

# TRACS to the Future

NATIONAL EVALUATION OF TEACHING AND RESEARCH AGED CARE SERVICE (TRACS)  
MODELS SUPPORTED THROUGH THE AGED CARE WORKFORCE FLEXIBLE FUND: FINAL  
REPORT

KATE BARNETT, CECILIA MORETTI & SARA HOWARD

MAY 25<sup>TH</sup> 2015

WISeR  
Informing Decisions







***TRACS to the Future***  
***National Evaluation of***  
***Teaching and Research Aged***  
***Care Service (TRACS) Models:***  
***Final Report***

Australian Workplace Innovation and Social Research Centre  
The University of Adelaide  
230 North Terrace  
Adelaide  
South Australia 5005

[www.adelaide.edu.au/wiser](http://www.adelaide.edu.au/wiser)

Published 2015

WISeR catalogue no: 201516

Suggested citation:

Barnett K, Moretti C & Howard S (2015) *TRACS to the Future - National Evaluation of Teaching and Research Aged Care Service (TRACS) Models: Final Report*, Adelaide: Australian Workplace Innovation and Social Research Centre, The University of Adelaide

The Australian Workplace and Social Research Centre (WISeR) has taken care to ensure the material presented in this report is accurate and correct. However, WISeR does not guarantee and accepts no legal liability or responsibility connected to the use or interpretation of data or material contained in this report.

*The Australian Workplace Innovation and Social Research Centre (WISeR) focuses on work and socio-economic change. WISeR is particularly interested in how organisational structure and practices, technology and economic systems, policy and institutions, environment and culture interact to influence the performance of workplaces and the wellbeing of individuals, households and communities.*

*WISeR also specialises in socio-economic impact assessment including the distributional impacts and human dimensions of change on different population groups and localities. Our research plays a key role in informing policy and strategy development at a national, local and international level.*

# CONTENTS

<b>KEY FINDINGS .....</b>	<b>2</b>
<b>1 OVERVIEW OF FINDINGS.....</b>	<b>4</b>
1.1 THE FUNDING THAT MADE TRACS POSSIBLE .....	4
1.2 TRACS PARTNERSHIPS .....	4
1.3 CONTINUING THE INVESTMENT IN THE AGED CARE SECTOR .....	7
1.4 STRENGTHENING THE TRACS PARTNERSHIP .....	7
1.5 THE IMPORTANCE OF LEARNING INFRASTRUCTURE.....	9
1.6 WORKFORCE EDUCATION AND CAPACITY BUILDING.....	9
1.7 STUDENT EDUCATION .....	15
1.8 BENEFITS FOR OLDER PEOPLE.....	19
1.9 SUSTAINING THE TRACS IMPACT .....	20
<b>2 CONTEXT FOR THE NATIONAL EVALUATION OF TRACS.....</b>	<b>25</b>
2.1 PROGRAM HISTORY .....	25
2.1.1 <i>Origins of the TRACS model- the Teaching Nursing Home.....</i>	<i>25</i>
2.1.2 <i>Scoping study that informed the development of the TRACS Program .....</i>	<i>25</i>
2.2 THE TRACS PROGRAM .....	26
2.3 NATIONAL EVALUATION REQUIREMENTS .....	27
2.3.1 <i>National Evaluation Framework .....</i>	<i>28</i>
2.3.2 <i>National Evaluation Methodology.....</i>	<i>29</i>
<b>3 FUNDING.....</b>	<b>32</b>
<b>4 PARTNERSHIPS .....</b>	<b>34</b>
4.1 PROFILE OF TRACS PARTNERSHIPS.....	34
4.2 FINDINGS FROM THE NATIONAL EVALUATION SURVEYS.....	37
4.2.1 <i>Working relationships.....</i>	<i>37</i>
4.2.2 <i>Motivation to participate in a TRACS Partnership .....</i>	<i>39</i>
4.2.3 <i>Disincentives to participate in a TRACS partnership .....</i>	<i>41</i>
4.2.4 <i>Teaching and Learning Infrastructure.....</i>	<i>42</i>
4.2.5 <i>Decision making, communication and information sharing .....</i>	<i>44</i>
4.2.6 <i>Bridging strategies.....</i>	<i>46</i>
4.3 PARTNERSHIP OUTCOMES .....	47
4.3.1 <i>Enhanced capacity to partner.....</i>	<i>47</i>
4.3.2 <i>Enhanced resourcing capacity and long term commitment .....</i>	<i>48</i>
4.4 EXTERNAL INDICATORS OF A STRONG TRACS PARTNERSHIP .....	49
4.4.1 <i>Collaborative curriculum design .....</i>	<i>49</i>
4.4.2 <i>Conjoint appointments .....</i>	<i>51</i>
4.4.3 <i>Co-badged research and teaching .....</i>	<i>52</i>

<b>5</b>	<b>WORKFORCE EDUCATION .....</b>	<b>53</b>
5.1	WORKFORCE EDUCATION OUTPUTS .....	55
5.1.1	<i>Deakin University – TFM</i> .....	56
5.1.2	<i>UniSA – ReSeE</i> .....	57
5.1.3	<i>University of Canberra – CHART</i> .....	58
5.1.4	<i>University of Adelaide – G-TRAC</i> .....	60
5.1.5	<i>St John’s Village</i> .....	60
5.1.6	<i>HammondCare NSW</i> .....	62
5.1.7	<i>University of Wollongong – ITRACS</i> .....	63
5.1.8	<i>Brotherhood of St Laurence – Sumner House Centre</i> .....	65
5.1.9	<i>RSL LifeCare NSW</i> .....	65
5.1.10	<i>University of Tasmania – Wicking TACF</i> .....	66
5.1.11	<i>Queensland University of Technology – CIP-D</i> .....	67
5.1.12	<i>Griffith University – EACE, CLAN-D</i> .....	69
5.1.13	<i>Southern NSW LHD</i> .....	70
5.2	RESEARCH CAPACITY BUILDING .....	71
5.2.1	<i>University of Southern Queensland - ACCERT</i> .....	72
5.2.2	<i>G-TRAC</i> .....	73
5.2.3	<i>RSL Life Care NSW</i> .....	73
5.2.4	<i>University of Wollongong – ITRACS</i> .....	74
5.3	NEW WORK ROLES TO SUPPORT TRACS ACTIVITIES .....	75
5.3.1	<i>New work roles developed at Helping Hand Aged Care</i> .....	78
5.3.2	<i>New work roles designed by the CHART Project</i> .....	79
5.3.3	<i>New work roles developed at RSL LifeCare</i> .....	79
5.3.4	<i>New work roles developed at St John’s Village</i> .....	79
5.3.5	<i>New work roles developed at ACH Group</i> .....	80
5.3.6	<i>New work roles developed at Resthaven Inc</i> .....	80
5.3.7	<i>New work roles developed at IRT Wollongong</i> .....	80
5.3.8	<i>New work roles designed by Deakin - Tri-focal Model of Care project</i> .....	81
5.3.9	<i>New work roles in Wicking TACF partner facilities</i> .....	81
5.3.10	<i>Challenging the traditional role of the psychologist in the aged care workforce</i> .....	81
5.4	THE IMPORTANT AND GROWING ROLE OF TECHNOLOGY .....	83
<b>6</b>	<b>STUDENT EDUCATION .....</b>	<b>84</b>
6.1	CLINICAL EDUCATION OUTPUTS .....	84
6.1.1	<i>ACH Group</i> .....	85
6.1.2	<i>University of Wollongong</i> .....	86
6.1.3	<i>Resthaven Inc</i> .....	87
6.1.4	<i>Griffith University</i> .....	88
6.1.5	<i>Southern NSW Local Health District</i> .....	89
6.1.6	<i>University of South Australia</i> .....	90
6.1.7	<i>University of Adelaide – G-TRAC</i> .....	92
6.1.8	<i>University of Tasmania</i> .....	96
6.2	TRACS AND THE VET (VOCATIONAL EDUCATION AND TRAINING) SECTOR .....	97
6.2.1	<i>Helping Hand Aged Care</i> .....	97
6.2.2	<i>Resthaven</i> .....	98
6.2.3	<i>St John’s Village</i> .....	99
6.2.4	<i>Brotherhood of St Laurence</i> .....	100
6.3	GOOD PRACTICE IN CLINICAL EDUCATION .....	100
6.4	CLINICAL EDUCATION OUTCOMES: NATIONAL EVALUATION SURVEY FINDINGS .....	102

<b>7</b>	<b>BENEFITS FOR OLDER PEOPLE: CHANGES IN POLICY AND PRACTICE.....</b>	<b>106</b>
7.1	SOUTHERN NSW LHD AGED CARE EDUCATION UNIT.....	107
7.2	DEAKIN UNIVERSITY .....	108
7.3	UNIVERSITY OF WOLLONGONG - ITRACS.....	109
7.4	CHART.....	110
7.5	UNIVERSITY OF SOUTHERN QUEENSLAND.....	111
7.6	BROTHERHOOD OF ST LAURENCE .....	111
7.7	GTRAC.....	111
7.8	UNIVERSITY OF TASMANIA .....	112
7.9	RSL LIFE CARE NSW .....	112
<b>8</b>	<b>SUSTAINING THE TRACS IMPACT.....</b>	<b>114</b>
8.1	DEVELOPING A HUB AND SPOKES TRACS MODEL.....	114
8.2	PRESERVING AND SHARING TRACS OUTPUTS .....	115
8.3	TRACS COMMUNITY OF PRACTICE.....	115
<b>APPENDIX A.</b>	<b>GUIDING EVALUATION QUESTIONS.....</b>	<b>118</b>
<b>APPENDIX B.</b>	<b>NATIONAL KEY PERFORMANCE INDICATORS .....</b>	<b>120</b>
<b>APPENDIX C.</b>	<b>SUMMARY OF NATIONAL EVALUATION DELIVERABLES.....</b>	<b>123</b>
<b>APPENDIX D.</b>	<b>REPORTS PRODUCED FOR THE NATIONAL EVALUATION .....</b>	<b>125</b>
<b>APPENDIX E:</b>	<b>KEY CONTACTS FOR TRACS PROJECTS .....</b>	<b>128</b>

## LIST OF TABLES

TABLE 1:	TRACS FUNDING BY PROJECT (EX GST) BY PROJECT.....	32
TABLE 2:	OTHER FUNDING THAT SUPPORTS TRACS .....	33
TABLE 3:	PARTNERSHIPS ESTABLISHED PRIOR TO TRACS FUNDING .....	35
TABLE 4:	PROFILE OF TRACS PARTNERSHIPS BY THE END OF FUNDING .....	36
TABLE 5:	TNH STAKEHOLDERS AND THE BENEFITS OFFERED TO EACH .....	40
TABLE 6:	TRACS AGED CARE PARTNERS WITH DEDICATED LEARNING INFRASTRUCTURE .....	43
TABLE 7:	SUPPORTING PARTNERSHIP DEVELOPMENT: AVERAGE RATINGS .....	45
TABLE 8:	AGED CARE STAFF SKILL DEVELOPMENT OPPORTUNITIES: AVERAGE RATINGS .....	54
TABLE 9:	TOTAL TRACS STRUCTURED WORKFORCE EDUCATION OUTPUTS 2012-2014.....	56
TABLE 10:	DEAKIN UNIVERSITY: TFM WORKFORCE EDUCATION OUTPUTS.....	57
TABLE 11:	CHART SECTOR-WIDE WORKFORCE EDUCATION OUTPUTS .....	59

TABLE 12: CHART ORGANISATION-BASED WORKFORCE EDUCATION .....	59
TABLE 13: ST JOHN’S VILLAGE WORKFORCE EDUCATION OUTPUTS .....	61
TABLE 14: ITRACS WORKFORCE EDUCATION OUTPUTS.....	64
TABLE 15: SUMNER HOUSE WORKFORCE EDUCATION OUTPUTS .....	65
TABLE 16: RSL LIFE CARE WORKFORCE EDUCATION OUTPUTS.....	66
TABLE 17: WICKING TACF WORKFORCE EDUCATION OUTPUTS.....	67
TABLE 18: WORKFORCE EDUCATION OUTPUTS.....	68
TABLE 19: WORKFORCE EDUCATION OUTPUTS.....	70
TABLE 20: TRANSLATION OF RESEARCH INTO PRACTICE: AVERAGE RATINGS.....	72
TABLE 21: AGED CARE PARTNERS PARTICIPATION IN RESEARCH: AVERAGE RATINGS .....	72
TABLE 22: NEW WORK ROLES CREATED TO SUPPORT TRACS ACTIVITIES .....	77
TABLE 23: IMPACT ON WORK ROLES: AVERAGE RATINGS.....	78
TABLE 24: TOTAL CLINICAL EDUCATION OUTPUTS ACROSS TRACS PROJECTS 2012-2014.....	85
TABLE 25: ITRACS CLINICAL EDUCATION OUTPUTS.....	87
TABLE 26: STUDENTS PARTICIPATING IN THE WICKING TEACHING AGED CARE FACILITIES PROGRAM .....	97
TABLE 27: TRIANGULATING STUDENTS, LEADS AND PARTNERS’ RATINGS OF CLINICAL PLACEMENT FEATURES.....	105
TABLE 28: CONSUMER CARE BENEFITS: AVERAGE RATINGS.....	106
TABLE 29: WICKING TACF CLINICAL CARE CHANGES IDENTIFIED.....	112
TABLE 30: TRACS PROGRAM GOALS AND GUIDING EVALUATION QUESTIONS .....	118
TABLE 31: TRACS EVALUATION FOCUS AND NATIONAL KEY PERFORMANCE INDICATORS.....	120
TABLE 32: SUMMARY OF NATIONAL EVALUATION DELIVERABLES 2012-2014 .....	123

## LIST OF FIGURES

FIGURE 1: RELATIONSHIP WITH LEAD ORGANISATION PRIOR TO TRACS .....	35
FIGURE 2: EXPECTATION THAT THE PARTNERSHIP WILL CONTINUE AFTER TRACS.....	38
FIGURE 3: MOTIVATION TO BE A TRACS PARTNER .....	41
FIGURE 4: DEDICATED TEACHING AND LEARNING INFRASTRUCTURE IS ESSENTIAL FOR TRACS .....	42
FIGURE 5: KEY OUTPUT--AVERAGE RATINGS FOR SUPPORTING PARTNERSHIP DEVELOPMENT.....	46
FIGURE 6: OUTCOME--AVERAGE RATINGS FOR CAPACITY TO PARTNER .....	48
FIGURE 7: KEY OUTCOMES--AVERAGE RATINGS ACROSS ALL KPI SURVEYS .....	49
FIGURE 8: STUDENTS’ PERCEPTIONS OF AGED CARE POST PLACEMENT .....	86
FIGURE 9: UNISA STUDENT EVALUATION FEEDBACK.....	92





## KEY FINDINGS

The national evaluation has concluded that the TRACS projects brought a range of positive returns which mean the Program should be regarded as an *investment in the aged care workforce*, rather than simply a cost. The evaluators have found that overall, the early impact of the TRACS investment has been positive for most of the aged care organisations involved, their workforce and their consumers.

### FINDING 1: PARTNERSHIPS

The TRACS model is most successful where there is an *established* partnership that is based on a commitment from both aged care and education providers to work together to achieve TRACS outcomes. Those Projects experiencing the most significant challenges in progressing Project goals, and in working as an effective partnership, were those based entirely on start-up collaborations established in order to secure TRACS funding.

### FINDING 2: PEOPLE

People are one of the key success factors of the TRACS program, and this was particularly evident in relation to Project leadership and Project coordination. The TRACS model requires leadership that drives a learning culture and builds a workforce that is attuned to that culture. Another critical ingredient has been the Project Coordinator position with responsibilities for linking partners and coordinating a program of activities. Leadership and coordination were also significant for the effectiveness of TRACS partnerships.

### FINDING 3: LEARNING INFRASTRUCTURE

Most aged care services are not designed to be education providers, but those pursuing the TRACS model (as with the teaching hospital model) are different from the norm. In order to increase access to learning for the wider aged care workforce and to ensure effective student education, it is essential that aged care organisations, in partnership with education providers, have appropriate learning infrastructure, including access to technology-based learning and dedicated learning spaces. Projects have achieved this with a mixture of purpose-built and purpose-modified learning centres. Learning infrastructure both meets educational requirements and badges those organisations as TRACS centres.

### FINDING 4: WORKFORCE EDUCATION AND CAPACITY BUILDING

The enthusiastic response by the aged care sector to workforce education opportunities offered by TRACS Projects suggests an unmet need for in-service education by health professionals who need to build their understanding of care for older people, and by VET trained graduates whose prior training may well not be matching the responsibilities they have in care provision.

Projects have also demonstrated that the way in which these are structured and delivered is also critical. The content of the best received sessions has been designed to reflect specific *clinical care* learning needs, and has been delivered in an *ongoing* series rather than as one-off sessions. It has

brought different work groups and disciplines together (*InterProfessional Learning* approach) in most cases and has been offered in both face to face and online formats.

Apart from developing skills and knowledge associated with the provision of clinical care, TRACS workforce education has also focused on building the capacity of aged care providers to undertake research and to apply research evidence in the aged care setting, and on developing clinical education skills in mentoring and supervision. Together these areas of capacity building have significant scope for application across the aged care sector.

#### **FINDING 5: STUDENT EDUCATION**

TRACS Projects have yielded important lessons about features of good practice in clinical education in aged care settings. In piloting a range of innovative approaches they have demonstrated the value of preparing the future health and aged care workforces for working effectively with an ageing population, in several Projects changing student expectations about aged care from negative to positive. Good practice features include training aged care staff to be designated mentors, providing appropriate orientation and induction as part of a structured program of learning, providing a range of learning experiences across the spectrum of aged care services including those with a healthy ageing focus, developing specific resources (eg Orientation Manuals) to support the learning program, and evaluating learning outcomes with students.

#### **FINDING 6: EXTENDING THE TRACS MODEL**

The aged care sector would benefit by embedding the TRACS model through the application of a *Hub and Spokes* strategy. In this model, selected aged care organisations with expertise in aged care, education and research would become Hubs for TRACS activities and, in turn, mentor and support others in the sector.

#### **FINDING 7: COMMUNITY OF PRACTICE**

As part of the *Hub and Spokes* model, a TRACS Community of Practice Innovation, Collaboration and Coordination position would be valuable in sharing information and linking partnerships. Community of Practice (CoP) models are pivotal for sector-wide and organisation-specific workforce learning programs designed to support enhanced quality of care and practice. This could include, but is not limited to, support for technology-delivered education to ensure maximum access for the aged care workforce.

# 1 OVERVIEW OF FINDINGS

## 1.1 THE FUNDING THAT MADE TRACS POSSIBLE

The Commonwealth Government provided a total of **\$8,161,027** (ex GST) to implement the TRACS Program and the national evaluation has concluded that **this has brought a range of positive returns which mean that this amount should be regarded as an investment rather than simply a cost. Overall, the early impact of the TRACS investment is positive for most of the aged care organisations involved, their workforce and their consumers.**

An original amount of **\$7,496,027** million (ex GST) was allocated across the 16 TRACS partnerships in mid 2012 and supplemented through the six month extension period with an additional amount of **\$665,000** (ex GST). This funding has had a compounding effect because in most cases it has been added to through *additional resourcing* from partners, as well as from *in-kind contributions* across all 16 Projects.

In turn, many Projects have been able to leverage from other aged care and health workforce funding to make these separate funding sources stretch further than they would have otherwise. The important contribution of [Health Workforce Australia](#) and the former [ICTC \(Increased Clinical Training Capacity\) Program](#) to so many Projects is evident. A common example has been HWA funding providing physical infrastructure to support education activities – dedicated buildings for student and workforce learning, videoconferencing facilities, dedicated spaces within these buildings for student learning – which have been critically important for TRACS education outputs.

## 1.2 TRACS PARTNERSHIPS

Partnerships are fundamental to the TRACS model and the national evaluation has documented TRACS partnerships and measured their development during the period of TRACS funding through surveys of Project Leads and Partners. One of these involved a separate [Survey of Partners](#) and the other involved a dedicated component of the four [Key Performance Indicator based Surveys](#) of (self-rated) Progress. We have triangulated the findings between both surveys with other data collection, including interviews and observation from two rounds of site visits, and from analysis of Project reporting and evaluation.

Projects have provided us with ongoing feedback about challenges faced in their collaborations and how these have been addressed, and identified critical success factors for TRACS type partnerships. All of this provides valuable information for future applications of the TRACS model.

**The TRACS Program sought to enhance the capacity of the aged care sector and education and training sectors to partner, and national evaluation findings confirm that this outcome has been achieved.** Ratings provided by Project Leads and Partners across the four Key Performance Indicator based Surveys of Progress reveal a high level of confidence in both aged care providers and education and training providers involved in TRACS Projects to partner, and ...

- **84%** of [Leads](#) and **79%** of [Partners](#) agreed that aged care providers have developed enhanced capacity to partner with education and training providers.

- **84%** of Leads and **75%** of Partners agreed that education and training providers have developed enhanced capacity to partner with aged care providers.

The national evaluators have found that those Projects experiencing the most significant challenges in progressing Project aims and in working as an effective partnership, were those based on entirely new partnerships. Within the three year timeframe of funding, there was insufficient time to develop and strengthen those partnerships (assuming that other critical success factors existed).

Fortunately **86%** of Projects were based on an **existing** partnership. National evaluation surveys found that more than half (61%) of participants reported the TRACS Project had **strengthened the established relationship**. A further 17% saw TRACS as having further developed what had been a fledgling relationship and 17% indicated that a relationship had developed because of TRACS.

It was encouraging to find that nearly all participants (**83%**) **expected the partnership to continue** after the completion of TRACS funding.

As with the Teaching Nurse Home model internationally, there is a trend for partnerships to be led by universities. In the case of TRACS, only **six** of the sixteen Projects were led by aged care organisations – although the UniSA led Project was effectively two separate projects with one component being led by Helping Hand Aged Care. Over time, and as more aged care organisations become learning organisations, it is hoped that increased leadership in TRACS model services will come from the sector and less from universities. It is the evaluators' observation that outside of the TRACS partnerships, higher education providers often take a 'university-centric' approach to their collaboration with the aged care sector, being driven more by a need for increasing clinical placement opportunities, and less by building the capacity of the aged care sector for learning. This is less likely to occur when the aged care partner is the Project Lead. TRACS Projects which are led by aged care organisations are also providing leadership for the broader sector, demonstrating that teaching in aged care services can be led by them, and with positive outcomes.

A critical success factor for working relationships is the TRACS Project 'Champion', that is, the person who is totally committed to the Project and prepared to offer leadership of some kind in its implementation. These are the individuals who support and promote the Project to their peers, and while it is essential that they are at the most senior levels of partner organisations, it is equally important that *multiple* Champions exist at different levels within the organisation. This has been particularly evident in some TRACS Projects which were driven by a single Champion, only to have that person leave, creating a vacuum and slowing progress. Turnover of Champions is part of a broader challenge of turnover in aged care staff which is a sector-wide issue. Several Projects have identified and supported Mentors for students and Mentor Leaders. Others have provided training in research collection and translation that has acted to engage those at middle management and direct care levels.

It is important to understand incentives and disincentives to engage in a TRACS partnership, and where these compete with each other across partnerships, so that any future funding and associated guidelines can reflect this understanding. The most effective partnerships have occurred when *both* aged care and education providers have their incentives to participate in a TRACS Project met through the alliance.

For education and training organisations, the major incentives are usually related to providing high quality clinical education for students, and having the opportunity to undertake research focused on older people and their care - and related to this, the opportunity to publish from that research. Aged care organisations also benefit from student placements in two key ways – they can be an important recruitment tool - ‘try before you buy’ especially for VET trained students who have clearly chosen aged care as their field of work – and students can contribute positively to the care of residents, with multiple examples of both emerging from TRACS Projects. They can also benefit from direct involvement in research which builds the evidence base for quality care, and for the profile they develop as learning organisations and leaders in care.

Most of the aged care providers involved in TRACS are driven by the wider goal of becoming, or continuing to evolve as, learning organisations where students and staff have opportunities to learn and deliver better care, and aged care is promoted as viable and attractive work. Partnering to undertake research which is designed to inform the provision of care is a key incentive for many and associated with this, developing a reputation as a leader in care is an important driver. **More than half** of participants in the national evaluation Partner Survey indicated that their reasons for becoming a TRACS Partner were to:

- contribute to building the reputation of the aged care sector in training future workforces (73%). **This is an interesting finding and indicates the potential for the ongoing application of the TRACS model.**
- provide better quality of care for older people (71%);
- be involved in research of direct relevance to ageing and aged care (66%); and
- develop their organisation’s reputation as a learning and teaching centre (59%).

The evaluation identified less disincentives than incentives for being part of a TRACS partnership but this reflects the fact that a selected sample is involved of organisations who have expressed an interest in participation in the model. For partners from both sectors (aged care and education or training), negative prior experience in a TRACS type affiliation can be a major deterrent, or at the least, mean that levels of trust and confidence need to be rebuilt.

A key disincentive identified for many aged care providers relates to **resourcing**, being time poor and needing to be compensated for their time, even when drivers such as workforce development and enhanced quality of care are motivating their involvement. The time and resource consuming practicalities of delivering services can leave little time or energy for innovation. If quality student education opportunities are to be provided, then dedicated resourcing is needed to fund the time spent in supervision and mentoring, in training designed to enhance these skills, in backfill, in participating in workforce education, in developing learning resources, and in partnership building activities.

Based on trends from the application of the TRACS model nationally and internationally, there are several indicators of a partnership that reflect commitment, and therefore, longevity. These include the provision of adjunct status or clinical titles by the education partner to the aged care partner; co-funding of a Chair in Ageing, co-badged education activities; and collaboration on curriculum design to support the development of workforce ageing knowledge and skills. All four features have been

apparent in the TRACS Program, with specific Projects, but not as a trend across the Program as a whole.

The curriculum changes are particularly important because they bring with them clear and sustainable impact arising directly from the TRACS Program while being among the most difficult to achieve. TRACS Project representatives consistently identified that collaboration between aged care and education providers in designing ageing-relevant curriculum faced numerous system-based obstacles. Unwieldy university systems and processes, and the influence of accreditation bodies, and the time taken to implement change make major alterations to curriculum extremely challenging. Yet Projects agree on the need for a stronger focus on ageing in health profession curricula which was described as being dominated by acute care sector accreditation standards. Those standards generally fail to reflect the increasing demands of our ageing population and the need to develop a health workforce with the capacity to meet their needs (other than those associated with an acute care episode).

**This situation has been reinforced by the limited cross-sector collaboration between higher education and aged care, with TRACS both constrained by this void yet demonstrating what is possible, and what needs to change.**

There are a number of positive contributions being made by some TRACS Projects in breaking the nexus in co-designed curriculum, specifically those led by Deakin University, the University of Canberra, Resthaven, The University of Adelaide, and the Southern NSW Local Health District, UniSA, the Brotherhood of St Laurence, St Johns and Griffith University.

#### **FINDING 1: PARTNERSHIPS**

The TRACS model is most successful where there is an *established* partnership that is based on a commitment from both aged care and education providers to work together to achieve TRACS outcomes. Those Projects experiencing the most significant challenges in progressing Project goals, and in working as an effective partnership, were those based entirely on start-up collaborations established in order to secure TRACS funding.

### 1.3 CONTINUING THE INVESTMENT IN THE AGED CARE SECTOR

In the opinion of two-thirds of survey participants (**63%**) there had been no *unexpected* costs associated with their TRACS partnership, while 24% encountered unanticipated costs. Those experiencing unexpected costs were most likely to identify as causes *back filling of aged care staff* and *coordination/project management* costs.

Based on our interview feedback, the national evaluators agree that these two costs are significant for TRACS Projects and that both of these inputs (backfilling and coordination of a TRACS Project) are critical and require dedicated funding. The absence of funding for these, prior to TRACS funding, would have inhibited the development of the model in a consistent and focused way.

### 1.4 STRENGTHENING THE TRACS PARTNERSHIP

Partnerships represent the potentially most vulnerable point of the TRACS model, requiring careful consideration in terms of how they are structured and managed.

Adding a further layer of complexity is the cross-sectoral nature of those partnerships, involving very different policies and practices, different sets of traditions, ‘languages’ and ‘cultures’ and a varying history of collaboration between the sectors. As a condition of funding, all of those supported by the TRACS Program have been required to formalise their collaboration through a written Memorandum of Understanding (MOU) or similar agreement.

Each Project has established governance structures to support the partnerships, with these varying in complexity and design, but all have a steering committee or similar body with representation from all key partners. Appropriate and tailored governance structures are a key success factor for TRACS partnerships, and associated with these are effective processes for sharing information, communicating and shared decision making. These two features have been positively evaluated by TRACS Projects completing the national evaluation Partner Survey.

TRACS Projects have developed a number of lessons relating to partnership structures and processes as they apply the model. Some of these involve experimentation with specific strategies and structures to form a bridge between partners. The University of Wollongong and IRT partnership appointed 2 joint Project Coordinators - one for each partner – and this approach was found to work well. Similarly, the Griffith University Triple C project benefitted early from the establishment of an RSL Care based Liaison Officer to assist in developing communication and coordinating activities across the two organisations. The CHART Project appointed Nurse Liaisons in partner aged care services and partnered them with an Academic Mentor from the University of Canberra. This has proved to be a very effective partnership supporting mechanism while at the same time building research capacity among Liaisons. Mentoring roles have also proven to bring the value-add of building bridges between partners and across sectors. This has been evident in Projects involving partnerships for the purpose of undertaking research in the aged care setting – led by the University of Southern Queensland, RSL LifeCare NSW and the University of Canberra – and in providing clinical education – as was seen in the University of Tasmania led Project.

**The national evaluators have found that the position of TRACS Project Coordinator is an essential bridge between partners and sectors, providing a central point of contact and coordination and ensuring that partners remain linked. The position has been critical to the success of Projects and resources should always be set aside for this role in any TRACS initiative.** Apart from designing roles that work across partner organisations, providing a bridge between them, Projects and the national evaluators also consider that it is critical to have the ‘right’ people in those roles – with knowledge of both partners and the ability to be flexible and attuned to both. This can be something of a wild card which is difficult to determine at the point of selection.

## **FINDING 2: PEOPLE**

People are one of the key success factors of the TRACS program, and this was particularly evident in relation to Project leadership and Project coordination. The TRACS model requires leadership that drives a learning culture and builds a workforce that is attuned to that culture. Another critical ingredient has been the Project Coordinator position with responsibilities for linking partners and coordinating a program of activities. Leadership and coordination were also significant for the effectiveness of TRACS partnerships.



## 1.5 THE IMPORTANCE OF LEARNING INFRASTRUCTURE

Another Critical Success Factor associated with building capacity to be a learning organisation is learning infrastructure. Approximately **80%** of Partner Survey participants either *Agree* or *Strongly Agree* that **dedicated teaching and learning infrastructure is essential for a TRACS organisation**. Purpose-built or purpose-modified Learning Centres which support student and workforce education provide critically important support for TRACS activities. It is essential that students have dedicated learning spaces that include access to computers and wifi, and that staff have dedicated space for formal education. However, most aged care services are not designed to be teaching centres. This means that seminars often take place in eating areas, that students and many staff lack access to computers, wifi and study spaces, and that learning-related technologies are absent.

A total of **10** TRACS aged care participants have this physical infrastructure to support student and workforce learning, with most having been built with Health Workforce Australia funding. Of course physical infrastructure alone will not make a learning organisation, as this requires other critical inputs including commitment, leadership and capacity on the part of people in that organisation. But the absence of learning infrastructure can be an inhibitor for these other factors.

### FINDING 3: LEARNING INFRASTRUCTURE

Most aged care services are not designed to be education providers, but those pursuing the TRACS model (as with the teaching hospital model) are different from the norm. In order to increase access to learning for the wider aged care workforce and to ensure effective student education, it is essential that aged care organisations, in partnership with education providers, have appropriate learning infrastructure, including access to technology-based learning and dedicated learning spaces. Projects have achieved this with a mixture of purpose-built and purpose-modified learning centres. Learning infrastructure both meets educational requirements and badges those organisations as TRACS centres.

## 1.6 WORKFORCE EDUCATION AND CAPACITY BUILDING

There has been an enthusiastic response by the aged care sector to workforce education opportunities offered by TRACS Projects, with the term ‘hungry for it’ being used repeatedly by different stakeholders to describe this response. This suggests an unmet need for in-service education by health professionals who need to build their understanding of care for older people, and by VET trained graduates whose prior training may well not be matching the responsibilities they have in care provision.

**However, it is not merely the provision of education opportunities that has been important in TRACS. Projects have also demonstrated that the way in which these are structured and delivered is also critical.** The content of the best received sessions has been designed to reflect specific *clinical care* learning needs, and has been delivered in an *ongoing* series rather than as one-off sessions. It has brought different

work groups and disciplines together in most cases and has been offered in both face to face and online formats. *Organisational culture* is the other part of the jigsaw of critical success factors in workforce education. Staff are more likely to engage in learning opportunities if management is actively behind the program, reinforcing that it is important and where a culture of learning has been embedded at all levels and across the clinical, service and organisational areas.

**The national evaluators observe that the positive response to workforce education opportunities offered is not merely a reflection of demand but for training that is designed by and for the sector, which is accessible and ongoing. It would be a loss to cease supporting this investment and to lose the momentum gained in building learning organisation capacity across the sector. Future aged care workforce funding can be designed to make provision for ongoing education of this nature, in particular, that initiated by TRACS partnerships.**

This should follow a *Hub and Spokes* model (described below in *Section 1.9*), with the Hub being a TRACS partnership with expertise in delivering quality education opportunities which are then shared with a wider network of aged care and education and training providers. This would be facilitated if resourcing were made possible for video-conferencing and highly accessible online models such as the MOOC (Massive Online Open Course).

#### **FINDING 4: WORKFORCE EDUCATION AND CAPACITY BUILDING**

The enthusiastic response by the aged care sector to workforce education opportunities offered by TRACS Projects suggests an unmet need for in-service education by health professionals who need to build their understanding of care for older people, and by VET trained graduates whose prior training may well not be matching the responsibilities they have in care provision.

Projects have also demonstrated that the way in which these are structured and delivered is also critical. The content of the best received sessions has been designed to reflect specific *clinical care* learning needs, and has been delivered in an *ongoing* series rather than as one-off sessions. It has brought different work groups and disciplines together (*InterProfessional Learning* approach) in most cases and has been offered in both face to face and online formats.

Apart from developing skills and knowledge associated with the provision of clinical care, TRACS workforce education has also focused on building the capacity of aged care providers to undertake research and to apply research evidence in the aged care setting, and on developing clinical education skills in mentoring and supervision. Together these areas of capacity building have significant scope for application across the aged care sector.

The outputs from TRACS Projects that are associated with workforce education are substantial, with large numbers of aged care and health workforce members receiving important learning opportunities, most of which have related to clinical care. The table below provides details of the workforce education opportunities

offered across Projects and the very high numbers of workforce members supported by them (in excess of **6,737**). Not listed are numerous examples given by some Projects of staff participating in the University of Tasmania's [Massive Open Online Course \(MOOC\) \*Understanding Dementia Course\*](#), which has been well received across the sector and points to the growing importance of using new technologies to make education accessible.

Leads and Partners surveyed by the national evaluators agree that opportunities have been provided to aged care workers to enhance mentoring and related skills for student education, and for their own further education and training. Leads are more likely than Partners to agree that skills in student supervision have been enhanced.

**Leads and Partners have given very positive assessments of increased participation in workforce education due to TRACS-driven learning opportunities.**

#### TRACS WORKFORCE EDUCATION OUTPUTS 2012-2014

TRACS Project offering workforce education	Total aged care workers participating
Brotherhood of St Laurence, Victoria	27
Deakin University, Victoria	1,637
Griffith University, Queensland	Not stated*
HammondCare, NSW	1,186
Queensland University of Technology	135
RSL LifeCare Pty Ltd	322
St John's Village, Wangaratta	64
Sthn NSW Local Health District Aged Care Evaluation Unit	73
University of Adelaide	1,300
University of Canberra	769
University of South Australia – face to face	449
University of South Australia – online	211
University of Southern Queensland	65
University of Tasmania	80
University of Wollongong	419
<b>TOTAL</b>	<b>6,737</b>

\* Unfortunately, details were not supplied in any of Griffith's reports to DSS

In reporting on workforce education, we have separated that which is associated with the [provision of care to older people](#), and that which is focused on building the [capacity to undertake research](#) and to apply research evidence in the aged care setting. **Together, both sets of education are likely to have enhanced the capacity of the aged care workforce (and sometimes the health workforce) to deliver quality care to older people.**

In addition, all of the Projects providing clinical education for students have included [capacity building training in supervision and/or mentoring](#). Some of these Projects have put significant effort into this training, notably the University of Tasmania led

Project which provided a series of workshops designed to build this capacity among Mentor Groups and Mentor Leaders at each aged care facility.

#### BUILDING RESEARCH CAPACITY

---

**Research** is one of the three components of the TRACS model (the other two being teaching and aged care) and ideally all three elements should be mutually reinforcing and combine to produce better quality of care. The research component has received less attention across the TRACS group of Projects, and where it has, this has been largely designed to build the capacity of aged care workers to undertake research and translate findings into practice.

Nevertheless, surveys with Leads and Partners undertaken as part of the national evaluation confirmed that TRACS Projects had achieved these KPI related outcomes:

- ✓ The TRACS Project has enabled **increased participation** by aged care partner staff in research opportunities.
- ✓ The TRACS Project has enabled participating aged care partners to engage in more **practice-driven** research.
- ✓ Mechanisms have been established to enable research findings to **inform** aged care service provision in partner organisations.

A key finding of the national evaluation has been that mentoring and support provided by partners with research expertise and experience to their aged care partners plays a critical role in building research capacity and the confidence to participate in research. **This is as important as the transfer of research skills and knowledge and enhances the TRACS partnership.**

At the final TRACS Evaluation Workshop, Projects observed the need to change thinking about aged care capacity in research, including building the confidence of aged care workers to undertake research and to translate this into their practice, the need for aged care workers to have the skills to use evidence to inform their practice, as well as the skills to conduct research. They noted a growth in this confidence as their Projects progressed, and the *importance of mentoring by university partners* in building that confidence and supporting them in undertaking research projects.

