



Aged Care Service Improvement and Healthy Ageing Grant (ACSIHAG) Program Key Learnings Document

20 March 2018

Acronyms

The table below outlines the key acronyms referenced throughout the document.

Table A Acronyms used throughout the document

Abbreviation	Definition
ACSIHAG	Aged Care Service Improvement and Healthy Ageing Grant
AWP	Activity Work Plan
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Program
DACS	Dementia and Aged Care Services
DoH	Department of Health
GP	General Practitioner
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners

Executive Summary

Overview of the allocation of ACSIHAG Program funding

- total funding: \$87,332,299; and
- total volume of projects: 158*.

**Note: Includes 21 capital works projects. Other than the aggregate total figures, all Capital Works projects (n=21) were excluded from the analysis presented. As most projects operated in more than one location, the sum of the number of projects operating across locations equates to more than the total volume of ACSIHAG funded projects (i.e. a project was not necessarily exclusive to one location).*

Where was funding invested?

- 49% in metropolitan areas;
- 35% in regional areas; and
- 16% in rural/remote areas.

What was invested in?

- 48% of funding in Education and Training focussed projects;
- 31% in Service Delivery focussed projects; and
- the remaining 21% was invested in Technology, Capital Works, or Other types of projects.

How much was invested?

- median grant value was \$351,758; and
- mean grant value was \$552,736.

Table B Who was invested in?

Organisation type	%	Project audience	%	Target cohort	%	Clinical focus	%
NFP service providers	41	Aged care workforce	31	General	47	Service system navigation	28
NFP advocacy and community groups	27	Carers and families	23	Dementia	23	Dementia	27
Universities	13	Clients, consumers, older people	21	Culturally and linguistically diverse	21	Chronic care and wellbeing	24
State or council organisations	10	Health workforce	16	Indigenous	2	Interfaces of care	5
Private advocacy or community group	6			LGBTI	4	Wound care	1
Other	2					General	5

Organisation type	%	Project audience	%	Target cohort	%	Clinical focus	%
						Palliative care	3
						Service improvement	8

What was achieved?

- 98 projects produced at least one type of tool/resource
- 131 different tools and resources were developed
- 33 were translated into 30 languages other than English
- 61% of projects recorded research, reviews of evaluation activities
- Project reach and uptake was often higher than anticipated

Key qualitative insights observed through consultation with ACSIHAG grant recipients

What were the key enablers and challenges for projects?

Enablers:

- engaging all staff levels;
- communicating tangible benefits to users;
- leveraging reputations and relationships;
- being adaptive in program delivery; and
- providing ongoing support.

Challenges:

- loss of institutional knowledge due to turnover of staff;
- concerns about risk and compliance;
- impact on the bottom line;
- access barriers for older people; and
- releasing RACF staff for training.

What foundations were laid for ongoing use and uptake?

- 76% of projects had a record of evidence-based design;
- 34% of evidence-based design involved consultation with users and consumers;
- 73% of projects were identified as having potential application for broader roll out;
- 26% of projects have been able to actively sustain operation beyond the funding period; and
- digital delivery was perceived to be a relatively efficient strategy to enable scaling and sustainability of projects. However, costs of keeping resources current and paying for website hosting persisted.

What are the lessons learned?

- passionate grant recipients have driven the success of the ACSIHAG program;
- consideration of project sustainability was a major limitation of grant investment reaching full potential;
- grant durations were seen as a limitation, particularly for 'proof-of-concept' projects; and
- to translate project outcomes into widespread quality improvement across the sector, senior decision-makers should be engaged as part of a co-design process.

1 Introduction

1.1 Background

The ACSIHAG Program was established in 2012 to strengthen the capacity of the Australian aged care system in responding to emerging trends within the aged care sector. Under the ACSIHAG Program, the Department of Health (DoH) funded three rounds of grants in 2012, 2013 and 2014. The primary objective of the ACSIHAG Program was to support the delivery of new and innovative quality improvement projects aligned to one of the following priority areas:

1. Support activities that promote healthy and active ageing;
2. Respond to existing and emerging challenges, including dementia care;
3. Support activities that build the capacity of aged care services to deliver high quality care;
4. Support activities that provide information and support to assist carers maintain their caring role;
5. Support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas; and
6. Support older people with diverse needs, particularly those from culturally and linguistically diverse (CALD) backgrounds, care leavers, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

Since 2015-16, the ACSIHAG Program has been superseded by the Dementia and Aged Care Services (DACs) Fund.

1.2 Structure of this document

This document covers the following:

Section 2: Funding Distribution: provides an overview of the ACSIHAG funding allocation across round, project type, geography, target group, clinical focus area, organisation type, project audience and priority area.

