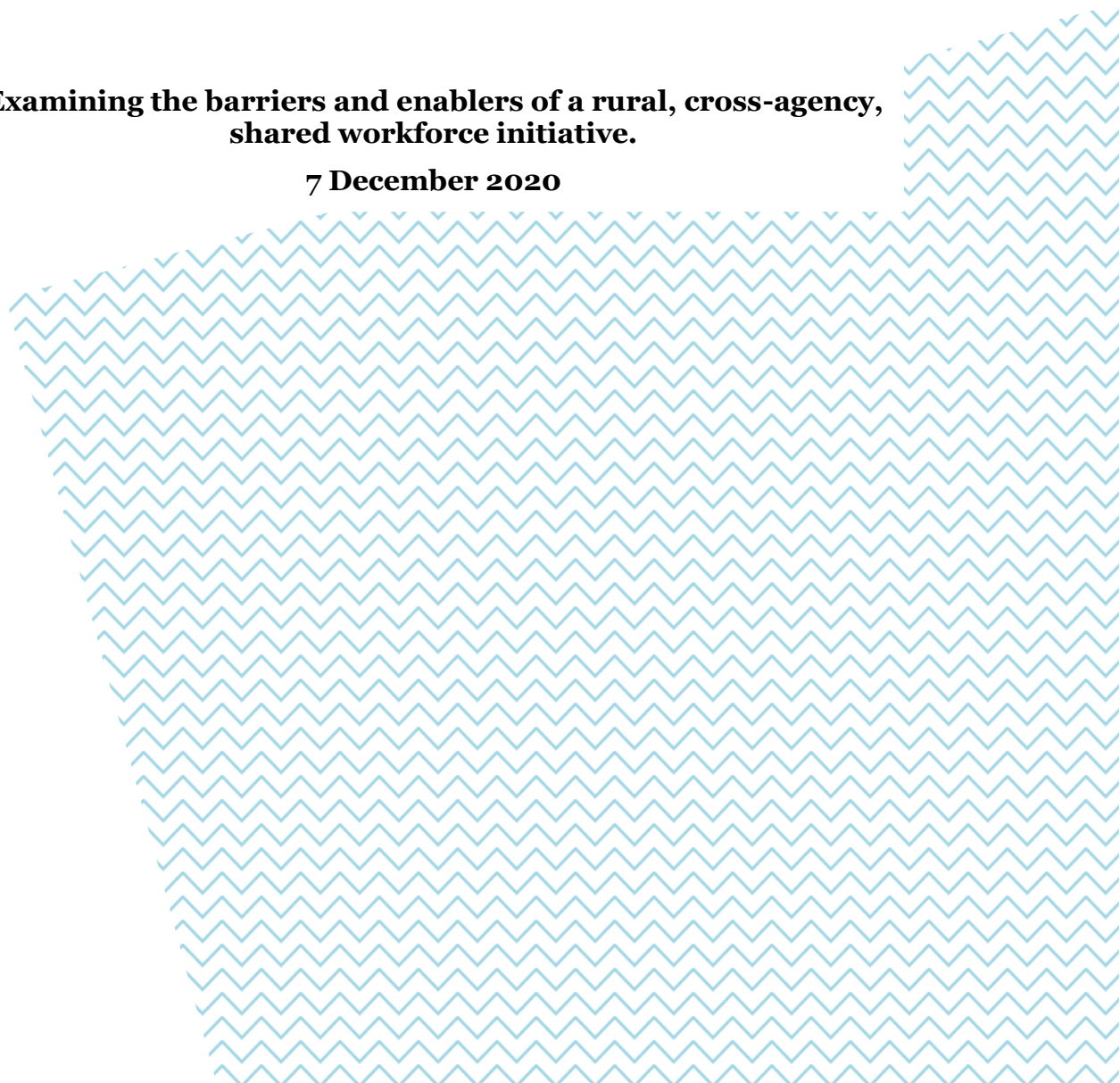**Produced by the Rural Health Academic Network (RHAN) & Goulburn Valley Primary Care Partnerships (GVPCP)**

Workforce Connect / Shared Workforce Strategy Project: Process evaluation report

Examining the barriers and enablers of a rural, cross-agency, shared workforce initiative.

7 December 2020

Contents

Acknowledgements

This document is an evaluation report conducted by the Rural Health Academic Network (RHAN), University of Melbourne in partnership with Goulburn Valley Primary Care Partnership (GVPCP) over October, November and December of 2020. The evaluation team included Carol Reid (RHAN), Craig Chadwick (GVPCP) and Dale-Maree Florence (GVPCP).

The evaluation team would like to acknowledge the support given by everyone involved at ConnectGV and FamilyCare. We particularly appreciated the assistance given by Tamara Clark the project lead, who kindly facilitated our access to all project documents and provided connections to the people involved at both organisations (ConnectGV and FamilyCare).

Acknowledgement and thank you for the expertise shared by:
o Dr Werner Vogels, lecturer La Trobe University, & Evaluation Coordinator, Murray Primary Health Network
o Adele Henwood, Business Manager, Mind Australia, FFS North West

Thank you also to all those who gave their time for interviews.

Ethics

This evaluative research design study was granted ethics approval by the University of Melbourne Human Ethics Advisory Group (HEAG) Ethics ID: 2057807.1.
The evaluation adhered to the code of ethics from the Australasian Evaluation Society (AES).

Disclaimer

The content of this report has been produced in good faith by the evaluation team. The views and opinions have been formed as a result of a systematic and rigorous evaluation process. The views expressed in this report are not necessarily those of ConnectGV and/or FamilyCare.

Suggested reference

Reid, C., Chadwick, C., Florence, DM. (2020). *The Workforce Connect project: examining the barriers and enablers of a rural, cross-agency shared workforce initiative*. Final report. (Unpublished) University of Melbourne, Rural Health Academic Network/ Goulburn Valley Primary Care Partnership.

Executive Summary

Introduction

This report offers the findings of a process evaluation of the ConnectGV and FamilyCare, Workforce Connect/Shared Workforce Strategy Project. The project was funded through a grant from the Victorian Regional Readiness Fund (VRRF) and was undertaken from February to December 2020. The position of project lead was part time, at three days per week. The position employment was auspiced by ConnectGV who also took responsibility for the position's line management and the burden of the reporting requirements to the funder (Department of Health and Human Services).

The driver for project initiation was the Shepparton Community Share (SCS) initiative. SCS is an organisational collaborative involving four organisations, FamilyCare, ConnectGV, Primary Care Connect and The Bridge Youth Service. The Workforce Connect/Shared Workforce Strategy (WC/SWS) was an opportunity for ConnectGV and FamilyCare to explore the feasibility of creating a simple, efficient, sustainable way to undertake joint recruitment and employment activities, ultimately across all four SCS member organisations. Critically, it must be highlighted that, 'joint' did not mean co-employment of staff together as one entity (as a merged environment) but to have employment arrangements that ConnectGV and FamilyCare had with employees which could intersect easily.

Overall the Workforce Connect / Shared Workforce Strategy (WC/SWS) Project achieved a high standard of exploration into the possibilities and implications for a shared workforce strategy. A platform is now available to enable any organisation to research the principles and operational details to design their own model, with access to a website which contains valuable resources and tools.

The issue of the COVID-19 pandemic as a barrier to project delivery has been noted throughout this report. In this executive summary we would highlight the potential innovation in the WC/SWS principles in offering some transparency and honesty for the casual workforce. The May 2020 Parliamentary snapshot[1] reported that the predominant occupations for casual workers are in health, social services assistance, carers and support aides along with, hospitality, sales and food preparation. The casual workforce is severely impacted by insecure work arrangements and were said to be most affected by COVID-19 induced job losses. Unpredictable and irregular working hours, lack of rights, control and a voice are all adverse consequences for the health and well-being of casual workers and their families.[2]

Key findings

The key findings of the evaluation mainly focus on the importance of capacity building in learning from this exploration.

- There was significant worth in exploring the possibilities of a shared workforce in a regional and rural area. This project has the potential to influence future workforce recruitment, employment and retention innovation.

- The project successfully embraced the challenges of connecting strategic vision (the principles of the framework) to operational details (the reality of processes involved in employment).

---

[1]https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1920/StatisticalSnapshotCasualWorkersAustralia
[2] https://pursuit.unimelb.edu.au/articles/casual-work-and-covid-19

- There was value for partnering organisations in learning about the similarities and differences of their agencies. Essentially, learning that collaborative relationship synergy doesn't mean having the same 'style guide'; quality improvement celebrates these differences.

