ARIIA Final Grant Report

Lead Organisation Name	SA Innovation Hub Ltd
Participating Organisation/s	Kalyra Resthaven Bene Barossa Village SAHMRI Caring Futures Institute
Project Name	Interventions to Support retention of female workers aged 50+ in the aged care workforce.
Grant Amount	$160,000
Co-Contribution	$40,000
In-Kind Contribution	$245,000 + $17289.15 additional[i]

Capitalised terms have the meaning as set out in the Project Funding Agreement (Agreement) for the above Project (including any amendments or variations to such Agreement) unless expressly stated otherwise.

FINAL REPORT

Outline the progress made on the Project as a whole including specific milestones (as detailed in the Project Funding Agreement Funding Schedule). Please provide a succinct overall response to each question. Dot points are acceptable use data to support your answers where possible.

Project Management

1.How did your project track against the proposed milestones to meet its intended outcomes?

- Early project milestones were met.
    i. Formation of the Steering group
    ii. Training of the Be Well Co Facilitators
    iii. Project champions / site leads
    iv. Participant recruitment (excluding roster only)
    v. Pre evaluation sample (excluding roster only)

- Delays occurred in the roster only group, initially Barossa Village could not proceed due to workforce impacts from COVID. An amendment to transfer to the Be Well Co only cohort was approved as there was concern that limited flexibility resulting from the stable roster would place other staff at risk.

- Additional delays occurred with the Kalya Woodcroft site suffering repeated delays due to Multiple COVID impacts. The Roster only Cohort was then split across 3 Kalyra sites to reduce the pressure on impacted staff at the Woodcroft site which did cause further delay.

- The Roster Only group and matched control group commenced in sept 2023 completed on the 10th of March 2024.

- The Be Well Co interventions were delivered in a staggered way based on participant organisation timing but approximately in the timeframe. One exception was a second group run by Kalyra in response to under-recruitment in the Be Well Cohort) this additional cohort ran from June - November 2023.

- The delays of these groups (via amendment to the project) delayed the remaining milestones, which have all now been completed (with the exception of publication of the results which is scheduled in 2024)

2. Were any modifications to the project necessary? If so, please describe. What effects have modifications have on the outcomes of the project ?

- Whilst there was risk planning regarding COVID impacts with two sites in each group as redundancy, the two worst impacted sites across the project were in the same intervention group, defeating this redundancy. The Barossa Site was changed to the Be Well Co Group, to avoid unreasonable impact on staff (via project amendment) and the Kalyra cohort was spread across volunteers from 3 sites (to reduce the impact on a single site) an amendment, supporting extension of the time frame to include the group.

- A second control cohort was sought and matched with the roster group at Kalyra.

- Total recruitment was 137, the target was 160. Of these 117 had useable data from the first sample but only 77 had useable data from both the pre and post samples. Whilst a drop due to turnover was expected, this result was poorer than anticipated. This has impacted the outcomes of the project with lack of power statistically limiting some results reaching significance. Further the uneven distribution of the usable data (combined with the smaller sample size) prevented analysis comparing outcomes for the four groups using MANOVA.

- The substitution of the Quality of Life – Aged Care Consumer (QoL-ACC) Resident Quality of Life indicator (which became a mandatory indicator nationally) for the planned Personal Wellbeing Index occurred as participant organisations could not reasonably collect both. Both the PWI and the QoL-ACC are recognised validated tool to measure resident Quality of Life. Due to the timing of the national implementation of the Qol-ACC timing alignment was not ideal. The Pre-intervention data was collected in April-June 2023 and the Post-intervention data in October to December 2023. Ideally the Pre-intervention data collection would have been Jan-March 2023 but this was prior to the Qol-ACC implementation date and not possible to collect.

Project outcome

3. Describe the outcomes of the project in relation to the proposed aims?

The project was able to examine all the areas targeted except for the AWALI Scale. Due to a collection system error there was no useable data for the AWALI Scale.

Unfortunately, various data issues (e.g. the uneven and low sample sizes) lead to significant issues for the overall analysis. As such, the data only allows us to explore patterns and look for trends in the data for groups independently, rather than draw any definitive conclusions. Of the 137 initial participants ultimately only data from 77 could be used. This was due to turnover, failure to complete the second survey or incorrect / incomplete data eliminating the others from the analysis.

