

## **Appendix 6**

### **Carer Focus Group Report**

## ***Carer Focus Group Report***

### ***Purpose of this document***

*The purpose of this document is to outline the topics of information, that the National Evaluator requires as a data source from the outcomes of the Carer Focus Groups. This document should be used as the guide for the reporting of information collected from the Carer Focus Groups. The guide is a reflection of all the prompts that were asked of the Carer Focus Group attendees.*

*The information obtained in the Carer Focus Group Report will be lifted out and placed into the Minimum Data Set by the National Evaluator.*

### ***General comments:***

- **A minimum of two carer focus groups are undertaken at three points in time over the course of the National Evaluation of the Sharing Health Care Initiative.**
- **The attached report is a culmination of the minimum of two carer focus groups undertaken at one of these three point in time.**
- **The space given against each prompt is in no way indicative of the quantity of information required by the National Evaluator. Projects should determine for themselves the space required for adequate responses.**

**Items to accompany the Carer Focus Group report are:**

- This cover sheet;
- A transcript of each of the carer focus groups; and
- The Carer Focus Group Record sheets.

**PLEASE PROVIDE THE FOLLOWING:**

1) The name of the demonstration project:

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2) This Carer Focus Group Report is for:

Please tick ONE box.

Beginning      [   ]

Middle         [   ]

End             [   ]

3) The total number of INVITEES for the Carer Focus Groups was \_\_\_\_\_ *[insert appropriate number]*.

4) The total number of ATTENDEES for the Carer Focus Groups was \_\_\_\_\_ *[insert appropriate number]*.

5) Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6) Please describe how carers were recruited to attend these focus groups:

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## Carer Focus Group Report

Impact/Outcome assessed	Dimensions	Prompts	Comment
<p><b>Overall satisfaction with SM Program</b></p>	<ul style="list-style-type: none"> <li>Overall satisfaction with the SM Program and its impact on the client's and carer/family/SO's life</li> </ul>	<p>Overall, how satisfied are you with the SM Program?</p> <hr/> <p>What has been the impact on the life of the person you are caring for?</p> <hr/> <p>What has been the impact (if any) of the SM Program on your life?</p>	
<p><b>Perceptions and experiences of SM orientation/education and training including relationship with SM Program personnel (including follow-up)</b></p>	<ul style="list-style-type: none"> <li>SM Program recruitment and orientation/education and training process</li> </ul>	<p>Were you fully informed about the Sharing Health Care Program when the person you are 'caring' for first joined?</p> <hr/> <p>As a carer, overall, how satisfied have you been with the training/orientation you have received? Consider:</p> <ul style="list-style-type: none"> <li>The time between joining the program and undertaking your training/orientation?</li> <li>Was the venue a good one?</li> <li>Was the information understandable, relevant and useful?</li> <li>Was the leader organised, friendly and helpful?</li> </ul> <hr/> <p>Overall, how satisfied have you been with the post-training/orientation follow-up?</p>	
<p><b>Perceptions and experiences of SM orientation/education and training including relationship with SM Program personnel (including follow-up)</b></p>	<ul style="list-style-type: none"> <li>Impact of the SM orientation/education and training on lifestyle and condition management</li> </ul>	<p>As a consequence of your participation in the SM Program, has the program impacted at all, upon:</p> <ul style="list-style-type: none"> <li>Your role as a Carer?</li> <li>Your lifestyle in general?</li> </ul>	

Impact/Outcome assessed	Dimensions	Prompts	Comment
<p><b>Perceptions and experiences with SM education and orientation/training (including follow-up)</b></p> <p><b>(Continued)</b></p>	<ul style="list-style-type: none"> <li>Relationship with the SM Program [<i>insert appropriate project term</i>]<sup>1</sup>:</li> </ul> <p>- Access</p>	<p>With regards to your relationship with the SM Program [<i>insert appropriate project term</i>]:</p> <p>Have you been able to see and/or speak with the SM Program [<i>insert appropriate project term</i>] when you needed to? Consider:</p> <ul style="list-style-type: none"> <li>Their physical location?</li> <li>The hours that they operate or are contactable?</li> </ul>	
	<p>- Care/self management plan</p>	<p>Did you feel you were listened to by the SM Program [<i>insert appropriate project term</i>] at the time of the development of the care plan or equivalent?</p> <p>By being a part of the program and/or self management care plan, do you feel that your needs, as a carer, were accurately and clearly identified?</p> <p>To what extent has the SM Program [<i>insert appropriate project term</i>], involved you in making decisions about your role as a carer?</p>	
	<p>- Communication and information</p>	<p>When you meet or speak with the SM Program [<i>insert appropriate project term</i>], speaking as a carer, to what extent are your questions answered?</p> <p>To what extent do you feel that the SM Program [<i>insert appropriate project term</i>], gives you enough advice about how to look after yourself (as a 'carer')?</p> <p>To what extent do you feel that the SM Program [<i>insert appropriate project term</i>], gives you enough advice about how to care for the person you are caring for?</p>	
	<p>- Quality of the relationship</p>	<p>Overall, how would you describe the quality of your relationship with [<i>insert appropriate title</i>]?<sup>1</sup></p>	