- Evidence strongly suggested that efficiency and effectiveness of project processes improved internal capacity at ConnectGV.

The evaluation found the enablers were: willingness to adapt, ability to be flexible when circumstances changed, open and honest relationships to communicate when project ideas where moving out of scope.

The evaluation found the barriers were: at times diverging interests between those involved in the project; and, in the evaluators opinion, there was an additional overlay of burden for the auspice organisation in balancing Department expectations and local relationships.

Challenges

The main unexpected challenges of the project appeared to be staff changes during the project, on the project committee and with internal organisational staff contacts. Obviously, COVID-19 was an additional challenge which hampered exploring the full potential of the project. These factors disrupted the project continuity, preventing implementation and assessment of the efficacy of the WC/SWS framework.

COVID-19 presented a situation where a shared workforce was a risk factor especially in environments where vulnerable people with disabilities were involved. The need for strict infection control was critical in protecting those who need additional support to remain living in the community as independently as possible.

Evaluation constraints

The evaluation was conducted retrospectively, at the end of the project. There were no opportunities to negotiate the key evaluation questions of most benefit to the two organisations for capacity building. Learning from any endeavour is central to evaluation. It would have been beneficial to embed a monitoring plan at commencement to actively track all the valuable learning during the progress of the project. Rather, as is often the case, an evaluation is completed at the end to comply and meet with funder obligations and expectations.

Recommendations for the future

The principles of the WC/SWS intersectional framework of shared employment opportunities across organisations now needs to be trialled and internal organisational, evaluation take place. The four organisations of SCS have the capacity to work together in advancing the parts of the project which suit the needs of their collaborative relationship. The workforce voice needs to be included in progressing any of this work. For example, feedback from those undertaking any of the KINEO modules and the impact of these virtual training methods on the quality of their work.

Although not perhaps an implicit part of the project, but critical to note, is that the consumer voice also needs to be included. A consumer advisory panel (or similar) and mechanisms for consumers and their families to talk about their needs in workforce recruitment is essential moving forward. It is imperative that those who need to access community care services are empowered to engage in participatory and human-centred feedback endeavours to fully understand the issues that affect the equality of their health and wellbeing. As one of the topic experts interviewed for this evaluation suggested, community hubs are one idea to advance consumer engagement. The notion put forward was of community hubs and community spaces for early engagement; where clients, carers and the workforce come together to discuss what is important and what are the needs. The SCS could be a powerful voice to advocate for consumer early intervention and feedback hubs.

Background

Previous extensive research has highlighted that rural and regional areas face significant health and community care workforce challenges.[1,2,3] The disability (including mental health) service sector is one critical area where organisations struggle to maintain a workforce to provide high quality care to clients.[1,2,3] Some of the workforce issues include low paying, casual and part time positions; perceived gendered roles, with mainly females working in such roles and; poor opportunities for professional growth.[1,4,5] It is predicted that the community care sector will require significant workforce growth in numbers and, in their capacity to provide complex care as the population ages and needs of people with disabilities increases.[1,4] Care services in regional and rural communities need to be contextually relevant and co-designed in partnership with clients, families and the wider community.[2,4] It important for services to explore innovative workforce models to make best use of the limited resources available in regional and rural areas. This is acknowledged by the organisations involved, and was a key factor in the development of the original project proposal.

Cross-agency collaborations have great potential to improve the health and wellbeing of vulnerable community members in rural and regional areas.[3,4] However, such initiatives are rare due to service providers operating in an environment of competition.[4] Successful collaborative ventures use a model of shared decision-making, have alignment between leadership, governance and policy and, have common aims and measures to monitor outcomes.[4,5] Sharing both the positive and negative learnings from these initiatives are important for change and improvement. Further evaluation and research into collaborative approaches is imperative to provide equitable health and community care access for all. It is in this broader context that ConnectGV and FamilyCare embarked upon the Workforce Connect / Shared Workforce Strategy project, hereafter referred to by the acronym WC/SWS.

Structure of the report

The objective of this document is to describe and discuss the process evaluation of the WC/SWS project and report the evaluative findings. As was noted in the executive summary COVID-19 was a project constraint but also an opportunity for reflection and innovation. The report will next briefly outline the context, then define and describe the process evaluation approach and data collection methods. Results, discussion and conclusion will then complete the report.

Context

A description of context associated with this evaluation is important to identify any combination of geographical, timing, resources, social, economic or political (for example) factors which may have influenced the project.

Project funder

The WC/SWS project was supported by the Victorian Regional Readiness Fund (VRRF). The remit of VRRF is to support organisations to develop and test innovative and place-based responses to the challenges of the transition to the National Disability Insurance Scheme (NDIS). The aim of the grant program was to assist the growth of the NDIS workforce across Victoria to better support workers to deliver high-quality services to people with disability and their families.

The VRRF complements the work of National Disability Services' Disability Workforce Innovation Connectors in rural and regional Victoria.[3] VRRF is a Victorian State Government, Department of Health and Human Services initiative. The WC/SWS Project commenced in February 2020 and was to be completed by December 2020. The project partners were ConnectGV and FamilyCare, who are two of four member organisations of SCS. The geographical location was regional north-east Victoria.

Geographical location

The geographical setting for the WC/SWS Project was a regional area in north-east Victoria. Acknowledging regional workforce challenges is critical in examining what works in collaborative partnerships. As the recent DHHS (2018) report highlighted, the regional NDIS workforce were less likely than their metropolitan counterparts to agree there are possibilities to progress their career (regional, 38%; metro 47%); they have freedom in how they do their work (regional, 31%; metro, 44%) and; are more likely to report the work is more stressful than what they would have imagined (regional 60%; metro, 52%).[6] These factors are elements of system complexity in this geographical context. The regional area, for the purposes of this report, is defined broadly as the Goulburn Valley (GV). The major regional centre in the GV is the City of Greater Shepparton with a population of approximately 66,498 in 2019.[4] The main offices of the two organisational partners of the WC/SWS Project are located in the regional township of Shepparton.

ConnectGV

ConnectGV is a not for profit, registered NDIS provider in its 67th year of providing options and services to local people with a disability and their families. The organisation is governed by a skills based Board of Directors. The organisational Vision is to see a, *"fully inclusive community''*. The Mission statement reads *"For ConnectGV to continuously develop, coordinate and strengthen service options which connect people with disabilities to their local community."*[5]

FamilyCare

FamilyCare commenced operations in 1982 as Goulburn Valley FamilyCare (GVFC). FamilyCare is the main family service provider across the Goulburn Valley, and also offers support to families of children with disabilities and carer support services. The organisational vision reads: *"FamilyCare works with individuals, families and communities to increase wellbeing, build strengths and encourage optimism. Our vision is strong families and communities."* FamilyCare is a registered NDIS provider.[6] ConnectGV and FamilyCare are also members of the local Shepparton Community Share initiative, which is an overarching contextual factor of the WC/SWS Project.

Shepparton Community Share

Shepparton Community Share (SCS) is an organisational collaborative initiative supported by a Helen Macpherson Smith Trust grant. The four local organisations, FamilyCare, Primary Care Connect, The Bridge Youth Service and ConnectGV, created the original SCS Project. The aim of SCS is to build a network to facilitate practical collaboration between, and across, the member organisations. These four organisations employ 500 plus personnel to service more than 15,000 clients annually. Combined, they offer over 50 programs to vulnerable members of the community (such as: housing, counselling, drug and alcohol, family violence). SCS contributes approximately $36.7 million to the GV and surrounding area economy through, direct employment, local purchasing and social enterprises. This dynamic collaborative initiative has laid

---

[3] https://www.vic.gov.au/victorian-regional-readiness-fund
[4] https://profile.id.com.au/shepparton/about
[5] https://www.connectgv.com.au/about_us
[6] https://familycare.net.au/

the foundation for creating a stronger, united regional voice for this group of non-government, not-for-profit organisations.[7]

Evaluation environment

The context for the commissioning of this evaluation came about through an approach from the WC/SWS project partners to Carol Reid, as a member of the Rural Health Academic Network (RHAN) at the University of Melbourne, Department of Rural Health. RHAN operates as a hub and spoke model, with co-located research coordination roles in participating health services. RHAN aims to build research and evaluation capacity across a diverse regional and rural area in north-east Victoria, encompassing Albury/Wodonga Health, Echuca Health, NCN Health and Northeast Health Wangaratta.

