

HACC Service Development Grants: Outcomes and Future Directions

Consultancy Report to the
Victorian Department of Human Services

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For further information, contact Coordinated & Home Care Unit, HACC Service Development, Rural & Regional Health & Aged Care Services Division, Department of Human Services Victoria, 10/555 Collins Street, Melbourne, 3000

Report prepared by - Anna Howe, Julie Prideaux and Peter Clark for the Department of Human Services, Home and Community Care Program (HACC)



J Prideaux and Associates Pty Ltd, email jprideaux@netspace.net.au

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HACC Service Development Grants: Outcomes and future directions

1. Executive summary

What did the project aim to do?

Service Developments Grants (SDGs) were formalized as a part of the HACC Program in Victoria in 1993, with a view to facilitating continuing innovation in service delivery and evaluation. A decade on, and with a new framework just adopted for planning and allocation of HACC funding on a three year cycle, it is timely to look to the future of SDGs.

To this end, this project examined the scope, scale and outcomes of SDGs funded between 1997 and 2002. The specific aims of the project were to:

To catalogue and analyse the allocation of HACC SDG funds for the last five years, from 1997-98 to 2001-2002;

To identify options for a cost effective and sustainable central clearing house for dissemination of the findings of projects funded through SDGs; and

To develop options and recommendations for more targeted and strategic use of one-off funds for program-relevant research, policy and service development, including potential roles for the Departmental Advisory Committee on HACC, the community care research sector, Central Office and DHS Regional Offices.

Overview of findings and recommendations

The main finding of the project was that SDGs have made significant contributions to the HACC program and community care more widely. As well as achieving positive outcomes for the agencies involved in individual SDGs, innovations have spread through collaboration between agencies and new approaches have been taken up across the community care sector, with benefits to HACC services and the program as a whole, at local, regional and statewide levels.

SDGs have been particularly valued as one of the few sources of funds for research and service improvement initiatives, and as such, constituted a unique component of HACC. Over time, several SDGs built on the outcomes of earlier projects, and the cumulative outcomes achieved mean that the SDGs now provide the foundation for more strategic research to guide the development of HACC into the future.

The findings endorse the proposal made in the Final Report on Better Planning and Funds Allocation in HACC released by DHS, in 2003, for continuation of the SDGs, and the first recommendation is made to this effect as follows.

Recommendation 1: Integrated dissemination, applied service development and strategic research

That SDGs continue as a distinct component of the HACC program and that their future contribution to the program be developed through an integrated set of initiatives to promote dissemination of SDG outcomes and information, applied service development and strategic research, as set out in the recommendations below,

- and that integration of these initiatives with the community care field and the health and ageing fields more widely be promoted through on-going liaison with:
- the Home and Community Care Departmental Advisory Committee (HACC DAC), comprising peak bodies from the community care field;
- service providers through DHS Regional Offices;
- the Departmental Research Interest Group overseeing the Aged Care Research Agenda.

Effective dissemination of outcomes was found to be integral to SDGs realising their full potential in service development. While a wide range of dissemination activities were found, a more integrated approach was needed. There was wide recognition that the best means of achieving ready access to SDGs reports and other products would be through the establishment of a web-based clearinghouse, along the lines of those already supporting research and innovation components of other health and community services programs. These suggestions are put forward in the second recommendation.

Recommendation 2: Promote wide dissemination of SDG outcomes

That an internet based clearinghouse be established as a central element in a multi-part strategy to promote dissemination of outcomes of SDGS and access to information on the SGD component of HACC, and

- that this clearinghouse be linked to the DHS HACC website;
- that development of the clearinghouse be staged over a 12 month period in conjunction with the annual SDG process; and
- that complementary dissemination strategies include activities such as triennial statewide SDG Forums, presentations on SDGs at regional workshops and other conferences, access to hard copies of SDG reports and articles on SDGs in Departmental newsletters.

Extensive analysis of a database detailing SDGs and consultations in the field found that a wide variety of SDGs had been carried out by an equally wide range of agencies involved in community care, and pointed to factors associated with achievement of project objectives and to limiting factors. These findings in turn indicated a number of areas where SDGs can be strengthened to ensure they continue to make an effective contribution to service development and to add value to the outcomes of individual SDGs. The third recommendation sets out these measures.

Recommendation 3: Promote continued contribution of SDGs to service planning and delivery

That in recognition of the contributions that Service Development Grants have made to planning and delivery of HACC services, and the level of interest in maintaining and strengthening this contribution in the future, the applied service development stream of SDGs be continued and strengthened, and to this end, that management of the SDG component of HACC give added attention to activities that will enhance the SDG process by way of:

- widening the range of methods adopted in projects, including promotion of links between HACC providers and research and training agencies that can support the development and conduct of SDGs and implementation of outcomes;
- promoting collaboration between agencies in planning and carrying out SDGs;
- promoting exchange between HACC providers to further the take up of outcomes of SDGs in service provision; and
- revising the program Guidelines to clarify and support the roles of DHS central and regional offices, streamline the SDG process and make the clearinghouse an integral part of the SDG process.

The adoption of the new framework for planning and allocating resources in HACC in Victoria both called for and provided the opportunity for more strategic research to inform priority areas in HACC and to explore newly emerging issues in the wider environment in which the program operated. Allocating a proportion of SDG resources to this strategic research would complement the continuation of the stream of applied research and service development. The final recommendation in support of this initiative recognises the benefits that a stream of strategic research can bring to Victoria's capacity in ageing research more generally.

Recommendation 4: Foster strategic research to provide an evidence base for policy and planning

That a stream of strategic research be developed within the SDG component of HACC to provide a sound evidence base for HACC policy and planning, with features of this stream of activity to include:

- a focus on identified priorities for the program as a whole;
- capacity to take a longer term view and conduct scoping investigations of emerging priorities; and
- enhancement of Victoria's role in building national ageing research capacity.

Summaries of the key findings underpinning these recommendations, and of the actions proposed to give effect to the strategic directions for the SDGs follow.

How have SDGs been used over the last five years?

A total of 355 projects were examined and categorised according to agencies received, regional distribution, focus of project, funding allocation, patterns of agency involvement regional spread of funding, focus of and distribution across different agency types and funding by focus of SDGs. It should be noted that as training activities pioneered by SDGs have been taken up in course provided by Registered Training Organisations, this analysis included only a small number of SDGs concerned with training.

Over the five year period:

- **185 agencies undertook SDG projects** – six out of ten conducted only one project, and only two out of ten agencies conducted three or more SDGs.

- **SDGs were undertaken by a broad spread of agencies** – in order of the share of SDGs, they were local government with 20%, followed by community health agencies, peak bodies, not for profit providers, DHS central and regional offices, agencies representing CALD groups, then hospitals, with 3% of SDGs going to agencies representing each of Aboriginal and disability client groups.

- **The distribution of SDGs across the State was:**

over half, 57%, to metropolitan regions, lead by the **Western Metropolitan Region** (37%), a large number of smaller SDGs allocated to ethnic agencies and peak organisations/multi regional agencies based in the WMR, region, and with almost equal shares then to the **Eastern, Southern and Northern Regions**.

Almost one third of the SDGs allocated to non-metropolitan regions, with the largest share going to **Loddon Mallee** (9%), and then **Gippsland and Hume** (6% each), **Grampians** (5%) and **Barwon South West** (4%). Community Health agencies accounted for a higher share of all SDGs in non-metropolitan regions compared to metropolitan regions.

DHS central office accounted for 12% of SDGs, generally statewide, multi regional or peak organisation projects and, earlier in the five year period, conferences and publications.

- The SDG projects had **a strong applied service development focus** with five major categories identified:

Development of service delivery models, service integration, expansion and enhancement (24%);

Client group focus on CALD clients, disability clients and clients living in marginal housing (21%);

Focus on a specific service - transport, assessment, case management and co ordination, allied health and nutrition (21%);

Communication, workforce development and support, including information dissemination, conferences, training and volunteers (19%);

Planning and related investigations, covering needs analysis, strategic planning, resource allocation and management, and information technology (15%).

- **Associations between SDG focus and regional spread were evident:**

Service development projects (delivery model and integration focus), planning (needs analysis), service specific focus (transport focus) and communication (training and volunteers focus) were widely spread across more than 7 of the 9 regions, indicating that some common issues were being addressed in a number of regions;

Projects with a narrower spread, undertaken in less than 6 regions, included SDGs focused on particular client groups, service development (expansion and enhancement projects), planning (strategic, resource allocation and management and IT), service specific focus (assessment/metro, case management and coordination, allied health, nutrition) and communication (information dissemination and conferences and consultation);

Some SDGs with a particular focus were concentrated in some regions, indicating a prevailing issue and building on previous work undertaken; for example, 13 SDGs on service delivery models focusing on agency coordination were in the Southern Region, there was a transport focus in projects funded in the Hume Region, and the Western Metropolitan region had a concentration of projects focused on allied health and CALD access projects.

Total funding for SDGs was \$7,855,812 over the five year period. The span of grants ranged from under \$1,000 to \$400,000, the median amount being \$15,000. A third of SDGs were of less than \$10,000 and only 8% were for more than \$50,000. The high number of small grants raised questions about wider system outcomes that could be achieved, but it was acknowledged that small grants could be very effective in achieved their specifically intended purposes.

What have been the outcomes of SDGs?

A range of beneficial outcomes were found, over the shorter and longer term.

Products and outcomes resulting from SDGs **in the short term** were grouped into:

Program management and service delivery tools, including policies and procedure manuals, strategic plans for development of aged and disability services, demand management and coordination across agencies to increase service access, specific service reviews, input into INI and SCOT.

Standardisation of practices and procedures within and between agencies - for example preparation of standardised assessment and care plans, national risk assessment tool, OH&S.

Training for dementia care, in service training, and new skills development for staff.

Establishment of service delivery models for new services, such as provision of culturally appropriate meals, staged development of new services, service mergers to increase scope and coverage and viability, integrated community transport.

Needs analysis and demonstrations of need leading to new and additional services.

Community development outcomes - such as capacity building between agencies, using projects to build stronger working relationships which then lead to other initiatives, increased social connectedness for clients and increased knowledge of self care strategies.

Longer term outcomes of SDGs were that:

- Outcomes could be broader than the SDG itself; for example, the process of undertaking the initial SDG project could generate on-going planning and service development partnerships between agencies which in turn identified a range of other service improvement initiatives or projects.
- Clients access to services was enhanced;
- For the broader community care field, projects have informed the development of service models and service improvements across regions and the State.

What factors were associated with positive outcomes?

Factors associated with positive outcomes were identified as well as those which might limit the success of the project. Key factors for achieving positive outcomes were:

- Thinking through the project brief, being clear about the scope and ensuring sound project methodology;
- Allowing for necessary consultation process in start up phase and ensuring adequate communication during the conduct of the project and strategies in place for disseminating project outcomes;
- Agreement and good will between key stakeholders in designing and conducting the project;
- Adequate resources and timeframe;
- DHS administrative processes and support;

- Availability of skills and expertise to meet demands of the project;
- Staging and linking of projects.

Absence of these factors was noted as likely to limit success, but no systemic factors were identified that limited outcomes across the SDGs as a whole.

What should the future direction for SDGs be?

In line with the directions outlined in the Better Planning and Funds Allocation report, the future of HACC SDGs is expected to be a balance between:

- Applied projects with a strong focus on service development; the service development stream will continue and build on the established pattern of SDGs to date, and
- More strategic research projects to inform policy development in HACC; the strategic research stream will be advanced as part of the wider Aged Care Research Unit.

The project found that the cumulative outcomes of the SDGs added up to far more than a series of individual projects, suggesting that achieving further value added of this kind will depend on linking the different components of the SDG component of HACC together. To these ends, it is recommended that:

- A Service Development Stream and a Strategic Research Stream should be developed as complementary streams within the Service Development Grant program.
- These streams should be coordinated and integrated so that they inform each other and so that maximum benefit is derived from the total research and development effort for the HACC program at both statewide and regional level.
- The determination of priorities for future research should be driven by statewide and regional three year plans for HACC but also build on consideration of past SDG research in HACC, other relevant research and current gaps in research, and give due consideration to longer term horizons.
- Consultation with HACC DAC and regions with regard to determining SDG priorities should be on-going.
- Better information dissemination is critical to assisting the effective and efficient use of past and current resources allocated for research and to promoting improved practice, and developing the expertise and skill base within the field.
- The quality of research could be further enhanced by supporting service agencies in the design and conduct of action research.
- Better links between HACC research and broader ageing research should be promoted.

A summary of the four strategic directions recommended for the future development of the SDGs as a component of HACC, and actions to give effect to them, follows.

STRATEGIC DIRECTION	KEY ACTIONS
1 Better dissemination of information	
<p>Improving information sharing, providing opportunities for projects to learn from and build on previous research, sharing expertise when identifying and conducting new research projects and promoting a culture of sound applied research</p> <p>Adopt the 4-E strategy – exposure, experience, expertise and embedding to reach audiences of researchers, providers and consumers with the goals of increased knowledge, promoting positive attitudes, increased competence and increased utilisation of research findings over time”</p>	<p>Use multiple channels for dissemination:</p> <ul style="list-style-type: none"> • Conferences and workshop – at key stages of SDGs development and reporting • HACC newsletters • Peak bodies - utilising their channels to disseminate information and promote awareness of SDGs- past, current and potential future • Hard copies available in central repository • Web-based Clearinghouse- staged implementation, when fully established to provide: <ul style="list-style-type: none"> ○ holding of list of past SDGs and contact sources; ○ reports of past SDGs where possible; ○ all future SDG reports to be held on site; ○ key information on SDG funding rounds and allocation and projects underway; and ○ linked to other relevant websites and resource information for applied research.
2 Strengthen the service development stream	
<p>Strengthen methodologies – improve the rigour of project design and methodologies</p>	<p>Areas for attention include:</p> <ul style="list-style-type: none"> • Improving range of data used- e.g. HACC MDS data, ABS, ACAS MDS, AIHW; • Addressing research ethics issues as required; • Focusing on priority projects; • Linking project ideas to wider sources of information and research; • Resource guides for ensuring methodologically sound applied research.
<p>Strengthen exchange between SDGs and service development – to bring practice research and development stream and strategic research stream together and to promote better links between “like” projects</p>	<p>Possible approaches include:</p> <ul style="list-style-type: none"> • Adopt a lead agency and group model; • Peak bodies assist with forging links between projects; • Clearinghouse to enhance information dissemination and build research capacity; • Training outreach strategy developed and implemented.

STRATEGIC DIRECTION	KEY ACTIONS
<p>Linking SDG outcomes to service development and program direction- implement a more systematic approach to linkage of outcomes of SDGs to statewide program direction and service development</p>	<ul style="list-style-type: none"> • Develop systems to ensure that projects conducted are linked to HACC program direction and service development. • Utilise findings of previous projects to inform program directions
<p>Improved management of SDG process to ensure enhanced SDG contribution to program and service development is achieved.</p>	<ul style="list-style-type: none"> • Revise guidelines to clarify and support regional office roles and effective working relationships with agencies; • Consultative processes in place at statewide and regional level. • A staged approach to projects over the three year timeframe
<p>3 Enhancing the strategic research stream</p>	
<p>Setting directions for strategic research – there is a need to ensure that statewide research and regional local research are well linked and that together they add value to the overall development of the HACC;</p>	<ul style="list-style-type: none"> • Ensure mechanisms are in place for peak body and regional input into the strategic research agenda for SDGs • Input from HACC DAC and regions for SDG planning and funding cycle as outlined in figure 1 is proposed
<p>Reviews of past SDGs in areas of statewide priorities- there is a need to ensure that future priorities for research are informed by critical appraisal of relevant past projects both through identifying potential areas for further research and ensuring that future research builds on rather than duplicates past research.</p>	<ul style="list-style-type: none"> • HACC and CALD communities, Technology in HACC and Very high needs clients and case management are nominated as high priority areas for further research funded through SDGs • Building on past research where relevant should occur

STRATEGIC DIRECTION	KEY ACTIONS
4 Strengthening strategic research in community care, ageing and disability	
<p>Recognition of value of strategic research for policy and program development- service development projects should be allocated in the wider context of the strategic research stream and have a longer term focus</p>	<ul style="list-style-type: none"> • Locate the planning and development of SDG research for HACC within the broader research agendas for DHS in aged care and disability. • HACC DAC to consider how research interests should be represented. • A broader conceptualisation of HACC research is indicated which takes account of the wider social context in which HACC services are delivered and has a longer term “futures” focus.
<p>Commissioning research in a negotiated research program -better links with academic institutions will further enhance and broaden research and development agenda for aged care and HACC</p>	<ul style="list-style-type: none"> • DHS to develop links with aged care research units where relevant and to enlist their involvement in a broader aged care research agenda and HACC research within that context. • DHS to promote disability research.
<p>Strategic research in HACC within the context of wider ageing research –both streams of SDGs need to be considered in the context of the Commonwealth Better Ageing Research Capacity Initiative (BARC) and a national research agenda</p>	<ul style="list-style-type: none"> • Past and future SDGs to be linked to Commonwealth Ageing Research Directory and to be linked to SDG research in other states. • DHS and HACC DAC to advocate for the need for research and evaluation to be part of HACC and Aged Care development at the national level • HACC DACC and DHS to encourage collaborative links between DHS, HACC provider agencies and ageing and disability research units with a view to maximising Victoria’s research role nationally.

2 Aims, scope and methodology

2.1 Aims of project

Since its inception almost 20 years ago, the Home and Community Care Program has been characterised by the promotion of innovative approaches in community care and recognition of its wider potential for community development. The early years of HACC saw rapid growth and development of community care, that is, not just more of the same, but more and different. This spirit of experimentation continued through the late 1980s, but on an *ad hoc* basis.

In 1993, the Service Development Grants were formalised as a component of HACC to provide a more organised approach to promoting new models of service delivery and evaluation of alternative approaches. The SDGs also provided a means of stimulating the adoption of new ideas coming from within the community care sector, such as case management, and from the outside environment, most notably in information technology.

As stated in the program guidelines, the purpose of SDGs was to encourage specific research and development activities which are designed to improve service delivery for HACC consumers. Joint applications by groups of agencies were encouraged, and the outcomes to which SDGs were directed were:

Improved joint planning and/or service provision.

Enhanced integration and coordination of local service systems.

Improved effective targeting and resource allocation.

Enhanced common assessment and improved access.

Improved flexibility of service provision, for example, out of hours services; and

Increased quality of service provision.

Through the mid to late 1990s, a large number of SDGs were funded each year, many of them reflecting the annual priorities set for the program at state and regional level. An Aged Care Research and Services Development Presentation Forum was held in April 1999 (DHS, 1999), but notwithstanding the considerable achievements reported by many SDGs at that Forum, there has been no regular dissemination of SDG outcomes, and neither has a systematic effort in research and evaluation developed in the community care sector.

