THE UNIVERSITY
of ADELAIDE

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

KATE BARNETT, CECILIA MORETTI & SARA HOWARD

MAY 7TH 2015

WISeR
Informing Decisions

Life Impact | The University of Adelaide

Suggested citation:

Barnett K, Moretti C & Howard S (2015) *National TRACS Evaluation: Final Report: Overview of Findings*, Adelaide: Australian Workplace Innovation and Social Research Centre, The University of Adelaide

---

This Report is an Executive Summary of the Final Report, designed to be a stand-alone Discussion Paper.

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

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

CONTENTS

KEY FINDINGS

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

FINDING 1: PARTNERSHIPS

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

FINDING 2: PEOPLE

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

FINDING 3: LEARNING INFRASTRUCTURE

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

FINDING 4: WORKFORCE EDUCATION AND CAPACITY BUILDING

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

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

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

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

FINDING 5: STUDENT EDUCATION

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

FINDING 6: EXTENDING THE TRACS MODEL

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

FINDING 7: COMMUNITY OF PRACTICE

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

1 OVERVIEW OF FINDINGS

1.1 THE FUNDING THAT MADE TRACS POSSIBLE

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

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

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

1.2 TRACS PARTNERSHIPS

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

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

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

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

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

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

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

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

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

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

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

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

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

- contribute to building the reputation of the aged care sector in training future workforces (73%). **This is an interesting finding and indicates the potential for the ongoing application of the TRACS model.**

- provide better quality of care for older people (71%);

- be involved in research of direct relevance to ageing and aged care (66%); and

- develop their organisation's reputation as a learning and teaching centre (59%).

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

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

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

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

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

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

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

FINDING 1: PARTNERSHIPS

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

1.3 CONTINUING THE INVESTMENT IN THE AGED CARE SECTOR

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

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

1.4 Strengthening the TRACS partnership

Partnerships represent the potentially most vulnerable point of the TRACS model, requiring careful consideration in terms of how they are structured and managed. Adding a further layer of complexity is the cross-sectoral nature of those partnerships, involving very different policies and practices, different sets of traditions, 'languages' and 'cultures' and a varying history of collaboration between the sectors. As a condition of funding, all of those supported by the TRACS Program have been required to formalise their collaboration through a written Memorandum of Understanding (MOU) or similar agreement.

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

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

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

FINDING 2: PEOPLE

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

1.5 THE IMPORTANCE OF LEARNING INFRASTRUCTURE

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

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

FINDING 3: LEARNING INFRASTRUCTURE

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

1.6 Workforce education and capacity building

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

However, it is not merely the provision of education opportunities that has been important in TRACS. Projects have also demonstrated that the way in which these are structured and delivered is also critical. The content of the best received sessions has been designed to reflect specific *clinical care* learning needs, and has been delivered in an *ongoing* series rather than as one-off sessions. It has brought different work groups and disciplines together in most cases and has been offered in both face to face and online formats. *Organisational culture* is the other part of the jigsaw of critical success factors in workforce education. Staff are more likely to engage in learning opportunities if management is actively behind the program, reinforcing that it is important and where a culture of learning has been embedded at all levels and across the clinical, service and organisational areas.

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

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

FINDING 4: WORKFORCE EDUCATION AND CAPACITY BUILDING

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

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

10

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

The outputs from TRACS Projects that are associated with workforce education are substantial, with large numbers of aged care and health workforce members receiving important learning opportunities, most of which have related to clinical care. The table below provides details of the workforce education opportunities offered across Projects and the very high numbers of workforce members supported by them (in excess of **6,737**). Not listed are numerous examples given by some Projects of staff participating in the University of Tasmania's Massive Open Online Course (MOOC) *Understanding Dementia Course*, which has been well received across the sector and points to the growing importance of using new technologies to make education accessible.

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

TRACS WORKFORCE EDUCATION OUTPUTS 2012-2014

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

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

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

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

BUILDING RESEARCH CAPACITY

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

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

✓   The TRACS Project has enabled **increased participation** by aged care partner staff in research opportunities.

✓   The TRACS Project has enabled participating aged care partners to engage in more **practice-driven** research.