<sup>1</sup> 'Appropriate title' refers to the projects adopted name for the personnel who are the main point of contact/focus for carers e.g. coaches

Impact/Outcome assessed	Dimensions	Prompts	Comment
<p><b>Perceptions and experiences of care and relationships (including follow-up) with HSPs</b></p> <p><b>Thinking about the MAIN health service provider who attend to the person you care for...</b></p>	<p>- Access</p>	<p>To what extent do you feel that getting or accessing health services for the person you care, have been restricted or hindered? Consider:</p> <ul style="list-style-type: none"> <li>• Waiting lists?</li> <li>• Location of services?</li> <li>• Opening times (hours of operation)?</li> <li>• Financial cost?</li> <li>• Emergency situation?</li> </ul>	
	<p>- Care/self management plan</p>	<p>Did you feel you were <i>listened to</i> by the HSPs during the development of the care/self management plan of the person you care for?</p>	
		<p>To what extent have health service providers <i>involved you</i> in making decisions about:</p> <ul style="list-style-type: none"> <li>• The help you receive as a carer?;</li> <li>• The help for the person you are ‘caring’ for?</li> </ul>	
	<p>- Communication and information</p>	<p>When you meet or speak with a HSP, to what extent are your questions answered?</p> <p>Did you get enough advice about how to look after yourself as a ‘carer’?</p>	
<p>- Quality of relationship</p>	<p>Overall, how would you describe the quality of your relationship with your main HSP?</p>		

Outcome	Dimensions	Prompts	Comments
<p><b>Burden, perceptions of stress</b></p>	<ul style="list-style-type: none"> <li>• Inconvenience (e.g. time, impact on work/personal plans/other activities)</li> <li>• Financial strain</li> <li>• Physical strain</li> <li>• Emotional strain (e.g. arguments, disruption to family)</li> <li>• Sleep disturbance</li> <li>• Feelings of being overwhelmed</li> <li>• Impact on the relationship with client</li> </ul>	<p>As a 'carer', please tell me how this role has impacted upon you. Consider whether it is:</p> <ul style="list-style-type: none"> <li>• An inconvenience (e.g. takes too much time, or restricts your free time)?</li> <li>• A financial strain?</li> <li>• A physical strain (e.g. lifting)?</li> <li>• Disturbs your sleep?</li> </ul>	
		<p>As a carer, have you had to make emotional adjustments? Have there been for example:</p> <ul style="list-style-type: none"> <li>• instances of family adjustments?</li> <li>• other personal adjustments? e.g. turning down employment opportunities,</li> <li>• arguments and other upsets? e.g. watching changes in the person you care for?</li> </ul>	
		<p>Are there times when you feel overwhelmed by the role of a carer?</p>	
		<p>Has being a part of the SM Program helped in any way in coping with any or all of these 'carer impacts'?</p>	

## **Appendix 7**

### **Health Service Provider Focus Group Report**





## *Health Service Providers*

### ***Purpose of this document***

***The purpose of this document is to outline the topics of information, that the National Evaluator requires as a data source from the outcomes of the Health Service Providers Focus Groups. This document should be used as the guide for the reporting of information collected from the Health Service Providers Focus Groups. The guide is a reflection of all the prompts that were asked of the Health Service Providers Focus Group attendees.***

***The information obtained in the Health Service Providers Focus Group Report will be lifted out and placed into the Minimum Data Set by the National Evaluator.***

### ***General comments:***

- **A minimum of two Health Service Providers Focus Groups are undertaken at three points in time over the course of the National Evaluation of the Sharing Health Care Initiative.**
- **The attached report is a culmination of the minimum of two Health Service Providers Focus Groups undertaken at one of these three point in time.**
- **The space given against each prompt is in no way indicative of the quantity of information required by the National Evaluator. Projects should determine for themselves the space required for adequate responses.**

**Items to accompany the Health Service Providers Focus Group report are:**

- This cover sheet;
- A transcript of each of the Health Service Providers Focus Groups; and
- The Health Service Providers Focus Group Record sheets.

**PLEASE PROVIDE THE FOLLOWING:**

**1) The name of the demonstration project:**

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**2) This Health Service Providers Focus Group Report is for:**

Please tick ONE box.

Beginning               

Middle                   

End                       

**3) The total number of INVITEES for the Health Service Providers Focus Groups was \_\_\_\_\_ *[insert appropriate number]*.**

**4) The total number of ATTENDEES for the Health Service Providers Focus Groups was \_\_\_\_\_ *[insert appropriate number]*.**

**5) Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**6) Please describe how Health Service Providers were recruited to attend these focus groups:**

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**Health Service Providers Focus Group**