A decade on, it is timely to review the achievements of the SDG component of HACC and to look to its future role as HACC moves into a new phase of development as set out in the final report on *Better Planning and Funds Allocation for the Home and Community Care Program in Victoria* (DHS, 2003). With reference to the future role of SDGs as a component in HACC, the Final Report reiterated the Consultation Paper released in the course of developing the new framework, which observed that:

Service development grants play a critical role in supporting innovation at both HACC program and individual agency level. However, there is a view that too many service development projects have failed to generate worthwhile outcomes. There are also problems of duplication and disconnection. At various times there have been separate projects funded in different regions to do the same, or very similar, things. Alternatively, projects have been funded in individual regions that would have benefited from a multi-regional focus. And there has been no routine way of ensuring that the knowledge gained from individual projects is disseminated.

The continuation of the SDGs was strongly supported, with a number of modifications to achieve more effective use of funds. A broad proposal was made to allocate half the available funds to support service development and evaluation initiatives and half to more strategic research to inform the development of practice in priority areas. Funding of minor capital projects was to be excluded from SDGs.

The project reported here was commissioned to provide a basis for advancing SDGs in the new strategic framework in line with the broad directions noted in the Better Planning and Funds Allocation Final Report. Accordingly, the aims of the project as outlined in the brief were:

To catalogue and analyse the allocation of funds for Service Development Grants (SDGs) under the Home and Community Care Program (HACC) over the last five years, from 1997-98 to 2001-02.

To identify options for a cost effective and sustainable central clearing house for dissemination of the findings of projects funded through SDGs.

To develop options and recommendations for more targeted and strategic use of one-off funds for program-relevant research, policy and service development, including potential roles for the Departmental Advisory Committee on HACC, the community care research sector, Central Office and DHS Regional Offices.

2.2 Scope

Prior to the commencement of the project, DHS reviewed the SDG database to identify a set of SDGs that had focused on the development and delivery of training for community services staff. These training activities have since been taken up in a number of accredited training programs provided by Registered Training Organisations (RTOs) and DHS has initiated concerted policy activity in this area. These program and policy developments can themselves be seen as positive outcomes of the SDG component of HACC.

The scope of the project was to catalogue and analyse the last five years of SDG funded projects and to compare these with the need within HACC for an ongoing program of research, policy development and program/service evaluation. After elimination of a number of duplicate entries, the DHS database detailed a total of 355 SDGs.

The project examined the scope, scale and outcomes of SDGs, and makes a number of recommendations for better dissemination of SDG outcomes and for future directions for use of SDG funds, across two distinct but linked streams of strategic research and applied service development to advance both policy and program delivery.

The project was supported by a Reference Group of Departmental staff (listed at Appendix 1), with liaison with the DHS HACC Service Development Team, the HACC Operations Team and relevant staff in DHS Regional Offices.

The project also required consultation with a selection of external stakeholders. Primary among these were HACC providers who had received SDGs and carried out projects. More generally, stakeholders included other HACC providers and their peak bodies, consumers and their representative agencies, and researchers and consultants in the community care field. The schedule of consultations is at Appendix 2.

2.3 Methodology

2.3.1 Scoping and preparation

The main task carried out to set the scope of the project involved reviewing background material from DHS, including a publication resulting from a 1999 Forum at which SDGs and a range of other Departmental research and development activities were presented (DHS, 1999), and current policy papers on HACC (DHS, 2003, Commonwealth Department of Health and Ageing, 2003). This review activity provided an understanding of SDGs to 1999, and set the context in which the SDG component of HACC was likely to function into the future.

Practical preparation involved finalising the scope and methodology to be utilised, checking the SDG database provided by DHS to remove duplicate entries and fill some gaps, and collecting reports on as many SDGs as possible from a range of sources.

2.3.2 Classification and analysis of SDGs

The DHS database included details of the 355 SDGs in terms of the region in which the SDG had been conducted, the agency receiving the SDGs and amount of funding received, and a very brief description of the project. Two additional variables were added (1) to classify the recipient agencies into broad types of agencies, and (2) to indicate the focus or purpose of each project.

A number of frequency tables were first prepared and a set of cross tabulations were then compiled to show relationships between the variables of interest. Three preliminary reports on these analyses were presented to the Reference Group and the analyses finalised in the light of these discussion.

The results of the analysis of the SDG database are presented in Section 3 of this report, with supplementary detailed tables included in Appendix 3.

2.3.3 Consultations and experience in the field

Consultations with key stakeholders were held to obtain reports of direct experience of SDGs and feedback on wider outcomes. Three regional focus groups were conducted to cover the state and a fourth focus group was convened with consultants and researchers. Invitations to the focus groups were sent to peak bodies and to HACC agencies identified by DHS regional offices on the basis of having received either a substantial SDG or more than one SDG, and so had a wider experience to report on.

Some 40 participants attended the regional Focus Groups, together with Departmental officers from central and regional offices. Participants were provided with background information in advance and were requested to complete a form summarising their experience with SDGs. The format followed in the Focus Groups was:

Presentation of a brief report on SDGs, 1997-2002, to set the scene;

Participant discussion of experiences and reporting on outcomes achieved, including examples of outcomes of particular SDGs as case studies as well as for SDGs overall;

Identification and canvassing of factors associated with positive and negative experiences of SDGs; and

Consideration of future directions.

The findings from the consultations are reported in Section 4 of this report.

2.3.4 Assessment of outcomes and development of options

Assessment of the outcomes of SDGs individually and of the program overall was based on analysis of the SDG database, the experience of the field reported through the consultations, and review of written reports and other products such as audio-visual materials.

This assessment identified both the strengths of the SDGs as a component of HACC and a number of areas in which improvements could be made to enhance the effectiveness of individual SDGs and their cumulative outcomes for program development.

The assessment generated a number of recommendations for improving the dissemination of outcomes of the SDGs and in relation to the continuing contribution that SDGs could make to the HACC program and wider research and service development in aged and disability services. Options that would add further value in future were developed, including an information clearinghouse.

The areas for future development and recommendations are presented in Section 5 of this report.

3 Service Development Grants: 1997 - 2002

This section presents an account of the Service Development Grants and projects carried out between 1997 and 2002, using an extensive database provided by DHS. The first part of this section presents basic analysis of the number of SDGs received by agencies, their regional distribution, the types of agencies receiving SDGs, the focus or purpose of the SDGs, and funding. Relationships between these aspects of SDGs are then reported and a number of patterns are highlighted; detailed tables for these analyses are presented in Appendix 3.

3.1 Number of SDGs received by agencies

A total of 355 SDGs were made in the five years from 1997-97 to 2001-02. 185 different agencies received SDGs, counting DHS Central Office and each Regional Office as a separate agency

Table 3.1: Number of SDGs received by number of agencies

Number of SDGs received	No. of Agencies	% of agencies	Comments
1 only	109	59%	Wide range of agencies
2	38	20%	Wide range of agencies
3	20	11%	Mix of agencies
4	5	3%	Mix of agencies
5	7	4%	Mix of agency types
6	2	1%	Mornington Peninsula Shire DHS Loddon-Mallee Region
7	1	2%	Inner West Migrant Resource Centre
8	1		Council on the Ageing (Vic)
10	1		Vision Australia (central and regional branches)
18	1		DHS Central Office
	185	100%	

3.2 Regional distribution of SDGs

The allocation of SDGs on a regional basis is shown in Table 3.2.

The 18 SDGs allocated to DHS Central Office were either statewide or involved activity in a number of regions. By way of example:

The Council on the Ageing (Victoria) received an SDG to compile and publish a statewide Directory of HACC Services; this SDG was administered through the DHS Central Office and assigned accordingly.

The Dieticians' Association of Australia (Victorian Division), a peak body, received three SDGs to develop a tool for identifying and assessing HACC clients who were at risk nutritionally, to train HACC staff in use of the tool, and to publish relevant supporting material for agencies and clients. The developmental and training projects were carried out in a number of regions and the resource material were distributed statewide.

The balance between metropolitan and non-metropolitan regions broadly matches the shares of population.

Within the metropolitan regions, the high number of SDGs in the Western Metropolitan Region to some extent reflects the location of a number of peak bodies in that region and some of the SDGs conducted by these agencies involved activity beyond the WMR. For example:

Interchange Victoria Respite Care Association is located in the WMR, but the SDGs it carried to promote access to respite care for clients in ethnic communities involved consultation and action research with a range of different HACC provider agencies spread across a number of regions, and the outcomes were directed to statewide application.

The Australian Polish Community Services Inc. has its headquarters in the WMR, but two SDGs focused on social support for isolated older women were carried out in different localities with significant Polish communities.

Of the non-metropolitan regions, Loddon Mallee had a relatively high number of SDGs and Barwon-South West had a relatively low number. Again however, some SDGs located in one region involved activity across other regions.

Table 3.2: SDGs by Regions

Region	Number		%	
DHS Central Office	42	42	12%	12%
Barwon South West	14		4%	
Gippsland	21		6%	
Grampians	18		5%	
Hume	23		6%	
Loddon Mallee	33		9%	
Regional total		109		31%
Eastern Metro	46		13%	
Northern Metro	37		10%	
Southern Metro	40		11%	
Western Metro	81		23%	
Metropolitan total		204		57%
Total	355	355	100%	100%

3.3 Agency Types

10 different types of agencies were identified taking account of agency sector and functions as service providers, advocacy groups and peak bodies, and their primary orientation to health or community services. A more detailed account of these agency types, with examples of each type, and the number of SDGs received by agencies in each group is given in Appendix 3, Table A3.1. In summary, the spread of SDGs across agencies was:

Local Government agencies received the largest proportion of SDGs, just under 20%. This high proportion reflects not only the major role of local government in HACC in Victoria but also its capacity to provide a basis for SDG in all parts of the state.

Not far behind were Community Health agencies, with 17% of SDGs; hospitals accounted for only 4% of SDGs.

Peak bodies and a group of not-for-profit agencies ranked next, each accounting for 14%.

12% of SDGs went to agencies representing culturally and linguistically diverse (CALD) groups, ranging from large migrant resource centres to small providers serving individual communities.

Agencies serving disability groups accounted for 5% of SDGs and 3% went to indigenous community agencies.

DHS Central Office and Regional Offices accounted for the remaining 12% of SDGs; this relatively low share of SDGs is however balanced by the higher amounts of funding of most of these projects.

3.4 Focus of SDG projects

The term “focus” has been used here to encompass the purpose of SDGs, as set out in the program guidelines, the type of HACC service and client group of concern to the project, and the outcomes realised. Key words for labels of the sub-categories were taken from the project titles and brief descriptions.

Where projects had multiple purposes, they were assigned to the purpose that was seen to be primary in terms of SDG roles in HACC, and taking into account that cross tabulation with Agency Types would provide further information. By way of example, cross tabulation of SDGs focused on clients from CALD backgrounds by the agency conducting the SDGs shows the extent to which SDGs with this focus were carried out by CALD agencies or by mainstream agencies seeking to enhance access for different client groups to general services.

Brief comments on the 5 broad categories are included in Table 3.4, and cross-tabulation of focus of SDG by Agency Types is discussed below.

It is apparent that the SDGs have a strong applied service development focus. A number of projects were linked, with a development phase followed by a pilot implementation. Some case studies of these linked projects are presented in Section 4. Very few SDGs had a primary research or evaluation function.

3.5 Amount of funding

Total funding for SDGs over the last five years was \$7,865,812.

There was a wide range of funding, from a minimum of under \$1000, up to a maximum of over \$400,000.

Half the SDGs had funding below \$15,000, and one third had funding of less than \$10,000; only 8% were for \$50,000 or more (see Table 3.5 below).

The small amount of funding of a high proportion of grants means that while they may have been effective in achieving their immediate outcomes, there are clearly limits as to any wider system outcomes that could have been achieved. Cross tabulation of amount of funding by project focus shows that some of the larger grants were used for major information publication initiatives and so not closely related to service development or research (see Appendix 3, Table A3.2).

Table 3.4: SDGs by focus of project

Project Focus	No	%	Description of Categories
Client group focused: CALD access Disability best practice Clients living in marginal housing	74	21	Most carried out by agencies representing different ethnic communities, or providing ethno-specific services, but a number carried out by mainstream agencies seeking to promote access and provide more appropriate services for clients from CALD backgrounds. Services addressed were: meals - 14 SDGs, other services – 25 SDGs, information and promotion materials in community languages – 13 SDGs. SDGs focused on Aboriginal clients are also included and can be identified through projects conducted by Aboriginal agencies.
Service Development	85	24	Includes four approaches to service development: models for diverse types of services, each SDG focused on one service type; enhancing integration of several services in one agency or across agencies; expansion of service; and enhancing agency management capacity.
Planning and related	55	15	Most investigated need for a single service and/or in a single LGA, fewer for strategic planning; others concerned with service costs and resource allocation, or planning and implementation of IT
Specific service focus	75	21	Focused on five areas: integrated use of community transport, assessment, including development of standard protocols; case management and coordinated care, mostly in Linkages services; allied health; and nutrition
Communication, workforce development and support	66	19	Majority were production and dissemination of consumer information; only 3 for provider manuals. Others were conferences and consultation, training and volunteers.
Total No	355	100	

Table 3.5: SDGs by Amount of Funding

Amount of funding	No. of SDGs	% of SDGs
< \$5k	45	13%
\$5k - \$9,999k	68	19%
\$10k - \$14,999k	54	15%
\$15k - \$19,999k	43	12%
\$20k - \$24,999k	34	10%
\$25k - \$29,999k	36	10%
\$30k - \$49,999k	48	14%
\$50k - \$99,999k	21	6%
> \$100k	6	2%
Total	355	100%

Note: VAHEC Workforce Forum Project had no funding amount reported, assigned to the under \$5,000.

3.6 Regional patterns of agency involvement in SDGs

The distribution of SDGs by types of agencies across regions (see Table 3.6 below) shows a number of distinct patterns. Interest here focuses on the number of SDGs and spread across agencies as indicators of involvement in SDGs (funding by regions is presented below):

1. DHS central and regional offices accounted for 42 SDGs, just over one in 10 of all SDGs; almost all of these SDGs were carried out by DHS directly (18) or through peak bodies (17). DHS regional office involvement in SDGs was limited overall and the number of SDGs carried out by regional offices may reflect the availability or otherwise of other agencies with capacity to carry out region-wide SDGs.

2. One metropolitan region, Western, had a very large number of all SDGs, and twice as many as the other three metropolitan regions, which each received a similar number. Ethnic agencies and Local Government were the predominant agency types in the metropolitan areas, but there were differences between the four regions:

The Western Metropolitan Region had the highest number of SDGs, 81, almost one in four of all SDGs. This high level of SDG activity in the WMR is due mainly to the number of grants going to ethnic agencies (25) and peak bodies (15).

The Eastern Metropolitan Region had the second largest number of SDGs, 46, with Local Government agencies predominating (19). A similar pattern was seen in the Southern Metropolitan Region, which had 40 SDGs and Local Government Agencies being the only major agency type to receive a large number, 14.

In contrast to other metropolitan regions, the 37 SDGs in the Northern Metropolitan Region were spread across all agency types, with ethnic agencies receiving the largest number, 9.

3. In the non-metropolitan regions, the number of SDGs in regions varied and was not closely related to population size, and agencies varied between regions. Community health agencies were much more involved in SDGs in the non-metropolitan regions than in the metropolitan regions and had more SDGs than Local Government agencies. Particular associations in the non-metropolitan regions are:

Table 3.6 Agency type by region

Region \ Agency type	DHS Central	Non-metropolitan					Metropolitan				Total	
		Barwon S-W	Gippsland	Grampians	Hume	Loddon-Mallee	Eastern Metro	Northern Metro	Southern Metro	Western Metro	No	%
DHS Office	18	2		5	1	6	2	3	1	4	42	12
Local Govt		2	6	3	3	10	19	4	14	7	68	19
Comm. Health		4	12	7	6	6	2	6	3	10	56	16
Peak	17	1			1	2	3	5	4	15	48	14
Ethnic Agency	1	1					4	9	4	25	44	12
Disability	1		1	1	1	2	3	4		5	18	5
Hospital			1		2	3	1	3	3	2	15	4
Aboriginal	1	1			2	2		2	1		9	3
Nursing										3	3	1
Other	4	3	1	2	7	2	12	1	10	10	51	14
Total No.	42	14	21	18	24	33	46	37	40	81	355	100
%	12	4	6	5	7	9	13	10	11	23		100

Loddon-Mallee had the largest number of SDGs, 33, with activity concentrated in Local Government, followed by Community Health and the DHS regional office.

Hume had 23 SDGs, with Community Health and other agencies having most SDGs; Local Government was less involved.

Gippsland had 21 SDGs, of which fully 12 were with Community Health agencies.

Grampians had 18 SDGs, with Community Health agencies (7) the DHS regional office (5) being the most common agencies.

Barwon-South West was distinctive in having a low number of SDGs for the population size of the region, and having a wide spread across different agencies.

4. Involvement of agencies other than DHS, Local Government, Community Health and Peak bodies shows very different patterns across regions.

Ethnic agency involvement was almost entirely in the metropolitan regions.

The Disability agencies were spread across metropolitan and non-metropolitan regions; only two regions had no SDGs with Disability agencies.

The 9 Aboriginal agency SDGs were spread across 3 metropolitan and 3 non-metropolitan regions, with 3 regions having no involvement from Aboriginal agencies.

3.7 Focus of SDGs across regions

Three distinct patterns are seen in the spread of SDGs with different focuses across the regions, as summarised in Table 3.7.

- 1 Project focuses that are highly concentrated in one or two regions:
 - SDGs focused on access for and responses to needs of CALD client groups were concentrated in the Western Metropolitan Region, which had fully half of all these SDGs.
 - There was a lesser concentration of SDGs focused on information production in DHS Central Office, with 5 of these 21 SDGs.
2. Project focuses spread across all or most regions: at least 7 of the 9 regions, excluding DHS Central Office. These SDGs are in areas of general interest across HACC and have

been explored in a diversity of SDGs across regions; there is a need for consolidation of the outcomes of these SDGs.

3. Project focuses found in 6 or fewer of the 9 regions: These SDGs reflecting a mix of particular regional interests and of newly emerging areas of interest that have been taken up in some regions but are likely to be of interest to others. There is a need to disseminate the findings of these SDGs to inform others with similar interests, whether particular or general interests.

Some regional clusters of SDGs with a particular focus stand out in one or another region even though spread more widely:

Service delivery model: 13 SDGs in Southern Metropolitan Region; most of these projects were aimed at enhancing coordination of delivery of different services in a local area, or of a service type/s across local areas, and commonly involved more than one provider agency.

Transport focus: 5 SDGs in Hume Region, probably reflecting growing transport concerns in the mix of urban fringe and scattered small communities in different parts of the region.