Section 3: Scalability: identifies the extent to which ACSIHAG funded projects engaged in evaluation and research activities, used evidence to inform design, and experienced unintended outcomes. This section also provides information on the types of tools/ resources that were produced, and the issues associated with broader adoption.

Section 4: Sustainability: identifies the extent to which the ACSIHAG funded projects engaged in sustainability planning activities, and continued to operate beyond the funding period. It also captures the lessons learned from implementation.

Section 5: Reach: identifies the extent to which the ACSIHAG projects were adopted by target audiences, and the barriers and enablers to achieving high uptake.

2 Funding distribution

This section provides an overview of the ACSIHAG funding allocation across round, project type, geography, target group, clinical focus area, organisation type, project audience and priority area.

2.1 Overview of ACSIHAG funding distribution by geography (n=137)

Project geography was determined based on the operating location of the project.*

For projects that operated in more than one state, grant value was equally apportioned to all states where the project operated, except for projects that operated nationally, which formed a separate category (National).

For the per population analysis, population was the total population from the 2016 ABS Census of Population and Housing.

- 16% of funding was spent on projects in rural/remote areas. Median grant value (\$) across 85 projects: 388,368;
- 49% of funding was spent on projects in metropolitan areas. Median grant value (\$) across 107 projects: 436,882; and
- 35% of funding was spent on projects in regional areas. Median grant value (\$) across 35 projects: 837,601.

Grant value per head was highest in South Australia and lowest in Western Australia. Accounting for population, Tasmania, ACT and South Australia have the highest grant funding per head. Excluding national projects, projects in Queensland, Victoria and NSW account for 69% of total grant funding.

There were more projects aimed at culturally and linguistically diverse audiences than at any other project audience, however as the average grant value was considerably lower than the overall average grant value, they had a disproportionately low share of total funding.

Table 2.1 Grant value per head and grant value distribution by state

State	Grant value per head (\$)	Grant value distribution (%)
National		33
VIC	1.57	12
NSW	1.87	19
QLD	2.33	14
SA	5.21	12
TAS	5.18	4
NT	2.23	1
WA	0.59	2

State	Grant value per head (\$)	Grant value distribution (%)
ACT	4.67	3

**Note: As most projects operated in more than one location, the sum of the number of projects operating across locations equates to more than the total volume of ACSIHAG funded projects (i.e. a project was not necessarily exclusive to one location).*

2.2 Overview of ACSIHAG funding distribution by target group (n=137)

Table 2.2: Grant value and number of projects by target group

Target group	Grant value (\$)	Number of projects
General	34,542,093	48
Dementia	17,149,988	22
Culturally and linguistically diverse	18,041,208	57
LGBTI	2,856,275	7
Aboriginal and Torres Strait Islander People	1,472,239	3

Note: Data labels on the Tables are rounded to the closest dollar, and therefore, may sum to a figure slightly higher or lower than the Total dollar figures (\$87,332,299 with capital works projects and \$74,061,323 without capital works projects) presented throughout this report.

3 Scalability

This section identifies the extent to which the ACSIHAG funded projects engaged in evaluation and research activities, used evidence to inform design, and experienced unintended outcomes. It also provides information on the types of tools/ resources produced, and the issues associated with broader adoption.

3.1 Whole-of-program snapshot

To provide an overview of the extent to which the ACSIHAG funded projects are considered scalable, this section presents aggregate measures related to the proportion of ACSIHAG funded projects that engaged in scalable activities.

Aggregate measures of the effectiveness of projects funded underneath the ACSIHAG Program

Measuring the effectiveness of the projects funded underneath the ACSIHAG Program.

% of the 137 projects in-scope for analysis that:

- had a record that they had met activity work plan objectives:
 - yes: 67%
 - no: 31%
 - unsure: 2%
- had a record that they had conducted reviews, research or evaluation activities:
 - yes: 61%
 - no: 15%
 - unsure: 25%
- had a record of evidence based design:
 - record of evidence: 76%
 - no record of evidence: 24%

Table 3.1: Distribution of evidence types for projects in-scope for analysis

Evidence types	Distribution (%)
Consultation	34
Generally considered best practice	20
Peer-reviewed research	32
Adapted from past work	12
Experience/expertise	3

Aggregate measures of the types of tangible outputs produced by projects funded underneath the ACSIHAG Program

Overview of the outputs produced by the projects funded underneath the ACSIHAG Program.

- of the 137 projects in-scope for analysis, 98 projects produced at least one type of tool/resource*;
- of these 98 projects, 131 different tools/ resources were produced; and
- of these 131 tools/resources, 33 were translated into 30 different languages other than English.