RHAN sought a collaborative approach to the evaluation with Goulburn Valley Primary Care Partnership (GVPCP), as leaders in innovative and collaborative planning. GVPCP works with a wide range of organisations to address health and wellbeing priorities and to foster healthy and sustainable environments. GVPCP operates across the local government areas (LGAs) of Strathbogie Shire, Moira Shire and, the City of Greater Shepparton.[8]

The evaluation of the WC/SWS Project was sought when the project was drawing to a close. Unfortunately, this is a frequent occurrence with short term projects when evaluation is commonly considered near program completion. Evaluations negotiated in the closing stages of a project are lost opportunities to embed the evaluation at commencement with a robust evaluation-led, monitoring, evaluation and learning (MEL) plan written into all phases of the project. Monitoring activities in a MEL plan assist to track the nuances of project adeptness in challenging environments and capture the subtle changes in the project strategies. Whereas, an evaluation at project completion can be more reactive to the static information to hand at that point in time.

The next section of this report describes the evaluation methodology.

Process evaluation

Process evaluation seeks to understand 'how' and to what extent an initiative's outcomes were achieved.[7] The approach can be undertaken for formative (before and/or during) and in summative (impact at end) evaluation endeavours. In the current evaluation of the WC/SWS Project, process evaluation was selected in recognition of the complexity of the project and the contextual factors which (potentially) influenced the project.

The strengths of a process evaluation are that it can facilitate clear articulation of what were the 'active' ingredients of the initiative (policy, program or project), and; it can examine what were the emerging adaptations of the initiative over its duration.[8,9] In addition, the method assists in establishing transparency in the activities undertaken to develop (in this case) a shared workforce strategy. Identifying the adaptations or 'tailoring' of an initiative in response to local needs and contexts is important to enable implementation in other contexts.[10]

Process evaluation can additionally provide project partners an opportunity for critical reflection through exploring how those involved understood the logic of the project (aim, objectives and activities linking to outcomes) and how they defined and considered program success.[8,9] When embedded at project commencement, process evaluation can: monitor the intended and unintended changes triggered (leading to outcomes); guide improvements in initiative design and/or implementation, and; foster program management and accountability.[10,11]

In the process evaluation of the WC/SWS Project the evaluation team of RHAN and GVPCP undertook a retrospective examination of the initiative. As previously stated, this is not ideal as evaluation is best considered and embedded at the start of all initiatives.

Key evaluation questions

The key evaluation question to help focus, provide structure and guide the evaluation planning process was submitted at the evaluation proposal stage to stakeholders (ConnectGV and FamilyCare). The following broad question and sub-questions were considered accepted when the proposal was successful and RHAN and GVPCP were engaged to undertake the evaluation.

Key question

To what extent did the Workforce Connect /Shared Workforce Strategy Project contribute to the exploration of implementation of shared workforce strategies between the two agencies; ConnectGV and FamilyCare?

The sub-questions aimed to examine the following implementation elements:

- What was the extent cross-agency collaboration and processes were developed in investigating the implement of a shared workforce approach?

- What were the perceived value of the project outputs?

- What were the intended or unintended (positive and/or negative; barriers and/or enablers) outcomes of the project?

Data collection and use

A mixed methods approach was used to generate evidence, involving quantitative (numbers) and qualitative (words) techniques. Data collection was undertaken over five weeks during October and November 2020. Three main sources of evidence included the following:

1. A document review using an audit template and assessment rubric, both developed specifically for the evaluation. The document review recorded number and type of project activities leading to outputs. Document evidence was also themed and rated for analysis.

2. In-depth interviews (with signed consent) using semi-structure questions with staff of both organisations involved with the WC/SWS Project. Interviews were transcribed to text and coded and categorised using the interview questions as a framework. This contributed to triangulation of evidence with the document review.

3. Key informant interviews (with signed consent) with topic area experts on the NDIS workforce (and broader community care workforce) and capacity building. Interviews were transcribed to text and coded and categorised using the interview questions as a framework, thus allowing the main themes to emerge.

The aim of the document review was to use the written evidence to understand the history, principles and operation of the project. Reviewing documents helps to clarify project intent and to examine for divergence. The review was critical for convergence and corroboration with the in-depth interviews.

The aim of the interviews with targeted staff were to explore perceptions and meaning to gain a better understanding of the project environment. Interviews encouraged participants to share in-depth descriptions whilst allowing the evaluator to re-construct these perceptions of project activities as related to outcomes for analysis and interpretation.

The aim of interviews with topic area experts (as key informants) was to explore the complexity of the NDIS workforce environment. Key informant interviews involving those who have knowledge, understanding and experiences of specific issues across the topic of focus can provide broader contextual sensitivity. Thus, this information aided in interpreting the 'how' and 'why' when analysed alongside other data.

Results

Overall, over 30 documents were reviewed, ten in-depth interviews were conducted, seven with key organisational staff, one with the National Disability Services (NDS) connector and two with topic area experts.

Document review

The documents produced by the project were extensive and challenging to review and evaluate. This highlighted the depth of investigation and research committed to and undertaken throughout the project. An audit template was created to conduct this part of the evaluation in a systematic and rigorous way. See Appendix 1 for the audit table. Appendix 2 provides an assessment rubric.

The document reviewer found that the most informative and useful information came from Committee Meeting minutes. Meeting agendas were well detailed with relevant documents imbedded and include flow-on from previous meetings. Meeting Minutes indicated consistent attendance, are detailed in reflecting various activities, addressed progress and responsibility allocation. A timeline was also produced from the document review which greatly assisted the evaluation to gain some context for the activities which produced outputs.

Figure 1: Timeline
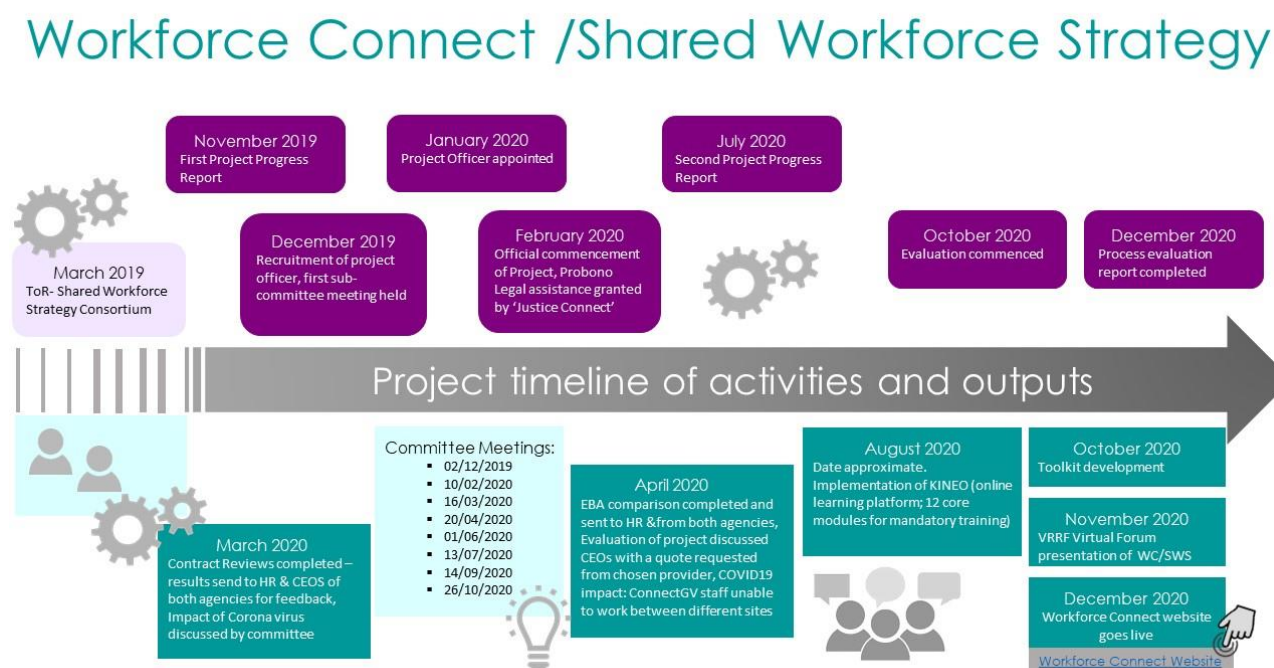
In-depth interviews

Eight in-depth interviews (with signed consent) were undertaken with key people. The Chief Executive Officers (CEO) of each organisation agreed to interviews as did the NDS workforce innovation connector. The remaining participants were in leading management roles, for example human resources (HR) and, both the WC/SWS and SCS project leads were interviewed. Overall, interview participants were very positive about their perceptions of the project and identified several important outcomes and learnings. The results were categorised into three broad groups.

