RESEARCH TO ACTION GUIDE

>>> Bridging the gap between what we know and what we do

A sustainable rural and remote workforce for disability

Rapid Review
ABOUT THE CENTRE FOR APPLIED DISABILITY RESEARCH

The Centre for Applied Disability Research (CADR) is an initiative of NDS. CADR aims to improve the wellbeing of people living with disability by gathering insights, building understanding and sharing knowledge. CADR’s applied research agenda is helping to build the evidence base and support stakeholders to better understand what works, for whom, under what circumstances and at what cost.

RESEARCH TO ACTION GUIDES

Bridging the gap between what we know and what we do.

Our objective is to build a comprehensive online collection of disability research and translational resources for the Australian context. Our Research to Action Guides are based on the best available local and international evidence and put together by subject matter experts to support research end users to engage with the evidence. We gather and analyse evidence about what works, and package that information into efficient and practical resources.

ACKNOWLEDGMENTS

This Guide was authored by Dr Angela Dew, UNSW Australia, Dr John Gilroy, University of Sydney and Professor Michelle Lincoln, University of Sydney. This resource was developed with support of Australian governments through the Research and Data Working Group.

SUGGESTED CITATIONS


ABOUT THIS RESEARCH TO ACTION GUIDE: ‘A SUSTAINABLE RURAL AND REMOTE WORKFORCE FOR DISABILITY’

This Research to Action Guide Rapid Review forms part of the suite of resources produced by CADR on this topic. The suite includes an evidence summary and good practice examples, both available at the CADR Clearing House: www.cadr.org.au

This Guide articulates the key components of rural and remote workforce development in Australia presented by the existing research evidence. The Guide will be most useful for service managers, human resource managers, registered training organisation staff, and policy makers who have been charged with developing, building and sustaining a rural and/or remote workforce.

FEEDBACK

Do you have feedback, or a suggestion for a Research to Action Guide? We welcome your thoughts and ideas. Please contact info@cadr.org.au
A SUSTAINABLE RURAL AND REMOTE WORKFORCE FOR DISABILITY: A RAPID REVIEW OF THE LITERATURE

This paper reports on the literature which can be used to broaden our understanding of what works when building and sustaining rural and remote and Aboriginal and Torres Strait Islander workforces for disability. It aims to provide those responsible for workforce development with a summary of relevant research to inform their practice.

Research papers and other useful documents were identified through journal database searching and a search of relevant ‘grey’ literature such as policy and practice guidelines and associated documents.

RESEARCH QUESTIONS

1. Why is a sustainable disability and Aboriginal and Torres Strait Islander workforce needed in rural and remote areas of Australia?
2. What is the research evidence for what works?
3. What are the key components of a sustainable rural and remote and Aboriginal and Torres Strait Islander workforce for disability?

IN SUMMARY

All Australians with disability should have access to equitable supports regardless of where they live. There is a need to build and maintain a rural and remote workforce to support people with disability, their families and communities.

Based on a review of the evidence, three key components have been identified as working well to build a sustainable rural and remote and Aboriginal and Torres Strait Islander disability workforce:

• Apply community-centred practices that involve collective decision-making and are culturally and linguistically appropriate.
• Build workforce supply through recruitment and retention of a mix of local and outreach professionals alongside local community-based quasi- or non-professional workers.
• Improve workforce utilisation and efficiency through cross-sector collaboration and investment in technology to link the local and outreach workforce for service delivery and professional support.

Current gaps in the research evidence:

• Lack of workforce data on Australian rural and remote and Aboriginal and Torres Strait Islander disability workforce. A nationally consistent data base is required to better understand the workforce background, characteristics, distribution, expectations and intentions;
• Most of the available evidence on rural and remote workforce is based on health service providers (doctors, nurses and allied health professionals). There is a need to develop
disability sector evidence to address specific issues and to develop a Rural and Remote Disability Toolkit similar to the Services for Australian Rural and Remote Allied Health (SARRAH) web-based toolkit. Such a toolkit would cover off on many of the retention and preparation issues described in this report;

- Limited evidence on the effectiveness of cultural training in Australian rural and remote areas to inform the investment in this activity.

1. WHY IS A SUSTAINABLE DISABILITY AND ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE NEEDED IN RURAL AND REMOTE AREAS OF AUSTRALIA?