Allied health: 6 SDGs in the WMR may indicate difficulties of access to and delivery of these services in the region.

Table 3.7: Spread across regions by SDG focus

Wide Spread: in 7 or more regions	Narrow spread: in 6 or fewer regions
	<p>Client group focused</p> <ul style="list-style-type: none"> ▪ Cultural and linguistically diverse clients (WMR) ▪ Disability best practice ▪ Living in marginal housing (NMR, WMR)
<p>Service development</p> <ul style="list-style-type: none"> ▪ Service delivery model ▪ Services integration 	<p>Service development</p> <ul style="list-style-type: none"> ▪ Service expansion (Grampians and L-M) ▪ Agency enhancement
<p>Planning</p> <ul style="list-style-type: none"> ▪ Needs analysis 	<p>Planning</p> <ul style="list-style-type: none"> ▪ Strategic ▪ Resource allocation and management ▪ Information technology
<p>Specific Service Focus</p> <ul style="list-style-type: none"> ▪ Transport 	<p>Specific Service Focus</p> <ul style="list-style-type: none"> ▪ Assessment (metro regions) ▪ Case management and coordination (metro regions) ▪ Allied health (WMR) ▪ Nutrition
<p>Communication etc.</p> <ul style="list-style-type: none"> ▪ Training ▪ Volunteers 	<p>Communication etc.</p> <ul style="list-style-type: none"> ▪ Information production ▪ Conferences and consultation

3.8 SDG funding across regions, by agency types and project focus

Only 26 SDGs had funding of \$50,000 or more and 15 of these were in DHS Central Office; Hume stands out as receiving 3 of the remaining 12 large grants.

While there was a wide spread of all other SDGs across all regions, some patterns were identifiable:

Non-metropolitan regions: As noted above, Barwon-South West had fewer SDGs, but they were larger; half (7/14) were for \$25,000 or more. The other non-metropolitan regions had more, smaller SDGs, with only 15 of the total 95 SDGs in the four regions being for \$25,000 or more.

Metropolitan regions: The Eastern and Western Metropolitan Regions are characterised by having a substantial number of small SDGs, under \$5000, as well as a spread across other levels of funding. The Eastern, Northern and Southern Metropolitan Regions have a concentration of grants in the \$25-\$49,999 range.

Approximately equal numbers of SDGs had funding under \$10,000, between \$10,000 and \$25,000, and more than \$25,000; most of the last group were between \$25,000 and \$50,000 and only 27 were more than \$50,000.

There is a clear relationship between the scale of agencies and SDG funding. This relationship reflects the interest and capacity of different agencies to undertake activities on a smaller or larger scale; small SDGs could be as valuable in enabling small agencies pursue their particular concerns as were large SDGs for mass production and dissemination of standard information undertaken by peak bodies.

DHS Central Office and Peak Bodies accounted for 15 of the 27 very large SDGs. These projects were generally statewide in coverage or extended over a number of regions.

Small SDGs, under \$10,000 were more common among ethnic organisations, "other" agencies and disability agencies than other agency types, but each of these types of agencies also received a number of substantial grants in the \$25-50,000 range.

All agency types had SDGs across the funding range in between these small and very large SDGs. Local Government and Community Health agencies in particular had SDGs across the funding range, indicating the diversity of the projects undertaken. DHS regional offices also had SDGs across the funding range

The associations between funding and SDG focus generally follow the patterns seen in project focus by agency type, and funding by agency type; detailed analyses of funding by region, agency type and project focus are at Appendix 3, Tables A3.3, A3.4 and A3.5.

3.9 Focus of SDG projects carried out by different types of agencies

The involvement of the 10 different types of agencies in SDGs with different focuses shows three general patterns.

- 1 **Three groups of agencies concentrated on SDGs with particular focuses**, even though being more widely involved:

The most concentrated focus is of agencies representing ethnic communities in SDGs focused on these client groups, but other agencies, notably peak bodies, are also involved in SDGs focused on enhancing access for and responding to needs of clients from culturally and linguistically diverse communities.

The peak bodies were involved in SDGs focused on culturally and linguistically diverse groups, and information production and dissemination.

The group of "other" agencies shows a strong cluster in SDGs focused on development of service delivery models. This focus reflects the position of many of these agencies in the overall service network and their concerns to promote innovative services for particular client groups.

2 **Local Government had the widest spread across the SDGs focuses**, with SDGs in 19 of the 20 focuses, the exception being training. The main cluster was 8 SDGs focused on assessment, with three further clusters of 5 SDGs focused on each of development of service delivery models, planning for introduction of information technology, and volunteers.

3 **The remaining types of agencies** tended to concentrate on some SDG focuses more than others:

Community health agencies are mainly involved in SDGs focused on service expansion, planning needs analysis and nutrition. Perhaps surprisingly, these agencies are not strongly involved in SDGs focused on allied health. It is notable that the 3 nursing agency SDGs had an allied health focus. The hospital based SDGs overlapped with the community health and nursing agency interests and were clustered around development of service delivery models, case management and service coordination and allied health.

DHS Central and regional offices were involved in SDGs focused on areas that typically involved co-operation across a number of providers, including promoting access for and responding to clients from culturally and linguistically diverse backgrounds, service expansion, planning for introduction of information technology, and nutrition. DHS was not generally involved in SDGs focused on direct service delivery and client contact.

Disability agencies were involved in SDGs with a diversity of focuses. The 5 disability agencies focused on volunteers stand out as a cluster and may point to an opportunity to share the findings of these SDGs more widely among agencies in the disability field.

While there are few concentrations of particular types of agencies in specific focuses, several types of agencies are involved in SDGs with related focuses, and some are involved across almost the full spectrum. Details of this analysis are given in Appendix 3, Table A3.6.

4 Findings from the field

This section reports findings from the field. Recognising that the Focus Groups were drawing on a wide range of experience of SDGs, a common format was followed covering four main themes. A number of common topics raised in all the Focus Groups under these themes are summarised in Table 4.1, and the account of the discussions that follows aims to capture the full range of issues and viewpoints which were raised.

Table 4.1: Summary of Focus Group discussions

Major themes	Common topics
1 Factors associated with positive outcomes	Getting off to a good start
	Working with consultants and agency staff assigned to projects
	Communication through the course of the project
2 Short to medium term outcomes	Program management and service delivery tools for standardisation of procedures and practice
	Training
	Service delivery model established for a new service
	Needs analysis and demonstration of need leading to new or additional services
	Community development outcomes
3 Longer term outcomes and sustainability	For providers and service operation
	For clients
	SDGs as a unique component of HACC
4 Factors inhibiting full realisation of objectives	Limitations within recipient agencies
	External pressures
	Resource considerations

The common topics that were discussed indicated that many HACC providers, and other agencies with which they interacted, had learned a great deal from conducting SDGs and that many positive outcomes had been realised, including:

A wide variety of products had resulted from SDGs, ranging from standard protocols and manuals for service operation to published materials, often in community languages.

The more important outcomes were however in building the capacity of individual agencies and collaborative partnerships to undertake SDGs and to sustain developments in on-going service delivery.

Outcomes also included the production of training materials and conduct of training, with several training initiatives then being taken up by the RTO network.

SDGs that brought different agencies and client groups together achieved significant community development in the wider environment in which HACC operates.

SDGs were highly valued as a unique component of HACC that was not available in other community services programs.

Outcomes of most SDGs were reported to have met or exceeded expectations and only a small number fell short. There were no systemic factors that limited SDGs realising their full potential, and of particular note, outcomes were not directly related to levels of funding. Many of the SDGs with small amounts of funding proved very effective, in part because they could be readily managed by agencies.

With SDGs having been in operation for several years now, many of the Focus Group participants had been involved in a number of SDGs. Many SDGs built on others, and cumulative outcomes were most apparent when links have been developed between successive SDGs and between SDGs and wider HACC and community settings. Six case studies are presented in the second part of this section to illustrate the cumulative outcomes of linked SDGs, drawing on examples presented at the Focus Groups and published accounts of some 50 SDGs that were collected in the course of the project, as listed at the end of this report.

The Focus Groups also discussed aspects of DHS administration of SDGs, and these are taken up in canvassing future directions for SDGs in the final section of this report.

4.1 Factors associated with positive outcomes

Positive outcomes were associated with factors that had to be addressed from the very earliest stages of an SDG and sustained through to the end of the project.

4.1.1 Getting off to a good start

Getting off to a good start required that the questions to be investigated and the scope of the project were defined before beginning. Factors associated with positive early development of SDGs were:

The scope of SDGs was more readily defined when there was an awareness of the history of SDGs generally and of specific projects already done in the local area and region and which could be built on; learning the lessons of previous projects was promoted when there were long standing staff with long collective memories in agencies and in DHS.

SDGs were an instrument for exploration of issues, and defining the scope of projects in preparing proposals enabled clarification of the nature of issues, how they could be investigated, and identification of the evidence that needed to be collected to make the case at hand; the process meant that agencies clarified their thoughts about what was to be done.

Getting the timing right required that problems had to be recognised, and also a willingness to take steps to resolve them before proposals were submitted and SDGs commenced.

SDG proposals could not be just “wish lists”; the level of applications was far in excess of the number of SDGs approved, and while the process of developing a proposal was seen to be valuable in itself in some cases, the field recognised that there was little point in submitting applications that had little prospect of success.

4.1.2 Working with consultants and agency staff assigned to projects

The majority of SDGs were conducted by agency staff, or agency staff working with consultants and only a small number were carried out by consultants working largely independent of the HACC agency. Factors associated with positive working relationships between agencies and consultants were:

Choosing the right consultant involved selecting consultants who, ideally, were knowledgeable about local service systems and had had an involvement in other SDGs, who had a high standard of skills relevant to the task and were able to impart them in training.

Continuity was gained by using the same consultants for successive projects, which then got off to a running start. Consultants were able to assist in development of the next submission and to progress quickly on the basis of established working relationships.

A clear understanding of the scope and approach of the SDG had to be established with the consultant, for example, the target population for the project had to be defined exactly so that the project was focused and achieved its outcomes, and did not become too diffuse.

Some saw bi-lingual staff as essential for SDGs that involved culturally and linguistically diverse communities; but another project reported that “you don’t have to have a specific ethnic worker

to run a CALD project successfully, you just have to work a bit harder and be committed and innovative". The lack of bi-lingual staff is not a barrier to undertaking SDGs in different communities as long as the relevant cultural input can be gained from other participants.

4.1.3 Communication through the course of the project

Sharing ownership through a project lead to shared ownership of outcomes.

Communication was the key factor in sharing ownership and could be achieved in a number of ways:

Community consultation was the best way to find out about the needs of specific cultural groups and contributed significantly to the success of projects.

Good working relationships with DHS were built on sharing of information and agreed understanding of the purposes of SDGs. DHS contributions to the development of submissions for SDGs and project implementation could usefully include:

- redirecting some inquiries to other, more appropriate channels;

- timely provision of standard data on local and regional populations, service provision and use and client profiles, from ABS and DHS sources, including the HACC MDS; and

- reviving projects that did not initially gain SDG support, to bring them up to scratch, through review and revision, with better submissions the second time around.

Many SDGs were supported by project Reference Groups, rather than formal Steering Committees. Project Reference Groups that contributed to effective projects were characterised by a balance between:

- mutual understanding, cooperation and good will; and

- preparedness to question, orientation to change and wish to improve.

Large groups were sometimes drawn together, with common interests and commitment, and with the backing of wider networks, often across several agencies involved in the project and other external agencies, so that different perspectives and experience were brought to the projects.

- some of these networks, such as Primary Care Partnerships, were on-going apart from the SDG;

- others were formed for the SDG and if not continuing past it, the wide membership was important for spreading and sustaining outcomes; and

- working with Primary Care Partnerships was a useful way of engaging agencies across a range of areas, but carriage of SDGs by PCPs could be problematic as they did not have a direct role in HACC service delivery and implementation of service development initiatives.

Using multiple channels for informing communities about projects could promote participation: means to this end included advertising through radio, ethnic community newspapers, local papers, and providing take-away show bags for participants.

Communication extended to wide dissemination of project outcomes, and factors contributing to positive dissemination were:

- presentation of outcomes through multiple channels to different audiences, including in-service days;

- agencies had to have the capacity to distribute any products such as manuals and guides to all who wanted them, not only those involved in the project; conversely, inability to meet requests for copies of project reports or service materials was a limiting factor. The example was given of limited supplies of the client booklet developed in the Nutrition Risk Assessment SDG, with insufficient supplies being a special problem for smaller rural meals services

- DHS regional offices have an important part to play in taking up single projects across a region, and in exchange between regions.

4.2 Short to medium term outcomes

SDGs achieved five different kinds of outcomes in the short to medium term, ranging from very concrete “products”, to changes in practice of service delivery and training, to much more diffuse community development outcomes.

4.2.1 Program management and service delivery tools for standardisation of procedures and practice

The main kinds of products of SDGs were policy and procedures manuals for overall HACC services or for specific aspects of services, such as client intake, and Strategic Plans for Local Government or agencies. Use of these tools in turn lead to positive changes in service delivery, with examples including:

- more equitable management of demand and waiting lists, with a streamlined approach to resource management across all LGAs in a region, resulting in better access to services;

- review of a specific service to improve service delivery, resulting in co-ordination of the service with other services and overcoming some gaps in service;

- promotion of good business practices and good agency management; and

- input to the Initial Needs Identification tool (INI) and its successor the Services Co-ordination Tool (SCOT); examples included the nutrition risk screen and carer items.

Preparation of standardised assessment protocols and care plans for clients and for on-going approaches were widely reported. Having more than one “product”, possibly developed over two SDGs, reinforced standardised approaches within and between services, for example, a policy and procedures manual followed up by an assessment process and protocols. Developing these products provided an important means of clarifying practices and establishing common understanding of differences in process, for example, between screening, assessment, care planning, case management, and who does which. Some examples that demonstrate the diversity of SDGs aiming to standardise different aspects of service delivery are:

- indigenous services in rural areas;

- an Adult Day Activity and Social Support (ADASS) project in Moreland and Hume LGAs;

- nutritional risk assessment tools and practices;

- managing equipment and procedures in delivered meals programs across regional food services group;

- OH&S practices for staff;

- policies and procedures for Shire Home and Community care staff; and

- improved rostering, including more effective use of volunteers.

4.2.2 Training

The database included a limited number of SDGs focused on training as SDGs concerned with basic HACC workforce training which had been taken up by RTOs were excluded.

The remaining 14 SDG with a focus on training covered both the development of training materials and subsequent delivery of training activities. The potential for adding value to SDGs was especially evident in the training area, through a variety of approaches:

- in some cases, the same agency developed and delivered the training, for example dementia training through the Alzheimer’s Association;

- in other cases, training activities initially supported by SDG were taken up by peak bodies and RTOs in the community services sector more generally;

- presentation at in-service sessions on outcomes of SDGs that were not themselves primarily concerned with training;

HACC staff involved in SDGs learned new skills for service delivery; for example, Planned Activity Group (PAG) staff learned how to deliver an exercise program; and training outreach strategies had extended training beyond local areas to region-wide programs.

4.2.3 Service delivery model established for a new service

A number of SDGs addressed models for delivering meals to culturally diverse communities; some were based in ethnic community agencies, others saw mainstream services adapt their services, and some involved new links between different agencies:

one SDG that established a successful model for provision of culturally appropriate meals and delivery to the Vietnamese community was characterised by working in partnership with the relevant community body, the Buddhist Temple, providing services in an environment familiar to the community concerned, and providing culturally appropriate meals, not just the right kind of food;

similar outcomes were reported by the Sunraysia Ethnic Meals on Wheels SDG;

one new service model for delivery of meals to clients in ethnic communities involved the merger of a number of smaller services, resulting in increased usage and quality;

other enhancements of existing food services resulted in a more diverse range of options and culturally acceptable meals;

these and other projects also reported that they provided a point of entry to other HACC services for clients.

SDGs provided opportunities to develop and trial a new service so that applications for recurrent funding were more likely to be successful because the service had been piloted. SDGs that enabled new services to be developed in stages were especially useful for small agencies as the process was more manageable. Examples of SDGs for new service models other than CALD meals services that lead to on-going services include:

A low maintenance garden service;

Moreland-Hume PAG assessment and referral;

integrated community transport systems, focusing on maximising use of available vehicles, supporting volunteer drivers and addressing other aspects of access, such as booking systems and routes;

social support for residents of Supported Residential Services.

4.2.4 Needs analysis and demonstration of need leading to new or additional services

SDGs had realised more sophisticated approaches to needs analysis over time. Better understanding of the demography and geography of local areas had led to identification of realistic options.

Some SDGs that had identified need and demonstrated possible service responses had been followed by a second SDG that piloted the needed service, which subsequently became established with recurrent funding.

SDGs sometimes helped identify additional resources, outside HACC, and developed complementary options to draw on other resources and so extend the resource and service base; in the community transport field, examples were given of SDGs leading to added volunteer support and bringing in public and private transport, over and above HACC funded community transport

4.2.5 Community development outcomes

Community development outcomes of SDGs were seen in greater awareness and interaction between agencies and the communities they served, especially when these relations were undergoing change. Even if projects did not meet their intended goals, or not fully, they could

achieve other outcomes by way of enhanced communication between agencies; agencies reported that it was “good to have got together and be talking again” and so lay a foundation for future action.

Community development outcomes were achieved where SDGs provided lead-ins to wider services as well as linking clients to HACC services. Examples of these kinds of outcomes of **enhanced agency-client interaction** were:

participant feed-back and increased awareness of and access to other HACC services, and increased knowledge of self-care strategies;

increased social connections for otherwise isolated elderly, development of friendships and on-going social activities; it was especially noted that PAG could serve a particular function for some CALD communities by way of providing a point of entry to the service system through a familiar agency, as well as promoting independence though emotional support and mutual support among attenders; and

reaching individuals who were isolated and re-engaging them in their communities as well as linking them to services; these projects needed to have regular contact, follow-up and outreach.

SDGs resulted in **enhanced agency to agency and wider community interaction** by involving the local community in working together to achieve outcomes that would not have been achieved otherwise. As well as stimulating provider interest in taking up models developed through SDGs and collaboration in other development projects, SDGs had addressed a number of specific circumstances in community development:

Post Local Government amalgamations, SDGs served to bring separate providers together; for example, one SDG coordinated delivery of care packages across four LGAs.

SDGs completed prior to establishment of PCPs served as a forerunner to collaboration in PCPs.

Engaging business and other sectors beyond the community services providers; advocacy with these wider groups could produce good results for community care clients and services.