The evaluators agree with this observation, and note the significance of Project design in this. The most effective design structure has been seen with two Projects. The University of Canberra led CHART Project paired Academic Mentors with designated CHART Liaisons, supporting them to apply their research skills in the aged care setting. This Project, and the University of Southern Queensland led Project, have included a **highly structured education component through a nationally recognised program of research capacity building, with associated mentoring and support, and this model deserves wider application in the aged care sector.**

#### CHALLENGING TRADITIONAL ASSUMPTIONS ABOUT THE AGED CARE WORKFORCE

---

**The majority of aged care services have workforces designed around the provision of care rather than the provision of education or participation in research, and their funding and accreditation mechanisms reflect and promote this tradition. TRACS Projects have been significantly challenged by operating in a system that is not designed to support the model but at the same time, by demonstrating what is**

**possible, challenge assumptions and identify gaps in current workforce design to support teaching and research.**

In the process, three important outcomes have been achieved. As a group, Projects have -

- ⇒ challenged assumptions about what constitutes the 'core' aged care workforce;
- ⇒ demonstrated what is possible by integrating roles considered to outside of the 'core' rather than contracting on an as needs basis – providing a wider and better range of services to clients in the process; and
- ⇒ identified a number of new work roles needed for aged care services to become teaching organisations and research focused.

In applying the TRACS model, a number of specific roles have needed to be developed to support its application. TRACS Projects have identified and piloted these, highlighting their significance and challenging traditional assumptions about aged care workforce design.

The national evaluation's four KPI Surveys of Progress with Leads and Partners confirmed the impact of TRACS Projects on work roles in the participating aged care service, using these two Indicators:

- ✓ **New work roles** have been developed for participating aged care staff.
- ✓ Work roles have been **modified** for participating aged care staff.

Two Projects have developed a specific role involving peer education. Both the RSL LifeCare NSW and St John's Village (Wangaratta) led Projects have piloted a new role called **Peer Support and Assessor**, which involves supporting care worker staff to complete a Certificate IV in Training and Assessment and then to provide training and assessment to their peers in the workplace. In both Projects, partnerships with Registered Training Organisations or TAFE have seen training delivered on site, with participants supported by management in their role and a new career path developed for them. The advantage of this model is that it enables ongoing education of staff from peers at the time when it is needed and is cost-effective because of its train-the-trainer focus. **It is a model that deserves wider replication in the aged care sector, with valuable lessons about its application able to be provided by these two Projects.**

Apart from creating new roles, Projects have also needed to create *role enhancements* within partnering aged care workforces. For example, IRT Wollongong applied these to 28 Welfare Officers who had assumed a new supervisory and teaching role with regard to psychology students. Care Managers, Care Coordinators and Lifestyle Managers had their roles extended to support clinical education of students from the disciplines of dietetics, exercise physiology and nursing. Re-designed Position Descriptions have been applied in Juniper WA sites and the Queen Victoria Home (Tas) to embed learning and teaching as a role among staff.

The table below specifies the range of new workforce roles across TRACS Projects where they have been developed. Some of these roles have been designed to support clinical education (including InterProfessional Learning), some to support workforce learning and development, and some to support research capacity building. A smaller number, associated with the University of Tasmania led Project, have been designed to support innovation and the development of learning organisations.

NEW WORK ROLE	ORGANISATION
<b>ROLES DESIGNED TO SUPPORT STUDENT EDUCATION</b>	
Nurse Facilitator	Helping Hand Aged Care
Learning Clinic Coordinator	Helping Hand Aged Care + UniSA
Interprofessional Clinical Facilitator (Interprofessional) Clinical Development Coordinator	Helping Hand Aged Care; ACH Group IRT Wollongong working with University of Wollongong
Clinical Development Officer	IRT Wollongong working with University of Wollongong
Clinical Facilitator	Resthaven Inc
Care Workers Student Participation Facilitator	Helping Hand Aged Care
Student Placement Coordinator	Eldercare
Student Liaison Officer – to manage student placements at site/service level	ACH Group
Centralised Student Placement Coordinator	ACH Group, Helping Hand Aged Care, Resthaven Inc
Mentor – supporting students on placement in aged care services	ACH Group, Helping Hand Aged Care, Resthaven Inc, Juniper-Annesley, Mt St Vincent, Queen Victoria Home, Masonic Homes, St Catherine’s, Rosary Gardens
<b>ROLES DESIGNED TO SUPPORT WORKFORCE EDUCATION AND DEVELOPMENT</b>	
Peer Support and Assessor	RSL LifeCare NSW; St John’s Village
Evidence Based Practice Leaders	Allambee, Cabrini, Montgomery & Namarra sites working with Deakin University
Facility educators – using a ‘train-the-trainer’ approach	Deakin University
<b>ROLES DESIGNED TO SUPPORT RESEARCH CAPACITY DEVELOPMENT AND PARTNERING</b>	
CHART Liaison Nurse	IRT, Calvary Retirement Community, Banksia Village, St Andrew’s Village
CHART Academic Mentors	
Research Champion	IRT Wollongong
Research Fellow	Anglicare Southern Queensland
Research Liaison – to support Research Fellows, liaise between USQ & ASQ	Anglicare Southern Queensland
<b>ROLES DESIGNED TO SUPPORT LEARNING ORGANISATION DEVELOPMENT</b>	
Innovation Leader – to support a learning culture and embed TRACS Project post-TRACS	Juniper (WA), Queen Victoria Home (Tas), Masonic Homes (Tas)

A number of Projects have also provided valuable learnings for the wider sector that challenge traditional assumptions about which **disciplines** should be considered part of the ‘core’ workforce and which can be contracted in as needed. These Projects, in particular, the Southern NSW Local Health District led Project, and the Helping Hand Aged Care led component of the ReSeE Project, have embedded allied health professionals in work teams. This has enabled a significant and ongoing transference

of their knowledge and skills to the direct care workforce, enabled clinical education that normally is difficult to provide due to a lack of supervisors from these disciplines, and produced a range of improved care outcomes for clients. This model of embedding with associated education and support has been extremely successful and deserves replication on a wider scale. Further information is provided in *Sections 5.3.10 and 5.3.1*.

Some TRACS Projects have highlighted the growing and important role of technology in supporting aged care workforce education, and identified the workforce development implications of adopting new technologies like videoconferencing. In particular, the Projects led by Hammondcare NSW and RSL LifeCare NSW have demonstrated that the investment in videoconferencing yields both economic (through efficiencies and time savings) and workforce development benefits when it is associated with an ongoing structured workforce education program. This investment relates not only to physical infrastructure but to accompanying IT support and a small amount of workforce educator training but is considered to be offset by its returns. See *Sections 5.1.6 and 5.1.9* for details.

The St John's Village led Project provides a promising model with sector-wide relevance for workforce recruitment and development. This provides a structured training and employment pathway that begins pre-VET, progressing to Certificate III and IV level and then to aged care employment, with potential to extend the pathway to higher education (via a Bachelor in Nursing). This extends the usual TRACS partnership model beyond aged care, higher education and VET to include the employment services sector. The model has direct relevance for the wider aged care sector, particularly in regional areas where resources are scarce and opportunities to access training and development are limited. Refer to *Sections 5.1.5 and 5.3.4*.

## 1.7 STUDENT EDUCATION

Traditionally the aged care sector has had a role in student education (other than for those in courses specifically designed to lead to a career in aged care) that has been more accidental than purposeful. Placements in aged care by health disciplines often are driven by the need to find placements when none are available in health-related services, and health students can express a feeling of being short-changed by this. If the aged care provider has not been specifically resourced to provide supervision, mentoring and a structured learning program, there is a strong possibility that their placement will involve passively shadowing busy and overloaded staff who have not been trained to educate them, and may feel the students are adding to their burden. It will be highly unlikely that students will have access to a computer, or to wifi for their own portable electronic devices, or that there will be spaces suitable for seminars or even to keep their belongings. It will be highly unlikely that a negotiation has occurred between the aged care and education provider about what learning outcomes are sought and what learning opportunities are available.

**TRACS has provided the opportunity to illustrate what is possible in student education in an aged care environment when a number of critical success factors are present. It has demonstrated that with appropriate resourcing and effective and equal partnerships, aged care providers that can be considered to be learning organisations, and with appropriate infrastructure, can provide positive education**

**for students while changing broader perceptions about the potential role of aged care as educators.**

National evaluation survey findings confirm that this outcome has been achieved for the majority of aged care providers involved – triangulated across the Survey of Students, Survey of Partners and KPI based Surveys of Progress. **Not only has funding seen an increase in *quantity* of clinical education but also in *quality* as it has provided the opportunity to design a well thought out program of learning and to pilot innovative approaches to the education of health and aged care students in aged care.**

#### **FINDING 5: STUDENT EDUCATION**

TRACS Projects have yielded important lessons about features of good practice in clinical education in aged care settings. In piloting a range of innovative approaches they have demonstrated the value of preparing the future health and aged care workforces for working effectively with an ageing population, in several Projects changing student expectations about aged care from negative to positive. Good practice features include training aged care staff to be designated mentors, providing appropriate orientation and induction as part of a structured program of learning, providing a range of learning experiences across the spectrum of aged care services including those with a healthy ageing focus, developing specific resources (eg Orientation Manuals) to support the learning program, and evaluating learning outcomes with students.

Projects involved in clinical education have provided placements for a total of **4,232** students. The previously dominant focus of nursing in Australian partnerships pursuing a ‘teaching nursing home’ model has broadened with TRACS to include medicine and a wide range of allied health disciplines. Importantly too, a significant proportion of placements have involved VET sector students, primarily from Enrolled Nursing and Certificate III in Aged Care. Details are provided in the table below.



## TOTAL CLINICAL EDUCATION OUTPUTS ACROSS TRACS PROJECTS 2012-2014

TRACS PROJECT	NURSING (RN)	MEDICINE	ALLIED HEALTH	NURSING (EN)	VET *	OTHER	TOTAL STUDENTS
ACH Group, SA	70		189	106	233	12	610
Brotherhood of St Laurence, Victoria					9		9
Resthaven Inc, SA	499	397	21	114	229		1,336
Sthn NSW LHD Aged Care Evaluation Unit			8				8
University of Adelaide		529					529
University of Canberra	241	11	198		21	18	489
UniSA & Helping Hand Aged Care	182		366	18	337		903
University of Tasmania	185	39	89			60	373
U of Wollongong			n/s			n/s	51
<b>TOTAL</b>	<b>1,177</b>	<b>976</b>	<b>871+</b>	<b>238</b>	<b>829</b>	<b>90+</b>	<b>4,232</b>

\* Includes Certificate III courses mainly in Aged Care, Diplomas eg Oral Hygiene  
Other includes Paramedicine (UTAs), and a range of non health professions

## GOOD PRACTICE IN CLINICAL EDUCATION IN AGED CARE

Based on Project findings a number of features of good practice in clinical education in aged care have emerged, some of which have been given the opportunity to be trialled in a concerted way because of TRACS funding.

- ✓ Across Projects with a student education component, the designation of aged care staff to **mentor** students has emerged as a positive feature of good quality clinical placements. Projects have found that mentoring involves a range of roles – from clinical supervision to reflective mentoring, to providing structured opportunities to raise and test aspects of learning and work. Several Projects have found that it is more effective to develop a group of mentors, with two or three designated Leaders. This addresses issues associated with turnover and shares responsibility for mentor leadership. The Project led by the University of Tasmania has provided the greatest focus on a structured approach to mentoring with important lessons for the wider sector.
- ✓ It is also important for workplaces to have **appropriate physical infrastructure** to support learning and education, in particular IT systems (access to computers and wifi) and dedicated learning spaces. This has been a consistent finding across TRACS Projects.
- ✓ There will be a **structured program of learning**, developed in collaboration with education and training partners, which includes orientation and induction, and ongoing evaluation for continuous improvement. The program will have been co-designed by aged care and education and training partners, based on a negotiated process.
- ✓ Ideally the program will be supported by a range of **purpose designed resources**, such as, an Orientation Handbook and will expose students to the range of aged care

services and conditions older people are likely to experience. It should allow students to understand what older people are capable of (eg via healthy ageing programs, rehabilitation and restorative care) rather than focusing exclusively on their limitations.

- ✓ Value-add elements to the learning program that have been demonstrated by different TRACS Projects include involving **consumers as co-educators** rather than only as recipients of care (eg the G-TRAC Project) and using **Interprofessional Learning** to structure education, involving students working in groups from different disciplines and work roles and structuring learning to demonstrate the holistic provision of care offered by IPL.
- ✓ Supporting the clinical education program will be other inputs, in particular, staff training and development to be educators, supervisors and mentors and organisational processes that support the planning and coordination of placements across multiple sites and disciplines. The **Centralised Placement Model** evident in South Australian Projects offers an effective coordination and planning mechanism for student placements, particularly those with an IPL focus, but importantly it encourages a negotiated process and conversation between aged care and education providers.
- ✓ Given the increasing proportion of aged care workers drawn from VET sector programs at Certificate level it is essential that all these good practice features are extended to include students from this sector. TRACS and the broader Teaching Nursing Home model have their origins in student education at university level and this emphasis was evident across TRACS Projects as a group. However, a small number have led the way in developing effective clinical education which is designed to meet their needs and to reduce the separation that often occurs in the wider aged care workforce between staff with higher education qualifications and those with vocational education and training qualifications. These include the Helping Hand Aged Care led component of the ReSeE Project, the St John's Village led Project, and the Hammondcare NSW led Project.
- ✓ Ideally, the partnership will be sufficiently effective to support **changes to the curricula of health professions to include a specific focus on ageing**. Although fraught with challenges, some TRACS Projects are showing what is possible in reforming health sciences curricula to better prepare the health workforce to work with an ageing population.

#### CLINICAL EDUCATION OUTCOMES

---

As with Project level evaluations, the findings of the national survey of students were very **positive**, with very high proportions of the sample assessing their clinical placement experiences in TRACS Projects as addressing Key Performance Indicators relating to Preparation, Support, Supervision, their interactions with Residents and with Aged Care Staff, and their involvement in evaluation of the placement. Overwhelmingly students felt welcomed by residents and considered their experience a positive one.

The outcomes achieved from their placement were positively rated and the experience was seen by most as having made a discernible impact on their knowledge, skills, understanding of the needs of older people and of their care, and on their understanding of the aged care field. They were less positive about possibly working in aged care, although a significant proportion now regard a career in aged care as a viable option. (It needs to be remembered that the majority of students surveyed were drawn from health disciplines rather than from courses leading directly to a career in aged care.)

Where feedback was less positive, this related to inadequate preparation, insufficient access to and time with mentors, lack of continuity in staff acting as mentors, and inadequate provision of teaching infrastructure (eg IT access, dedicated learning spaces). **Importantly, students regard aged care services pursuing TRACS goals and processes as having a legitimate and important role to play in their education, and more broadly, as learning organisations.**

As the table below indicates, Students, Project Leads and Partners, across three national evaluation surveys, have rated the clinical education component of the TRACS Program in very positive terms, and there is a strong degree of agreement between their ratings.

**TRIANGULATING STUDENTS, LEADS AND PARTNERS' RATINGS OF CLINICAL PLACEMENT FEATURES**

STUDENT RATING	LEAD RATING	PARTNER RATING
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS INCREASED THEIR UNDERSTANDING OF AGED CARE		
3.7	3.7	3.5
KPI: ON COMPLETION OF PLACEMENT ... STUDENTS INCREASED THEIR KNOWLEDGE OF AGEING-RELATED CONDITIONS		
3.7	3.7	3.5
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS INCREASED THEIR AGED CARE-RELATED SKILLS		
3.6	3.7	3.4
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS REPORT POSITIVELY ON THEIR EXPERIENCE		
3.4	3.5	3.7
KPI: ON COMPLETION OF PLACEMENT STUDENTS' MEASURED ATTITUDES TOWARDS WORKING WITH OLDER PEOPLE ARE MORE POSITIVE		
3.3	3.5	3.4
KPI: ON COMPLETION OF PLACEMENT STUDENTS EXPRESS INTEREST IN SEEKING EMPLOYMENT IN AGED CARE		
2.8	3.2	3.4
KPI: CONSUMERS ... PROVIDE POSITIVE FEEDBACK ABOUT THE PRESENCE OF STUDENTS ON ... PLACEMENT		
3.5	3.7	3.3
KPI: CONSUMERS ... PROVIDE POSITIVE FEEDBACK ABOUT THE QUALITY OF STUDENT-LED CLINICAL SERVICES		
3.3	3.4	3.6
KPI: PARTICIPATING AGED CARE SERVICES ARE BETTER ABLE TO PROVIDE HIGH QUALITY LEARNING ENVIRONMENTS FOR STUDENTS		
3.3	3.5	3.6
KPI: PARTICIPATING AGED CARE SERVICES ARE INCREASINGLY OPERATING AS LEARNING ENVIRONMENTS		
3.3	3.3	3.5
KPI: MOST ... AGED CARE STAFF REPORT POSITIVELY ON THE (PLACEMENT) EXPERIENCE		
3.3	3.5	3.5

## 1.8 BENEFITS FOR OLDER PEOPLE

The extension of six months provided scope for TRACS Projects to collect information about changes made to policy and practice by participating aged care providers as a

result of TRACS Project activity – in the form of workforce training and development, or in the translation of research evidence into care practice.

In addition, the four KPI Surveys include indicators designed to measure impact on the care of older people, and in particular, improving the quality of care through building an appropriate research evidence base, by providing high quality learning opportunities for students and through increasingly operating as learning organisations. **The findings on these are extremely encouraging.** All respondents are in agreement about the positive impact of projects on consumers although around one quarter or more believe it is *Too early to tell* about consumer care benefits, and the national evaluators agree with them.

Some Project level evaluation reinforces these findings on impact on consumers. A range of positive outcomes for aged care clients resulting from changes in the delivery of care have been identified by Projects led by the Southern NSW Local Health District, Deakin University, the University of Canberra, the University of Tasmania, the University of Wollongong, the University of Southern Queensland, the University of Adelaide, the Brotherhood of St Laurence and RSL LifeCare NSW.

## 1.9 SUSTAINING THE TRACS IMPACT

It was always intended that despite its three year timeframe, TRACS funding would produce a sustainable impact. There are a number of indications that this will be the case, especially in relation to those Projects with a strong foundation of partnership and shared commitment to TRACS goals that had been translated into prior collaborative work. Those partners have an investment in continuing this work and TRACS has enabled them to focus on this in a more structured and deliberate way. It is encouraging to find that nearly all participants in national evaluation surveys (**83%**) **expected the partnership to continue** after the completion of the TRACS project. Within individual Projects, there are numerous examples given of strategies and commitments to sustaining particular Project activities – as detailed in the *Accompanying Final Case Study Reports to the Main Evaluation Report*.

The national evaluators observe, and based on feedback at the final National Evaluation Workshop most Projects would agree, that **there has been variable capacity across different aged care partners to engage with Project goals - based on their maturity as a learning organisation, and their experience in collaborative, cross-sector research, training and education. In other words, to effectively be a TRACS aged care partner, there is a need for a level of readiness and for this reason, not all aged care services can and should be a TRACS service.** This is also the case in the health sector – not all hospitals are, or should be teaching services. **Therefore, TRACS is a selective not a universal model and any future funding needs to recognise this.** However, this does not have to mean that other aged care services do not share in, and benefit from, the body of learning and expertise generated by TRACS partnerships.

### DEVELOPING A HUB AND SPOKES TRACS MODEL

---

The national evaluators believe, taking into account learnings from international applications of the model – particularly in Norway – that the most appropriate model for the future funding of TRACS partnerships should involve a *Hub and Spokes* strategy wherein selected aged care organisations with expertise in aged care, education and research become Hubs for TRACS activities and in turn mentor and support others in

the sector. This approach also supports the building of leadership in the sector as a whole.

#### FINDING 6: EXTENDING THE TRACS MODEL

The aged care sector would benefit by embedding the TRACS model through the application of a *Hub and Spokes* strategy. In this model, selected aged care organisations with expertise in aged care, education and research would become Hubs for TRACS activities and, in turn, mentor and support others in the sector.

This was a recommendation of the national evaluator's earlier Scoping Study (2011) undertaken for the former Department of Health and Ageing and informing the design of the TRACS Program. We reiterate what we said in our final report at that time, which was based on an extensive review of the literature – that the Hub and Spokes model is entirely appropriate but that this needs to be reflected in policy and funding.

*This approach also supports the notion of a TNH being a centre for excellence, radiating its influence. TNHs can be seen as 'Lighthouses' providing guidance and leading by example in best practice. The stronger their individual reputation, the more likely it is that they then attract the best in education and research and clinical care, adding further to that profile. A Hub and Spoke approach needs to be structured, and should not rely on chance.*

*It is likely that the most effective dissemination of findings, and promotion of the value and outcomes of TNHs, requires national and state level coordination, involving both government agencies and sector peak bodies. Not only does this enable the utilisation of existing communication networks, but it enables a proactive approach. Specific TNH seminar and conference series could be part of a TNH initiative, as could opportunities for other aged care providers to buy in support and teaching from a TNH (for example, by sending staff for work experience, or by commissioning TNH staff to offer staff training and development).<sup>1</sup>*

#### PRESERVING AND SHARING TRACS OUTPUTS

Adding to the sustainable impact of TRACS are the significant number of Resources developed by Projects, to support clinical education, workforce education and aged care research and its translation into practice. Several Projects have developed their own websites which in turn have a wealth of resources (detailed in Accompanying Final Case Study Reports) and the national evaluation has also developed a website - [www.adelaide.edu.au/wiser/tracs](http://www.adelaide.edu.au/wiser/tracs).<sup>2</sup> **It will be important to not lose these valuable outputs, and even more so, to develop a mechanism which supports their updating and the addition of new resources emerging from a TRACS Community of Practice (discussed below).**

<sup>1</sup> AISR (2011) *Implementing the Teaching Nursing Homes Initiative: Scoping Study*, page 48

<sup>2</sup> .Google Analytics data reveal that the site had been viewed **1,790 times** (as at 12/2/15)

Most Projects have produced multiple publications and contributed to national and State conferences, with more to come in the short to medium term (detailed in their Final Reports to the Department). TRACS funding has supported information dissemination activities to ensure that learnings reach the wider aged care and education sectors. The national evaluation has included its own **Information Dissemination, Communication and Stakeholder Engagement Strategy** (see *Accompanying Report 11*) and this has included publications, conference presentations, supporting the emerging Community of Practice, sharing information about the TRACS Program and the national evaluation and encouraging the promotion of the TRACS model of teaching and research in aged care.

***All of this information needs to be contained in a single Clearinghouse site with easy online access and support for its maintenance and extension. The evaluators hope that the funding provided to the University of Tasmania in its extension period will see this outcome realised.***

The emerging TRACS Community of Practice, which can be expected to grow over time, is another important sustainability mechanism, and this too can be maximised in its impact with a small investment to support coordination and communication among its members. If the Department accepts our recommendation regarding the promotion of a Hub and Spokes strategy, this investment will be essential.

#### TRACS COMMUNITY OF PRACTICE

---

A TRACS Community of Practice continuing beyond the life of TRACS funding will be one of its most significant and enduring outcomes. The evaluators have provided ongoing advice and support to Project teams and linked individual Project Coordinators with shared Project objectives and issues to encourage the development of a TRACS Community of Practice. The two national evaluation workshops were designed, in part, to encourage this outcome, as were the evaluation newsletters and website. There are few organisations to mentor TRACS partners and opportunities to share learnings with peers has been valuable and contributed to further innovation.

The extent to which an evolving Community of Practice is becoming apparent was apparent at the second National Evaluation Workshop and has been increasingly evident with a number of collaborations including:

- ⇒ The Deakin led project and the UniSA led project collaborated to present a seminar on the TriFocal Model.
- ⇒ The UniSA led project provided a seminar to ACSA members on the TRACS model with specific reference to clinical education.
- ⇒ The Helping Hand Aged Care partner in the UniSA led project is mentoring Southern Cross Care SA&NT to apply their workforce education model and the broader TRACS model.
- ⇒ The Deakin led project and the University of Canberra led project have collaborated to provide information about the TriFocal Model in southern NSW and the ACT.
- ⇒ The University of Canberra led project hosted a Practice Education Roundtable in 2013 which involved other TRACS Projects and focused on issues facing the aged care sector and strategies to address them.

- ⇒ The Southern NSW LHD led project is providing mentoring and support to three other TRACS Projects interested in replicating the model and enhancing the development of clinical education for psychology students:
  - ACH Group led Project.
  - The University of Wollongong led Project.
  - The Helping Hand Aged Care component of the UniSA led Project. Staff from Helping Hand indicated that they have had difficulty identifying psychologists who are suitably qualified to supervise Provisional Psychologists on placement in their facilities. ACEU staff have offered to train and/or supervise an interested psychologist and support them in their supervision of students on placement.
  - ACEU staff also work with the NHMRC Cognitive Decline Partnership Centre, and through this with WA aged care provider Brightwater, who have also reported difficulties with finding specialist supervisors for psychology students in their program. The TRACS psychologists are providing ongoing advice and support to them on this issue.
- ⇒ The University of Tasmania led project is collaborating with the QUT led project to deliver dementia education to the aged care sector.
- ⇒ The University of Wollongong TRACS Project Lead, Professor Richard Fleming, has provided guidance on how to make the environment at IRT Kangara Waters more appropriate for people with dementia. This service is one of the four aged care services supported by the CHART Project. Feedback from staff at this service shows a direct impact on care provision as a result of the CHART Liaison's research project which was designed to make the facility's environment more appropriate for people with dementia.
- ⇒ The CHART extension funding provided an important means of supporting development of a TRACS community of practice at IRT Kangara Waters, Belconnen, ACT. This project has involved building on the outcomes achieved by the CHART project and also another TRACS Program, the Tri-focal Model of Care, auspiced by Deakin University in Victoria.
- ⇒ The ACH Group Project has had a strong focus on student clinical education within an IPL model and during the extension of TRACS funding has seen this extended to include psychology students, collaborating with the ACEU led and University of Wollongong TRACS projects to identify lessons in providing for this group of students.
- ⇒ The Project has also, in its extension period, collaborated with the University of Southern Queensland Project Lead who has provided mentoring on systematic reviews designed to enhance care provision, and the ACH Project Coordinator and 2 other staff are undertaking Joanna Briggs Institute training in systematic review and research evidence utilisation.
- ⇒ The QUT Project is collaborating with the University of Tasmania led Project and with the University of Wollongong led Project in providing online workforce education.

The building and sustaining of a TRACS Community of Practice, like the Projects themselves, requires a central point of information dissemination to encourage a sharing of learnings and the development of a program of activities that supports key

TRACS activities. As with the need for Project-level coordination, there is also a need for Program-level coordination and communication. This need not require a substantial amount of resourcing but has the potential to yield positive returns. For example, it can promote cost efficiencies by reducing duplication of effort, but it can also foster innovation by linking partnerships with shared fields of interest.

#### **FINDING 7: COMMUNITY OF PRACTICE**

As part of the *Hub and Spokes* model, a TRACS Community of Practice, supported by an Innovation, Collaboration and Coordination position would be valuable in sharing information and linking partnerships. Community of Practice (CoP) models are pivotal for sector-wide and organisation-specific workforce learning programs designed to support enhanced quality of care and practice. This could include, but is not limited to, support for technology-delivered education to ensure maximum access for the aged care workforce.

The national evaluators and some TRACS Projects have developed positive links to TRACS type initiatives in the USA and Canada, with a view to eventually linking Australian Projects to these in an **International Community of Practice** that would also include Norway (building on existing relationships within some TRACS Projects). **A key impetus to an International Community of Practice would be gained from an international TRACS Conference, bringing to Australia leaders from overseas and across Australia (including those who have not received TRACS funding but are pursuing the model with their own resources). This could be a self-funded activity but would require up-front investment for its organisation which could then be returned via conference attendance fees.**



## 2 CONTEXT FOR THE NATIONAL EVALUATION OF TRACS

### 2.1 PROGRAM HISTORY

#### 2.1.1 ORIGINS OF THE TRACS MODEL- THE TEACHING NURSING HOME

Strategic partnerships between aged care providers, educators and researchers historically have been known as ‘teaching nursing homes’ (TNHs), reflecting their location in residential aged care settings, which traditionally were referred to as ‘nursing homes’.

The origin of TNHs is usually traced to the early 1960s - particularly in relation to veterans’ nursing homes and affiliated veterans’ hospitals - being associated with efforts in the United States to improve knowledge about long term care of older people and to increase the number of qualified aged care providers. In the 1980s, two major programs in the USA<sup>3</sup> increased recognition of the TNH model, promoting a linking of research, clinical education and enhanced aged care practice (AISR 2011, citing multiple sources). The TNH model also developed significantly in Scandinavian countries, particularly Norway, and more recently in Canada.

The TNH model provides the opportunity for the aged care workforce to be trained in a setting designed to meet the needs of older people. Much of the focus historically in TNH workforce development has been on the disciplines of medicine and nursing, and it is only in recent years that a more multidisciplinary approach has become evident, and even more recently, a trend by some to have an inter-professional learning focus. Almost all TNH activity retains a residential care focus with community care being a recent but still minority contributor and similarly, education partners are overwhelmingly from the higher education sector, with the vocational education and training (VET) sector receiving attention by a minority of partnerships, and only in recent years.

These trends are interesting given the much greater provision of care in the home and the community, and the domination of the aged workforce numerically by VET sector trained care workers. However, they underscore the strong tradition of the TNH model, the research focus which is associated much more with higher education than with VET, and the need for a training site which can be designed for teaching (less easily achieved in community based care settings such as private homes).

#### 2.1.2 SCOPING STUDY THAT INFORMED THE DEVELOPMENT OF THE TRACS PROGRAM

Aware of the development of the TNH model overseas, and keen to better understand its scope in Australia, the former Department of Health and Ageing (DoHA)<sup>4</sup> commissioned the then Australian Institute for Social Research (AISR)<sup>5</sup> at The University of Adelaide to provide research and analysis to inform the implementation of what was termed at that time the *Teaching Nursing Homes Initiative*. This was a key

<sup>3</sup> One funded by the National Institute on Aging, the other the Robert Wood Johnson Foundation

<sup>4</sup> The Better Practice Section of the Aged Care Workforce & Better Practice Programs Branch, Office of Aged Care Quality and Compliance Department of Health and Ageing (DoHA)

<sup>5</sup> . The AISR was restructured and is now known as the Australian Workplace Innovation & Social Research Centre – WISeR

component of the *Supporting a Professional Aged Care Workforce* Program which was introduced by the Commonwealth Government to strengthen the aged care workforce in order to ensure that older people continue to receive quality care.

The Scoping Study Project began in early January 2011 and was completed at the end of March 2011. Its brief was to –

*“... examine critical enablers and barriers to establishing and operating a Teaching Nursing Home (TNH) in Australia ... and to identify the range of models and key characteristics that contribute to excellence within Teaching Nursing Homes by analysing Australian and international peer reviewed and grey literature; and documenting various models of teaching nursing homes currently operating in Australia. “*

The Project identified and consulted with **17** TNH-type affiliations and **38** individuals (**15** teaching and research providers and **23** people from 22 RACFs) as well as relevant health and ageing peak bodies. Its findings informed the design of what became known as the TRACS (Teaching and Research Aged Care Services) Program.<sup>6</sup> Renaming them was a recommendation of the scoping study to reflect current aged care service design which involves community and residential care, and to capture the three elements of the model – learning, research and aged care.

## 2.2 THE TRACS PROGRAM

With the implementation of the TRACS Program, Teaching and Research Aged Care Services (TRACS) were defined as:

*‘... aged care services that combine teaching, research, clinical care and service delivery in one location to operate as a learning environment to support clinical placements and professional development activities in various disciplines.’<sup>7</sup>*

The Department described the purpose of the program as providing funding to help establish a variety of TRACS models, and to share the lessons learned in the process with the wider industry, providing an evidence base for future development.

Three year funding agreements were executed in 2011-12 for 16 TRACS projects to a total value of \$7.5million (excluding GST). Additional funding was provided with the six month extension of the Program. Funding has supported four projects in South Australia, three each in Victoria and Queensland, three in New South Wales, two in the

---

<sup>6</sup> See Literature Review Report - Barnett K (2011) *Bridging Education Research and Clinical Care: the Teaching Nursing Home – Discussion Paper*, prepared for the Dept of Health and Ageing, Aged Care Workforce and Better Practice Programs Branch, Office of Aged care Quality and Compliance, Canberra  
[http://www.health.gov.au/internet/main/publishing.nsf/Content/E91A60C8D130096DCA2578DF007F1EF8/\\$File/THN-Discussion-Paper.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E91A60C8D130096DCA2578DF007F1EF8/$File/THN-Discussion-Paper.pdf)

See Final Report Barnett K, Abbey J & Eyre J (2011) *Implementing the Teaching Nursing Homes Initiative – Scoping Study, Final Report*, prepared for the Dept of Health and Ageing, Aged Care Workforce and Better Practice Programs Branch, Office of Aged care Quality and Compliance, Canberra  
<http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-teaching-nursing-homes-final-report-toc>

ACT, and one project spanning three states – Tasmania (project lead), Victoria and Western Australia. The four overarching Goals of the TRACS Program are:

- I. **Increased involvement for education and training providers in ageing and aged care research that is based on clinical experience.**
- II. **Increased involvement for aged care providers in research and clinical practices that enhance quality of care.**
- III. **Enhanced learning opportunities for students based on clinical experience with a TRACS affiliation.**
- IV. **Improved quality of care for aged care consumers and their families.**

The first three goals each relate to the key stakeholder groups – aged care providers, education and training providers, researchers and students, while the fourth targets aged care consumers and their families, and requires attention to the first three goals in order to be realised. Goal IV is also the ultimate outcome sought in pursuing Goals I, II and III. As such it is the most difficult to measure, especially within the three year timeframe of the Program and this evaluation.

## 2.3 NATIONAL EVALUATION REQUIREMENTS

The **Department of Social Services (DSS)**<sup>8</sup> commissioned the **Australian Workplace Innovation and Social Research Centre (WISeR)** at The University of Adelaide to undertake the national evaluation of the TRACS program over the period late 2012 to end 2014. The six month extension provided to TRACS Projects involved a parallel extension to the national evaluation.

Three guiding objectives were defined by the Department for the TRACS national evaluation:

1. Develop an Evaluation Framework to:
  - ⇒ support a formative analysis of processes, impact and outcomes of funded models, some established and others evolving; and
  - ⇒ identify factors that contribute towards culture change within the aged care sector.
2. Study the TRACS models funded under the *Aged Care Workforce Flexible Fund* to identify:
  - ⇒ practical strategies and processes that help the aged care sector operate as a learning environment to facilitate high quality clinical training for students across various disciplines and professional development opportunities for staff;
  - ⇒ the extent to which the TRACS models contribute to developing the capacity of aged care providers to partner with education and training providers;

---

<sup>8</sup> At the time of commissioning the TRACS Program was the responsibility of the former Department of Health and Ageing. Following the change of government, subsequent restructuring saw the creation of the Department of Social Services with ageing becoming one of its areas of responsibility.

- ⇒ the extent to which the TRACS models improve workforce capacity in providing complex care and develop novel career pathways within aged care; and
  - ⇒ features of the TRACS models that ensure their sustainability and that are transferable across the sector.
3. Promote a culture change within the aged care sector to ensure a learning environment for students and staff particularly by:
- ⇒ sharing the evaluation outcomes with the funded organisations to support further development of the TRACS models; and
  - ⇒ promulgating findings to the wider aged care and academic sectors through reports and presentations.

### 2.3.1 NATIONAL EVALUATION FRAMEWORK

The national evaluators have addressed these three key requirements simultaneously, using an action research methodology informed by an overarching **Evaluation Framework** (presented as a separate report, see **Accompanying Report 1**).

The Framework provides a mechanism that links the evaluative effort of 16 very different projects to ensure consistency while allowing for individual difference at project level. The 16 projects have many features in common, but they are also very diverse in design, reinforcing the importance of a unifying framework. Therefore, the Framework does not define specific project methodologies but provides guidance for project evaluators and project managers in setting objectives, designing data collection and applying key performance indicators that can be related to the program-level evaluation.

The national evaluation is best understood as involving a meta-analysis with a dual level focus – individual project level, and across the TRACS initiative as a whole. It is a *program level* evaluation that works closely with project level evaluation.

The evaluation is both *formative* (that is, collecting information from the earliest implementation stages onwards) and *summative* (that is, analysing information that has been collected over the three years involved in order to determine outcomes and early impact).

The overarching Evaluation Framework was structured by a *Program Logic* approach, that is, one that supports the identification of project inputs, outputs, outcomes, and impact. The evaluators developed a set of **Guiding Evaluation Questions** for each of the four TRACS Program Goals. These are presented in **Appendix A**.

TRACS is essentially a learning initiative – it is identifying learnings that relate to enhanced approaches to research, workforce training and development, aged care practice and cross-sector partnering, and as such, has few benchmarks against which to measure its progress. In many ways, TRACS projects will create those benchmarks as part of their ultimate impact.

It was therefore appropriate for the national evaluation to employ a methodology that supports process, and **Action Research** has been chosen for this purpose. Action research is appropriate for initiatives which seek to **inform and influence** practice with

a view to ultimately **improving practice** (Reason and Bradbury 2006; Koshy *et al* 2010).<sup>9</sup> It is also highly suited to formative evaluation, and to encouraging participation from different stakeholders.

### 2.3.2 NATIONAL EVALUATION METHODOLOGY

The national evaluation has 14 components, most of which have separate reports (listed in **Appendix D**):

1. Development of a **National Evaluation Framework**. See **Accompanying Report 1**.
2. **Review of the Literature**. See **Accompanying Report 2**.
3. Review of relevant TRACS program and project level documentation (including Project Implementation Plans and Risk Management Plans, Progress and Final Reports).
4. **Site visits** in 2013 and again in the first half of 2014.
5. **Structured interviews and focus groups** with key stakeholders associated with each Project team and with the Department. These were undertaken as part of Site Visits but also at different intervals across the period of TRACS funding.
6. Two surveys with key stakeholders –
  - ⇒ one **Survey of Students** participating in clinical education (for those Projects which have this as a component) conducted in the second half of 2013. This sought information about the perceived effectiveness of the placement as a learning experience – including its attention to student preparation for and support during the placement - and its perceived effect on student attitudes towards working with older people and on considering aged care as a career. The national evaluators worked with project evaluators regarding the design and timing of this Student Survey, noting that individual projects are undertaking surveys of their own with participating students. See **Accompanying Report 3**.
  - ⇒ one **Survey of TRACS Project Partners**, conducted in the first half of 2014. This sought information about the perceived effectiveness of governance mechanisms, communication and information sharing protocols and other inputs designed to support the partnership, as well as the perceived benefits of the partnership for the organisations involved and those they work with (aged care consumers, students, aged care staff), challenges experienced and lessons learned that are transferable to other aged care, teaching and learning settings. See **Accompanying Report 4**.