1. Project aims, objectives and feasibility

Perception of the aims and objectives of the project varied according participant's involvement and role at the strategic or operational levels. This was very positive as both elements are vital to any endeavour. At the strategic level, of overarching principles and a future outcome, it was clear that the project was to be investigative. Similarly, project objectives for desired results and tangible items were clearly articulated in the need to explore the capacity for commonalities across organisations for a shared workforce. This would enable greater security for staff and for organisations. In terms of strategic feasibility, the view was that it was of great benefit to have dedicated resources and project time to give to an in-depth exploration to this type of project.

At the operational levels the project had an impressive and dedicated focus on achieving all the small steps to the above strategic aim. Perceptions of the objectives were to examine the possible implications of a shared workforce strategy this included; what a shared workforce meant for: Human Resource (HR)

departments for Enterprise Bargaining Agreements (EBA), Occupational Health and Safety (OH&S) and the range of tools, processes and templates for implementation and to share with other organisations.

Project feasibility was duly noted as being interrupted by COVID restrictions. However this also highlighted the flexibility in the use of virtual training platforms.

2. Project results, outputs and outcomes

As has been stated previously the project results and outputs are now part of a website which contains valuable resources and tools. These tools will be available to other clusters of organisations in other locations who see the merit in a shared workforce strategy. The project achieved a high standard of thoroughness in investigating the legalities and complexities of shared recruitment strategies and the potential impact on HR departments. An outcome for ConnectGV was the opportunity to review recruitment process and implement improvements.

The intangible results need to be identified and highlighted from this fact-finding initiative. The intangible results where the capacity and relationship building and the considerable innovation triggered by the project. Not-for-profit (NFP), non-Government organisations (NGO), rarely have the opportunity or luxury to explore and innovate. Funding and reporting accountability do not allow for this type of place-based service delivery exploration.

3. Barriers and enablers and project future

We asked participants about both immediate project specific barriers and enablers and asked for perceptions on broader regional factors and the future. One barrier was the differences in expectations on the level of detail to be undertaken by the project. This was a challenging landscape to navigate to gain a balance on what to provide to the project partners.

The enablers far outweighed barriers. It was felt the opportunity to dedicate time and detail to the project was very positive. To be an NDIS provider in the current competitive environment, organisations need to be flexible and nimble. This project allowed an investigative process to occur down many avenues for potential change and improvement. Although perhaps not all necessary, all avenues were thoroughly researched.

Broadly regionally, it was identified there is great potential for the future for collective training platforms, as identified by this project. Organisations could partner in this collective training which would be cost saving for organisations and better support staff with common essential modules, such as privacy and confidentiality training. The benefits for the workforce is training which is transferable between local workplaces. Although it is recognised that the introduction of an Online Training Strategy will be of benefit to organisations it can have a negative counterbalance for opportunities for peer support and networking between staff. It is suggested that the SCS investigates some form of hybrid training, in consultation with their training providers, which would allow necessary modules to be undertaken along with the important opportunity for staff to interact and network.

Theory of Change model

As a result of the document review and in-depth interviews with staff we developed a theory of change model for the evaluation to depict the intended change the WC/SWS could potentially produce. This model helps the evaluation with interpretation and explanation.

Figure 2: Theory of Change model
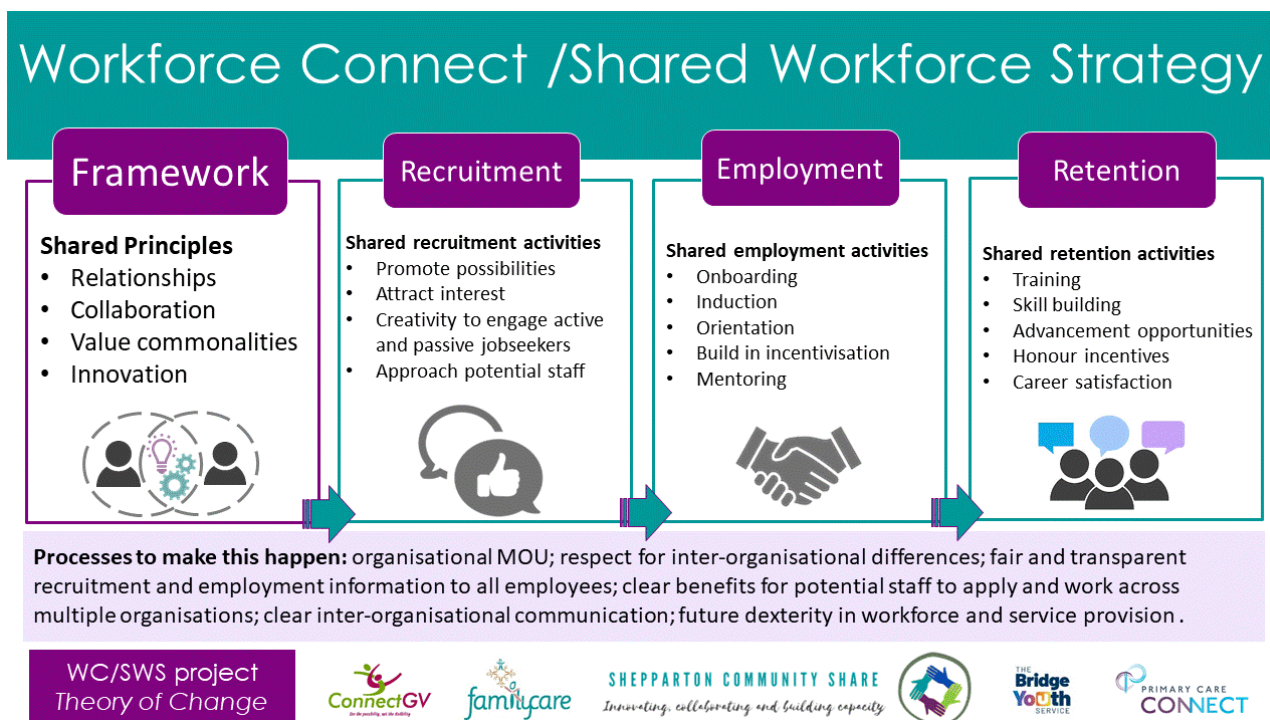
Key informant interviews

The exploration with topic area experts added depth to understanding the complexity of the WC/SWS. The two participants had backgrounds in the field of psychology, with extensive knowledge and skills in mental health, complex care, dual diagnosis, disability services and the NDIS. Combined, this was approximately 20 years of experience from direct care provision to leadership of teams, operational and strategic management, teaching and research.

The two broad areas covered in these interviews were (1) the barriers and enablers for organisations to provide the required disability workforce in the region and, (2) the barriers and enablers for organisations in collaboration and capacity building.

1. Barriers and enablers to workforce provision

The barriers to workforce provision for organisations centred on the retaining of experienced staff and skill level of those newly entering the workforce. The retention of experienced staff was highlighted as a critical challenge. "*Organisations commit considerable resources to building their workforce with orientation, induction, training and skill building through supervision processes. It then takes more time for the finesse (knowledge, experience and skills) in the work to evolve.*" Meaning, the practice wisdom to work with a range of clients, with multiple and complex needs in diverse (individual, family, community) situations.

The workforce gaps are due to experienced workers leaving organisations to become NDIS sole providers. These practitioners have the connections and sound knowledge of navigating the service system to be able to set up their own business. This situation then leaves issues for organisations as they have all new fresh graduates. The perception was the current graduates entering the workforce have minimal to no understanding of NDIS, or basic content of the work involved, and working with different client cohorts. "*Due to inexperience they often lack understanding of dual disability and the importance of working with carers, families and communities across an overlay of diversity.*"

Current job applicants lack general life understanding and experience. Others do not have as developed decision making skills. "*There is poor understanding of the people who they support for example they may not have been exposed to people who need continence products. This results in poor understanding of what might be needed for the dignity of the client.*" New graduates may assume that as they have completed all the course requirements they 'know it all'. However, experience is needed when setting up support plans, those inexperienced assume they can access all manner of support without knowing the service environment. It is challenging for emerging workers in the disability field to commit to an organisation, and difficult for organisations to train new staff to make sure they are well educated and well supported in working with complex clients. Organisations are finding they have to provide far more training and support but with fewer resources.

Key informants viewed an enabler to workforce provision would be linkages for organisations with training providers. They identified there is a need to further understand curriculum content and for experienced organisations to have input into what is being taught. A workplace placement component is also important. However, with the current certificate IV and TAFE industry boom due to NDIS and resulting competiveness, placement experiences have been abandoned.

