it?

STRATEGIES FOR SUSTAINABILITY

How providers are responding

Providers are focusing on:

- Reviewing service models and operating costs to improve efficiency
- Diversifying service offerings, for example Support at Home, where appropriate
- Strengthening occupancy through community engagement and referral relationships
- Exploring shared services and collaborative arrangements with other providers
- Investing in technology to improve productivity and reduce administrative burden
- Prioritising capital expenditure based on resident outcomes, risk and strategic importance
- Seeking grant funding for infrastructure improvements
- Investing in initiatives that reduce long-term operating costs, such as energy efficiency
- Strengthening financial governance, forecasting and scenario planning

?

DISCUSSION

Which of these strategies would make the biggest difference for your organisation, and what is needed to get started?

WORKFORCE

The constraint behind every other challenge

Recruitment

- Registered nurses
- Care workers
- Clinical leaders
- Competition from mining, health and NDIS

Retention

- Housing availability
- Cost of living
- Fatigue and burnout
- Ageing workforce and succession

Impact

- Agency and travel nurse costs
- Service disruption
- Loss of organisational knowledge
- Reduced capacity to reinvest

?

DISCUSSION

What workforce challenge concerns you most over the next five years?

WORKFORCE STRATEGIES

Strengthening workforce capability and sustainability

Providers are adopting a range of strategies, including:

- Developing local workforce pipelines, for example working with secondary schools
- Investing in Aboriginal workforce development
- Supporting workforce housing and staff wellbeing initiatives
- Implementing flexible and innovative staffing models
- Building partnerships with health, training and community organisations

?

DISCUSSION

Which workforce strategies are working in your organisation, and where do you need support?

OCCUPANCY, DEMAND AND COMMUNITY PERCEPTIONS

Occupancy drives viability, but demand is shaped by perception, culture and awareness

Occupancy and demand

- Occupancy varies between communities and regions
- Viability depends on maintaining resident numbers
- Small fluctuations have a significant impact
- Delays in decision-making by older people and families
- Limited understanding of services and benefits available

Community perceptions

- Seen as a place people go to die, not live well
- Fear of losing independence and community connections
- Low awareness of contemporary models of care
- Uncertainty about the benefits and quality of care

In Aboriginal communities

- Strong preference to remain on Country and near family
- Concerns about leaving community support networks
- Housing, financial and family considerations
- Culturally safe, community-connected models of care

?

DISCUSSION

How do we position residential care as a positive choice rather than a last resort?

STRATEGIES TO BUILD COMMUNITY CONFIDENCE

Strengthening confidence and improving occupancy

There are a range of approaches, including:

- Building stronger relationships with local communities and referral partners
- Increasing community awareness of residential care services and supports
- Showcasing resident wellbeing, lifestyle and quality-of-life outcomes
- Creating opportunities for community participation and engagement
- Strengthening cultural safety and responsiveness
- Promoting residential care as a place to live, connect and thrive rather than a last resort
- Working closely with families to support informed decision-making before a crisis

?

DISCUSSION

What would most improve community confidence in your service, and who do you need alongside you?

THIN MARKETS AND SERVICE QUALITY

Providers remain committed to quality care, but thin markets make it harder to sustain

Thin market characteristics

- Small, geographically dispersed populations
- Limited workforce availability
- Few alternative service providers
- High operating and travel costs
- Reduced economies of scale
- Limited access to specialist expertise

Challenges for providers

- Limited access to GPs and specialist medical care
- Shortages of allied health professionals
- Difficulty recruiting and retaining clinical staff
- Increasing complexity of resident care needs
- Reliance on visiting or external providers
- Workforce shortages and administrative complexity
- Maintaining service continuity and clinical governance

?

DISCUSSION

Where is thin-market pressure hitting your service hardest, and what would relieve it?