Impact	Dimensions	Prompts	Comments
<p><b>Perceptions/experiences/ satisfaction with SM Program</b></p>	<ul style="list-style-type: none"> <li>Overall job satisfaction in the context of SM</li> </ul>	<p>What are your impressions (positive and negative) of the SM Program and its impact on your overall job satisfaction?</p> <hr/> <p>Does the SM Program fit with your preferred way of working?</p> <hr/> <p>Overall, how useful is the SM Program, to:</p> <ul style="list-style-type: none"> <li>you;?</li> <li>to your clients?</li> </ul>	
	<ul style="list-style-type: none"> <li>Care/self management plan process (review, follow-up, usefulness)</li> </ul>	<p>In your experience, what are you overall impressions (positive and negative) of:</p> <ul style="list-style-type: none"> <li>the care and self management approach adopted – consider time spent with client, burden, remuneration, usefulness for you and the client.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>level of care coordination as a consequence of this program?</li> </ul>	
	<ul style="list-style-type: none"> <li>Roles</li> </ul>	<p>Do you feel that your role in the care of your clients has changed as consequence of SM?</p> <hr/> <p>How satisfied are you with the roles the following are taking in the SM Program:</p> <ul style="list-style-type: none"> <li>Yourself?</li> <li>Clients?</li> <li>Project office including management, and providers of the program?</li> <li>Other Health Service Providers?</li> </ul>	

Impact	Dimensions	Prompts	Comments
<p><b>Perceptions/experiences/satisfaction with SM Program (Continued ...)</b></p>	<ul style="list-style-type: none"> <li>• Communication networks (including IT)</li> </ul>	<p>Has being part of the SM Program affected in any way your communication networks?</p> <p>Consider communication:</p> <ul style="list-style-type: none"> <li>• With other health service providers – within and across settings;</li> <li>• With clients involved in the program</li> <li>• With the program office (the people from whom you may receive referrals).</li> </ul> <hr/> <p>Overall, are you satisfied with the level and quality of this communication?</p>	
	<ul style="list-style-type: none"> <li>• Quality of relationships with clients</li> </ul>	<p>To what extent has the SM Program changed your relationship with your clients?</p> <p>Consider whether it is better, worse or unaffected.</p>	
	<ul style="list-style-type: none"> <li>• Changing behaviours,</li> <li>• Barriers to change and</li> <li>• Suggested improvements to the SM Program</li> </ul>	<p>Can you give examples or case studies of when the SM Program has impacted on your work life:</p> <ul style="list-style-type: none"> <li>• Positively?</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Negatively?</li> </ul> <hr/> <p>What is the impact of the SM Program with respect to changing your behaviour – or the way you practice?</p>	

## **Appendix 8**

### **Community Focus Group Report**

## **Community Focus Group Report**

### ***Purpose of this document***

*The purpose of this document is to outline the topics of information that the National Evaluator requires as a data source from the outcomes of the Community Focus Groups. This document should be used as the guide for the reporting of information collected from the Community Focus Groups. The guide is a reflection of all the prompts that were asked of the Community Focus Group attendees.*

*The information obtained in the Community Focus Group Report will be lifted out and placed into the Minimum Data Set by the National Evaluator.*

### ***General comments:***

- **A minimum of one Community Focus Group is undertaken at three points in time over the course of the National Evaluation of the Sharing Health Care Initiative.**
- **The attached report is a culmination of the minimum of one Community Focus Group undertaken at one of these three point in time.**
- **The space given against each prompt is in no way indicative of the quantity of information required by the National Evaluator. Projects should determine for themselves the space required for adequate responses.**

**Items to accompany the Community Focus Group report are:**

- This cover sheet;
- A transcript of the Community Focus Group; and
- The Community Focus Group/s Record sheets.

**PLEASE PROVIDE THE FOLLOWING:**

**1) The name of the demonstration project:**

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**2) This Community Focus Group Report is for:**

Please tick ONE box.

Beginning            [   ]

Middle                [   ]

End                    [   ]

**3) The total number of INVITEES for the Community Focus Group/s was \_\_\_\_\_ *[insert appropriate number]*.**

**4) The total number of ATTENDEES for the Community Focus Group/s was \_\_\_\_\_ *[insert appropriate number]*.**

**5) Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**6) Please describe how Community representatives were recruited to attend this focus group:**

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**Community Focus Group**

Impact	Dimensions	Prompts	Comment
<p><b>Perceptions and experiences of the SM Program in the context of the wider community (e.g. key groups or stakeholders which represent the view of a defined community).</b></p>	<ul style="list-style-type: none"> <li>Knowledge and awareness of the SM Program within the Community</li> </ul>	<p>As a member of your Community, how well informed have you been about the SM Program?</p> <hr/> <p>How well informed do you feel that the appropriate members of the community are about the SM Program?</p> <hr/> <p>Do you feel that you, as a member of your Community, were adequately involved in the design, development and implementation of the SM Program?</p>	
	<ul style="list-style-type: none"> <li>Information (quality, quantity, dissemination and reach/penetration into the Community)</li> </ul>	<p>Do you feel that the information was of good quality and appropriate?</p> <hr/> <p>Do you feel that this information reached the majority of those it needed to reach?</p>	
	<ul style="list-style-type: none"> <li>Overall perception of the benefit derived by the Community from the SM Program (e.g. 'a good thing', expected future demand)</li> </ul>	<p>Do you think there is any benefit to be derived by the Community from this program?</p> <hr/> <p>Do you feel that SM Programs of this sort, should be maintained or extended?</p>	