Community development outcomes were recognised especially for SDGs involving CALD communities. At the same time as identifying needs for and willingness to develop meals and other services for CALD communities on the part of general HACC agencies, different CALD projects reported a range of outcomes with regard to cost, feasibility and acceptability. CALD meals projects in particular reported varying outcomes. These different outcomes need to be reviewed to determine how far they reflect real differences between communities and/or the nature of the projects, including reporting of actual outcomes or possible options.

4.3 Longer term outcomes and sustainability

SDGs had an important function in generating an orientation to the future and extending horizons beyond day to day operations. Accordingly, it is of paramount importance to realise that not all outcomes of SDGs are realised in the short or even medium term but continue to come to fruition over longer periods and can be taken further if consciously reinforced. This capacity to generate a longer term view and sustainable outcomes brought benefits to providers and clients, and made the SDGs a unique component of HACC.

4.3.1 For providers and service operation

Taking a longer term view could give providers a better understanding and appreciation of HACC in terms of what it could do, and what is needed to help people remain in their own homes. SDGs that looked to wider horizons had enabled community partnerships to be forged between services and volunteers and other groups, and resulted in longer term outcomes. Examples included:

sharing ownership beyond the agency initially funded for the SDG;

provision of in-kind support that was essential for sustainability;

prior work undertaken on assessment through SDGs built links to PCP Best Practice and facilitated development of the INI;

positive collaboration between services in a group of regional food services; the reference group for this SDG included a DHS representative, dietician, health officer, volunteer coordinators for delivered meals, council representatives, food services managers from provider agencies, and volunteers;

clarification of differences between a Steering Committee, a Reference Group and an Advisory Committee, and how each was relevant to different projects.

SDGs provided opportunities for building capacity in agency staff and education of both providers and consumers. Longer term outcomes were realised by way of:

new ideas generated through interaction between outside consultants and agency staff involved in an SDG, and staff being able to continue after the consultant completed the project.

raising awareness of the need for changes in practice and developing ways of making changes within the agency;

recognition of the value of having agency staff briefing consultants and other outside agencies, particularly on styles of presentation in different cultural communities; and enhancement of project management skills.

Local Government commitment to planning goals favoured projects that were congruent with wider planning contexts. While there was an understandable reluctance to take on one-off projects which had future resource implications, SDGs could pilot projects as a precursor to securing recurrent funding.

4.3.2 For clients

Three sets of benefits to clients that were realised over the longer term were noted:

Enhanced access to services was sustained where better links had been developed between indigenous agencies and mainstream providers; this outcome was also reported for CALD groups which developed links with mainstream services in local areas.

Combining approaches to health and social services could increase take up of both compared to separate services.

Clients were willing to become engaged in new services when SDGs provided outreach to encourage participation, for example, in an exercise program in PAG.

4.3.3 SDGs as a unique component of HACC

The development opportunities that SDGs provide was a strong justification for SDGs in the past and for maintaining them into the future. It was repeatedly noted that there were no equivalents to SDGs in other programs such as Disability Services, although some other areas such as the drug and alcohol field had a large amount of funding for research and pilot projects. SDGs were one of the few sources of funds for developmental projects, testing whether ideas were worth pursuing, and were a particularly important source of funds for such purposes in rural areas.

SDGs allowed for piloting of unconventional service delivery models, and using numerous approaches to reach clients for whom other approaches had failed. Piloting allowed for projects to be adapted as they proceeded and so could respond to needs as they were identified.

Those involved in SDGs reported very positive outcomes. Participants in the Focus Groups rated outcomes as exceeding expectations, very satisfactory or satisfactory, and only one SDG was reported as failing to meet its objectives.

Paradoxically, outcomes due to SDGs were not always recognised as such:

Some agencies that are part of larger bodies were not always sure that funding had come through an SDG and some were hybrids with SDG funding combined with other funding.

SDG projects were not always clearly badged as SDG, or even as part of HACC.

4.4 Factors inhibiting full realisation of objectives

No factors were identified as commonly having widespread negative impacts on progress of individual SDGs or the program as a whole. The factors that inhibited SDGs realising their full potential point to areas to be attended to in future to enhance outcomes rather than limiting the future of the program overall.

4.4.1 Limitations within recipient agencies

Factors internal to agencies that limited the full realisation of SDG objectives were often the areas that capacity building aimed to address. Smaller agencies were more likely to experience these difficulties with application, management and conduct of projects. The most common limitations were:

In relation to staffing, problem were associated with provision for short term appointments only, staff turnover and loss of knowledge, difficulties in engaging skilled consultants in rural areas, and staff being “computer shy” and so reluctant to use IT even when SDGs had demonstrated its value. Time had to be allowed for service staff to participate and the additional workload that involvement in projects demanded had to be recognised.

In relation to methodologies, SDGs used a very limited range of methods, and they were not always well documented. There was a heavy reliance on focus groups, with little cross referencing to other sources of information, and little use of available statistical and program data to test claims that were made. While extensive literature reviews were not generally required, the lack of reference to other studies sometimes was due to a lack of knowledge of where to get research information, and some projects were carried out in isolation from extensive bodies of knowledge. The HACC MDS was seen as a source of data for the future, but would require thorough understanding of how it had been collected and how it could, and could not, be used.

4.4.2 External pressures

A number of external pressures were identified in the immediate and wider environments in which SDGs were carried out.

Externally imposed time frames were often short, and unless agencies were well prepared, inadequate lead times and irregular information flows could mean that preparation of SDG applications was rushed and as not well thought through as they should be.

In the immediate service environment, two limitations were flagged. Some providers remained reluctant to make changes called for as a result of a SDG project even when they had been involved in the project. The success of some SDGs meant that demand for a service could not be fully met with available resources, or a need to provide additional advocacy for clients to access other services had been uncovered.

In the wider environment, monitoring of the policy and political climate was recognised as important for timing of promotion of outcomes. A few agencies felt they were under pressures to re-align objectives where projects did or might challenge the status-quo; there was a need to recognise how to negotiate in these situations and to avoid confrontation that could pose further barriers to implementation of outcomes.

4.4.3 Resource considerations

It was widely recognised that small amounts of funding had supported some of the most effective SDGs, and that larger amounts of funding for individual projects would not necessarily address some of the resource limitations. SDGs had to have sufficient resources to see the project through, but the level of resources was not directly related to outcomes: the key issue was the scope of the project in relation to the budget and small budget, clearly focused projects could work well and give very good value for money.

While a few SDGs had proved too small to be viable, or too short term to get service models to the point where they could be self sustaining, a lack of funding was not widely seen as a barrier to SDGs achieving their intended short or medium term outcomes.

Support to promote realisation of longer term outcomes, and to transfer outcomes from individual SDGs to wider practice, was more problematic.

A lack of organisational infrastructure to carry on where the SDG left off could prove as much a limitation as a lack of recurrent funding. In particular, additional demands on staff time that could be met during SDGs could not be sustained over the longer term.

An expectation that added resources and leverage will be forthcoming from other sources could create a burden on agencies. Projects could identify further resources, and while it was rewarding to secure extra support in cash or in-kind, pursuing these resources could be a very time consuming and disappointing process.

Some strategies that had been at least partially successful in addressing resource limitations were noted:

A number of SDGs demonstrated that joint activities for different groups could keep costs of services down, but cost factors could also mean that the joint arrangements were difficult to sustain.

Some SDGs combined SDG funds with funds from other sources and so were able to add value to what would otherwise have been smaller efforts funded by either source of funding alone.

Those preparing SDGs sometimes lacked experience in costing of projects and often underestimated costs, especially in-kind support from agencies, and for items such as publications if these were to be included. Staging of projects could spread costs and in several cases, two smaller grants had proved more effective than a single larger grant might have.

Where funding was inadequate for follow through from an SDG to recurrent funding, and ability to implement recommendations was limited by cost and resource considerations, it could be useful to encourage projects to divide their recommendations into those which offered savings, were cost neutral and incurred costs.

Dissemination strategies were not always built into SDGs, but even coincidental dissemination of project reports reinforced outcomes in some cases; in others, expected publication and dissemination did not occur on the scale expected as resources were not provided for in the SDG and could not be secured subsequently from other sources.

4.5 Case studies of linked SDGs

The five case studies presented here show the cumulative outcomes achieved by SDGs that built on a previous SDG, sometimes by design and sometimes more fortuitously, or which involved links across wide networks and extending outside the community care sector. The links in these SDGs took a number of forms:

The SDGs typically drew together a wide range of agencies on a regional basis, including agencies that were not HACC providers, and some were linked to groups such as Primary Care Partnerships.

Some SDGs that were not directly linked to another SDG were part of wider initiatives in HACC, such as Best Practice projects and the Integrated Service System Development (ISSD) initiative.

Linked SDGs extended over longer time frames. Some were purposefully planned and carried out in stages that gave more time to achieve effects, but others built on previous projects more opportunistically and possibly even some years later; there needed to be some memory of previous work to capture these opportunities when ideas come forward.

Linked projects commonly aimed to, and did produce, more than one outcome and increased chances of success as these outcomes were bolstered by take up across participating agencies and more widely; for example, protocols for referrals between agencies and training of staff in their use were shared in on-going service delivery.

Multi-agency, statewide SDGs: Nutrition risk assessment project

SDGs	3 SDGs to Dietitians' Association of Australia (Victorian Branch) 5 SDGs to 5 other agencies
Lead Agency	Dietitians' Association of Australia (Victorian Branch)
Funding	\$127,000 to lead agency, included printing of materials for statewide use 3 grants of \$10,000, \$12,000 and \$20,000 for implementation of nutritional risk assessment and associated activities across regions 2 small grants of approx. \$4,500 each for training of home care staff in use of assessment kit developed in project
Focus	Nutrition
Aims	To develop and implement a standardised approach to assessment of nutritional risk among HACC clients, through training of HACC staff.
Agencies involved	Dietitians' Association of Australia (Victorian Branch) in collaboration with provider agencies : 1. Central Wellington Health Service 2. Ballarat Health Services 3. Ballarat District Nursing and Healthcare Inc 4. Goulburn Valley Health 5. Mildura Rural City Council
Project staffing	Dietitians Association provided Project Leader and support staff, including trainers using train the trainer models. Project Leader had sound research experience and applied experience in reviews of HACC food services. Dietitians on short term attachments to HACC agencies
Project design	<ul style="list-style-type: none"> ▪ Staged project, commenced in 1998 and continuing to 2002. ▪ Development of risk assessment tools and training kit by lead agency; ▪ Publication of materials for use statewide; ▪ Implemented through service development and training in HACC provider agencies.
Project outcomes and products	<ol style="list-style-type: none"> 1. Development and implementation of statewide nutrition risk assessment in HACC agencies 2. Range of nutritional risk screening products printed, including project summary document, screening tool, resource manual, training manual and elderly client information booklet. 3. Training of HACC assessment staff and community care workers; 4. Client, carer and community education
Sustainability	<ul style="list-style-type: none"> • Integrated into on-going HACC service provision through staff training • Resources widely distributed; will required publication of additional resource materials from time to time to meet demand. • Nutrition risk items included in Service Co-Ordination Tool (SCOT), widely used as initial assessment in HACC • Training taken up in other training programs

Joint Local Government, two stage SDGs : Moreland-Hume Adult Day Activity and Support Service* (ADASS) Assessment and Referral

*Now known as Planned Activity Group (PAG)

SDGs	1998 - ADASS Assessment Policy and Procedures 1999 - Sub-regional ADASS Co-ordination and Service Delivery
Lead Agency	Moreland Community Health Services Inc. (MCHS) Northern Metropolitan Region
Funding	2 SDGs, for \$25,000 and \$35,000
Focus	Assessment and Service Development: enhancement of operation of ADASS services through development of common assessment and cooperative model of service delivery
Aims	The project was planned as a two stage exercise: Stage 1 aimed to develop and trial a joint referral and holistic assessment process with a single point of entry for all ADASS services in the two LGAs; Stage 2 aimed to establish and trial a joint planning and coordination approach to assist with client placement, care planning and session profiles.
Agencies involved	6 providers of HACC funded ADASS in LGAs of Moreland and Hume: 3 Community Health Services, regional Extended Care Centre, and two community organizations, operating total of 13 ADASS. Steering Committee comprised Coordinators of ADASS services.
Project staffing	Consultants Effective Change conducted both stages of project Coordinator of one ADASS from MCHS appointed as Project Officer, for 3 days per week, for 3 months.
Project design	Included formative and summative evaluations, with collection of data at commencement, at mid-point and stakeholder interviews at end of trial in Stage 2.
Project outcomes and products	<ol style="list-style-type: none"> 1. Policy and Procedures Manual that included agreed policies on catchment area, target population, eligibility criteria, referrals, assessment and review, waiting lists and vacancies, orientation of new clients and joint planning meetings. 2. Improved effectiveness of service delivery, including: <ul style="list-style-type: none"> reductions in vacancies in some ADASS at same time as waiting lists in others; access to service tailored to individual client needs; standardised referral, assessment and client information record, and common referral and assessment processes; recommendations for activity programs; increased referrals of clients to other needed services provided by participating agencies and other agencies; network of ADASS coordinators established and supported. 3. Reports on both stages of project, including copies of forms developed.
Sustainability	Recurrent funding from HACC for on-going implementation of Moreland Hume ADASS Cooperation Model Benefits to ADASS and clients work to maintain cooperative model

Staged Interagency SDGs: e-Ref: electronic referral project

SDGs	1999 – Coastal District Interagency Networking 2000 - E-Ref: An electronic connectivity project to provide secure electronic referrals for primary care services
Lead Agency	Coastal Planning Group, network of agencies in the Kingston and Bayside LGAs in the Southern Metropolitan Region.
Funding	Initially funded as demonstration project for Primary Health and Community Services (PHACS) initiative. 2 SDGs, for \$25,000 and \$40,000.
Focus	IT – development, trial and implementation of protocols for client referral
Aims	<ol style="list-style-type: none"> 1. To develop a protocol document with agreed principles and standards for exchange of client referrals and information between agencies; 2. To develop and implement an email system to support (1); and 3. To develop a system with capacity to transfer client information and referrals electronically, co-ordinate information exchange while ensuring privacy of personal information being exchanged and strengthen continuity of care for clients, and ensure client awareness of provider practice.
Agencies involved	<p>Local Government: City of Bayside and City of Kingston</p> <p>Other HACC providers: Royal District Nursing Service, Bayside Community Options</p> <p>Community Health Centre: Central Bayside CHS</p> <p>General Practitioners: Central Bayside Division of General Practice</p> <p>Southern Healthcare Network agencies: Aged Care Assessment Service, home-based allied health service</p> <p>Bethlehem Community Palliative Care Service</p> <p>Department of Human Services Regional Office</p>
Project staffing	Conducted by Reporting Solutions, with further IT expertise input.
Project design	Aimed to keep the system simple, using the functionality of existing systems backed up by written protocols rather than requiring adoption of a single system across all agencies, adopted a “middle-ware” approach rather than full integration in a centralised database.
Project outcomes and products	<ul style="list-style-type: none"> ▪ Implemented a high security, PKI based referral system among 42 providers of HACC services and related agencies in the Coastal Planning Area ▪ System integrates a range of client/patient management systems and in a unique way has successfully prepared a web-based referral form which can accept data from a local client database and transfer it to other agencies with other databases. ▪ Template developed to enable selection and sending of client data, extracted from existing data systems and merged to a Word template which was then emailed. ▪ New procedures were required to achieve a reduction in time involved compared to existing referral procedures. ▪ Client consent addressed in Stage 1 ▪ Issues of security of client data resolved in Stage 2.

Sustainability	<ul style="list-style-type: none"> ▪ Project commenced as one of the Primary Health and Community Services demonstration projects, then taken up by PCP. ▪ Stable system achieved; incompatibility with some email systems overcome. ▪ Feasibility established and trialled on a limited basis ▪ Consolidation period planned, followed by a review to address remaining concerns and practical problems. ▪ On-going evolution in framework of information management strategies of agencies in the Kingston-Bayside PCP.
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Regional collaboration in 4 SDGs: Demand analysis, planning and priority of access projects in the Western Metropolitan Region

SDGs	<p>4 SDGs</p> <ol style="list-style-type: none"> 1. Analysis of demand for Local Government in-home HACC services in the Western Region of Melbourne (2000) 2. Development of a five year strategic plan for HACC services (Western Metropolitan Region) (2000) 3. Development of a Priority of Access tool for WMR Local Government HACC providers (2001) 4. Priority of Access tool training for WMR Local Government HACC services (2002)
Lead Agency	National Ageing Research Institute
Funding	Total funding \$87,000
Focus	The first two SDGs focused on needs analysis and strategic planning to identify potential areas for growth and opportunities for resource rationalisation to achieve efficiencies within available resource levels. The two later SDGs focused on demand management strategies used by Local Government HACC services, leading to the development of a tool for determining priority of access (POA), and providing a course for training staff in its use.
Aims	<ol style="list-style-type: none"> 1. To provide a user profile of clients accessing WMR Local Government HACC services and gain an understanding of the level of demand for these services and factors contributing to demand. 2. To develop a strategic plan for use by service providers and purchasers to ensure the efficient and equitable distribution of resources according to current and projected needs. 3. Develop an agreed and consistent method for determining priority across the region. 4. Provide training in the use of the priority of access tool
Agencies involved	<p>7 Local Governments as major providers of HACC in-home services in WMR.</p> <p>DHS WMR responsible for project management.</p> <p>Steering Committee comprised of key regional consumer and service provider networks, including WMR Aged Services Network, LG Aged and Disability Managers Group, WMR Disability Network, WMR HACC Ethno Specific Services and Aged Concerns Network</p>
Project	NARI conducted all projects, with 3 project staff involved for each

staffing	project for varying EFT for the different projects
Project design	<p>Analysis of demand: Group consultation and individual interviews with various Local Government HACC staff, including managers, team leaders and assessment staff. Interviews with referring agencies were also conducted. Local Government staff developed reports on client characteristics and service levels.</p> <p>Strategic Planning Project involved three stages of collection and analysis of strategic information from stakeholders and other sources, including service utilisation data from the demand project, exploration of ideas and generating strategic directions through sub-regional workshops, and translating these strategic directions into action plans</p> <p>Priority of access tool: Literature review, review of existing practice, consultation with Local Government HACC staff, pilot of POA tool and training.</p>
Project outcomes and products	<ol style="list-style-type: none"> 1. User profile of HACC services (prior to implementation of the HACC MDS) and analysis of service provision levels by WMR Local Government services, with recommendations on data collection strategies for monitoring client demand for services 2. Final Report for Strategic Plan detailing demographic, social trends and health analysis, service profile of HACC and related services, and critical planning issues and proposed strategic directions and recommendations. 3. Development and implementation of a POA tool. 4. Training of assessment staff in use of the POA tool.
	<ul style="list-style-type: none"> • Endorsement of Strategic Plan Report by Steering Committee, and DHS WMR Office responsible for establishing mechanisms to monitor and evaluate implementation of the strategic plan. • Western Region Aged Services Network continues to use the Strategic Plan to inform its advice to the Regional Office on annual HACC funding priorities. • Assessment staff from all Local Governments in the WMR have attended training and most Local Governments using the POA tool in routine practice. • Learning disseminated through Victorian wide Assessment and Care Planning Training conducted by NARI. • Northern Region Local Governments have now committed funding to have training on use of the POA tool.

