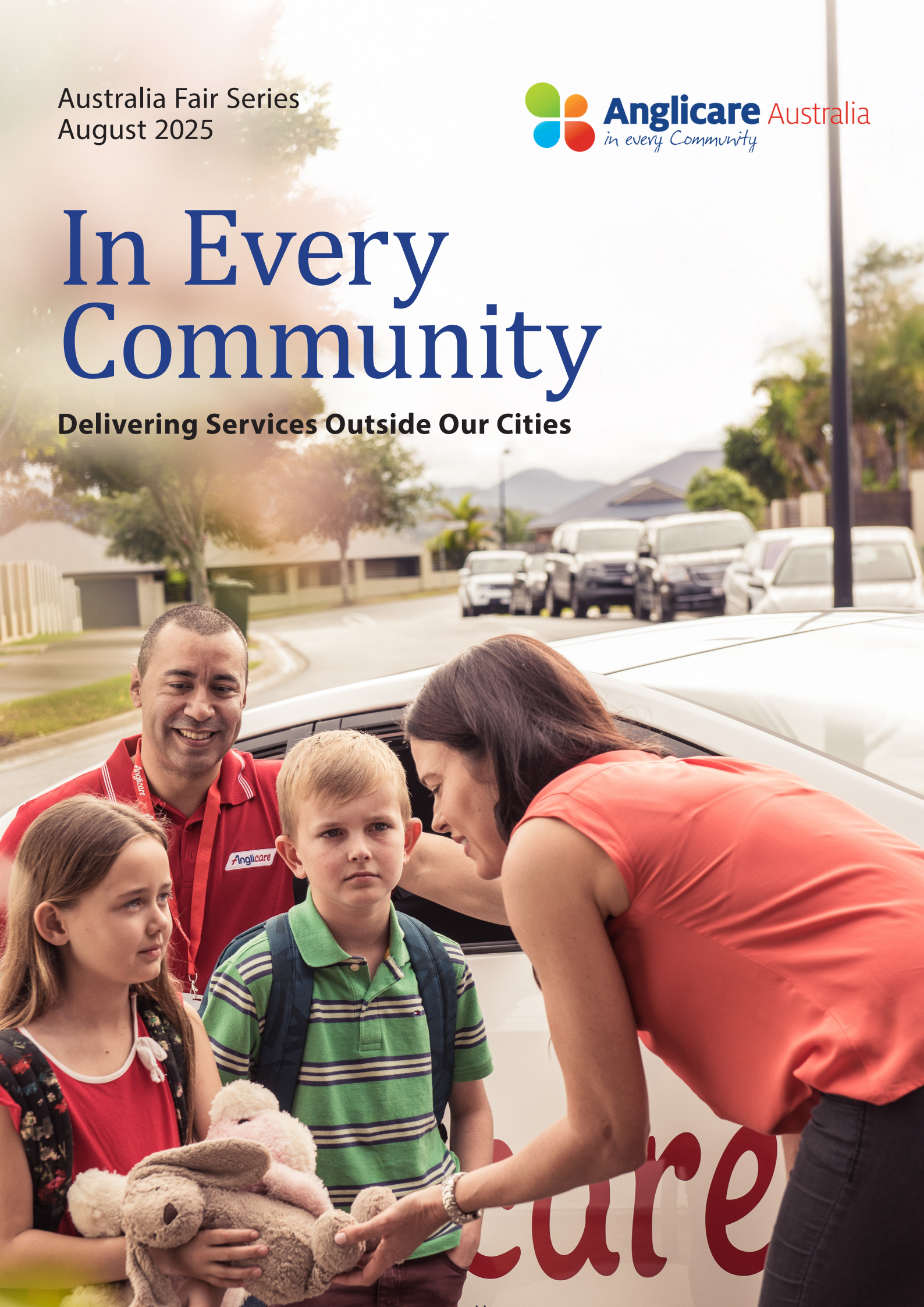


Australia Fair Series
August 2025



In Every Community

Delivering Services Outside Our Cities



About this report

This report is the sixth edition of Anglicare Australia's Australia Fair series. Projects released as part of the Australia Fair series are grounded in evidence from the Anglicare Australia Network, reflect the voices of Anglicare Australia clients and communities, and are designed to set the policy agenda.

In Every Community: Delivering Services Outside Our Cities explores the challenges and opportunities of providing essential community services in regional, rural, and remote Australia. It documents systemic barriers, including workforce shortages, fragile infrastructure, and funding models that fail to reflect real costs, while also showcasing the strengths of place-based services and the resilience of local communities.

The first part of this report highlights local innovations and case studies, showing how services embedded in their communities enrich local life, build trust, and find creative solutions in the face of disadvantage. The second outlines recommendations for reform, calling on governments to recognise the true cost of service delivery and invest in models that support long-term equity.

The methodology for this report draws on the Anglicare Australia Network Census, interviews with service providers, and case studies of innovative programs.

Any study is confined by its methodology. This report does not attempt to cover every service type or region. Instead, it seeks to illustrate common themes and systemic issues while amplifying the voices of people and providers on the ground. In doing so, it adds to a growing body of research on rural and regional equity.

We hope this contribution will change the conversation about service provision in Australia, moving from a story of scarcity to one of possibility, and ensuring that people in every community can access the support they need.

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Introduction

Regional, rural, and remote Australia is home to millions of people. These communities are vibrant, diverse, and resilient. They are also places where disadvantage can run deepest. Distances are long, costs are high, and essential infrastructure is often lacking. For decades, people living outside our major cities have faced greater barriers to health, aged care, housing, and community services — barriers that are systemic, not incidental.