WISeR provided a tailored report of each Project’s findings for both surveys to Projects. This was designed to help Projects learn about student and partner experience and identify areas of success and where improvements could be made.
7. Two **National Workshops** with TRACS Projects and the Department –
  - ⇒ one at the beginning of the national evaluation (held in December 2012) designed to bring Project representatives together to increase their awareness of each other’s work and establish connections with each other, to explore the directions and encourage participation in the national evaluation, and to explore the concept

<sup>9</sup> Reason P & Bradbury H (2006) *Handbook of Action Research*, Sage Publications  
Koshy E, Koshy V & Waterman H (2010) *Action Research in Healthcare*, Sage Publications

of a Learning Community emerging from the TRACS projects as a group. See [Accompanying Report 5](#).

⇒ The second workshop (held in May 2014) and structured to obtain Project representatives' feedback on the findings of the different components of the national evaluation, to review outcomes achieved against TRACS program goals, and to identify lessons learned which are transferable to the aged care sector, the higher education sector and VET sector. See [Accompanying Report 6](#).

8. [Key Performance Indicator \(KPI\) Surveys and Analysis](#) – the evaluators designed a national online data collection tool within which Projects (Leads and Partners) rated progress against each KPI at six monthly intervals. The Key Performance Indicators (KPIs) were designed to be sufficiently generic to be applicable across the 16 TRACS projects, to the extent possible, and were focused on **Outputs** and **Outcomes**. They were agreed upon by all Projects prior to being finalised. A four point likert scale was used to structure most survey questions to enable respondents to rate progress being achieved against each KPI.

The KPIs were grouped to reflect the areas of focus that define a TRACS model, and therefore, involve:

- Research-related KPIs
- Teaching and Learning-related KPIs
- Aged care provision-related KPIs (Consumer related KPIs, Staff related KPIs, Service or Delivery related KPIs)
- Aged care workforce development-related KPIs (including recruitment related and training of aged care staff and mentors)
- Communication and information dissemination-related KPIs
- Partnership-related KPIs.

A total of **four KPI Surveys** were undertaken (October 2013, March 2014, June 2014, and December 2014) with the final Survey involving an analysis over time in achieving TRACS Program goals. The final section of [Report 4](#) compared average ratings for Leads and Partners across all four KPI surveys. Generally, over the 6 months since the last KPI survey (June 2014), average ratings remained positive and relatively stable. (We note that the ratings began from a very positive baseline for most areas.) See [Accompanying Reports 7, 8, 9, and 10](#).

9. Development and hosting (by WISeR) of a national [TRACS Evaluation Website](#). This has provided information about each Project, and a quarterly electronic [Newsletter](#), to encourage Projects to share resources and information with each other in a Community of Practice.

See <https://www.adelaide.edu.au/wiser/tracs/>

10. Development of a [Communication, Information Dissemination and Stakeholder Engagement Strategy](#). See [Accompanying Report 11](#).
11. Case Studies of the 16 Projects. Individual Case Study Reports were provided following the first Site Visits in 2013 and Final Case Study Reports for each Project have been provided as part of final reporting to the Department. See [Accompanying Reports 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, and 27](#).
12. [Analysis of all findings](#). This has included triangulation of findings from different stakeholder groups and from the different evaluation data sources obtained over three years.
13. [Reporting of findings](#). Although the last deliverable for the national evaluation is this Final Report, there has been ongoing reporting throughout the evaluation. Some of this took

the form of **5 Progress Reports** to the Department (including detailed Reports of Site Visits), but most have been made available to projects. In addition to the Final Report, there are **16 Accompanying Reports** each of which is a final Case Study report of each Project. See **Accompanying Reports 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, and 44.**

See **Appendix C** for a summary of all of the outputs and deliverables provided by the national evaluation, and **Appendix D** for a list of all Accompanying Reports by title.

The evaluation has approval from The University of Adelaide Human Research Ethics Committee – Approval No HP 2013 082.

### 3 FUNDING

Table 1 summarises the funding provided by the Commonwealth Government to the 16 TRACS partnerships through the main and original investment and through the six month extension period. Originally just under \$7.5 million was allocated across the 16 Projects, with extension funding of \$665,000 bringing this total to \$8,161,027 (ex GST).

**TABLE 1: TRACS FUNDING BY PROJECT (EX GST) BY PROJECT**

PROJECT LEAD	INITIAL FUNDING (\$)	EXTENSION FUNDING (\$)	TOTAL FUNDING (\$)
ACH Group	425,000	25,000	<b>450,000</b>
University of Adelaide - GTRAC	430,000	70,000	<b>500,000</b>
University of SA & Helping Hand	650,000	60,000	<b>710,000</b>
Resthaven Inc	200,000	25,000	<b>225,000</b>
Brotherhood of St Laurence	292,393	30,000	<b>322,393</b>
Deakin University	600,000	80,000	<b>680,000</b>
St John's Village	250,000	50,000	<b>300,000</b>
University of Tasmania	750,033	90,000	<b>840,033</b>
University of Canberra – CHART	523,750	30,000	<b>553,750</b>
Sthn NSW Local Health District	121,322	45,000	<b>166,322</b>
HammondCare NSW	650,000	85,000	<b>735,000</b>
RSL LifeCare NSW	450,000	5,000	<b>455,000</b>
University of Wollongong	534,000	20,000	<b>554,000</b>
University of Sthn Queensland	600,000	50,000	<b>650,000</b>
Griffith University	519,529	Nil*	<b>519,529</b>
Queensland U of Technology	500,000	Nil*	<b>500,000</b>
<b>TOTAL</b>	<b>7,496,027</b>	<b>665,000</b>	<b>8,161,027</b>

\* The Griffith led Project completed prior to the extension period while the QUT led Project had not used all of its original allocation due to delays in implementation.

This funding has had a compounding effect because in most cases it has been added to through *additional resourcing* from partners, as well as from *in-kind contributions* across all 16 Projects. **As this final report will demonstrate, the return on this investment has been significant, not only for the range of outputs generated, but also by the positive outcomes associated with those outputs.** Overall, the early impact of the TRACS investment is positive for most of the aged care organisations involved, their workforce and their consumers.

In turn, many Projects have been able to leverage from other aged care workforce funding, often from Health Workforce Australia (HWA), to make these separate funding sources stretch further than they would have otherwise. A common example has been HWA funding providing physical infrastructure to support education activities



– dedicated buildings for student and workforce learning, videoconferencing facilities, dedicated spaces within aged care buildings for student learning – which have been critically important for TRACS education outputs. Details follow in *Table 2* (which is based on information provided by Projects, and may be under-representative of the extent to which TRACS has been able to leverage from other funding sources). The important contribution of Health Workforce Australia and the former ICTC (Increased Clinical Training Capacity) Program<sup>10</sup> to so many Projects is evident.

**TABLE 2: OTHER FUNDING THAT SUPPORTS TRACS**

PROJECT LEAD	FUNDING SOURCE AND PROGRAM					
	INCREASED CLINICAL TRAINING CAPACITY – FORMER DOHA	HEALTH WORKFORCE AUSTRALIA	AGEING SPECIALIST TRAINING PROGRAM, DEPT OF HEALTH	DEMENTIA PROGRAMS*	IRT RESEARCH FOUNDATION	WICKING TRUST **
University of Canberra						
University of SA						
University of Adelaide						
Resthaven Inc						
RSL Life Care						
HammondCare						
University of Wollongong						
Deakin University						
QUT						
Griffith U						
U of Sthn Queensland						
University of Tasmania***						

\* QLD Dementia Training and Study Centre, Dementia Collaborative Research Centre

\*\* Wicking Trust & Deakin Tri-focal Development; Wicking Trust Centre for Innovation and Education Fund

\*\*\*Funding for a Learning Centre at one partner site was obtained from the Commonwealth Health and Hospitals Fund

<sup>10</sup> The ICTC provided \$68 million (ex GST) in 2009-2010 for short term, one-off projects to increase capacity for the clinical training of health services students, including to improve its provision outside of traditional training settings.

## 4 PARTNERSHIPS

Partnerships are fundamental to the TRACS model and the national evaluation has documented TRACS partnerships and assessed their development during the period of TRACS funding through two surveys of Project Leads and Partners. One of these involved a separate [Survey of Partners](#) and the other involved a dedicated component of the four [Key Performance Indicator based Surveys](#) of (self-rated) Progress. We have triangulated the findings between both surveys with other data collection, including interviews and observation from two rounds of site visits, and from analysis of Project reporting and evaluation.

Projects have provided us with ongoing feedback about challenges faced in their collaborations and how these have been addressed, and identified critical success factors for TRACS type partnerships. All of this provides valuable information for future applications of the TRACS model.

Those and other Critical Success Factors are identified in shaded boxes throughout this report.

Participants at the final National Evaluation Workshop observed that the term ‘partnership’ was understood differently across Projects but agreed that partnerships must have these features:

- ✓ operate on an equal footing
- ✓ ensure that all parties’ voices are heard in communication processes
- ✓ support a transparent negotiation of requirements
- ✓ acknowledge and understand the differences that will exist between partners
- ✓ the ‘rules of engagement’ are worked through and
- ✓ the incentives and disincentives for each partner are understood by all. For example, publications are important to universities but unlikely to be a driver for aged care organisations.

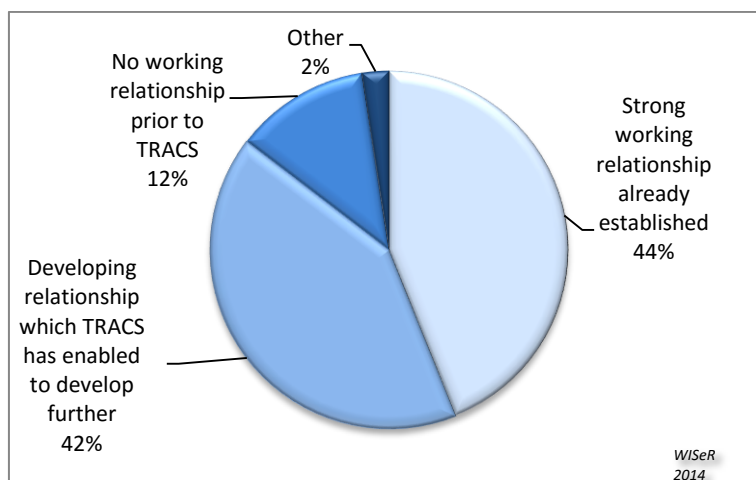
### 4.1 PROFILE OF TRACS PARTNERSHIPS

#### CRITICAL SUCCESS FACTOR

THE TRACS PROJECTS THAT HAVE BEEN MOST SUCCESSFUL ARE, IN ALMOST ALL CASES, BASED ON EFFECTIVE PARTNERSHIPS THAT HAD BEEN FORMED PRIOR TO TRACS FUNDING AND INVOLVED COLLABORATION ON TRACS-TYPE ACTIVITIES – CLINICAL EDUCATION, WORKFORCE EDUCATION OR RESEARCH DESIGNED TO IMPROVE THE QUALITY OF AGED CARE. IN THE TIMEFRAME OF THREE YEARS IT HAS BEEN DIFFICULT FOR PROJECTS WITHOUT THIS FOUNDATION TO DELIVER THEIR PLANNED OUTCOMES.

The national evaluation Survey of Partners identified that **86%** of Projects were based on an existing partnership – see *Figure 1*.

FIGURE 1: RELATIONSHIP WITH LEAD ORGANISATION PRIOR TO TRACS



Details about these established partnerships follow in *Table 3*.

TABLE 3: PARTNERSHIPS ESTABLISHED PRIOR TO TRACS FUNDING

PROJECT LEAD	PROJECT PARTNER
ACH Group, Adelaide	Flinders University of SA
Brotherhood of St Laurence, Victoria	RMIT
Deakin University, Victoria	Monash Health - Chestnut Gardens RACF
Griffith University, Queensland	RSL Care Queensland
HammondCare, NSW	The University of NSW
Resthaven Incorporated, Adelaide	The University of Adelaide
RSL LifeCare Pty Ltd	Australian Catholic University
St John's Village, Wangaratta	Centre for Continuing Education (The Centre)
Southern NSW Local Health District Aged Care Evaluation Unit	Goodwin Aged Care Services, Canberra
University of Adelaide	Resthaven Inc
University of Canberra	IRT Kangara Waters; Calvary Retirement Community
University of South Australia	Helping Hand Aged Care
University of Tasmania	Curtin University WA & Juniper Aged Care WA; Australian Catholic University Vic & St Catherine's Catholic Homes Vic
University of Wollongong	IRT, Wollongong

The national evaluators have found, through interviews during and following the two rounds of site visits, that those Projects experiencing the most significant challenges in progressing Project aims and in working as an effective partnership, were those based on entirely new partnerships. Within the three year timeframe of funding, there was insufficient time to develop and strengthen those partnerships (assuming that other critical success factors existed).

The table below describes the major partnerships involved in each Project remaining at the completion of TRACS funding. In some cases, partnerships have not continued, while new partnerships have evolved and been formalised.

**TABLE 4: PROFILE OF TRACS PARTNERSHIPS BY THE END OF FUNDING**

PROJECT LEAD	KEY PROJECT PARTNERS (AT END 2014)
ACH Group, Adelaide	Flinders University of SA
Brotherhood of St Laurence, Victoria	RMIT
Deakin University, Victoria	Southern Health, Western Districts Health Service, Cabrini Health
Griffith University, Queensland	-
HammondCare, NSW	University of NSW
Queensland University of Technology	-
Resthaven Incorporated, Adelaide	The University of Adelaide; TAFE SA
RSL LifeCare Pty Ltd	Australian Catholic University
St John's Village, Wangaratta	GOTAFE, Charles Sturt University, St Catherine's Hostel, Cooinda Village, Alkoomi Nursing Home, Rangeview Nursing Home, JSAs - CVGT, Workways and North East Multicultural Association
Southern NSW Local Health District Aged Care Evaluation Unit	Goodwin Aged Care Services, Canberra and Australian National University
University of Adelaide	Resthaven Inc
University of Canberra	Banksia Lodge, Broulee; IRT Kangara Waters; Calvary Retirement Community; St Andrew's Village; Alzheimer's Australia NSW/ACT; Key2Learning, Canberra Institute of Technology, ACT Health Directorate; Healthcare Consumer Association
University of South Australia	Helping Hand Aged Care, TAFESA, Eldercare Inc, Clayton Homes
University of Southern Queensland	Anglicare Southern Queensland
University of Tasmania	Curtin University WA and Juniper Aged Care WA; Australian Catholic University Vic and St Catherine's Catholic Homes Vic; Mt St Vincent Nursing Home & Therapy Centre Tas and University of Tasmania; Southern Cross Care Tas and University of Tasmania
University of Wollongong	IRT, Wollongong

The University of Tasmania saw partnerships not continued with the Australian Catholic University and St Catherine's in Victoria, or with Southern Cross Care Rosary Gardens in Hobart. However earlier partnerships formed pre-TRACS with the prototype project that informed the Wicking TACF were re-established, and formalised with the Queen Victoria Home and Masonic Homes in Tasmania. The University of SA led Project lost one original partner, Mary McKillop Aged Care and the University of Canberra led Project lost one original partner, Salvation Army aged care in Goulburn. The QUT-led CIP\_D Project similarly lost its partners prior to the end of TRACS funding, while the Griffith University partnership with RSL Care waned over the life of the project and has

since ceased altogether. In all cases, significant internal changes were occurring with the aged care partners, impeding their ability to continue with the Project.

Aged care Leads are shaded in the table above for easy reference. As the table indicates, only **six** of the sixteen Projects have been led by aged care organisations – although the UniSA led Project was effectively two separate projects with one component being led by Helping Hand Aged Care.

TRACS Projects participating in the final National Evaluation Workshop discussed this trend, observing that the TRACS/TNH model has been driven mostly by educational institutions, and our review of the literature supports this. Nevertheless, aged care organisations at the Workshop commented that aged care providers need to take more responsibility for leading the process, and need to be more proactive in decisions made about TRACS activities - for example, negotiating placements rather than having them imposed on them, or being active partners in research rather than having research 'done to' them.

Over time, and as more aged care organisations become learning organisations, it is hoped that increased leadership in TRACS model services will come from the sector and less from universities. While some university Leads have been entirely sensitive to the needs of their aged care partners, it is the evaluators' observation that outside of the TRACS model, where a partnership is required, higher education providers often take a 'university-centric' approach to their collaboration with the aged care sector, being driven more by a need for increasing clinical placement opportunities, and less by building the capacity of the aged care sector for learning.

This is less likely to occur when the aged care partner is the Project Lead. TRACS Projects which are led by aged care organisations are also providing leadership for the broader sector, demonstrating that teaching in aged care services can be led by them, and with positive outcomes.

## 4.2 FINDINGS FROM THE NATIONAL EVALUATION SURVEYS

In order to gain a better understanding of partner organisations' experiences of the partnering process, partner organisations were invited to participate in a tailored survey targeting this topic. Analysis was conducted on **14** of the 16 Projects (Partner organisations working with HammondCare NSW and Queensland University of Technology did not respond to the Partner survey) and involved **41** individual Project Participant responses. The full report is provided in [Accompanying Report 4](#).

### 4.2.1 WORKING RELATIONSHIPS

#### CRITICAL SUCCESS FACTOR

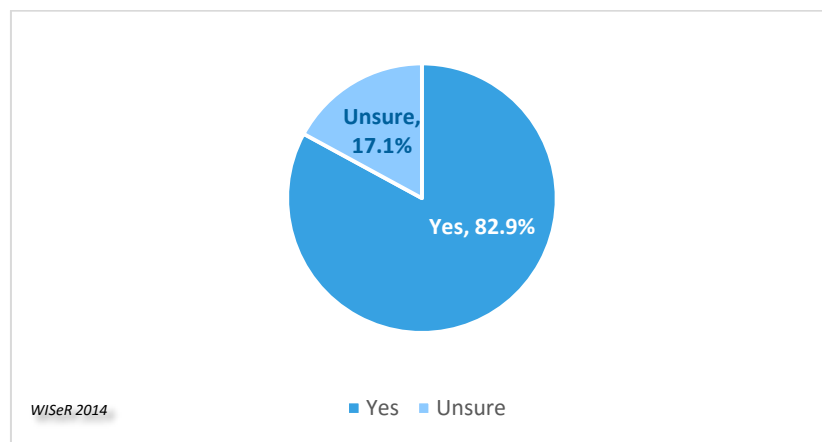
TRACS PARTNERSHIPS REQUIRE A LONG-TERM VISION THAT IS SHARED BY PARTNERS (INCLUDING AT EXECUTIVE LEVEL) AND PREFERABLY BUILT INTO BOTH AGED CARE AND EDUCATION ORGANISATIONS' STRATEGIC GOALS.

Prior to the commencement of TRACS Projects, most partner organisations either had a **developing relationship** with the lead organisation (42%) or an **established, strong working relationship** (44%), providing a strong foundation for Project development.

More than half (61%) of participants reported the TRACS project had **strengthened the established relationship**. A further 17% saw TRACS has having further developed what had been a fledgling relationship and 17% indicated that a relationship had developed because of TRACS.

It was encouraging to find that nearly all participants (**83%**) **expected the partnership to continue** after the completion of the TRACS project – see *Figure 2*. This finding was replicated in the KPI Progress Surveys (see *Section 4.3.2*), which consistently found agreement from both Leads and Partners on this issue.

**FIGURE 2: EXPECTATION THAT THE PARTNERSHIP WILL CONTINUE AFTER TRACS**



Enduring commitment to the partnership and the TRACS program of activities was identified by Projects at the Final Evaluation Workshop as being critical. As one Project commented –

*Partners need to really commit for the duration of the project and each partner must take control of making sure their commitment is tangible. People come and go – but the project must be delivered.*

It was generally agreed by Evaluation Workshop participants that the TRACS model has worked best where partnerships were already established rather than developed from scratch, especially in the timeframe of 3 years. It was noted that partnerships take time to build, and for trust to be established.

#### CRITICAL SUCCESS FACTORS

THE TRACS MODEL REQUIRES MULTIPLE 'CHAMPIONS' IN ALL PARTNER ORGANISATIONS WHO PROVIDE ONGOING LEADERSHIP AND SUPPORT TO THEIR PEERS, WHO HAVE TOTAL COMMITMENT TO THE MODEL AND ITS POTENTIAL BENEFITS, AND ARE PREPARED TO INVEST TIME IN BUILDING THE RELATIONSHIPS ASSOCIATED WITH APPLYING THE MODEL.

LIMITED TURNOVER OF KEY STAKEHOLDERS IS ALSO CRITICAL TO THE SUCCESS OF THE TRACS MODEL AND TO EFFECTIVE PARTNERSHIPS, BUT HAVING MULTIPLE CHAMPIONS HELPS TO ADDRESS THIS RISK.

Another critical success factor for working relationships is the TRACS Project ‘Champion’, that is, the person who is totally committed to the Project and prepared to offer leadership of some kind in its implementation. These are the individuals who support and promote the Project to their peers, and while it is essential that they are at the most senior levels of partner organisations, it is equally important that **multiple** Champions exist at different levels within the organisation. This has been particularly evident in some TRACS Projects which were driven by a single Champion, only to have that person leave, creating a vacuum and slowing progress. Some Projects have identified the need for a contingency plan to manage turnover of Champions. Turnover of Champions is part of a broader challenge of turnover in aged care staff which is a sector-wide issue.

The need for organisational stability and continuity of personnel was a recurrent theme in research reviewed for the national evaluation, and this was clear in finding that loss of champions can be fatal for a teaching nursing home (Bronner 2004: 4-5; Berdes & Lipson 1989: 19-20).

The championing of a TRACS Project extends to promoting broader engagement from participating aged care organisations, particularly at the direct care level. For example, the Deakin led Project engaged in a dedicated process of baseline data collection that involved providers, consumers and their families, and this became as much about creating the connections, building trust and credibility, as about collecting data. Where this worked well, the Project survived in spite of management turnover. Several Projects have identified and supported Mentors for students and Mentor Leaders. Others have provided training in research collection and translation that has acted to engage those at middle management and direct care levels.

#### 4.2.2 MOTIVATION TO PARTICIPATE IN A TRACS PARTNERSHIP

The most effective partnerships have occurred when **both** aged care and education providers have their incentives to participate in a TRACS Project met through the alliance. It is important to understand incentives and disincentives, and where these compete with each other across partnerships, so that any future funding and associated guidelines can reflect this understanding.

For education and training organisations, the major incentives are usually related to providing high quality clinical education for students, and having the opportunity to undertake research focused on older people and their care - and related to this, the opportunity to publish from that research.

Aged care organisations also benefit from student placements in two key ways – they can be an important recruitment tool -‘try before you buy’ especially for VET trained students who have clearly chosen aged care as their field of work – and Projects students can contribute positively to the care of residents, with multiple examples of both emerging from TRACS Projects.

Most of the aged care providers involved in TRACS are also driven by the wider goal of becoming, or continuing to evolve as, learning organisations where students and staff have opportunities to learn and deliver better care, and aged care is promoted as viable and attractive work. Partnering to undertake research which is designed to inform the provision of care is a key incentive for many and associated with this, developing a reputation as a leader in care is an important driver.

In reviewing the literature, the TRACS model can be understood in terms of its four key stakeholders and the intended benefits for each. These are summarised in *Table 5*. There is an **interactive** effect between these sets of benefits as the TNH model is comprised of mutually influencing inputs. Benefits in one domain will enhance those in another - for example, a commitment to evidence-based clinical care supports and is supported by research that relates to the aged care environment which in turn, supports improved quality of care. Affiliated aged care services that achieve these outcomes will be more attractive to students and potential and current workforce members than will those without this profile. **Evaluation findings across the research literature confirm the achievements of these potential benefits.**

**TABLE 5: TNH STAKEHOLDERS AND THE BENEFITS OFFERED TO EACH**

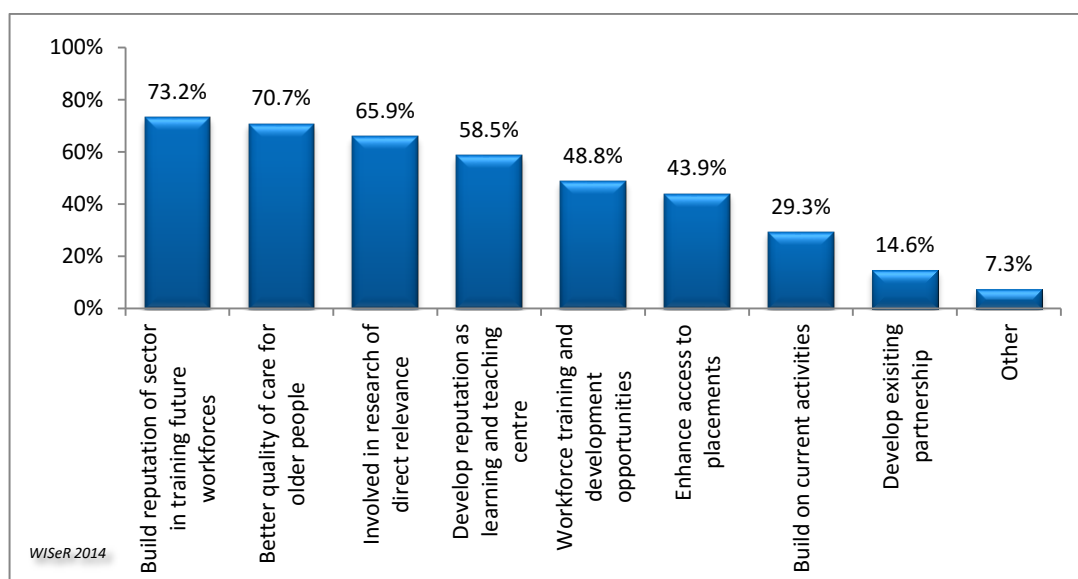
Stakeholder	Intended Benefits
<b>Education/ training providers</b>	Increased involvement in ageing research that is based on clinical experience in a RACF, and greater opportunity to provide high quality student education and training.
<b>Aged care providers</b>	Increased involvement in research and exposure to clinical practices that enhance quality of care. Increased professional development due to affiliation with an education provider.
<b>Students</b>	Enhanced learning opportunities based on clinical experience with an education and aged care provider affiliation committed to achieving greater quality of care, research and greater quality of education/training
<b>Residents (and their Families)</b>	Improved quality of care. Improved satisfaction with the care provided.

As can be seen from *Figure 3*, **more than half** of participants in the national evaluation Partner Survey indicated that the reasons for becoming a TRACS Partner were to:

- contribute to building the reputation of the aged care sector in training future workforces (73%). **This is an interesting finding and indicates the potential for the ongoing application of the TRACS model.**
- provide better quality of care for older people (71%);
- be involved in research of direct relevance to ageing and aged care (66%); and
- develop their organisation’s reputation as a learning and teaching centre (59%).



FIGURE 3: MOTIVATION TO BE A TRACS PARTNER



#### 4.2.3 DISINCENTIVES TO PARTICIPATE IN A TRACS PARTNERSHIP

The evaluation identified less disincentives than incentives for being part of a TRACS partnership but this reflects the fact that this is a selected sample involving organisations who have expressed an interest in participation in the model.

For partners from both sectors (aged care and education or training), negative prior experience in a TRACS type affiliation can be a major deterrent, or at the least, mean that levels of trust and confidence need to be rebuilt.

A key disincentive identified for many aged care providers relates to resourcing, being time poor unless compensated for their time, even when drivers such as workforce development and enhanced quality of care are motivating their involvement. The time and resource consuming practicalities of delivering services can leave little time or energy for innovation. If quality student education opportunities are to be provided, then dedicated resourcing is needed to fund the time spent in supervision and mentoring, in training designed to enhance these skills, in backfill and in providing supporting learning resources. *See Recommendation 2.*

In the opinion of two-thirds of survey participants (63%) there had been **no unexpected costs** associated with their TRACS partnership, while 24% encountered unanticipated costs. Those experiencing unexpected costs were most likely to identify as causes **back filling of aged care staff** and **coordination/project management** costs.

Based on our interview feedback, the national evaluators agree that these two costs are significant for TRACS Projects but that both of these inputs (backfilling for aged care staff who are providing supervision and mentoring to students and coordination of a TRACS Project) are both critical and require dedicated funding. The absence of funding for both of these, prior to TRACS funding, would have inhibited the development of the model in a consistent and focused way.

The research literature is clear about the need for an investment of time by both sets of partners, and that this is supported by appropriate resourcing (Mezey *et al* 1997: 139). Education staff need to provide time to train aged care staff and to visit the

facility regularly while the aged care service needs to backfill when their staff are providing training and support to students, or participating in meetings with their education partner. Those in management and leadership roles in participating organisations also need to commit time to make the initiative a success. Consequently, clarifying expectations about time and other resource inputs is important, and needs to occur in the planning phase of the initiative (Ciferri & Baker 1985: 30).

#### 4.2.4 TEACHING AND LEARNING INFRASTRUCTURE

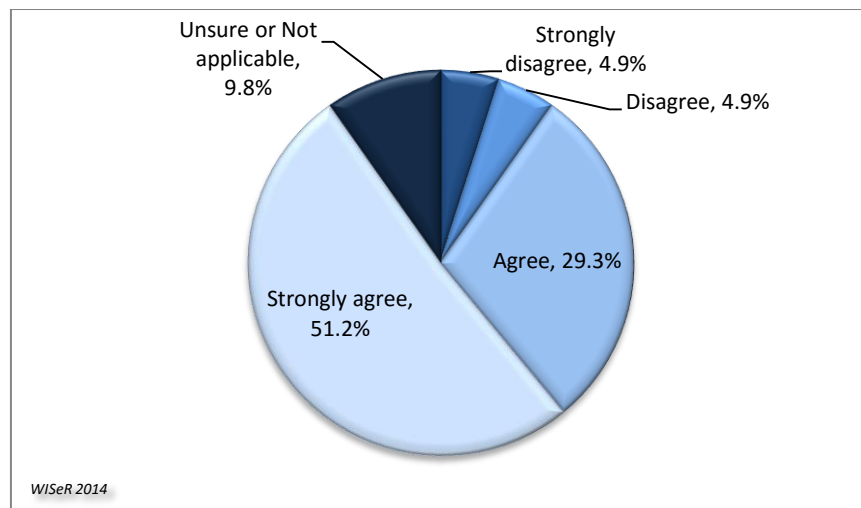
##### CRITICAL SUCCESS FACTOR

PURPOSE-BUILT OR PURPOSE-MODIFIED LEARNING CENTRES WHICH SUPPORT STUDENT AND WORKFORCE EDUCATION PROVIDE CRITICALLY IMPORTANT SUPPORT FOR TRACS ACTIVITIES. IT IS ESSENTIAL THAT STUDENTS HAVE DEDICATED LEARNING SPACES THAT INCLUDE ACCESS TO COMPUTERS AND WIFI, AND THAT STAFF HAVE DEDICATED SPACE FOR FORMAL EDUCATION.

**It is essential that education activities are provided with appropriate supporting infrastructure because most aged care services are not designed to be teaching centres.** This means that seminars often take place in eating areas, that students lack access to computers, wifi and study spaces, and that learning-related technologies are absent.

Approximately **80%** of Partner Survey participants either *Agree* or *Strongly Agree* that **dedicated teaching and learning infrastructure is essential** for a TRACS organisation (see *Figure 4*). The national evaluators support this finding, based on our observations during site visits, our interviews with key stakeholders and education outcomes achieved across Projects.

**FIGURE 4: DEDICATED TEACHING AND LEARNING INFRASTRUCTURE IS ESSENTIAL FOR TRACS**



The table below summarises the existence of dedicated learning infrastructure at TRACS aged care sites. It can be seen that **10** TRACS aged care participants have this physical infrastructure to support student and workforce learning. Most of these have been built with Health Workforce Australia funding.

TABLE 6: TRACS AGED CARE PARTNERS WITH DEDICATED LEARNING INFRASTRUCTURE

AGED CARE PROVIDER	PURPOSE BUILT INFRASTRUCTURE	PURPOSE MODIFIED INFRASTRUCTURE	INCLUDES VIDEO-CONFERRING
ACH Group, Adelaide	ViTA Facility, Daw Park		Yes
Brotherhood of St Laurence, Sumner House		Refurbishment of Sumner House Training Room	
HammondCare, NSW	Clinical Learning and Research Centres, Hammondville, Greenwich		Yes
Helping Hand Aged Care (partner with UniSA)		Multiple sites across Adelaide	
IRT Wollongong (partner with University of Wollongong)	IRT College, training rooms including simulated learning environment		
Juniper (WA partner with U of Tasmania)	Simulation Learning Centre, Rowethorpe site		
Mt St Vincent NH, Ulverston (partner with U of Tasmania)	Teaching and Learning Centre		
Queen Victoria Homes, Hobart (partner with U of Tasmania)	Learning Centre		
Masonic Homes, Hobart (partner with U of Tasmania)	Learning Centre		
Resthaven Incorporated, Adelaide		G-TRAC Centre, Paradise campus	
RSL LifeCare Pty Ltd	Learning Centre, Narrabeen site	Centre for Practice Development and Innovation, Narrabeen site	Yes
St John's Village, Wangaratta		Designated training room on site, access to equipment, learning aides and the floor	

Apart from its obvious practical benefits, a dedicated learning centre that has been purpose-built or purpose-modified in an aged care setting has symbolic importance for students and staff that the organisation is also a learning organisation. It sends a powerful message about the aged care sector and its legitimate role as an educator as well as a service provider.

Based on the findings from two TRACS Projects – those led by HammondCare NSW and RSL LifeCare NSW – this infrastructure should, where possible, incorporate videoconferencing facilities at selected sites that can provide for multiple other sites and services. The increased access provided to education, the ability for an organisation to achieve consistency in workforce and student education across multiple sites, the enhanced access to learning, and the cost efficiencies that can be achieved, all mean that this is a worthwhile investment in the ongoing aged care education.

Of course physical infrastructure alone will not make a learning organisation, as this requires other critical inputs including commitment, leadership and capacity on the part of people in that organisation. But the absence of learning infrastructure can be an inhibitor for these other factors.

#### 4.2.5 DECISION MAKING, COMMUNICATION AND INFORMATION SHARING

##### CRITICAL SUCCESS FACTORS

A MEMORANDUM OF UNDERSTANDING OR SIMILAR FORMAL AGREEMENT IS A CRITICAL INGREDIENT IN THE TRACS MODEL AND NEEDS TO CLARIFY THE EXPECTATIONS OF ALL PARTNERS AND EXPRESS THEIR COMMITMENT TO SUPPORTING EDUCATION AND/OR RESEARCH IN AGED CARE.

GOVERNANCE STRUCTURES ARE ANOTHER KEY INGREDIENT AND BE DESIGNED TO SEPARATE STRATEGIC DIRECTION FROM OPERATIONAL DIRECTION. THESE STRUCTURES NEED TO SUPPORT EQUAL REPRESENTATION FROM PARTNERS AND EQUITY IN DECISION MAKING BETWEEN PARTNERS.

COMMUNICATION AND INFORMATION SHARING PROCESSES NEED TO BE CLEARLY DEFINED AND DESIGNED TO ENSURE THAT ALL PARTNERS ARE EQUALLY INFORMED.

Partnerships are the defining feature of the TRACS model but they also represent its potentially most vulnerable point, requiring careful consideration in terms of how they are structured and managed. Adding a further layer of complexity is the cross-sectoral nature of those partnerships, involving very different policies and practices, different sets of traditions, 'languages' and 'cultures' and a varying history of collaboration between the sectors.

As a condition of funding, all of those supported by the TRACS Program have been required to formalise their collaboration through a written Memorandum of Understanding (MOU) or similar agreement. Each Project has established governance structures to support the partnerships, with these varying in complexity and design, but all have a steering committee or similar body with representation from all key partners.

Early literature (Lynaugh *et al* 1984: 28; Berdes & Lipson 1989: 19; Mezey *et al* 1984: 149) points to the importance of a written agreement specifying a mechanism for joint decision making, clinical staff recruitment and allocation of clinical resources. Recent Australian research has also identified a formalised agreement as constituting an **essential** component of the TNH model (Robinson *et al*: 2008).

Appropriate and tailored governance structures are a key success factor for TRACS partnerships, and associated with these are effective processes for sharing information, communicating and shared decision making. These two features have been positively evaluated by TRACS Projects completing the national evaluation Partner Survey.

- The majority of participants (**85%**) agree to some extent that **there has been an acceptable amount of equity in decision making between the Lead and Partner organisations in their TRACS project.**
- **Effective communication and information sharing between Lead and Partner organisations** was considered a feature of their TRACS partnership by nearly all partner respondents (**93%**).

Respondents in the KPI based Progress Surveys were asked to rate the extent to which two partnership supporting approaches were being pursued:

- ✓ Strategies have been developed to support **effective collaboration** between TRACS partners.
- ✓ **Mutual expectations** of partners were clarified/agreed during the establishment phase of the partnership.

In the third and final Surveys (June 2014 and December 2014), **more than half** of all respondents rate these approaches as taking place *To a Great Extent*. Around 10% of respondents or less rated these approaches as marginally developed or occurring *Very Little* or *Not at all*.

The table below summarises average ratings applied in the December 2014 Survey, separated by Leads and Partners, with '4.0' being the maximum possible. This item achieved very positive average ratings of between **3.4 and 3.6**, with general agreement between Leads and Partners evident.