Australia uses a number of different definitions of rural and remote. One of the most widely recognised is that used by the Australian Bureau of Statistics, the Australian Standard Geographical Classification, Remoteness Area (ASGC-RA). This defines inner regional, outer regional, remote or very remote geographical areas based on road distance from five other places, including the distance to the nearest regional centre and the nearest metropolitan conurbation.

The difficulty of recruiting and retaining an adequate health and community sector workforce in rural and remote areas is well established. Recruiting and retaining staff is more problematic the more remote the location. The challenges relate to professional isolation, time spent travelling, working conditions, career opportunities (including for family members), and scope-of-practice issues. Inconsistencies in workforce availability means that people with a disability who live in rural and remote areas are further disadvantaged in accessing services and supports.

Under the National Disability Insurance Scheme (NDIS) all Australians with permanent and significant disability, regardless of where they live, should have equitable access to supports and services to meet their needs. It is important therefore to build and maintain a flexible rural and remote workforce to support people with disability, their families and communities.

Aboriginal and Torres Strait Islander peoples who live in rural and remote areas experience higher rates of disability and are less likely to access services than those living in metropolitan areas. Recruiting Aboriginal and Torres Strait Islander peoples into health and community services has been a longstanding goal of the human services sector. Points 6 and 8 of the First People’s Disability Network’s (FPDN) Ten-Point Plan identified the need to develop the Aboriginal and Torres Strait Islander workforce to implement the NDIS in Aboriginal and Torres Strait Islander communities. The Closing the Gap strategy commits the Australian government to ensure 90% of eligible Aboriginal and Torres Strait Islander peoples will receive funded support under the National Disability Strategy. To achieve the government’s commitment, a culturally aware and safe rural and remote workforce including trained and supported Aboriginal and Torres Strait Islander workers is required in disability and mainstream sectors.
2. WHAT IS THE RESEARCH EVIDENCE FOR WHAT WORKS?

A data base and website key word search of peer-reviewed and grey literature spanning 2008-2015/6 was conducted for references to: rural and remote; disability; Aboriginal/Indigenous; and workforce.

2.1. Build the capability of the rural and remote and Aboriginal and Torres Strait Islander workforce

The evidence points to the need for a collaborative and cross-sectorial approach to invest in the capability and sustainability of rural and remote and Aboriginal and Torres Strait Islander workforces.

Given the identified challenges to sustaining a workforce in rural and remote areas, a collaborative approach will create systems to provide improved access to support for persons with disability living in those areas. As represented in figure 1 below, building a collaborative and cross-sectorial workforce involves a mix of local and outreach professionals with specific skills and knowledge to deliver locally-directed seamless services, alongside local community-based quasi- or non-professional workers. Smarter use of technology will also enhance service delivery and reduce professional isolation for those living and working in rural and remote areas. The development of a flexible Aboriginal and Torres Strait Islander people’s rural and remote workforce approach is ideally based on community-centred practices. Community-centred practices involve community controlled and operated organisations and services in collective decision-making and communal resource allocation in collaboration and partnership with non-Indigenous services.
2.1.1 Build workforce supply

Building a collaborative cross-sectorial rural and remote workforce involves targeted recruitment, retention and workforce preparation strategies.

There is a plethora of research and reports related to recruitment and retention of the rural medical workforce,\(^1\text{35–37}\) and some relating to the allied health workforce,\(^38–41\). Given the imminent widespread roll out of the NDIS, the need for a comprehensive and coordinated approach to building the rural and remote and Aboriginal and Torres Strait Islander workforce for disability is evident.

RECRUITMENT

THE LITERATURE POINTS TO THREE MAIN APPROACHES TO RECRUITMENT OF A RURAL AND REMOTE WORKFORCE:

1. Grow Your Own through local workforce initiatives;
2. Incentives to Go Bush that attract workers to rural and remote settings;
While these strategies equally apply to Aboriginal and Torres Strait Islander peoples, additional specific recruitment strategies for this group are identified.

**Grow Your Own**

There is conclusive evidence that coming from a rural background significantly enhances the likelihood of remaining or returning to work in a rural or remote area\(^1,35,42-46\). There is also reasonable evidence that providing undergraduate and postgraduate training in rural settings increases the likelihood of students from a rural background remaining to work in those settings and of some non-rural students deciding to work there\(^1,35,42,47-49\).