Clients attending multiple services as partnerships in care was considered another enabler. "*These are opportunities to develop multidisciplinary approaches in innovative ways, not necessarily always formal. For example reducing the need for clients to re-tell their stories over and over which can be traumatising. When multiple services are engaged early there is better understanding on the needs of the client and to create a wraparound service; thinking about what is needed, who else should be involved, what are the key services in the area, what are their limitations.*" This showed that potentially the multitude of layers with clients could be expedited with an early multidisciplinary approach and the workforce is then also mentored, and skill building takes place through multidisciplinary approaches.

2. Barriers and enablers for collaboration and capacity building

A broader perspective was asked of key informants to identify barriers and enablers to collaboration and capacity building. The feeling was organisations are "*protective of their own patch*", because with NDIS the margin is low in terms of what can provided. Competitive tendering was identified as problematic. The same organisations or group of organisations were thought to be successful for the same funding and consequently lacked innovative ways at looking at delivering service. "*We need more ways to look at and encourage partnering, to have a point of difference or to move forward, for example by staff trained across a robust curriculum, encouraging different approaches to clients to get back into their community.*"

A further barrier was the loss of network meetings and regular engagement with peers (partly due to COVID-19 restrictions), primarily due to the NDIS workforce being mobile and now becoming increasingly isolated. Network meetings were felt to be critical to help discussion and brainstorming as neutral territory. The perception was the Royal Commission into Victoria's mental health system[9] may see

---

[9] https://rcvmhs.vic.gov.au/

additional funding coming out of NDIS to support different capacity building and collaboration initiatives, as it is; "*too tough in a fee for service world.*"

A main enabler was that strong partnerships currently exist which are focused on newer workforce members. An example was the partnering of organisations with tertiary institutions for student placements and to develop work experience placement partnerships. This was thought to give organisations opportunities to identify promising staff, or potential staff who want to work in the disability field. As noted previously the four SCS partners are currently engaged locally in an internship program with social work students and La Trobe University. Organisational reputation was also an enabler; *being positioned in the area as a good service provider, high quality with a respected name in the area*."

In addition, an enabler was to start early with staff training and development, adding elements to staff induction and staff orientation. Promote to attract qualified staff, "*be confident that you have support for them, have systems in place, have staff trained and have them engaged*." It is was also emphasized that it is important to be creative to recruit potential staff.

Future picture

A vison for the future also emerged from the discussion with key informants which suggested the disability workforce are in a 'cycle', where there will be less large organisations and more sole traders and increased diversity. "*Large organisations have costly overheads and need to be very specific in what they provide, for example 'line items' where they will not lose money on, and a smaller suit of services.*" However, it was noted sole traders/small businesses don't necessarily provide supervision and guidance with practice for their workforce. There will then be a 'cycling-out', predicting that reducing costs will have repercussions on quality of care and staff skills. "*Eventually NDIS will have to step in and look at if services are meeting needs; clients will miss out as there are not as many experienced, specialised practitioners.*" Currently, there were thought to be minimal training opportunities and staff are not given these opportunities.

Overall, the experts interviewed felt good practice requires conversations and experiences, staff need support, there needs to be systems in place to support staff capacity building. Recommendations included creating community hubs and community spaces for early engagement; where clients, carers and the workforce come together to discuss what is important and what are the needs. These spaces would help build relationships between organisations, the current and emerging workforce, and most importantly, clients and their families.

Case study

A workforce barrier

Joe, newly employed in the community care and disability service sector is juggling three part time, casual positions. He is trying to balance his rosters and maintain his training requirements. Joe is finding communication with all employing organisations difficult, and is receiving a confusing array of information.

Joe continues to struggle on, feeling isolated, less in control of maintaining a high quality of practice and care to the vulnerable community members he is responsible for. He feels he might be penalised if the organisations realise he has multiple employers. He feels as a casual employee he has no protection or work guarantees. In a very short time Joe is feeling overwhelmed, stressed and burnt-out. He leaves this field of work.

The implementation of the WC/SWS

Joe is seeking employment in the community care and disability service sector. He wants flexibility in his work, identifies that he still needs some mentoring and skills training in the field. He approaches several organisations in his local area. He is interested in positons at two organisations.

Joe learns these two organisations have a strong collaborative relationship with an employment model of shared recruitment and support arrangements.

Joe is told about their WC/SWS framework which offers him the potential of a mix of roles that may make his job more interesting or may give him more hours. Joe is really impressed by this transparency. He sees this model as up-front and as protection for himself as a worker whilst offering many benefits to increase his skills and capacity and enhance his future working career.

Discussion

This report discussed the process evaluation of the WC/SWS Project. The evaluation undertook a document review, interviews with key staff of project partners and sought interviews with key informants as experts in service delivery to vulnerable and complex clients and the NDIS service delivery sector. The evaluation found a high standard of thoroughness in all areas of the project. There was great value in taking the time and considerable effort into exploring the principles of the framework, learning about the range of consequences for HR departments in shared workforce arrangements and in researching various tools and templates which might foster such an approach.

A comparison to the information provided by the key informants as area expert's show significant alignment in what is needed (regionally and for NDIS innovation) and what the SCS are building and the WC /SWS Project explored. As identified, there is a degree of competiveness for local NFPs for the same workforce and client groups. There are only so many workers available, there are the risks of working across more than one site which can impact client safety. The partnering organisations recognises their responsibility for the casual workforce. The regional and rural NDIS workforce is a narrow market place, with unattractive wages and at times poor working conditions.

The SCS has recognised in this region that organisations need to come together collectively as local, place-based community care services to be more collaborative, seek locally driven relationships and partnerships. They have more power in a collective voice and a common purpose to improve the local area, provide better outcomes for clients and promote resiliency. Together they can create greater sustainability and lessen vulnerability in this community, due to the advantages of having dedicated local boards, flexibility to make decisions on what services they want to invest in as compared to national organisations heavy with organisational layers and decision making bureaucracy.

Conclusion

The ConnectGV and FamilyCare, Workforce Connect /Shared Workforce Strategy Project was a rich exploration across the challenges of balancing strategy and operational concepts. Opportunities for the future include a trial of implementation; for example shared training. It is recommended that opportunities for staff to be more multidisciplinary could be further examined, (rather than siloed perspectives when working with clients). Lastly, a major recommendation is to find ways to always include the consumer voice.

> *"The drivers and participants in this innovative partnership should be pleased with the outcomes of the project. Whilst 2020 proved to be a challenging year to service providers and community alike for a range of reasons, the project outcomes and recommendations clearly demonstrate the commitment of those involved to persevere regardless of the obstacles. As part of the project evaluation team, the standout take-away from the project (for me) are the open communication and transparent partnership approaches that were adopted and the strength of the organisational leaders to be bold and brave to achieve a common goal and lay the foundation for expansion and further work on shared-workforce planning activities."*
>
> *Craig Chadwick,*
> *Executive Officer GVPCP*

Acronyms and abbreviations

CEO	Chief Executive Officer
COVID-19	Coronavirus Disease of 2019.
DHHS	Department of Health and Human Services
EBA	Enterprise Bargaining Agreements
FC	FamilyCare
GVPCP	Goulburn Valley Primary Care Partnership
GV	Goulburn Valley, as a geographical area
HR	Human resources
LGA	Local government area
MEL	Monitoring, evaluation and learning
MOU	Memorandum of understanding
NDS	National Disability Services
NDIS	National Disability Insurance Scheme
NGO	Non-government organisations
NFP	Not-for-profit
OH&S	Occupational Health and Safety
RHAN	Rural Health Academic Network
SCS	Shepparton Community Share
TOC	Theory of change
TOR	Terms of reference
UOM	University of Melbourne
VRRF	Victorian Regional Readiness Fund
WC/SWS	Workforce Connect / Shared Workforce Strategy

References

1. McConkey, R., McAuley, P., Simpson, L., Collins, S. (2007). The male workforce in intellectual disability services. *Journal of Policy and Practice in Intellectual Disabilities,* 4(3); 186-193.

2. Crotty, M., Henderson, J., Fuller, J. (2012). Helping and hindering: Perceptions of enablers and barriers to collaboration within a rural South Australian mental health network. *Australian Journal of Rural Health 20,* 213–218. doi: 10.1111/j.1440-1584.2012.01282.x

3. Hoeft, TJ., Fortney, JC., Patel, V., Unutzer, J. (2018). Task-sharing approaches to improve mental health care in rural and other low-resource settings: A systematic review. *The Journal of Rural Health,* 34*;* 48-62. doi: 10.1111/jrh.12229.