Impact	Dimensions	Prompts	Comment
<p><b>Perceptions and experiences of the SM Program in the context of the wider community (e.g. key groups or stakeholders which represent the view of a defined community).</b></p> <p><b>(Continued ...)</b></p>	<ul style="list-style-type: none"> <li>• Suggested improvement to the SM Program</li> </ul>	<p>As a member of your Community how could the SM Program be improved, if at all?</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• The marketing and reach of the program?</li> <li>• The quality of the SM training (if known)?</li> <li>• The quality of the program in general?</li> <li>• The ease or otherwise of accessing the program?</li> <li>• The support offered to clients?</li> <li>• The governance/management structure of the program?</li> </ul>	

## **Appendix 9**

### **Key Informants Interviewed**

### SHCI Key informants interviewed at each time point

State	Title / Organisation	Number of interviews		
		Baseline	Middle	Last
ACT	Chief Executive Officer, ACT Division of General Practice	√	√	√
	Program Manager, ACT Community Care	√	√	
	Health Consumer Association ACT	√	√	
	Community Health			√
	Health Care Consumers Association of the ACT (HCCA) and Self-Help Organisations United Together (SHOUT)			√
	Education Program Coordinator, Arthritis ACT		√	√
NSW	Director, Allied Health, Primary Health Support Team	√		
	Senior Nurse Manager		√	√
	Co-Director, Division of Critical Care, Liverpool Health Services	√	√	√
	Senior Nurse Manager			√
	Senior Nurse Manager			√
	Area Director of Medical and Clinical Services, South Western Sydney Area Health Service		√	
	Senior Nurse Manager			√
	Director, Planning Division South Western Sydney Area Health Service	√		
	South Western Sydney Area Health Service GP Unit, UNSW Medical School	√	√	
NT	Medical Director, Katherine West Health Board	n/a	√	√
	GP from Lajamanu	n/a	√	
	Chief Executive Officer, Katherine West Health Board	n/a	√	√
QLD	St Luke's Nursing Service			√
	Clinical Team Leader, Brisbane North Division of General Practice	√		
	St Vincent's Community Health Service	√		
	Manager, Clinical Program, Brisbane Division of General Practice		√	
	Site Manager, Community Health		√	√
	Chief Executive Officer, Arthritis Foundation	√	√	√
SA	Pharmacist, Monarch Pharmacy	√	√	√
	Deputy Chief Executive Officer, Pika Wiya Health Service	√		
	Medical Director, Pika Wiya Health Service	√		
	Director, South Australian Centre for Rural and Remote Health and Spencer Golf Rural Health School	√	√	√
	Chief Executive Officer, Pika Wiya Health Service		√	√
	GP Practice Head, Jenkins Avenue Surgery		√	√
TAS	Physiotherapist at Royal, Department of Health & Human Services		√	√
	Community Development Officer, Community Development Department, Glenorchy City Council	√		
	Diabetes cooking class instructor, Diabetes TAS			√

State	Title / Organisation	Number of interviews		
		Baseline	Middle	Last
	Welfare Programs Coordinator, Polish Welfare Office	√		
	Physiotherapist State Manager, Department of Health & Human Services		√	
	Project Officer, Arthritis Foundation, North West Region		√	
	Chief Executive Officer, Arthritis Foundation	√		
	Director, Department of Rural Health, University of Tasmania	√		
<b>VIC</b>				
VIC	Chief Executive Officer, Whitehorse Community Health Service	√	√	√
	Manager, Chronic Disease Strategy Unit, Department of Human Services	√		
	Manager Health Promotions / Acting Manager Health Services, Inner East Community Health			√
	Primary Care Partnership		√	√
	Executive Manager, Whitehorse Division of General Practice	√	√	√
	Manager Chinese Health Foundation	√	√	
<b>WA</b>				
WA	GP, Victoria Group Medical Centre		√	√
	Rehabilitation Advisor, Heart Foundation			√
	Director, Eastern Perth Public and Community Health	√	√	
	Manager, Health Services Division, Diabetes Australia	√	√	
	Director, WA AIDS Council		√	√
	Chief Executive Officer, Canning Division of General Practice	√	√	√
	GP, Practice Head	√		

## **Appendix 10**

### **An Explanation Of The Rating System For The Key Informant Interviews**

<b>Network Partnerships</b>		
‘The relationships between groups and organisations within a community network’		
<b>Indicator</b>	<b>Rating</b>	<b>Definition</b>
The network has capacity to <b>identify</b> the organisations and groups with <b>resources</b> to implement/sustain the Program	1 Not at all / very limited	Nothing has been done to identify such organisations. There is limited or no clear understanding of what type of network is required.
	2 Somewhat	<p>Some work has been done to identify organisations, but it has not necessarily been underpinned by a formal strategy. There is an understanding of which organisations would be useful for the network.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>For several of the projects, there is no approach in how to build the network beyond the steering committee.</i></li> <li>• <i>A number of groups have been engaged to run activities as part of the project but no work has been conducted to sustain the program.</i></li> <li>• <i>Some work re implementation and sustainability but not substantial. Train key people to implement the program and sustainability limited to awareness raising. Waiting for evaluation before undertake any serious planning re sustainability.</i></li> </ul>
	3 Substantial	<p>Substantial work has been done in identifying suitable organisations to be part of the network. There is a real understanding in how a network can benefit the program and what each of the partners will contribute to the program.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>One project has, besides the key parties who are part of the consortium, approached specific organisations to form strategic alliances and develop mechanisms that strongly support the program.</i></li> <li>• <i>Strong capacity to identify resources and groups to implement the program, but limited awareness of the availability of resources to sustain the program. NGOs in the program intend to sustain it.</i></li> <li>• <i>Strong commitment to SM approach. Funds set aside to look at sustainability. Project is linked to other key programs looking at SM. These programs have the potential to provide ongoing funding to the project.</i></li> </ul>
	4 Almost entirely / entirely	<p>A suitable network has been established and it has the resources to implement and sustain the program. This rating is only likely to be given once the project has been going for some time i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example response to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Network has strong capacity to identify organisations with resources to implement / sustain the program. Sustainability was considered from the beginning and has been on many meeting agendas. Budget surplus has been identified and requested to use this for sustainability. Called for EOI for ways in which elements of the project can be made sustainable. Working with a range of orgs re sustaining the program.</i></li> </ul>