**Note: Tool/ resource was defined as a tangible output. If one project produced a suite of training materials for the same purpose (e.g. course notes, information packages etc.), this was counted as one type of tool/ resource. All capital works projects were excluded from the analysis presented.*

Table 3.2: Number of different tools/ resources produced by projects in-scope for analysis – by category of tool/ resource

Category of tool/ resource	Number of different tools/resources produced	Number available	Number unavailable
Training/educational materials	88	43	45
Technology	11	7	4
Clinical tool or guideline	12	6	6
Service description and/or position description	10	4	6
Literature review	10	8	2

Almost half of the tools/ resources produced are available for broader use, with the majority falling into the category of 'training/ education' materials.

Table 3.3: Distribution of the different tools/ resources produced by projects in-scope for analysis – by project audience

Project audience	Distribution (%)
Aged care workforce	34
Carers/ families	33
Consumer	18
Health workforce	12
Other	4

Table 3.4: Number of the different types of tools/ resources produced by projects for the aged care workforce

Type of tool/resource	Number of different tools/resources produced
Training/educational materials	25
Technology	3
Clinical tool or guideline	4
Service description and/or position description	3
Literature review	5

3.2 Extent to which evidence was used to inform project design



On the whole, ACSIHAG Program showed a strong commitment to engaging in a comprehensive process of formative evaluation to inform robust project design.

The majority of grant recipients who participated in stakeholder consultations noted that their projects underwent an extensive phase of formative research and development prior to implementation. Almost all grant recipients involved in research or ‘pilot’ projects (as opposed to projects that involved replicating and scaling-up a previous pilot project) commented on the importance of an evidence-based design for ensuring the effectiveness and longevity of the project. Projects involving broader roll-out of a previous project noted that these activities had been completed prior to ACSIHAG funding.

Grant recipients of ‘pilot’ projects noted that they drew upon multiple sources of evidence to inform project design and content including literature reviews, engagement with service providers, peak bodies, industry experts, carers and consumers. These projects typically executed the following process:

1. *Mixed-methods research to inform a needs assessment.* Draw upon the published literature and undertake a market-sounding process with local providers and consumers to identify gaps and unmet needs in service provision.
2. *Formulation of an expert panel/ advisory committee.* Identify experts in the field, and develop and refine the project concept and content based on their assessment and input.
3. *Validation and testing.* Execute the core components of the project among a sample of the target population, and refine the project concept and content based on their feedback.



A number of grant recipients noted that their project concept was the first time that such a model of care had been trialled and implemented in Australia. In some cases, they were a ‘world-first’.

The ACSIHAG Program funded a number of projects commitment to driving innovation and contemporary best-practice within Australia’s aged care sector. Some grant recipients noted that their project concept was the replication of a successful overseas model of care, adapted for use in the Australian setting. The ACSIHAG Program was seen as an opportunity to bring evidence-based programmes and policies from

more evolved and progressive aged care sectors in areas such as arts therapy and person-centred care, to Australian consumers and service providers.



Engaging the right stakeholders in the design phase was cited as a critical success factor for project reach and a seamless implementation phase.

Engaging the target audience in the design and refinement phase was identified as a key enabler to successful implementation and uptake of the project. Grant recipients noted that it gave the project credibility, which helped to drive awareness and appetite among key stakeholders groups.

As previously noted, a key barrier associated with implementation of 'pilot' projects, was the short timeframes. Due to the infancy of these projects, they often relied upon 'word-of-mouth' to achieve buy-in and uptake from the target audience. Grant recipients observed that there was often a long lag-time associated with building 'word-of-mouth' referrals and by the time awareness started to spread, the project was often close to ending. A strategy for overcoming this challenge was to engage target stakeholders in the formative evaluation phase, or through pre-activation promotional activities such as conference attendances. This had the effect of minimising lag-times, and achieving more timely adoption of the project.



On the whole, the ACSIHAG Program showed a strong commitment to engaging in 'evaluative thinking' activities, particularly developmental evaluation.

All grant recipients that engaged in consultation appeared to make a concerted effort to undertake research and evaluation activities to assess project implementation and preliminary outcomes. While grant recipients were required to demonstrate evidence of reviews and/ or evaluation activities as part of Activity Work Plan and grant application requirements, it was widely noted that these activities were more than a compliance exercise – they were undertaken with the intent of generating important insights regarding a project's strengths and areas for improvement.