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

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

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

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

CHALLENGING TRADITIONAL ASSUMPTIONS ABOUT THE AGED CARE WORKFORCE

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

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

⇨   challenged assumptions about what constitutes the 'core' aged care workforce;

⇨   demonstrated what is possible by integrating roles considered to outside of the 'core' rather than contracting on an as needs basis – providing a wider and better range of services to clients in the process; and

⇨   identified a number of new work roles needed for aged care services to become teaching organisations and research focused.

In applying the TRACS model, a number of specific roles have needed to be developed to support its application. TRACS Projects have identified and piloted these,

highlighting their significance and challenging traditional assumptions about aged care workforce design.

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

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

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

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

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

New work role	Organisation
Roles designed to support student education	
Nurse Facilitator	Helping Hand Aged Care
Learning Clinic Coordinator	Helping Hand Aged Care + UniSA
Interprofessional Clinical Facilitator	Helping Hand Aged Care; ACH Group
(Interprofessional) Clinical Development Coordinator	IRT Wollongong working with University of Wollongong
Clinical Development Officer	IRT Wollongong working with University of Wollongong
Clinical Facilitator	Resthaven Inc
Care Workers Student Participation Facilitator	Helping Hand Aged Care
Student Placement Coordinator	Eldercare
Student Liaison Officer – to manage student placements at site/service level	ACH Group
Centralised Student Placement Coordinator	ACH Group, Helping Hand Aged Care, Resthaven Inc
Mentor – supporting students on placement in aged care services	ACH Group, Helping Hand Aged Care, Resthaven Inc, Juniper-Annesley, Mt St Vincent, Queen Victoria Home, Masonic Homes, St Catherine's, Rosary Gardens
Roles designed to support workforce education and development	
Peer Support and Assessor	RSL LifeCare NSW; St John's Village
Evidence Based Practice Leaders	Allambee, Cabrini, Montgomery & Namarra sites working with Deakin University
Facility educators – using a 'train-the-trainer' approach	Deakin University
Roles designed to support research capacity development and partnering	
CHART Liaison Nurse	IRT, Calvary Retirement Community, Banksia Village, St Andrew's Village
CHART Academic Mentors	
Research Champion	IRT Wollongong
Research Fellow	Anglicare Southern Queensland
Research Liaison – to support Research Fellows, liaise between USQ & ASQ	Anglicare Southern Queensland
Roles designed to support Learning Organisation Development	
Innovation Leader – to support a learning culture and embed TRACS Project post-TRACS	Juniper (WA), Queen Victoria Home (Tas), Masonic Homes (Tas)

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

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

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

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

1.7 STUDENT EDUCATION

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

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

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

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

<div style="background-color:#d9d4bc; padding:1em;">

FINDING 5: STUDENT EDUCATION

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

</div>

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

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

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

GOOD PRACTICE IN CLINICAL EDUCATION IN AGED CARE

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

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

✓ It is also important for workplaces to have **appropriate physical infrastructure** to support learning and education, in particular IT systems (access to computers and wifi) and dedicated learning spaces. This has been a consistent finding across TRACS Projects.

✓ There will be a **structured program of learning**, developed in collaboration with education and training partners, which includes orientation and induction, and ongoing evaluation for continuous improvement. The program will have been co-designed by aged care and education and training partners, based on a negotiated process.

✓ Ideally the program will be supported by a range of **purpose designed resources**, such as, an Orientation Handbook and will expose students to the range of aged care services and conditions older people are likely to experience. It should allow students to understand what older people are capable of (eg via healthy ageing programs, re-ablement and restorative care) rather than focusing exclusively on their limitations.

✓ Value-add elements to the learning program that have been demonstrated by different TRACS Projects include involving consumers as co-educators rather than only as recipients of care (eg the G-TRAC Project) and using Interprofessional Learning to structure education, involving students working in groups from different disciplines and work roles and structuring learning to demonstrate the holistic provision of care offered by IPL.