Network Partnerships (continued)		
'The relationships between groups and organisations within a community network'		
Indicator	Rating	Definition
The network has capacity to <b>deliver</b> a Program	1 Not at all / very limited	There is no clear understanding of roles within the project.
	2 Somewhat	There appears to be an understanding of who is responsible for what and how the different parties should co-operate to deliver the program, but nothing is formalised.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>For one project, some of the partners have not been active in the project for part of the time. There appeared to be no clear agreement about what each of the partners should contribute.</li> <li>One project was being delivered and there was good feedback from participants.</li> </ul>
	3 Substantial	There are clear roles and responsibilities for the parties involved in the program. A steering committee (or similar) exists and the expertise they bring to the project is relevant.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>One project has developed memorandums of understanding between the steering committee members to clarify what each one of them will contribute to the program.</li> <li>Staff from a range of organisations have been trained to run courses and other organisations are responsible for different mechanisms to support the program, such as ongoing workshops.</li> <li>Scheduled CDSM activities into weekly program of the clinic. Project runs health promotion activities. Involved elders and Board member. Visit people at home if need to.</li> </ul>
	4 Almost entirely / entirely	There is evidence that the parties nominated for the different roles are the appropriate ones and there is evidence that the network can deliver a program. This rating is only likely to be given once the project has been going for some time i.e. there is evidence of maturity and longevity for this indicator.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>NGO support groups are already well established. Other groups involved include women's health, men's health, housing group, community nurses, diabetes, asthma, cancer support, heart foundation, Commonwealth care link etc. These groups work together to present sessions. Venue hire and marketing have been funded.</li> </ul>

<b>Network Partnerships (continued)</b>		
‘The relationships between groups and organisations within a community network’		
<b>Indicator</b>	<b>Rating</b>	<b>Definition</b>
There is a sustainable network established to <b>maintain</b> and resource a program	1 Not at all / very limited	<p>No or limited work has been done to ensure the network can be maintained.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li><i>The project was established and running but key groups are yet to determine if they will be involved in sustaining the program.</i></li> <li><i>Unsure of whether a network has been established outside the Steering Group to maintain and resource the program.</i></li> </ul>
	2 Somewhat	<p>Some or parts of the networks formed are likely to continue to exist beyond the current project due to the perceived benefits of the network. The reason could be that some of these networks existed before the commencement of the current project.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li><i>For one project, the sponsor of the project sees it as their role to reach out to the community and that the commitment of that party is likely to go beyond the life of the project.</i></li> <li><i>Although there is a strong network currently involved in the program, consideration of sustainability has only recently commenced. There is also some lack of communication between key organisations.</i></li> </ul>
	3 Substantial	<p>There are indications that the networks likely to exist (as per 2) will also be able to provide suitable resources for a program.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li><i>Program has been established and is running well. Steering group has begun to look at ways in which the program can be sustained through each of the partners - looking to lock the program into core Division activities (e.g. through Commonwealth Chronic Disease programs). They have good working relationships that are expected to continue.</i></li> <li><i>Strong commitment to SM approach. Funds set aside to look at sustainability. Project is linked to other key programs looking at SM. These programs have the potential to provide ongoing funding to the project. Model for sustaining the program to be determined.</i></li> </ul>
	4 Almost entirely / entirely	<p>There is evidence that the network will continue to exist and will be able to maintain a program beyond the life of the current program i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li><i>Network has strong capacity to identify organisations with resources to implement / sustain the program. Sustainability was considered from the beginning and has been on many meeting agendas. Budget surplus has been identified and requested to use this for sustainability. Called for EOI for ways in which elements of the project can be made sustainable. Working with a range of orgs re sustaining the program.</i></li> </ul>