Indeed, in almost all cases the results of these activities were used to refine service delivery through continuous feedback loops, closely reflecting the key principles of developmental evaluation. All grant recipients consulted demonstrated strong knowledge and appreciation of 'evaluative thinking', commenting on the importance of this process for:

- achieving the best outcomes;
- demonstrating success to build an evidence-base to be used in future funding bids;
- building interest among other service providers to replicate the model in other settings (this was particularly important for 'pilot' projects'); and
- demonstrating success to build a case for embedding the model into standard policies and procedures.



There was variability in the structured nature of the types of research and evaluation activities that were undertaken. These tended to vary according to funding arrangements and the size and type of organisation.

There was significant variation in the degree of rigour around the research and evaluation activities that were undertaken. If a project was specifically funded for an evaluation component (either through the ACSIHAG Program or an alternative source), the grant recipient typically hired an independent evaluator, developed an evaluation framework, and executed a formal process and outcome evaluation, culminating

in the publication of findings. In addition, most university-based grant recipients engaged in these more structured activities as they were able to draw on in-kind research support and were less reliant on other funding sources. For example, on multiple occasions, it was noted that an evaluation comprised a student's PhD project.

However, smaller community-based projects commented on the difficulty of resourcing a formal evaluation without dedicated funds, despite a desire to do so. As a result, these projects tended to engage in less structured activities, such as post training session feedback forms, and anecdotal qualitative discussions with participants, that were focussed on processes, outputs and more immediate term outcomes.



If an evaluation was not incorporated into project planning activities, grant recipients struggled to find the resourcing to support an assessment of the long-term outcomes and impact of the project.

While almost all projects engaged in some form of developmental or process evaluation over the course of the project, recipients noted that grant timeframes were a barrier to the delivery of a rigorous outcome evaluation. After funding had ceased, many had failed to secure ongoing resourcing to support the continued operation of the project, let alone evaluation activities to assess the overall the effectiveness and impact of the project. A number of grant recipients noted that this was a major limitation of their project, and that a formal outcome and economic evaluation would have strengthened cases for ongoing funding.

3.3 Scalability of tools and resources



A variety of tools and resources were produced by the ACSIHAG funded projects. The majority of those considered scalable fell into the category of training and educational materials for aged care workers, health workers, carers or consumers.

For most of the projects that produced resources that were considered scalable, the primary aim of the project was to develop and disseminate a tool or resource to be used by the sector or consumers. As such, a considerable amount of resourcing was invested in tool/ resource content, design, publication, and promotion.

Projects where the development of a tool or resource was not the primary purpose of the project (for example a research project seeking to 'identify a problem', or the delivery of a local community service, such as physical activities sessions or CALD outreach programs), were less likely to produce materials that were publically available and/ or considered to be of a standard useable by others.

3.4 Considerations for broader roll-out

Of the tools and resources considered appropriate for broader roll-out, they were typically published on websites, with many still available. The majority of the grant recipients consulted noted that while these materials were applicable for use on a national scale and/ or transferrable for stakeholder groups closely related to the intended audience, there are a number of factors associated with their useability. These factors are outlined in the subsequent sections.



To appropriately and effectively embed the tools and resources into everyday practice, they require supplementary informational or training sessions.

For projects where the primary objective was to produce and disseminate guidelines or educational materials, a secondary objective often comprised a promotional component to support the transition from guide or 'policy' to implementation.

This typically involved the Project Team visiting sites and educating workers, carers, managers, and/ or administrative staff about the materials and their use. This was followed by ongoing remote support to trouble-shoot issues or challenges. These activities were perceived to be critical for achieving buy-in, raising the profile of the materials above others, and engendering culture change, particularly when they were used as an opportunity to identify a local site champion. However, since funding has ceased, most organisations have been unable to continue offering these complementary activities, and thus found it difficult to comment on whether or not the materials are still actively in use.

3.5 The difficulty of maintaining host websites

Production of materials for website hosting need to be factored in the ongoing maintenance of the organisation resources.

3.6 The difficulty of maintaining the currency of content

It was viewed that to remain in line with best-practice standards, updates would be required every 3 to 5 years, depending on the nature of the content. This was highlighted as a particular concern given Australia's continually evolving aged care sector, with a number of grant recipients noting that significant (unplanned) investment had been allocated to updating the materials since the introduction of My Aged Care.

Interestingly, the currency of content was less of a concern for the tools/ resources produced by projects that fell underneath Priority 3 (Support older people with diverse needs, particularly those from CALD backgrounds, care leavers, and LGBTI people). This finding was largely attributable to the notion that these projects tended to strive to improve equity of access for minority groups, and therefore tended to focus on relatively basic and timeless features of service delivery such as 'how to communicate with older persons from CALD backgrounds'.