STRATEGIES TO SUSTAIN QUALITY

Collaboration can improve access to skills, services and resources not available locally

The range of approaches includes:

- Utilising telehealth and virtual clinical support
- Establishing shared specialist and allied health arrangements
- Developing regional workforce and training partnerships
- Collaborating with hospitals, Aboriginal Medical Services and other health providers
- Sharing resources, expertise and support functions with neighbouring providers
- Exploring shared services and workforce-sharing arrangements
- Participating in regional networks to share knowledge and practical solutions

?

DISCUSSION

Where could collaboration unlock skills or services your community cannot support alone?

GOVERNANCE, COMPLIANCE AND ACCOUNTABILITY

Decisions must support both resident outcomes and long-term sustainability

Governance challenges

- Greater accountability for quality and performance
- Higher expectations on clinical and financial risk oversight
- Managing multiple and competing priorities
- Holding strategic focus amid operational pressure
- Building governance capability with limited resources

Compliance challenges

- Growing reporting and documentation requirements
- Ongoing implementation of aged care reforms
- Expanding workforce, quality and governance obligations
- Administrative complexity and compliance burden
- Limited management capacity in smaller organisations

Executive accountability

- Creating a culture of quality and safety
- Managing risk across multiple domains
- Balancing compliance with service delivery
- Supporting workforce capability and performance

?

DISCUSSION

Where does your board or executive team most need support to meet these expectations?

STRATEGIES GOVERNANCE AND ASSURANCE

Many providers are strengthening governance and assurance processes

Areas of focus include:

- Clear oversight of financial sustainability and organisational performance
- Workforce planning and capability
- Clinical governance and quality indicators
- Risk management and early identification of emerging issues
- Board education and governance capability development
- Using data and reporting to support informed decision-making
- Ensuring compliance activities drive continuous improvement, not just administration

?

DISCUSSION

Which governance capability would most strengthen your board's oversight this year?

WHAT WILL SUCCESSFUL PROVIDERS LOOK LIKE IN 2030?

Providers that are adaptable, resilient and connected to community will be best positioned

1

Financially resilient

Strong financial governance, sustainable occupancy and planned investment

2

Workforce focused

Stable, engaged teams, local pipelines and less agency reliance

3

Community connected

Community trust, culturally safe care, valued as a positive service

4

Collaboration, not isolation

Shared services, regional partnerships and joint workforce initiatives

5

Innovation and adaptability

Technology and telehealth, data-informed decisions, flexible models

?

DISCUSSION

Which of these five shifts is furthest from where your organisation sits today?

LUNCH



QUESTIONS



NEXT TOPIC

CURRENT SUPPORTS AVAILABLE



Rural, Remote and First Nations Aged Care Service Development Assistance Panel (SDAP)

Provider Capability and Support

What is SDAP

- Targeted to MM 4-7 and First Nations aged care providers nationally.
- Residential Care, Support at Home, NATSIFACP and Commonwealth Home Support Programme providers.
- 3 categories of supports:
    1. Provider capability and support
    2. Sector development
    3. Infrastructure project management



OFFICIAL

What Supports are Available?

Category 1 - Provider Capability and Support

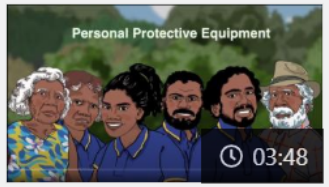
- This support helps individual providers to:
- Build capacity and capability in providing quality and culturally appropriate aged care services
- Meet compliance, legislative and regulatory responsibilities
- Providers can receive targeted and relevant support to assist with:
  - Aged care service operations
  - Recruitment and retention of staff
  - Clinical governance (training, reporting and updating policies, etc.)
  - Financial and administrative management
  - Mentoring and training of staff

OFFICIAL

What Supports are Available?