Anglicare Australia members work in every community. They are embedded in towns, regions, and remote areas across the country, with staff and volunteers who live where they serve. This place-based model provides a depth of trust and understanding that cannot be replicated by external providers. It means that services are not just delivered to communities, but with them, shaped by local knowledge, relationships, and strengths.

This report brings together insights from across the Anglicare Australia Network. It draws on Census data, interviews, and case studies to build a picture of what it takes to deliver services outside metropolitan centres. The findings highlight two truths that sit side by side. On one hand, workforce shortages, inadequate funding models, and fragile infrastructure create systemic inequity for people in regional and remote areas. On the other, the ingenuity, resilience, and commitment of local organisations and people show what is possible when services are trusted and resourced.

The purpose of this report is to shine a light on both sides of this story. It documents the challenges faced by community service providers, but it also celebrates their strengths and innovations. Above all, it calls for governments to act — to reform funding models, invest in infrastructure, and support the creativity of local organisations. With the right policy settings, the inequities faced by regional and remote Australians are not inevitable. They can be addressed, ensuring that everyone, no matter where they live, has access to the support they need.





Background and methodology

This report uses the Australian Statistical Geography Standard, which classifies areas of Australia into five remoteness categories: Major Cities, Inner Regional, Outer Regional, Remote, and Very Remote. These categories are determined by relative access to services, measured by distance to population centres.

Regional areas typically encompass inner and outer regional communities, where services are less dense and travel times are longer than in major cities. Remote and Very Remote areas face the greatest barriers, with sparse service availability, long travel distances, and infrastructure deficits.

In practice, these definitions reflect not only geography but also the inequities in service access, digital connectivity, and transport infrastructure that shape people's lives outside metropolitan centres.

Data collection and theme refinement

Anglicare Australia members are embedded in communities across every state and territory. Indeed, our network's tagline is *in every community*. They are place-based organisations with staff and volunteers drawn from the regions in which they live and work. This deep local knowledge, built over decades of service, provides Anglicare members with a unique understanding of the needs, challenges, and strengths of their communities. Their perspectives are therefore not only organisational, but also grounded in lived community experience.

To gain insights from across the Anglicare Australia Network, this report draws on the most recent Anglicare Australia Network Census.¹ We drew on responses relating to organisational priorities and challenges from services delivered in rural, regional, and remote communities. Census data was drawn from:

- ac.care
- Anglicare Central Queensland
- Anglicare North Queensland
- Anglicare NT
- Anglicare Victoria
- AnglicareSA
- Benetas
- EPIC Assist
- Newcastle Anglican
- Parkerville Children and Youth Care.

The Network Census provides quantitative and descriptive data on service reach, workforce size, volunteer contributions, and client demographics.

Follow-up interviews and case studies

To deepen these insights, we conducted follow-up interviews with Anglicare Central Queensland, Anglicare Southern Queensland, and Benetas. These conversations focused on operational challenges, workforce pressures, and the impact of infrastructure deficits, providing grounded accounts that move beyond numbers to lived organisational realities.

These interviews did not take place in isolation. They form part of an ongoing conversation across the Anglicare Australia Network about the realities of delivering services in rural, regional, and remote communities. Through regular forums, working groups, and communities of practice, members share experiences, compare challenges, and develop collective strategies for addressing them. This continuous exchange ensures that the lessons and perspectives presented in this report reflect not just a snapshot in time, but a broader and evolving dialogue within the Anglicare Australia Network.

Additional perspectives and case study material were sourced through consultations with Anglicare WA, Anglicare Tasmania, ac.care, and Anglicare NT. These organisations contributed examples of place-based innovations, service adaptations, and the consequences of recent funding changes.

Findings from the Census, interviews, and case studies were reviewed and compared to identify recurring themes and unique regional perspectives. This process ensured that insights were not drawn from isolated experiences, but reflected consistent challenges over time, and across multiple organisations and jurisdictions.

Limitations

This study does not claim to provide an exhaustive survey of all rural and remote service delivery in Australia. Instead, it presents the perspectives of Anglicare Australia members as embedded, place-based providers with a long history of service in their communities. While the findings are not statistically representative, they are illustrative of the systemic barriers faced by rural and remote services, and they highlight the innovations that local organisations are developing to overcome them.

Key themes and common experiences

The Anglicare Australia Network plays a critical role in sustaining resilience across the country. Organisations recognise that services must meet people where they are, working alongside communities rather than at a distance. To make this possible, the Network shares resources, expertise, and leadership across regional and remote, as well as metropolitan, areas. Senior staff are seconded to rural members to strengthen local capacity, while contracts and intellectual property are shared to improve productivity and support reforms, such as those required under the new Aged Care Act. Communities of practice ensure that training opportunities available in cities are extended to regional staff, creating pathways for knowledge exchange. Importantly, this exchange is two-way. Managers seconded to rural services gain invaluable insights that they carry back to their home organisations, while larger providers learn from the more personal, community-embedded approaches of smaller services, where staff and residents are often drawn from the same town and have known each other their whole lives.

The experiences of Anglicare Australia members show that while every regional and remote community faces unique circumstances, common themes emerge across the country. Workforce shortages, high operational costs, and gaps in basic infrastructure consistently constrain service delivery and limit access to support. These barriers are structural and systemic, shaped by funding models, policy settings, and broader economic pressures. They mean that people living outside metropolitan areas are disadvantaged in accessing care and support.