3.7 Hard copy formats tend to achieve greater uptake compared to digital formats

It was noted that user-facing resources tend to achieve more sustained uptake in hard-copy formats compared to digital formats, particularly within RACFs and General Practitioner (GP) practices, where technology has been slow to become embedded within everyday practices, and where hard-copy materials are often placed in readily viewable locations.

3.8 Opportunities for integration with existing aged care programs

Ongoing activities should seek to align with ongoing funding sources.

3.9 Unintended impacts

Grant recipients were asked if they observed any unintended outcomes of their projects, either positive or negative. The following common themes were identified:

- **Social cohesion.** Where projects involved gatherings of older persons, for purposes such as art therapy, physical exercise, or education, a positive outcome included the social cohesion of individuals, despite this not being the intent of the project. The reduction in isolation, and improvement in community integration, was reported to lead to improvements in cognitive functioning and quality of life.
- **Improved communication and rapport with staff and families.** Similarly, projects focussed on empowering older persons through improving their self-efficacy and functional capacity, found that this resulted in older persons becoming more engaged and willing to share personal and clinical information with staff.

- **Overwhelming demand.** Particularly among projects where materials were published online, there was an unexpected level of interest both domestically and abroad.
- **Self-selection bias rendered equity of access issues.** Often the consumers most in need of assistance, would not participate in a program or would drop-out over the duration of the program. As such, models had to be flexible to respond to these equity of access barriers, through - for example - the provision of home-visits, increasing capacity to offer one-on-one support, or covering the cost of transport.
- **Time taken to get off the ground.** Many projects did not sufficiently account for the timeframes associated with start-up activities, which placed pressure on their ability meet work plan objectives. Specific challenges cited included: building appetite among RACFs; clearing ethics applications; data cleaning processes, and; collaboration and with Information Technology contractors.
- **Thirst for knowledge among aged care workers.** A number of grant recipients noted that aged workers were aware that they lacked contemporary knowledge and skills in the management of older persons, resulting in an eagerness to engage in professional development activities.
- **The ease of shifting negative perceptions.** It was noted that many target stakeholders were initially reluctant to engage in quality improvement practices, however quickly shifted their mindset after 'seeing' the benefits. For example, it was noted that GPs had minimal knowledge of non-pharmaceutical treatment of ageing conditions, and before agreeing to engage in this type of treatment, required provision of evidence of the positive outcomes.
- **The effectiveness of distilling information into visual resources.** Easily discernible and summarised information helped to achieve traction among aged care workers and other clinicians. For example, it was repeatedly noted that one page summaries and visual flow charts were well received by staff and practice managers who were able to place these on practice walls.

4 Sustainability

This section identifies the extent to which the ACSIHAG funded projects engaged in sustainability planning activities, and continued to operate beyond the funding period.

4.1 Whole-of-program snapshot

To provide an overview of the extent to which the ACSIHAG funded projects were sustainable, this section presents aggregate measures related to the proportion of ACSIHAG funded projects that engaged in sustainability activities.

% of the 137 projects in-scope for analysis that operated beyond the ACSIHAG funding period:

- yes: 26% (29% by value \$);
- no: 39%; and
- unsure: 36%.

Of the projects that operated beyond the ACSIHAG funded period, there was a relatively high proportion of projects:

- operated by universities – representing 17% of all projects still operating (vs. 11% of whole sample);
- from Priority 2: Build capacity of aged care services to deliver for high quality care – representing 33% of all projects still operating (vs. 25% of whole sample); and
- with a clinical focus on dementia – representing 36% of all projects still operating (vs. 23% of whole sample).

Table 4.1 Enablers and barriers to project implementation

Enablers	Barriers
Engaging both managers and frontline staff	Releasing the capacity of RACF staff
Leveraging the reputation of well-established organizations	Difficulty embedding a systems-down approach
Communicating the tangible benefits for the end-user;	Mobility of older persons
Utilising ‘peer’ facilitators	Limited grant time duration
Offering the provision of ongoing support	Concerns over risk and compliance
Utilising local site champions as change agents	Institutional knowledge loss
Networking prior to the ‘live’ date	Conflicting beneficiary and funding interactions
Ensuring the appropriate articulation of language	Impact on the bottom-line

Enablers	Barriers
Adapting intervention delivery across organisations	
Recruiting a motivated Project Team	
Leveraging strong community relationships	

4.2 Enablers to project implementation

Factors that helped to foster an environment conducive to change included:

- Engaging both managers and frontline staff.** A number of grant recipients noted that to engender sustained behaviour change, it was critical to engage both managers and frontline staff in training and information sessions. Socialising managers with the need, intent and scope of the practice or protocol, garnered their support and the provision of the type of senior sponsorship required to drive change among frontline employees (for example, supplying resources and infrastructure, releasing the capacity of staff to attend professional development, and monitoring and enforcing change practices).
- Leveraging the reputation of well-established organisations.** Many larger organisations, such as Dementia Australia (previously known as Alzheimer’s Australia), Hammond Care and universities, noted that their long standing reputation helped to attract key figures to steering committees, advisory groups, and typically hard-to-reach stakeholders, such as RACFs. In addition, partnerships with respected industry bodies such as the Royal Australian College of General Practitioners (RACGP), and the Safety and Quality Commission, were cited as influential for project reach.
- Communicating the tangible benefits for the end-user.** Many grant recipients noted that a factor pertinent to achieving high participation rates, was ensuring the benefits of participation were communicated in a way that was tailored and relevant to the end-user. For example, to encourage older persons to participate in exercise programs, it was critical to convey the benefit in terms functional goal setting (for example, the ability to get dressed). Similarly, to encourage RACF staff to participate in training programs, it was useful to highlight the personal rewards that could be reaped (for example, delivering a model of care that would result in an easier and more manageable workload).
- Utilising ‘peer’ facilitators.** Across all forms of projects, a dominant theme emerged regarding the importance of peer facilitation. For example, for educational projects targeted at RACF staff, training sessions facilitated by long tenured aged care nurses helped to achieve uptake and buy-in over ‘program officers’. Similarly, for projects targeted at consumers, graduating participants into volunteer assistant roles proved fruitful for stimulating the rate of adoption.
- Offering the provision of ongoing support.** It was noted that a key enabler for engendering sustained behaviour change was ongoing support, in the form of either repeated site visits or a remote support line. This ensured that all staff were competent and confident in carrying forward the changes, and helped to eliminate the risk of institutional knowledge loss occurring from staff turnover.
- Using local site champions as change agents.** It was repeatedly noted that local site champions were critical agents for facilitating change management, and proved markedly more effective than

a central co-ordination approach. These champions were people who believed in the need for change and saw the project as a lever to drive desired changes. Champions encouraged attendance at training sessions, monitored and tracked progress, and reported on outcomes to seniors.

- **Networking prior to the 'live' implementation date.** Given the short timeframes, grant recipients noted that project promotion and networking ahead of the live date, through means such as newsletters and attendance at conferences, was critical for timely uptake.
- **Ensuring the appropriate articulation of language.** Grant recipients noted that participants typically opted-in based on pre-conceived perceptions. As such, to achieve high uptake, it was critical to understand and manage the sensitivities of the target audience (for example, the negative perceptions surrounding the term 'dementia', and misunderstandings surrounding the nature and scope of 'pastoral care').
- **Adapting intervention delivery across organisations.** For change to be adopted, grant recipients repeatedly commented on the need for flexibility, allowing organisations to tailor intervention delivery to their standard workflow and/ or local environment. Without appropriation, the intervention was perceived to be irrelevant or lacking feasibility due to reliance on external enablers.
- **Recruiting a motivated Project Team.** Grant recipients repeatedly noted that critical to the success of their project was a motivated Project Team. Staff that were passionate about the aims and objectives of an intervention were more likely to offer in-kind support, develop innovative solutions to implementation challenges, and comprehensively investigate opportunities for ongoing funding.
- **Leveraging strong community relationships.** Many grant recipients noted that their organisation leveraged community links for the provision of in-kind support and infrastructure (for example, transport, logistics, and venues), in addition to seeking their assistance for participant recruitment.

4.3 Barriers to project implementation

Barriers to changing established practices that prevented or impeded the effectiveness of a project included:

- **Releasing the capacity of RACF staff.** Grant recipients of projects aimed at increasing the capability of RACF staff, often cited the challenge of recruiting participants to training sessions, due to the difficulties associated with releasing the capacity of staff employed at under resourced facilities.
- **Difficulty embedding a systems-down approach.** Grant recipients noted that without embedding practices into standard policies and procedures it was difficult to enforce and sustain widespread changes to service delivery. The majority of grant recipients commented on the difficulty of engaging key decision-makers and achieving their support for widespread practice changes, despite considerable advocacy efforts at the end of the project life-cycle. It was acknowledged that identifying these stakeholders earlier, and engaging them in a collaborative co-design process, may have proven to be more effective.
- **Mobility of older persons.** Older persons often have limited means of accessing external services. As such, any travel associated with participating in an intervention targeted at older persons, was a common barrier to participation.
- **Concerns over risk and compliance.** A number of grant recipients noted that organisations in the aged sector, particularly RACFs, were reluctant to change established practices due to concerns over the impact on risk management and compliance.