Even with these limitations some significant results were reached:

Mixed linear model analysis:

- Mental Wellbeing for the Be Well intervention group increased in a highly significant way (p=0.003)
- The Be Well Group also has significantly improved emotional exhaustion scores between pre to post (p=0.013)
- Turnover intention for the roster intervention group showed a noticeable difference following the intervention but due to limit power just failed to reach significance (p=0.06)

Mean difference Analysis (ANOVA)

- Turnover intention for the (Roster Only + Roster with Be Well) vs (Be Well and Control) showed a noticeable difference. Turnover Intention was significant ($F(91,75) = 6.720$, $p = 0.011$) such that turnover intention went down on average for the roster intervention group (mean -3.82) and up slightly for the non-roster group (1.06). These findings must be taken with caution as indicators only due to the issues with statistical power.

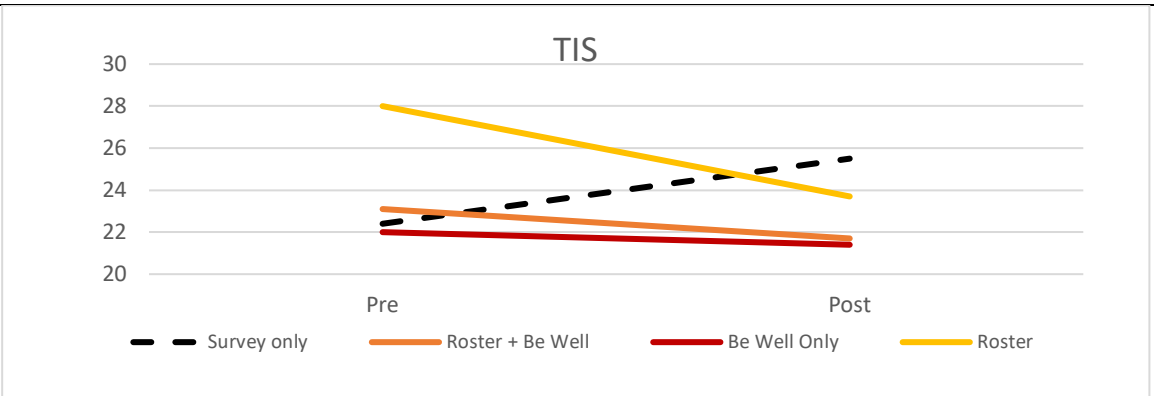
Reviewing the results for each of the proposed outcomes.

Outcome 1. Reduced turnover and intention to leave indicators (using Turnover intention scale+ Organization turnover data)

Turnover Intention (Turnover intention scale)
Turnover intention shows a different direction for the survey only group (deterioration) compared to the Be Well groups (similar scores) and the Rostering only group (improvement). The rostering only group change from pre to post just failed to reach significance (p=0.06).

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only			Roster _ Be Well			Be Well only			Roster Only	
	Difference	SE		Difference	SE		Difference	SE		Difference	SE
TIS	3.04	1.73		-1.37	2.11		-0.64	1.38		-4.28	1.94



Mean differences in outcomes by group

	Control group	Well-being & roster	Well-being only	Roster only	TOTAL
Turnover Intention Scale	2.9	-2.25	-.21	-5.00	-.71

NB: N=77. Complete data analysis. Negative indicates decrease at timepoint 2, positive indicates an increase at timepoint 2.

We ran an ANOVA comparing those that has the roster intervention (roster only plus the group that had both interventions) with those that didn't have the roster intervention (well-being only and control group) with the dependent variables as the difference between time 2 and time Turnover Intention was significant (F (91,75) = 6.720, p = 0.011) such that turnover intention went down on average for the roster intervention group (mean -3.82) and up slightly for the non-roster group (1.06). These findings must be taken with caution as indicators only due to the issues with statistical power.

Organisation turnover (intervention sites)
No conclusive outcome was found with wide variation at the sites participating. This is not surprising given the relatively small number of total staff participating in the interventions from each site and the data examined related to all employees at the location.

Change is site turnover ranged from 18% reduction in turnover to 11% increase in turnover rate with no meaningful pattern associated with the interventions.