Yet the story is not only one of challenge, but also of innovation and resilience. Across the Anglicare Australia Network, providers find creative ways to adapt. Some are offering housing subsidies and locality allowances to recruit staff where shortages are chronic. Others

are piloting transport initiatives, investing in digital workarounds, or absorbing rising costs to prevent services from collapsing altogether. These efforts demonstrate the deep commitment of providers to their communities, and the lengths they go to in order to bridge the gaps left by systemic and poor infrastructure.

At the same time, members emphasise that these responses are fragile. They rely on the ingenuity and sacrifice of local organisations and staff, rather than systemic solutions. Without sustained policy reform and proper recognition of the true cost of regional service delivery, such innovations will remain stop-gap measures. They may be effective in the short term, but they are unable to deliver the long-term equity that regional and remote communities deserve.

Workforce constraints

Across Australia, workforce shortages are one of the most pressing challenges facing community service providers. In rural, regional, and remote areas these shortages have become acute, constraining the ability of organisations to meet even basic levels of demand. This problem is not new. For decades, health and social service providers have struggled to attract and retain staff outside metropolitan centres. The problem has intensified in recent years, driven by intersecting crises in housing affordability and living costs, and insecure funding for community services. In some communities, particularly those outside major cities, these workforce shortages are the single greatest barrier to equitable access to support.

Yet it is important to recognise that the staff who are working in these communities remain one of their greatest assets. Local workers bring deep knowledge of their towns and regions, cultural familiarity, and enduring connections with clients and families. These qualities make services uniquely place-based and trusted, ensuring that supports are not only delivered but also embedded in the fabric of community life.

The consequences of workforce shortages are far-reaching. When organisations cannot recruit or retain staff, waiting lists grow, services are withdrawn, and people are forced to travel long distances or simply go without care altogether. In small towns, the loss of just one or two key workers can mean the collapse of entire programs. The human impact is severe. Families miss out on support, children with developmental needs lose critical interventions, and older people are left isolated. Accessing the same services in a nearby town is rarely an option, even if services exist there. Receiving the help that a person needs in their own community ensures that outcomes are grounded in the context of where people live. This embedding of support makes it more likely that positive outcomes are sustained.

Workforce constraints go beyond a staffing challenge. They undermine the very principle that all Australians should be able to access essential services, regardless of where they live.



CASE STUDY

Anglicare WA**Recruitment challenges**

Recruitment is consistently described by providers as the most intractable workforce issue. Attracting qualified staff to regional and remote areas is hampered by several factors. These include limited housing availability, reduced employment opportunities for partners or family members, and the perception that career advancement is limited outside metropolitan centres. Even when roles are advertised, organisations report receiving few, if any, applicants.

It is vital that people living outside our cities still have access to staff with the skills and qualifications needed to guarantee good outcomes. Without this, inequities in access and quality of care are entrenched. Providers describe these challenges in recruitment as relentless, with some roles remaining unfilled for years.

National data underscore this challenge. The Australian Bureau of Statistics' 2024 Job Vacancies survey reported vacancy rates in health and social assistance at nearly double pre-pandemic levels, with regional and remote areas the hardest hit.ⁱⁱ In aged care, for example, the Committee for Economic Development of Australia has projected a shortfall of 110,000 direct care workers nationally by 2030, a gap most pronounced in outer regional and remote communities.ⁱⁱⁱ Similarly, in disability services, the National Disability Insurance Agency has acknowledged ongoing difficulties in establishing provider markets in remote areas, citing workforce shortages as a key factor.^{iv}

Staff retention and burnout

Even when staff are successfully recruited, retention is a persistent challenge. Regional work often comes with high caseloads, geographic isolation, and limited professional support. Staff may face enormous travel demands, with long hours spent driving between clients in dispersed communities. The emotional toll of frontline work in regional areas, where staff frequently support neighbours, acquaintances, or extended family, compounds the stress. Unsurprisingly, burnout is widespread. Providers emphasise that burnout is not simply an individual issue but a systemic one, driven by underfunding and under-resourcing.

Anglicare WA maintains one of the largest regional and remote footprints in the Anglicare Australia Network, with a dedicated regional workforce of 180 people and a further 221 staff delivering statewide services. In addition to offices in Broome, Kununurra, Derby and Karratha, the organisation provides support to dozens of other remote communities through outreach, partnerships, and remote service delivery. Local recruitment to fill these rural roles has proven extremely difficult, leaving the organisation to recruit from outside the region.

For prospective recruits, shortages of suitable housing and rising living costs have become decisive barriers. Candidates willing to relocate frequently find that the cost of rural living outweighs the benefits, even in roles designed to serve high-need communities. Anglicare WA has responded by offering housing and energy subsidies for remote vacancies, covering rental costs and electricity bills, alongside competitive salaries that include a ten percent regional localities allowance. While these measures have improved the organisation's ability to attract applicants, they carry a direct cost for the organisation and, in many cases, are still not enough to offset the growing financial burden associated with relocating to and remaining in remote communities.

Turnover rates reflect this reality. Recently published research has found that allied health professionals in regional areas are 30 percent more likely to leave within the first two years of employment compared to their metropolitan counterparts.^v This churn destabilises service delivery, with clients forced to repeatedly re-tell their stories to new staff, undermining trust and continuity of care.