- **Institutional knowledge loss.** It was commonly noted that institutional knowledge loss resulting from staff turnover within key stakeholder organisations was a common barrier to the success, scale and pace of project implementation. An oft cited example, was the transition of Medicare Locals to Primary Health Networks (PHNs), which had the effect of nullifying any benefits of time and effort invested in relationship building in instances where the provider had changed.
- **Conflicting beneficiary and funding interactions.** Among projects seeking support and engagement from different levels of the public health system, conflicting interactions between State and Commonwealth funded organisations was an oft cited barrier to project implementation. For these projects, concerns pertaining to 'cost-shifting' were frequently encountered. For example, RACFs were less willing to partake in hospital avoidance projects than the acute sector, arguing that it would increase their workload, with no provision of additional funds.
- **Impact on the bottom-line.** Grant recipients noted that while Executive Support was important for project sponsorship, a greater and more critical challenge was achieving cascading support from the leadership through to middle-management. It was noted that personnel in middle-management typically control organisational operating costs. Thus, if managers perceived a project to adversely affect their bottom-line, it was difficult to engage the organisation.
- **Delays resulting from reliance on external parties.** As part of the project start-up phase, many projects relied on third parties such as contractors and ethics committees to sign-off on deliverables and/ or facilitate key processes on which a number of other tasks were dependent. If delays from these external agencies were not sufficiently accounted for in project planning activities, they ultimately impacted the ability to adhere to Activity Work Plan timeframes.

4.4 Factors associated with ongoing operation



On the whole, only a few of the grant recipients consulted appeared to engage in a lengthy and considered process of sustainability planning. As such, a limited number of projects were self-sustainable beyond the ACSIHAG funding period.

All grant recipients consulted were asked to comment on project sustainability planning activities or opportunities, however only a few appeared to engage in a comprehensive plan for how to carry forward the project in a self-sustained manner. On the whole, sustainability planning activities tended to occur toward the end of the project, representing a reactive rather than proactive approach and mostly comprised of applying for other grants.

Limited engagement in sustainability planning occurred despite the DoH requiring grant recipients to demonstrate some form of sustainability planning in Activity Work Plans and grant applications. This indicates that future requirements should be more stringent (by, for example, encouraging a response that systematically and comprehensively addresses the main aspects of short-term and long-term project sustainability), and closely monitored throughout the duration of the grant program.

Of those projects that did consider strategies for self-sustainability, the following opportunities were identified:

- **Fee-for-service approaches.** A small number of grant recipients consulted, had considered fee-for-service models. However, very few ultimately endeavoured to implement this approach, acknowledging that it would discriminate based on financial means, and may increase gaps in equity of access.

- **Volunteer models.** A small number of grant recipients consulted had considered the opportunity to offer volunteer roles to support the continued operation of a project, particularly among project participants. However, it was acknowledged that such approach may compromise the quality of the services delivered, and created a risk with reliability and consistency of service in some instances.
- **Forging partnerships with existing service providers or programs.** As a strategy for sustaining aspects of their project, a small number of grant recipients consulted investigated opportunities for collaboration and integration with primary beneficiary stakeholder groups or organisations with a shared or similar purpose.
- **Online platforms.** Online platforms were considered effective strategies for the continued dissemination of a project, without the need for ongoing funding – this was mostly relevant to projects that had developed training and educational materials and resources, as compared to service delivery projects. Indeed, of those projects that were considered sustainable, the project itself was often no longer operational, yet the tools/ resources remained accessible online. It was noted that despite lack of investment in promotional activities, these materials continued to be used and downloaded, which demonstrated the sustainable nature of the project. However, almost all of these grant recipients conceded that in the absence of donor support, the organisation lacked the resourcing required to support the currency of materials, and/ or respond to requests for hard-copies and/ or continue to fund website hosting fees.
- **Relying on the good will of organisations to absorb project operations into business-as-usual.** Of those projects that continued to operate in the same capacity as they had during the ACSIHAG funding period, the majority were governed by organisations that agreed to cover project costs and/ or absorb project operations into business as usual activities.



Toward the end of the ACSIHAG funding period, over half of the grant recipients consulted had applied for funding through alternative sources, however very few were successful.

Grant recipients noted that while opportunities for ongoing funding were limited, they endeavoured to submit applications for further grant funding, where appropriate (in most cases, intervention delivery had to be adapted to meet the new grant criteria). However, very few projects were successful in receiving additional funds.