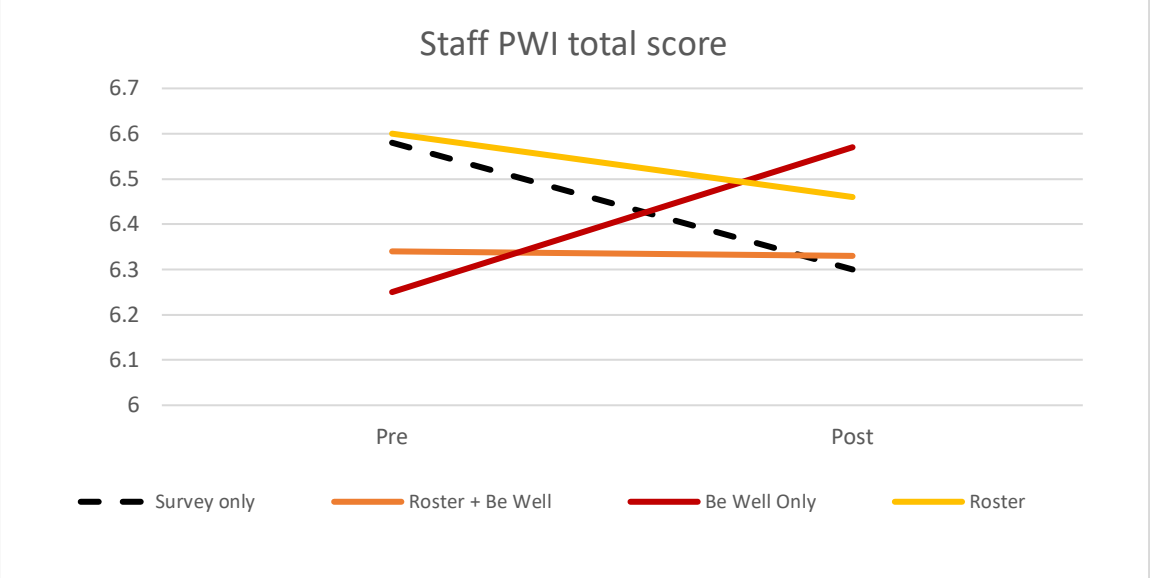
Outcome 2. Improved Quality of Life outcomes of staff participating (Personal Well Being Index)

Data was of insufficient power to demonstrate significance.

Data suggested an improvement in Quality of Life but with insufficient power to reach significance. It is interesting to note that the Be Well and Roster + Be Well showed positive (Be Well) and Neutral (Be Well + Roster) difference, with the Survey Only group showing the strongest negative difference.

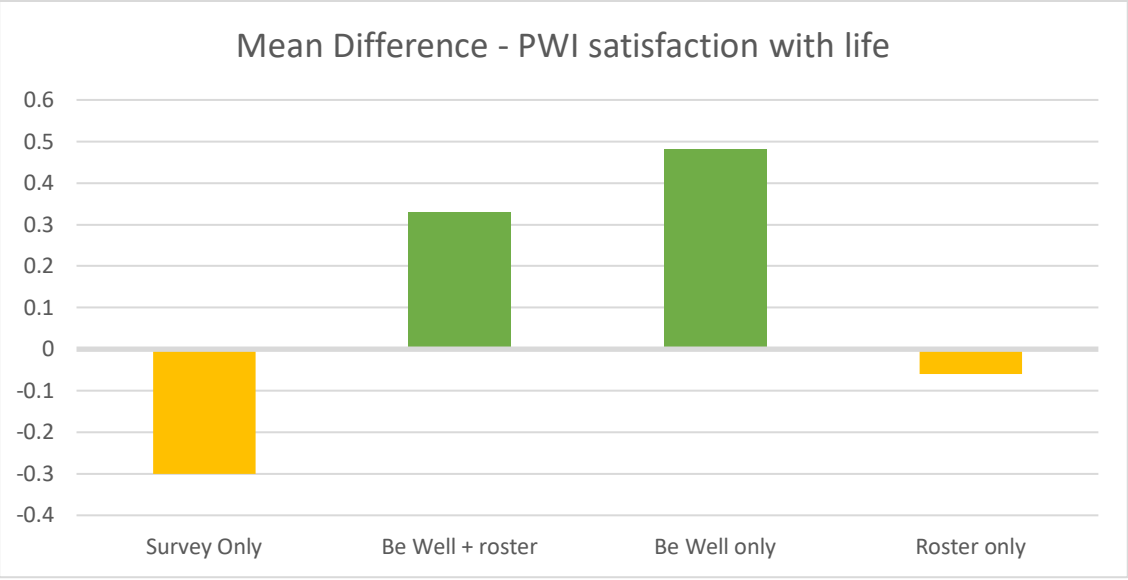
Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
PWI total	-0.28	0.26	-0.01	0.32	0.33	0.21	-0.13	0.29



Mean differences in outcomes by group

	Control group	Well-being & roster	Well-being only	Roster only	TOTAL
PWI satisfaction with life	-0.30	0.33	0.48	-0.06	0.14