4.5.5 SDG linking across sectors: Community Transport Plan

SDGs	Community Transport Plan for Mildura
Lead Agency	Sunassist Volunteers Helpers Inc.
Funding	\$46,000
Focus	Development and implementation of community transport plan
Aims	To map existing community transport services in the Mildura Rural City and identify opportunities for improving local transport co-ordination and developing enhanced transport services.
Agencies involved	Mildura City Council HACC agencies Other public and private transport operators
Project staffing	Project officer
Project design	Action research, not limited to community transport but across all public and private transport operators
Project outcomes and products	Better understanding of needs and realistic options. Efficiencies in fleet management and expansion of bus lines and routes. Resolution of parking and related issues for users. Better use of all community transport and improved service for users. Involvement of commercial operators.
Sustainability	Development of other complementary options for transport, including volunteers. Identified and obtained further funding for on-going development of community transport services. Expansion of the model.

4.5.6 Linking ethnic services with general HACC providers and Primary Care Partnerships: Information and Promotion

SDGs	ADEC had conducted 4 SDGs, from 1998 to 2002, to produce kits and program manuals on good practice in promoting access for CALD clients and to implement the kits with agencies in selected regions
Lead Agency	ADEC: Action on Disability in Ethnic Communities
Funding	Total of \$60,000 in 4 grants of between \$15,000 and \$25,000.
Focus	Information and promotion of best practice.
Aims	To enhance mainstream providers responsiveness to ethnic clients' need and achieve better access for ethnic clients to mainstream services
Agencies involved	ADEC with DHS regional offices and HACC agencies Primary Care Partnerships
Project staffing	Project officers in ADEC
Project design	An initial project to produce information kits in 1998 was followed by a two stage Better Ethnic Access to Services (BEATS) project: . Preparation of 100 kits providing a range of new and updated resource materials to assist DHS regional staff and aged care service providers in planning culturally appropriate HACC services. . Implementation of BEATS project to improve access by CALD clients to Primary Care Services by piloting the Kit in one metropolitan and one rural region Final SDG was an implementation project to connect Statewide and cross-regional ethno-specific HACC funded agencies to PCPs across Victoria.
Project outcomes and products	Service development outcomes: 1. Increased awareness of needs of CALD clients in general HACC agencies 2. Range of practical strategies for HACC providers to address access for CALD clients 3. Strengthening of working relationships between ethno-specific agencies and other HACC agencies, especially through PCPs, for service planning and delivery. Products: 1. Report on Best Practice Guide to Home and Community Care Equity and Access Projects 2. Preparation and distribution of BEATS Kit
Sustainability	Several factors had to be addressed to achieve sustainability: ▪ Although enhancing access for clients from diverse backgrounds was a continuing priority in HACC, timing of wider promulgation of outcomes of SDGs had to be carefully assessed in the context of shifting priorities and if there were perceptions of challenges to policy. ▪ There was a need to revive approaches and materials that had worked well and build on outcomes achieved rather than have new initiatives. ▪ PCPs could provide a vehicle for sustaining alliances across all regions. ▪ All materials produced by SDGs in community languages, and other HACC materials in community languages needed to be collected and held by key ethno-specific peak bodies so they could be readily accessed.

5 Future directions

In line with the future directions for SDGs set out in the Final Report on Better Planning and Funds Allocation for the HACC Program in Victoria (DHS, 2003), the future of the SDGs is expected to be a balance between:

Applied projects with a strong focus on service development; the service development stream will continue and build on the established pattern of SDGs to date, and

More strategic research projects to inform policy development in HACC, and advanced as part of the wider DHHS aged care research agenda;

As the new funds allocation process makes separate provision for minor capital under the formulaic funding process, minor capital will no longer be provided through SDGs.

This project has found that the cumulative outcomes of the SDGs add up to far more than a series of individual projects, and achieving further value added of this kind will depend on linking the two streams of the SDG component of HACC together. These links include those between:

Service development initiatives at local level and statewide priorities;

DHS central office and regional offices;

Provider agencies conducting SDGs and research units and consultants involved in related areas of research and development;

New models of services piloted under SDGs and established service provision; and

Peak bodies representing consumers and providers, through the HACC Departmental Advisory Committee (HACC DAC).

The SDGs have been found to be a unique component of HACC that have enabled a number of developments in the program that would not otherwise have taken place. There is widespread support for continuation of SDGs in the field, with enhanced dissemination of their outcomes, and for future development to strengthen strategic research in community care as well as applied service development. The first recommendation is made to this end.

Recommendation 1: Integrated dissemination, applied service development and strategic research

That SDGs continue as a distinct component of the HACC program and that their future contribution to the program be developed through an integrated set of initiatives to promote dissemination of SDG outcomes and information, applied service development and strategic research, as set out in the recommendations below, and that integration of these initiatives with the community care field and the health and ageing fields more widely be promoted through on-going liaison with:

the Home and Community Care Departmental Advisory Committee (HACC DAC), comprising peak bodies from the community care field;

service providers through DHS Regional Offices;

the Departmental Research Interest Group overseeing the Aged Care Research Agenda.

A critical factor in adding value to both streams of SDGs in the future is the dissemination of results and applications in practice. Accordingly, issues and options for a future dissemination strategy are presented before turning to the two more separate streams.

5.1 Dissemination of SDGs

5.1.1 Need for systematic dissemination

In April 1999, an Aged Care Research and Services Development Forum was held to showcase projects carried out under the DHS Special Initiatives and the HACC SDG programs over the preceding five years. The published proceedings of the Forum included a list of all SDGs funded from 1994 to 1998 as well as the program and abstracts of presentations at the Forum (DHS, 1999). This Forum and publication were however one-off activities and neither previously nor since has there been any regular dissemination of SDGs.

The field recognised that it was poorly informed about SDGs that had been carried out and of their outcomes. A range of future dissemination activities was proposed, and they will be most effective when pursued as an integrated strategy that is linked to the annual cycle of the SDGs and that provides on-going access to all SDGs conducted over time. It was considered that a consolidated record of the SDGs carried out over the last five years should be established as far as was possible, and that a fuller record should be established in future, beginning at the time the SDGs were allocated and following up on completion of each SDG.

A repository for reports and products of SDGs was called for, to include:

- short reports following a pro-forma, including contact details;
- library copies of reports, videos etc.;
- a website with links to the DHS HACC website; and
- annual circulation of lists of approved and completed projects.

Dissemination through multiple channels was also seen to be needed to reach the various audiences of SDGs. The channels noted included:

presentations at conferences and workshops, with a statewide SDG Forum held every three years.

Accounts of SDGs in HACC newsletters and other DHS publications.

Through peak bodies, including the Carers Association of Victoria, Alzheimer's Victoria, Victorian Healthcare Association (VHA), Victorian Association Health and Extended Care (VAHEC), and ethnic community organizations; SDGs could be also disseminated via the PCP data base Connectingcare, which includes training activities, workshops and other shared opportunities for service planning and development.

An SDG EXPO, with booths displaying posters and project materials, as well as formal presentations, was seen to provide more possibilities for service providers to exchange information and learn from other SDGs than a standard format conference.

Reports and other products of SDGs needed to be more clearly "badged" so that they were recognised as SDG products; many of the reports published to date did not have adequate publication details and did not identify that they were an SDG or part of HACC. A logo could usefully be provided for use on manuals, videos, and SDG other program materials. Some agencies raised queries about copyright and ownership of SDG products, and there is a need to establish what is in the public domain. Few agencies expected to generate income from SDG products, but as funding rarely included provision for large volume publication of materials, issues of sale of products for other than cost recovery needed to be resolved.

Dissemination of this report on the SDG Project could provide the first step in a new dissemination strategy, providing an account of SDGs carried out in recent years and to inform the field of lessons learned and emerging directions. As well as being placed on the DHS website, it should be available in hardcopy and widely distributed among HACC agencies.

A useful framework for disseminating and promoting use of the outcomes of SDGs is provided by the 4-E strategy proposed by the Roybal Centres that have been established under the US National Institute on Ageing with the express purpose of ensuring that practical solutions to problems of ageing are based on sound science (Pillemer et al, 2003).

The 4-E strategies are exposure, experience, expertise and embedding, to reach audiences of researchers, providers and consumers, with the goals of increased knowledge, promoting

positive attitudes, increased competence and increased utilisation of research findings over time. While most of the elements of the 4-E framework, as summarised in Table 5.1, are found in the SDGs, they have not been brought together in an organised framework and so the individual SDGs are less effective than they might be.

This framework also identifies a number of other strategies that could usefully be instituted in future, such as internships of junior researchers, practitioners and administrators in different agencies to provide opportunities for learning from different perspectives, and web-based access to information.

A web-based clearinghouse is an obvious means to improved dissemination, and would not only provide an effective means of drawing the SDGs together but could also link them to other relevant research and service development activities. A web-site would be welcomed by the field, but it was noted that many in the field did not have ready access to the internet or capacity to download and print reports, so that a hard copy, library based repository was seen as a continuing need. While a small number of SDGs had involved use of web sites, there appears to be considerable variation in use of the internet and preparedness to use at agency level. There was little evidence of familiarity with other clearinghouses but interest was shown in finding out about them. As a means of promoting access to information on SDGs, a clearinghouse would itself need to be promoted to ensure use.

Table 5.1: Knowledge Dissemination and Utilisation Framework for applied research

Strategy	Exposure	Experience	Expertise	Embedding
Goal	Increased knowledge	Increased knowledge and positive attitudes	Increased competence	Increased utilisation over time
Target Audience				
Researchers	Articles, seminars, e-mail, web-based information	Mentorship	Internships, manuals	On-going availability of experts, ongoing research funding
Providers and administrators	Conferences, popular media, electronic user groups	Videos, internships, program visits	Manuals, training program	Programmatic, systems level technical assistance, organisational development, ongoing supervision, advocacy
Consumers/families	Popular media, community lectures, websites	Role models	Manuals, training programs	On-going support, meetings, feedback tools

Source: Pillimer et al, 2003.

5.1.2

An internet-based clearinghouse for SDGs

What is a Clearinghouse?

"An institution in London established by the bankers for the adjustment of their mutual claims for cheques and bills, by exchanging them and settling the balances. Extended to similar institutions." Shorter Oxford English Dictionary.

A clearinghouse for information acts in a similar way by providing for **exchange** of information between those who generate the information and those who want to use it – information related to topics of interest to the group is collated in one location, and users are able to search for particular resources that may be of value to them.

A clearinghouse is distinguished from a library mainly by the degree of mutual interest and mutual membership of the groups who provide the information to the clearinghouse and those who use it. Users of a clearinghouse established for any particular purpose may be restricted to membership of the group with a mutual interest in both providing and using the information, or access to the information may be unrestricted. Effective operation of a clearinghouse is based on recognition of the benefits of mutual exchange. To realise these benefits:

The existence of the clearinghouse must be known to and promoted among the group of interest;

There needs to be a high and sustained level of mutual interest on the part of those depositing information and those using it;

There must be a commitment to depositing information for exchange with the clearinghouse;

Users must have confidence in the quality of the information held by clearinghouse, requiring a set of rules for selection of material to be deposited and advice on its use.

While the internet now provides ideal capacity to establish clearinghouse sites relatively cheaply and widely accessible to anyone with access to a browser and internet access, a website alone does not fulfil the requirements for effective operation of clearinghouse. Reference to Table 5.1 shows that a web-based clearinghouse can contribute to all of the stated goals, and reach all of the target audiences, and that it will be most effective when developed as a integral part of a wider dissemination strategy. The use of web-based clearinghouses alongside other program activities is demonstrated in clearinghouses that have been established by a number of health and community service programs to support their research and development functions.

Sites examined and features

To identify key features that might be included in a clearinghouse for SDGs, the following sites were examined:

Australian Research Centre for Hospital Innovations (ARCHI): www.archi.net.au

Australian Clearing House for Youth Studies (University of Tasmania): www.acys.utas.edu.au

National Cancer Statistics Clearing House (Australian Institute of Health and Welfare): www.aihw.gov.au/cancer/ncsch

National Child Protection Clearinghouse (Australian Institute of Family Studies): www.aifs.org.au/nch

Stronger Families Learning Exchange (Australian Institute of Family Studies): www.aihw.org.au/sf/database/htm

The Irish Clearing House on Health Outcomes: www.ich.ie

These sites demonstrate a number of features which make information available and encourage regular use of the site by interested parties. These features and a number of associated activities that support the websites as part of wider service delivery programs are detailed in Appendix 4. A number of other sites providing access to a wider range of information were also explored in researching this section and are listed in Appendix 5.

Features of the clearinghouse websites examined include all or some of the following, ordered from narrow to wider features:

- a searchable database(s) of projects listed with the clearinghouse;
- information on aims and functions of the site;
- ability for users to add their details to an email list;
- site search capacity, site index or site map;
- a standardised form for use by those interested in submitting information for inclusion in the project database;
- links to/ lists of agencies conducting listed projects and contact details to encourage communication between agencies;
- searchable databases of journals and other research relevant to the broad topic covered;
- lists of or links to relevant information and other resources, e.g. conferences, events calendar, training courses;
- links to relevant national or international sites;
- moderated electronic forums on particular subjects or issues;
- in some cases, public access to general information, a searchable database, etc., and a password protected access site, for detailed project information, e-discussions, etc.

Activities associated with a clearinghouse

Regular communication processes, such as a "What's New" page, in electronic format emailed to site users, and/or in print format, that is published in relevant journals and newsletters that are likely to be read by the targeted audience;

Publication of hard copy directories of entries on the clearinghouse at regular intervals;

Promotion of the clearinghouse at relevant conferences and other forums;

Access to support for projects e.g. consultancy advice on evaluation.

Maintaining a clearinghouse is of critical importance to meeting the aims and serving the users. Key requirements to this end for SDGs include:

- a standardised format for entries on the databases;
- initial entries posted on site by the central agency at the time of award of the SDGs;
- updated on completion of the project by the clearinghouse on the basis of a standard report provided by the agency concerned: capacity for interactive entry by agencies is not recommended at an early stage of the clearinghouse;
- an example from the Database Form from the Stronger Families Learning Exchanges is at Appendix 6.
- features, information and links on the site that are of value for targeted users;
- good project and information search engine capability including listing of multiple responses in order of relevance;
- active communication with users to encourage their use, for example 3 – 6 monthly issues papers emailed to users, with alerts also published in newsletters and journals;
- regular updating of information to ensure ongoing relevance of the site, in line with user feedback and site usage;
- links from other relevant sites and high profile with internet search engines to facilitate new user access to the site; and
- capacity to monitor user activities, for example pages viewed and downloaded, searches entered, etc., would assist in maintaining the relevance of the site.

How would a web-based Clearinghouse work for SDGs?

The aim of web-based clearinghouse for SDGs would be to attract and provide information for HACC service providers on appropriate innovative services relevant to their areas. Based on the features of web-based clearinghouses and the aims of the SDGs within HACC, draft aims might be based on the following:

The mission of the HACC SDG site is to support and increase the implementation of effective and quality innovations in home and community care among HACC service providers.

The aims of the site are to:

- establish a key reference point for all HACC service providers, disseminating information on the outcomes of quality innovations and research in a way that is accessible, acceptable and comprehensible for service providers;

- collect and collate information on quality innovations in HACC services, including those funded under the SDG program;

- facilitate networking, communication and sharing of knowledge between HACC service providers;

- inform HACC service providers of key issues and developments; and

- provide access to information and other resources to assist in the provision of quality HACC services in Victoria, including evaluation of services and projects.

A key function of the clearinghouse will be to facilitate networking and sharing of knowledge between HACC service providers by encouraging participation and informing users of issues arising from previous projects, new funding priorities, and development of electronic forums that enable user to provide feedback, comments and suggestions based on experience with SDGs.

The main operating capacities of the website should be:

A searchable database of current and past SDGs, and currently funded projects in related areas. Search capacity will be needed by specific categories, for example region, Local Government Area, agency name, agency type, target groups for project, purpose or focus of project, funding range, and by keywords in title or text. The search engine will return a list of projects meeting the search criteria rated according to degree of match.

Information on projects in the searchable database should follow a pro-forma that also forms the basis of submissions from agencies undertaking both SDGs and other HACC projects or service planning and delivery good practice, particularly those from projects which have been evaluated.

Make it quick and easy for users to find out what they are looking for.

The basic features of a home page for users in HACC and the community care field more widely are set out in Chart 5.1

Chart 5.1: Features of a user-friendly home page for the Clearinghouse

<p>DHS and HACC logo</p>	<p>Welcome to the HACC Service Development Grants Clearinghouse</p>	<p>Comments: not for inclusion on home page</p>
<p>Drop down menu ↓</p>		<p>Badging: HACC SDG Logo and DHS colours, positioning of elements on each page to give consistent look and assist ease of use.</p>
<p>About Us ⇒ ⇒ ⇒ ↓</p>	<p>More detailed information about the site, who runs it, etc</p> <hr/> <p>Site Map</p> <hr/> <p>Search</p>	<p>Minimal page depth: aim for no more than 3 or 4 mouse clicks for user to get to specific information they are seeking. Simple navigation: Aim for intuitive navigation that is conceptually simple, assist by showing where on the site the current page is, include ability to retrace steps, return to home and other key pages with one click (e.g. side or top menu bars).</p>
<p>What's New ⇒ ↓</p>	<p>Click here for easy reference to new information Highlight new funding rounds, new reports on SDGs</p>	<p>Updating: Needs to be updated monthly to ensure site remains fresh and is more likely to be regularly visited and used.</p>
<p>Links ⇒ ↓</p>	<p>Direct links to other relevant sites</p>	
<p>Reports on SDGs ⇒ ↓</p>	<p>Index to reports of SDGs, searchable by region, agency, key words for project topics, availability in PDF or other formats.</p>	<p>Select and print: Users must be able to select, download and print information about each project. If long reports are to be downloadable, it is preferable to have them accessed in PDF format to reduce download time and to ensure information remains unaltered.</p>
<p>Download ⇒ ↓</p>	<p>SDG documents on the site, e.g. Guidelines Application form Starter Kit resources</p>	<p>Minimise download time: Small image file size, minimise changes between pages which require downloading of additional files, especially large ones, to facilitate downloading even with a slow connection or older browser.</p>
<p>Contact Us ⇒ ↓</p>	<p>Provide your feedback Further inquiries</p>	<p>Email address for Contact Officer: Must remain current and provide for response within 7 days</p>
<p>Submit a report on an SDG ⇒ ↓</p>	<p>Download the pro-forma for completion and submission to enter your SDG on the clearinghouse database</p>	<p>On-line submission: Submission of a pro-forma report to be made a condition of award to SDGs, with initial reports to be updated on completion of projects.</p>
<p>Site Use ⇒ ↓</p>	<p>Number of strikes in last three months, most popular pages, most frequent search requests</p>	<p>Monitoring site usage will provide important feedback to DHS for further development of the site in ways that will be responsive to the needs of users.</p>
<p>Updating and Coming Events ⇒</p>	<p>Date of last updating List of coming events, including funding rounds, conferences etc.</p>	<p>Up to date: Site must remain current, with new information added at regular intervals. Out of date information has to be removed and all links within and external to the site must be kept current.</p>

What is the best location?