4. Gilroy, J., Dew, A., Lincoln, M., Hines, M. (2016). Need for an Australian Indigenous disability workforce strategy: review of the literature. *Disability and Rehabilitation* 39(16); 1664-1673*. DOI: 10.1080/09638288.2016.1201151*

5. Zhu, X., Weigel, P., Baloh, J., Nataliansyah, M., Gunn, N. Mueller, K. (2019). Mobilising cross-sector collaborations to improve population health in US rural communities: a qualitative study. *BMJ Open 9,*e030983. doi:10.1136/bmjopen-2019-030983

6. DHHS (2018) Understanding the workforce experience of the NDIS: longitudinal research project: Year one. Research commissioned by the Department of Premier and Cabinet (Victoria) and conducted by Ipsos Public Affairs, Vic State Governement. Accessed November 15 2020 at: https://www.vic.gov.au/ndis-workforce-longitudinal-research-study-year-one#download-the-pdf

7. Mission Works: Partners in social change (2020). Accessed November 15 2020 at: https://www.tsne.org/blog/process-evaluation-vs-outcome-evaluation

8. Sharma, S., Adetoro, O., Vidler, M., Drebit, S., Payne, B., Aakeju, D., Adepoju, A., Jaiyesimi, E., Sotunsa, J., Bhutta, Z., Magee, L., von Dadelszen, P. Dada, O. (2017). A process evaluation plan for assessing a complex community-based maternal health intervention in Ogun State, Nigeria. *BMC Health Services Research 17*,(238); 2-10. DOI 10.1186/s12913-017-2124-4

9. Kwak, L., Wåhlin, C., Stigmar, K., Jensen, I. (2017). Developing a practice guideline for the occupational health services by using a community of practice approach: a process evaluation of the development process. *BMC Public Health,* 17. doi:10.1186/s12889-016-4010-0

10. Sharma, S., Adetoro, OO., Vidler M, Drebit S., Payne, BA., Akeju DO, Adepoju A, Jaiyesimi E, Sotunsa J., Bhutta. ZA., Magee, LA., von Dadelszen, P., Dada. O. (2017) A process evaluation plan for assessing a complex community-based maternal health intervention in Ogun State, Nigeria. BMC Health Serv Res. 2017 Mar 28;17(1):238. doi: 10.1186/s12913-017-2124-4. PMID: 28351355; PMCID: PMC5371276.

11. Fridrich, A., Jenny, G., Bauer FG. (2015). "The Context, Process, and Outcome Evaluation Model for Organisational Health Interventions", BioMed Research International, vol. 2015, Article ID 414832, 12 pages, 2015. https://doi.org/10.1155/2015/414832
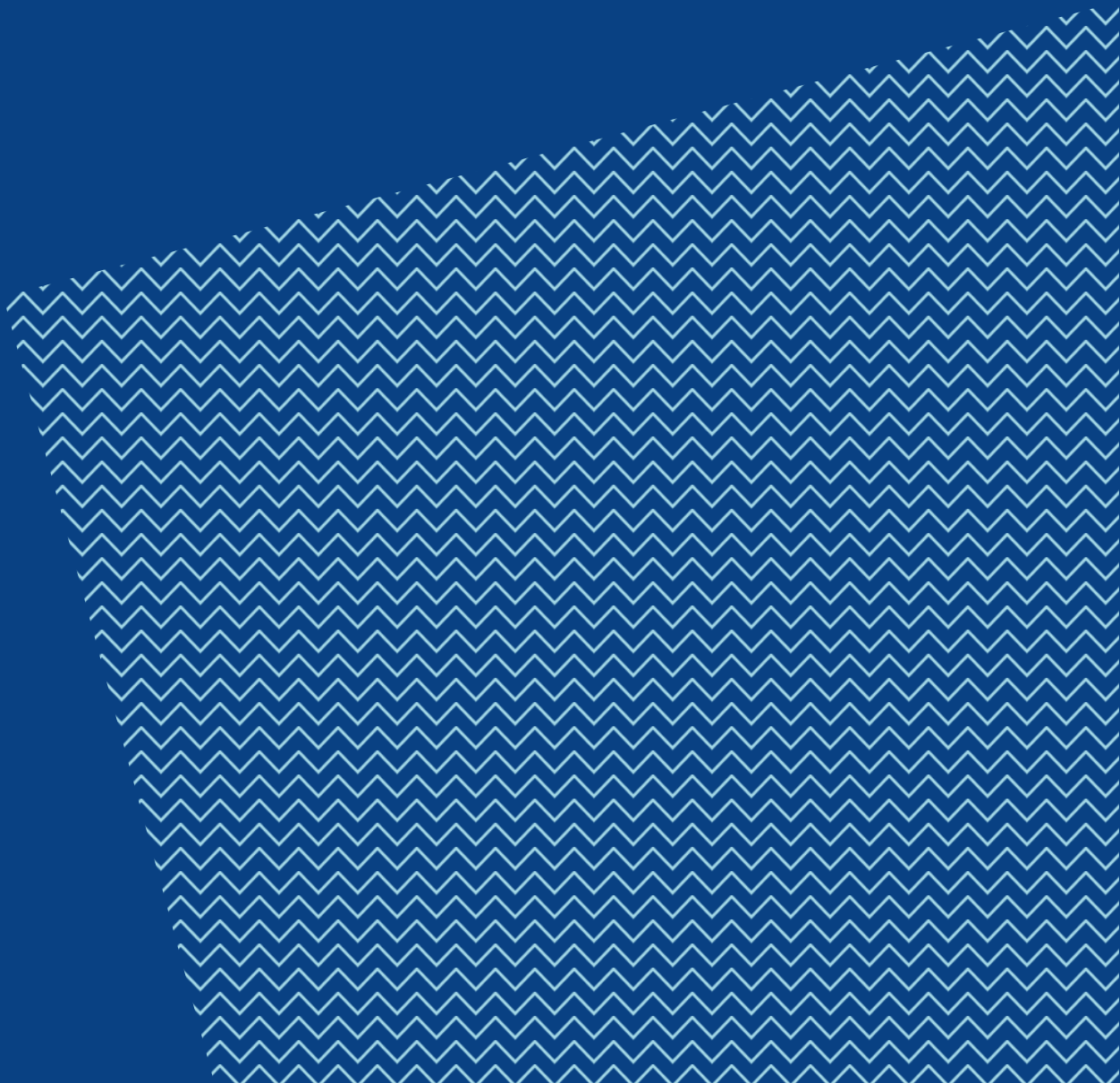
Contacts

*Carol Reid, reid.c@unimelb.edu.au *primary contact

Craig Chadwick, exec@gvpcp.org.au

Dale-Maree Florence, quality@gvpcp.or.au

Appendix 1

Appendix 1

Document review

A review of the evidence

OBJECTIVE	DEGREE OF SUCCESS	EVIDENCE	PLANNING	NOTES
Recruit Staff with necessary skill set		VRRF Forum Presentation		Informative and concise delivery of project outline, process and resources developed
	A well-researched area, several options discussed.	Shared Workforce Research & Options Templates for reference	• Research undertaken • Financial advice from both agencies sought	Options explored **Principles** of the 'shared workforce' need to be prioritised.
Increase in staffing numbers	Limited due to COVID, FC downsizing their disability division	WC/SWS evaluation parameters		
	Variance between agencies; one using PlaceRight the other deal directly with the student	WFC & SWS evaluation parameters Committee Minutes 14/09/20	Student Placement: Discussions between the agencies	
Strengthen capacity for fortnight rosters		Committee Minutes 14/09/20	Review of rostering systems for casual pool	
	Decided that the onus be put back on to the worker	Committee Minutes 01/06/2020	Dealing with ensuring hours worked by disability support workers does not become an OH&S issue	Problematic area of responsibility

OBJECTIVE	DEGREE OF SUCCESS	EVIDENCE	PLANNING	NOTES
	Also investigate rostering system used to maintain a casual bank			
Demonstrate cohesive recruitment systems between FamilyCare & ConnectGV		Committee Minutes 26/10/20		Suggestion made to develop a 'Style Guide' to ensure consistency when producing documents.
		Committee Minutes 14/09/2020		Ongoing discussions and collaborations regarding student placement
Education: Induction, Refresher, ongoing		Video: summary of Ind & Refresh training video		Explains format & layout, how it's facilitated, what topics are covered, timeframes for workshop
		WFC & SWS Evaluation Parameters Actions & Limitations	Alignment of key KINEO modules $5,000 each allocated to SCS consortia members to go towards set-up costs of KINEO to ensure consistency of training platform and areas of synergy regarding core training modules • An induction & refresher training day held 4 times a year, once every 3 months, for new starters and those staff that require a refresher in a certain topic. The training is offered to ConnectGV and FamilyCare staff.	
		Committee Minutes 16/10/20	• 'Shared professional development process whereby staff across all consortia agencies undertake common e-learning core modules'	