The Mean Difference shows a trend with those participating in the Be Well Co and Be Well + Roster Groups showing increases in PWI Satisfaction with life vs the Control Group that showed a decrease. Roster only also showed a minor decrease (less than the control group)

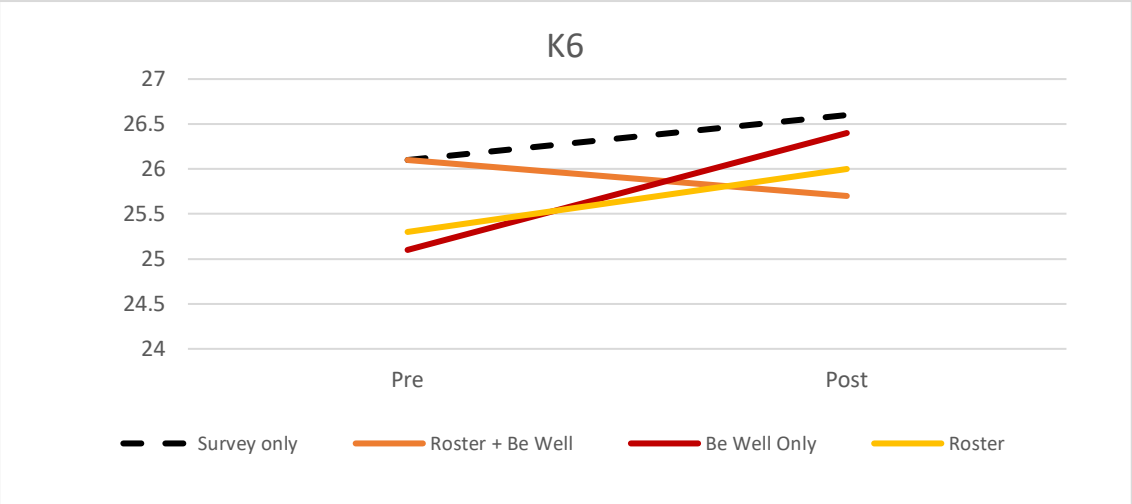
Outcome 3. Reduced psychological distress experienced by staff in the workplace (K-6)

Data was of insufficient power to demonstrate significance.

Against expectations all groups except the Roster + Be Well group showed increased k6 scores through the project. The Roster + Be Well started with a similar score as the control group (highest) and ended with the lowest score of all the groups.

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
K6	0.50	0.81	-0.47	1.00	1.33	0.65	0.68	0.90



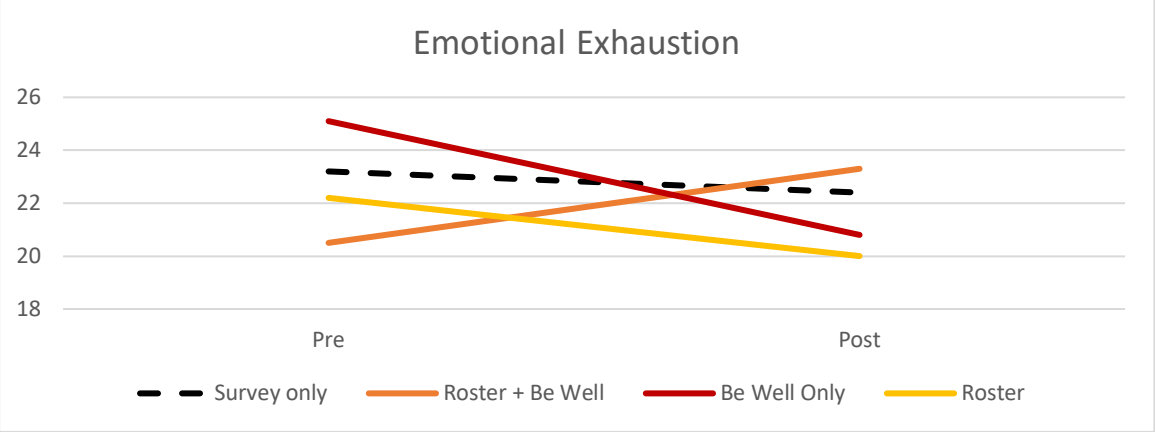
Outcome 4. Reduced emotional exhaustion/ Burnout (Maslach Burnout Inventory & sub scales)

Emotional Exhaustion

Regarding emotional exhaustion, the Be Well group significantly improving from pre to post (p=0.013) showing reduced emotional exhaustion associated with burnout risk.