The best location for a clearinghouse host would be one which meets four criteria:

It is highly likely to be recognised and accessed by prospective users; in this case, HACC provider agencies and agencies interested in development and research in community care, primarily in Victoria, but with a national and international profile.

The host agency has the capacity to assess entries for inclusion, to liaise with HACC providers through other channels that will lead them to the website, and to participate in associated support activities through which the clearinghouse can be promoted.

It can identify and support links to other sites relevant to HACC, for example aged care, disability services and health services, and should be established in such a way that major search engines list the clearinghouse site when search phrases such as "HACC innovation" "quality HACC services" or "community care" are used.

Is able to provide regular and systematic updating of the clearinghouse and attracts a high level of support from the field.

Ways of linking the proposed site with the DHS HACC site, both through links and through DHS maintenance of the site, will need to be considered, ideally by a small steering committee with representation from the DHS HACC staff and IT staff, and the HACC DAC.

Resourcing

The cost of establishing and maintaining the site would depend largely on the complexity of functions it continues to provide. There will be cost benefits of locating the clearinghouse with a well recognised site to maximise access and use. The following comments provide some estimate of resource costs that may be required to establish the clearinghouse:

Set up cost of \$5,000 to \$10,000 would be expected, with on-going IT maintenance costs likely to be around the same rate, but would depend on the hours required. These figures are based on 100 to 200 hours for set up and the same for maintenance, at average current cost of \$50 per hour for this kind of work.

Employment of a worker would be pro rata, based on say \$35,000 - \$45,000 pa (\$17.50 – 22.50 per hour) plus on-costs and equipment, work station, etc.

Training may be needed to ensure that updates of information on the site can be done by the worker involved, and provision for this training should be considered in the initial design and depending on the person's current skills.

Cost experience of related DHS sites can provide information on other possible costs, and also identify cost advantages of linking the SDG clearinghouse to existing websites.

Recommendation 2: Promote wide dissemination of SDG outcomes

That an internet based clearinghouse be established as a central element in a multi-part strategy to promote dissemination of outcomes of SDGS and access to information on the SGD component of HACC, and

that this clearinghouse be linked to the DHS HACC website;

that development of the clearinghouse be staged over a 12 month period in conjunction with the annual SDG process; and

that complementary dissemination strategies include activities such as triennial statewide SDG Forums, presentations on SDGs at regional workshops and other conferences, access to hard copies of SDG reports and articles on SDGs in Departmental newsletters.

5.2 The service development stream

Four areas were identified as requiring attention to advance the SDG service development stream.

5.2.1 Strengthening methodologies

SDGs varied widely in the rigour of their methods, and if they are to contribute to sound service development, there is a need to support appropriate methodologies at an early stage of the SDGs.

Five areas in which methodologies could be strengthened were identified:

The availability of the HACC MDS was seen to have considerable potential in SDGs concerned with regional planning and SDGs should be able to link project information to the MDS and ABS data on local areas. Support from DHS would however be necessary in accessing the MDS. There was very little use of other available data sets, such as those held by AIHW or the ACAT MDS in SDGs.

Issues of research ethics needed to be clarified. Formal ethics committee approvals was sought only when SDGs were seen as research and carried out in an institution with an ethics committee; formal approval could cause long delays. Some concerns were expressed about the privacy of information provided by individuals to SDGs, particularly in projects carried out in a single agency in a small local area.

Developing project designs that focused on priorities, rather than trying to be all encompassing, and at same time, linking local ideas for projects to wider sources of information and research, especially other research in DHS and in HACC, including interstate projects.

Multiple methods were required to address the heavy reliance on focus groups, and to provide supporting material from different perspectives, but without making projects too complicated.

A number of practical research resources for service providers were identified, including the two guides to action research and 'do it yourself evaluation' developed by Wadsworth (1997 a; 1997b) and 'A Guide to Project Management' produced for the for the Department of Human Services, Aged Care Unit, Southern Metropolitan Region by HDG Consulting (1996). These resources could well provide a "starter kit" that could be referred to in the SDG Guidelines and could be widely disseminated through the clearinghouse.

A short course to provide training in action research design and methods could be promoted through an SDG. The course could build on the practical resources noted above, with delivery possibly through distance mode to facilitate access by regional providers.

5.2.2 Strengthening exchange between SDGs and service development

Retaining SDGs as opportunities for local service providers was critical to the on-going development of HACC; the two main issues for strengthening the service development stream was how to disseminate information on individual SDGs, and how to bring practice research, development and policy research together.

As there is currently no definition of SDGs, projects are instigated across a very wide range of areas. Questions were raised as to whether large volume publication of service guides and directories should continue as part of the SDGs, but the flexibility to cover a diversity of projects was a strength of the SDGs that could be limited by too strict a definition. Small projects also needed to be preserved as they often provided a starting point for agencies and had a value well beyond the amount of funding.

Four avenues for strengthening exchanges between individual SDGs and wider service development were identified, some of them borrowing on experience of other programs:

A lead and group model, as adopted in the National Demonstration Hospital Program, could be used to promote service development across agencies involved in similar services. In this model, lead agencies would be local providers that were recognised as leaders and which had an SDGs, and they would work with other agencies seeking to changes practice in service delivery. Peak bodies and statewide agencies could also take the lead role.

Experience of the Victorian Healthcare Association (VHA) in bridging research and practice was relevant to HACC and needs to be shared. Peak bodies such as the Carers' Association of Victoria and the Alzheimer's Association had a key role to play in forging these links as they were involved in VHA and the HACC DAC.

Promotion of good practice and practice change was an important function of SDGs. The role of SDGs in advancing continuous quality improvement was expected to be of increasing importance as the HACC standards are implemented.

The proposals for a clearinghouse set out above address the need for promotion of shared learning through provision of a central point for information on SDGs.

SDGs needed to be complemented by a training outreach strategy to take the outcomes beyond specific SDGs.

5.2.3 SDG contributions to service delivery and program directions

There were numerous instances of findings of SDGs influencing service delivery and wider program design. Examples cited were:

Projects with culturally diverse communities had increased access to mainstream services for clients and built networks between ethno-specific agencies and general HACC agencies;

New models for social support had been developed as alternatives to Planned Activity Groups in rural areas, with different approaches serving different purposes in different regions for different client groups;

SDGs had facilitated the implementation of IT systems in provider agencies;

SDGs had contributed to the Service Co-Ordination Tool (SCOT) and the review of the HACC MDS.

A number of SDGs had an important role in stretching the boundaries of HACC rather than simply developing services within the established scope of the program. SDGs that included agencies outside HACC could also develop complementary options, so that "HACC did not have to do everything". These latter projects were especially relevant to placing HACC services in their wider communities and drawing on resources from those communities, such as through partnerships with other service agencies and in some cases, the private sector.

SDGs were useful for seeding new services and new approaches, but there was need for a more systematic mechanism for promoting take up of the outcomes of pilots in the general service system. These mechanisms need to be able to convey the service development process involved in realising the outcomes, and not just focus on the outcomes.

The impact of previous work on service development was maximised when findings were used to develop broad based models and generic approaches. Examples were noted in SDGs dealing with:

- Enhancement of meals services for culturally diverse groups, with exchanges between CALD agencies and general meals services, mainly those provided by Local Government;
- Policy and practice manuals that were adopted across a range of HACC services; and
- Adoption of the assessment, practice and information guides from the Nutrition Risk Assessment Project.

It was recognised that the impact of SDGs was not limited to HACC, and the context in which SDGs were carried out changed over time:

SDGs had facilitated development of links between HACC and other DHS and other State programs, notably in community transport through Transport Connections. There was further scope for health promotion outcomes of SDGs to be taken up through the Community Health Program and general health promotion initiatives. The establishment of the new State Government Department for Victorian Communities provided a significant opportunity for furthering the community development aspects of SDGs.

SDGs have evolved as HACC has changed over time, and their leading edge role needs to be maintained. A number of SDGs had been effective in demonstrating need and gearing up new models of service delivery, but it was recognised that other services had been developed in HACC agencies without SDGs. SDGs have been more conspicuous for small agencies, but were also used by large agencies, and these larger agencies and DHS Regional Offices had a key role in seeing that SDG outcomes were implemented more widely so that new SDGs could focus on new priorities. SDGs have a potentially very important role as HACC moves to the new planning and funds allocation processes.

5.3.4 Management of the SDG process

The Focus Groups and discussions with the Steering Committee drew attention to a number of aspects of management of the SDG process that need attention. These concerns were not one-sided criticisms of DHS by agencies, but were equally well recognised by DHS and agencies. Many endeavours had been made to address these issues in the field and many of the practical solutions derived now needed to be taken up more systematically. Implementing the SDG management cycle set out in Chart 5.2 requires attention to the following elements:

Revision of the **SDG Guidelines** was required to take the SDGs forward in line with the future directions set for the program. Particular areas to be taken into account include:

Fostering consultative processes from the earliest stage as the most effective means of identifying local priorities, with local planning used to achieve local resolutions. Many SDGs emerged from related consultations such as those held in the course of annual discussions around allocation of HACC growth funding; in these processes, regional priorities were set among peer groups and agreement could be reached on submitting a small number of better applications for SDGs.

The roles of DHS regional offices had to be clear. Locating responsibility for recommending SDGs for approval at regional level was of central importance to maximising relevance to local and regional priorities, with the HACC DAC reviewing regional projects to develop links between related SDGs and avoid overlap, and in developing and approving statewide SDGs.

Issues of ownership, copyright and sale of reports and other products of SDGs such as videos were raised. These questions were particularly pertinent where SDGs involved development of IT intended for wider use. There was a general view that SDG products should be in the public domain and a simple solution was needed to allow agencies to recover costs of production of materials not provided for in SDGs.

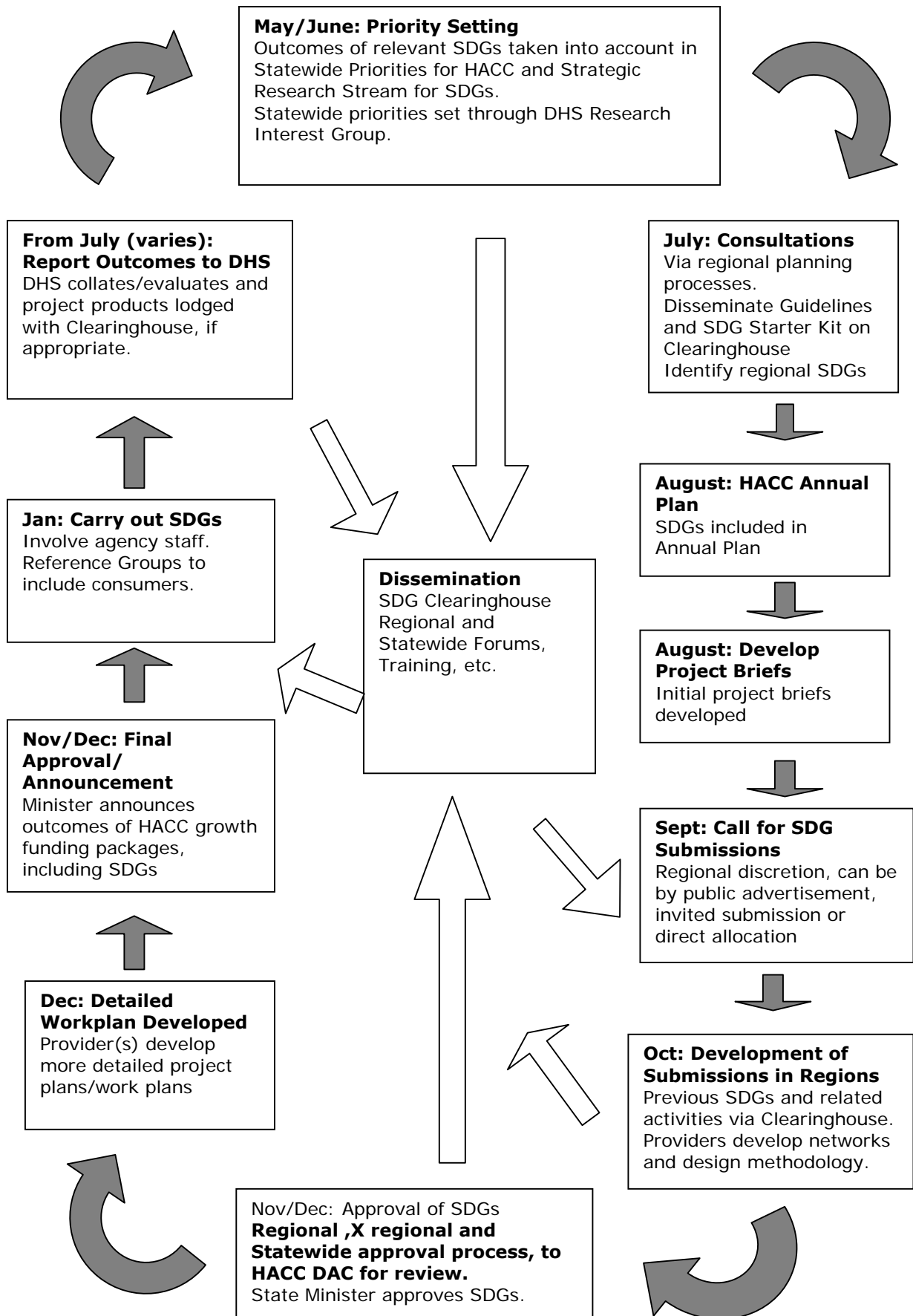
Priority setting required a balance between top down and bottom up processes:

The HACC DAC was seen as having a central role in taking a program-wide and statewide view, and ensuring that outcomes of each round of SDGs were fed into the HACC planning process and priorities reviewed accordingly.

The roles of DHS regional offices were seen to focus on assessing local priorities and identifying how statewide priorities could best be addressed at regional and local level. SDGs were acknowledged as being especially effective in responding to locally identified problems that required a scoping exercise to clarify the nature and dimensions of the claimed problem and options for addressing it.

A balance was also required between SDGs focused on already identified priorities and a capacity to explore emerging issues in the wider HACC environment. While the strategic research stream would take this wider view, there was also a need for capacity to scan wider horizons from local and regional perspectives. In this regard, SDGs could benefit from closer links to other large studies, especially those supported by DHS.

Chart 5.2: Management Cycle for Service Development Grants



The **timeframe for SDGs** has to be in line with the new HACC planning framework.

It was recognised that timeframes will be less pressured as the three year planning cycle should allow longer intervals to plan, carry out SDGs and report back. It was appreciated that longer project duration did not necessarily mean larger projects, but that more staged approaches were more feasible.

An even longer timeframe had to be recognised to move from first round outcomes of individual SDGs to cumulative outcomes that emerge only after take up in other services, across regions, and with reinforcement of subsequent SDGs.

An extended time frame is in accord with the view of SDGs and other research as an investment that produces returns over time rather than being just a means to short term problem solving in separate agencies.

Feedback loops were needed at several points in the management cycle.

Establishment of the clearinghouse was a key element in distributing standard information at each step of the management cycle and disseminating information on outcomes. The clearinghouse would enable both DHS initiated and agency initiated exchanges.

Further communication between DHS and agencies was needed on a one to one basis to provide feedback on both successful and unsuccessful applications, and to provide advice on possible options for revision and resubmission.

Regional forums could provided a means of simultaneously providing feed back on outcomes of projects nearing completion and assessing emerging priorities for the next annual funding rounds.

The clearinghouse would serve as a 'collective memory' and facilitate contact between providers. Better sharing of knowledge would reduce the risk of ad hoc repetition of the same or similar projects in different regions, and at the same time enhance opportunities for purposeful replication.

The clearinghouse would also serve as a central register and repository for materials produced by SDGs, and active use of these materials could be prompted by the Guidelines referring potential applicants to these sources.

Recommendation 3: Promote continued contribution of SDGs to service planning and delivery

That in recognition of the contributions that Service Development Grants have made to planning and delivery of HACC services, and the level of interest in maintaining and strengthening this contribution in the future, the applied service development stream of SDGs be continued and strengthened, and to this end, that management of the SDG component of HACC give added attention to activities that will enhance the SDG process by way of:

widening the range of methods adopted in projects, including promotion of links between HACC providers and research and training agencies that can support the development and conduct of SDGs and implementation of outcomes;

promoting collaboration between agencies in planning and carrying out SDGs;

promoting exchange between HACC providers to further the take up of outcomes of SDGs in service provision; and

revising the program Guidelines to clarify and support the roles of DHS central and regional offices, streamline the SDG process and make the clearinghouse an integral part of the SDG process.

The strategic research stream

Developing the strategic research stream of SDGs will involve new initiatives in combination with consolidation of SDG outcomes to date, and will have wider implications for strengthening research in ageing in Victoria.

5.3.1 Setting directions for strategic research

Four sets of issues were raised about the specification of priorities for more strategic research:

There was some concern that convergence of strategic research on a few centrally nominated policy priorities could lead to loss of diversity and opportunities for wider ranging exploratory research, although it was recognised that there were other avenues for such research.

Top down priorities had to be meshed with priorities coming up from the field; consultation processes were needed to translate and develop applications of statewide priorities to local areas, and to take account of local operational factors that could limit applications in service delivery.

The two streams of the SDG program needed to be integrated, with projects carried out in the service development stream contributing to strategic research and strategic research informing serviced development, rather than the two streams proceeding independently of each other. Purposeful arrangements would be needed to ensure this integration was realised.

Decisions on allocation of regional funding for SDGs had to be made at regional level, and recognising that decisions would be made within the context of the statewide priorities, there had to be transparency in decision-making at all levels about what was funded and why.

More strategic research projects had to be differentiated from the service development SDGs, but linked to service development in a number of ways:

Strategic research had to be designed and conducted in a way that ensured maximum applicability to provider agencies and capacity for input into service development projects.

The need for strategic research to have input from all or selected regions, and from peak bodies, moderated the distinction between statewide and regional projects, and could provide a way of bridging SDGs allocated at regional level and the central decisions on strategic research. While local and regional demands were more for service enhancement projects, and the lack of capacity to carry out strategic research was recognised, local projects were seen as being relevant to and contributing to larger research projects.