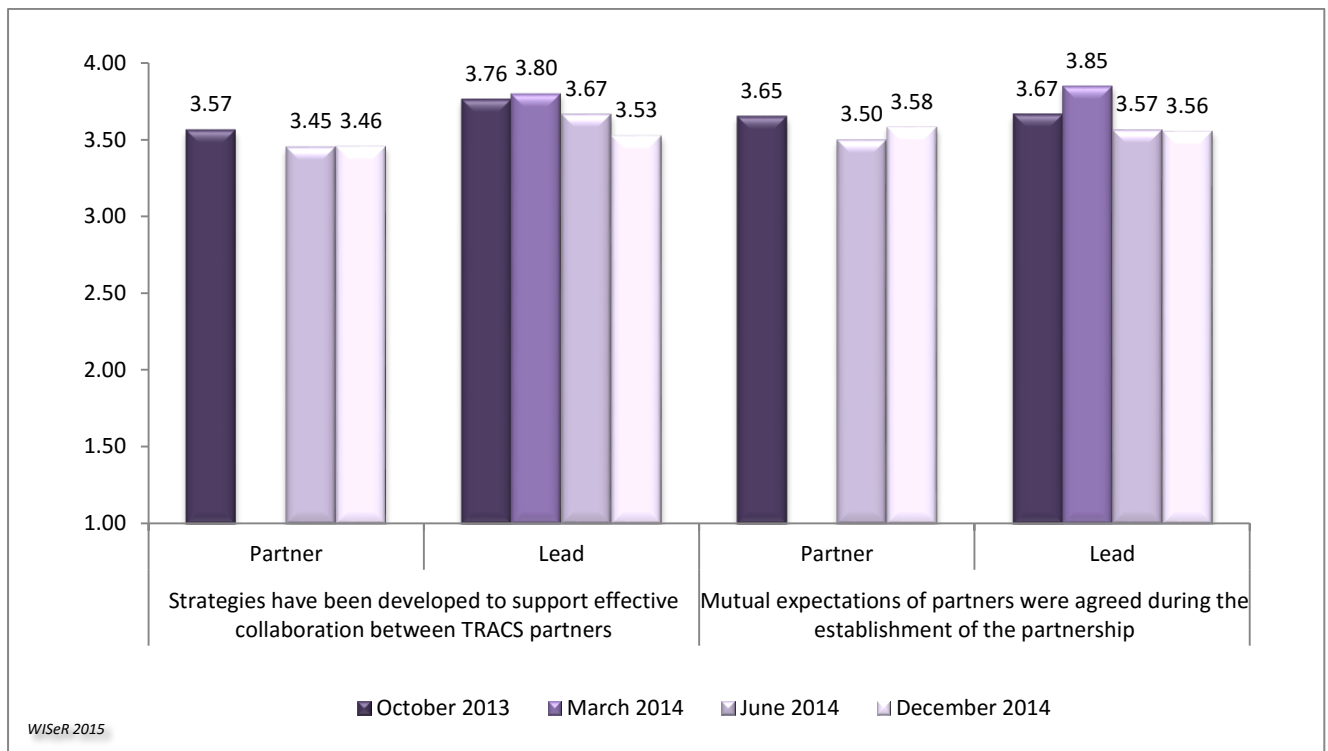
**TABLE 7: SUPPORTING PARTNERSHIP DEVELOPMENT: AVERAGE RATINGS**

Survey Item	Leads		Partners	
	n	Average rating	n	Average rating
<b>Partnership formation and support</b>				
Strategies have been developed to support effective collaboration between TRACS partners	19	<b>3.5</b>	24	<b>3.4</b>
Mutual expectations of partners were agreed during the establishment of the partnership	18	<b>3.6</b>	24	<b>3.6</b>

*1=Not at all, 2=Very little, 3=Somewhat and 4=Great extent. Responses of '5=Not applicable' were excluded when calculating the average.*

Average ratings by Leads and Partners on these 2 indicators are compared in the figure below. It can be seen that these have remained very high at all four survey intervals, particularly for Leads. These findings indicate that Projects have applied thought and consideration in designing processes to support their partnerships.

FIGURE 5: KEY OUTPUT--AVERAGE RATINGS FOR SUPPORTING PARTNERSHIP DEVELOPMENT



#### 4.2.6 BRIDGING STRATEGIES

##### CRITICAL SUCCESS FACTORS

TRACS PARTNERSHIPS WORK ACROSS SECTORS WITH DIFFERENT CULTURES, POLICIES, FUNDING AND A RANGE OF OTHER FACTORS THAT REQUIRE STRATEGIES TO BRIDGE THE GAPS INVOLVED.

IN PARTICULAR, IT IS ESSENTIAL TO RESOURCE A PROJECT COORDINATOR, BOTH TO LINK PARTNERS AS WELL AS COORDINATE AND IMPLEMENT A PROGRAM OF ACTIVITIES.

TRACS Projects have developed a number of lessons relating to partnership structures and processes as they apply the model. Some of these involve experimentation with specific strategies and structures to form a bridge between partners. The University of Wollongong and IRT partnership appointed 2 joint project coordinators - one for each partner – and this approach was found to work well. Similarly, the Griffith University Triple C project benefitted early from the establishment of an RSL Care based Liaison Officer to assist in developing communication and coordinating activities across the two organisations. The CHART Project appointed Nurse Liaisons in partner aged care services and partnered them with an Academic Mentor from the University of Canberra. This has proved to be a very effective partnership supporting mechanism while at the same time building research capacity among Liaisons.

Mentoring roles have also proven to bring the value-add of building bridges between partners and across sectors. This has been evident in Projects involving partnerships for the purpose of undertaking research in the aged care setting – led by the University of Southern Queensland, RSL LifeCare NSW and the University of Canberra.

**The national evaluators have found that the position of TRACS Project Coordinator is a critical bridge, providing a central point of contact and coordination and ensuring that partners remain linked. The position has been critical to the success of Projects and resources should always be set aside for this role in any TRACS initiative.**

Apart from designing roles that work across partner organisations, providing a bridge between them, Projects and the national evaluators also consider that it is critical to have the 'right' people in those roles – with knowledge of both partners and the ability to be flexible and attuned to both. This can be something of a wild card which is difficult to determine at the point of selection.

## 4.3 PARTNERSHIP OUTCOMES

### 4.3.1 ENHANCED CAPACITY TO PARTNER

Two KPIs were used to structure Progress Survey items designed to capture early Outcomes associated with the capacity to partner in the TRACS Project – one item is focused on the aged care partner and the other on the education and training provider.

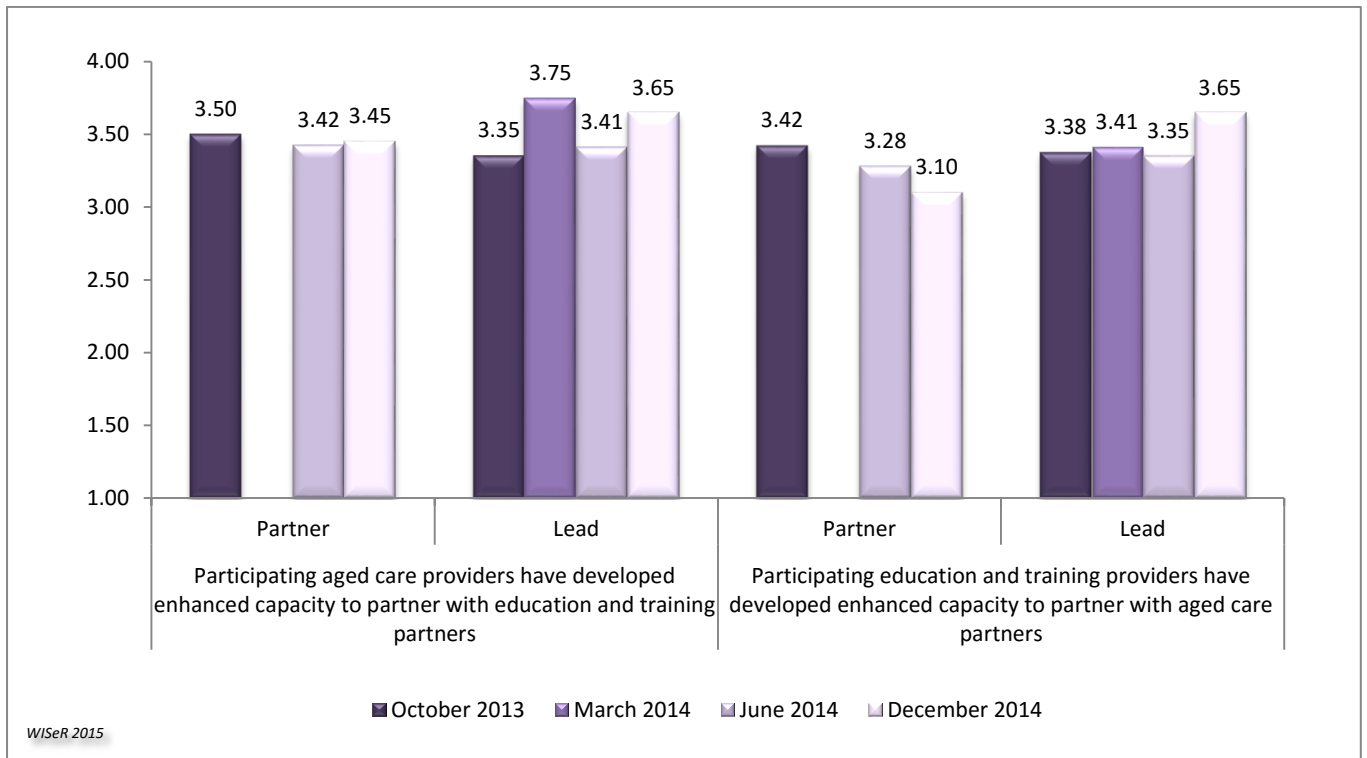
- ✓ Participating **aged care providers** have developed enhanced capacity to partner with education and training partners.
- ✓ Participating **education and training providers** have developed enhanced capacity to partner with aged care partners.

At the time of the final KPI Survey (December 2014) three-quarters or more of all respondents either *Agreed* or *Strongly Agreed* to both statements regarding enhanced capacity to partner although overall agreement remained greater for Leads.

- **84%** of **Leads** and **79%** of **Partners** agreed that aged care providers have developed enhanced capacity to partner with education and training providers
- **84%** of **Leads** and **75%** of **Partners** agreed that education and training providers have developed enhanced capacity to partner with aged care providers.

Average ratings across the four KPI Surveys are depicted below in the figure below. **These show a high level of confidence in both aged care providers and education and training providers involved in TRACS Projects to partner, and that this capacity has been enhanced as a result of TRACS Project involvement.**

FIGURE 6: OUTCOME--AVERAGE RATINGS FOR CAPACITY TO PARTNER



#### 4.3.2 ENHANCED RESOURCING CAPACITY AND LONG TERM COMMITMENT

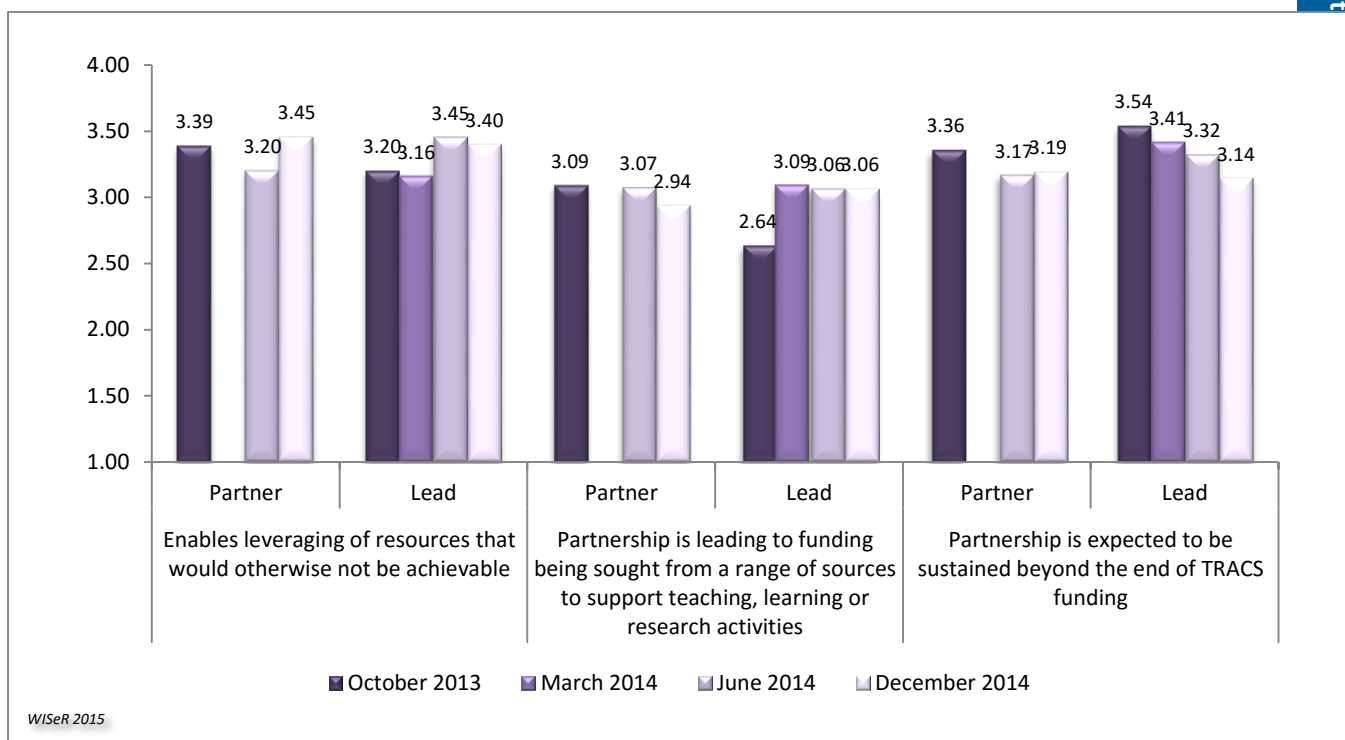
Three potential Outcomes of TRACS partnerships were identified in national evaluation KPIs and respondents rated these in relation to their Project in each of the four KPI Surveys.

- ✓ Enables **leveraging** of resources that would otherwise not be achievable.
- ✓ Is leading to **funding** being sought from a range of sources (other than the TRACS program) to support teaching, learning or research activities.
- ✓ Is expected to be **sustained** beyond the end of TRACS funding.

Figure 7 depicts average ratings over the four KPI Surveys. It shows the strongest agreement with the **potential offered by TRACS for leveraging of resources** that would not otherwise be available, but lower (though still positive) agreement that the partnership is leading to funding being sought for a range of learning related activities. **It also shows strong confidence in the longer term future of the partnership, particularly by Leads.**



FIGURE 7: KEY OUTCOMES--AVERAGE RATINGS ACROSS ALL KPI SURVEYS



1=Strongly Disagree, 2=disagree, 3=Agree and 4=Strongly agree. Responses of '5=Too early to tell' and '6=Not applicable' were excluded when calculating the average.

#### 4.4 EXTERNAL INDICATORS OF A STRONG TRACS PARTNERSHIP

Based on trends from the application of the TRACS model nationally and internationally, there are four indicators of a partnership that reflect commitment, and therefore, longevity. These involve the provision of adjunct status or clinical titles by the education partner to the aged care partner; co-funding of a Chair in Ageing, co-badged education activities; and collaboration on curriculum design to support the development of workforce ageing knowledge and skills. All four features have been apparent in the TRACS Program, with specific Projects, but not as a trend across the Program as a whole. **The curriculum changes are important because they bring with them clear and sustainable impact arising directly from the TRACS Program while being among the most difficult to achieve.**

##### 4.4.1 COLLABORATIVE CURRICULUM DESIGN

The Key Performance Indicator based Surveys of Progress included an indicator designed to capture progress associated with aged care participation in curriculum development. Leads and Partners have given average ratings across Projects of **3.3 and 3.0** respectively out of a maximum of '4'. In the face of challenges associated with changing curricula, particularly in the higher education sector, this is a positive assessment.

TRACS Project representatives consistently identified that collaboration between aged care and education providers in designing ageing-relevant curriculum faced numerous system-based obstacles. Unwieldy university systems and processes, and the influence of accreditation bodies, and the time taken to implement change make major

alterations to curriculum extremely challenging. Yet Projects agree on the need for a stronger focus on ageing in health profession curricula which was described as being dominated by acute care sector accreditation standards. Those standards generally fail to reflect the increasing demands of our ageing population and the need to develop a health workforce with the capacity to meet their needs (other than those associated with an acute care episode).

**This situation has been reinforced by the limited cross-sector collaboration between higher education and aged care, with TRACS both constrained by this void yet demonstrating what is possible, and what needs to change.**

There are a number of positive contributions being made by some TRACS Projects, specifically those led by Deakin University, the University of Canberra, Resthaven, The University of Adelaide, and the Southern NSW Local Health District, UniSA, the Brotherhood of St Laurence, St Johns and Griffith University.

It is encouraging to see that the TriFocal Model of Care has been incorporated into Deakin University's undergraduate nursing curriculum since 2013, which will also enhance its long term impact. Deakin's School of Nursing and Midwifery recently completed successful accreditation, and the Tri-focal Model of Care's integration into curriculum was of great appeal to the accreditors because of the link between the practice setting through the TRACS project, and the School's research and education activities.

The CHART Project has also been successful in achieving significant postgraduate curriculum reform and re-design at the University of Canberra. Two new courses – the Postgraduate Diploma in Nursing in Complex Care and the Master of Nursing in Complex Care – were developed to include substantial amounts of content related to aged care which had drawn on the expertise of consortium partners. The new courses were approved by the University's Academic Board in 2014, and opened for enrolment in early 2015.

Resthaven Inc is contributing to curriculum development in both university and VET programs for health and aged care professions. Resthaven has assisted its education partners to identify new areas of focus required in aged care curricula including working in partnership with families; consumer directed care; promoting reablement and independence, and workforce self-management. Resthaven is involved in a number of committees involved in providing input into the following education programs:

- Flinders University of South Australia undergraduate and post graduate nursing curriculum.
- University of Adelaide undergraduate and post graduate curriculum.
- University of South Australia external nursing advisory group.
- TAFE Diploma, Certificate III and IV.
- Celtic Training and Consultancy (Diploma, Certificate III and IV).
- A Co-Branded Certificate III in Aged Care program was developed with private VET provider Celtic Training and with TAFE SA (see *Section 6.2.2*).

The Southern NSW Local Health District's Aged Care Evaluation Unit (ACEU) has worked with both the University of Canberra and the Australian National University to develop an ageing content in their psychology programs. Despite having little ageing content in their current curricula, staff from both universities recognised the value such

information would provide to their students. Among the barriers identified to achieving this outcome are the lack of appropriately qualified ageing specialists on staff, the lack of appropriately qualified supervisors to take placements, limited resources to employ specialists for lectures and supervision, and a lack of available space on the curriculum once Australian Psychological Accreditation Council (APAC) standards have been met.

Undaunted by these multiple obstacles, the Project has produced a sample student curriculum as one of its major resource outputs, and both universities have expressed an interest in working with it. Discussions regarding integration of the curriculum were ongoing at the time of writing, but can be expected to continue in the short to medium term.

In the VET context, the RMIT partnership with Sumner House in the Brotherhood of St Laurence-led Project has influenced the training curriculum and delivery of RMIT's Certificate III in Aged Care training program. This has included embedding the resident focus and social care into the curriculum and redesigning assessment procedures to support an agreed standard of practice. Frequent interaction between the training team and managers and staff at Sumner House provided key insights into on-the-ground workings of facilities and has increased the relevance of the Certificate III curriculum.

The principal focus of the St John's Village TRACS Project was on delivering industry driven aged care workforce training. The Project developed a model to deliver industry training packages that are robust and relevant from a practice perspective, taught within the National Qualifications Framework and a 'live' environment within a range of aged care facilities. The use of (Certificate IV Training & Assessment) qualified staff to deliver Certificate level training on-site, under the auspice of the local GOTAFE, has been a key feature of shaping industry responsive course content and delivery. St John's had also hoped to inform curriculum development in the provision of the Bachelor of Nursing at Charles Sturt University as the next step in the workforce training pathway, however was unable to leverage sufficient influence at this level to effect meaningful change.

#### 4.4.2 CONJOINT APPOINTMENTS

Those involved in the pioneer Robert Wood Johnson Foundation Teaching Nursing Home Program in the USA placed a high value on them as partnership supports, describing them as -

*'... the human bolts or linchpins that tie the joint venture together' (Mezey et al 1984: 149).*

Within the TRACS Program conjoint appointments are a feature of several Projects involving these partnerships:

- RSL LifeCare NSW funds the **Chair of Ageing** with partner Australian Catholic University (since 2005). RSL LifeCare also funds a Research Fellow to work with the Professor of Ageing.
- In 2011, HammondCare NSW funded the **Hammond Chair of Positive Ageing** with partner University of New South Wales. HammondCare is also partnering with the University of Sydney in the conjoint appointment of Chairs of Palliative Care and Pain Medicine.

- Early in 2015 the ACH Group announced the funding of a **Chair in Restorative Aged Care** with partner Flinders University of South Australia.
- Deakin University has conjoint appointments with partners Monash Health (Yarraman and Allambee, and Cabrini (Cabrini Ashwood) and Alfred (pre-dating TRACS).
- From 2007 RSL Care in Queensland co-funded a **Senior Research Fellow** position with TRACS partner Griffith University which ceased in 2014 (probably coinciding with the departure of the TRACS Project lead).

Four of G-TRAC's clinical educators have been recognised with [clinical titles](#) from The University of Adelaide's School of Medicine. One of these is employed at Resthaven, one at ACH, one at Southern Cross Care SA and the fourth in the primary health sector.

However, it should be noted that conjoint appointments can bring challenges. It can be difficult for universities to appoint aged care staff because of rigid higher education requirements relating to teaching staff qualifications, and sometimes publications. Those in a bridging role can suffer burnout from overload and the tension of working in two different organisations with different cultures and expectations (Chilvers & Jones 1997: 465).

#### 4.4.3 CO-BADGED RESEARCH AND TEACHING

The co-badging strategy has not been a key feature to date of TRACS Projects, although several stakeholders have expressed interest in applying this approach.

The partnership between RSL LifeCare NSW and Australian Catholic University has seen the recently developed [School of Clinical Practice](#) and the [Centre for Practice Development and Innovation](#). The CPDIA functions as a stand-alone research centre within the ACU Faculty of Health Sciences, with RSL LifeCare providing space and business support services. It is co-located with the Chair of Ageing in offices at RSL LifeCare's Narrabeen site. In 2014 the ACU and RSL LifeCare School of Clinical Practice was opened with an initial group of 19 second year nursing students. Students work as care assistants at the Narrabeen site and undertake some of their theoretical studies on site. Their job description evolves as they progress through their degree. Among the Centre's roles will be the coordination of research across RSL LifeCare, and the provision of a point of contact for ACU undergraduate students on clinical placement.

Aged care partners working with the University of Tasmania and with dedicated Learning Centres (Queen Victoria Home, Masonic Homes, Mt St Vincent Nursing Home and Juniper in WA) have signage that co-badges the partnership.

## 5 WORKFORCE EDUCATION

There has been an enthusiastic response by the aged care sector to workforce education opportunities offered by TRACS Projects, with the term 'hungry for it' being used repeatedly by different stakeholders to describe this response. **This suggests an unmet need for in-service education by health professionals who need to build their understanding of care for older people, and by VET trained graduates whose prior training may well not be matching the responsibilities they have in care provision.**

However, it is not merely the provision of education opportunities that has been important in TRACS. Projects have also demonstrated that the way in which these are structured and delivered is also critical. The content of the best received sessions has been designed to reflect specific clinical care learning needs, and has been delivered in an ongoing series rather than as one-off sessions. It has brought different work groups and disciplines together in most cases and has been offered in both face to face and online formats.

TRACS participants in the final national Evaluation Workshop observed that organisational culture is key to the success of workforce training and development. Staff are more likely to engage if management is actively behind the program, reinforcing that it is important and where a culture of learning has been embedded at all levels and across the clinical, service and organisational areas.

### CRITICAL SUCCESS FACTORS

WORKFORCE EDUCATION HAS BEEN POSITIVELY EVALUATED WHEN IT MEETS SEVERAL OF THE FOLLOWING FEATURES:

- ✓ DESIGNED TO MEET A SPECIFIC CLINICAL CARE NEED, RESEARCH DELIVERY NEED OR STUDENT EDUCATION NEED THAT THE WORKFORCE RECOGNISES AS RELEVANT TO THEM.
- ✓ DELIVERED IN AN ONGOING SERIES RATHER THAN AS A ONE-OFF SEMINAR OR WORKSHOP.
- ✓ BRINGS TOGETHER DIFFERENT WORK GROUPS AND DISCIPLINES.
- ✓ OFFERED IN BOTH FACE TO FACE AND ONLINE FORMATS INCLUDING WEBSITES, REMOTE PARTICIPATION BY VIDEOCONFERENCING, INTRANET PROVISION.
- ✓ PROVIDING PROFESSIONAL ACCREDITATION POINTS CAN BE A KEY INCENTIVE TO PARTICIPATE BUT IS NOT ESSENTIAL IF OTHER INCENTIVES ARE INVOLVED.
- ✓ INCLUDES EVALUATION TO ENSURE CONTINUOUS IMPROVEMENT.

The Outputs from TRACS Projects that are associated with workforce education are substantial, with large numbers of aged care and health workforce members receiving important learning opportunities, most of which have related to clinical care.

The KPI Surveys of Progress asked respondents to rate the extent to which training and support had been made available to achieve the following KPIs:

- ✓ Enhance their skills as **clinical placement supervisors**.
- ✓ Enhance their skills as **mentors, preceptors** etc.
- ✓ Facilitate the uptake of **further education or training**.

- ✓ There has been increased participation of aged care partner staff in TRACS-driven **education and/or training** opportunities.

As can be seen from the table below, Leads and Partners agree that opportunities have been provided to aged care workers to enhance mentoring and related skills for student education, and for their own further education and training. Leads are more likely than Partners to agree that skills in student supervision have been enhanced. **Leads and Partners have given very positive assessments of increased participation in workforce education due to TRACS-driven learning opportunities.**

**TABLE 8: AGED CARE STAFF SKILL DEVELOPMENT OPPORTUNITIES: AVERAGE RATINGS**

Survey Item	Leads		Partners	
	n	Average rating	n	Average rating
Participating aged care staff have received training or support to ...				
Enhance their skills as clinical placement supervisors	15	3.3	21	2.9
Enhance their skills as mentors, preceptors etc	18	3.2	22	3.2
Facilitate the uptake of further education or training	18	3.4	22	3.1
TRACS-driven education and/or training opportunities	16	3.6	18	3.4

*Note, the rating scale used is 1=Not at all, 2=Very little, 3=Somewhat and 4=Great extent. 'Not applicable' responses were excluded when calculating the average.*

Three KPI based Survey items focused on the extent to which participating aged care organisations are becoming **evidence-based learning environments**:

- ✓ Participating aged care organisations are better able to provide high quality **learning environments** for students.
- ✓ Participating aged care organisations are increasingly operating as **learning environments**.
- ✓ Participating aged care organisations are using **evidence-based practice** based on TRACS research activities in their provision of aged care.

The national evaluators observe that the positive response to workforce education opportunities offered is not merely a reflection of demand but for training that is designed by and for the sector, which is accessible and ongoing. It would be a loss to cease supporting this investment and to lose the momentum gained in building learning organisation capacity across the sector. Future aged care workforce funding can be designed to make provision for ongoing education of this nature, in particular, that initiated by TRACS partnerships. This should follow a *Hub and Spokes* model, with the Hub being a TRACS partnership with expertise in delivering quality education opportunities which are then shared with a wider network of aged care and education and training providers. This would be facilitated if resourcing were made possible for video-conferencing and models such as the MOOC.

## 5.1 WORKFORCE EDUCATION OUTPUTS

In reporting on workforce education, we have separated that which is associated with the [provision of care to older people](#), and that which is focused on building the [capacity to undertake research](#) and to apply research evidence in the aged care setting. Together, both sets of education are likely to have enhanced the capacity of the aged care workforce (and sometimes the health workforce) to deliver quality care to older people.

In addition, all of the Projects providing clinical education for students have included [capacity building training in supervision and/or mentoring](#). Some of these Projects have put significant effort into this training, notably the University of Tasmania led Project which provided a series of workshops designed to build this capacity among Mentor Groups and Mentor Leaders at each aged care facility.

The table below provides details of the workforce education opportunities offered across Projects and the very high numbers of workforce members supported by them (in excess of **6,000**). Not listed are numerous examples given by some Projects of staff participating in the University of Tasmania's [Massive Open Online Course \(MOOC\)](#) Understanding Dementia Course, which has been well received across the sector and points to the growing importance of using new technologies to make education accessible.

Details of the training programs provided and workforce participation numbers for each are presented in the Final Case Study Reports for each Project – see [Accompanying Reports 12 to 27 inclusive](#).

**TABLE 9: TOTAL TRACS STRUCTURED WORKFORCE EDUCATION OUTPUTS 2012-2014**

TRACS Project offering workforce education	Total aged care workers participating
Brotherhood of St Laurence, Victoria	27
Deakin University, Victoria	1,637
Griffith University, Queensland	Not stated*
HammondCare, NSW	1,186
Queensland University of Technology	135
RSL LifeCare Pty Ltd	322
St John's Village, Wangaratta	64
Sthn NSW Local Health District Aged Care Evaluation Unit	73
University of Adelaide	1,300
University of Canberra	769
University of South Australia – face to face	449
University of South Australia – online	211
University of Southern Queensland	65
University of Tasmania	80
University of Wollongong	419
<b>TOTAL</b>	<b>6,737</b>

\* Unfortunately, details were not supplied in any of Griffith's reports to DSS

The next sections provide an overview of what has been provided and early known outcomes.

### 5.1.1 DEAKIN UNIVERSITY – TFM

The workforce education component of this Project has involved transferring to aged care staff the knowledge and skills required to implement the Tri-focal Model (TFM) of Care effectively. Project level evaluation shows that participating staff have evaluated the TFM positively, including for its relevance and for the likelihood that its learnings will be applied by them to their provision of care.

The TFM is designed to align with Aged Care Standards and Agency requirements and is structured in module format. While it has been delivered face to face, it has also been designed for online and remote access, making its reach significantly greater. Funding is being leveraged from the Wicking Trust to support the sustainability of this education initiative. The Trust funds the **Centre for Innovation and Education in Aged Care**, which is located in the Deakin University School of Nursing and Midwifery, to provide evidence-based aged care workforce development programs and activities. Sustainability is also supported by the TFM's train-the-trainer approach, while **Evidence Based Practice Leaders** were identified among staff to drive learning in the workplace.



Education supporting the nine TFM modules has involved the delivery of **276 sessions** which have had high participation rates (ranging from 51% to 97% across four aged care partners) but lower completion rates (with about 1 in 4 staff completing the face to face sessions). Staff participating in the education program have been drawn from a range of professional groups, including Registered and Enrolled Nurses, Personal Care Assistants, Allied Health staff and non clinical staff.

It is not known how many completed the program online but by October 2014, **385** people had registered for the online program, of whom 278 were nursing students who began the program during their clinical placement and wanted to complete it later in their own time.

While individual staff numbers participating in the face to face program are not provided, the frequency of attendance at each session is specified. This is summarised, by professional position, across the 9 modules in the table below.

**TABLE 10: DEAKIN UNIVERSITY: TFM WORKFORCE EDUCATION OUTPUTS**

WORK GROUP	FREQUENCY OF SESSION ATTENDANCE
RN	<b>326</b>
EN	<b>748</b>
PCA	<b>160</b>
PSA	<b>26</b>
Allied Health	<b>34</b>
Non clinical staff	<b>121</b>
Management (clinical)	<b>46</b>
Management (non clinical)	<b>12</b>
Medical	<b>1</b>
Student	<b>20</b>
Lifestyle	<b>7</b>
Administration	<b>13</b>
Family members	<b>3</b>
Other (unspecified)	<b>6</b>
Missing data	<b>114</b>
<b>Total</b>	<b>1,637</b>

### 5.1.2 UNISA – RESEE

The University of SA TRACS team developed a series of modules in online format to support self-paced learning and to provide students with an effective introduction to the aged care environment. These modules are available on an Open Access website created for the Project - <http://agedcareawareness.com.au/>.

The website has had a positive response which began before its official launch in October 2014. One month after the launch, **277** students had signed up to the website to complete the modules and receive a Certificate. Google Analytics indicate that there

were **3,337** visitors to the site between 1<sup>st</sup> May 2014 and 10<sup>th</sup> March 2015 of whom 2,169 were from within Australia. Interestingly 81.4% of people access the website from a desktop computer with 9.8% accessing it from a mobile phone and 8.7% from a tablet such as an iPad.

At the conclusion of each module there is the option to complete an assessment. Participants who choose to do this are required to register and provide their email address so that a Certificate of Completion can be sent to them. To date **404** people have registered and **211** have successfully completed at least one module. Of the 211 who have completed an assessment **195** used a student email address.

It appears that this component of the Project will have a longer term impact not only for the modules developed with TRACS funding but because of further modules being developed over time. A number of organisations have sought to collaborate and develop more modules and resources for specific use within their organisation as well as making them available on the website.

The Project has also provided a range of other workforce education opportunities:

- ⇒ Nurse Facilitator training for **11** staff at partner Eldercare
- ⇒ Student mentorship training for **26** Care Workers and Enrolled Nurses at partner Helping Hand Aged Care
- ⇒ Nurse Clinical Facilitator workshops for aged care partners with **more than 400** participants over 5 workshops
- ⇒ A Teaching on the Run workshop for **12** health workers in aged care to enhance their teaching and supervision skills.
- ⇒ The Project hosted a one day workshop in collaboration with Deakin University to introduce the Tri-focal Model of Care.

### 5.1.3 UNIVERSITY OF CANBERRA – CHART

The CHART Project has provided a range of workforce development opportunities that have been well received by the aged care sector. The Project quickly gained a profile as a provider of education not only for its aged care partners but for the wider aged care sector. Sector-wide education outputs are shown in the table below.

TABLE 11: CHART SECTOR-WIDE WORKFORCE EDUCATION OUTPUTS

CHART EDUCATION OPPORTUNITY	NO OF PARTICIPANTS
2 Annual Conferences with approximately 100 attending each	>200
Quarterly seminars for 40 people directly (other participants accessing remotely or by website unknown) per year equates to 160	>320
2 x Practice Education Roundtables with approximately 10 attending each	>20
1 x Sustainability Workshop, with guest speaker and working groups	15
1 x Writing Workshop over 2 days, with guest speaker and working groups	20
2 x 1 day workshops to introduce the TriFocal Model of Care to aged care providers in southern NSW and the ACT	45
<b>Total</b>	<b>&gt;620</b>

The Project has also provided a number of workforce education opportunities to staff in TRACS partner aged care organisations, as detailed below.

TABLE 12: CHART ORGANISATION-BASED WORKFORCE EDUCATION

CHART EDUCATION OPPORTUNITIES, FACILITY-LOCATED	PARTICIPANTS
Academic Mentor Reviews of Facility-Projects	>10
Academic Mentor Reviews of working with students: Expectations and assessments	>10
Banksia Village, Broulee, Certificate IV Mental Health	5
Banksia Village, Certificate III traineeships, with compulsory units in Mental Health	4
Banksia Village education on mental health provided by Academic Mentor – 8.5 hours	19
Banksia Village, Broulee, education on healthy ageing and active living, provided by external expert – 12 hours	28
Calvary Retirement Community Canberra (CRCC), short course certificates (1-2 days training at a Registered Training Organisation) for skill sets such as dementia skills, mental health skills, Aged Care Funding Instrument, and accreditation training	20
CRCC, Program of Experience in the Palliative Approach (PEPA) Placement at Clare Holland Hospice	3
CRCC, Reverse PEPA course at Clare Holland Hospice	3
CRCC, University of Tasmania Massive Open Online Course (MOOC) Understanding Dementia Course last October	6
CHART Liaison Nurses 5 day Intensive Workshop at Monash University	5
IRT Kangara Waters education on mental health issues provided by Academic Mentor	36
<b>Total</b>	<b>&gt; 149</b>

#### 5.1.4 UNIVERSITY OF ADELAIDE – G-TRAC

As with CHART, the GTRAC workforce education program has become well known and well regarded by aged care and health practitioners, providing normally unavailable access to a range of specialists and leaders in clinical and the opportunity to develop important knowledge for best practice care. Seminars and workshops are fully attended and the G-TRAC Centre has become an established hub for learning for both the current and future aged care and health workforces.

G-TRAC workforce education and development activities can be grouped into three main areas, of which the first has reached the widest number of aged care practitioners:

- Seminars and workshops designed to build clinical knowledge and skills.
- Clinical education skill and capacity development (discussed above in relation to the *Teaching on the Run* program).
- Research skill and capacity development (discussed below in relation to the *Research Afternoons* program).

TRACS funding supports the [G-TRAC Seminar series](#) each month for aged care and primary care professionals from all disciplines providing valuable professional development and networking opportunities that have been extremely well received. The *Challenges of Care in an Ageing Population* seminars have become an established feature of workforce learning and development. They also provide valuable learning opportunities for students.

Between July 2013 and March 2015, a total of **26** seminars and workshops were provided with more than **1,300** participants. Because of the Centre's strong consumer focus and their encouragement of consumer participation in all of its activities, some **500** consumers have attended the seminars.

The design of the Seminar Series was informed by consultation with aged care and primary health care clinicians who work regularly with older people. Centre staff developed initial topics and learning objectives for the seminars.

In 2013-2014 topics include Dementia, Delirium and Depression, Behavioural and Psychological Symptoms of Dementia, Healthy Ageing, Nutrition, Physical Activity, Pain Management, Consumer Directed Care, Oral Health, Medications, Spirituality and Continence.

Evaluation findings have been very positive with particular value attached by a high majority of participants to:

- ✓ the relevance of their content,
- ✓ the access provided to best practice knowledge and expertise, and
- ✓ the subsequent contribution made to improving care provision for older people.

The seminars are expected to continue beyond TRACS funding.

#### 5.1.5 ST JOHN'S VILLAGE

*Table 13* below shows the range of TRACS funded training opportunities provided for new and existing staff members from St John's and its partner organisations, mostly delivered on site and therefore, very accessible to its staff. These opportunities have

not only upskilled staff but provided a number of pathways to higher duties and qualifications and this will be positive for retention (and perhaps attracting people to the workforce).