Category 2 – Sector Development

1. Rural and Remote Aged Care Management Training Program
2. Culturally appropriate series of animated videos.
3. Rural and Remote Aged Care Workshops
4. Governance Training for Aged Care Provider Boards (understanding corporate and aged care governance)



Personal protective equipment – Introduction to aged care video

4 December 2023 | Training

In this video, Tamika learns about using PPE to keep herself and people receiving care safe by using PPE. In aged care, Personal Protective Equipment (PPE) is anything workers wear or use to keep themselves or the people they care for safe.





Training Opportunities

Aged Care Board Governance Training

Understanding your role and responsibilities as a board of a registered provider is a key element to the successful operation and delivery of aged care services.

This program offers board members a free online training session with independent aged care specialists who will provide you with an understanding of the legislative and regulatory frameworks, compliance, upcoming reforms and how governance is key to effective aged care delivery on the ground.

To apply, visit the Departments webpage and complete the application survey.

OFFICIAL

Training Opportunities

The Rural and Remote Aged Care Management Training Program

The program provides training to aged care managers working in rural and remote settings throughout Australia.

There are no pre-requisites for the course other than to be working as a rural and remote aged care manager, including coordinators and any relief staff at this level.

The program is delivered by experienced trainers who can provide practical information and demonstrate processes to ensure that they meet their responsibilities to older people, their organisations and communities.

The program is divided into 3 parts:

- a webinar covering foundational topics and pre-readings
- a 5 day face-to-face workshop
- 8 weeks post workshop 1:1 mentoring averaging two hours a week to implement the course learnings into the service.

To register, see the Barbara Schmidt and Associates website.

What Supports are Available?

Category 3 – Infrastructure Project Management

This support helps providers to:

- Project manage capital works projects within an aged care service
- Engage with communities and stakeholders
- Review and assess buildings and infrastructure
- Develop and review building concept plans
- Provide strategic advice and guidance



Aged Care Business and Workforce Advisory Service (BWAS)

Provider Capability and Support

What is BWAS

- The Business and Workforce Advisory Service (BWAS) is funded by the Australian Government Department of Health, Disability and Ageing, and is aimed at strengthening the aged care sector. EY is delivering these services on behalf of the Department.
- BWAS offers free, confidential advice to improve financial sustainability, business practices and workforce capability.
- All eligible registered aged care providers can apply for BWAS assistance.



OFFICIAL

How BWAS can assist providers



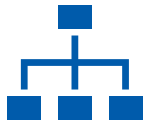
- BWAS helps providers better understand and address challenges and opportunities affecting financial sustainability, workforce capability and service delivery.



- The service provides rapid, strategic, tailored advice to help providers review their operations and improve performance.



- Support may cover areas such as cash flow management, occupancy, direct care costs, pricing, budgeting, workforce planning, recruitment and retention.



- Providers can also access advice on adapting business models, responding to changing market conditions and identifying opportunities for strategic growth.

OFFICIAL

Workforce supports…



https://rurallap.com.au/
1800 861 819

The program is responsible for all the administration associated with recruiting appropriate locums. They arrange and cover all payments for the locum's travel, accommodation, and incentives while on placement.

There are no fees and charges, the hosting organisation is only responsible for paying the wage (including penalties, superannuation and any applicable taxes) for the period during which the locum is required.

- Nurses (RN, EN)
- Care Co-Ordinator
- Facility Managers
- Allied Health
- Personal Care Workers
- Other positions

OFFICIAL

Workforce supports…

https://rurallap.com.au/
1800 861 819

Through Rural LAP, aged care workers who relocate from a MM 1 to 3 location to a MM 4 to 7 location may be eligible for a one-off payment of up to $16,500.

They may also be eligible for an annual retention bonus of up to $3,700 (MM 4) and up to $6,000 (MM 5 to 7) for 2 years after they relocate and start permanent employment with a rural or remote aged care service

Support	Amount
The one-off relocation payment.	$16,500 per relocation per person
annual retention bonus MM 4	$3,700
annual retention bonus MM 5-7	$6,000

OFFICIAL

Workforce supports…

Your Career™

www.yourcareer.gov.au/fee-free-tafe

- Through Free TAFE, we are working with states and territories to deliver over 500,000 Free TAFE and VET places nationally from 2023 to 2026, and 100,000 places per year from 2027.
- Places are targeted to priority groups including First Nations people; young people aged 17 to 24 years; jobseekers; unpaid carers; women in non-traditional fields of study and people with disability.
- If you are eligible for Free TAFE, you can study for an accredited diploma, certificate (for example, the Certificate III in Individual Support) or short course without having to pay tuition fees.