**Evidence for Grow Your Own strategies:**

<table>
<thead>
<tr>
<th>Evidence for Grow Your Own strategies:</th>
<th>provide rural school students with positive information about people with a disability and work opportunities in the disability sector(^35,41,45,46).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target rural school leavers</td>
<td>disability sector jobs for rural school leavers and people wanting to re-enter the workforce in non-professional roles such as therapy assistants and disability support workers(^42,50).</td>
</tr>
<tr>
<td>Increase full and part-time work experience and paid entry-level work options</td>
<td>employment of family members and current volunteers pay family members in exceptional circumstances, and current volunteers to provide support(^51,52).</td>
</tr>
<tr>
<td>Employment of family members and current volunteers</td>
<td>rural and metropolitan students to study at Rural Clinical Schools, University Departments of Rural Health (UDRH) and Certificate Level TAFE courses(^45,46,48); provide out of area students with good quality accommodation in rural/remote communities(^19).</td>
</tr>
<tr>
<td>Enhance opportunities for study in rural settings</td>
<td>comprehensive Aboriginal and Torres Strait Islander employee standards, targets and implementation strategies(^53); targeted, flexible recruitment with clear criteria that encourage Aboriginal and Torres Strait Islander peoples to apply(^6,53-58).</td>
</tr>
<tr>
<td>Employee targets and criteria</td>
<td>recruit with service users in mind(^55); job application information distributed through Aboriginal and Torres Strait Islander community inter-agencies and networks(^59) and Aboriginal and Torres Strait Islander newspapers and radio(^60).</td>
</tr>
<tr>
<td>Recruitment processes</td>
<td></td>
</tr>
</tbody>
</table>
Selection criteria

job selection criteria to ensure Aboriginal and Torres Strait Islander applicants are not disadvantaged; Aboriginal and Torres Strait Islander community workers involved in the development of job descriptions; local people employed, trained and supported; entry level opportunities to target mature-aged people re-entering the workforce and school, TAFE and university leavers.

Scholarships, traineeships and cadetships

scholarships with guaranteed jobs in rural areas; traineeships with recognition of existing skills in accreditation; cadetships; a clear employment pathway after completion (so people are not returned to government employment support programs).

Interview processes

adopt Aboriginal and Torres Strait Islander-friendly interviews and selection criteria; provide individual face-to-face job application and interview skills assistance and feedback to unsuccessful applicants.

Incentives to Go Bush

Literature indicates that social and financial incentives to make a tree- or sea-change to live and work in a rural or remote area have had some success although these may be short term for many. Social factors have been shown to be useful in attracting and keeping people working in rural and remote settings.

Evidence for incentives to Go Bush:

| Sell the positive aspects of living and working in rural and remote areas and in the disability sector | enjoy a positive work/family life balance; make a difference to person with disability’s life; experience diverse and autonomous work roles. |
| Financial incentives | remote incentive allowances and salary packages; higher wages; additional annual and long service leave; reimbursement or credit for HECS fees; rental concessions; scholarships. |
THE LITERATURE POINTS TO THREE MAIN APPROACHES TO RECRUITMENT OF A RURAL AND REMOTE WORKFORCE:

1. Grow Your Own through local workforce initiatives;
2. Incentives to Go Bush that attract workers to rural and remote settings;

Regardless of whether they are from a rural background or not, workers are more likely to stay in rural areas if their personal needs are met and organisations and communities support them\textsuperscript{40}. Many workers in rural and remote locations cite personal and professional isolation as a reason for leaving\textsuperscript{67}. Paying retention incentives may be more cost effective than constantly re-advertising and recruiting to vacant positions\textsuperscript{68}.

Incentives to Stay Bush

Evidence for incentives to Stay Bush:

<table>
<thead>
<tr>
<th>Career pathways</th>
<th>opportunities for promotion, and engagement in research\textsuperscript{36,66,68}; recognition of achievement\textsuperscript{47,49}; accreditation of disability workers\textsuperscript{51}; retention bonuses\textsuperscript{36,37,47,68}; autonomy in work decisions\textsuperscript{36,40,69}.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good working conditions</td>
<td>flexible hours and shift lengths\textsuperscript{41,47,66,67}; financial incentives to offset overtime hours\textsuperscript{43}; provision of locums/relief staff to cover periods of leave\textsuperscript{1,36,47}; adequate infrastructure including well-maintained clinical settings, technology, vehicle, and air conditioning\textsuperscript{36,70}.</td>
</tr>
<tr>
<td>Training and professional development to overcome personal and professional isolation</td>
<td>regular, equitable and locally tailored training courses and conferences including: face-to-face in cities and regional towns and/or via technology through webinars, teleconferences and podcasts\textsuperscript{1,8,10,13,18,19,35–38,40,41,47,48,50,66,71–79}; targeted training that matches career stage and profession\textsuperscript{44,75}; collaborative training arrangements between the National Disability Insurance Agency and the University Departments of Rural Health (UDRH)\textsuperscript{76}.</td>
</tr>
<tr>
<td>Supervision, support and mentoring to overcome personal and professional isolation</td>
<td>flexible options, including via technology, that minimise travel and maximise relevancy including peer to peer programs; involving personal learning networks and communities of practice; utilising mature-aged practitioners to work as part-time mentors; training in reflective practice.</td>
</tr>
<tr>
<td>Networking opportunities to overcome personal and professional isolation</td>
<td>being part of a team or able to link with likeminded colleagues through professional networks of support face-to-face and/or via technology.</td>
</tr>
<tr>
<td>Work/family life balance</td>
<td>feeling embedded in the community through participation in social and recreational activities, and having ready access to housing, childcare and work opportunities for spouses and education for children.</td>
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</table>

### Evidence for Aboriginal and Torres Strait Islander specific retention strategies:

| Specific training pathways | through TAFE and university including peer support, mentoring, counselling and financial support; flexible training options e.g. regionally based intensive short courses and via telecommunications; part time study support for training to attain higher clinical and management roles. |
| Career development opportunities | identified career progression pathways and development opportunities; mentoring, support and career development programs that address issues related to conflicting job and family/community responsibilities; burden due to thinly spread services; expectation on Aboriginal and Torres Strait Islander staff to be ‘Indigenous’ experts; identified professional and senior positions throughout the organisation; shared role and responsibility in supporting and working with Aboriginal and Torres Strait Islander communities among all staff (not just Indigenous staff). |
| Aboriginal and Torres Strait Islander employee networks | include Aboriginal and Torres Strait Islander staff input into planning and implementation of new initiatives\(^{54}\); Aboriginal and Torres Strait Islander staff forums for communication, support and training including annual conferences\(^{23,55,82}\). |
| Dedicated Aboriginal and Torres Strait Islander roles in large mainstream organisations | dedicated roles as part of periodic strategic plans for example, Aboriginal Local Support Coordinators (ALSC) or Indigenous Case Managers\(^{54,66,84}\). |

**PREPARATION TO WORK IN THE BUSH**

The literature identifies that in order to build the capability of the workforce, preparation is required for people considering work in rural and remote areas.

Working in rural and even more so in remote areas, involves a range of generalist skills\(^{42}\) and personal attributes\(^{85}\) that differ from those needed to work in metropolitan areas. For workers who come into the rural/remote workforce without prior experience, limited understanding of the environment and poor personal preparation are often cited as being among the reasons for leaving\(^{85}\).

There are a number of occupational health and safety issues specific to working in rural and remote areas. Issues related to travel include road and weather conditions, wildlife on the road, fatigue, and the need for safety equipment such as water, a satellite phone, spare tyres and adequate maps\(^{86,87}\). Recommendations to prepare workers to deal with these issues included development of travel policies and guidelines, driving off road training and emergency first aid training\(^{86,88,89}\). Personal worker safety in rural and remote areas is also highlighted with evidence of violence towards health workers, police and teachers due to a lack of anonymity, cultural issues, mandatory reporting requirements and the distance from management and support\(^{90}\). Recommendations included better reporting of violent incidents, staff training in de-escalation techniques\(^{90}\) and, in some situations and locations, using a buddy system of staff working in pairs\(^{88}\).

Cultural training for non–Aboriginal and Torres Strait Islander workers was mentioned in almost all peer–reviewed and grey literature as the way to build the capacity of service providers to ensure cultural awareness, competency and safety is embedded in every practice\(^{6,30,91}\). Cultural training is only one component of preparing non–Indigenous workers to support Aboriginal and Torres Strait Islander peoples with disability, their families and communities. The principles imparted to staff in cultural training must be embedded in all aspects of the work environment from policies and procedures to local practices encompassing staff development and performance\(^{91}\).
### 2.1.2 Improving workforce utilisation

There are a number of strategies that can be used to improve rural and remote workforce utilisation.