Common factors associated with the difficulty in securing further funding included:

- **Other grant programs often operate under 'research pump-priming' arrangements.** As such, their scope was limited to supporting novel projects with the aim of investigating the viability of hypotheses or the feasibility of techniques, as opposed to replicating and scaling up successful pilot projects.
- **Compared to ACSIHAG funding requirements, funding opportunities in the aged care sector were narrower in scope.** It was noted that other grant programs were often targeted at supporting innovation or a specific degenerative disease, such as dementia. Smaller community based projects, aimed at better servicing a minority group rather than designing a novel solution to meet a broad sector need thus found it particularly difficult to identify appropriate funding opportunities.



There were strong concerns that in the absence of donor funds, effort and investment under the ACSIHAG Program would not reach full potential. The nature of these concerns tended to align with the infancy of the project type.

Almost all grant recipients consulted noted that without further sources of funding, it was difficult to evolve the project into the next phase of the project life-cycle. The following limitations were observed:

- **Project type:** Research projects focussed on 'identifying the need' among a population
 - **Limitation:** Without funding avenues to support an 'implementation phase', grant recipients of these projects expressed concern that the outcomes of their research would not be translated into improved patient or service delivery outcomes.
- **Project type:** Proof-of-concept' projects, whereby the population need had been identified, and the purpose of the project was to pilot the feasibility of a change practice solution.
 - **Limitation:** Without funding avenues to support roll-out in other settings or advocacy for amendments to accreditation or training curriculums, grant recipients of these projects expressed concern that despite evidence to support the success of the project, it could not be replicated or scaled.
- **Project type:** Broader dissemination of a previously successful 'proof of concept' project.
 - **Limitation:** Without funding avenues to support continued roll-out, remote assistance, advocacy work, updates to content and ongoing evaluation, grant recipients of these projects expressed concern that the project would lose currency, or become superseded by more prominent projects.

In addition, grant recipients expressed concern that the inability to sustain a project, may result in the awarding of duplicate grants.

4.5 Appropriateness of governance structures



On the whole, each of the grant recipients consulted appeared to be highly satisfied with the effectiveness and appropriateness of the structures that were in place to govern their project.

Almost all grant projects were governed by a Steering Committee and/ or an Advisory Committee. It was repeatedly noted that the right mix of participants on these groups, representing the diversity of the key stakeholder groups, served as a critical success factor for the effective implementation of the project. Almost all grant recipients included consumers (or consumer advocates) on these committees (where appropriate), and cited the importance of consumer participation and representation in the quality improvement process for guiding a satisfactory consumer experience.

5 Reach

This section identifies the extent to which the ACSIHAG projects were adopted by target audiences, and the barriers and enablers to achieving high uptake.

5.1 Qualitative insights

This section presents the outcomes of a process of thematic analysis that was applied to the stakeholder consultation findings related to 'reach'.

5.2 Extent of project participation/ adoption



Almost all of the grant recipients consulted achieved higher than expected project participation. In most cases, demand outstripped capacity.

Of the projects that struggled to meet expected participating rates, the two primary barriers to achieving uptake were:

- the perceived lack of value of involvement, and;
- concerns that involvement would adversely affect the bottom-line of the organisation.

Other common barriers included, 'selling' the project over other projects, releasing the capacity of staff to engage in training, and concerns pertaining to risk and compliance.



Over the projects that experienced overwhelming demand, there appeared to be strong recognition of the need to achieve equity of access for vulnerable population groups.

Where grant recipients were required to prioritise referrals due to lack of capacity to service all referrals, it was repeatedly noted that fair access for hard-to-reach populations such as those residing in rural and remote areas, or frail older persons with limited mobility, formed a key criterion in referral acceptance.

5.3 Effective strategies for reaching target audiences

To achieve high uptake, grant recipients commented on the importance of:

- **Collaborative partnerships.** Relationships with well-established organisations and peak bodies helped to build awareness and credibility. They were also useful for recruitment campaigns, whereby grant recipients were able to leverage the distribution lists of the project partner/s.
- **Formulating an effective steering committee.** Advisory groups with the right mix of participants, served as a lever to build timely awareness of the project among key stakeholder groups, as each member would often advocate the project within their respective internal networks.
- **The snowballing effect of word-of-mouth.** Timely promotional campaigns helped to build the momentum of word-of-mouth referrals – a factor particularly important given the short grant timeframes.
- **Web-based platforms.** Grant recipients that leveraged web-based platforms to disseminate information, tools and resources, noted that it was an efficient approach for reaching both intended audiences, and broader audiences, such as consumers and clinicians in overseas settings.

- **Social media presence.** A number of grant recipients noted that a social media presence helped to stimulate rates of adoption. Interestingly, it was noted that even in cases where the target audience was perceived to be unlikely to interact with social media (for example, older persons), it was still a fruitful method of dissemination, for the purposes of driving awareness among service providers, other clinicians, and families and carers.