Insecure and casualised work

Another dimension of workforce constraint is the prevalence of insecure work. Many community service

providers operate on short-term government contracts, typically one to three years in length. This contractual insecurity flows directly into workforce arrangements, with staff employed casually or on fixed-term contracts. This further deters people from moving to these areas, knowing they may be without a role in less than three years. In regional areas, where the pool of qualified professionals is already small, such insecurity deters potential recruits.

The rise of agency staffing is a symptom of this insecurity. Providers report that in order to cover roster gaps they increasingly turn to agency staff, particularly in aged care and disability support. While agencies provide a short-term fix, they come at a premium cost and result in less consistent care. For clients, particularly those with complex needs, the constant rotation of workers erodes trust and reduces the effectiveness of interventions. For organisations, reliance on agency workers drains already scarce budgets, creating a vicious cycle of under-resourcing.

National data illustrates the extent of casualisation. In 2023, around one in three workers in the care economy were employed on a casual basis, with significantly higher rates outside metropolitan centres.^{vi} This insecurity not only impacts recruitment but also retention, as workers leave the sector in search of stable employment elsewhere.

Impact on service delivery

The combined effect of recruitment challenges, burnout, and insecure work is a workforce crisis that directly constrains service delivery. Waiting lists are the most visible manifestation of this crisis. In Anglicare Australia's *Life on the Waitlist* report, services across the country reported ballooning wait times for home care.^{vii} Many providers attributed these waits directly to workforce shortages.^{viii} In some communities, services are withdrawn altogether, forcing people to either travel hundreds of kilometres or go without.

This disparity between metropolitan and regional service access entrenches inequality. People in rural and remote communities face higher levels of disadvantage but have less access to the very supports designed to address it. Workforce shortages therefore perpetuate cycles of vulnerability and exclusion.

Systemic factors

While workforce shortages manifest locally, they are rooted in systemic issues. Chief among these is underfunding. Short-term government contracts create uncertainty and discourage investment in staff development. Providers note that by the time a worker is recruited, trained, and embedded, the funding cycle is already approaching its end, creating instability for both staff and clients.

Training pathways are another systemic barrier. Universities and TAFEs in metropolitan areas produce the majority of graduates in health and social services, with limited rural placements. Without exposure to regional practice during training, many graduates never consider a career outside the city. Programs such as bonded scholarships and rural placements have shown promise but remain underfunded and inconsistent.

Housing affordability further compounds the issue. In many regional towns, limited housing stock drives up rents, pricing out essential workers. In mining regions, for example, community workers compete with highly paid mining staff for scarce accommodation, making relocation unviable.

CASE STUDY:

Benetas (Regional Victoria)

Benetas, a leading aged care provider in Victoria, has highlighted the severe operational pressures that come with maintaining services in regional and rural areas. Rising insurance costs are one of the most significant challenges. In disaster-prone parts of the state, Benetas has seen liability and property insurance premiums double over just a few years. This is occurring at the same time as the frequency and severity of bushfires, floods, and extreme weather events are increasing. For providers like Benetas, insurance has become both more necessary and less affordable. The financial strain of maintaining coverage diverts resources away from frontline care, undermining sustainability and leaving providers acutely vulnerable to the next natural disaster.

Operational costs

The sustainability of community service organisations in rural and regional Australia is under severe strain. Escalating operational costs, ranging from wages and insurance to compliance, utilities, and transport, are stretching providers to the limit. Unlike metropolitan counterparts, rural and regional agencies face higher baseline expenses due to distance, thin markets, and structural disadvantages. At the same time, funding models have not adapted to reflect these realities.

This section outlines the challenges facing providers, drawing on recent experiences from Anglicare Australia members, as well as the national context. It also reflects on the implications of recent funding changes, which serve as a case study of the vulnerabilities in current funding arrangements.

Escalating operational pressures

Community service organisations rely heavily on people to deliver care, meaning wages are the single largest cost. In rural and regional areas, however, salary pressures are compounded by the need to attract and retain staff where shortages are chronic. Providers report routinely offering higher wages, sign-on bonuses, or additional benefits such as housing subsidies to compete with mining, health, and education sectors. These costs are rarely recognised in standard funding formulas, which assume parity with metropolitan settings. The modest “weightings” that are occasionally embedded in government contracts for non-city service provision barely begin to cover the real cost differences faced by regional and remote providers. Without proper recognition of these additional costs, many services risk becoming financially unsustainable, regardless of the level of local demand.

Insurance has also become a significant and unpredictable burden. Premiums for liability and property cover have increased sharply in recent years, with providers in disaster-prone regions facing the steepest rises. In some communities, agencies reported insurance costs doubling within five years. This trend coincides with an increase in the frequency and severity of natural disasters, underscoring the importance of community-based infrastructure, while making it more expensive to maintain.

Other rising costs include utilities, fuel, and compliance. Providers delivering outreach services in regional areas often spend thousands each month on fuel, and many report that energy costs for residential and office facilities are consuming an ever-larger share of their budgets. Meanwhile, compliance costs are mounting as new accreditation, audit, and reporting requirements are layered onto already stretched organisations.

Funding models that fail to reflect real costs

Despite rising expenses, the majority of government contracts in community services are delivered on a “cost-neutral” basis. Providers are required to absorb inflationary pressures and cost shifts without indexation that reflects true increases. The result is a steady erosion of capacity.

A key structural issue is the lack of recognition of co-investment. Providers often supplement their government-funded programs with donations, volunteer labour, and organisational infrastructure. While this extends the reach and depth of services, it creates a hidden subsidy. When funding is cut, the value of this co-investment disappears.