<b>Knowledge Transfer</b>		
‘The development, exchange and use of information within and between the groups and organisations within a network or community’		
<b>Indicator</b>	<b>Rating</b>	<b>Definition</b>
The network has capacity to <b>develop</b> a Program that meets <b>local needs</b>	1 Not at all / very limited	No or limited effort has been done in trying to understand the local needs.
	2 Somewhat	Some action has been taken to try to understand the local needs such as obtaining views from different groups via workshops or surveys.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• One project held focus groups with different groups of people.</li> <li>• Program is meeting some local needs as Nurses, the Arabic community and chronic pain groups are involved. Less successful with GPs and broader Area Health Service. Not much done initially in terms of context mapping.</li> </ul>
	3 Substantial	It appears that suitable information has been collated and that this information has been used to develop a program.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• One project holds regular weekly meetings in each sector for self management coordination. This is to ensure that the services are coordinated, not duplicated.</li> <li>• One project surveyed the needs of clients, ran a pilot course, worked with orgs to recruit participants and ascertained their ongoing individual needs through an interview.</li> <li>• Looked at demographics, costing, and resources available, where services were located and identified issues and barriers. Project involved a wide range of organisations. Early results that project has built capacity of participants too.</li> <li>• Literature review was conducted to develop the project, including identification of need. Community needs also addressed through ongoing consultation of the consortium.</li> <li>• Diversity is a big issue in the area so included a strategy to target the Arabic community. Successful engagement of local GPs and Arabic medical practitioners. Developed a methodology that meets the needs of GPs.</li> </ul>
	4 Almost entirely / entirely	There is evidence that the network has capacity to develop a program that meets local needs. This rating is only likely to be given once the project has been going for some time and some examples can be provided i.e. there is evidence of maturity and longevity for this indicator.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Established local community health committee, engaged elders and other community members, flexible with ideas to make them suit the community e.g. walking groups and changed food policy of local shops.</li> </ul>

### Knowledge Transfer (continued)

‘The development, exchange and use of information within and between the groups and organisations within a network or community’

Indicator	Rating	Definition
The network has capacity to <b>transfer</b> knowledge in order to achieve the desired outcomes/imp lement a program within network	1 Not at all / very limited	No or limited actions have been done to transfer knowledge.
	2 Somewhat	Some attempts have been made to transfer knowledge such as issuing newsletters, but there is no structured plan for which knowledge should be transferred and how.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• One project sees that knowledge transfer can be done via train-the-trainer, but there are no clear plans at this stage.</li> <li>• Successfully trained Nurses, reps of the Arabic community and chronic pain group, but no GPs have participated in training. Knowledge transfer needs a driver to co-ordinate it.</li> </ul>
	3 Substantial	Several methods of knowledge transfer have been used.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Several of the projects used visits by project staff, publications of newsletters, inclusion of information in partners different newsletters, media coverage etc.</li> <li>• Knowledge transferred through the steering group, reference group, focus groups, biannual coach debriefing, circulation of project reports, quarterly newsletter. Knowledge is also transferred back to agencies although there is no formal process for this.</li> <li>• Newsletters, website, consortium meetings, coaches transfer knowledge in their agencies. Transfer knowledge to GPs but could be improved to educate GPs further about SM.</li> </ul>
	4 Almost entirely / entirely	There is an agreement of which knowledge should be transferred over the life of the program to which parties, together with the methods of transfer. There is evidence that the network has been able to transfer suitable knowledge in a suitable manner which is aimed at the outcomes of the program i.e. there is evidence of maturity and longevity for this indicator.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Participants have transferred their knowledge / skills / experience to other areas and projects. Modelling of good project management has been transferred to the health system. Coaches have extensive training and receive ongoing debriefing. Looking to train others. Taken the CDSM message to other organisations and as well as set up a website.</li> </ul>

### Knowledge Transfer (continued)

‘The development, exchange and use of information within and between the groups and organisations within a network or community’

Indicator	Rating	Definition
<p>There is has capacity to <b>integrate</b> a program into the mainstream practices of the network partners</p> <p><b>Note:</b> this is separate to the transfer of knowledge to individual clients through education and training.</p>	1 Not at all / very limited	<p>No or limited work has been done in trying to integrate the knowledge into the network partners’ practices.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>While one program had been established and was running well, there was little involvement from key organisations and no consideration had been given to integrating the program.</i></li> <li>• <i>Little or no planning to integrate the program into mainstream practices of the network partners. Not sure the program will be maintained.</i></li> </ul>
	2 Somewhat	<p>It has been raised how the practices can be integrated by the networks partners, and some plans have been put together.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Nurses will continue with the project but unsure how this will occur in relation to decision making. Discussions have been at the awareness raising level and they’ll wait to see evaluation results before making any decisions re sustainability.</i></li> <li>• <i>While the project is likely to lead to closer working relationships between participants, no definite plans to integrate the project into mainstream practices of network partners.</i></li> </ul>
	3 Substantial	<p>It is clear how it is intended that the network partners will integrate the practices into their own program, but it has not been carried out as yet.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Steering group has begun to look at ways in which the program can be sustained and integrated into the work of the partners e.g. into the work of the Division of GPs.</i></li> <li>• <i>Strong emphasis integrating project into mainstream practices of network partners. Funds set aside to look at integrating project into normal business of community health centres. Project linked to other key SM programs.</i></li> </ul>
	4 Almost entirely / entirely	<p>There is evidence that the network partners have integrated the knowledge obtained in the program into their own practices i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example response to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Services all run by same organisation, network is already there. It’s already an integrated service.</i></li> </ul>

### Problem Solving

‘The ability to use well-recognised methods to identify and solve problems arising in the development and implementation of an activity or program’