In a positive signal for the sustainability of the TRACS model post-TRACS funding, 16 new enrolments in the Cert III Aged Care and 12 transition to Diploma enrolments have been recorded for 2015. The transition to Diploma enrolments involve existing staff wishing to upskill from their Certificate III Aged Care qualification to a Diploma of Nursing qualification. The course is designed to ease staff into the Diploma, allowing them to achieve some units of competencies that will be credited toward the Diploma proper. This has the effect of spreading the study load, but also builds confidence and helps to reduce the drop-out rate for aspiring staff members.

A further benefit is achieving a consistent, standardised set of skills and knowledge among trainees, which can be transferred across partner organisations and the wider regional aged care industry. This contributes to the establishment of a flexible pool of aged workers with the capacity to work across aged care organisations in the region.

An unspecified number of staff have also been supported to complete qualifications at diploma level in HR and in Business Management, with courses provided in a combination of on and off site delivery.

**TABLE 13: ST JOHN'S VILLAGE WORKFORCE EDUCATION OUTPUTS**

QUALIFICATION	NO OF STAFF
Certificate III in Aged Care (dual Aged and Home and Community Care)	18
Certificate IV in Aged Care	7
Certificate IV in Training and Assessment	13
Gap Diploma of Nursing	6
Diploma of Nursing	6
Bachelor of Nursing	3
Certificate IV Leisure and Health	8
<b>Total</b>	<b>61</b>

Leveraging funding from the [National VET e-Learning Strategy](#), an Aged Care Online Resource Network (ACORN) has been developed which provides information for people wanting to join the aged care workforce. This information provides practical information that shows a day in the life of a care worker and adds a valuable resource to the organisation's and region's workforce development.

The Project has sought to extend this workforce capacity development regionally and in late 2014 organised a regional conference -[Shifting the Paradigm: Workforce Redesign, New Approaches to Training the Aged Care Workforce in the Hume Region](#). This was attended by 68 professionals from the aged care, education, training and government sectors and its report provides good workforce planning intelligence for the region while showcasing the scope of the TRACS model.

The feedback from the conference showed significant support for closer collaboration between education, training and aged care service providers in the Hume Region and

thereby addressing the absence of a mechanism to do this. There was agreement to develop strategies which will:

- Increase the number of younger students interested in the sector.
- Raise the profile of aged care services as a sector with interesting career pathways.
- Improve access to professional development through sharing resources, access to speakers etc.
- Make effective use of new technologies.

Although St John's Village is not a Registered Training Organisation, its TRACS work is being promoted as a best practice model for workforce capacity building and longer term, it aims to lead the establishment of an Aged Care Training Academy for the Hume region.

### 5.1.6 HAMMONDCARE NSW

This Project has pioneered the Case Method teaching technique for clinical education in aged care, which involves looking beyond immediate symptoms and needs to the person's whole life and history, thereby encouraging a holistic approach to providing care. This method has been very well received by both VET trained and university educated staff and has significant potential for the wider aged care workforce. It is also founded on a sound evidence base.<sup>11</sup>

Each session takes about 90 minutes and was held once per month with 10 sessions across the whole learning program. The clinical care focused curriculum included an overview of the ageing process, the body's defences against infection, understanding dementia and depression, mobility problems, pain management, nutrition, medications, wound care and end of life/palliative care.

HammondCare ran **43 sessions** (2 during the extension period) using case method training over the life of TRACS funding with participation from their own staff and those from partner Catholic Healthcare. In addition, students on placement were able to participate in the sessions. In total, **317** professional (university trained) staff and **815** Care Worker staff participated in streamed training sessions. A further **54** staff (19 professional, 27 care worker and 13 work role undefined) participated in the combined the session run in the 2014 extension period. An undefined number will have used the resources on the HammondCare Intranet. Approximately 45 students attended a teaching session in the program, with a high number opting to complete online. This included student RNs, OTs, physiotherapists, and exercise physiologists.

The HammondCare NSW Project provided its case study based education program to up to 11 sites at a time - face to face at the primary delivery site at Hammondville and via video conferencing to distant sites across NSW. The TRACS Project funded the

---

<sup>11</sup> This evidence base recognises that people learn through stories, and was developed from teaching experience at UNSW and training through Harvard medical education intensives. It provides richly detailed case studies of people, continuing over many years of their lives, and has been found to be very effective with groups of different sizes and disciplines. This teaching method is highly interactive, depending upon active involvement from the participants and drawing on the knowledge and experience of those participating in the education session.

teleconferencing infrastructure, to provide appropriate bandwidth, licensing, and equipment, the total cost of which was \$296,180. Each training session was recorded and made available on the HammondCare Intranet and a Google+ site to reach as many staff as possible, and via DVD recordings of sessions for those who cannot access the Intranet (students, Catholic Healthcare staff).

An Enterprise Architect (employed by HammondCare) installed video link up across all participating HammondCare sites and provided technical support (he was able to log in remotely and adjust off-site settings to attempt to resolve problems). The main technical problems experienced involved audio and bandwidth issues, malfunctioning hand held microphones (off site) disrupting the flow of sessions, and the sound sensitivity of equipment meaning microphones had to be switched on and off during sessions.

The Project has developed a resource manual to enable other aged care organisations with access to appropriate technology, to apply the program via videoconferencing. It also includes information for those wishing to apply the Case Method to workforce education with or without videoconferencing. The program will be continued post-TRACS at HammondCare by the new Hammond College.

It is reasonable to expect that this education program will translate into improved care for aged care clients, especially if staff are engaged in the learning process as were the care workers in particular during the program. Project level evaluation confirms that staff believed they had learned significantly and were engaged in the learning process. This external project evaluation is one of the best across TRACS projects and has collected survey data from 618 evaluations in the first series and 496 in the second.

### 5.1.7 UNIVERSITY OF WOLLONGONG – ITRACS

This Project has undertaken a range of activities that will have a positive effect on preparing the future health and aged care workforces, and on the development of the current IRT workforce in Wollongong.

Among the training resources produced by ITRACS are:

- A guided pre-placement program to prepare university students for their aged care placement and developed in conjunction with the NSW/ACT and Victoria Dementia Training Study Centres and utilising their online dementia education working modules;
- The *ITRACS Student Resource Guide Working with Older Adults*, designed for students on placement<sup>12</sup>;
- The *Allied Health Student Placements Information Booklet for Aged Care Residents and Staff*<sup>13</sup> disseminated at all ITRACS sites; and
- the *ITRACS Research Toolkit for Aged Care Staff*.

ITRACS was one of a small number of projects to establish a website - <http://itracs.uow.edu.au/index.html>. The website is designed to be an information hub for aged care stakeholders (staff, students, academics and residents), providing information for student placements and education and training resources developed

<sup>12</sup> <http://itracs.uow.edu.au/content/groups/public/@web/@smah/@itracs/documents/doc/uow182197.pdf>

<sup>13</sup> <http://itracs.uow.edu.au/content/groups/public/@web/@smah/@itracs/documents/doc/uow182198.pdf>

during the project and now available publicly. The website forms part a number of resources designed to support an ITRACS led [Intergenerational Learning Community](#) for residents and their families, IRT staff and students on placement.

Formal and informal workforce education outputs and number of staff participating are reported in *Table 14*.

**TABLE 14: ITRACS WORKFORCE EDUCATION OUTPUTS**

WORKFORCE DEVELOPMENT ACTIVITY	NO OF STAFF PARTICIPATING
Student-led Education Sessions on clinical topics	57
Leadership training	25
8-week 'Effective Health Leadership Training' Course	25
Simulated Presence Therapy for Dementia – evaluative research findings education seminar	17
Understanding the role of the Psychologist in Aged Care seminar delivered by Psychology Interns	16
Informal training of the Clinical Development Officer on facilitating interdisciplinary student discussions	1
Nature of dementia and the impact of the physical environment presentation	17
Making better use of the physical environment presentation	14
Realities of conducting research in aged care and current research opportunities (for UOW academics)	23
Environmental Design staff development meetings <ul style="list-style-type: none"> <li>• IRT Woonona site, 2 meetings</li> <li>• IRT Peakhurst site, 2 meetings</li> <li>• IRT Sarah Claydon site, 2 meetings</li> <li>• IRT Kangara Waters site, 2 meetings</li> <li>• IRT Greenwell Gardens site, 2 meetings</li> <li>• IRT Culburra Beach site, 1 meeting</li> </ul>	18 22 22 19 17 9
Environmental Design Project Meetings <ul style="list-style-type: none"> <li>• IRT Woonona site, 15 meetings</li> <li>• IRT Peakhurst site, 2 meetings</li> <li>• IRT Sarah Claydon site, 1 meeting</li> <li>• IRT Kangara Waters site, 2 meetings</li> <li>• IRT Greenwell Gardens site, 1 meeting</li> <li>• IRT Culburra Beach site, 2 meetings</li> </ul>	61 9 5 11 5 9
<b>Total</b>	<b>419</b>

IRT workforce capacity has also been enhanced by the research activities of the ITRACS Project, building on the strong foundation for research that pre-dated TRACS funding. Staff have received ongoing research skill development opportunities as part of the Project's action research methodology and recently, the appointment of **7 IRT Research Champions** who have received specific training for this role – perhaps inspired by the University of Southern Queensland and Anglicare Queensland TRACS model. The project also provided access to the Australian Journal of Dementia Care (one hundred copies) across all sites.



### 5.1.8 BROTHERHOOD OF ST LAURENCE – SUMNER HOUSE CENTRE

The *Sumner House Centre of Excellence* project was designed to build the capacity of existing staff and provide opportunities for student learning and practice at Sumner House.

Partner RMIT has undertaken the *Establishing Core Competencies for change in Sumner House Residential Aged Care* research project, designed to identify core skills, competencies and attributes of BSL staff from the perspective of residents, families/carers, staff/managers and the community. Key impacts on residents and families, and managers and staff of Sumner House are expected over time, in terms of better ‘knowing the person’ (i.e. not just the resident) and the deeper qualitative aspects of their lives; however this is expected to be a gradual process of change within the organisation, provisional upon sustained support from management. Findings have been used to inform the RMIT aged care training curriculum and the design of in-house workforce development at Sumner House.

In house training spanned a range of clinical competencies and resident care topics and TRACS funding provided backfill for **20** Sumner House staff to attend training (15 PCAs, four ENs and one Active Living Coordinator). Staff participated in a wide range of clinical training sessions during the life of the Project, and four specific professional development workshops designed to support the implementation of the Project. These are detailed in the table below.

**TABLE 15: SUMNER HOUSE WORKFORCE EDUCATION OUTPUTS**

TRAINING/PD ACTIVITIES	NO OF STAFF
Mentoring & reflective practice training – for staff and peers	7
Enhancing Capabilities training	2
Working with LGBTI residents	10
IPad training	8
<b>Total</b>	<b>27</b>

As the table above indicates, **7** Sumner House staff members trained as **Mentors** (student and peer-to-peer mentors) which is a critical element of sustaining workforce development pinned to the Capabilities Approach. In support of this, a further Project output was the handbook *‘Reflective Practice Mentoring with Trainees: A Practice Guide for Residential Aged Care Staff’*. Peer-to-peer mentoring incorporated an element of succession planning for Sumner House, whereby a staff member was trained to fill in for a senior manager taking leave. This was a new and successful development for Sumner House and is reported to have set a precedent for planning similar up-skilling pathways for other staff in the future.

### 5.1.9 RSL LIFE CARE NSW

This Project has undertaken a number of workforce capacity building activities that are mutually reinforcing and can all be expected to improve quality of care. At least **322** staff have received structured education and training focused on:

- Building of workforce research skills.

- Leadership skill development.
- Presentation skills, including for a video-conferencing platform.
- Upskilling direct care staff to become Peer Support and Assessors (through supporting their completion of a Certificate IV Workplace Training and Assessment, mentoring and support, higher pay and career pathway development). Four workshops were also provided to supplement the training program, together with specific training for 22 managers of Peer Support and Assessors.

Details follow in the table below.

**TABLE 16: RSL LIFE CARE WORKFORCE EDUCATION OUTPUTS**

EDUCATION PROGRAM	DELIVERED BY	NO OF STAFF
3 x Cert IV Training & Assessment courses	NSW TAFE, mixture of face to face, online and video conference	<b>59</b>
4 x PS& A Workplace Assessment Workshops	RSL LifeCare	<b>29</b>
Managers of PS & A	Adamson & Associates	<b>22</b>
Communication Workshops	Private provider, face to face at multiple RSL LifeCare sites	<b>46</b>
13 x RN Research Forums	ACU Chair of Ageing, face to face and video conference	<b>&gt;130</b>
4 x Leadership Development Forum	Adamson & Associates, face to face	<b>36</b>
Better Practice Projects, research capacity development	TRACS Co-ordinator, Professor of Ageing and Research Fellow, mixture of face to face, online and video conference	<b>multiple</b>
<b>TOTAL</b>		<b>322+</b>

Like HammondCare NSW, RSL LifeCare has provided training both face to face and via videoconferencing, and like HammondCare, the workforce education provided is of direct relevance to the wider aged care sector.

#### 5.1.10 UNIVERSITY OF TASMANIA – WICKING TACF

Although mainly focused on providing best practice student placements, a significant part of this Project has involved workforce education, training **45** Mentors across four aged care partner organisations to support students on placement. Mentors have participated in a series of workshops focused on clinical learning and teaching, supervision and mentoring, action research and two clinical issues – dementia and palliation.

The organisational change component of the Project has provided leadership training to selected staff in all four partner organisations. These staff were formally structured into leadership groups and also received ongoing coaching from TRACS partner Gravitas.

The Project has also benefitted from the workforce education activities of the [Wicking Dementia Research and Education Centre](#), including online dementia training through

its MOOC which has had a very high response <sup>14</sup> from aged care workers. *Understanding Dementia* is a 9-week online course that builds upon the latest in international research on dementia and is free.

A total of **10** staff from partner Juniper Annesley in WA completed this course.

See <http://www.utas.edu.au/wicking/wca/mooc> .

Details follow in the table below.

**TABLE 17: WICKING TACF WORKFORCE EDUCATION OUTPUTS**

TYPE OF EDUCATION	PARTNER SITE				TOTAL N OF STAFF
	Juniper	St Catherine's	Mt St Vincent	Rosary Gdns	
Mentor training	16	10	14	18	<b>58</b>
Mentor Leader training					<b>6</b>
Leadership development	4	4	4	4	<b>16</b>
	<b>20+</b>	<b>14+</b>	<b>18+</b>	<b>22+</b>	<b>80</b>

#### 5.1.11 QUEENSLAND UNIVERSITY OF TECHNOLOGY – CIP-D

It is clear from feedback about workforce learning needs across the TRACS Projects that a significant area of unmet need lies in understanding and managing challenging behaviours. The QUT Project was designed to address this need, specifically in relation to behavioural and psychological symptoms of dementia (BPSD), and targeting graduate health professionals. To this end, it has developed a quality clinical education program (*Community of Interdisciplinary Practice for People with Dementia - CIP-D*) geared to improving knowledge of this condition and its management in aged care services, in the process building both competencies and confidence of direct care staff. The building of this capacity was expected to bring a range of positive outcomes for older people receiving care, specifically through reductions in the number, range and severity of behaviours and in complications like falls and pressure injuries.

The CIP\_D Project consisted of two main workforce development components. The first component was an online training program for nurses, occupational therapists and psychologists who have completed a relevant degree and are working in an aged care setting with a dementia-specific focus. The second component of the Project involved two full-day workshops for a wider mix of professionals with an interest in aged care and dementia. The first workshop offered a mixture of didactic and interactive content, and the second offered case study-based group work with participants identifying BPSD issues and offering suggestions as to how best to manage the situations described in the case studies. A total of **135** aged care staff received clinical training across the disciplines of nursing, occupational therapy, psychology, physiotherapy, social work, diversional therapy and management.

<sup>14</sup> At March 2014 nearly 15,000 had registered for the course

**TABLE 18: WORKFORCE EDUCATION OUTPUTS**

TRAINING	MODE	N	WORK GROUPS
BPSD training modules	Online	<b>25</b>	Nursing, occupational therapy, psychology
Workshop 1	Face-to-face	<b>130</b>	Nursing, occupational therapy, physiotherapy, psychology
Workshop 2	Face-to-face	<b>80</b>	Nursing, psychology, occupational therapy, physiotherapy, diversional therapy, social work
Discussion forum mentoring	Online	<b>103</b>	Not reported

None of the clinicians who undertook the online learning program was able to do the practicum as originally designed, however all did some type of brief mentored/clinical supervision experience with a senior COP\_D team member. Participants also received input from DBMAS.

During the extension phase, the Project was funded to develop the CIP-D website and link it to the Queensland Dementia Training Study Centre website, enrich the CIP-D Google online portal, repeat a state-level workshop and develop video material. The website will ultimately replace the Google portal, providing a one stop shop for workforce education with links to resources, information, podcasts, webinars and community of practice discussions relevant to BPSD (although to date the discussion forum has been under-utilised due to time and technology constraints and has been driven mainly by a contained, committed group). The Project is also collaborating with the University of Tasmania led Project and with the University of Wollongong led Project in providing online workforce education.

The implementation of the CIP\_D Project was hampered by major internal changes within its aged care partners which negatively affected the TRACS partnership, and the partners' motivation to participate in the education program. The Project Leader then decided to take the program to the wider aged care sector. However, of the 25 participants initially engaged in the online BPSD training only five completed the entire course including the practicum component. This was attributed to high work pressure and a lack of time experienced by participating clinicians, and limited access to resources (e.g. computers) in their workplaces.

These issues flag the difficulties involved in implementing TRACS style education programs in organisations that are not adequately primed to participate, signalling the importance of well-constructed and high-functioning partnerships to support and nurture the learning process of aged care staff. Such partnerships cannot, and should not, be developed in the brief timeframe of TRACS funding – they should exist with a track record of collaborative TRACS type activities, and this should be a condition of receiving TRACS funding in the future.

Nonetheless, participant feedback generated principally by clinicians who participated in the workshops signalled that the content was relevant to their practice and was useful in equipping them to work more effectively with dementia-affected older people. Some anecdotal evidence is emerging that CIP\_D completers are effecting clinical change in the area of BPSD assessment and management, for example

beginning a regular BPSD case review that includes the frequent care workers, GP and RNs and family. Some staff engaged via CIP\_D have signed on to the Queensland Dementia Training Study Centre at QUT<sup>15</sup> and now attend events.

### 5.1.12 GRIFFITH UNIVERSITY – EACE, CLAN-D

This Griffith University led Project had much promise when it began, and its workforce education and development models were well designed and well received by aged care workers. Unfortunately, the main Champion for the Project, its Lead, relocated overseas and while she attempted to continue her involvement it appears there were insufficient other Champions to enable this to happen, exacerbated by significant internal organisational change in the aged care partner, RSL Care which were associated with a loss of support for staff involvement.

The Program design is worth reporting on because it has much potential for replication in the aged care sector. It had 2 main components (noting that total number of participants was not reported) -

- ⇒ The **EACE Positive Placement Project** included clinical placement training for staff from partner RSL Care. This focused on mentoring, person-centred care and lifelong learning and was provided in preparation for student placements in October and November 2013. This training was designed to better enable staff to guide students to deliver good care while fostering a positive learning experience for them.
- ⇒ **CLAN-D** education was designed to increase workforce understanding of dementia and research translation. Griffith staff provided training in the principles of action learning, evidence-based practice, practice development and understanding research and its translation into practice. The dementia component focused on specific topics including pathophysiology, pain assessment and philosophies of care. The program was delivered online for 9 sessions and had one face to face session over a 12 month period. The second phase of the program required participants to find a clinical care issue, within their immediate work role and environment, that needed improvement and to which they could apply research evidence. They were then asked to evaluate the clinical changes made. These were known as **Continuous Improvement Activities (CIAs)**.

Unfortunately, the Project's Final Report indicates that most staff struggled to achieve the requirements of this second component. Staff feedback confirmed that participants had gained more dementia-related knowledge, including about evidence-based research. However, in pursuing CIAs, some attempted to fit research to their practice rather than adapting their care provision to research evidence, and all were reported to have had difficulty identifying and evaluating areas needing improvement. Of the four CIAs undertaken, only one reached evaluation stage.

**The national evaluators have observed across Projects that ongoing support by the education partner is critically important for effective research capacity building in**

<sup>15</sup> <https://www.qut.edu.au/research/research-projects/queensland-dementia-training-study-centre>

**aged care partners. Where this has been included, for example, in the University of Canberra led Project, research capacity has been increased.**

Nevertheless, during 2014 RSL Care implemented a dementia management program based on Montessori methods and CLAN-D participants provided feedback that they were better prepared to engage in this training because of the active learning process of the CLAN-D. The Project also created a website which contains the resources developed during its period of TRACS funding – <http://app.griffith.edu.au/triplec> - and CLAN-D resources provide exemplar Continuous Improvement Activities and associated materials purchased for RSL sites to implement them.

### 5.1.13 SOUTHERN NSW LHD

The Project led by the Aged Care Evaluation Unit of the Southern NSW Local Health District has provided clinical education for senior clinical psychology students while piloting the embedding of a clinical psychologist in the core aged care workforce at Goodwin Aged Care Services. In the process, it has provided important informal and formal education opportunities for direct care staff. As the table below indicates, a total of **73** staff, primarily Care Workers, have received formal training on seven clinical issues.

**TABLE 19: WORKFORCE EDUCATION OUTPUTS**

Formal Workforce Education	Staff group targeted	No of staff
Health Promotion – Relaxation	Activity Staff (EN, AIN)	2
Stress Management	Care Workers	5
Frontal Lobe Dementia	Care Workers	21
Reflective Listening	Care Workers	7
Hypomania	Care Workers	18
Inappropriate sexual behaviours/ sexual disinhibition	Care Workers	16
Collaboration regarding diagnosis of BPSD, assessment and behavioural management of residents	Care Managers (2 x RN, 2x EN)	4
<b>Total</b>		<b>73</b>

RN = Registered Nurse; EN = Enrolled Nurse, AIN = Assistant in Nursing

\*A proportion of day shift carers would be involved in any individual case. Information sessions

\*\* RACF were not *formally* involved in teaching the Provisional Psychologists under this TRACS model.

Less formally, and in an ongoing way, the psychologists provided training in the following areas:

- How to implement specific behaviour management plans, (e.g. to address behavioural and psychological symptoms of dementia).
- Behaviour management strategies.
- How to communicate effectively with someone with dementia.
- Types of dementia.
- Mental health issues.
- How to support and work inclusively with family members.

Project level evaluation has been very positive in its findings about the impact of these learning opportunities, and the support that accompanied them. Aged care staff reported three key benefits:

- 1) an increase in knowledge and skills for providing care for residents with mental health issues;
- 2) enhanced ability to manage very challenging residents; and
- 3) better skilled to manage their own stress levels.

## 5.2 RESEARCH CAPACITY BUILDING

Research is one of the three components of the TRACS model (the other two being teaching and aged care) and ideally all three elements should be mutually reinforcing and combine to produce better quality of care. The research component has received less attention across the TRACS group of Projects, and where it has, this has been largely designed to build the capacity of aged care workers to undertake research and translate findings into practice.

### CRITICAL SUCCESS FACTOR

MENTORING AND SUPPORT BY PARTNERS WITH RESEARCH EXPERTISE AND EXPERIENCE TO AGED CARE PARTNERS PLAYS A CRITICAL ROLE IN BUILDING RESEARCH CAPACITY AND THE CONFIDENCE TO PARTICIPATE IN RESEARCH. THIS IS AS IMPORTANT AS THE TRANSFER OF RESEARCH SKILLS AND KNOWLEDGE AND ENHANCES THE TRACS PARTNERSHIP.

At the final TRACS Evaluation Workshop, Projects observed the need to change thinking about aged care capacity in research, including building the confidence of aged care workers to undertake research and to translate this into their practice, the need for aged care workers to have the skills to use evidence to inform their practice, as well as the skills to conduct research. They noted a growth in this confidence as their Projects progressed, and the importance of mentoring by university partners in building that confidence and supporting them in undertaking research projects.

The evaluators agree with this observation, and note the critically important role of university partners in mentoring their aged care partners with regard to building research capacity. The most effective structure to support this has been seen with the University of Canberra Project which paired Academic Mentors with designated CHART Liaisons, supporting them to apply their research skills in the aged care setting. This Project, and the University of Southern Queensland led Project, have included a highly structured education component through a nationally recognised program of research capacity building, and this model also deserves wider application.

The KPI Surveys of Progress asked respondents to rate their level of agreement with this statement about the **design and translation into practice of research projects** undertaken as part of their TRACS project:

- ✓ Mechanisms have been established to enable research findings to **inform** aged care service provision in partner organisations.

The table below summarises average ratings applied in the fourth and final Survey, separated by Leads and Partners, with '4.0' being the maximum possible. This item achieves average ratings of between **3.0** and **3.5**, with Leads providing more positive ratings. However, both Partner and Lead ratings are very positive.

**TABLE 20: TRANSLATION OF RESEARCH INTO PRACTICE: AVERAGE RATINGS**

Survey Item	Leads		Partners	
	n	Average rating	n	Average rating
<i>As part of the TRACS Project ...</i>				
Mechanisms have been established to enable research findings to inform aged care service provision in partner organisations	17	3.5	19	3.0

1=Not at all, 2=Very little, 3=Somewhat and 4=Great extent. Responses of '5=Not applicable' were excluded when calculating the average.

Respondents were also asked to rate their agreement against these two KPIs designed to assess the involvement of aged care staff in TRACS research activities:

- ✓ The TRACS Project has enabled **increased participation** by aged care partner staff in research opportunities.
- ✓ The TRACS Project has enabled participating aged care partners to engage in more **practice-driven** research.

Half or more of all respondents agree to some extent that TRACS Projects have increased aged care staff involvement in research activities.

**TABLE 21: AGED CARE PARTNERS PARTICIPATION IN RESEARCH: AVERAGE RATINGS**

Survey Item	Leads		Partners	
	n	Average rating	n	Average rating
<i>The TRACS Project has enabled ...</i>				
<b>Increased participation</b> by aged care partner staff in research opportunities	12	3.4	13	2.8
Participating aged care partners to engage in more <b>practice-driven</b> research	12	3.3	14	3.0

1=Strongly Disagree, 2=disagree, 3=Agree and 4=Strongly agree. Responses of '5=Too early to tell' and '6=Not applicable' were excluded when calculating the average.

### 5.2.1 UNIVERSITY OF SOUTHERN QUEENSLAND - ACCERT

The University of Southern Queensland (USQ) led Project has been structured to provide intensive development of both research skills and the skills needed to translate research findings into practice to staff from Anglicare Southern Queensland (ASQ). The Project supported **9** ASQ staff to become Research Fellows receiving a six month workplace, evidence based implementation program and two 5 day intensive training workshops at the highly regarded Joanna Briggs Institute (JBI). It is intended that they will provide ongoing research utilisation expertise to their colleagues through a train-the-trainer strategy.

A further **2** staff from the ACH Group are being supported to complete the JBI program as part of TRACS extension activities, and the ACCERT Project Lead is mentoring the ACH Group TRACS Coordinator in undertaking systematic review leading to a research evidence utilisation strategy.

The Project has a highly effective design in terms of being directly linked to the provision of quality care, and has provided a balance of formal education, mentoring and support. The research projects were designed to address risks identified in a



clinical audit at ASQ, ensuring their relevance to care practice and obtaining early engagement in the Project from the ASQ workforce. Project leaders have observed a growing confidence among the Fellows over time and an accompanying realisation of the potential benefits of their research findings to residents.

Workforce education activities have reinforced the Research strategy and took the form of a series of one day [Evidence Based Practice Workshops](#) delivered at the ASQ sites participating in the ACCERT Project. The workshops also introduced the concept of evidence based practice as well as topics derived from the Clinical Audits undertaken by the TRACS Project team and developed jointly between USQ and ASQ. These were provided to **41** aged care workers from a range of work groups, including personal care workers and nursing staff.

Project level evaluation of this workforce education series has identified a positive outcome in terms of staff engagement in evidence based practice. This has been measured through 2 mechanisms –

- ⇒ Staff compliance indicators in-relation to changes in clinical governance; and
- ⇒ Qualitative measures of staff perception of evidence utilisation and research in their workplace.

**This Project has used a methodology that could be applied to the wider aged care sector, but it would need to be resourced to support the process and education involved, and it would need a strong and enduring partnership to be sustained.** This did not exist pre-TRACS which means that it may not have had sufficient time to become well established. Given the significant amount of work that has gone into the Project we believe it will have a positive effect on ASQ but would like to have been able to monitor this over time. Of particular interest would be monitoring how the Research Fellows fare in terms of introducing newly learned or reinforced evidence-based approaches to their worksites and the factors that enable or inhibit this (e.g. seniority of position). The Project Lead advises that post-TRACS evidence about clinical outcomes will continue to be collected.

As an indicator of ASQ's continued development as a learning organisation, it is undertaking the steps needed to become a Joanne Briggs Institute recognised [Evidence Utilisation Group](#) and TRACS has also made this possible. In a further gesture of support, the ASQ executive agreed to increase its JBI subscription to include access to clinical information via its Ovid Database. The TRACS Project team has worked with IT staff to include a JBI button on the staff intranet to link them directly to up-to-date clinical information.

### 5.2.2 G-TRAC

G-TRAC provides a program of [Research Afternoons](#) which have the dual role of helping to build aged care workforce capacity as their information is of direct relevance to the provision of care. A number of aged care staff have been involved as research partners in research projects with universities working with the G-TRAC Centre.

### 5.2.3 RSL LIFE CARE NSW

Workforce education provided as part of the TRACS Project has included a research capacity building component involving [Research Forums for Registered Nurses](#) and a Practice-Focused Research Agenda and the dissemination of six [Better Practice](#)

**Research Projects.** In the process of applying these Projects, ongoing mentoring and education is provided by partner ACU, usually by the Professor of Ageing.

The RN Research Forums discuss research or current care related articles (chosen by the Professor of Ageing) and encourage debate, questioning, and critical review of current practice and protocols. They are designed to build RNs' capacity aims to translate research evidence into practice. The articles are available for RNs from the RSL LifeCare intranet *Cooee* TRACS page and reading them is a condition of attendance. To provide an incentive to attend, participation can gain registration requirement points. The outcomes of the forums are brought into each area staff meeting and discussed, supporting dissemination of information, new findings and identification of the need for change in policy or practice to all staff.

**This is a model that deserves wider application in the aged care sector because it not only builds capacity but supports improvements in care as a result of research evidence. Ideally the model should include other disciplines.**

A series of Better Practice projects have been implemented at the RSL ANZAC Village of RSL LifeCare at Narrabeen. A number have received Better Practice Awards from the Australian Aged Care Quality Agency. TRACS funding provided the opportunity to implement the following six projects across RSL LifeCare sites:

- ⇒ Positive Connections
- ⇒ Veteran Culture
- ⇒ Men's Health
- ⇒ Dining Room Experience
- ⇒ RN Model of Contemporary Aged Care
- ⇒ Music Therapy.

Each site had a lead person who collaborated with the TRACS Coordinator under the guidance of the Professor of Ageing and Research Fellow. Further details are provided in the Final Case Study Report for this Project.

#### 5.2.4 UNIVERSITY OF WOLLONGONG – ITRACS

The ITRACS research program is designed to support research of direct relevance to the aged care community while building the research capacity of IRT aged care staff. Research projects are designed to provide opportunities for the training of IRT staff in research and evaluation skills and involve them in writing up research for publication.

A joint **Research Program** was developed which involved four key studies:

- ⇒ Evaluation of the grouping residents by need and modifying the environment to assist them.
- ⇒ Evaluation of the introduction of Montessori based activities for residents with dementia.
- ⇒ Evaluation of a systematic approach to environmental design for people with dementia.
- ⇒ Evaluation of 'Simulated Presence Therapy' for people with dementia.

Two **Research Directors** - one from UoW and the other from IRT - were appointed to jointly coordinate the research program and set its strategic directions in consultation with the Steering Committee.

The Research Program included the delivery of a [Research in Aged Care seminar](#) to IRT staff designed to promote the ITRACS research program, to introduce and familiarise staff with research concepts in aged care, to demystify research and increase their awareness about research opportunities in the care setting.

**Five** aged care staff were involved in the conceptualisation, planning and implementation of the research projects - three care managers, one area manager, and the Head of the IRT Research Foundation. **Twenty-two** staff were involved in implementing the research projects – seven RNs, two OTs, two diversional therapists and eleven personal care attendants. The Program included strategies for communicating research findings and translating them into the care environment in a timely manner.

IRT staff buy-in to the research program is gradually building, and it is a similar story for residents and their families and carers. The research projects are seen as a vehicle for change in how care is delivered, away from being task driven toward person-centred care, and replacing a ‘silo approach’ to care with a more integrated approach. Getting those in charge on the floor on board (mainly RNs and Certificate IV ENs) by linking them into relevant training (e.g. leadership training) was seen as critical as 90% of issues happen on the floor and need to be resolved at that point.

A major facilitator of the research component of ITRACS was the driving involvement of the IRT Area Manager who has a key interest in and understanding of research and evidence implementation in aged care. The importance of credible data collection and the integral role of university involvement in achieving this was recognised.

Another support to the Research Program has been the development of a [‘Research Toolkit for Aged Care Staff’](#) which is a step by step guide to research and data entry, providing analysis and reporting software that is suitable for most care workers to use. The Toolkit is provided with appropriate training.

IRT has also appointed [7 Research Champions](#) to provide a continued focus for its research program.

### 5.3 NEW WORK ROLES TO SUPPORT TRACS ACTIVITIES

The majority of services have workforces designed around the provision of care rather than the provision of education to students, and their funding mechanisms also reflect this tradition. TRACS challenges those assumptions and Projects are identifying gaps in current workforce design to support teaching and research.

**In the process, three important outcomes have been achieved. As a group, Projects have -**

- **challenged assumptions about what constitutes the ‘core’ aged care workforce;**
- **demonstrated what is possible by integrating roles considered to outside of the ‘core’ rather than contracting on an as needs basis – providing a wider and better range of services to clients in the process; and**
- **identified a number of new work roles needed for aged care services to become teaching organisations and research focused.**

#### CRITICAL SUCCESS FACTOR

BECAUSE AGED CARE SERVICES ARE DESIGNED AND FUNDED TO DELIVER CARE, WITH STUDENT AND WORKFORCE EDUCATION, RESEARCH AND BROADER LEARNING ORGANISATION DEVELOPMENT NOT EMPHASISED, A NUMBER OF SPECIFIC ROLES HAVE BEEN NEEDED TO BE DEVELOPED TO SUPPORT THE TRACS MODEL. TRACS PROJECTS HAVE IDENTIFIED AND PILOTED THESE, HIGHLIGHTING THEIR SIGNIFICANCE AND CHALLENGING TRADITIONAL ASSUMPTIONS ABOUT AGED CARE WORKFORCE DESIGN.

The table below specifies the range of new workforce roles across TRACS Projects where they have been developed.

Some of these roles have been designed to support clinical education (including InterProfessional Learning), some to support workforce learning and development, and some to support research capacity building. A smaller number, associated with the University of Tasmania led Project, have been designed to support innovation and the development of learning organisations.

TABLE 22: NEW WORK ROLES CREATED TO SUPPORT TRACS ACTIVITIES

NEW WORK ROLE	ORGANISATION
<b>ROLES DESIGNED TO SUPPORT STUDENT EDUCATION</b>	
Nurse Facilitator	Helping Hand Aged Care
Learning Clinic Coordinator	Helping Hand Aged Care + UniSA
Interprofessional Clinical Facilitator (Interprofessional) Clinical Development Coordinator	Helping Hand Aged Care; ACH Group IRT Wollongong working with University of Wollongong
Clinical Development Officer	IRT Wollongong working with University of Wollongong
Clinical Facilitator	Resthaven Inc
Care Workers Student Participation Facilitator	Helping Hand Aged Care
Student Placement Coordinator	Eldercare
Student Liaison Officer – to manage student placements at site/service level	ACH Group
Centralised Student Placement Coordinator	ACH Group, Helping Hand Aged Care, Resthaven Inc
Mentor – supporting students on placement in aged care services	ACH Group, Helping Hand Aged Care, Resthaven Inc, Juniper-Annesley, Mt St Vincent, Queen Victoria Home, Masonic Homes, St Catherine’s, Rosary Gardens
<b>ROLES DESIGNED TO SUPPORT WORKFORCE EDUCATION AND DEVELOPMENT</b>	
Peer Support and Assessor	RSL LifeCare NSW; St John’s Village
Evidence Based Practice Leaders	Allambee, Cabrini, Montgomery & Namarra sites working with Deakin University
Facility educators – using a ‘train-the- trainer’ approach	Deakin University
<b>ROLES DESIGNED TO SUPPORT RESEARCH CAPACITY DEVELOPMENT AND PARTNERING</b>	
CHART Liaison Nurse	IRT, Calvary Retirement Community, Banksia Village, St Andrew’s Village
CHART Academic Mentors	
Research Champion	IRT Wollongong
Research Fellow	Anglicare Southern Queensland
Research Liaison – to support Research Fellows, liaise between USQ & ASQ	Anglicare Southern Queensland
<b>ROLES DESIGNED TO SUPPORT LEARNING ORGANISATION DEVELOPMENT</b>	
Innovation Leader – to support a learning culture and embed TRACS Project post- TRACS	Juniper (WA), Queen Victoria Home (Tas), Masonic Homes (Tas)

**Role enhancements** were applied for 28 staff at IRT Wollongong as part of the ITRACS Project. Welfare Officers assumed a new supervisory and teaching role with regard to psychology students. Care Managers, Care Coordinators and Lifestyle Managers had their roles extended to support clinical education of students from the disciplines of dietetics, exercise physiology and nursing.

**Re-designed Position Descriptions** have been applied in Juniper WA sites and the Queen Victoria Home (Tas) to embed learning and teaching as a role among staff.

The national evaluation’s four KPI Surveys of Progress sought feedback about the impact of TRACS Projects on work roles in the participating aged care service, using these two Indicators:

- ✓ **New work roles** have been developed for participating aged care staff.
- ✓ Work roles have been **modified** for participating aged care staff.