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
Maslach Emotional Exhaustion	-0.87	2.11	2.77	2.63	-4.32	1.71	-2.2	2.37



The Be Well only group showed a significant improvement in emotional exhaustion (reduced experience off burnout), the roster only group also showed (non-significant) improvement greater than the control group. The Combined Be Well + Roster intervention showed a non-significant deterioration (increased experienced burnout).

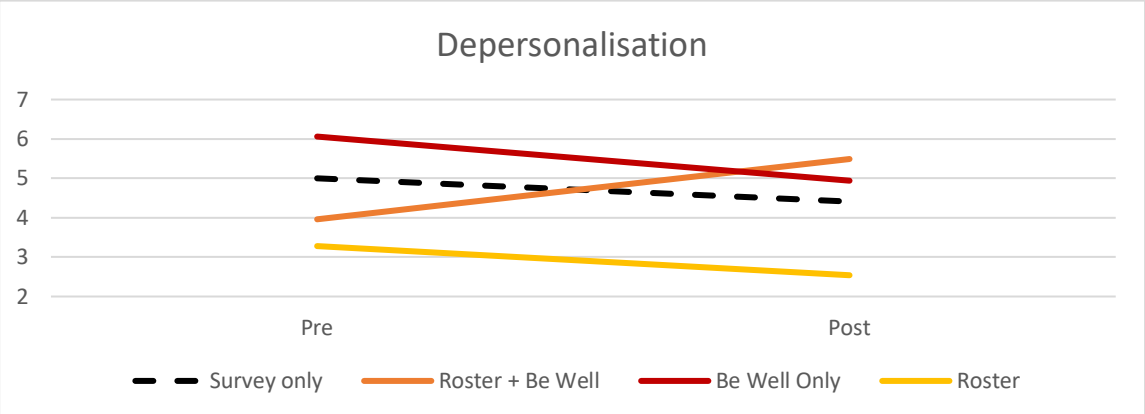
Depersonalisation

Data was of insufficient power to demonstrate significance.

The Be Well, Roster and Control groups showed a similar relative decrease in Depersonalisation (non-significant improvement) with the Be Well + Roster Group again showing an increase (deterioration).

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only			Roster _ Be Well			Be Well only			Roster Only	
	Difference	SE		Difference	SE		Difference	SE		Difference	SE
Maslach Depersonalisation	-0.59	1.08		1.53	1.33		-1.1	0.86		-0.73	1.21



Accomplishment

Data was of insufficient power to demonstrate significance.

The Be Well and Roster groups showing fairly stable accomplishment and the Control and Roster + Be Well showing reduced sense of accomplishment (suggesting increased risk of experienced burnout)

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
Maslach Accomplishment	-2.55	1.98	-2.18	2.40	0.11	1.57	-0.47	2.21

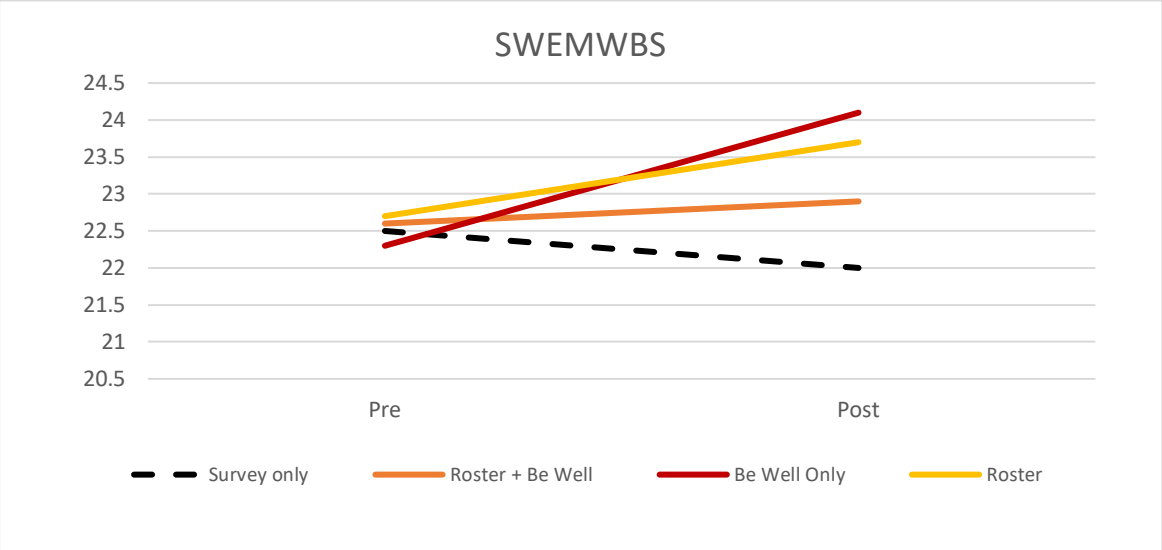
Outcome 5. Improved positive Psychology Indicators for participants (Warwick Edinburgh Mental Wellbeing Scale)