5.3.2 Reviews of past SDGs in areas of statewide priorities

A starting point for developing strategic research in the three priority areas identified for HACC over the next three years is to undertake focused reviews or critical appraisals of all SDGs that can inform these priorities, to establish what has been found and is now known and areas for further investigation.

The uneven spread of SDGs across the three priority areas, and indeed of other areas of HACC, may point to need for SDGs in areas that have not been covered to date and a limitation on further projects in areas in which a number of projects have already been undertaken.

Some key considerations for strategic research in each priority follow.

5.3.2.1 Culturally and linguistically diverse (CALD) communities

CALD communities are identified as a priority for both the service development and strategic research streams, with close liaison between the two through the HACC DAC and the Departmental Aged Care Research Unit.

The diversity of the 52 SDGs with a CALD focus has been detailed in Section 3. The outcomes of these SDGs can be summarised as:

Establishing successful service delivery models that enhanced effectiveness of CALD providers, singly and across providers;

Community development outcomes increased awareness of and take up of HACC services by CALD clients; pathways for access to generic services for CALD clients were complemented by the development of increased provider awareness of CALD needs through agency level links between CALD and mainstream services.

Diverse outcomes were reported, evidencing the need for varying approaches for different CALD communities and for different services, in different areas, depending on local service configurations.

Networks developed in SDGs and HACC forums more generally were effective in engaging CALD agencies and communities and other agencies, resulting in increased mutual understanding.

No factors that inhibited SDGs achieving their outcomes were raised specifically with reference to SDGs in CALD agencies or in projects that involved CALD communities, although attention to some aspects of project implementation and sustainability were noted.

5.3.2.2 Technology

Very few SDGs mentioned assistive devices and technology; only one project dealing with regional implementation of the Victorian Personal Alarm Call System (VICPACS) had a focus on technological aids.

There is a substantial body of other research in this area which can inform future research and service development in HACC. The AIHW has compiled an extensive report using local data based on the ABS Disability, Ageing and Carers Survey and updating with the 2003 DACS is called for.

One of the papers commissioned for the Myer Foundation project, 2020: A Vision for Aged Care, examined technology and its capacity to assist frail older people and their carers in the next 20 years (Naughtin, 2003).

The relationships between assistive technology for people with disabilities and the use of labour-saving devices to ensure occupational health and safety of home care workers needs further investigation. An SDG conducted by the City of Monash that addressed these issues was noted.

5.3.2.3 Very high need clients and case management

Several SDGs have investigated aspects of case management and care coordination, notably in Linkages services, but there are no readily apparent links between them.

At least one SDG focused on a service model for highly dependent clients; the Bundoora Extended Care Centre conducted an SDG to develop a model for highly dependent client attending Planned Activity Groups.

These SDGs projects provide very little systematic information on the client group, and rather have focused on service operation. The HACC MDS should fill this gap in future, and there a number of other studies of relevance, such as the report by the Community Care Issues Network (2002) that focused on high dependent clients under age 65.

The lack of comparison with “standard” service operation poses limits on demonstrating the effectiveness of the special attributes of case management practices or to see how case management operates as part of HACC rather than apart from mainstream services, especially major Local Government services. The lack of these links also limits the transfer of aspects of good practice from case management services to general services.

A critical appraisal of these projects is a high priority for informing the development of a package tier of care in HACC, as proposed by the Commonwealth and under consideration by DHS.

5.3.3 Implications for strengthening research in ageing and disability

The strategic research stream of the SDGs offers a number of opportunities for strengthening Victoria's capacity for research in ageing and disability. Realising this potential will require attention to three areas.

5.3.3.1 Recognising the value of strategic research for policy and program development

Recognition of the value of strategic research for policy and program development can best be promoted through the integration of the two streams of SDGs and using the strategic research stream to locate the service development projects in the wider HACC policy and program context. Evidence of the success of such approaches was already seen in:

- the positive responses to SDGs presented at national HACC Conferences; and
- requests for copies of SDG reports and products, particularly manuals, from other states.

Recognition of the value of the strategic research stream can be promoted in future through:

- linking it to the wider DHS Aged Care Research Agenda, supported by the Research Interest Group in the Aged Care Branch;
- liaison with the Disability Services Division in DHS and relevant disability research groups;
- the HACC DAC, including consideration of how research interests should be represented on the HACC DAC.

In terms of areas for research priorities, researchers stressed the value of seeing HACC services as part of the much wider social contexts in which older people lived their lives, and the changing social context of ageing.

By way of example, rather than just assessing how far particular HACC services ameliorated social isolation, the factors leading to isolation and the role of informal social support as well as formal services needed to be understood. A more dynamic view of how HACC could achieve its aims was also called for; suggested areas for investigation to this end included empowerment of consumers and consumer directed care, changing expectations of different cohorts of users, and factors affecting these expectations, such as personal experience of caregiving and contact with formal services.

5.3.3.2 Commissioning strategic research in a negotiated research program

The strategic research stream will both require and provide an opportunity to develop higher level capacity in aged care research and evaluation in the state and maintain Victoria's position nationally. Consideration needs to be given to the balance of negotiating an agreed research program with selected institutions and commissioning research through a competitive tendering process. At present, academic research bodies are able to bid directly for SDGs, but consultants are not able to.

Four research units were identified as having an involvement in SDGs:

- the National Ageing Research Institute,
- the Lincoln Gerontology Centre at La Trobe University,
- the School of Health and Environment at La Trobe University, Bendigo, and
- the Centre for Applied Gerontology at the Bundoora Extended Care Centre.

Most of the SDGs were conducted in conjunction with service provider agencies rather than as research projects per se; NARI experience extended to collaboration over a number of SDGs in the Western Metropolitan Region, and the Centre for Applied Gerontology supported research activities across the Bundoora Extended Care Centre. There is an opportunity to further these research support functions of academic units on a regional basis.

The academic research units provided several opportunities to link SDGs to the bigger picture:

They could link SDGs to other data sources, notably the ACAT MDS; the capacity for generalisation from SDGs to the wider HACC service system was considerably strengthened when the extent to which situations being investigated in SDGs were typical could be shown by reference to these wider data sets.

They are able to provide research support, particularly by way of offering methodological advice and placing SDGs in the context of related research literature, and so raise the standard of SDGs and provide a sounder evidence base. Having a team of research staff with skills and experience in a range of research methods was identified as a particular strength of the research units, as was giving access to specialist knowledge in particular fields, such as falls prevention or dementia care.

Academic research units are well placed to build on previous SDGs, whether with the same or different agencies, and so contribute to cumulative outcomes and exchange between providers. They are also well placed to advise providers on how to pursue areas for further investigation that are identified in any one SDG.

Providing for greater continuity and development of specialist interests in research units would be required if the strategic research stream was to be successful over the longer term as its priorities had to be pursued over longer time frames than single SDGs focused on service development.

Most SDGs were carried out without reference to an ethics committee. The nature of projects that required ethics committee approval, particularly with regard to protection of privacy of client records, required attention.

5.3.3.3 Strategic research in HACC within the wider ageing and disability research contexts

Both streams of the SDGs need to be considered in the context of the Commonwealth's Building Ageing Research Capacity initiative, which involves the AIHW as well as the Commonwealth Office for an Ageing Australia. To date, the BARC initiative appears to have had little input from DHS regarding research interest and priorities, notwithstanding the considerable funding provided by DHS for ageing research.

While the Commonwealth has supported some major research and evaluation projects in HACC in the past, there had been few initiatives over the last five years. There is a need to bring research and evaluation activities back on to the national agenda for HACC, with the scope for service development and evaluation readily identified in a number of areas, including the implementation of the HACC Service Standards. Victoria's SDGs need to be linked to service development and research activities in progress in HACC in other states.

While there were opportunities for pursuing research of relevance to HACC in conjunction with wider exploratory research, few had been taken forward. The Linkages Grants of the Australian Research Committee that require linkages between research and industry partners are of particular relevance.

Dissemination of past and future SDGs needs to be linked to the Commonwealth Ageing Research Directory. This Directory has been published triennially since 1984 and so provides an on-going record of research in ageing, but inclusion of SDGs has been limited mainly to those carried out by research units. The Ageing Research Directory is to go on-line in 2003, and a link to any clearinghouse for SDGs would provide an effective means of mutual access.

The strategic research stream offers an opportunity for more structured collaboration between DHS, HACC provider agencies and ageing research units with a view to maximising Victoria's role in ageing research nationally.

There appears to be an even greater need, and opportunity, to consolidate the disability research effort, within the state and nationally.

Recommendation 4: Foster strategic research to provide an evidence base for policy and planning

That a stream of strategic research be developed within the SDG component of HACC to provide a sound evidence base for HACC policy and planning, with features of this stream of activity to include:

A focus on identified priorities for the program as a whole;

Capacity to take a longer term view and conduct scoping investigations of emerging priorities; and

Enhancement of Victoria's role in building national capacity for research in ageing and in disability.

Appendix 1: Members of Reference Group

The following DHS staff served on the Reference Group:

Chair: Patsy Morrison, Manager, HACC Service Development, Coordination and Home Care Unit, DHS.

Members: Louise Keramaris, DHS Central Office
Carolyn Marshall, DHS Southern Metro Region
Andrew Scaramozzino, DHS Research Interest Group
Alexandra Tascas, DHS Grampians Region

Appendix 2: Schedule of consultations

Participants from	Held at	Date
Northern Metropolitan Region, Western Metropolitan Region and Hume Region	Moreland City Council	May 8 th
Southern Metropolitan and Gippsland	Dandenong City Council	May 14 th
Loddon Mallee and Barwon-South Western Regions	Ballarat	May 14 th
Researchers and consultants	National Ageing Research Institute Parkville	June 6 th
HACC Departmental Advisory Committee (HACC DAC)	DHS Central Office	June 17 th

Appendix 3: Detailed analyses of SDGs

Table A3.1: SDGs by Type of Agencies

Agency type	No. of SDGs	% of SDGs	Comments
1 DHS Central Office	18	5%	
2 DHSR Regional Offices	24	7%	Distribution between regions shown in Table 3.2.
3 Local Government	68	19%	Most Councils received only one or two SDGs, and not all Councils received a SDG.
4 Peak Body	48	14%	Most Peak Bodies received multiple grants: General: Council on the Ageing Victoria (8) Municipal Association of Victoria (3) Victorian Healthcare Association (1) Vic Assoc of Health and Extended Care (1) Client/ Need groups: Alzheimer's Association Vic (2) Assoc for Children with a Disability (1) Action on Disability in Ethnic Communities (5) Carers Victoria (3) Continance Foundation (2) Ethnic Communities Council (2) Vision Australia (10) Other : Dieticians Association of Vic (3) National Ageing Research Institute (4) Volunteering Victoria (2) VicFit (1)
5 Aboriginal	9	3%	7 different agencies, two of which received 2 grants
6 CALD	44	12%	Mix of large agencies receiving several SDGs, e.g. Inner Western Region Migrant Resource Centre (7), North Eastern MRC (5) and many individual community agencies, most of which received only one SDG.
7 Disability	18	5%	
8 Community Health	60	17%	Includes RDNS (3) and one Div of GP (1) Regional Health Services classified as Community Health as SDGs went to community health services within overall regional health services; where clearly went to a hospital, classified as Hospital
9 Hospital	15	4%	13 hospitals, of which 3 were metro. Extended Care Centres, 4 other metro. Hospitals, and 6 rural hospitals
10 Not for Profit HACC Agencies	51	14%	Diverse group of agencies, ranging from large metro. e.g. MECWA and other COPs agencies, to small rural, e.g. Wimmera Volunteers Inc. 36 SDGs went to metro regions, 14 to rural.
Total	355	100%	

Table A3.2: Project focus by funding

	Under \$5000	\$5000 to \$9,999	\$10,000 to \$14,999	\$15,000 to \$19,999	\$20,000 to \$24,999	\$25,000 to \$49,999	\$50,000 to \$99,999	\$100,000 and over	Total	
									No.	%
Client group focused										
Access for/ response to cultural and linguistically diverse client groups	7	9	5	8	6	15	1	1	52	15
Disability Best Practice	2	2	1	3	3	-	-	-	11	3
Living in marginal housing	2	-	2	1	1	4	1	-	11	3
Service Development										
Service delivery model	10	6	4	8	5	6	3	2	44	12
Services integration	2	7	2	1	7	1	1	1	21	6
Service expansion	6	4	-	2	-	1	1	-	14	4
Agency enhancement	1	1	2	-	1	1	-	-	6	2
Planning and related										
Needs analysis	-	5	4	2	3	10	-	-	24	7
Strategic	-	-	-	3	-	2	4	-	9	2
Resource allocation and management	2	1	1	-	1	5	1	-	11	3
Information technology	1	2	-	1	1	4	1	1	11	3
Specific service focus										
Transport									21	6
Assessment	-	2	4	3	1	4	-	-	14	4
Case management and coordinated care	-	1	2	1	2	5	-	-	11	3
Allied health	2	4	-	-	1	7	1	-	15	4
Nutrition	3	2	5	-	2	-	2	-	14	4
Communication, workforce development and support										
Information production & dissemination	6	5	4	2	2	2	-	-	21	6
Conferences and Consultation	4	1	3	-	1			1	10	3
Training	1	3	2	4	1	2	1	-	14	4
Volunteers	4	8	4	2	2	1	-	-	21	6
Total No.	52	63	52	44	34	83	21	6	355	
%	15	18	15	12	9	23	6	2		100

Table A3.3: Project focus by region

Project focus \ Region	DHS Central	Non-metropolitan					Metropolitan				Total	
		Barwon S-W	Gippsland	Grampians	Hume	Loddon-Mallee	East Metro	North Metro	South Metro	West Metro	No	%
Client group focused												
Access for/ response to CALD client groups	10	1				2	3	6	4	26	52	15
Disability Best Practice	2				1		4		1	3	11	3
Living in marginal housing				1		1		3	1	5	11	3
Service Development												
Service delivery model	4	3	1	1	2	2	7	6	13	5	44	12
Services integration	2			2	2	2	2	2	5	4	21	6
Service expansion		2		4	3	4			1		14	4
Agency enhancement	1		1	2				1		1	6	2
Planning and related												
Needs analysis		3	2		1	4	3	5	1	5	24	7
Strategic	1						2	1	1	4	9	2
Resource allocation and management	3	1	1				4	1		1	11	3
Information technology		2	3	1			3		2		11	3
Specific service focus												
Transport	1	1	3	3	5	2	1	1	1	3	21	6
Assessment	1		1		1		3	2	3	3	14	4
Case management and coordinated care	1				2		1	2	2	3	11	3
Allied health	1			1		2	2	2	1	6	15	4
Nutrition	3		2	2	2	2	2			1	14	4
Communication, workforce development and support												
Information production & dissemination	5		3		2	3	2	1		5	21	6
Conferences and Consultation	3				2	3		1		1	10	3
Training	3		1	1		1	4	1	1	2	14	4
Volunteers	1	1	3			5	3	2	3	3	21	6
Total No	42	14	21	18	23	33	46	37	40	81	355	
%	<i>12</i>	<i>4</i>	<i>6</i>	<i>5</i>	<i>7</i>	<i>9</i>	<i>13</i>	<i>10</i>	<i>11</i>	<i>23</i>		<i>100</i>

Table A3.4: Funding by region

Funding \ Region	Region										
	DHS Central	Barwon S-W	Gippsland	Grampians	Hume	Loddon Mallee	East Metro	North Metro	South Metro	West Metro	Total
Under \$5000	1		8	3	4	7	11		7	11	52
\$5,000-9,999	2	2	7	5	4	11	2	8	3	19	63
\$10,000 -14,999	3	2	1	5	2	8	6	7	3	15	52
\$15,000 -19,999	4	2	1	3	4	1	7	4	7	11	44
\$20,000 -24,999	9	1	1		3	2	7	5	4	2	34
\$25,000 -49,999	8	6	2	1	3	4	12	12	14	21	83
\$50,000 -100,000	10	1	1	1	3			1	2	2	21
\$100,000 +	5						1				6
Total	42	14	21	18	23	33	46	37	40	81	355

Table A3.5: Funding by agency type

Funding \ Agency Type	Agency Type											
	Aboriginal	CALD	Comm Health	DHS Cent	DHS Reg	Disability	Hosp	Local Govt	Nursing	Other	Peak	Total
Under \$5000		9	15			3	3	8		11	3	52
\$5,000-9,999	4	10	9		1	6	6	9	1	13	4	63
\$10,000-14,999	2	6	9		6	3		12		6	8	52
\$15,000-19,999	1	8	5	1	2	3		9		8	7	44
\$20,000-24,999		3	4	5	2		2	6		4	8	34
\$25,000-49,999	1	8	13	4	9	3	4	20	2	8	11	83
\$50,000-100,000	1		1	5	4			3		2	5	21
\$100,000 +				3				1			2	6
Total	9	44	56	18	24	18	15	68	3	52	48	355

Table A3.6: Project focus by agency type

Agency Type \ Project type	Aboriginal	CALD	Comm Health	DHS Cent	DHS Reg	Disability	Hospital	Local Govt	Nursing	Other	Peak	Total	
												No	%
Client group focused													
Access for/ response to cultural and linguistically diverse client groups		26	7	5		1		3		2	8	52	15
Disability Best Practice						2		4		4	1	11	3
Living in marginal housing			3		1	2		1		2	2	11	3
Development													
Service delivery model	3		4	3	4	1	3	5		15	6	44	12
Service integration			2	1	5	2	1	3		4	3	21	6
Service expansion			6		1	1	2	4				14	4
Agency enhancement	1	1						3			1	6	2
Planning													
Needs analysis	2	8	7		3			3		1		24	7
Strategic		1			2			3		1	2	9	2
Resources				2	3			3		2	1	11	3
Information technology			5					5		1		11	3
Specific service focus													
Transport			2	1	2	1		4		9	2	21	6
Assessment		1	2				1	8		1	1	14	4
Case mgmt & care coord			1				3	3		2	2	11	3
Allied Health			3	1	1	1	2	2	3	1	1	15	4
Nutrition			6					4		1	3	14	4
Communication, workforce development and support													
Information prod. & dissemination	2	4	1	3	1	1	1	2			6	21	6
Conference and Consultation		1	2	1				3		1	2	10	3
Training	1	1	1	1	1	1	2			3	3	14	4
Volunteers		1	4			5		5		2	4	21	6
Total	9	44	56	18	24	18	15	68	3	52	48	355	
Percent	2	12	16	5	7	5	4	19	1	15	14		100

Appendix 4: Features of internet-based clearinghouses associated with health and community services programs