The table below summarises average ratings provided in the final survey, separated by Leads and Partners, with ‘4.0’ being the maximum possible. This item achieves average ratings of between **2.6 and 3.2**, with Partners consistently providing relatively low ratings across the four Surveys.

**TABLE 23: IMPACT ON WORK ROLES: AVERAGE RATINGS**

Survey Item	Leads		Partners	
	n	Average rating	n	Average rating
<i>As a result of TRACS Project activities ...</i>				
New work roles have been developed for participating aged care staff	18	<b>3.2</b>	19	<b>2.7</b>
Work roles have been modified for participating aged care staff	19	<b>3.2</b>	19	<b>2.6</b>

*Note, the rating scale used is 1=Not at all, 2=Very little, 3=Somewhat and 4=Great extent. ‘Not applicable’ responses were excluded when calculating the average.*

### 5.3.1 NEW WORK ROLES DEVELOPED AT HELPING HAND AGED CARE

Helping Hand have co-funded with university partners the appointment of part-time **Allied Health Learning Clinic Coordinators**. These involve **Speech Pathology** (with Flinders University, involving a 0.4 FTE position), **Physiotherapy** (with UniSA, incorporated into an existing Helping Hand position), and **Exercise Physiology** (with UniSA, involving a 0.1 FTE position) staff who run clinics for their residents in which students participate.

Senior management and the Board of Helping Hand Aged Care have recognised the important contribution these new roles make to their student education, to their quality of care and to their continued development as a learning organisation. This recognition did not come about only with TRACS funding. The Interprofessional Clinical Educator role had been funded previously with Health Workforce Australia funding, giving the organisation time to see the value it added to student and workforce education as well as to client care. With this knowledge, it funded the 0.8 FTE **Interprofessional Clinical Facilitator** and the 0.4 FTE **Care Worker Student Participation Facilitator** (for VET students) positions. Because the return on investment is evident, and because they have sufficient critical mass to do so, they are investing in these positions beyond the life of the TRACS Project.

By contrast, only the largest of the other aged care partners in the Project (Eldercare Inc) was able to fund such a role, and this involved a 0.2 FTE **Student Placement Coordinator**, and only for the life of the Project. **The evaluators believe that short term funding of such roles, giving sufficient time for aged care providers to understand their value, will be important in extending this workforce model across the sector.**

Helping Hand point out that by integrating these staff into their core workforce, they are making wider use of their speech pathologist (the contract base approach saw a focus on swallowing services whereas a much wider range of services can now be provided). This is a good example of TRACS Projects challenging traditional assumptions about what are considered to be 'core' workforce roles as opposed to contracting on an 'as needs basis'. **This Project is demonstrating that such roles can be affordable when their returns are understood, and can be both cost-effective as well as positive for consumers by providing a more holistic range of services to them.**

### 5.3.2 NEW WORK ROLES DESIGNED BY THE CHART PROJECT

One of the outcomes sought from TRACS funding is to enhance the capacity of the aged care providers involved to partner with education and training providers. The CHART model of appointing **CHART Liaisons** (existing aged care nurses) and pairing them with **CHART Academic Mentors**, is one which has been successful, and deserves replication on a wider basis.

Central to the success of the Project was the role of the **CHART Liaison Nurses** and the accompanying role of **Academic Mentors**. These nurses were located in each of the participating aged care facilities; and were actively supported throughout the project, firstly, with education and professional development opportunities provided by the project; and secondly, with ongoing mentoring from academic partners. The CHART Liaison Nurses also delivered professional development opportunities to aged care workers located in each of the facilities, applying learnings attained from participation in the CHART project, and extending their roles to support achievement of cultural change.

### 5.3.3 NEW WORK ROLES DEVELOPED AT RSL LIFE CARE

RSL LifeCare had identified a need within the organisation for a new role which provided peer assessment and a support network for staff. These 'peer support people' would be educated and supported by management to fulfil this new role and reimbursed for their additional duties, with a new career path developed for them. Direct care worker staff volunteer for the role.

The education to support this role involves completion of the Certificate IV Training and Assessment which has been delivered on site by NSW TAFE, using a combination of face to face and video-conferenced teaching. RSL LifeCare Educators and Managers also undertook the course. The program has been provided in each year of TRACS funding.

Although this new role is one for which staff volunteer, it does not suit all care workers and there was a significant attrition rate due to some lacking the confidence to continue in the role. **Nevertheless, it is a model of workforce development which has significant potential benefit in all aged care organisations and should be considered for wider application in the sector.**

### 5.3.4 NEW WORK ROLES DEVELOPED AT ST JOHN'S VILLAGE

A similar workforce development strategy involves a number of St John's Village staff receiving training and qualifications (**Certificate IV in Training and Assessment**) to become trainers and assessors. These trainers then provide delivery, training and assessment within St John's and other participating aged care organisations in

Certificate III Aged Care and Certificate IV Aged Care, under the auspice of the partner Registered Training Organisation GOTAFE. This new training team also provides ongoing feedback to existing staff on current care practices, identifies training and skills gaps and feeds these into training content to better reflect care practices. As with the RSL LifeCare Project, there is significant scope for improvement in care delivery due to the number of peer trainers and assessors who can be accessed by other workforce members to improve their knowledge and skills, in an ongoing and informal way.

### 5.3.5 NEW WORK ROLES DEVELOPED AT ACH GROUP

With the implementation of a centralised student placement system, ACH Group established the **Centralised Student Placement Coordinator** position to manage the administrative requirements associated with receiving and processing student placements. (Helping Hand Aged Care has a similar position which pre-dates TRACS.)

ACH Group, like Helping Hand Aged Care, has identified the need for specific clinical facilitation roles to support the application of the InterProfessional Learning model. It has created the new role of **Interprofessional Learning Facilitator**.

In addition, ACH Group has established another role to support clinical education – the **Student Liaison Officer** - to manage student placements at site and service level and supports 2 x 0.5 FTE positions.

### 5.3.6 NEW WORK ROLES DEVELOPED AT RESTHAVEN INC

As part of a redesigned student placement system Resthaven is investing in a position to coordinate student placements and to maintain the database underpinning the centralised system.

In addition, a new full time clinical facilitator role was introduced in 2015 to support undergraduate nursing students from Flinders University.

### 5.3.7 NEW WORK ROLES DEVELOPED AT IRT WOLLONGONG

Two new roles were developed to support the extension of the student placement program at IRT into allied health disciplines. These IRT educator roles are responsible for coordinating and contributing to ITRACS interdisciplinary student work placements for students of nursing, psychology, dietetics and exercise physiology –

- ⇒ **Clinical Development Coordinator:** coordination and facilitation of interdisciplinary learning, teaching of multiple disciplines; and
- ⇒ **Clinical Development Officer:** this involves a highly experienced RN and Clinical Educator; trained by the ITRACS project manager (UoW) to work in the interdisciplinary space, to base discussions on the literature/evidence, and to maximise interaction with students.

Further role enhancements involving **28 staff** were implemented over the course of the Project. These targeted:

- ⇒ **Welfare Officers** – these staff assumed a new supervisory and teaching role with regard to psychology students including individual case assessment and management in aged care and the design of mental health learning experiences.
- ⇒ **Care Managers, Care Coordinators and Lifestyle Managers** whose roles have been extended to include clinical education of dietetics, exercise physiology and



nursing students in individual case assessment, care planning and case conferencing and leading related learning experiences.

### 5.3.8 NEW WORK ROLES DESIGNED BY DEAKIN - TRI-FOCAL MODEL OF CARE PROJECT

The TFM program uses a ‘train-the-trainer approach’ whereby **Facility Educators** were trained to deliver the Tri-focal Model of Care modules to nursing graduates and staff employed at each facility, as well as nursing students on clinical placement. Enhancing the impact of training, the model involves putting educators on the floor with facility staff to back up the training modules in a practical, hands-on sense.

Further to this, **Evidence Based Practice Leaders** (EBPLs) are identified among staff to drive learning in the workplace. EBPLs can be self- or management nominated based on interest in a specific clinical area, or an area identified as requiring improvement in a facility. Guidelines for the role of EBPLs have been developed and facility staff are encouraged to adapt these for use in their specific context.

**These work roles provide an effective strategy for ensuring that workforce education is translated into the aged care setting, effectively connecting theory with practice.**

### 5.3.9 NEW WORK ROLES IN WICKING TACF PARTNER FACILITIES

This Project has had a specific component designed to increase the capacity of aged care partners to develop as learning organisations. In the Project’s extension phase, two former partners from the prototype program which informed the TRACS Project, the Queen Victoria Home and Masonic Homes in Tasmania, and Juniper in WA established new roles known as **Innovation Leaders**.

These are designed to embed the learning outcomes of the TRACS Project for both students and aged care staff, and beyond those involved (including student Mentors) to all staff in each organisation, in order to drive a learning culture. Juniper created a new role for its Innovation Leader, the **Learning and Innovation Coordinator**, which is part of the facility leadership group and also designed to consolidate the learning outcomes of TRACS.

Juniper and the Queen Victoria Home have redesigned Position Descriptions to reflect a learning and teaching focus, further embedding TRACS Project impacts in the process.

In addition, the Project has piloted a highly structured program of training and capacity development for Mentors of students, and grouping these with Mentor Leaders. Project level evaluation has been extremely positive about the impact of these roles on student education, workforce development and broader organisational development of a learning culture.

### 5.3.10 CHALLENGING THE TRADITIONAL ROLE OF THE PSYCHOLOGIST IN THE AGED CARE WORKFORCE

At a sector level, the Project led by the Aged Care Evaluation Unit of the Southern NSW Local Health District is one of a small number of TRACS Projects that have challenged traditional assumptions about which professional groups constitute the ‘core’ aged care workforce and which services should form part of day to day aged care by demonstrating the benefits of integrating allied health professionals into the care team.

This TRACS Project aimed to improve care of residents experiencing psychological distress by developing a model to embed psychologists in the everyday care practices of RACFs. Embedding this model in turn, provides (a) opportunities to up-skill care staff in identifying, responding to and referring residents with mental health issues, and (b) opportunities for providing the future psychology workforce with the skills to contribute to multidisciplinary treatment of complex presentations in old age.

Clinical psychologists with ageing experience (geropsychologists) were employed 1 day per week in each of two Goodwin Aged Care residential facilities to provide mental health care for residents, to support senior clinical psychology students on placement and to increase workforce capacity to meet mental and emotional health needs of residents.

The embedding of the psychologists in the Goodwin Aged Care workforce required a number of adaptations that included a well-defined role for them, referral and feedback systems, and workforce restructuring to integrate the Psychologist position into everyday business. A Resource Package was developed to support the implementation of the model, leaving a sustainable output for future replication of the model by other organisations.

The psychology team worked collaboratively with all RACF staff to share knowledge regarding dementia symptoms and diagnosis; mental health symptoms and referrals; and behavioural interventions for challenging behaviours. This was achieved via regular meetings, psychologist attendance and input at handover meetings, case and care discussions in the nurses' station and formal education sessions (more detail provided below).

The approach of the TRACS psychologists has been to **embed** their work in the ongoing care of residents and in day to day processes involving staff. They have worked in a multidisciplinary way rather than as a parallel specialist stream, which has enabled ongoing support and transference of information and education for staff in managing mental health needs of residents, and their families, and in relation to dementia and difficult behaviours. Care managers met with psychologists weekly to discuss potential referrals and ongoing progress with current clients. Psychologists worked with team leaders and care staff daily to gather information on resident behaviour and mood, and to encourage staff involvement in intervention, where appropriate.

Part of the Project implementation has required a review and subsequent re-design of guidelines at Goodwin Aged Care Services regarding the care of high risk (suicidal) residents. As a result Goodwin has developed a policy regarding the mechanisms for referral of at risk residents to the Older Persons Mental Health Service and for subsequent liaison regarding their treatment. Confidentiality processes also had to be determined in relation to providing staff with access to the psychologist's client notes. It was agreed that the psychologist provides a summary of the content of notes to care staff, isolating this to the identification of resident needs and the plan of action to support those needs.

Another important intervention involves **role definition and enhancement**. The role of the Care Manager was defined to be the primary contact point for the psychologist for referrals and family information.

The importance of the embedding strategy was illustrated in the Project's trialling of an 'outreach' (ie by referral as needed) approach in a third Goodwin facility. This

resulted in zero referrals, highlighting the importance of the psychologist being in-house to ensure staff are educated in identifying the need for psychology services and in appropriate referrals. It is likely too that the embedding strategy enabled a building of trust and confidence that would not otherwise have developed.

Project level evaluation data indicate that the model has achieved these key aims while bringing about improvements in the mental health care and outcomes of residents, and in the capacity of staff to manage psychological care. The model was found to be sufficiently robust, well planned and resourced to function in the “real-world” of a complex, multidisciplinary, cross-sector environment.

**This model of embedding with associated education and support has been extremely successful and deserves replication on a wider scale, not only with psychology but other disciplines not considered part of the ‘core’ aged care workforce.**

## 5.4 THE IMPORTANT AND GROWING ROLE OF TECHNOLOGY

Some TRACS Projects have highlighted the growing and important role of technology in supporting aged care workforce education, and identified the workforce development implications of adopting new technologies like videoconferencing.

- ⇒ Presenting via videoconference has been found to require different skills to those used when presenting face to face, and an accompanying need to provide training designed to build the appropriate skill set in presenters (RSL LifeCare NSW).
- ⇒ Project level evaluation at the RSL LifeCare Project has found that the use of video conferencing has saved significant amounts of time and reduced costs associated with travel. The training provided would have cost RSL LifeCare in excess of \$200,000 if the staff involved had needed to travel to Narrabeen (estimate provided by CFO, October 2013).
- ⇒ In addition, video-conferencing provides a way to link staff across multiple sites, and to ensure that the education and training they receive is provided in a consistent way (RSL LifeCare NSW).
- ⇒ At the same time, technical support is a cost which must be added in to the provision of education in this way (RSL LifeCare NSW, HammondCare NSW).
- ⇒ The need to set aside a period of time at the beginning to field test equipment and resolve any problems prior to delivering the training (HammondCare NSW).
- ⇒ The need for a strong process to govern site interface with technology (e.g. a custom-designed IT manual) to mitigate the problem of people ‘fiddling with the settings and messing with the system’ (HammondCare NSW).
- ⇒ A responsive IT Helpdesk is also useful – not necessarily on-site, but having some floating IT support staff to assist at different sites (HammondCare NSW).

Apart from being able to reach large numbers of the workforce simultaneously, the advantages of online delivery are its flexibility and accessibility. Participants at the final National Evaluation Workshop strongly supported the use of new technologies in delivering flexible learning opportunities, noting that this is increasingly the most effective way to engage aged care workers in learning in a way that fits with their work and life commitments. The evaluators support this view.

## 6 STUDENT EDUCATION

The aged care sector traditionally has had a role in student education (other than for those in courses specifically designed to lead to a career in aged care) that has been more accidental than purposeful. Placements in aged care by health disciplines often are driven by the need to find a placement when none are available in health-related services, and students can express a feeling of being short-changed. If the aged care provider has not been specifically resourced to provide supervision, mentoring and a structured learning program, there is a strong possibility that their placement will involve shadowing busy and overloaded staff who have not been trained to educate them, and may feel the students are adding to their burden. It is highly unlikely that a negotiation has occurred between the aged care and education provider about what learning outcomes are sought and what learning opportunities are available. It is highly unlikely that students will have access to a computer, or to wifi for their own portable electronic devices, that there will be spaces suitable for seminars or even to keep their belongings.

TRACS has provided the opportunity to illustrate what is possible in student education in an aged care environment when a number of critical success factors are present (see below). It has demonstrated that with appropriate resourcing and effective and equal partnerships, aged care providers that can be considered to be learning organisations with appropriate infrastructure, can provide positive education for students and change broader perceptions about the role of aged care as educators. **National evaluation survey findings confirm that this outcome has been achieved for the majority of aged care providers involved – triangulated across the Survey of Students, Survey of Partners and KPI based Surveys of Progress.**

### 6.1 CLINICAL EDUCATION OUTPUTS

As *Table 24* demonstrates, the Projects involved in clinical education have provided placements for a total of **4,232** students. Details of individual disciplines, and hours of placements can be found in the accompanying Final Case Study reports.

The table shows that the previously dominant focus of nursing in Australian partnerships pursuing a 'teaching nursing home' model has broadened with TRACS to include medicine and a wide range of allied health disciplines. Importantly too, a significant proportion of placements have involved VET sector students, primarily from Enrolled Nursing and Certificate III in Aged Care.

TABLE 24: TOTAL CLINICAL EDUCATION OUTPUTS ACROSS TRACS PROJECTS 2012-2014

TRACS PROJECT	NURSING (RN)	MEDICINE	ALLIED HEALTH	NURSING (EN)	VET *	OTHER	TOTAL STUDENTS
ACH Group, SA	70		189	106	233	12	610
Brotherhood of St Laurence, Victoria					9		9
Resthaven Inc, SA	499	397	21	114	229		1,336
Sthn NSW LHD Aged Care Evaluation Unit			8				8
University of Adelaide		529					529
University of Canberra	241	11	198		21	18	489
UniSA & Helping Hand Aged Care	182		366	18	337		903
University of Tasmania	185	39	89			60	373
U of Wollongong			n/s			n/s	51
<b>TOTAL</b>	<b>1,177</b>	<b>976</b>	<b>871+</b>	<b>238</b>	<b>829</b>	<b>90+</b>	<b>4,232</b>

\* Includes Certificate III courses mainly in Aged Care, Diplomas eg Oral Hygiene  
Other includes Paramedicine (UTas), and a range of non health professions

Although St John's Village provided a significant amount of Certificate III and IV level education, it was largely for their own staff and delivered on site. Some Certificate III education was provided for new students, often channelled through partner Job Services Australia agencies as part of their model of building pathways into and through aged care.

### 6.1.1 ACH GROUP

TRACS funding has enabled ACH Group to re-design its clinical education program, centralising all placement planning, applying an IPL approach and producing a suite of resources to support student placements. The new IPL focused clinical education program has these features:

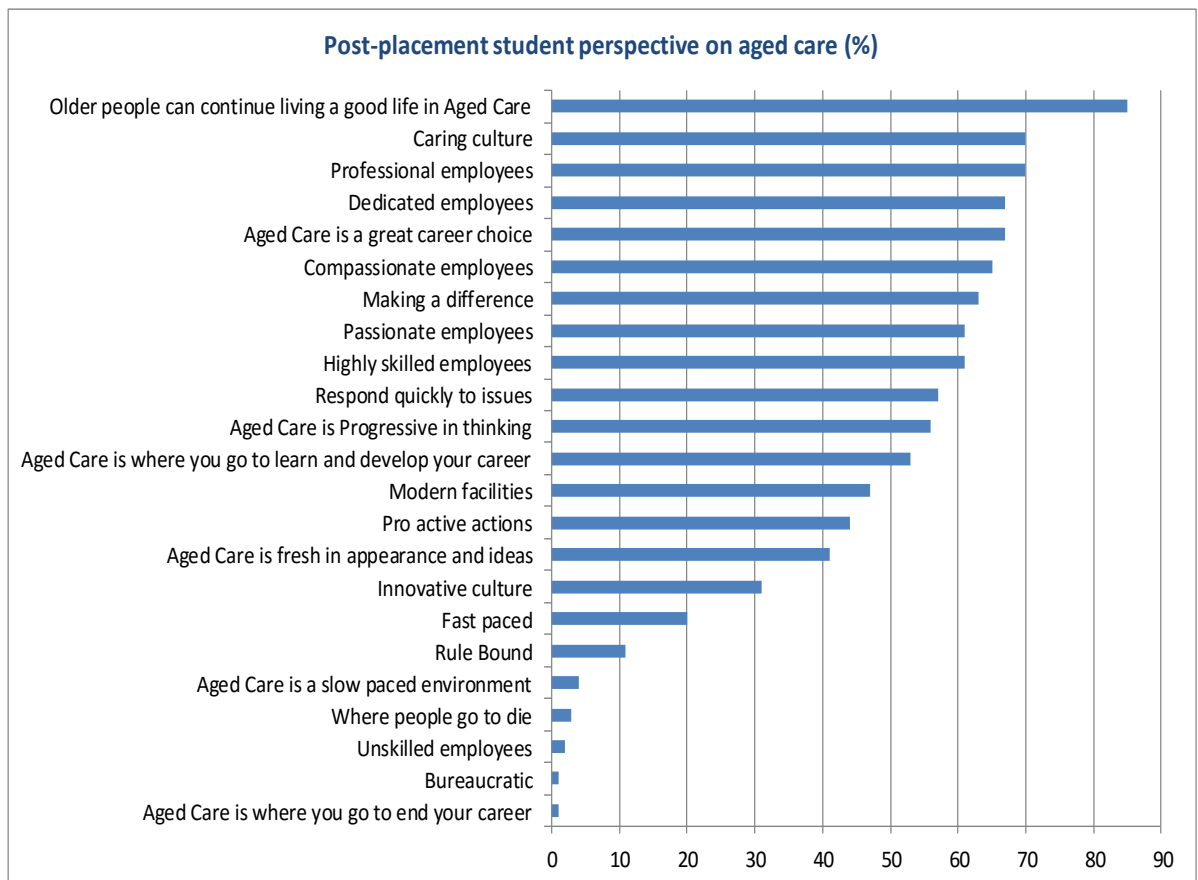
- 1) A centralised, online web-based placement system - The TRACS Project has enabled ACH Group to establish a centralised student placement system with accompanying processes and resources. The national evaluators believe that this strategy is critical for an IPL approach to student education as it enables the coordination and timing of multiple disciplines. This system will be sustained beyond the life of the TRACS Project.
- 2) Online student induction - available for all students attending placement across ACH Group. The provision of instructions on how students can access the online orientation is managed as part of the centralised student placement process.
- 3) Standardised orientation handbook – ensuring consistency across sites and services in student orientation.
- 4) Online pre and post placement evaluation tools. A pre-placement survey is integrated as part of the online student induction. Students are then asked to complete the post-placement survey at the end of the placement. These

evaluation tools were developed to contribute to the TRACS project evaluation but have become an ongoing feature of ACH Group student education.

Project level evaluation surveys with students have yielded positive findings about the clinical placement experience at ACH Group. Between February 2013 and the end of October 2014, 750 students completed the online pre-placement induction survey and 194 completed the post placement feedback survey. Findings included:

- ✓ Many students expressed a significant and positive shift in their thinking about the potential for working in the aged care sector as a result of their placement.
- ✓ Student perceptions of aged care changed significantly as a result of their placement – see figure below.

**FIGURE 8: STUDENTS' PERCEPTIONS OF AGED CARE POST PLACEMENT**



The majority (75 percent\_ of students rated their induction and orientation to *ACH Group* as excellent or very good. University placement coordinators supported this perception.

### 6.1.2 UNIVERSITY OF WOLLONGONG

This Project extended the existing University of Wollongong nursing student placement program with TRACS funding to include Psychology, Dietitics and Exercise Physiology, and included an IPL component which was a new development for IRT. A total of **51** students from four disciplines including these three additions were supported with TRACS funding.

TABLE 25: ITRACS CLINICAL EDUCATION OUTPUTS

DISCIPLINE	NO OF STUDENTS
Psychology	14
Interdisciplinary nursing	12
Exercise Physiology	9
Dietetics	16
<b>Total</b>	<b>51</b>

Placements ranged from part-time (2 days per week) to full time. Students were prepared for work placement through a one-day education program which included a focus on interdisciplinary care plan review simulations. As part of their placements, students reviewed resident care plans from the point of view of their discipline and met weekly as a group, facilitated by the IRT Clinical Development Officer, to share their views in an interdisciplinary way. In the Project level evaluation, students reported deriving value from attending interdisciplinary team meetings (holistic assessment and care planning) and learning about what the other disciplines do. Care Managers reported increased understanding of some residents' needs, as a result of IPL.

The ITRACS project experienced many similar IPL challenges to those experienced by Helping Hand Aged Care (see *Section 6.2.1*), principally related to coordination across different disciplines. The team suggested scheduling one period of intensive placement at one site at a mutually suitable time of year as a possible work around. They also found that the model worked very well on two sites, but less so on others which did not make provision for students to work together on the same case. **This highlights the importance of site culture and openness to working in alternative ways, and the different states of readiness even within a single organisation.**

ITRACS devised a useful model for dealing with the lack of appropriately qualified staff to supervise students from the various disciplines, by **enhancing the roles** of site Welfare Officers, Care Managers, Care Coordinators and Lifestyle Managers to provide this function. This is discussed further in *Section 5.3.7*.

### 6.1.3 RESTHAVEN INC

TRACS funding has enabled Resthaven to undertake an organisation-wide analysis of its student education program and its capacity to provide high quality learning and supervision. The review included a survey of past and current students and interviews with key staff and partner education organisations to determine their satisfaction with the student learning environment.

Refinement of the student placement model means that it now includes:

- ✓ effective student preparation prior to placement;
- ✓ structured learning programs across the residential and community care setting (with opportunity for involvement in care, clinical and lifestyle services);
- ✓ access by students to Resthaven's in-house training and education programs;

- ✓ structured assessment of students, using a clinical assessment tool and/or competency assessment structure;
- ✓ IT systems that support the recording, collating and analysis of data about staff training and student placements: time frames, competencies achieved, feedback processes.

TRACS funded has also enabled Resthaven to develop a centralised student placement system, moving away from a site-based and uncoordinated approach to placements. The new system is producing significantly enhanced efficiencies in placement processes and planning, and supports better preparation of students and staff.

Two new work roles have been introduced to support clinical education.

- a. Resthaven is investing in a position to coordinate student placements and to maintain the database underpinning the centralised system.
- b. In 2015, a new full time clinical facilitator role was introduced by Resthaven to support undergraduate nursing students from Flinders University.

#### 6.1.4 GRIFFITH UNIVERSITY

The Griffith University [Excellence in Aged Care Education](#) (EACE) program established a collaborative working group to develop and evaluate a quality clinical placement program known as the +PPP ([Positive Placement Project](#)) for Bachelor of Nursing students across community and residential care. +PPP included a 10 month development phase in which staff from RSL Care and Griffith worked collaboratively to develop a clinical placement model and training program. Training focused on mentorship, person-centred care, lifelong learning and feedback and occurred prior to student clinical placements in October and November 2013.

+PPP had two placement groups (numbers not reported):

1. The first group were students focused on aged care who volunteered to take part and hence were motivated from the outset. They were drawn in by an interest in older people and a desire to be involved in a novel program.
2. The second group was assigned from a general Bachelor of Nursing strand (not aged care students).

The overall perception of the EACE student placement process was that students were not inspired by their experience, but achieved a better understanding of the aged care setting. In particular, by the end of the process the second group acknowledged that they needed more skills to be an RN in aged care and noted an increased respect for the role.

The national evaluators observe that, compared with other TRACS Projects, the student placement outcomes achieved by this Project have been less than successful. A major factor was the lack of support provided by the Griffith University Clinical Placement Office which failed to select a clinical facilitator who was sympathetic to the goals of the Project (TRACS was not able to select its own facilitator).

However, the Project produced a number of valuable resources and processes, including a facilitators'/mentors' resource training toolkit; and a +PPP Orientation Workshop which was successful in preparing staff and students for the placement experience.



### 6.1.5 SOUTHERN NSW LOCAL HEALTH DISTRICT

This Project has provided valuable information on how to address the challenge of delivering placements for clinical psychology students in an aged care environment. The challenge involves the ‘chicken and egg’ problem where few clinical placements are provided for clinical psychology trainees in residential care largely because of the lack of employed psychologists in aged care workforces to supervise them. In turn, this reduces the supply of psychologists with specific expertise in working with older people – either in aged care or in the health sector. The challenge is exacerbated by the supervision requirements which require a very low supervisor:student ratio. Furthermore, changes to Australian Health Practitioner Regulation Agency (AHPRA) supervision requirements have increased the required number of supervision hours required for training psychologists. This requires 100 hours of direct client contact over a 5 month period of placement.

This Project was able to address the challenge because its team from the Southern NSW Local Health District’s ACEU (Aged Care Evaluation Unit) have many years of experience in working with the aged care sector, and this meant that as geropsychologists they could provide effective supervision in an aged care service. TRACS funding also supported the intensive supervision required and usually involved one to one involvement. It also support the development of a placement learning program and accompanying resources.

The other critical feature trialled in this Project involved integrating the psychologist and students into the aged care workforce (as discussed in *Section 5.3.9*). During their placement, and mirroring the role of their supervising clinical psychologists, students provide clinical services to residents and consultation and education for care staff. The usual approach to placement reflects broader clinical psychology practice where clients are seen on an appointment basis whereas the Project is designed to integrate the psychologist into the aged care workforce. Consequently, there was a need to define ethical and safety issues, and the separation of meaningful clinical contact with residents needing support from informal chatting.

The design of the placement model includes these features:

- ✓ limiting of student placements to fifth and sixth year students because of the level of maturity required of their role;
- ✓ development of a specific [Orientation and Initial Learning Package](#);
- ✓ development of an [Education Package on Best Practice](#) care for students;
- ✓ After each wave of placements, resources and education packages for clinical placements are reviewed and revised to ensure continuous improvement.

Four waves of Provisional Psychologists completed placements under this TRACS model (giving a total of **8** students). Students were trained to provide (and delivered) the following services:

- Individual therapy with clients.
- Training for care staff.
- Individually tailored interventions for residents with BPSD.
- Tailored education for staff regarding particular issues of concern.
- Staff training on identifying mental illness and ongoing support.
- Education for residents on mental health and specific skills training sessions for residents (e.g. sleep management, pain management).

The learning associated with student placements was two-way: students learned about gerontology from experienced allied health, nursing and care staff, and care staff learned about mental health from formal and informal teaching by students.

Project evaluation findings have been positive.

- ✓ Students reported increased knowledge, skills and confidence in assessment and treatment of older people.
- ✓ Several students reported increased interest in working with older people after graduation.

The national evaluation Survey of Students received feedback from all six students who had completed placements at the time. Their ratings of their placement experience exceeded the average across TRACS Projects in all but the area of preparation for their placement by both the aged care and higher education provider. Students from this Project gave *higher than average* ratings ('4' being the maximum possible score) in relation to these items:

- ⇒ Quality of the mentoring received (4.0 vs 3.2)
- ⇒ Quality of the supervision received (3.5 vs 3.2)
- ⇒ Understanding of caring for older people (4.0 vs 3.6)
- ⇒ Understanding of aged care services and how they operate (3.8 vs 3.6)
- ⇒ Knowledge of the needs of older people (3.8 vs 3.6)
- ⇒ Knowledge of specific ageing-related conditions (4.0 vs 3.7).

On other items their ratings matched or approximated the average across Projects, including agreement with aged care being an appropriate part of clinical placement.

#### 6.1.6 UNIVERSITY OF SOUTH AUSTRALIA

The clinical placements associated with this Project incorporate in their design the following features of good practice being identified in the evaluation of TRACS:

- Structured preparation of students and aged care staff prior to the commencement of placements. The Project developed a common Orientation Package which supported good practice in clinical placement design.
- Provision of Mentors to support students as well as Supervisors.
- The organisation and planning of a defined learning program in clinical placements.
- Inter-Professional Learning (IPL) opportunities as part of a planned program of learning.
- Clinical placement for VET sector students (that also links them to IPL opportunities).
- A centralised student placement system that coordinates and plans clinical education from a single point in the organisation (rather than from separate sites), and at the same time, enables an IPL focused learning experience.
- Another feature of Helping Hand's placement model is the involvement of selected aged care clients in students' training, in order to create learning opportunities focused on care which meets complex need.

**Six** Health Disciplines – Nursing, Pharmacy, Physiotherapy, Occupational Therapy, Podiatry, Exercise Physiology - and VET (vocational education and training) Certificate III in Aged Care students were involved in clinical placements.

### APPLYING INTERPROFESSIONAL LEARNING IN CLINICAL EDUCATION

The Project has applied in 3 new aged care organisations the [InterProfessional Learning](#) model of clinical placement that had been established within lead partner Helping Hand Aged Care prior to TRACS funding. Four key strategies were employed to provide training to higher education and VET students using an IPL model:

- ✓ A co-supervision strategy wherein the student is supervised by an aged care worker from the discipline in which they are training as well as from one or more other disciplines. For example, Pharmacy students worked with RNs in a project reviewing medication.
- ✓ Complex Case Reviews which bring together different disciplines and work groups, pooling knowledge and different perspectives, and enabling a more holistic approach to care planning and delivery.
- ✓ IPL education sessions which bring together groups of students across disciplines to focus on a specific issue, such as, falls or dementia. These sessions have been found to assist students to better understand each other's role and to problem solve together to produce improved client outcomes.
- ✓ IPL Projects are another mechanism for bringing together different student groups to work on a specific project. For example, one combination involved students from Speech Pathology, OT and Exercise Physiotherapy developing a package of care.

The IPL focus is providing a learning experience which assists students to understand how their own profession can contribute to the care of clients in relation to the contributions of other professional groups. It helps them to better understand different roles and how they assist in achieving holistic care. However, it is also important to have university teaching staff who embrace the IPL model, and this will not be common in the higher education sector.

There are ongoing logistical challenges associated with timetabling for IPL placements and coordinating the needs of different disciplines regarding length and timing of student placement is the major challenge. Further, each discipline requires a different amount of supervision of its student and this has to be addressed as well. However, these are reduced by Helping Hand's [centralised placement intake system](#). This is an essential part of the infrastructure required to plan and coordinate IPL based clinical education.

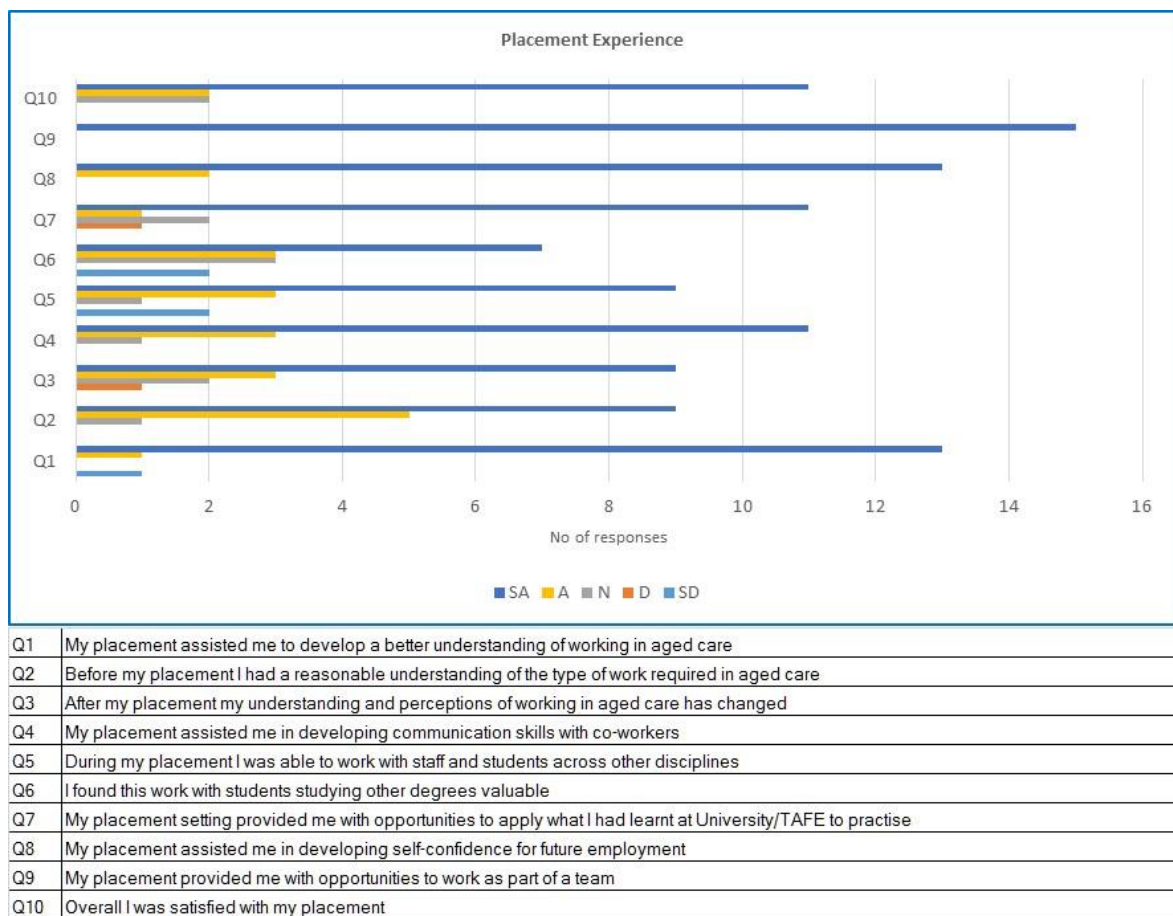
The [IPL Facilitators](#) were found to have played a critical role and can be considered to be a Critical Success Factor for this Project. Unfortunately, such coordination roles are not funded in the higher education and VET sectors, or in the aged care sector.

During the period of TRACS funding, UniSA student placements increased significantly at Helping Hand and at the new partner aged care organisations. The TRACS Project has enabled a broadening of health discipline involvement in aged care located student education, with significant increases in the allied health disciplines. For the three new partners, significant total increases in student placements were evident after only one year of TRACS funding, albeit beginning from a very low base (in the case of one from zero).

However, it is unlikely this will be sustained without continued funding, particularly for the two smaller organisations. There is a positive relationship between capacity to provide good quality clinical education and organisational size, and among the new partners the organisation which continued to apply the model during the TRACS extension period, and will probably continue to do so, is also the largest.

Project level evaluation with students has been very positive, indicating that students believed their placement program had brought an effective learning experience for them, that they had been well supported and developed useful professional skills as well as relevant knowledge of aged care. The figure below summarises some of the evaluation findings – further details are provided in the Accompanying Final Case Study Report.

**FIGURE 9: UNISA STUDENT EVALUATION FEEDBACK**



### 6.1.7 UNIVERSITY OF ADELAIDE – G-TRAC

There can be a lack of access to medical practitioners with an interest in aged care, exacerbated by the lack of training opportunities in an aged care setting. The G-TRAC Project addresses this gap and demonstrates what is possible when student learning opportunities are well designed in terms of developing skills in working with older people and an understanding of their needs outside of an acute care setting.