✓ Supporting the clinical education program will be other inputs, in particularly, staff training and development to be educators, supervisors and mentors and organisational processes that support the planning and coordination of placements across multiple sites and disciplines. The Centralised Placement Model evident in South Australian Projects offers an effective coordination and planning mechanism for student placements, particularly those with an IPL focus, but importantly it encourages a negotiated process and conversation between aged care and education providers.

✓ Given the increasing proportion of aged care workers drawn from VET sector programs at Certificate level it is essential that all these good practice features are extended to include students from this sector. TRACS and the broader Teaching Nursing Home model have their origins in student education at university level and this emphasis was evident across TRACS Projects as a group. However, a small number have led the way in developing effective clinical education which is designed to meet their needs and to reduce the separation that often occurs in the wider aged care workforce between staff with higher education qualifications and those with vocational education and training qualifications. These include the Helping Hand Aged Care led component of the ReSeE Project, the St John's Village led Project, and the Hammondcare NSW led Project.

✓ Ideally, the partnership will be sufficiently effective to support changes to the curricula of health professions to include a specific focus on ageing. Although fraught with challenges, some TRACS Projects are showing what is possible in reforming health sciences curricula to better prepare the health workforce to work with an ageing population.

CLINICAL EDUCATION OUTCOMES

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

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

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

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

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

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

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

KPI: **Participating aged care services are increasingly operating as learning environments**		
3.3	3.3	3.5
KPI: **Most ... aged care staff report positively on the (placement) experience**		
3.3	3.5	3.5

1.8 Benefits for older people

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

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

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

1.9 Sustaining the TRACS impact

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

The national evaluators observe, and based on feedback at the final National Evaluation Workshop most Projects would agree, that **there has been variable capacity across different aged care partners to engage with Project goals - based on their maturity as a learning organisation, and their experience in collaborative, cross-sector research, training and education. In other words, to effectively be a TRACS aged care partner, there is a need for a level of readiness and for this reason, not all aged care services can and should be a TRACS service.** This is also the case in the health

sector – not all hospitals are, or should be teaching services. **Therefore, TRACS is a *selective* not a universal model and any future funding needs to recognise this.** However, this does not have to mean that other aged care services do not share in, and benefit from, the body of learning and expertise generated by TRACS partnerships.

DEVELOPING A HUB AND SPOKES TRACS MODEL

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

FINDING 6: EXTENDING THE TRACS MODEL

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

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

> *This approach also supports the notion of a TNH being a centre for excellence, radiating its influence. TNHs can be seen as 'Lighthouses' providing guidance and leading by example in best practice. The stronger their individual reputation, the more likely it is that they then attract the best in education and research and clinical care, adding further to that profile. A Hub and Spoke approach needs to be structured, and should not rely on chance.*
>
> *It is likely that the most effective dissemination of findings, and promotion of the value and outcomes of TNHs, requires national and state level coordination, involving both government agencies and sector peak bodies. Not only does this enable the utilisation of existing communication networks, but it enables a proactive approach. Specific TNH seminar and conference series could be part of a TNH initiative, as could opportunities for other aged care providers to buy in support and teaching from a TNH (for example, by sending staff for work experience, or by commissioning TNH staff to offer staff training and development).[1]*

---

[1] *AISR (2011) Implementing the Teaching Nursing Homes Initiative: Scoping Study, page 48*

PRESERVING AND SHARING TRACS OUTPUTS

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

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

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

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

TRACS COMMUNITY OF PRACTICE

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

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

---

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

⇨ The Deakin led project and the UniSA led project collaborated to present a seminar on the TriFocal Model.

⇨ The UniSA led project provided a seminar to ACSA members on the TRACS model with specific reference to clinical education.

⇨ The Helping Hand Aged Care partner in the UniSA led project is mentoring Southern Cross Care SA&NT to apply their workforce education model and the broader TRACS model.

⇨ The Deakin led project and the University of Canberra led project have collaborated to provide information about the TriFocal Model in southern NSW and the ACT.

⇨ The University of Canberra led project hosted a Practice Education Roundtable in 2013 which involved other TRACS Projects and focused on issues facing the aged care sector and strategies to address them.