Indicator	Rating	Definition
There is capacity within the network to <b>work together</b> to solve problems	1 Not at all / very limited	There are no examples of any problems that have been solved within the network.
	2 Somewhat	<p>There are some examples of problems that have been solved.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>One project mentioned that recruitment from GPs has been an issue that has been discussed and appropriate actions taken by recruiting through another organisation.</i></li> <li>• <i>Not aware of any formal problem solving structures in place other than network meetings, but there is capacity to overcome any problems that have arisen e.g. additional administrative resources were provided to the project to reduce project officers workload.</i></li> </ul>
	3 Substantial	<p>There are several examples of different types of issues that have been solved.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Different projects provided different types of problems that have been solved from more complex strategic issues to day-to-day operational issue.</i></li> <li>• <i>Consortium members have worked together for a long time and have good ability to resolve problems. Infrastructure in place to address problems. Problem solving mechanisms are at 4 levels.</i></li> </ul>
	4 Almost entirely / entirely	<p>There are several examples of major issues that the project has solved during the life of the project. It has not resulted in changes in the persons involved i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example response to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Any problems have been dealt with in open discussion in Steering Group, all problems have been solvable. Detailed proposal was developed before the project began to identify problems and mechanisms to resolve them.</i></li> </ul>

**Problem Solving (continued)**

‘The ability to use well-recognised methods to identify and solve problems arising in the development and implementation of an activity or program’

Indicator	Rating	Definition
There is the capacity to <b>identify</b> and <b>overcome</b> problems encountered in achieving the desired outcomes	1 Not at all / very limited	There is no evidence of any formalised procedures in place.
	2 Somewhat	<p>There appear to be mechanisms in place to overcome problems.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• For one project, the project structure is used to overcome problems i.e. depending on the issue; either of the following fora will be used: Project Director and immediate supervisor, sector committee or steering committee.</li> <li>• For one project, small problems were solved by the steering committee and there are different governance groups. When issues arise they write letters or set up meetings. There is a willingness to solve problems and most have been resolved.</li> </ul>
	3 Substantial	<p>There appears to be structures or mechanisms in place both to identify and to overcome problems.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• One project has used role plays to try to understand the implications of the interaction between the GP and the patient. This has been used both to identify and to overcome problems.</li> <li>• Review in monthly practitioner meetings, identify barriers and overcome them. Look at how things are done in each organisation. Coach debriefing assist coaches to learn and resolve problems. Focus groups look at why model is working etc. Yet to determine how and what aspects of the program will be integrated into mainstream services.</li> </ul>
	4 Almost entirely / entirely	<p>There is evidence of structures or mechanisms in place to identify and overcome problems i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example response to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• Procedures and mechanisms to solve problems were set up at the beginning of the project through a consultative process. Consortium members had a history of working together. Problems addressed at a variety of levels. System works well.</li> </ul>

**Problem Solving (continued)**

‘The ability to use well-recognised methods to identify and solve problems arising in the development and implementation of an activity or program’

Indicator	Rating	Definition
There is capacity to <b>sustain</b> flexible problem solving	1 Not at all / very limited	<p>There is no evidence of any capacity that can be sustained.</p> <p><u>Example response to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Doubts if problem solving capacity will be sustained. Thinks it will become volunteer run.</i></li> </ul>
	2 Somewhat	<p>Some effort has been put into ensuring that the mechanisms used can be sustained.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Not aware of any formal problem solving structures, but the members of the network will continue to work together and will be able to resolve any problems as they have in the past.</i></li> <li>• <i>Consortia have worked together for a long time and have good ability to resolve issues. Still determining how this will be integrated into mainstream practice, may impact on ability to sustain flexible problem solving.</i></li> <li>• <i>Infrastructure in place to resolve problems and usually overcome through communication and negotiation. Difficult to sustain a problem solving capacity and either the health service or a GP division needs to take up the project as its driver.</i></li> </ul>
	3 Substantial	<p>Substantial effort has been put into ensuring that the mechanisms used can be sustained.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Problem solving will be sustained through the strong relationships that have been built. There’s a proposal outlining problems and mechanisms for solutions that was developed prior to the project – it is part of the underlying infrastructure of the project.</i></li> </ul>
	4 Almost entirely / entirely	<p>There is evidence of a problem solving capacity that can be sustained beyond the life of the project i.e. there is evidence of maturity and longevity for this indicator.</p> <p><u>Example responses to achieve this rating:</u></p> <ul style="list-style-type: none"> <li>• <i>Team approach where everyone contributes shut down clinic and everyone’s invited. As problems are solved through a number of community mechanisms it would seem that it is sustainable.</i></li> </ul>

Infrastructure – Policy Capital		
‘The level of investment in a network by the groups and organisations that make up the network’		
Indicator	Rating	Definition
The network has capacity to develop program related <b>policy capital</b>	1 Not at all / very limited	No action has been taken to date to try to build policy capital.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>No ownership or responsibility for policy capital.</li> </ul>
	2 Somewhat	Some effort has been made to approach or include local health politicians to make it possible to influence future policy direction.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>One project has made a conscious decision to involve senior management of State Health. Another project has very good working relationships with local politicians in town and they are happy to talk to the Minister on behalf of the project.</li> <li>Consortium has established good infrastructure and governance procedures.</li> </ul>
	3 Substantial	A structured approach has been taken to ensure that future policy direction can be influenced by the project.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>Formal agreements with partners have outlined expectations and reporting requirements. These have held things together and provided clarity regarding relationships and a framework and structure within which to deal with uncertainties. These agreements have broader application within the division.</li> <li>Policies and protocols have been developed and include a manual for risk management, quality improvement, record keeping and communication about clients. These skills will be transferred to other projects.</li> <li>Working on protocols and a framework for introducing the program into different areas. Looking at policy issues related to bringing peer leaders into the organisation.</li> </ul>
	4 Almost entirely / entirely	There is evidence that the project has been able to influence the direction of health policy.