The productivity loss caused by the way many contracts are managed is also underestimated. Processes that lack

CASE STUDY: NDIS Services

clarity, last-minute extensions, and abrupt changes in providers all create disruption. These inefficiencies are not simply administrative; they have profound consequences for organisations, staff, and most importantly, clients. When funding cycles are handled in ways that prioritise government convenience over the needs of service users and providers, outcomes are compromised and resources are wasted.

Implications for communities

Problems with funding models were starkly illustrated in recent funding rounds for emergency relief and financial capability, where established providers with decades of experience lost contracts with little or no transition planning. In many communities, the withdrawal of experienced organisations will not be offset by new investment from incoming providers. Instead, the capacity built over decades, including volunteer bases, integrated service pathways, and co-investment, could be dismantled in a matter of months.

This serves as a cautionary tale, demonstrating how abrupt funding changes can dismantle decades of investment, destabilise communities, and ultimately drive up costs by reducing efficiency and integration. Regional areas are particularly vulnerable, as many providers will lack the economies of scale to remain in communities without dedicated. In some instances, they may be forced to withdraw.

Providers of disability support under the National Disability Insurance Scheme (NDIS) have been hit particularly hard by the rising costs of utilities, fuel, and compliance. For organisations delivering outreach services in regional areas, travel is a major expense. Some providers report spending thousands of dollars each month on fuel alone in order to reach participants spread across wide geographic areas. At the same time, energy costs for residential facilities and offices have escalated, consuming a growing share of budgets. Compliance obligations under the NDIS also continue to multiply, requiring significant investment of staff time and resources in audits, reporting, and accreditation. These costs are not adequately recognised in NDIS pricing, leaving providers in regional communities to absorb losses simply to maintain continuity of care.

Aged care provides another stark example of the impact of unsustainable operational costs, and what service withdrawal can mean for communities. Smaller facilities in regional areas are increasingly closing because they are no longer viable without adequate staffing. Older people who have lived their whole lives in one community are then forced to relocate to larger facilities in distant towns. Even within regional centres, this can mean travelling four hours one way to visit family or friends. Visits quickly become rare, and what could have been a supported and fulfilling older age instead becomes marked by loneliness and isolation.



CASE STUDY:

Anglicare Central Queensland

Infrastructure limitations

Infrastructure gaps remain one of the most significant barriers to delivering equitable services in rural and remote Australia. While metropolitan regions benefit from dense transport networks and near-universal digital connectivity, many rural communities operate without reliable access to either. These limitations are not only logistical inconveniences; they fundamentally undermine service delivery, staff efficiency, and client outcomes. In an era when government agencies increasingly assume that services can be delivered online or accessed through private transport, communities outside major cities are being left behind.

Digital exclusion and service delivery

Australia is often described as one of the most connected societies in the world, yet 23 percent of Australians remain digitally excluded.^{ix} The digital divide widens sharply with remoteness. People in very remote areas have significantly lower rates of internet access compared to those in major cities. The consequences of this gap are profound. Essential services provided through Services Australia and Medicare increasingly rely on online platforms as their primary means of engagement. Without consistent internet access, people in regional areas face long delays, missed obligations, and in some cases suspension of payments or benefits.

For service providers, poor connectivity limits their capacity to implement otherwise cost-effective solutions such as telehealth, online counselling, or digital case management. While telehealth has increased reach in some thin markets, frontline organisations report markedly poorer outcomes for mental health and suicide prevention services when these are delivered remotely. Interviewees in this study cited dropped calls, poor video quality, and the difficulty of building therapeutic trust over unstable connections as recurring barriers.

Transport is an equally persistent barrier. In towns with little or no public transport, Anglicare Central Queensland reports that clients are often unable to attend appointments, particularly young people who rely on parents or carers for travel. Rising fuel costs and the long distances between service centres and outlying communities further restrict access. Anglicare Central

Anglicare Central Queensland illustrates the way infrastructure limitations compound disadvantage in regional areas. Many of the communities in which Anglicare Central Queensland operates face unreliable internet coverage and limited transport options, both of which directly undermine service delivery. For clients, poor digital connectivity means they cannot consistently access essential services that government increasingly expects to be delivered online, such as Centrelink or Medicare. For frontline staff, the lack of reliable internet hinders the use of telehealth, digital case management, and other cost-effective service innovations.

Queensland has responded by developing small-scale, practical solutions where possible. One such initiative is a limited youth transport service, linking a local school with their service office. This ensures that young people can attend after-school programs and access supervised online services that would otherwise be out of reach.

While these responses have improved access for some clients, they remain stop-gap measures that rely on the organisation's own resources. Without systemic investment in digital and transport infrastructure, Anglicare Central Queensland and other regional providers will continue to face higher costs, lower efficiency, and poorer client outcomes compared to metropolitan organisations.

Transport barriers and client access

Transport is an equally critical challenge. Most organisations interviewed for this study identified transport as a major barrier to client participation in programs. In many communities, public transport is either non-existent or limited to a handful of infrequent routes. For children, young people, and families, this means access to critical services depends on the availability of a private car, which itself is constrained by the rising cost of fuel, insurance, and vehicle maintenance.

Clients in regional and remote areas may face travel times of several hours each way to attend appointments, leading to high rates of missed sessions.