⇨ The Southern NSW LHD led project is providing mentoring and support to three other TRACS Projects interested in replicating the model and enhancing the development of clinical education for psychology students:

- ACH Group led Project.

- The University of Wollongong led Project.

- The Helping Hand Aged Care component of the UniSA led Project. Staff from Helping Hand indicated that they have had difficulty identifying psychologists who are suitably qualified to supervise Provisional Psychologists on placement in their facilities. ACEU staff have offered to train and/or supervise an interested psychologist and support them in their supervision of students on placement.

- ACEU staff also work with the NHMRC Cognitive Decline Partnership Centre, and through this with WA aged care provider Brightwater, who have also reported difficulties with finding specialist supervisors for psychology students in their program. The TRACS psychologists are providing ongoing advice and support to them on this issue.

⇨ The University of Tasmania led project is collaborating with the QUT led project to deliver dementia education to the aged care sector.

⇨ The University of Wollongong TRACS Project Lead, Professor Richard Fleming, has provided guidance on how to make the environment at IRT Kangara Waters more appropriate for people with dementia. This service is one of the four aged care services supported by the CHART Project. Feedback from staff at this service shows a direct impact on care provision as a result of the CHART Liaison's research project which was designed to make the facility's environment more appropriate for people with dementia.

⇨ The CHART extension funding provided an important means of supporting development of a TRACS community of practice at IRT Kangara Waters, Belconnen, ACT. This project has involved building on the outcomes achieved by the CHART project and also another TRACS Program, the Tri-focal Model of Care, auspiced by Deakin University in Victoria.

⇨ The ACH Group Project has had a strong focus on student clinical education within an IPL model and during the extension of TRACS funding has seen this

extended to include psychology students, collaborating with the ACEU led and University of Wollongong TRACS projects to identify lessons in providing for this group of students.

⇨ The Project has also, in its extension period, collaborated with the University of Southern Queensland Project Lead who has provided mentoring on systematic reviews designed to enhance care provision, and the ACH Project Coordinator and 2 other staff are undertaking Joanna Briggs Institute training in systematic review and research evidence utilisation.

⇨ The QUT Project is collaborating with the University of Tasmania led Project and with the University of Wollongong led Project in providing online workforce education.

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

FINDING 7: COMMUNITY OF PRACTICE

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

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

Appendix A. Reports produced for the national evaluation

Accompanying Report #	Year	Title
1	2013	*National Evaluation of the TRACS Program: National Evaluation Framework*
2	2014	*Exploring the Teaching Nursing Home Model: Literature Review to Inform the National Evaluation of the TRACS Program*
3	2014	*National Evaluation of the TRACS Program: Report of the TRACS Student Placement Experience Survey*
4	2014	*Survey of TRACS Projects: Experiences of Partner Organisations. A component of the National Evaluation of the TRACS Program*
5	2013	*TRACS National Evaluation: Workshop 1 Report*
6	2014	*TRACS National Evaluation: Report of Workshop 2*
7	2013	*Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 1*
8	2014	*Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 2*
9	2014	*Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 3*
10	2015	*Survey of TRACS Projects: Key Performance Indicator-based Analysis of Progress, Report 4*
11	2013	*National Communication, Information Dissemination and Stakeholder Engagement Strategy*
12	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 1, The **C**ooperative for **H**ealthy **A**geing **R**esearch and **T**eaching Service **(CHART)***
13	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 2, **GTRAC** –Adelaide **G**eriatrics **T**raining and **R**esearch with **A**ged **C**are Centre*
14	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 3, Resthaven Inc: Preparing an Aged Care Workforce: building the model for teaching and research in aged care*
15	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 4, **ReSeE** – **R**esident **e**xperience, **S**tudent **e**xperience, **E**mployability*
16	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 5, The ACH Group Inter-professional Learning Delivering Good Lives Project*
17	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 6, Sumner House Centre of Excellence*
18	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 7, The Tri-Focal Model of Care*
19	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 8, St John's Village and The Centre TRACS Community Partnership*
20	2013	*National Evaluation of the TRACS Program: Case Studies of the 16 Funded TRACS Projects – Case Study 9, Wicking Teaching Aged Care Facilities Program*