#### Evidence for strategies to improve workforce utilisation:

<table>
<thead>
<tr>
<th>Collaboration between disability, health, aged care, education and community service providers</th>
<th>shared use of office space, technology, resources and ‘back office’ functions across local organisations to limit duplication and waste(^7^4); shared work spaces, resources and training to promote a better understanding of disability by generic healthcare and community services staff(^8).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using technology</td>
<td>partnerships between carriers, government and/or communities to improve mobile coverage to rural communities(^7^1); technology availability and support, training and resources to address individual, work place and community barriers to rural and remote workers using technology(^1^8).</td>
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<tr>
<td>Training and professional development</td>
<td>a combination of face-to-face training that allows networking and training via technology to limit travel; online communities of practice to connect practitioners around specific shared interests and particular projects(^9^2); formal supervision to increase staff skills and competence(^9^3).</td>
</tr>
</tbody>
</table>

#### Evidence for Aboriginal and Torres Strait Islander specific workforce utilisation strategies:

| Cultural training | training of all new staff (both Aboriginal and Torres Strait Islander and non-Indigenous staff) to occur at induction, and to be ongoing for all staff employed in government and government-funded services and all students on placement in those services\(^2^5,3^2,5^3,5^7,6^2,8^2,9^4–9^8\); include practical application to improve service outputs\(^6^6\); provide a local focus and an understanding of Aboriginal and Torres Strait Islander community managed services\(^5,5^5,5^9\); relate training specifically to disability services, and differentiate from aged care services in Aboriginal and Torres Strait Islander communities\(^6^4,6^6\); engage local community members to lead training\(^2^8,2^9,5^5\); cover Aboriginal and Torres Strait Islander history, myths and misconceptions, cultural taboos or sensitivities, gender roles, models and case studies of culturally appropriate service delivery, use of language interpreters\(^5,2^8,3^0,5^9,6^0,6^6,9^9\). |
at all educational levels students learn about and learn to value Aboriginal and Torres Strait Islander culture as the First Peoples of Australia;

non-Indigenous and Aboriginal and Torres Strait Islander workers promote and participate in local community events and celebrations to build relationships and provide information about supports and services;

staff engage in regular self-awareness processes to review and challenge individual and collective worker and organisation values and attitudes;

use technology including social media to improve contact between service providers and with people in remote communities (workers and people with disability and their families);

implement strategies to manage ‘boundary crossings’ and ‘boundary violations’ for all staff (Aboriginal and Torres Strait Islander and non-Indigenous) who live and work in remote communities where staff experience community pressure due to expectations, visibility and issues around confidentiality;

carefully match staff with the person with disability in relation to gender, age and interests;

incorporate traditional beliefs, language, medicine and culturally appropriate art genres with service promotion and provision.

Beyond cultural training

3. WHAT ARE THE KEY COMPONENTS OF A SUSTAINABLE RURAL AND REMOTE AND ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE?

Figure 2 (next page) provides an overview of an integrated approach to developing and sustaining a national disability rural and remote workforce. The key stakeholders responsible for implementing the approach at each level are identified.

Local community-based initiatives will have the greatest impact on investing in the capability of the rural/remote and Aboriginal and Torres Strait Islander workforce. These initiatives should be informed by community-centred principles driven by, and involving all community members – Aboriginal and Torres Strait Islander and non-Indigenous.

A combination of pathways to grow the rural/remote and Aboriginal and Torres Strait Islander workforce and incentives to join these workforces are required with specific attention to Aboriginal and Torres Strait Islander employment strategies. Key to these recruitment approaches is education, recognition of previous paid and unpaid experience, financial incentives, and promotion of positive rural impressions. Incentives to stay in the rural/remote and Aboriginal and Torres Strait Islander workforce will be maximised by preparatory
resources. A mix of personal and career incentives are most effective in retaining the rural/remote workforce.

Strategies to improve the efficiency of the rural/remote and Aboriginal and Torres Strait Islander workforce involve cross-sector collaboration and better use of technology for the delivery of training and professional development as well as service provision. The NDIS provides an opportunity to enhance the capacity of private practitioners and organisations to provide workforce solutions in rural/remote areas.

The approach indicated by the evidence can provide a disability and Aboriginal and Torres Strait Islander workforce to support the implementation of the NDIS in rural and remote areas of Australia.