OFFICIAL

Workforce supports…

PALM
Pacific Australia Labour Mobility

www.palmscheme.gov.au

- The Pacific Australia Labour Mobility scheme allows eligible Australian businesses to hire workers from 9 Pacific islands and Timor-Leste when there are not enough local workers available.
- To be eligible to join the PALM scheme, you must:
- be an eligible business registered and operating in Australia
- not be an individual, sole trader or unincorporated company
- be located within an eligible rural or regional postcode.

OFFICIAL

Workforce supports…



https://acwra.org.au/

- The Remote Accord is made up of employers and experts delivering aged care services in remote and very remote areas of Australia. It acts as a platform for industry to engage on remote aged care workforce issues.
- The Remote Accord aims to achieve an adequate, appropriately trained and supported workforce to meet the care needs of older people living in remote and very remote communities.
- The Remote Accord distributes helpful information to services in MM 6 to 7.

Dementia Respite Education and Mentoring (DREAM)
Tags: Educational opportunities, Training pathways

Care Friends
Tags: Workforce support

Brain Hubs
Tags: Educational opportunities, Workforce support

Aboriginal & Torres Strait Islander peoples & dementia
Tags: Indigenous, Workforce support

Dementia Learning Guide
Tags: Educational opportunities

Work Placement Visual Learning Resources
Tags: Educational opportunities, Workforce support

A guide to VET for Human Services Employers
Tags: Educational opportunities, Training pathways, Workforce support

Human Services Workforce Development Initiatives Portal
Tags: Workforce support

Care and Support Mental Health Resources
Tags: Educational opportunities, Workforce support

Work Placement Visual Learning Resources
Tags: Educational opportunities

National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program
Tags: Funding opportunities, Indigenous, Workforce support

Aged Care Capital Assistance Program (ACCAP)
Tags: Funding opportunities

Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP)
Tags: Indigenous, Training pathways

Interim First Nations Aged Care Commissioner
Tags: Indigenous

Nursing and Allied Health Scholarships
Tags: Funding opportunities, Training pathways, Workforce support

Rural Locum Assistance Program
Tags: Funding opportunities, Training pathways, Workforce support

OFFICIAL

For further information on BWAS

health.gov.au/bwas

For further information on SDAP

health.gov.au/sdap



BREAK





REGIONAL TOPICS OF CONCERN

FROM THE SECTOR

ISSUES RAISED BY ATTENDEES

Issues raised ahead of the sessions

Themes for discussion:

- RAD permitted uses block meaningful upgrades to regional facilities
- Resident-benefit spend - furniture, flooring, audio-visual, solar - needs a clearer pathway
- Regional providers held to metropolitan rules despite higher costs and thinner economics
- Inadequate funding, more providers in deficit, and a sector seen as uninvestable
- Registered nurse requirements and provider-regulator trust need a frank discussion
- Perception that residential care is a place people go to die, not live well
- Support at Home withdrawal - what support can help a local AMS take it on?
- Attracting and retaining staff in the North-West against mining-sector wages
- Residential respite as a pathway for wound management and short-term rehabilitation

?

DISCUSSION

Which of these issues should we prioritise in today's discussion?

CONCLUSION





THANK YOU FOR ATTENDING

CONTACT US



Rae Samuel
M 0418 765 203
E rae.samuel@keoghbay.com.au
www.keoghbay.com.au



David Muller
M 0417 811 529
E david.muller@keoghbay.com.au
www.keoghbay.com.au