Data was of insufficient power to demonstrate significance.

All intervention groups showed an increase in positive Psychology with the Be Well group being the strongest from the lowest pre score to the highest post (non-significant). In contrast the Control Group showed a decline.

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
SWEMWBS	-0.44	0.76	0.22	0.92	1.83	0.60	1.07	0.85



Indicators of Minimally Important Differences

Considering the difficulties the project has with reaching sufficient power for group analysis, additional analysis strategies were considered.

Another way to determine the impact of programs is to look at the change *within* individuals over time, rather than relying on comparing groups. Measurement scales often come with guidance on a 'minimally important difference' (MID) to indicate whether a certain change over time reflects a difference that suggests meaningful improvement or deterioration. For this study, guidance on MID's were present for the Warwick Edinburgh Mental Wellbeing Scale SWEMWS, providing both a lenient (1 point difference) and conservative (3-point difference) MID. The rates show that for each of the three 'intervention' groups, the percentage of people with rates of improvement were higher, both for the lenient and conservative MID's. Looking at deterioration, data shows lower rates of deterioration for the Be Well group compared to the other three groups with the control group showing the greatest deterioration.

	1 point MID (Lenient)			3-point MID (Conservative)	
	Improvement	Deterioration		Improvement	Deterioration
Survey Only	7 (35.00%)	6 (30.00%)		1 (5.00%)	3 (15.00%)
Be Well + Roster	5 (41.67%)	4 (33.33%)		3 (25.00%)	1 (8.33%)
Be Well	16 (55.17%)	3 (10.34%)		9 (31.03%)	2 (6.90%)
Roster Only	9 (56.25%)	4 (25.00%)		3 (18.75%)	3 (18.75%)

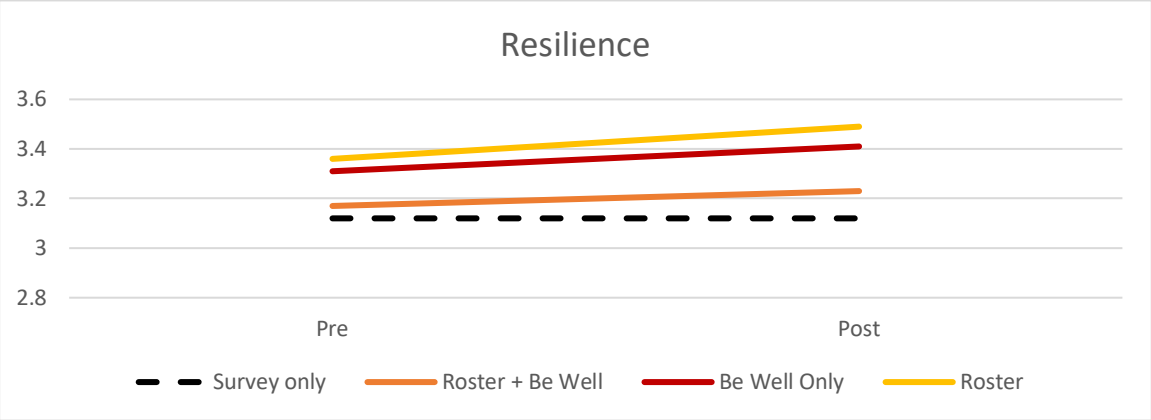
Outcome 6. Improved resilience for participating staff (Brief Resilience Scale)

The Data lacked power to reach significance.

The trend suggests that all three intervention groups showed a relative increase in resilience vs the control group that showed no change.

Table 1. Difference scores and Standard Errors for each of the four conditions on all measured outcomes.