CASE STUDY:

ac.care (Regional South Australia)

ac.care has piloted practical responses to local transport exclusion. Following consultation with residents, the organisation introduced a free community shuttle bus linking clients to essential services, retail centres, and community hubs in Mount Gambier. This initiative has reduced missed appointments, improved attendance at youth programs, and strengthened community connections. By investing in transport infrastructure, ac.care has demonstrated that small, targeted interventions can have outsized impacts in improving service access.

Young people are particularly affected, as they often rely on parents or carers who may not be available due to other commitments. The result is a cycle in which those most in need of support are also those least able to reach it.

Organisational innovation in the absence of infrastructure

With little prospect of systemic investment in rural infrastructure, many organisations are experimenting with their own solutions. Some have invested in localised shuttle services, while others offer targeted subsidies such as fuel vouchers or small transport

allowances. Anglicare Central Queensland, for example, operates a limited youth transport service between a local school and its office, ensuring young people can participate in after-school programs and access online services in a supervised setting.

While these innovations are welcome, they remain stop-gap measures. They rely on organisational capacity and philanthropic support, rather than stable and systemic funding.

Implications for services

The lack of infrastructure compounds other operational constraints. Staff travel adds to already unsustainable operational costs, while clients excluded from digital or transport access often require more intensive forms of support. The result is a structural disadvantage for rural organisations, with higher costs, lower efficiency, and poorer client outcomes compared to their metropolitan counterparts.

Unless these gaps are addressed, the promise of equitable service delivery across Australia will remain hollow. Rural and remote communities will continue to rely on underfunded, ad hoc workarounds, rather than the robust infrastructure that underpins social inclusion and participation elsewhere in the country.



Local strengths, capacity and innovations

While systemic barriers constrain service delivery across rural, regional, and remote Australia, Anglicare Australia members also bring unique strengths to their communities. Their services are deeply embedded in place, with staff and volunteers drawn from the regions where they live and work. This grounding fosters trust, resilience, and creativity. It allows organisations to design and deliver responses that are not only effective but also reflective of the values, culture, and needs of local communities. The following themes and examples highlight the importance of place-based innovation, and why the Anglicare Australia Network continues to serve outside metropolitan areas despite the challenges.

Place-based services as anchors

One of the greatest strengths of regional and remote services is that they are delivered by people who know their communities. Staff and volunteers may be neighbours, family members, or lifelong residents. This connection creates a foundation of trust, ensuring that support is not experienced as an external intervention but as part of the community itself. Place-based organisations are also able to design programs that respond to the realities of local life — from transport challenges to cultural traditions.

Innovation in times of crisis

Regional and remote communities face unique exposure to natural disasters such as bushfires, floods, and drought. When crises strike, it is local organisations made up of staff and volunteers from the communities themselves that are first on the ground. Anglicare Australia members have shown time and again that their deep presence allows them to mobilise quickly, tailor responses to local needs, and coordinate recovery efforts.

CASE STUDY

Communities for Children, Anglicare NT

In several regions, Anglicare Australia members deliver the Communities for Children program, which provides integrated support for families and children. By embedding services in towns and regional centres, staff build long-term relationships with families, schools, and local networks. This is particularly important for First Nations communities. Programs are not imported models, but adapted to the unique strengths and challenges of each community, whether that means co-locating services in a local library, running playgroups in familiar community halls, or linking families with culturally safe supports. The result is stronger, more resilient families, and intergenerational wellbeing built on community trust.

CASE STUDY:

Bushfire Recovery, Anglicare NSW South, NSW West and ACT

When bushfires devastated regional NSW, Anglicare NSW South, NSW West and ACT stepped into the role of trusted first responder. Staff and volunteers who had themselves lived through the fires were able to provide practical relief and emotional support in ways that national agencies could not. The recovery program offered tailored assistance, from emergency housing to counselling, while also working to rebuild local infrastructure and networks. Because staff were part of the affected communities, their support was not just responsive but relational, enabling recovery efforts to be sustainable in the long term.

CASE STUDY:

The Derby Good Life Project, Anglicare WA

In Derby, Anglicare WA's Good Life Project has pioneered a strengths-based approach to community wellbeing. Working alongside local residents, the program promotes health, social connection, and empowerment. Activities range from cooking and gardening groups to community events, all co-designed with local people. The project shows how, even in regions marked by disadvantage, creativity and collaboration can build stronger, healthier communities. Staff and participants alike describe the project as transformative, with residents gaining confidence, friendships, and a sense of ownership over their community's future.

Embedding wellbeing through community development

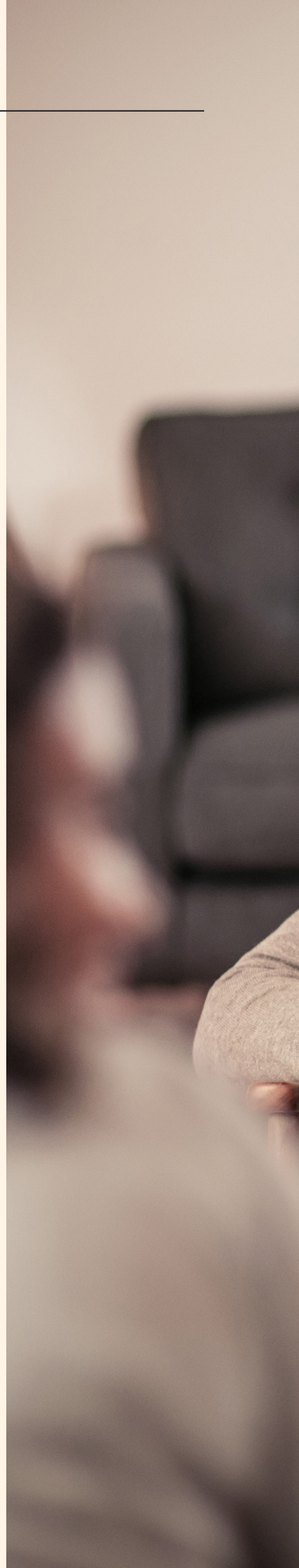
Beyond essential services, regional organisations enrich community life. They create spaces for connection, promote wellbeing, and strengthen local capacity. These initiatives show that rural and remote services are not just about filling gaps in provision, but about fostering communities where people can thrive.