**FIGURE 2: INTEGRATED RURAL AND REMOTE AND ABORIGINAL AND TORRES STRAIT ISLANDER DISABILITY WORKFORCE**

<table>
<thead>
<tr>
<th>INVEST IN CAPABILITY</th>
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<tbody>
<tr>
<td><strong>Local Community-Centred Initiatives</strong></td>
</tr>
<tr>
<td>Driven by and involving all community members – Aboriginal and Torres Strait Islander and non-Indigenous – underpinned by cultural training</td>
</tr>
<tr>
<td><strong>Key Stakeholders:</strong> People with disability, workers, employers, government</td>
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</tbody>
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<table>
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<tr>
<th>BUILD THE WORKFORCE</th>
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<tbody>
<tr>
<td><strong>Pathways to grow the rural/remote workforce</strong></td>
</tr>
<tr>
<td>Education – school, TAFE, university</td>
</tr>
<tr>
<td>Experience – lived experience, volunteering, placements</td>
</tr>
<tr>
<td>Employment – entry level to professional level opportunities, traineeships</td>
</tr>
<tr>
<td><strong>Key Stakeholders:</strong> Government, employers, people with disability</td>
</tr>
</tbody>
</table>

| **Incentives to join the rural/remote workforce** |
| Education – rural learning opportunities |
| Financial – scholarships, HECS debt relief, enhanced pay and conditions |
| Positive rural impressions – media, social media, word of mouth |
| **Key Stakeholders:** Government, employers, workers |

| **Incentives to stay in the rural/remote workforce** |
| Career pathways and good working conditions |
| Ongoing training and professional development |
| Supervision, support, mentoring and networking opportunities |
| **Key stakeholders:** Employers, government, workers |

<table>
<thead>
<tr>
<th>IMPROVE EFFICIENCY</th>
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<tbody>
<tr>
<td>Collaborative service structures</td>
</tr>
<tr>
<td>Smarter use of technology</td>
</tr>
<tr>
<td>Ongoing training and professional development</td>
</tr>
<tr>
<td>Mix of public and private provider opportunities</td>
</tr>
<tr>
<td><strong>Key Stakeholders:</strong> Employers, workers, government, people with disability</td>
</tr>
</tbody>
</table>
REFERENCES

1. Health Workforce Australia, National Rural and Remote Health Workforce Innovation and Reform Strategy. 2013, HWA.
6. First Peoples Disability Network Australia, Ten-point plan for the implementation of the NDIS in Aboriginal communities. 2013.
8. National Rural Health Alliance and National Disability and Care Alliance, Delivering equitable services to people living with disability in rural and remote areas. Appendix 1 Implementation of DisabilityCare Australia in rural and remote areas, in Practial Design Fund. 2013, NRHA and NDCA.
17. Garde, E. and A. Bruce, Specialist support at a distance, in Practical Design Fund. 2013, SCOPE Victoria: Melbourne.


30. National Disability Services, The NDIS implications for remote Indigenous service provision in the Northern Territory Project Stage One. 2013, NDS.

32. Aboriginal Disability Network of NSW, Telling It Like It Is: A report on community consultations with Aboriginal people with disability and their associates throughout NSW. 2012.
44. Keane, S., Factors affecting the recruitment and retention of allied health professionals in rural NSW, in Faculty of Health Sciences. 2013, University of Sydney: Sydney.
47. Services for Australian Rural and Remote Allied Health, Principles of recruitment and retention of allied health professionals to remote Australian communities, in Position Paper. 2009, SARRAH.


50. National Rural Health Alliance, Twenty steps to equal health by 2020: the NRHA’s 20-point plan for improving health services and health workforce in rural and remote areas. 2012, NRHA.


56. Aboriginal Health and Medical Research Council, Be the change that makes the difference: NSW Aboriginal community controlled health services Aboriginal Employment Program Report. 2013.


60. Western Australian Disability Services Commission, Aboriginal people with disabilities: Getting Services Right brochure. 2006: Perth.


62. Ellis, R., Developing training pathways to meet the needs of Aboriginal people with disability. 2008, Flinders University: Adelaide.


71. National Rural Health Alliance, Connectivity for rural and remote health, in Fact Sheet. 2013.
75. Humphreys, J., et al., Improving primary health care workforce retention in small rural and remote communities – how important is ongoing training and education? 2007, Australian Primary Health Care Research Institute.
76. National Rural Health Alliance, Submission to Community Services and Health Industry Skills Council 2014 Environmental Scan. 2014, NRHA.


84. NSW Human Services and Ageing Disability and Home Care, Aboriginal service delivery model: delivering for Aboriginal people with disability and their families. 2010, ADHC: Sydney.


96. Denman, L., Enhancing the accessibility of public mental health services in Queensland to meet the needs of deaf people from an Indigenous Australian or culturally and linguistically diverse background. Australian Psychiatry, 2007. 15: p. S85–S89.


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