	Survey Only		Roster _ Be Well		Be Well only		Roster Only	
	Difference	SE	Difference	SE	Difference	SE	Difference	SE
Resilience	0.00	0.88	0.05	0.11	0.10	0.07	0.13	0.10



Outcome 7. Improved work life balance outcomes (AWALI scale)

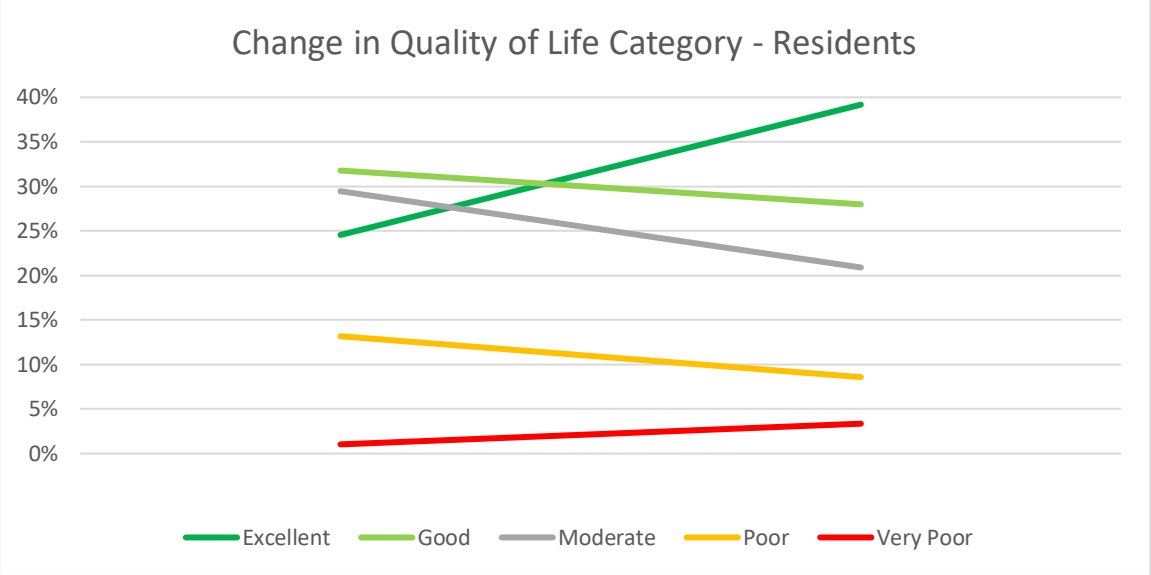
Due collection system errors no useful data can be reported on this outcome.

Outcome 8. Measurement of Resident Quality of Life (PWI)

This measure was modified to use the mandatory Quality of Life – Aged Care Consumer (QoL-ACC) Quality indicator that was introduced by the Federal Government following the application (and similar to the intended Personal Wellbeing Index is a recognised validated indicator of resident Quality of Life.)

Utilizing the April and October 2023 sample for participating sites a clear pattern of increased Quality of Life outcomes occurred. Previous work by the SA Innovation Hub had identified the likelihood of interaction between Staff Quality of Life Outcomes and Resident Quality of Life Outcomes, though causality has not been established.

Utilising the National Reporting framework of Excellent, Good, Moderate, Poor and Very Poor, we saw a generalise improvement at the sites with Roster, Be Well or Roster + Be Well interventions. Figures represent all respondents for the site. (Pre n= 387 Post n=268)



Overall a trend of increased QoI outcomes occurred at all intervention sites, with consistent migration to the Excellent category (+15%) from the Good (-4%) , Moderate (-9%) and Poor(-5%). It is also important to note the small increase in Very Poor outcomes (+2%) also occurred.

This is an encouraging result, with positive quality of life change for people receiving care at the intervention sites. The project had hoped to compare these results against national data for the indicators, but this data is not currently published at the time of this report. As a result, it is not possible to determine if the improvement is related to the intervention. Subsequent work to compare participating organisations other sites (not involved in the project) over the same time period is being considered should publication of national data not forthcoming.

More research is needed on the association between Staff Quality of Life / Staff Positive Psychology / Staff Experience of Burnout and potential impacts on Residents' experience of care and their reported Quality of Life outcomes.

Outcome 9. Support publication by SAHMRI and Caring Futures Institute of the findings of the project.

Due to the limitations of findings resulting from the lack of statistical power, alternatives to peer reviewed publication are being considered as in the opinion of SAHMRI and the Caring Futures Institute Key Project Personnel an article on these results is unlikely to be accepted for publication.