OBJECTIVE	DEGREE OF SUCCESS	EVIDENCE	PLANNING	NOTES
		Committee Minutes 10/02/2020	• Confirmed that KINEO developers are now working with NDIS	
		Committee Minutes 01/06/2020	1. Creating an Induction & Refresher Training session 2. For new starters or those staff that require a refresher in a certain topic 3. To be held 4 times a year, every 3 months 4. Potential topics to be covered: 5. Legislation, Privacy & Boundaries 6. Health and Wellbeing: Knowing when to seek advice or refer on 7. Manual Handling 8. Keyword sign and gesture 9. Cultural Diversity training 10. Person Centred Active Support & Positive Behaviour Support	

A review of activities and risks

ACTVITIES UNDERTAKEN	RISKS IDENTIFIED	EVENTUAL OUTCOMES	EVIDENCE
Gap analysis of variances between agencies Comparison Gap analysis	Possibility of employees working more than 38 hours a week as the hours worked between the two agencies will be hard to monitor (added in a section to the outside employment agreement, putting the onus on the employee to monitor hours and be accountable)		Contract Comparison EBA comparison Two Options considered
	Instances of variance or discrepancies between organisations • Cultural competence • Email Signature Lines • Intake & Referral explained • After Hours on-call explained		On-boarding & Induction comparison
	Instances of variance between organisations • Access to the agreement and the National Employment Standards (NES) • Purpose of the agreement • Employee Representation • Performance Management Procedure • Flexible Part-time employment • Worksite location • Accident Make-up pay • Rosters • Broken Shifts • Sleepovers • 24 hour care • Excursions • Multiple Appointments • Shift work • Flexible Working Arrangements • Flexi Time • Rest Periods		Comparison of documents - EBAs

ACTVITIES UNDERTAKEN	RISKS IDENTIFIED	EVENTUAL OUTCOMES	EVIDENCE
Future planning to reduce overlap and inconsistencies between agencies • Documentation • Recruitment • Contracts • Induction • Supervision • Referrals between agencies	COVID-19 affected need for more staff so recruitment was put on hold NDIS price guide changes caused reduced funding		Evaluation Brief Workforce connect & SWS project
		11. 'The two agencies will minimise the amount of common processes/documents. ConnectGV will take the lead on recruitment' 12. 'Documents will be road-tested and can be changed/updated to meet needs'	Committee Meeting 01/06/2020
Operations Managers Monthly meetings (Project Committee)	Finding an appropriate platform for all agencies to communicate through Staff movement both within the committee and agencies Transfer to 'Virtual' meetings due to COVID	Occur predominately as scheduled 6-8 weeks apart	Committee meeting agendas and minutes

Summary overview

- ❖ SWSP action plan & Risk assessment
- ❖ Progress Reports
- ❖ Risk Assessment Matrix
- ❖ Comparison of documents – EBAs
- ❖ Comparison of documents Contracts v2 with responses
- ❖ Findings from Contract and EBA comparison
- ❖ On boarding and induction comparison
- ❖ Meetings minutes & agendas
- ❖ Terms of Reference Shared Workforce Strategy Consortium Committee
- ❖ Evaluation Brief – Workforce Connect & SWS project
- ❖ VRRF Interim and Final reporting tool – first progress report
- ❖ VRRF interim and final reporting tool – second progress report
- ❖ WFC & SWS evaluation parameters - actions & limitations
- ❖ Shared Workforce research and options (examples & templates only)
- ❖ VRRF Forum Presentations
  - o Induction & Refresher training video
  - o VRRF forum – Workforce Connect presentation
  - o VRRF Forum – Workforce Connect Script v2
- ❖ SWSP Action Plan & Risk Assessment

Other documents mentioned

MOU (signed) between Connect GV (Carolynne Frost) & FamilyCare (David Tennant) Not Viewed

Workforce Connect - KINEO Core Training Synergy. Showed 4 instances of synergy between project agencies (undated)   Received via email from T Clarke

Microsoft Teams utilised for the sharing of documents eg: Recruitment checklist, Press advertisement, and Position description for a Disability Support Worker, Interview question template, Referee check template, and Recruitment grievance process for internal applicants, On-boarding & Induction comparison

Conclusions/observations

- ➢ Terms of Reference Shared Workforce Strategy Consortium - dated 18/03/2019 is a detailed document containing pertinent and relevant aspects for the project
- ➢ Meeting agendas are well detailed with relevant documents imbedded and include flow on from previous meetings
- ➢ Meeting Minutes indicate consistent attendance, are detailed reflecting various activities, address progress and responsibility allocation

- It was discussed in June to begin the process for Evaluating the Project. It appears that dot points from the initial Project Proposal were used for this purpose
- Obvious research into similarly aligned initiatives in the rural area were noted as discussed.
- Not all documents contain a development date or legend to distinguishing formatting contained within eg: Organisational Comparisons
- Assumption: Documents containing both logos have been developed during the course of the Project, eg: TOR Shared Workforce Strategy, Meeting Agendas & Minutes
- Some IT issues were noted and discussed (minutes March & April 2020).