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

Accompanying Report #	Year	Title
38	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 10, Real Cases, Real Time Hammondcare NSW*
39	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 11, Research and Development in Aged Care - RSL LifeCare and the Australian Catholic University*
40	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 12, Illawarra Teaching and Aged care Research Service (ITRACS)*
41	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 13, A Model for Psychologists Working in Residential Aged Care*
42	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 14, Aged Care and Community Education Research Training (ACCERT)*
43	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 15, The Triple C Model: Enhancing aged care education and practice through Collaboration, Creativity and Capacity Building (CCC)*
44	2015	*National Evaluation of the TRACS Program: FINAL Case Studies of the 16 Funded TRACS Projects – Case Study 16, Community of Interdisciplinary Practice for People with Dementia (CIP-D)*
45	2015	*TRACS to the Future: National Evaluation of Teaching and Research Aged Care Service (TRACS) models supported through the Aged Care Workforce Flexible Fund: FINAL REPORT*

Appendix B. KEY CONTACTS FOR TRACS PROJECTS

PROJECT LEAD	ORGANISATION	EMAIL
ACH GROUP:		
Jeff Fiebig	ACH Group, Adelaide	JFiebig@ach.org.au
Kirsty Marles	ACH Group, Adelaide	KMarles@ach.org.au
AUSTRALIAN CATHOLIC UNIVERSITY AND RSL LIFECARE, NORTH SYDNEY		
Prof Tracey McDonald	Aust Catholic University	tracey.mcdonald@acu.edu.au
BROTHERHOOD OF ST LAURENCE, VICTORIA		
Dr Helen Kimberley	Research & Policy Centre, Brotherhood of St Laurence	HKimberley@bsl.org.au
DEAKIN UNIVERSITY: THE TRI-FOCAL MODEL OF CARE		
Prof Alison Hutchinson	Deakin University	alison.hutchinson@deakin.edu.au
GRIFFITH UNIVERSITY, QUEENSLAND		
Prof Lorraine Venturato	University of Calgary, Canada	lventura@ucalgary.ca
HAMMONDCARE NSW:		
Assoc Prof Andrew Cole	Hammondcare, NSW	acole@hammond.com.au
QUT AND		
Prof Elizabeth Beattie	Queensland University of Technology	Elizabeth.beattie@qut.edu.au
RESTHAVEN INC:		
Wendy Morey	Resthaven Inc, Adelaide	WMorey@resthaven.asn.au
SOUTHERN NSW LOCAL HEALTH …. AND GOODWIN AGED CARE		
Annaliese Blair	Aged Care Evaluation Unit, Greater Southern Area Health Service	Annaliese.Blair@gsahs.health.nsw.gov.au
Dr Sarah MacPherson		Sarah.MacPherson@gsahs.health.nsw.gov.au
ST JOHN'S VILLAGE, WANGARATTA, VICTORIA		
Karen Marsh	St John's Village, Wangarratta	Karen.Marsh@stjohnsvillage.com.au
UNIVERSITY OF ADELAIDE AND RESTHAVEN INC: G-TRAC		
Renuka Visvanathan	The University of Adelaide	renuka.visvanathan@adelaide.edu.au
UNIVERSITY OF SA AND HELPING HAND AGED CARE		
Dr Susan Gilbert-Hunt	University of SA	Susan.Gilbert-Hunt@unisa.edu.au
Megan Corlis	Helping Hand Aged Care	mcorlis@helpinghand.org.au
Helen Loffler		hloffler@helpinghand.org.au

UNIVERSITY OF SOUTHERN QUEENSLAND AND ANGLICARE SOUTHERN QUEENSLAND: ACCERT		
Dr Clint Moloney	University of Sthn Qld	Clint.Moloney@usq.edu.au
UNIVERSITY OF WOLLONGONG AND IRT		
Prof Richard Fleming	University of Wollongong	rfleming@uow.edu.au
WICKING TACF, THE UNIVERSITY OF TASMANIA, GRAVITAS & MULTIPLE AGED CARE PROVIDERS		
Prof Andrew Robinson	University of Tasmania	Andrew.Robinson@utas.edu.au