TRACS funding has seen medical student numbers almost double with the intake in the first half of 2015 equating to the full year intake of 2014. **Not only has funding seen an**

**increase in quantity of clinical education but also in quality as it has provided the opportunity to design a well thought out program of learning and to pilot innovative approaches to the education of medical students in aged care.**

The G-TRAC senior medical student clinical education program is one which should be replicated across the aged care sector because it provides students with a wider education than they would otherwise receive and because its design has a number of strengths. Apart from having the three fundamental features of good practice in clinical education – structured orientation, a well designed learning program and inbuilt evaluation – it is also notable for the following design and practice features:

- ⇒ The students learn in the context of the full range of health and aged care services operating **across the continuum of care**, from community to residential aged care to acute health care and rehabilitation, and healthy ageing programs across Adelaide. This broadens their usual experience beyond the acute care setting and provides the opportunity to develop skills in managing chronic and complex conditions, which they would otherwise be unlikely to have prior to graduation.
- ⇒ There is strong involvement by Geriatricians, General Practitioners and Medical Registrars in teaching medical students, which is not the norm. The **G-TRAC Specialist Geriatric Clinic** provides consultation and outreach services from two geriatricians, a nurse practitioner and a geriatrics registrar. Students are able to participate in those clinics and to learn valuable skills in managing complex and chronic care conditions.
- ⇒ Students also participate in Resthaven’s chronic disease management services, falls prevention and exercise groups, and in home assessments. Because of G-TRAC’s strong partnerships, they also participate in education opportunities at ACH Group, Helping Hand, ECH/Allity, Lutheran Homes and Southern Cross Care. These learning opportunities have also meant that students are receiving clinical education not only from medical practitioners and specialists but from a wide range of health professionals in nursing and allied health.
- ⇒ An important elective component in the student education program is the three week **Clinical Audit** wherein students are taught how to review the literature to identify instruments or tools for measuring different clinical needs of older people, then apply their choice of tool to undertake a clinical audit of selected consumers. They then report on their audit using recognised methodology for this, beginning with an overview of the research literature in their area of study (eg sleep quality). The evaluators were shown examples of students’ clinical audit reports and were impressed with their high standard and the TRACS Project team have identified several instances where students’ recommendations have led to a change in practice.
- ⇒ Students also benefit from the focus on **healthy ageing** in their structured learning program. This includes participation in workshops at other aged care sites, such as ACH’s Highercombe facility and at the Centre for Physical Activity and Ageing where a workshop with an exercise physiologist demonstrates the importance of exercise to achieve ‘active ageing’.
- ⇒ Another strength of the model of clinical placement is the **structured involvement of consumers** as co-educators in the training of medical students.

Students have the opportunity to work with consumers in many ways at the Centre including through interviews, home visits and group sessions. This feature has received positive feedback from both students and consumers.

- ⇒ In addition, students are benefitting from the [purpose-designed education infrastructure](#) (which is a finding across TRACS Projects) and from the clinical treatment offices used by different health professionals in the delivery of community based services at G-TRAC.
- ⇒ There has also been an accompanying focus on building the capacity of aged care clinicians to participate in student education and pathways have been developed to provide clinical titles with the University, as occurs with clinicians working in hospitals. During the six month Extension phase, the Project received TRACS funding to undertake a capacity building program for clinical care educators. In collaboration with the TELL Centre from the University of Western Australia, G-TRAC has provided a workshop for University of Adelaide academic staff and aged care clinical educators. TELL trainers delivered a 2 day workshop at GTRAC - *Teaching on the Run* - for 20 aged care and health service providers in October 2014. A 1 day Foundation workshop was provided in May 2015 for a further 20 providers. The TELL Centre program is highly regarded and is designed to strengthen skills in planning, teaching, supporting and mentoring students and staff, group teaching, and assessment in clinical education. The program is also designed to have a compounded impact because it supports participants to train others.

Project level evaluation has received extremely positive feedback from students, a trend which was reflected in the national evaluation Survey of Students. The Project evaluation was well designed and included quantitative and qualitative methods, with applications of student surveys over time.

Project level evaluation confirms that the design of placements is effective, with very positive feedback from students about their placement learning experiences, including the opportunities provided for positive interaction with consumers. Project evaluation of students' pre and post placement experiences identified statistically significant positive changes occurring between commencement and completion of their placements:

- ✓ Statistically significant ( $p < 0.001$  in most cases) increases in students' understanding in all 15 areas of aged care structuring their placement<sup>16</sup>.
- ✓ Statistically significant ( $p < 0.001$ ) increases in students' undertaking Year 5 Geriatrics and GP Placements (34 students) interest in working in aged care as a future career path.
- ✓ Increases (but not statistically significant) in students' undertaking an MSA in Chronic Disease and Community Aged Care (19 students) interest in working in aged care as a future career path.

---

<sup>16</sup> These included how to develop a management plan for an older consumer, how to undertake a complete geriatric assessment and knowledge of the range of tools available for this, various aspects of healthy ageing, the holistic nature of aged care, referral processes required for different aged care services, transitional care programs, and different types of aged care services.

- ✓ In rating the relevance of their placement to their overall medical education, all students have given a positive assessment with ratings of '4' and '5' on a 5 point likert scale. The most positive ratings were applied by the students undertaking a geriatrics placement with 48.5% applying a rating of '5' to this question.

In open ended feedback, the following themes were evident in analysing responses:

- ⇒ Students believed that they had had excellent exposure to the range of needs of older people and the services available for them in community, residential, rehabilitation and general practice settings.
- ⇒ Students commented about the benefit of working with older people in their own homes and felt they had gained an appreciation of the care packages available to support them to live at home.
- ⇒ They had gained insight into geriatric care outside of acute and sub-acute settings which was seen to be beneficial.
- ⇒ Students appreciated learning about healthy ageing and felt that this new knowledge influenced their understanding of ageing and the management of ageing-related conditions in a positive way.
- ⇒ They particularly valued the Clinical Audit as a learning experience which had given them a range of relevant skills.
- ⇒ Many commented about the enthusiastic staff who had generously given time to teach them. They described the placement learning environment as stress free and interactive and valued the interaction with doctors, consumers and service providers.
- ⇒ Placements were seen as being well designed and organised.
- ⇒ Students appreciated being exposed to a multidisciplinary approach to geriatrics, making particular comment about their increased understanding of the role of allied health in aged care.

WISer's own Student Survey findings support those of the Project level evaluation. When average GTRAC student ratings are compared against the average ratings of all TRACS students, GTRAC students' ratings are **higher in most domains**, but in particular regarding the following:

- ✓ Satisfaction with the quality of supervision received.
- ✓ Satisfaction with how well prepared aged care staff were for their placement (but giving a lower rating to the preparation of university staff).
- ✓ Aged care staff were positive about working with students.
- ✓ Understanding of how to provide care for older people.
- ✓ Understanding of aged care services and how they operate.
- ✓ Knowledge of the needs of older people.
- ✓ Knowledge of specific ageing-related conditions.
- ✓ Skills in meeting the care needs of older people.
- ✓ Developing more positive attitudes about working with older people.

- ✓ Developing more positive attitudes about the capacity of aged care services to provide a high quality learning environment.
- ✓ Developing more positive attitudes towards the legitimate role of aged care services in student training.

### 6.1.8 UNIVERSITY OF TASMANIA

This is one of the most complex and ambitious of TRACS Projects. The [Wicking Teaching Aged Care Facilities \(TACF\)](#) Project has involved a tripartite collaboration involving the University of Tasmania (Tasmania), Australian Catholic University (Victoria) and Curtin University (Western Australia), and involving four aged care organisations. The Project had 2 streams:

1. A clinical stream focused on large scale interprofessional student placements and on increasing these in partner aged care services while building workforce capacity to provide supervision and mentoring to students.
2. A change management stream designed to build learning organisation capacity in aged care partner services. This stream was led by the [Gravitas Leadership Group](#) a national change management organisation.

In addition a range of resources to support student placements were developed.

A website created for the Project had 54 page views by mid June 2014 - see <http://www.utas.edu.au/wicking/research/current/tacfp/tripartite>

The Project has introduced new disciplines to the existing placements including medicine, paramedicine and exercise physiology with psychology and pharmacy being introduced post-TRACS funding. A total of eight disciplines have been involved across the three nodes of the Project in Tasmania, Western Australian and Victoria.

A total of **110** aged care staff were actively engaged in mentorship groups that included an action research component, clinical training related to dementia, as well as supervision and mentoring skills. Mentor Groups of interested staff were formed in each partner aged care facility and met regularly with Project funding supporting 0.2 FTE of their time. Their roles included championing the Project, coordinating student placement activities, and collaborating with university partners in the development of a learning program for students. Mentors participated in at least 10 preparatory one hour meetings that incorporated education on dementia, mentorship and research methods as well as placement planning. Some Mentors accepted roles as Mentor Leaders.

The key partnership lesson emerging from the Project has been the need for alignment between education and aged care partners in terms of shared goals and a commitment to building learning organisations in aged care, and where this has not been possible, two partnerships have not continued.

The Project has a well structured evaluation that is yielding information about best practice student education and about the outcomes of TRACS funded clinical education. A very high proportion of these students and Mentors participated in the evaluation. Key outcomes produced by the Project for students included:

- ⇒ Improved teamwork capability.
- ⇒ Increased dementia knowledge.
- ⇒ Improved skills in assessing and communicating with people with dementia.



- ⇒ Improved confidence in their practice.
- ⇒ Improved understanding of the operations of a RACF.
- ⇒ Increased interest in working in aged care following graduation.

Details of clinical education provided follow in the table below. It can be seen that **357** students, from a wide range of health and allied disciplines have been supported with TRACS funded clinical education across sites in Tasmania, Western Australian and Victoria.

**TABLE 26: STUDENTS PARTICIPATING IN THE WICKING TEACHING AGED CARE FACILITIES PROGRAM**

YEAR OF COURSE AND DISCIPLINE	2013	EXTENSION 2014	TOTAL STUDENTS
	NO OF STUDENTS	NO OF STUDENTS	
1st yr Nursing	18	18	<b>36</b>
2nd yr Nursing	97	18	<b>115</b>
Conversion Nursing	-	10	<b>10</b>
5th yr Medical	31	16	<b>47</b>
3rd yr Paramedic	12	-	<b>12</b>
Final yr Paramedic	15	24	<b>39</b>
Masters of Exercise Physiology	14	-	<b>14</b>
4th yr Speech Pathology	6	4	<b>10</b>
4th yr Pharmacy	24	8	<b>32</b>
4th yr Physiotherapy	10	6	<b>16</b>
4th yr Occupational Therapy	12	5	<b>17</b>
Masters of Dietetics	-	4	<b>4</b>
Final yr Counselling/Psychology	-	3	<b>3</b>
Certificate III Aged Care	-	2	<b>2</b>
<b>Total</b>	<b>239</b>	<b>118</b>	<b>357</b>

## 6.2 TRACS AND THE VET (VOCATIONAL EDUCATION AND TRAINING) SECTOR

### 6.2.1 HELPING HAND AGED CARE

The Helping Hand Aged Care led component of the ReSeE Project has demonstrated that an Interprofessional Learning model can be applied to the education of VET sector aged care students, although not without challenges. IPL is a higher education model which Helping Hand has applied to the VET sector in its clinical education program. There have been no benchmarks for this and the Project has been a pioneer in this. In most aged care services Certificate III trained workers are not included in interprofessional work but Helping Hand's broader IPL workforce strategy has assisted greatly in meeting the challenge. Importantly, Helping Hand has demonstrated how VET students can be part of an IPL model and this too is rare across TRACS Projects.

Student placements include a research component wherein students are linked to an existing (not TRACS funded) research project being undertaken by Helping Hand and focused on care provision. While this is not unusual for university students, it has been a new feature of the training provided for TAFE SA students. Many of Helping Hand's projects are focused on [Age-Friendliness](#), and are embedded in the organisation's learning environment.

#### PARTNERSHIP BASED LEARNING CLINICS

An important feature of the Project has been the development of [Learning Clinics](#) at Helping Hand Aged Care, each involving a partnership with a higher education or VET provider. These Clinics not only provide higher quality education for students because of the opportunities provided to practise clinical skills, but they also offer additional episodes of service for consumers. The evaluators believe that this is a model which has significant potential for wider application in the aged care sector.

- The [Speech Pathology Learning Clinic](#) is funded jointly by Helping Hand and Flinders University, and has provided on average an additional 500 service episodes annually while expanding the range of speech pathology services provided.
- The [Exercise Physiology Clinic](#) is funded jointly by Helping Hand and UniSA, and sees 4<sup>th</sup> Year Exercise Physiology students working across community and low care services and high care areas within one Helping Hand site.
- The [Physiotherapy Learning Clinic](#) is funded jointly by Helping Hand and UniSA, and provides approximately 320 additional service episodes a year for Helping Hand Transitional Care Package (TCP) and community clients.
- In the later stages of TRACS funding, Helping Hand has also trialled the Learning Clinic model with TAFESA students in the form of a [Dental Hygiene Clinic](#).

Both partners see enormous benefits in this model – the university partners believe that their students are receiving critical learning opportunities to develop skills while Helping Hand has been able to provide significantly more episodes of service for its consumers.

### 6.2.2 RESTHAVEN

A co-Branded Certificate III in Aged Care program was developed with private VET provider Celtic Training and with TAFE SA. The program was designed to address a commonly experienced problem for aged care providers – VET personal care graduates who are not 'work ready'. Its latest intake saw students graduating with a dual qualification: Certificate III in Aged Care and Certificate IV in Disability from Celtic Training. The model developed has relevance for the wider aged care sector and has these features:

- ⇒ Resthaven contributing directly to the curriculum to ensure its relevance, and ongoing collaboration between the aged care provider and the RTO.
- ⇒ A twelve week program involving both formal learning and workplace based support.

- ⇒ A ‘buddy’ system where students are mentored by a personal care assistant at the site during their placement.
- ⇒ These ‘buddies’ are supported by a member of the Workforce Development team and the RTO student placement facilitator. The maximum number of students supported by a site buddy is four.
- ⇒ The buddy identifies gaps in practice that the student displays and discusses these with the Workforce Development team member and the RTO facilitator allocated to them to develop an education/support plan.
- ⇒ The student is then up skilled to address this gap in practice ensuring that they are safe carers and capable at the end of their training.

At the time of final reporting Resthaven had a retention rate of 100% of students who were employed on their graduation. It offers students the high likelihood of employment upon graduation and the aged care provider a workforce trained to their specific needs.

**This is a model with relevance to the wider aged care sector, where significant discontent has been evident with the quality of training provided by some Registered Training Organisations.**

At the final National Evaluation Workshop, TRACS Projects identified the need for a conversation across gerontology leaders about what constitutes ‘readiness’ in graduates to work in the aged care sector, noting that many are being sent in without adequate preparation. The question was raised about why this appears to be acceptable for aged care but not in other fields.

### 6.2.3 ST JOHN’S VILLAGE

This Project provides a promising model with sector-wide relevance for workforce recruitment and development. This is based on a structured training and employment pathway that begins pre-VET, progressing to Certificate III and IV level and then to aged care employment, with potential to extend the pathway to higher education (via a Bachelor in Nursing). This extends the usual TRACS partnership model beyond aged care, higher education and VET to include the employment services sector.

**The model has direct relevance for the wider aged care sector, particularly in regional areas where resources are scarce and opportunities to access training and development are limited.**

Project activities are grouped into two main areas including:

- Developing a career pathway from Certificate III through to a Bachelor in Nursing.
- Training existing aged care staff in Certificate IV Training and Assessment (TAE).

Pathways into aged care were developed by the Project’s partnership with three Jobs Services Australia agencies in Wangaratta, linking their clients to the Certificate III training and then to an employment pathway with St John’s or other aged care facilities with whom working relationships have been developed. The Certificate III training created additional employment flexibility and opportunities by allowing students to take up two HACC units, thereby enabling them to apply for HACC Home Help positions. Certificate III students were also able to attend any St John’s in-house training.

Certificate IV in Aged Care training sought to build on the Certificate III training and also provide the opportunity for existing staff at Certificate III level to up-skill and pursue a pathway into Diploma and Bachelor of Nursing if desired.

Key features of the model include:

- ⇒ Through partnerships with regional aged care facilities, St John's is extending opportunities for education and training in the region. The regional focus has included partners collaborating on an agreed job description for personal care workers to form the basis of industry-responsive training. The intention is to produce a consistently trained pool of workers with the requisite knowledge and flexibility to service regional workforce needs.
- ⇒ Certificate IV Training and Assessment-qualified St John's staff (trained within the remit of the Project) provide Certificate III and Certificate IV training to new and existing aged care staff on site at St John's, under the auspice of the local Registered Training Organisation GOTAFE. This strengthens the industry-centredness of the training, by co-locating theoretical and practical components of VET training with direct access to the floor, equipment and aids.
- ⇒ A significant achievement of the Project is putting in place a team of trainers who can work across partner organisations to meet various educational needs at **both** organisational and regional level. A particular strength of this approach is having a training team who share a consistent, standardised set of skills and knowledge which can be transferred across partner organisations and the wider regional aged care industry.

#### 6.2.4 BROTHERHOOD OF ST LAURENCE

The TRACS Sumner House student placement program appears to have successfully overcome an historical organisational resistance to accepting students (based on prior negative experience of placements) by developing a strong partnership model with RMIT. **Eight** Certificate III in Aged Care RMIT students received training one day a week on-site at Sumner House, utilising the Sumner House training room for theory, and being mentored on the floor under the supervision of RMIT trainers and Sumner House staff management and staff.

### 6.3 GOOD PRACTICE IN CLINICAL EDUCATION

Based on Project findings a number of features of good practice in clinical education have emerged, some of which have been given the opportunity to be trialled in a concerted way because of TRACS funding.

- ✓ Across Projects with a student education component, the designation of aged care staff to **mentor** students has emerged as a positive feature of good quality clinical placements. Projects have found that mentoring involves a range of roles – from clinical supervision to reflective mentoring, to providing structured opportunities to raise and test aspects of learning and work. Several Projects have found that it is more effective to develop a group of mentors, with two or three designated Leaders. This addresses issues associated with turnover and shares responsibility for mentor leadership. The Project led by the University of Tasmania has provided the greatest focus on a structured approach to mentoring with important lessons for the wider sector.

- ✓ It is also important for workplaces to have **appropriate physical infrastructure** to support learning and education, in particular IT systems (access to computers and wifi) and dedicated learning spaces. This has been a consistent finding across TRACS Projects.
- ✓ A structured program of learning, developed in collaboration with education and training partners, which includes orientation and induction, and ongoing evaluation for continuous improvement.
- ✓ Ideally the program will be supported a range of purpose designed resources, such as, an Orientation Handbook and will expose students to the range of aged care services and conditions older people are likely to experience. It should allow students to understand what older people are capable of (eg via healthy ageing programs, re-ablement and restorative care) rather than focusing exclusively on their limitations.
- ✓ Value-add elements to the learning program that have been demonstrated by different TRACS Projects include involving consumers as co-educators rather than only as recipients of care and using Interprofessional Learning to structure education, involving students work in groups from different disciplines and work roles and structuring learning to demonstrate the holistic provision of care offered by IPL.
- ✓ Supporting the clinical education program will be other inputs, in particularly, staff training and development to be educators, supervisors and mentors and organisational processes that support the planning and coordination of placements across multiple sites and disciplines. The Centralised Placement Model evident in South Australian Projects offers an effective support to student placements, particularly those with an IPL focus, but importantly it encourages a negotiated process and conversation between aged care and education providers.
- ✓ Given the increasing proportion of aged care workers drawn from VET sector programs at Certificate level it is essential that all these good practice features are extended to include students from this sector. TRACS and the broader Teaching Nursing Home model have their origins in student education at university level and this emphasis was evident across TRACS Projects as a group. However, a small number have led the way in developing effective clinical education which is designed to meet their needs and to reduce the separation that often occurs in the wider aged care workforce between staff with higher education qualifications and those with vocational education and training qualifications.
- ✓ Ideally, the partnership will be sufficiently effective to support changes to the curricula of health professions to include a specific focus on ageing. Although fraught with challenges, some TRACS Projects are showing what is possible in reforming health sciences curricula to better prepare the health workforce to work with an ageing population.

At the final National Evaluation Workshop TRACS Projects were very positive about the achievements made in relation to providing high quality student education, using the resources provided with Program funding to support key and normally unfunded roles, such as, IPL Facilitators and Mentors drawn from the aged care workforce.

## 6.4 CLINICAL EDUCATION OUTCOMES: NATIONAL EVALUATION SURVEY FINDINGS

A key component of the national TRACS evaluation was a Survey of Students participating in clinical education in TRACS Projects. The survey sample involved **131** students drawn from the **8** Projects with a clinical education program at the time of the survey (2014) and achieved a response rate of almost **20%** of students contacted. Students responded from more than **12** different disciplines with five courses accounting for 85.5% of survey participants:

- nursing (34%)
- physiotherapy (15%)
- aged care certificate or diploma (13%)
- medicine (12%) and
- occupational therapy (12%).

As with Project level evaluations, the findings of this survey of students were very positive, with very high proportions of the sample assessing their clinical placement experiences in TRACS Projects as addressing Key Performance Indicators relating to Preparation, Support, Supervision, their interactions with Residents and with Aged Care Staff, and their involvement in evaluation of the placement. Overwhelmingly students felt welcomed by residents and considered their experience a positive one.

The outcomes achieved from their placement were positively rated and the experience was seen by most as having made a discernible impact on their knowledge, skills, understanding of the needs of older people and of their care, and on their interest in the aged care field. They were less positive about possibly working in aged care, although a significant proportion now regard a career in aged care as a viable option. It needs to be remembered that the majority of students surveyed were drawn from health disciplines rather than from courses leading directly to a career in aged care.

Where feedback was less positive, this related to inadequate preparation, insufficient access to and time with mentors, lack of continuity in staff acting as mentors, and inadequate provision of teaching infrastructure (eg IT access, dedicated learning spaces).

Importantly, students regard aged care services pursuing TRACS goals and processes as having a legitimate and important role to play in their education, and more broadly, as learning organisations.

### PLACEMENT PREPARATION FINDINGS

---

- ✓ Over **80%** of students reported attending some form of orientation program or information session prior to or at the start of their placement.
- ✓ Nearly 90% were provided with formal orientation.
- ✓ Students provided a positive assessment of their placement preparation. More than **85%** of students 'Agreed' or 'Strongly agreed' that their University or TAFE Institute prepared them well for placement.

### PLACEMENT COORDINATION AND MENTOR SUPPORT FINDINGS

---

- ✓ **89%** of students reported that their University or TAFE appointed a clinical placement coordinator.

- ✓ **79.4%** of students were appointed a staff member from the aged care organisation hosting their placement to act as a **mentor**.
- ✓ Of those students with a Mentor **86.5%** either 'Strongly agreed' or 'Agreed' that they were satisfied with the quality of the mentoring received.


#### SUPERVISION FINDINGS

---

Nearly **85%** of students either 'Agreed' or 'Strongly Agreed' that they were satisfied with the quality of supervision they received; the remaining 15% 'Disagreed' with this statement.

#### AGED CARE SERVICES AS TEACHING CENTRES

---

- ✓ Approximately **three-quarters** of students reported that their aged care organisation provided *a dedicated learning space* (74.0%) and *computers* (72.5%).
  - ✓ Close to **two-thirds** of students had access to *internet or WiFi* (68.7%).
  - ✓ **More than half** were provided with other learning tools or resources (58.8%).
  - ✓ **More than one third** of students were provided **all** four of these features (38.9%).
-  Eleven (8.4%) students stated that they did **not** have access to any of these resources.

Students have also given very positive feedback about the legitimate role of the aged care organisations with whom they were on placement as providers of clinical education to students and as learning environments.

- ✓ 90.8% believe that aged care services can provide a *high quality learning environment*.
- ✓ 92.4% agree that aged care services should have a *recognised role in student training*.

#### STUDENT PARTICIPATION IN PLACEMENT EVALUATION

---

- ✓ **75%** of students reported they were asked by their aged care organisation to provide feedback about their placement experience.
- ✓ **81%** of students felt the aged care organisation provided them with useful feedback about how they performed on placement.

#### PLACEMENT OUTCOMES

---

**Nearly all** students reported that their understanding and knowledge of older people and the skills associated with their care had increased as a result of their placement.

- ✓ The greatest increase was reported by students in their *Knowledge of specific ageing-related conditions* with **73%** rating that this had occurred 'To a Great Extent' and a further 27% indicating that this knowledge had increased 'Somewhat'.
- ✓ **70%** of students reported that their '*Knowledge of the needs of older people*' and their '*Understanding of aged care services and how they operate*' had both increased 'To a Great Extent'. A further 27% of students rated 'Somewhat' to both items.

- ✓ **69%** of students reported an increase 'To a Great Extent' in their '*Understanding of caring for older people*' and a further 27% experienced some increase; and
- ✓ **67%** of students reported that their '*Skills in meeting the care needs of older people*' had increased 'To a Great Extent' and a further 28% reported that these skills had increased 'Somewhat'.

#### PLACEMENT IMPACT ON STUDENTS

---

More than **90%** of students 'Agreed' or 'Strongly agreed' that:

- ✓ Their placement was a *positive and useful experience* (91.6%).
- ✓ They had *more positive attitudes to working with older people* as a result of their placement experience (90.1%).
- ✓ Aged care services can provide a *high quality learning environment* (90.8%).
- ✓ Aged care services should have a *recognised role in student training* (92.4%).
- ✓ There was less (but still majority) agreement regarding students' *interest in employment in aged care* with nearly two-thirds agreeing with this statement 'to some extent' (**61.8%**). Ratings for this item are influenced by the age of students and their vocational interests.

#### PLACEMENT IMPACT ON RESIDENTS

---

Students have given their most positive feedback about their perceived impact on residents during their placements:

- ✓ **98.5%** believe that aged care residents were positive about having students on placement in their facility.
- ✓ **95.4%** believe that residents had confidence in their clinical skills.

#### COMPARING STUDENT RATINGS WITH LEADS' AND PARTNERS' RATINGS

---

The table below summarises the ratings given by Students and by Leads and Partners in the KPI-based Survey undertaken in late 2013 (in a similar time period to the Student Survey).

On all questions based on the same KPI, note the strong agreement between these stakeholder groups and the very positive trend in ratings. Both surveys involved a 4 point likert scale rating for most responses and those that are comparable appear in the table below.

Outcomes for Students, Aged Care Services and Consumers have been colour-coded for easier reading.



TABLE 27: TRIANGULATING STUDENTS, LEADS AND PARTNERS' RATINGS OF CLINICAL PLACEMENT FEATURES

STUDENT RATING	LEAD RATING	PARTNER RATING
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS INCREASED THEIR UNDERSTANDING OF AGED CARE		
3.7	3.7	3.5
KPI: ON COMPLETION OF PLACEMENT ... STUDENTS INCREASED THEIR KNOWLEDGE OF AGEING-RELATED CONDITIONS		
3.7	3.7	3.5
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS INCREASED THEIR AGED CARE-RELATED SKILLS		
3.6	3.7	3.4
KPI: ON COMPLETION OF PLACEMENT MOST STUDENTS REPORT POSITIVELY ON THEIR EXPERIENCE		
3.4	3.5	3.7
KPI: ON COMPLETION OF PLACEMENT STUDENTS' MEASURED ATTITUDES TOWARDS WORKING WITH OLDER PEOPLE ARE MORE POSITIVE		
3.3	3.5	3.4
KPI: ON COMPLETION OF PLACEMENT STUDENTS EXPRESS INTEREST IN SEEKING EMPLOYMENT IN AGED CARE <sup>17</sup>		
2.8	3.2	3.4
KPI: CONSUMERS ... PROVIDE POSITIVE FEEDBACK ABOUT THE PRESENCE OF STUDENTS ON ... PLACEMENT		
3.5	3.7	3.3
KPI: CONSUMERS ... PROVIDE POSITIVE FEEDBACK ABOUT THE QUALITY OF STUDENT-LED CLINICAL SERVICES		
3.3	3.4	3.6
KPI: PARTICIPATING AGED CARE SERVICES ARE BETTER ABLE TO PROVIDE HIGH QUALITY LEARNING ENVIRONMENTS FOR STUDENTS		
3.3	3.5	3.6
KPI: PARTICIPATING AGED CARE SERVICES ARE INCREASINGLY OPERATING AS LEARNING ENVIRONMENTS		
3.3	3.3	3.5
KPI: MOST ... AGED CARE STAFF REPORT POSITIVELY ON THE (PLACEMENT) EXPERIENCE		
3.3	3.5	3.5

<sup>17</sup> Note that both Students and Leads and Partners gave lower ratings to this KPI, hence are in agreement about this being less likely than the other current outcomes.

## 7 BENEFITS FOR OLDER PEOPLE: CHANGES IN POLICY AND PRACTICE

The extension of six months provided scope for TRACS Projects to collect information about changes made to aged care practice by participating aged care providers as a result of TRACS Project activity – in the form of workforce training and development, or in the translation of research evidence into care practice.

In addition, the four KPI Surveys include indicators designed to measure impact on the care of older people, and in particular, improving the quality of care through building an appropriate research evidence base, by providing high quality learning opportunities for students and through increasingly operating as learning organisations.

The findings are extremely encouraging. All respondents are in agreement about the positive impact of projects on consumers although around one quarter or more believe it is *Too early to tell* about consumer care benefits.

- **53%** of Leads (42% *Strongly agree*) and **76%** of Partners (16% *Strongly agree*) agree to some extent that **as a result of TRACS-related activities improved care outcomes are being demonstrated for consumers** (average ratings increased over time from 3.28 to **3.80**).
- **63%** of Leads (37% *Strongly agree*) and **64%** of Partners (20% *Strongly agree*) agree to some extent that **as a result of TRACS-related activities consumers perceive positive results in their care**.

TABLE 28: CONSUMER CARE BENEFITS: AVERAGE RATINGS

SURVEY ITEM	LEADS		PARTNERS	
	n	Average rating	n	Average rating
As a result of TRACS activities ...				
Improved care outcomes are being demonstrated for consumers	10	3.8	19	3.2
Consumers perceive positive results in their care	12	3.6	16	3.3

Note, the rating scale used is 1=Strongly Disagree, 2=disagree, 3=Agree and 4=Strongly agree. Responses of '5=Too early to tell' and '6=Not applicable' were excluded when calculating the average.

The final KPI Survey Report (December 2014) also tells us that TRACS Projects have:

- ✓ undertaken **at least 32 research projects** designed specifically to provide an evidence base for improved care of older people;
- ✓ seen partner aged care organisations **increasingly operating as learning environments** (the average rating on this indicator increased in the final six months of funding reaching **3.57** - a shift of 0.41 of a point); and
- ✓ made partner aged care organisations **better able to provide high quality learning environments for students** (the average rating on this indicator increased in the final six months of funding reaching **3.64** – a shift of 0.29 of a point).

## 7.1 SOUTHERN NSW LHD AGED CARE EDUCATION UNIT

This Project has had a pronounced impact on the way in which the care of older people, in relation to mental health needs, is designed and delivered. Goodwin Aged Care residents have received tailored psychosocial interventions, based on best practice and research evidence, which are not normally accessible to them.

It was also the Project with the smallest amount of funding from TRACS and benefitted from the strong foundation of knowledge and experience in placing clinical psychologists in aged care and developing student placements to complement this. **Furthermore, it is a Project whose learnings can be generalised to the wider aged care sector and to universities in their preparation of clinical psychologists to work with older people. It provides a clear model for future workforce development supported by a strong evidence base.**

The Project has delivered a number of formal in-service education sessions for Goodwin Aged Care staff as well as ongoing learning opportunities made possible by embedding clinical psychologists in the core aged care workforce. Learning opportunities have also been extended to residents and their families, increasing their mental health literacy and capacity to manage entry to residential care and emotional or behavioural issues. Psychologists also provided a number of health promotion and education sessions for residents on these issues:

- ⇒ Pain management – 15 residents, single workshop
- ⇒ Anxiety – 12 residents, single workshop
- ⇒ Relaxation – 20 residents on a weekly basis.

The program resulted in a significant reduction in behavioural incidents related to the presenting problem following staff education and support from the clinical psychologists. Resident progress notes were examined in the 2 weeks prior and 2 weeks post-intervention for any annotations regarding the presenting problem. There was a statistically significant reduction from an average of 14.19 (SD= 34.85) behaviours to 2.26 (SD= 5.19) behaviours overall ( $p < 0.001$ ). For many residents with dementia, challenging behaviours are an indicator of distress. **This is an extremely positive outcome for residents and for staff.**

Goodwin Managers reported positive outcomes for all stakeholder groups:

- ✓ Residents benefitted from the clinical psychologists' services, allowing emotional and mental health needs to be addressed in a way that was not possible without them being part of their core workforce.
- ✓ Staff developed a better understanding of their residents and were more able to manage those with complex or difficult behaviours.
- ✓ Families benefitted through an improved understanding of their relative's needs and through the assistance provided during the period of transition into residential care.

Project level evaluation found that in rating how helpful psychological services had been, the majority of residents and families described them as helping significantly or somewhat, and a similar proportion regarded the assessment and treatment received as being of high quality. Family carers felt supported in their caring role, including in relation to the management of challenging behaviours. Staff feedback was extremely

positive, rating the treatment provided for residents as having been effective. Specifically -

- ⇒ 100% found the treatment provided had been helpful.
- ⇒ There had been a reduction in the behaviours for which a referral had been made.
- ⇒ They had improved their ability to recognise and refer residents at risk of suicide or self-harm.
- ⇒ Staff perceived that residents received improved care for mental health needs.
- ⇒ The Project had provided increased, cost-effective and timely access to mental health care for residents.
- ⇒ Staff were able to provide more skilled care for residents with mental health problems.
- ⇒ There was a reduction in depression, anxiety, suicide and self-harm in residents.

## 7.2 DEAKIN UNIVERSITY

This Project can be expected to have a long lasting impact on the way in which care is provided to older people in residential settings because it has applied an evidence based model – the [TriFocal Model of Care \(TFM\)](#) –within its partner organisations in Victoria, and has also captured the interest of other TRACS Projects and seminars on the model have been run in South Australia (via the UniSA led Project) and in southern NSW and the ACT (via the University of Canberra led Project).

The TFM is designed to bring about enhanced quality of care. The third component of each of the clinical modules equips staff with the knowledge and skills required to initiate practice change or quality improvement in their facility – thus demonstrating adherence to and going beyond the requirements of national Accreditation Standards. Emphasis is placed on sustaining culture change through teaching participants how to embed evidence-based care practices in many aspects of clinical care.

The Deakin team have worked with their aged care partners to identify changes in care resulting from TFM participation, and these include:

- Additional one-on-one stimulation activities and the introduction of a sensory room (following Module 4 of the TFM which focused on Behaviours of Concern).
- RNs and ENs began wearing identifiable aprons when delivering medication, and undertook a reassessment of medication administration procedures (following Module 5 which focused on Medication).
- Opening of doors between units (normally locked) thus reducing the impact of perimeter restraint within the facility.
- Introduction of a quiet/rest period after lunch, including the use of ambient music/sound. This has proved of benefit to residents who are subsequently more settled later in the day and in addition allows staff to provide increased 1:1 time with unsettled residents.
- Introduction of a roster/program to enable resident visits to the café on campus, including provision of funds for coffee. Residents unable to attend the café are taken for garden walks.

- Improvement to the appearance of the facility through the introduction of decorative transfers/decals within both public areas of the facility and resident rooms.
- Improved awareness of nutrition and hydration and management of this, including the involvement of families.
- Review of toileting times.
- Review of afternoon medication rounds (timing, staff allocation).
- Introduction of nurse led activity groups on the weekends (am and pm).
- Nursing staff support of, and participation in, activity program on weekdays.
- Introduction of monthly social events which began as a nurse initiated project but soon grew to include all staff, families and community organisations.
- Efforts to reduce ambient noise within the facility, including a quiet/rest period after lunch, improved management of medication trolleys and noise generated by crushing of medication, and removal of meal trolleys from the dining area.
- General improvement to the dining area, including new artwork, new blinds, flowers on the tables, refurbishment of unused fireplace.
- Improved management of soiled linen.

### 7.3 UNIVERSITY OF WOLLONGONG - ITRACS

Like many of the TRACS aged care partners, IRT was an established learning organisation prior to TRACS so it is difficult to separate the impact of TRACS from the impact of the foundation on which it is built. However, it is clear that TRACS has provided a focus for improving care through a better educated workforce and through improved student placements. The ITRACS team have identified these impacts on care provision:

- ⇒ enhanced workforce capacity to address psychosocial needs of residents
- ⇒ increased knowledge of dementia
- ⇒ enhanced leadership skills
- ⇒ enhanced research skills
- ⇒ improved application of an interdisciplinary model of care leading to more holistic care and more tailored interventions based on interdisciplinary assessment and care planning.

The clinical education component of the ITRACS Project has produced a benefit for IRT aged care clients in terms of having their care needs assessed holistically from disciplines not previously involved in their care and having tailored interventions developed for them based on interdisciplinary discussions.

Project evaluation results show that –

- ⇒ residents have responded positively to ITRACS activities, with a significantly higher proportion indicating their quality of life was ‘very good’ post the ITRACS intervention.
- ⇒ Of those residents in residential care who could remember being visited by health students, nearly two thirds thought their quality of health was better because of the health student involvement.

- ⇒ Around half of staff interviewed reported that placements were extremely useful in terms of improving care (49%), increasing interventions (51%) and introducing new care elements (54%).
- ⇒ There were also reductions in physical aggression, fewer residents classified as having ‘definite major’ depression, higher rates of residents reporting improvements in feeling in good spirits, being satisfied with life, and feeling happy most of the time;
- ⇒ Residents felt that the facility was more homely, more supportive of choice, easier to find their way around, and more reported liking living there.
- ⇒ In relation to staff, there were improvements across all items of the job satisfaction scale, a greater proportion of staff members indicated that there was a homely feel, the environment supported personal choice, it was easier for residents to find their way around, that there was a pleasant atmosphere, and that they would like to live at the facility if they themselves had dementia.

A significant development arising from the research component of the Project is that future IRT care centres for those living with dementia will be designed according to research evidence and recommendations developed as a joint venture between IRT, its staff, residents and families.