These examples demonstrate why Anglicare Australia members continue to serve in regional and remote Australia despite systemic disadvantage. Place-based services are not only essential, but uniquely effective. They draw on local knowledge, foster deep trust, and build resilience in ways that externally delivered services cannot. They show that innovation is not the exception but the norm, as local organisations find creative ways to meet need and enrich community life. However, these strengths remain fragile without sustained policy reform and investment. To scale and secure these successes, governments must recognise and resource the vital role of local capacity and innovation.



Key themes and recommendations

The evidence presented in this report highlights the ways in which rural and remote service delivery is constrained by forces outside the control of local organisations. Workforce shortages, higher operational costs, and infrastructure deficits intersect to create a uniquely difficult environment. While community services are built on deep local knowledge and strong relationships, those strengths are continually undermined by structural settings that treat rural and remote delivery as if it were no different to metropolitan contexts.





A strong and stable workforce

Building and sustaining the workforce

Across every interview, workforce shortages emerged as a persistent and urgent challenge. Organisations consistently described a reliance on arrangements that are both costly and disruptive to client relationships. In many areas, the absence of affordable housing made recruitment almost impossible, with staff declining offers of employment simply because they had nowhere to live. At the same time, opportunities for training and professional development are sparse, leading to professional isolation and accelerating turnover.

To address these challenges, governments must adopt a dedicated rural and remote workforce strategy. This would expand training pipelines, provide rural placement incentives for graduates, and create professional development hubs that connect workers across regions. Funding arrangements must also give organisations the security to offer stable, long-term contracts rather than relying on casualised or time-limited employment. In addition, investment in housing, through subsidies, partnerships, or direct provision, should be recognised as a critical enabler of workforce stability, not simply a matter for the private rental market. Without tackling these structural barriers, workforce gaps will remain the single greatest brake on service delivery.

- **Developing a dedicated rural and remote workforce strategy, jointly led by the Commonwealth and State and Territory governments, to expand training pipelines, provide rural placement incentives, and create professional development hubs.**
- **Funding housing for key workers in regions where accommodation shortages are a critical barrier to recruitment.**
- **Embedding long-term funding security for organisations to offer stable employment, reducing reliance on short-term contracts and fly-in-fly-out models.**

ANGLICARE AUSTRALIA RECOMMENDS

Funding to support high quality service delivery

Funding reform to reflect the true cost of delivery

Organisations in rural and remote areas face higher costs across every dimension of service provision. Fuel, travel, compliance, and insurance all carry a regional premium, yet funding models make no allowance for these differences. At the same time, government funding is still overwhelmingly allocated on a population basis. This disadvantages regions such as the Northern Territory, where relatively small populations face disproportionately high levels of need. Providers there are asked to stretch limited funds across vast distances and complex community contexts, leaving high-need areas under-resourced compared to metropolitan regions.

Needs-based funding offers a pathway out of this inequity. Rather than tying resources to the number of people in an area, funding should reflect the intensity and complexity of need. Regions with high levels of poverty, overcrowded housing, or intergenerational disadvantage should receive proportionately more resources, ensuring that services are designed around the realities on the ground. This approach would not only address structural underfunding in high-need regions, but would also reduce the hidden subsidy that local organisations currently provide by relying on philanthropy, volunteer labour, or organisational reserves.

Funding reform must therefore begin by recognising that place matters. The way funding is weighted should reflect the true cost growth borne by rural and remote services, particularly in transport and wages. Grant assessment processes should place explicit weight on place-based expertise and community trust, ensuring that local providers are not penalised for lacking the bureaucratic machinery of city-based organisations. And crucially, funding formulas must be recalibrated to recognise need as well as population, so that areas like the Northern Territory, where demand for support is far higher than raw population figures suggest, are resourced fairly.

- **Adjusting funding formulas to incorporate regional cost loadings that recognise the higher expenses of travel, fuel, insurance, and compliance in rural and remote service delivery.**
- **Embedding a needs-based funding model for community services, so that areas with higher levels of disadvantage and demand, such as the Northern Territory, receive proportionate resources, rather than being limited by population share.**
- **Redesigning competitive grant processes to value established local organisations, for example through weighted criteria that recognise place-based expertise and community trust.**
- **Valuing outcomes over inputs, an approach which rewards services that make an impact in their communities and enables them to maximise that impact.**
- **Providing indexation that reflects real cost growth in the sector, including transport, wages, and compliance obligations.**

Unless these changes are made, rural and remote services will continue to operate under structural disadvantage, forced to do more with less and leaving communities underserved.

Improving regional access

Investing in infrastructure to enable access

The lack of digital and transport infrastructure emerged as a defining barrier to equity. Many communities remain excluded from reliable internet and mobile coverage, limiting their ability to participate in education, employment, and services. For providers, poor connectivity undermines the potential of telehealth, remote counselling, and other innovations that could bridge distance. Transport deficits compound this exclusion. Staff described spending hours on the road to reach clients, while community members without private vehicles faced insurmountable obstacles in accessing even the most basic services.