Name, host and funding	Aim	Activities	Areas on website
<p>Australian Resource Centre for Hospital Innovations http://www.archi.net.au</p> <p>Hosted by the University of Newcastle</p> <p>Funded by Commonwealth Department of health and Ageing, as part of National Hospitals Demonstration Project</p>	<p>Mission is to support and increase implementation of effective and quality innovations in clinical care in Australian hospital settings and at the interface of hospitals and other healthcare providers.</p> <p>ARCHI aims to: collect and collate information on quality innovations in acute care and other related settings. disseminate information and resources on quality innovations which are accessible, acceptable and comprehensible for clinicians. market products and services of ARCHI to clinicians and health service decision makers.</p>	<p>Provision of a fortnightly e-bulletin, ARCHI Net News, that showcases initiatives in healthcare delivery around Australia</p> <p>Provision of a wide range of electronic documents on the ARCHI website</p> <p>Establishment of email-based discussion groups</p> <p>An enquiry service for health professionals that provides relevant resources and contact people</p> <p>Tool Kit Seminars that are designed to provide practical advice, skills and expert opinion to assist clinical staff and health service managers. They provide practical ideas and workable solutions that can be used to introduce innovation and achieve change in the health care setting.</p>	<p>Resources: Innovator Showcase, Clinical tools, Book reviews, Discussion groups, Health Consultants</p> <p>e-Library: Searchable Projects, Seminars, Documents, Presentations</p> <p>Enquiries – capacity to post enquiry on site</p> <p>Safety Innovations in Practice</p> <p>National Demonstration Hospitals program</p>
<p>Australian Clearing House for Youth Studies http://www.acys.utas.edu.au/</p> <p>Hosted by University of Tasmania</p> <p>Funded by Grants from Australian Government Department of Family and Community Services ACYS publishing activities`</p>	<p>To assist the Australian community in understanding the complex and wide-ranging issues impacting on young people, and to achieve this through the provision of research-and practice-based information that is: interdisciplinary, acknowledging the overlapping nature of youth issues, and accessible in form and content and, therefore, inclusive of all stakeholders.</p>	<p>Provision of resources and information on youth</p> <p>Inter-disciplinary peer-reviewed quarterly journal – <i>Youth Studies Australia</i>- with index of authors, articles etc</p> <p>Books on contemporary youth issues</p> <p>Reports on the National Youth Affairs Research Scheme</p> <p>Monthly free emailed newsletter</p>	<p>Abstracts and press reports on youth databases</p> <p>Newsletter Youth Field Xpress</p> <p>Books available, order forms</p> <p>National Youth Affairs Research scheme</p> <p>ACYS Information services: Online Help What's new Bibliographies Awareness services – alerts Databases Events calendar Youth studies courses ACYS symposia Resources for specific groups (parents, researchers, medical practitioners, educators, students, youth) Links, search, site index</p>
<p>The Irish Clearing House on Health Outcomes http://www.ich.ie/</p>	<p>To develop and promote approaches to health outcomes assessment within routine health and social care practice.</p>	<p>At present, priority is being given to the collection and recording of information on Irish projects.</p>	<p>Outcomes Activity Database – outcomes related projects which forms the basis for networking those involved in measuring health</p>

Name, host and funding	Aim	Activities	Areas on website
Hosted by the Irish Health Boards Executive http://www.hebe.ie/	To encourage a shift from process to outcome measurement, and the use of patient centred and clinically relevant outcomes criteria. To support the use of process information and existing data sources where it is not yet feasible to measure outcomes directly. To raise awareness about issues in measuring health outcomes, particularly issue of attribution. To promote the role of health outcomes within decision making in health and social care. Collate and disseminate Irish health outcomes research information.	The Clearing House will act as a focal point for networking and supporting the exchange of ideas and practice experience. Future developments in the ICH will include: reviewing methods and measures for health outcomes assessment adding outcome protocol information to this site presenting papers and presentations to interested groups contributing to conferences aimed at raising awareness and understanding of outcomes measurement in the health services generally	outcomes Links to databases and sites relating to outcomes and quality in healthcare "What's New" page - containing information on forthcoming events of interest A data entry screen - online form Bibliographic data relating to current publications on health outcomes Discussion forum A contact point for queries and a registration point for inclusion in the ICH mailing list Search engine for database Site map
National Cancer Statistics Clearing house (AIHW) http://www.aihw.gov.au/cancer/ncsch/ Hosted by Australian Institute of Health and Welfare	NCSCCH is a database maintained by the Australasian Association of Cancer Registries (AACR) and the AIHW. It is a national collection of cancer data. Aim is to foster development and dissemination of national cancer statistics for Australia and specifically: enable computation and publication of national statistics on cancer tracking of interstate movement of cancer cases via record linkage facilitate exchange of scientific and technical information between cancer registries and promote standardisation in the collection and classification of cancer data; facilitate cancer research both nationally and internationally.	The NCSCCH receives data from individual State and Territory cancer registries on cancer diagnosed in residents of Australia. The data items provided to the NCSCCH by the State and Territory cancer registries enable record linkage to be performed and the analysis of cancer by site and behaviour. The NCSCCH produces reports of national incidence and mortality data, periodic analyses of specific cancer sites, cancer histology, differentials in cancer rates by country of birth, geographical variation, trends over time and survival are undertaken using accumulated data which permits greater depth of analysis. The NCSCCH is able to make available a broad range of statistical data to bona fide researchers after a strict scientific and ethical review process.	National Cancer Statistics Clearing House Interactive cancer data Australasian Association of Cancer Registries Cancer Screening Recent Publications National Death Index
National Child Protection Clearinghouse http://www.aifs.org.au/nch	To inform policy, practice and research into child abuse prevention To resource and facilitate a network of people and organisations concerned with child abuse prevention	Searchable repository/ library of research literature, information resources and specialised databases – 5,000 items Bibliographic information from the AIFS computerised database <i>Australian Family &</i>	What's new page Full text of all Clearinghouse publications e.g. issues papers Dates of forthcoming conferences List of Australian and international

Name, host and funding	Aim	Activities	Areas on website
<p>Hosted by Australian Institute of Family Studies</p> <p>Funded by Commonwealth Dept of family and Community Services \$294,000 in 2001-02</p>		<p><i>Society Abstracts</i> 4,500 items Paper and electronic publications –2 issues papers and 2 newsletters per year – 8,000 clients , also seeks contributions for newsletter articles Good practice database of programs, research, projects, activities – 1,300 items Help desk – for non computerised searches Email discussion list – closed, monitored and moderated Education and training seminars for rural or remote areas Program evaluation consultancy service Special membership to encourage NGO members</p>	<p>organisations concerned with child abuse prevention, with links to internet sites Regularly updated bibliographies on specific aspects of prevention of child abuse and neglect Access to Child Abuse Prevention Programs database</p>
<p>Stronger Families Learning Exchange http://www.aifs.org.au/sf/database.htm</p> <p>Hosted by Australian Institute of Family Studies</p> <p>Funded by Commonwealth Department of Family and Community Services \$262,000 in 2001-02</p>	<p>Contribute to the evidence base about the effectiveness of early interventions for families and to support the work of Stronger Families Fund projects</p>	<p>Database of good practice projects aims to keep service providers in touch with what others across the Country are doing to help strengthen families or communities Particular emphasis on projects which: have a primary prevention or early intervention approach focus on families with young children use action research methodology</p>	<p>Public access section containing: Objectives of the Learning Exchange Searchable database of good practice in early intervention (by name, organisation, state, keywords, 'words anywhere') Electronic resources, including database form for information about projects Links to significant organisations Dates for forthcoming conferences Electronic version of the Bulletin (2 pa) Password-protected access section containing: Data from Stronger Families Fund projects Closed e-discussion group for primary stakeholders to discuss research, policy and practice issues Templates and training/ informational resources</p>

Appendix 5: Web sites associated with health and community services programs

Home and Community Care, Department of Health and Ageing
<http://www.health.gov.au/acc/commcare/hacc.html>

Victorian Government Department of Human Services Aged Care
<http://www.health.vic.gov.au/agedcare/>

Council on the Ageing <http://www.cota.org.au>

Australian Health Outcomes Collaboration <http://www.uow.edu.au/commerce/ahoc>

Australian Institute for Primary Care <http://www.latrobe.edu.au/aipc>

Centre for Health Service Development (CHSD) University of Wollongong
<http://www.uow.edu.au/commerce/chsd>

Monash University Centre for Clinical Effectiveness
<http://www.med.monash.edu.au/healthservices/cce>

General Practice Evaluation Program (GPEP)
<http://www.med.monash.edu.au/healthservices/cce/research/gpep.html>

National Ageing Research Institute <http://www.mednwh.unimelb.edu.au>

National Health Priorities and Quality <http://www.health.gov.au/pq>

Primary Health Care Research & Information Centre <http://www.phcris.org.au>

Appendix 6: Example of standard database form for clearinghouse entry: Stronger Families good practice projects

Program	Stronger Families Learning Exchange
Website	http://www.aifs.org.au/sf/databaseform.pdf
Content of form	
Project Identification	Project title Organization name Location/Department Address Postcode Phone Fax Web address Project duration Finishing date What geographic area does your project target? Urban <input type="checkbox"/> Rural <input type="checkbox"/> Remote <input type="checkbox"/> Other <input type="checkbox"/>
Project description	Description Main achievements What barriers were/are there to your project? (Please specify) Does your project involve Early Intervention (targets individuals or groups that are developing problems)? Does your project use Action Research (a term that applies specifically to an evaluation which involves a repeated cycle of planning, implementation of change, evaluation and further planning? (Please explain fully) Does your program include evaluation or monitoring? (Please specify) Suggested keywords Are members of your staff available to provide training or other support to from other agencies wishing to adopt your approach? (Please specify) Has your project generated any reports, publications, videos, presentations, journal articles or unpublished papers? (Please specify) Any other comments? Please add a separate sheet(s) if required.
Not for inclusion on SFLEX Website:	Contact person Contact person - title Position or role Email
Submission	<i>Please forward to: Ellen Fish, Australian Institute of Family Studies, 300 Queen Street, Melbourne Vic 3000. Enquiries: Tel: (03) 9214 7888. Email: ellenf@aifs.org.au</i>

Appendix 7: List of reports on SDGs

The following list of reports of SDGs aims to demonstrate the range of projects carried out rather than being comprehensive. Two provisos apply to the coverage of SDGs in the reports listed:

1. Due to the time lag between completion of SDGs and publication of reports, some of the reports listed relate to SDGs carried out prior to 1997, and reports on some of the SDGs allocated in 2001-02 have not been published.
2. Not all SDGs resulted in published reports but rather aimed to produce other outcomes, such as translations of information on HACC services, training activities and forums.

Action on Disability Within Ethnic Communities. 2001. *The Better Ethnic Access To Services Kit (BEATS)*

Action on Disability Within Ethnic Communities. 2001. *The Best Practice Guide to Home and Community Care Equity and Access Projects*

Action on Disability Within Ethnic Communities. 2001. *Support needs of CALD people who are homeless or living in insecure accommodation – Final project report*

Alpine, Indigo and Towong Shires. (no date) *Made to measure: Broadening options and strategies for delivery planned activity to HACC clients.*

Association of Greek Elderly Citizens Clubs of Melbourne. 1997. *Development of a multicultural centre for the elderly - Needs analysis and feasibility study*

Australian-Polish Community Services Inc. 2002. *Planned activity groups: Best practice models in servicing culturally and linguistically diverse communities*

Australian Vietnamese Women's Welfare Association. 1998. *Vietnamese Elderly and their carers in the Northern Metropolitan Region Service Usage and Needs*

Banyule City Council Aged and Disability Services. 2001. *Home and community care services users group evaluation.*

Banyule Nillumbik. 2000. *HACC, ACAS and PDSS Service Coordination Project: Phase 1.*

Banyule Nillumbik Primary Care Alliance. 2003. *Interagency service coordination protocol: Final Draft (3).* Report prepared for Project Management Group.

Brookcor Consulting. 1999. *Inner South East Needs Analysis: Final Report.* Report prepared for Inner South East Planning Group Project Steering Committee.

Bundoora Extended Care Centre. 2002. *Clients with Complex Care Needs: Implications for Planned Activity Group (High) Service Delivery.*

Clark Phillips Pty Ltd. 1999. *Girrawheen Community adult social support and activity programs: needs based service plan and business plan.*

Effective Change. 1999. *Moreland Hume Adult Day Activity Support Service Cooperation Project: Project Report.* Report prepared for Project Steering Committee.

Gravell, K. 2002. *Banksia services for seniors: Service review final report.* Report prepared for the Brotherhood of St Laurence.

HDG Consulting Group. 2002. *Low maintenance garden project: Evaluation framework.* Report prepared for the City of Kingston and the Vision Australia Foundation.

- Howe, A.L. 2000. *HACC status report for Victorian Local Government: Full Report*. Report prepared for the Municipal Association of Victoria.
- Howe, A.L. & Rosewarne, R. 2003. *Eastern Metropolitan Region HACC Demand Management Study*. Report prepared by Applied Aged Care Solutions for the Eastern Metropolitan Councils.
- ISIS Primary Care. 2002. *2002 Multi Language Resource List for Allied Health service providers in the Western region*
- Jenny Ashby and Associates. 2001. *Kingston Meals: Aged care services on show*. Video produced for the City of Kingston.
- Larne Pty Ltd. 1998. *Out and about: A transport coordination study in the La Trobe Valley*. Report prepared for DHS under the auspices of Coinda Hill, Traralgon.
- McCubbery, J. & Fyffe, C. 2002. *A day in the life of a pension-level Supported Residential Service resident who usually stays at home. The recreation, leisure and social needs of pension level Supported Residential Service residents in the Northern Metropolitan Region*. Report prepared for ARBIAS.
- Migrant Resource Centre North East. 2000. *My mother cooked this for me – the delivered authentic ethnic meals project report*
- Monash Community Care Services. 2003. *Demonstration Project (OH&S) Home Care*. Report prepared for the City of Monash.
- National Ageing Research Institute. 2001. *Analysis of demand for Local Government 'In-Home' HACC services in the Western Metropolitan Region: Final Report*. Report prepared for DHS Western Metropolitan Region.
- National Ageing Research Institute. 2001. *Final report for the Home and Community Care (HACC) Strategic Plan for the Western Metropolitan Region, 2000-2005*. . Report prepared for DHS Western Metropolitan Region.
- National Ageing Research Institute. 2002. *Development of a priority of access tool for the Western Metropolitan Region Local Government HACC providers: Final Report*. Report prepared for DHS Western Metropolitan Region.
- Nguyen, T. & Timmerman, J. 2002. *Sharing food, gaining health project*. Report prepared for the Western Region Health Centre, in conjunction with the Quang Minh Temple Vietnamese Food Service and Maribyrnong City Council.
- Project Partnerships. 2002. *HACC Delivered Meals Project: Final Report*. Report prepared for Hume Regional Food Services Group.
- Project Partnerships. 2002. *Information Package for Delivered Meals Volunteers*. Prepared for Hume Regional Food Services Group.
- Reporting Solutions Pty. Ltd., 1999. *e-Ref: An electronic connectivity project*. Report prepared for the Coastal Planning District of the Southern metropolitan Region.
- Reporting Solutions Pty. Ltd., 2001. *e-Ref: Secure electronic referrals for primary care services. Stage 2 Final Report*. Report prepared for the Coastal Planning District of the Southern metropolitan Region.
- Sach and Associates. 1998. *VICPACS regional service development plan*. Report prepared for DHS Southern Metropolitan Region.
- South Eastern Region Migrant Resource Centre. 2001. *South East District diverse meals project 2001*
- Southern Metropolitan Region Elder Abuse Working Party. 1997. *Elder abuse regional inter-agency protocol*. Report prepared for DHS Southern Metropolitan Region.

- Tahiri, H. 1997. *Needs study of the HACC target groups within the Kurdish community living in the cities of Hume, Darebin and Moreland*. Report prepared for the Kurdish Association of Victoria.
- Turkish Speaking Community Workers' Association of Victoria. (No date). *In my Language – Pioneer needs and HACC services awareness study of Turkish speaking elderly, disabled and carers living in Melbourne*
- Vance, F. 2001. *Yanada House music therapy pilot project evaluation report*.
- Victorian Aboriginal Community Services Association. 1997. *Proposal and training plan for Koori HACC*
- Wake, B. 2001. *A report on the development and implementation of a model of community transport service provision in the Local Government Areas of Bayside, Glen Eira, Kingston, Port Phillip and Stonnington*. Report prepared for Inner Southern and Coastal Community Transport, a division of Bentleigh Bayside Community Health Services.
- Western Region Ethno-Specific Social Support Program Coordinators' Network. 2002. *Handy hints for coordinators of ethno-specific volunteer coordination programs*
- Western Region Health Centre and Doutta Galla Community Health Service. 2001. *I no longer feel alone – a report on the evaluation of the Vietnamese Mental Health Groups project*

Appendix 8: References

- Commonwealth Department of Health and Ageing. 2003. *A new strategy for community care: Consultation Paper*. Commonwealth Department of Health and Ageing, Canberra.
- Community Care Issues Network. 2002. *Complex care needs – complex issues: The need for collaborative planning. A study of Linkages clients aged 16-64 who have high cost care needs*. Research and Consultancy Unit, Ecumenical Housing, for CCIN.
- Cowley, D, Hailey, D & McInnes P. 1994. *Assistive devices for people with disabilities*. Australian Institute of Health and Welfare. Canberra. AIHW Cat. No. AIHW-323.
- Department of Human Services. 2003. *Better Planning and Funds Allocation in the Home and Community Care Program in Victoria. Final Report, March 2003*. DHS, Melbourne.
- Department of Human Services, Aged, Community and Mental Health Division. 1999. *The Aged Care Research and Services Development Presentation Forum*. Department of Human Services. Victoria.
- HGD Consulting. 1996. *A Guide to Project Management*. Produced for the Department of Human Services, Aged Care Unit, Southern Metropolitan Region.
- Howe, A.L. 1997. What does community care research tell us about community care in Australia? *Australasian Journal on Ageing*. Vol. 16, No. 3: 10-126.
- Naughtin, G. 2003. *Technology and its capacity to assist frail older people and their carers over the next 20 years*. Paper commissioned for the Myer Foundation 2020: A Vision for Aged Care in Australia. www.myerfoundation.org.au
- Office for Older Australians. 2000. *Australian Ageing Research Directory*. 6th Edition. Department of Health and Aged Care, Canberra.
- Pillimer, K, Czaja, S.J. and Schulz, R. 2003. Challenges of transitional research on ageing: The experience of the Roybal Centres. *The Gerontologist*. Special Issue 1. Volume 43.
- Wadsworth, Y. 1997a (2nd ed). *Do it yourself social research*. Allen and Unwin. Sydney.
- Wadsworth, Y. 1997b (2nd ed). *Everyday evaluation on the run*. Allen and Unwin. Sydney.