***The reviewer found that the most informative and useful information came from Committee Meeting minutes

Appendix 2
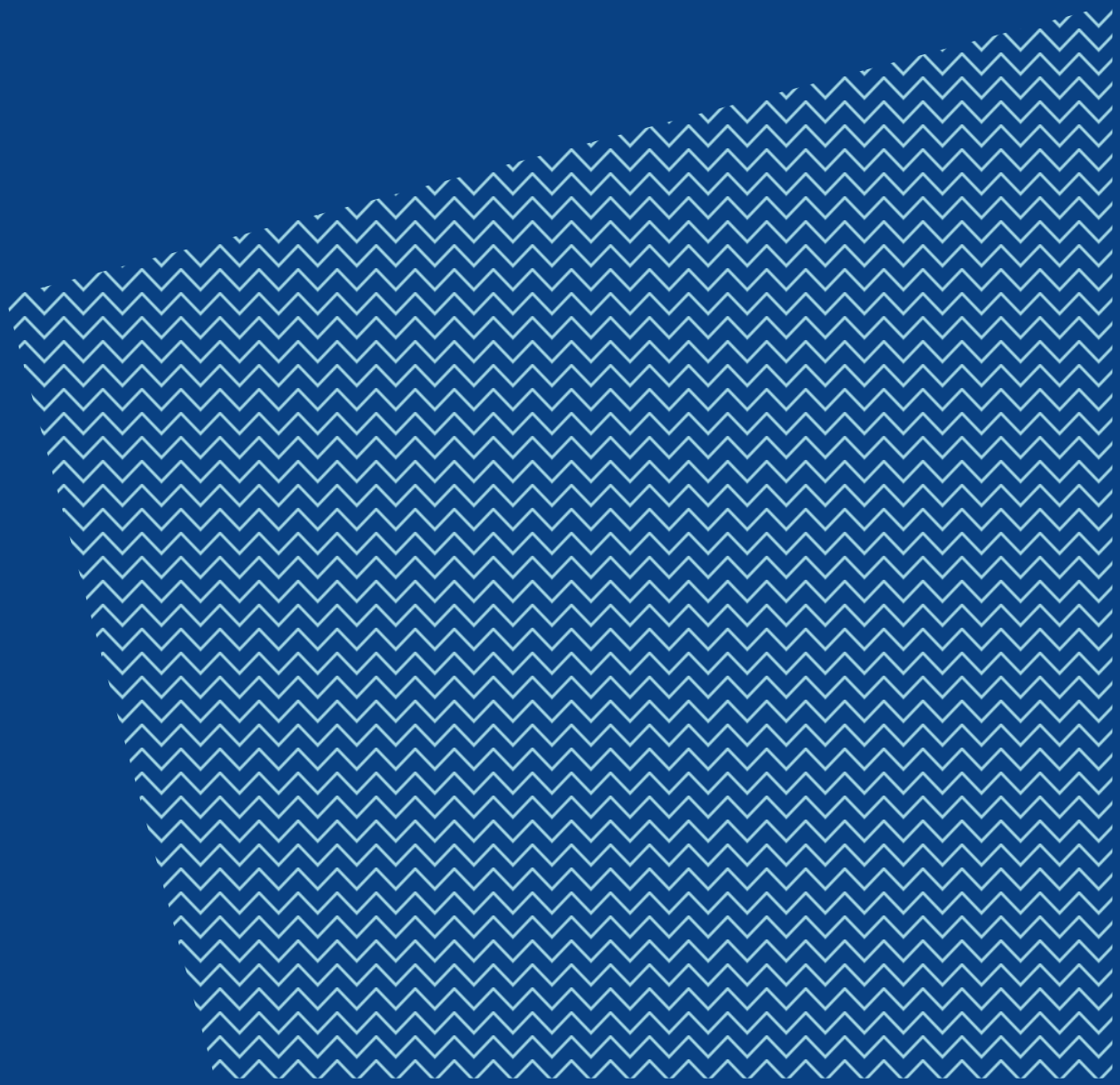
Appendix 2

Assessment rubric

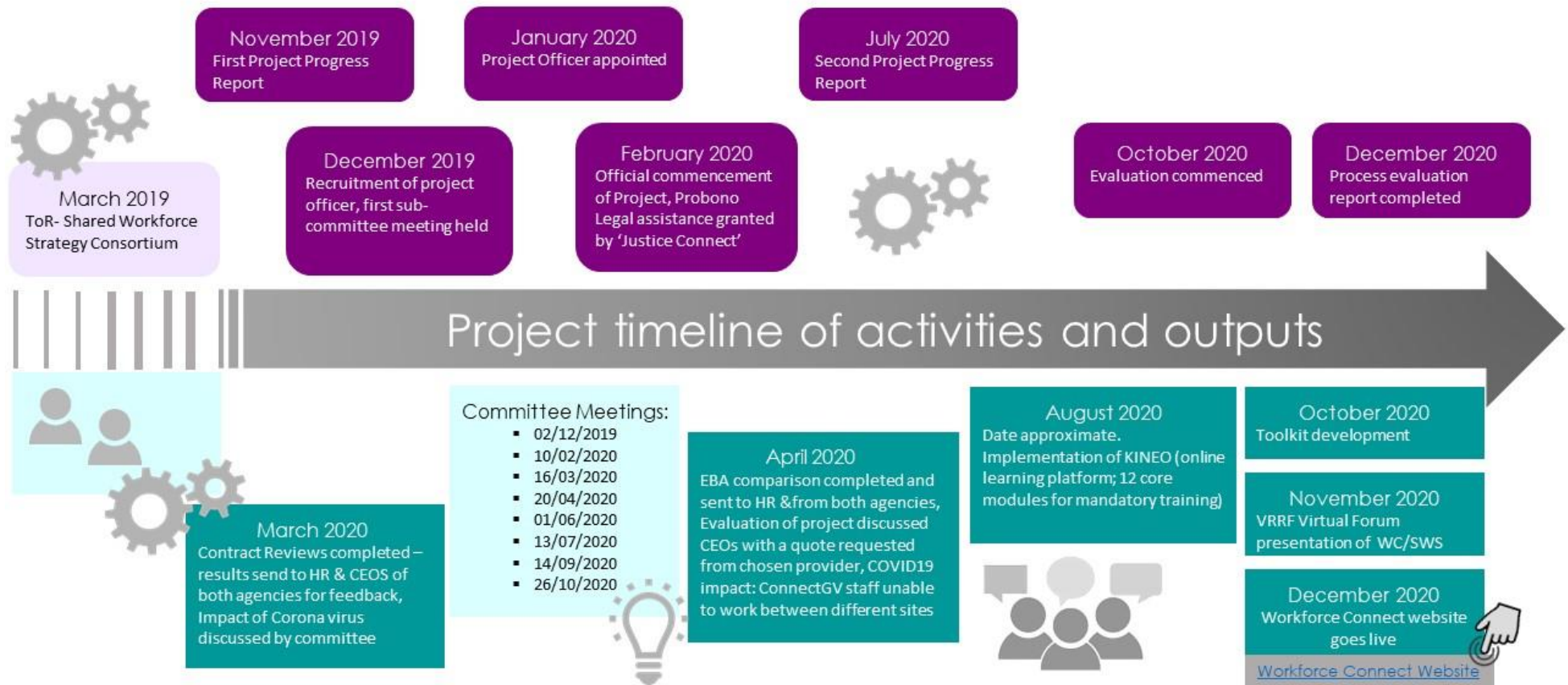| Elements examined	Rating and descriptors			Outcome
Criterion 1 **Conduct of project** Project processes, audit trail evidence available, clear documentation.	**1-2 Poor standard** Disorganised, documents inconsistent, undated and or untitled	**3-4 Satisfactory** Project evidence mostly available, organised, few gaps in documents, potentially replicable	**5-6 High standard** Strong chain of project evidence, well organised, ability for replication	6 Documents told the story or journey of the project
Criterion 2 **Relevancy of project** Relevancy of project activities against project aim and objectives	**1-2 Not relevant** Several gaps, project drift noted, aim not clear, no connection between project objectives and actions taken	**3-4 Relevant** Minimal divergence from aim & objectives, good connection between objectives and project actions	**5-6 Highly relevant** No divergence, clear and focused, connections clear between objectives and project actions	5 Activities were relevant given the exploratory, investigative requirement of objectives and subsequent actions
Criterion 3 **Stakeholder engagement** Partner involvement, stakeholder engagement and communication	**1-2 Low level** Several gaps and weaknesses in communication. Strong evidence of narrow communication with single influencing voice	**3-4 Moderate level** No significant gaps or weaknesses in communication. Some evidence of project influence from one or two dominant stakeholders	**5-6 High level** Communication was strong and clearly identifiable. All stakeholders had equal voice in decision-making	4 Some evidence of a 'louder' voice influencing the project direction.
Criterion 4 **Overall significance** Overall project significance, value or worth (to generate learning and change, or outputs leading to outcomes) for project to stakeholders	**1-2 Adequate** Poor value, minimal to no learning, no opportunities for change for improvement.	**3-4 Good** Some learning opportunities generated, some improvement changes identified	**5-6 Excellent** Significant learning opportunities generated, changes made for improvement.	6 Excellent learning opportunities generated. Overall a very valuable project for the future.
TOTAL	8 or less Criterion 1 to 4	9 to 16 Criterion 1 to 4	20 to 24 Criterion 1 to 4	21/24

Appendix 3

Timeline

Workforce Connect /Shared Workforce Strategy

March 2019
ToR- Shared Workforce Strategy Consortium

November 2019
First Project Progress Report

December 2019
Recruitment of project officer, first sub-committee meeting held

January 2020
Project Officer appointed

February 2020
Official commencement of Project, Probono Legal assistance granted by 'Justice Connect'

July 2020
Second Project Progress Report

October 2020
Evaluation commenced

December 2020
Process evaluation report completed

Project timeline of activities and outputs

March 2020
Contract Reviews completed – results send to HR & CEOS of both agencies for feedback, Impact of Corona virus discussed by committee

Committee Meetings:
- 02/12/2019
- 10/02/2020
- 16/03/2020
- 20/04/2020
- 01/06/2020
- 13/07/2020
- 14/09/2020
- 26/10/2020

April 2020
EBA comparison completed and sent to HR &from both agencies, Evaluation of project discussed CEOs with a quote requested from chosen provider, COVID19 impact: ConnectGV staff unable to work between different sites

August 2020
Date approximate. Implementation of KINEO (online learning platform; 12 core modules for mandatory training)

October 2020
Toolkit development

November 2020
VRRF Virtual Forum presentation of WC/SWS

December 2020
Workforce Connect website goes live

Workforce Connect Website

Appendix 4

Theory of Change

Workforce Connect /Shared Workforce Strategy

Framework

Shared Principles
- Relationships
- Collaboration
- Value commonalities
- Innovation

Recruitment

Shared recruitment activities
- Promote possibilities
- Attract interest
- Creativity to engage active and passive jobseekers
- Approach potential staff

Employment

Shared employment activities
- Onboarding
- Induction
- Orientation
- Build in incentivisation
- Mentoring

Retention

Shared retention activities
- Training
- Skill building
- Advancement opportunities
- Honour incentives
- Career satisfaction

Processes to make this happen: organisational MOU; respect for inter-organisational differences; fair and transparent recruitment and employment information to all employees; clear benefits for potential staff to apply and work across multiple organisations; clear inter-organisational communication; future dexterity in workforce and service provision .

WC/SWS project
Theory of Change

ConnectGV

familycare

SHEPPARTON COMMUNITY SHARE
Innovating, collaborating and building capacity

THE Bridge YoUth SERVICE

PRIMARY CARE CONNECT