Addressing these deficits must be treated as a matter of equity. Universal digital connectivity is no longer a luxury but a prerequisite for participation in modern life. Governments must commit to reliable and affordable coverage in rural and remote areas, closing the digital divide once and for all. Similarly, investment in localised transport solutions should be recognised as integral to social service delivery. Organisations such as ac.care have shown what is possible with modest support, while Anglicare Central Queensland has demonstrated the impact of tailored transport partnerships. These initiatives should not remain isolated pilots but be scaled through national funding programs that treat connectivity and transport as foundational, not optional.

- **Committing to universal, reliable, and affordable digital connectivity in rural and remote areas as a matter of equity, not market choice.**
- **Establishing a national fund to support localised transport solutions, such as community buses, shuttle services, or fuel voucher schemes, building on the successful ac.care model.**
- **Ensuring that transport and digital access are integrated into policy planning, recognising them as foundational to participation in services and community life.**

Strengthening local capacity and innovation

One of the most striking findings of this research is the creativity and resilience shown by local organisations. Despite systemic disadvantage, providers have developed place-based solutions that are well-attuned to the needs of their communities. However, these innovations are often fragile, relying on short-term grants or one-off partnerships. Without long-term investment, many of these promising approaches will remain isolated success stories rather than sustainable models.

Governments should establish dedicated, flexible funding streams to support rural and remote innovation. By allowing organisations to trial and refine localised solutions without the pressure of short grant cycles, successful initiatives could be scaled and embedded into mainstream service delivery. Collaborative hubs, where organisations share infrastructure, training, and staff, should also be supported as a way of building capacity in regions where duplication is wasteful and resources are scarce. A national innovation fund, designed specifically for rural and remote services, would ensure that proven models are not lost to the ebb and flow of project funding.

ANGLICARE AUSTRALIA
RECOMMENDS

Supporting local innovation

- Providing flexible, long-term funding streams that allow organisations to trial and scale localised solutions without the pressure of short grant cycles.
- Supporting collaborative service hubs in regional centres, enabling organisations to share infrastructure, staff, and training.
- Establishing a dedicated rural and remote service innovation fund to capture and scale successful pilots, ensuring that proven solutions are not left as isolated examples.

Conclusion

Anglicare Australia members work in every community, from major cities to the most remote corners of the country. Their services are rooted in place, drawing on the knowledge, commitment, and lived experience of staff and volunteers who belong to the communities they serve. This deep connection is the foundation of their strength. It allows services to be tailored, trusted, and responsive in ways that cannot be replicated by external providers.

Yet, as this report has shown, those strengths exist alongside major challenges. Workforce shortages, high operational costs, and fragile infrastructure consistently undermine access to care. Funding models fail to reflect the realities of delivering services outside metropolitan centres, leaving providers to shoulder costs and absorb risks that governments overlook. The result is systemic inequity, with people living in rural, regional, and remote Australia facing greater barriers to support, despite being no less entitled to it than those in cities.

At the same time, the ingenuity of local organisations demonstrates what is possible when communities are trusted and resourced. From disaster recovery in regional NSW, to place-based initiatives in the Kimberly region, to programs that connect families and strengthen children's outcomes, Anglicare Australia members are leading innovations that enrich lives and build stronger communities. These stories show that investment in local capacity pays dividends not just in service delivery, but in the social fabric of communities.

The lesson is clear. Working regionally is not only worthwhile, it is vital. Regional and remote communities are home to millions of Australians. They deserve equitable access to care and support, delivered by organisations that understand them. But goodwill, resilience, and innovation will not be enough on their own. Without systemic reform, the challenges outlined in this report will continue to erode the sustainability of services and the wellbeing of communities.

That is why this report calls on governments to act. By reforming funding models to reflect the true cost of service delivery, investing in housing and infrastructure, and supporting innovation through long-term, flexible funding streams, governments can ensure that local strengths are not lost to systemic neglect. Most importantly, they can guarantee that where someone lives does not determine whether they can access the care they need.

In every community, Anglicare Australia members are showing what is possible. With the right policy settings and investment, those possibilities can become a reality for all Australians, no matter where they call home.



Endnotes

- i Anglicare Australia (2025) [Anglicare Australia Network Census. 2023-24.](#)
- ii Australian Bureau of Statistics (2024) [Job Vacancies, Australia.](#) May 2024.
- iii Committee for Economic Development of Australia (2023) [Duty of care: Aged-care sector running on empty.](#)
- iv NDIS Review (2023) [Improving access to supports in remote and First Nations communities.](#)
- v Cleland, J., Milte, R., Khanna D., George, S., Brebner, C., Campbell, N., Tuxworth, G., Maloney, C., Worley, P., Dymmott, A., (2025) [Recruitment, retention and turnover of allied health professionals in rural and remote areas: A quantitative scoping review.](#) Rural and Remote Health, 25: 9494.
- vi National Skills Commission (2023) [Care Workforce Labour Market Study.](#)
- vii Anglicare Australia (2024) [Life on the Wait List: Caring for Older Australians at Home](#)
- viii Ibid
- ix ARC Centre of Excellence for Automated Decision-Making and Society (2023) [Measuring Australia's Digital Divide: Australian Digital Inclusion Index 2023](#)