Infrastructure – Financial Capital		
‘The level of investment in a network by the groups and organisations that make up the network’		
Indicator	Rating	Definition
The network has capacity to develop financial capital	1 Not at all / very limited	No action has been taken to date to try to build financial capital.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>• <i>Not aware of any investments that are in place to fund initiatives that maintain the network.</i></li> </ul>
	2 Somewhat	Some effort has been done to investigate where further or additional funding could be obtained from.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• <i>One project funded staff at a higher level in an attempt to attract the right people.</i></li> <li>• <i>The issue of financial capacity is only just being considered. It seems that each group is looking at sustainability separately.</i></li> <li>• <i>Funds set aside to look at sustainability. Project is linked to other key SM programs that have potential to provide ongoing funding to the project.</i></li> </ul>
	3 Substantial	Some additional or further funding has been obtained.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• <i>Financial capital is being considered in line with sustainability. Easing some staff back to other organisations to allow for some funding to be left to provide additional training for leaders from other organisations.</i></li> <li>• <i>Financial capacity being looked at as part of sustainability. Consortium members examining how they will sustain the model. Have funding from the Dept of Veteran Affairs. Participating in other projects that may provide funding.</i></li> </ul>
	4 Almost entirely / entirely	There is evidence that the project has developed a long term plan for how further funding can be obtained. This plan is likely to succeed.



Infrastructure – Human / Intellectual Capital		
‘The level of investment in a network by the groups and organisations that make up the network’		
Indicator	Rating	Definition
The network has capacity to develop <b>human / intellectual capital</b>	1 Not at all / very limited	No action has been taken to date to try to build human or intellectual capital.
	2 Somewhat	Some activities have been done in trying to develop human or intellectual capital.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• One project has provided training for consumer representatives in committee skills.</li> <li>• One project had all workers attend advance Lorig training and other activities but unsure of ongoing investment as it depends on which direction they decide to go.</li> <li>• Training set up for nurses and they’ll try to educate many consumers, engaging GPs in training has been less successful. Want to pull all work together to determine which model to use.</li> </ul>
	3 Substantial	There are clear plans of how human and intellectual capital will be built as part of the project.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Leader and peer training, ongoing workshops, participation in community groups there is strong capacity to develop human capital.</li> <li>• All coaches received training in CDSM, motivational interviewing skills and coaching. Participation of coaches in training has benefits across the organisation. Looking to roll out training in CDSM.</li> </ul>
	4 Almost entirely / entirely	There is evidence that the project has developed human and intellectual capital that will be of benefit to the wider community.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Training and supporting coaches across the consortium members’ organisations. Involve wide range of community groups in providing program activities. Have a website and conduct other promotional / awareness activities.</li> <li>• Training has been conducted for remote health staff and this will be ongoing, its part of the agenda of service management meetings.</li> </ul>

Infrastructure – Social Capital		
'The level of investment in a network by the groups and organisations that make up the network'		
Indicator	Rating	Definition
The network has capacity to develop social capital	1 Not at all / very limited	No action has been taken to date to try to build social capital.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>• “Given the Steering Group issues, don’t go there”.</li> </ul>
	2 Somewhat	Social capital has been built as a result of the interaction of the project.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• For most of the projects, the key organisations have worked together before, but not necessarily in the same way. As a result of the work to date, the relationships have deepened and knowledge about the organisations increased.</li> <li>• Social capital built through meetings but no activities outside of this.</li> <li>• Consortium members have worked together over a long period and have established good working relationships which are key to the success of the project to date.</li> </ul>
	3 Substantial	There are clear plans of how social capital will be built as part of the project.  <u>Example responses to achieve this rating:</u> <ul style="list-style-type: none"> <li>• One project has included this as an outcome of developing the memorandum of understanding.</li> <li>• A lot of interface – meetings, emails, phone conversations, drop in to organisation. Relationships described as productive, respectful, and harmonious.</li> <li>• Working together has added trust between network members and relationships have been built with community and peer leaders. Including peer leaders from the community has been important in increasing the flow of information and understanding.</li> <li>• Project staff invested time in community development and developing social capital. Aim to get the community to see the clinic as a positive, trusting environment. Staff fostering communication between services to increase trust.</li> </ul>
	4 Almost entirely / entirely	There is evidence that the project has developed social capital that will be of benefit to the wider community.  <u>Example response to achieve this rating:</u> <ul style="list-style-type: none"> <li>• Process of developing social capital begun in 1995 with CCT as they met with many people to sign off on project. Built governance structures (health committees), have a community development officer, have developed videos that are broadcast on the community television (features Board members).</li> </ul>