## 7.4 CHART

The CHART Project has provided a range of workforce development opportunities that have been well received by the aged care sector.

The four research projects have varied in their impact within their organisations. The most successful in terms of bringing about change in care practice has been at the **Banksia Village Broulee** site where the Liaison was supported with an extremely dedicated Academic Mentor and by supervisors at Banksia Village. Both forms of support are critical success factors in bringing about change in care practice via Project activities. Having identified mental health as a critical issue for staff, an action research project was developed that led to the establishment of a Men’s Shed and the Sensory Garden, together with mental health education provided by the Academic Mentor and the establishment of 6 ‘CHART Champions’ to implement them. The Projects were integrated into staff planning and care practices and Managers from Banksia Village have been extremely positive in their assessment of changes made.

Furthermore, the success of the mental health initiative has led to the development of a second initiative that is focused on healthy ageing – for both residents and for staff. Banksia Village has funded the provision to its staff of a workshop presented by a healthy ageing expert (at the time employed by the ACH Group and now by Southern Cross Care SA).

Feedback from **IRT Kangara Waters** also shows a direct impact on care provision as a result of the CHART Liaison’s research project which was designed to make the facility’s environment more appropriate for people with dementia. Evidence-based guidance was provided by Professor Richard Fleming from the University of Wollongong (TRACS Project Lead) and this led to changes in the use of colour to promote greater independence for people with dementia, and the creation of a dementia-specific garden.

The Academic Liaison has provided strong support to the CHART Liaison and it is clear that this research will be ongoing as a working group has been established involving staff, residents, families and dementia experts and they will be evaluating the outcomes achieved for residents as a result of changes instigated by this project.

This organisation also trialled a range of strategies to streamline the administrative component of entry to residential care, with a view to reducing the confusion and anxiety experienced by new residents and their families, and to ensuring medical and pharmaceutical needs could be organised in advance of entry. (A similar approach was developed by the TRACS clinical psychologists at Goodwin Aged Care, in collaboration with staff.) Both projects have enhanced entry processes with benefits for residents and their significant others.

## 7.5 UNIVERSITY OF SOUTHERN QUEENSLAND

This Project was designed specifically to improve the quality of care by building (Anglicare Southern Queensland) workforce capacity to undertake research and to translate this evidence into the care environment. The Project Lead has worked with the national evaluators to capture changes made in the care environment, and its methodology has always supported this because the research undertaken was linked to a clinical audit process which identified areas of potential risk, and therefore, needing change, in the provision of care. Prioritisation of those risks then led to the selection of research projects designed to obtain the evidence needed to move to best practice care.

Specifically the Project has seen the implementation of change and evidence based improvement in these features of clinical care:

- ⇒ nutrition risk screening methods in the community,
- ⇒ falls risk screening in the community,
- ⇒ polypharmacy risk screening in the home and
- ⇒ assessment and non-pharmacological management among adults with a dementia.

These four areas of clinical change have been shared through publication in peer reviewed journals.

## 7.6 BROTHERHOOD OF ST LAURENCE

Residents received training in the use of iPads, including the use of apps. This was informed by a needs analysis of residents' ability to use ICTs effectively. The Project Lead reports that residents have benefitted from this, and from the establishment of a Residents' Group, particularly in feeling empowered to communicate more with staff.

## 7.7 GTRAC

A number of benefits are evident for older people who are involved in the G-TRAC education and research programs, in particular:

- Opportunities to participate in the training (clinical skills and research) of their future clinical workforce.
- Opportunities to participate in research that will contribute to future care improvements.

- Improved access to health practitioners with Geriatrics knowledge who are able to meet their complex care needs.
- Better access to medical practitioners who have had the opportunity to train in aged care settings.
- Benefits from being involved on Consumer Advisory Groups and in the planning, implementation and evaluation of the G-TRAC programs and activities.

## 7.8 UNIVERSITY OF TASMANIA

The Project Team has collaborated with the national evaluators to identify changes in care provision as a result of TRACS activities. These have been quantified at the Annesley site (the most successful of the nodes and the provider, Juniper, is an established learning organisation). Details are provided in the table below, which links those outcomes to clinical education and research inputs.

**TABLE 29: WICKING TACF CLINICAL CARE CHANGES IDENTIFIED**

TRACS INPUT (ANNESLEY SITE)	CLINICAL CARE CHANGE RESULTING
Research project and audit on UTIs undertaken by conversion nursing students	Change in practice and fewer UTIs among residents
Pharmacy students' audit of medication practices	Change of practice in medication management
Speech Pathology students assessments of residents' swallowing	Swallowing assessments now completed in a timely manner
OT students' identification of residents' social needs	Tailored social activities program leading to reduced social isolation
Students' audit and analysis of Care Plans	Care Plans are more accurate and up to date
Exercise Physiology students' analysis of the gymnasium use and the role of physiotherapists	Change in process to see greater input by physiotherapists, working collaboratively with diversional therapists

In published research, the Project reported that residents with mild cognitive decline and their relatives perceived health students on placement as having enhanced the capacity of care.<sup>18</sup>

## 7.9 RSL LIFE CARE NSW

The following impacts of workforce education on the care of RSL LifeCare clients have been identified in Project level evaluation and national evaluation:

- Outcomes of the RN Research Forum discussions are taken to a range of RSL LifeCare meetings in order to operationalise research evidence into practice, staff education, policy and protocol review.

<sup>18</sup> Elliott K, Annear M, Bell E, Palmer A & Robinson A (2014) Residents with mild cognitive decline and family members report health students enhance capacity of care and bring a new breath of life in two aged care facilities in Tasmania, *Health Expectations* doi: 10.1111/hex.12336



- The Peer Support and Assessors have an impact on day to day care provision because of their mentoring with other staff. Focus groups with the national evaluators found that staff were often reluctant to communicate directly with managers regarding the care of clients but were comfortable to speak with a trained peer. The Peer Support and Assessors in turn reported that they continuously accessed information about best practice from the RSL intranet so that they could provide accurate information to other workers.
- Each of the *Better Practice* projects has brought a range of changes in care practice.

There have been changes to policies and practice at RSL LifeCare due to the TRACS Project and these indicate that care quality will benefit as a result. These include:

- ⇒ As a result of a RN Research Forum on pain assessment in February 2013 a new workbook was developed on 'Management of Chronic Pain' which incorporated information from the Forum and research articles. A new poster for education regarding pain in cognitively impaired people and signs of pain in older people incorporated information was also produced for staff.
- ⇒ The RN Research Forum on antipsychotics and challenging behaviours in June 2013 produced a number of supporting documents on challenging behaviours incorporating research evidence.
- ⇒ Updating of all care related policies and procedures and assessment documents was undertaken to ensure the new Peer Support and Assessment workers were using the most recent documentation. All policies, procedures and the relevant assessments were incorporated in one booklet for each of 4 areas of learning - Manual Handling; Feeding: Care; Weights and Vitals. These are now being used by managers as well as Peer Support and Assessment staff.
- ⇒ Several changes were made to procedures as a direct result of the Better Practice Projects. These include 11 changes to Activities of Daily Living assistance procedures, 3 changes in Feeding procedures, 12 changes in Manual Handling and 7 changes in processes for documenting Weights and Vitals.

## 8 SUSTAINING THE TRACS IMPACT

It was always intended that despite its three year timeframe, TRACS funding would produce a sustainable impact. There are a number of indications that this will be the case, especially in relation to those Projects with a strong foundation of partnership and shared commitment to TRACS goals that had been translated into prior collaborative work. Those partners have an investment in continuing this work and TRACS has enabled them to focus on this in a more structured and deliberate way. It is encouraging to find that nearly all participants in national evaluation surveys (**83%**) [expected the partnership to continue](#) after the completion of the TRACS project. Within individual Projects, there are numerous examples given of strategies and commitments to sustaining particular Project activities – see *Accompanying Final Case Study Reports*.

The national evaluators observe, and based on feedback at the final National Evaluation Workshop most Projects would agree, that **there has been variable capacity across different aged care partners to engage with Project goals - based on their maturity as a learning organisation, and their experience in collaborative, cross-sector research, training and education. In other words, to effectively be a TRACS aged care partner, there is a need for a level of readiness and for this reason, not all aged care services can and should be a TRACS service.** This is also the case in the health sector – not all hospitals are, or should be teaching services. **Therefore, TRACS is a selective not a universal model and any future funding needs to recognise this.** However, this does not have to mean that other aged care services do not share in, and benefit from, the body of learning and expertise generated by TRACS partnerships.

### 8.1 DEVELOPING A HUB AND SPOKES TRACS MODEL

The national evaluators believe, taking into account learnings from international applications of the model – particularly in Norway – that the most appropriate model for the future funding of TRACS partnerships should involve a *Hub and Spokes* strategy wherein selected aged care organisations with expertise in aged care, education and research become Hubs for TRACS activities and in turn mentor and support others in the sector. This approach also supports the building of leadership in the sector as a whole.

This was a recommendation of the national evaluator's earlier Scoping Study (2011) undertaken for the former Department of Health and Ageing and informing the design of the TRACS Program. We reiterate what we said in our final report at that time, which was based on an extensive review of the literature – that the Hub and Spokes model is entirely appropriate but that this needs to be reflected in policy and funding.

*This approach also supports the notion of a TNH being a centre for excellence, radiating its influence. TNHs can be seen as 'Lighthouses' providing guidance and leading by example in best practice. The stronger their individual reputation, the more likely it is that they then attract the best in education and research and clinical care, adding further to that profile. A Hub and Spoke approach needs to be structured, and should not rely on chance.*

*It is likely that the most effective dissemination of findings, and promotion of the value and outcomes of TNHs, requires national and state level coordination, involving both government agencies and sector peak bodies. Not only does this enable the utilisation of existing communication networks, but it enables a proactive approach. Specific TNH seminar and conference series could be part of a TNH initiative, as could opportunities for other aged care providers to buy in support and teaching from a TNH (for example, by sending staff for work experience, or by commissioning TNH staff to offer staff training and development).<sup>19</sup>*

## 8.2 PRESERVING AND SHARING TRACS OUTPUTS

Adding to the sustainable impact of TRACS are the significant number of Resources developed by Projects, to support clinical education, workforce education and aged care research and its translation into practice. Several Projects have developed their own websites which in turn have a wealth of resources (detailed in Accompanying Final Case Study Reports) and the national evaluation has also developed a website - [www.adelaide.edu.au/wiser/tracs](http://www.adelaide.edu.au/wiser/tracs).<sup>20</sup> **It will be important not to lose these valuable outputs, and even more so, to develop a mechanism which supports their updating and the addition of new resources emerging from a TRACS Community of Practice** (discussed below).

Most Projects have produced multiple publications and contributed to national and State conferences, with more to come in the short to medium term (detailed in their Final Reports to the Department). TRACS funding has supported information dissemination activities to ensure that learnings reach the wider aged care and education sectors. The national evaluation has included its own **Information Dissemination, Communication and Stakeholder Engagement Strategy** (see *Accompanying Report 11*) and this has included publications, conference presentations, supporting the emerging Community of Practice, sharing information about the TRACS Program and the national evaluation and encouraging the promotion of the TRACS model of teaching and research in aged care.

***All of this information needs to be contained in a single Clearinghouse site with easy online access and support for its maintenance and extension. The evaluators hope that the funding provided to the University of Tasmania in its extension period will see this outcome realised.***

The emerging TRACS Community of Practice, which can be expected to grow over time, is another important sustainability mechanism, and this too can be maximised in its impact with a small investment to support coordination and communication among its members. If the Department accepts our recommendation regarding the promotion of a Hub and Spokes strategy, this investment will be essential.

## 8.3 TRACS COMMUNITY OF PRACTICE

A TRACS Community of Practice continuing beyond the life of TRACS funding will be one of its most significant and enduring outcomes. The evaluators have provided ongoing advice and support to Project teams and linked individual Project Coordinators

<sup>19</sup> AISR (2011) *Implementing the Teaching Nursing Homes Initiative: Scoping Study*, page 48

<sup>20</sup> .Google Analytics data reveal that the site had been viewed **1,790 times** (as at 12/2/15)

with shared Project objectives and issues to encourage the development of a TRACS Community of Practice. The two national evaluation workshops were designed, in part, to encourage this outcome, as were the evaluation newsletters and website. There are few organisations to mentor TRACS partners and opportunities to share learnings with peers has been valuable and contributed to further innovation.

The extent to which an evolving Community of Practice is becoming apparent was apparent at the second National Evaluation Workshop and has been increasingly evident with a number of collaborations including:

- ⇒ The Deakin led project and the UniSA led project collaborated to present a seminar on the TriFocal Model.
- ⇒ The UniSA led project provided a seminar to ACSA members on the TRACS model with specific reference to clinical education.
- ⇒ The Helping Hand Aged Care partner in the UniSA led project is mentoring Southern Cross Care SA&NT to apply their workforce education model and the broader TRACS model.
- ⇒ The Deakin led project and the University of Canberra led project have collaborated to provide information about the TriFocal Model in southern NSW and the ACT.
- ⇒ The University of Canberra led project hosted a Practice Education Roundtable in 2013 which involved other TRACS Projects and focused on issues facing the aged care sector and strategies to address them.
- ⇒ The Southern NSW LHD led project is providing mentoring and support to three other TRACS Projects interested in replicating the model and enhancing the development of clinical education for psychology students:
  - ACH Group led Project
  - The University of Wollongong led Project
  - The Helping Hand Aged Care component of the UniSA led Project. Staff from Helping Hand indicated that they have had difficulty identifying psychologists who are suitably qualified to supervise Provisional Psychologists on placement in their facilities. ACEU staff have offered to train and/or supervise an interested psychologist and support them in their supervision of students on placement.
  - ACEU staff also work with the NHMRC Cognitive Decline Partnership Centre, and through this with WA aged care provider Brightwater, who have also reported difficulties with finding specialist supervisors for psychology students in their program. The TRACS psychologists are providing ongoing advice and support to them on this issue.
- ⇒ The University of Tasmania led project is collaborating with the QUT led project to deliver dementia education to the aged care sector.
- ⇒ The University of Wollongong TRACS Project Lead, Professor Richard Fleming, has provided guidance on how to make the environment at IRT Kangara Waters more appropriate for people with dementia. This service is one of the four aged care services supported by the CHART Project. Feedback from staff at this service shows a direct impact on care provision as a result of the CHART Liaison's

research project which was designed to make the facility's environment more appropriate for people with dementia.

- ⇒ The CHART extension funding provided an important means of supporting development of a TRACS community of practice at IRT Kangara Waters, Belconnen, ACT. This project has involved building on the outcomes achieved by the CHART project and also another TRACS Program, the Tri-focal Model of Care, auspiced by Deakin University in Victoria.
- ⇒ The ACH Group Project has had a strong focus on student clinical education within an IPL model and during the extension of TRACS funding has seen this extended to include psychology students, collaborating with the ACEU led and University of Wollongong TRACS projects to identify lessons in providing for this group of students.
- ⇒ The Project has also, in its extension period, collaborated with the University of Southern Queensland Project Lead who has provided mentoring on systematic reviews designed to enhance care provision, and to the ACH Project Coordinator, and 2 other staff are undertaking Joanna Briggs Institute training in systematic review and research evidence utilisation.
- ⇒ The QUT Project is collaborating with the University of Tasmania led Project and with the University of Wollongong led Project in providing online workforce education.

The building and sustaining of a TRACS Community of Practice, like the Projects themselves, requires a central point of information dissemination to encourage a sharing of learnings and the development of a program of activities that supports key TRACS activities. As with the need for Project-level coordination, there is also a need for Program-level coordination and communication. This need not require a substantial amount of resourcing but has the potential to yield positive returns. For example, it can promote cost efficiencies by reducing duplication of effort, but it can also foster innovation by linking partnerships with shared fields of interest.

The national evaluators and some TRACS Projects have developed positive links to TRACS type initiatives in the USA and Canada, with a view to eventually linking Australian Projects to these in an **International Community of Practice** that would also include Norway (building on existing relationships within some TRACS Projects). **A key impetus to an International Community of Practice would be gained from an international TRACS Conference, bringing to Australia leaders from overseas and across Australia (including those who have not received TRACS funding but are pursuing the model with their own resources). This could be a self-funded activity but would require up-front investment for its organisation which could then be returned via conference attendance fees.**

## Appendix A. GUIDING EVALUATION QUESTIONS

TABLE 30: TRACS PROGRAM GOALS AND GUIDING EVALUATION QUESTIONS

#	TRACS Goal	Associated Guiding Evaluation Question
1	<b>Increased involvement for education and training providers in ageing and aged care research that is based on clinical experience</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> To what extent does research undertaken by TRACS projects reflect areas of practical concern identified by aged care staff?</li> <li><input checked="" type="checkbox"/> To what extent has aged care staff capacity to participate in teaching, learning and research been enhanced? What strategies were developed to support this outcome?</li> <li><input checked="" type="checkbox"/> What strategies have been implemented to develop the capacity of aged care providers to partner with education and training providers?</li> </ul>
2	<b>Increased involvement for aged care providers in research and clinical practices that enhance quality of care</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> To what extent does research undertaken by TRACS projects reflect areas of practical concern identified by aged care staff?</li> <li><input checked="" type="checkbox"/> What practical strategies and processes have been developed to help the aged care sector operate as a learning environment?</li> <li><input checked="" type="checkbox"/> What specific strategies and processes have been implemented by TRACS models to share their findings and learnings with the wider aged care sector, and wider education and training sectors?</li> <li><input checked="" type="checkbox"/> What specific strategies and processes have been implemented by TRACS models to share their findings and learnings with the wider aged care sector, and wider education and training sectors?</li> </ul>
3	<b>Enhanced learning opportunities for students based on clinical experience with a TRACS affiliation</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> What practical strategies and processes have been developed to facilitate high quality clinical training for students across various disciplines and professional development opportunities for staff?</li> <li><input checked="" type="checkbox"/> What processes and strategies have been developed to link the aged care and acute/primary care sectors to ensure well rounded clinical education in aged care?</li> <li><input checked="" type="checkbox"/> What strategies and processes have been implemented to ensure good quality clinical supervision and mentoring for students?</li> <li><input checked="" type="checkbox"/> What features of the TRACS models are designed to develop novel career pathways within aged care?</li> <li><input checked="" type="checkbox"/> To what extent are the TRACS models providing a learning environment for students and staff of participating organisations?</li> </ul>

#	TRACS Goal	Associated Guiding Evaluation Question
4	<b>Improved quality of care for aged care consumers and their families.</b>	<ul style="list-style-type: none"> <li>❖ What features of the TRACS models are designed to improve workforce capacity in providing complex care?</li> <li>❖ To what extent are the TRACS models providing a learning environment for students and staff of participating organisations?</li> <li>❖ What benefits for staff, students and care recipients can be identified as emerging from the TRACS models?</li> <li>❖ What specific strategies and processes have been implemented by TRACS models to share their findings and learnings with the wider aged care sector, and wider education and training sectors?</li> <li>❖ What features of the TRACS models are likely to ensure their sustainability and transferability across the sector? Have strategies been designed to encourage this outcome?</li> <li>❖ Over time, can those outputs have the effect of producing cultural change across the three sectors?</li> </ul>

## Appendix B. NATIONAL KEY PERFORMANCE INDICATORS

TABLE 31: TRACS EVALUATION FOCUS AND NATIONAL KEY PERFORMANCE INDICATORS

<b>Research related KPIs – Outcomes</b>
<input checked="" type="checkbox"/> Increased participation of aged care TRACS partners in practice-driven research projects
<input checked="" type="checkbox"/> Increased participation by education and training TRACS partners in aged care practice-driven research projects
<b>Learning and Teaching related KPIs - Outputs</b>
<input checked="" type="checkbox"/> Changes are made to the curricula of TRACS education and training providers to better reflect aged care service provision requirements
<input checked="" type="checkbox"/> Clinical placements are designed to support Inter-Professional Learning <i>Or</i>
<input checked="" type="checkbox"/> Clinical placements are designed to support Cross/ Multi Disciplinary Learning
<input checked="" type="checkbox"/> Mentors in TRACS aged care organisations are identified and supported by the education/training provider to enhance the clinical placement experience of TRACS students. (Support includes resourcing their time, and providing training and advice.)
<input checked="" type="checkbox"/> Clinical placement coordinators are appointed by participating education/training providers to manage the clinical placement experience of TRACS students and liaise with TRACS aged care providers.
<input checked="" type="checkbox"/> Strategies are designed to ensure TRACS students are prepared for clinical placement (eg through orientation programs, pre-placement information sessions or workshops)
<input checked="" type="checkbox"/> Strategies are designed to ensure TRACS aged care staff are prepared for students' clinical placement
<input checked="" type="checkbox"/> TRACS clinical placements are evaluated with students, aged care staff and education/training staff and the findings used to inform continuous improvement
<input checked="" type="checkbox"/> Purpose built physical infrastructure is established to support a TRACS learning environment <i>Or</i>
<input checked="" type="checkbox"/> Physical infrastructure is modified to support a TRACS learning environment
<b>Learning and Teaching related KPIs - Outcomes</b>
<input checked="" type="checkbox"/> TRACS students increase their knowledge of aged care
<input checked="" type="checkbox"/> TRACS students increase their knowledge of specific ageing-related conditions (eg dementia)
<input checked="" type="checkbox"/> TRACS students increase their aged care- related skills
<input checked="" type="checkbox"/> TRACS students report positively on their aged care placement experience
<input checked="" type="checkbox"/> TRACS students' attitudes towards working with older people become more positive as a result of their placement experience
<input checked="" type="checkbox"/> An increased number of students undertaking a TRACS clinical placement express interest in seeking employment in aged care by the completion of their placement
<input checked="" type="checkbox"/> An increased number of graduates undertaking a TRACS clinical placement seek employment in aged care
<input checked="" type="checkbox"/> Consumers of TRACS aged care services provide positive feedback about the quality of student-led clinical services
<b>Aged care provider related KPIs - Outputs</b>
<input checked="" type="checkbox"/> New work roles are developed for participating aged care staff as a direct result of TRACS project activities
<input checked="" type="checkbox"/> Work roles are modified for participating aged care staff as a direct result of TRACS project activities
<input checked="" type="checkbox"/> New or modified internal guidelines are developed to support improved aged care practice, based on TRACS research activities
<input checked="" type="checkbox"/> An increased amount of education and/or training materials or resources are made available to TRACS aged care partner staff
<input checked="" type="checkbox"/> Training and support is provided to TRACS aged care partners to enhance their skills as clinical placement supervisors and/or mentors, preceptors etc
<input checked="" type="checkbox"/> Training and support is provided to TRACS aged care partners to undertake further education or training



Aged care provider related KPIs - Outcomes
<input checked="" type="checkbox"/> Increased participation by TRACS aged care partner staff in TRACS-driven education and/or training opportunities
<input checked="" type="checkbox"/> Increased participation by TRACS aged care staff in aged care focused curriculum design
<input checked="" type="checkbox"/> TRACS aged care providers develop an enhanced capacity to offer high quality learning environments for students
<input checked="" type="checkbox"/> Participating aged care organisations increasingly operate as learning environments
<input checked="" type="checkbox"/> Evidence-based practice resulting from TRACS research activities is embedded in participating aged care organisations' provision of care
<input checked="" type="checkbox"/> Consumers of TRACS aged care services perceive positive results in their care as a result of TRACS related activities
<input checked="" type="checkbox"/> TRACS aged care services demonstrate improved care outcomes for their consumers as a result of TRACS related activities
<input checked="" type="checkbox"/> Retention rates improve over time at TRACS aged care organisations
<input checked="" type="checkbox"/> Recruitment rates improve over time at TRACS aged care organisations
<input checked="" type="checkbox"/> Career pathways are improved for participating aged care organisations' staff
<input checked="" type="checkbox"/> Participating aged care organisations receive external awards recognising achievements
Partnership related KPIs - Outputs
<input checked="" type="checkbox"/> Strategies are developed to support effective collaboration between partners
<input checked="" type="checkbox"/> Partnerships are formalised through a written agreement (such as an MOU)
<input checked="" type="checkbox"/> Mutual expectations of partners are clarified and agreed upon during the establishment phase of the partnership
<input checked="" type="checkbox"/> Individuals are identified to be the key point of day to day liaison between partners
<input checked="" type="checkbox"/> Con-joint appointment/s are made with funding from TRACS partners to support research and teaching (eg at Professorial or Associate Professorial level)
Partnership related KPIs - Outcomes
<input checked="" type="checkbox"/> Aged care providers develop enhanced capacity to partner with education and training partners
<input checked="" type="checkbox"/> Education and training providers develop enhanced capacity to partner with aged care partners
<input checked="" type="checkbox"/> TRACS partnerships enable leveraging of resources that would otherwise not be achievable
<input checked="" type="checkbox"/> TRACS partnerships achieve cost savings and efficiencies in particular areas
<input checked="" type="checkbox"/> TRACS partnerships lead to funding being sought from a range of sources (other than the TRACS program) to support teaching, learning and research activities
<input checked="" type="checkbox"/> TRACS partnerships are sustained beyond the end of their funding
Communication and information dissemination related KPIs - Outputs
<input checked="" type="checkbox"/> Seminars, workshops and similar group sessions are held to engage the aged care sector with TRACS project findings and lessons learned
<input checked="" type="checkbox"/> Presentations relating to TRACS projects and their findings are made to key industry events, national, state and local in the higher education sector
<input checked="" type="checkbox"/> Presentations relating to TRACS projects and their findings are made to key industry events, national, state and local in the vocational education and training sector
<input checked="" type="checkbox"/> Presentations relating to TRACS projects and their findings are made to key industry events, national, state and local in the aged care sector
<input checked="" type="checkbox"/> Presentations relating to TRACS projects and their findings are made to key industry events, national, state and local in the health care sector
<input checked="" type="checkbox"/> Research findings arising from TRACS projects are published in a range of peer reviewed journals and books
<input checked="" type="checkbox"/> TRACS research findings and lessons regarding best practice are shared online, for example, through the creation of TRACS websites
Communication and information dissemination related KPIs - Outcomes
<input checked="" type="checkbox"/> Research findings are disseminated across the aged care sector
<input checked="" type="checkbox"/> The profile is raised of the aged care environment as a quality learning environment for students in a range of health and aged care fields of study
<input checked="" type="checkbox"/> Lessons learned from the TRACS projects are shared with the wider aged care sector
<input checked="" type="checkbox"/> Lessons learned from the TRACS projects are shared with the wider education and VET sectors

- Lessons learned from the TRACS projects are shared with the health sector – including primary and acute health care
- The information dissemination activities of the TRACS projects support the development of a TRACS Learning Community of Practice

## Appendix C. SUMMARY OF NATIONAL EVALUATION DELIVERABLES

The table below summarises the national evaluation key deliverables provided from the beginning of the evaluation in December 2012 to August 2014. Those in bold and blue represent deliverables taking the form of a written report or document.

TABLE 32: SUMMARY OF NATIONAL EVALUATION DELIVERABLES 2012-2014

Deliverable	Timeline
National Workshop 1, Canberra	<b>December 2012</b>
<b>National Workshop 1 Report</b>	
<b>Progress Report 1</b>	<b>January 2013</b>
<b>Evaluation Framework</b>	<b>April 2013</b>
<b>Evaluation Communication, Information Dissemination &amp; Stakeholder Engagement Strategy</b>	<b>April 2013</b>
<b>Progress Report 2</b>	<b>April 2013</b>
Site Visits – first round	April-July 2013
KPI Survey 1	Oct-Nov 2013
<b>KPI Survey 1 Report (+ 16 Tailored Project Level Reports of Findings to Projects)</b>	<b>December 2013</b>
<b>Case Study Report – 16 Individual Case Studies and 1 Overview Case Study</b>	<b>January 2014</b>
<b>Progress Report 3</b>	<b>November 2013</b>
<b>Conference Presentation AAG (SA)</b>	<b>September 2013</b>
<b>Conference Presentation &amp; Symposium – National AAG</b>	<b>November 2013</b>
KPI Survey 2	Feb-March 2014
<b>KPI Survey 2 Report (+ 16 Tailored Project Level Reports of Findings to Projects)</b>	<b>March 2014</b>
KPI Survey 3	June 2014
<b>KPI Survey 3 Report (+ 16 Tailored Project Level Reports of Findings to Projects)</b>	<b>June 2014</b>
Student Survey	Sept-Dec 2013
<b>Student Survey Report</b>	<b>May 2014</b>
Partner Survey	March-April 2014
<b>Partner Survey Report</b>	<b>August 2014</b>
National Workshop 2, Melbourne	May 2014
<b>National Workshop 2 Report</b>	<b>May 2014</b>

Deliverable	Timeline
Review of the Literature	Jan-Apr 2014
<b>Literature Review Report</b>	May 2014
Site Visits – second round	Mar-Aug 2014
<b>Site Visit 2 Report</b>	August 2014
<b>Progress Report 4</b>	August 2014
Conference Presentation ACSA	September 2014
Chairing SA TRACS Symposium National AAG Conference	December 2014
National Evaluation Website - <a href="http://www.adelaide.edu.au/wiser/tracs">www.adelaide.edu.au/wiser/tracs</a> .	
National Evaluation Newsletters 1, 2, 3, 4 and 5	Jan 2013-Dec 2014
Final Interviews with all Projects	Oct-Dec 2014
Analysis of Projects reports to the Department	March 2015
<b>Progress Report 5</b>	February 2015
<b>KPI Survey 4 Report</b>	February 2015
<b>Final Project Report + 16 Final Case Study Reports</b>	May 2015
Workshop and Panel Facilitation with DSS Senior Executives	May 2015

## Appendix D. REPORTS PRODUCED FOR THE NATIONAL EVALUATION

ACCOMPANYING REPORT #	YEAR	TITLE
1	2013	<i>National Evaluation of the TRACS Program: National Evaluation Framework</i>
2	2014	<i>Exploring the Teaching Nursing Home Model: Literature Review to Inform the National Evaluation of the TRACS Program</i>
3	2014	<i>National Evaluation of the TRACS Program: Report of the TRACS Student Placement Experience Survey</i>
4	2014	<i>Survey of TRACS Projects: Experiences of Partner Organisations. A component of the National Evaluation of the TRACS Program</i>
5	2013	<i>TRACS National Evaluation: Workshop 1 Report</i>
6	2014	<i>TRACS National Evaluation: Report of Workshop 2</i>
7	2013	<i>Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 1</i>
8	2014	<i>Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 2</i>
9	2014	<i>Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 3</i>
10	2015	<i>Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 4</i>
11	2013	<i>National Communication, Information Dissemination and Stakeholder Engagement Strategy</i>
12	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 1, The Cooperative for Healthy Ageing Research and Teaching Service (CHART)</i>
13	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 2, GTRAC –Adelaide Geriatrics Training and Research with Aged Care Centre</i>
14	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 3, Resthaven Inc: Preparing an Aged Care Workforce: building the model for teaching and research in aged care</i>
15	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 4, ReSeE – Resident experience, Student experience, Employability</i>
16	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 5, The ACH Group Inter-professional Learning Delivering Good Lives Project</i>
17	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 6, Sumner House Centre of Excellence</i>
18	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 7, The Tri-Focal Model of Care</i>
19	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 8, St John’s Village and The Centre TRACS Community Partnership</i>
20	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 9, Wicking Teaching Aged Care Facilities Program</i>
22	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 10, Real Cases, Real Time Hammondcare NSW</i>

ACCOMPANYING REPORT #	YEAR	TITLE
22	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 11, Research and Development in Aged Care - RSL LifeCare and the Australian Catholic University</i>
23	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 12, Illawarra Teaching and Aged care <b>Research Service (ITRACS)</b></i>
24	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 13, A Model for Psychologists Working in Residential Aged Care</i>
25	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 14, Aged Care and Community <b>Education Research Training (ACCERT)</b></i>
26	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 15, The Triple C Model: Enhancing aged care education and practice through Collaboration, Creativity and Capacity Building (CCC)</i>
27	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 16, Community of Interdisciplinary Practice for People with <b>Dementia (CIP-D)</b></i>
28	2013	<i>National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Overview Report</i>
29	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 1, The Cooperative for <b>Healthy Ageing Research and Teaching Service (CHART)</b></i>
30	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 2, <b>GTRAC –Adelaide Geriatrics Training and Research with Aged Care Centre</b></i>
31	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 3, Resthaven Inc: Preparing an Aged Care Workforce: building the model for teaching and research in aged care</i>
32	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 4, <b>ReSeE – Resident experience, Student experience, Employability</b></i>
33	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 5, The ACH Group Inter-professional Learning Delivering Good Lives Project</i>
34	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 6, Sumner House Centre of Excellence</i>
35	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 7, The Tri-Focal Model of Care</i>
36	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 8, St John’s Village and The Centre TRACS Community Partnership</i>
37	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 9, Wicking Teaching Aged Care Facilities Program</i>
38	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 10, Real Cases, Real Time Hammondcare NSW</i>
39	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 11, Research and Development in Aged Care - RSL LifeCare and the Australian Catholic University</i>

ACCOMPANYING REPORT #	YEAR	TITLE
40	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 12, Illawarra Teaching and Aged care Research Service (ITRACS)</i>
41	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 13, A Model for Psychologists Working in Residential Aged Care</i>
42	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 14, Aged Care and Community Education Research Training (ACCERT)</i>
43	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 15, The Triple C Model: Enhancing aged care education and practice through Collaboration, Creativity and Capacity Building (CCC)</i>
44	2015	<i>National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 16, Community of Interdisciplinary Practice for People with Dementia (CIP-D)</i>
45	2015	<i>TRACS to the Future: National Evaluation of Teaching and Research Aged Care Service (TRACS ) models supported through the Aged Care Workforce Flexible Fund: FINAL REPORT</i>

## APPENDIX E: KEY CONTACTS FOR TRACS PROJECTS

PROJECT LEAD	ORGANISATION	EMAIL
<b>ACH GROUP:</b>		
Jeff Fiebig	ACH Group, Adelaide	<a href="mailto:JFiebig@ach.org.au">JFiebig@ach.org.au</a>
Kirsty Marles	ACH Group, Adelaide	<a href="mailto:KMarles@ach.org.au">KMarles@ach.org.au</a>
<b>AUSTRALIAN CATHOLIC UNIVERSITY AND RSL LIFE CARE, NORTH SYDNEY</b>		
Prof Tracey McDonald	Aust Catholic University	<a href="mailto:tracey.mcdonald@acu.edu.au">tracey.mcdonald@acu.edu.au</a>
<b>BROTHERHOOD OF ST LAURENCE, VICTORIA</b>		
Dr Helen Kimberley	Research & Policy Centre, Brotherhood of St Laurence	<a href="mailto:HKimberley@bsl.org.au">HKimberley@bsl.org.au</a>
<b>DEAKIN UNIVERSITY: THE TRI-FOCAL MODEL OF CARE</b>		
Prof Alison Hutchinson	Deakin University	<a href="mailto:alison.hutchinson@deakin.edu.au">alison.hutchinson@deakin.edu.au</a>
<b>GRIFFITH UNIVERSITY, QUEENSLAND</b>		
Prof Lorraine Venturato	University of Calgary, Canada	<a href="mailto:lventura@ucalgary.ca">lventura@ucalgary.ca</a>
<b>HAMMONDCARE NSW:</b>		
Assoc Prof Andrew Cole	Hammondcare, NSW	<a href="mailto:acole@hammond.com.au">acole@hammond.com.au</a>
<b>QUT AND</b>		
Prof Elizabeth Beattie	Queensland University of Technology	<a href="mailto:Elizabeth.beattie@qut.edu.au">Elizabeth.beattie@qut.edu.au</a>
<b>RESTHAVEN INC:</b>		
Wendy Morey	Resthaven Inc, Adelaide	<a href="mailto:WMorey@resthaven.asn.au">WMorey@resthaven.asn.au</a>
<b>SOUTHERN NSW LOCAL HEALTH .... AND GOODWIN AGED CARE</b>		
Annaliese Blair	Aged Care Evaluation Unit, Greater Southern	<a href="mailto:Annaliese.Blair@gsahs.health.nsw.gov.au">Annaliese.Blair@gsahs.health.nsw.gov.au</a>
Dr Sarah MacPherson	Area Health Service	<a href="mailto:Sarah.MacPherson@gsahs.health.nsw.gov.au">Sarah.MacPherson@gsahs.health.nsw.gov.au</a>
<b>ST JOHN'S VILLAGE, WANGARATTA, VICTORIA</b>		
Karen Marsh	St John's Village, Wangarratta	<a href="mailto:Karen.Marsh@stjohnsvillage.com.au">Karen.Marsh@stjohnsvillage.com.au</a>
<b>UNIVERSITY OF ADELAIDE AND RESTHAVEN INC: G-TRAC</b>		
Renuka Visvanathan	The University of Adelaide	<a href="mailto:renuka.visvanathan@adelaide.edu.au">renuka.visvanathan@adelaide.edu.au</a>
<b>UNIVERSITY OF SA AND HELPING HAND AGED CARE</b>		
Dr Susan Gilbert-Hunt	University of SA	<a href="mailto:Susan.Gilbert-Hunt@unisa.edu.au">Susan.Gilbert-Hunt@unisa.edu.au</a>
Megan Corlis	Helping Hand Aged Care	<a href="mailto:mcorlis@helpinghand.org.au">mcorlis@helpinghand.org.au</a>
Helen Loffler		<a href="mailto:hloffler@helpinghand.org.au">hloffler@helpinghand.org.au</a>



<b>UNIVERSITY OF SOUTHERN QUEENSLAND AND ANGLICARE SOUTHERN QUEENSLAND: ACCERT</b>		
Dr Clint Moloney	University of Sthn Qld	<a href="mailto:Clint.Moloney@usq.edu.au">Clint.Moloney@usq.edu.au</a>
<b>UNIVERSITY OF WOLLONGONG AND IRT</b>		
Prof Richard Fleming	University of Wollongong	<a href="mailto:rfleming@uow.edu.au">rfleming@uow.edu.au</a>
<b>WICKING TACF, THE UNIVERSITY OF TASMANIA, GRAVITAS &amp; MULTIPLE AGED CARE PROVIDERS</b>		
Prof Andrew Robinson	University of Tasmania	<a href="mailto:Andrew.Robinson@utas.edu.au">Andrew.Robinson@utas.edu.au</a>



...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...

...the ...