These may include:

- Inclusion of the results in the Flinders University research roundup newsletter
- Access to the results on the SA Innovation Hub Website
- Working with ARIIA Knowledge Hub to find an appropriate means to distribute the information.
- Addition of the research report as open access on the Flinders University Repository (Research Now)

Outcome 10. Increase capacity to effectively support workforce across the SA Innovation Hub

The project has resulted in;

- 6 Facilitators working in Aged Care organisations being trained to deliver the Be Well Co program (4 Funded by the grant, 2 additionally funded by participating organisations)
- Capacity to offer stable rosters (modification of in-house rostering systems) have been developed in 3 organisations.
- Development of the Implementation guide to assist others to implement the interventions.

Conclusions

Overall, there is some evidence the interventions did have increased positive impact for groups and individuals. Trends for non-significant data suggest that further positive outcomes could be demonstrated in further studies with larger sample size.

The project had hoped to examine if the combination of the Be Well + Roster intervention may have had a cumulative effect but variability in outcomes for the combined group and limitations to analysis methods available for comparison between groups leaves this unanswered and requiring further research.

The project was constrained in scale due to budget limits and a range of real world impacts that reduced and created variability in sample size to a greater extent than anticipated.

Regardless of this limitation the organisations involved and the 137 staff that participated have benefited and are a step closer to achieving long term, rewarding and sustainable careers in aged care for the key workforce group of female workers over 50. With learnings and implementable strategies that can be adapted and applied to investigate supporting the sustainability of the wider aged care workforce.

4. What outcomes has this project had on the aged care workforce in your organisation, other organisations, and other participating organisations and individuals?

The project has been worthwhile. The process itself of engaging with staff and People and Culture teams with a focus on supporting long term enjoyable and sustainable careers in aged care for 50+ female workers has in itself shown the benefits of recognising and communicating the valuing of staff within the organisations.

Direct benefits for participants were demonstrated with significant improved Mental Wellbeing and Improved emotional exhaustion outcomes for the Be Well group. The data also suggests the possibility of reduced turnover intention for the Roster group, but this did fall short of significance due to lack of power in the Mixed Linear model. Positive turnover intent did reach significance in the Mean difference Analysis ($p=0.011$) for the combined Roster Only + Be Well and Roster group. Caution is needed due to limited statistic power.

The anecdotal feedback from the Be Well Co participants and been overwhelmingly positive and similarly the Facilitators within the Hub Member Organizations that have been trained to deliver the program valued the training and delivery stages highly.

The demonstration of the value of roster stability for intention to leave is valuable for the sector. Economic and regulatory pressure towards a flexible and casualised workforce were noted in the initial research. The incremental impact of these pressures on staff were also reflected in the research with identification by front line workers of unstable rosters being a primary concern.

Implementation of stable rosters (for those that wish to have them) offer an implementable technique to support the retention of staff.

Based on previous research, and the limited results offered in this pilot, the Be Well Co program offers an active intervention to support individuals, team or sites at risk of burnout or as a positive prevention measure to avoid that risk. The potential to improve Quality of Life and support Positive Psychology outcomes offers value to providers seeking to support positive cultures of care and sustainability of long-term careers in aged care.

Further learnings from the project:

- the adaption of organisations internal rostering processes to better support stable rostering,
- the importance of the support of site leadership and peers to allow staff to work on their wellbeing.
- The collaboration between People and Culture Teams across organisations has also been of value with collective solutions to the challenges of implementing the project and the exchange of better practice.
- The value of recognising and communicating the importance of staff by taking action to improve the experience of long-term careers in aged care.

5. What dissemination of the outcomes has already occurred? What future dissemination is planned, please include a timeline?

- The Project Implementation Guide is available on the SA Innovation Hub Website
- Plans to present project outcomes at the next Governance Session (~June 2024) to Boards of Hub Organisations and other aged care organisations
- Plans to present to the project to People and Culture Teams across the Hub along with access to the implementation guide and group pricing negotiated with SAHMRI and the completed training of 6 BE Well Co Facilitator across 4 Hub organisations to support wider implementation. (June 2024)
- Providing support to Caring Futures Institute / SAHMRI on distribution of the results. (2024)
- Promotion of the findings on the SA Hub Website (June 2024)
- Summary of results to Participants (May 2024)

6. Describe any resources that have been developed during the project. How are these resources available to the sector?

- The Project has developed an implementation guide that includes guidance on how to implement the interventions and lessons learned based on the adaption of the project during the implementation of the project. This guide is available to the sector via the SA Innovation Hub Website

- The SA Innovation Hub is an open organisation, and we welcome new member organisations that meet the membership criteria. As an Aged Care Community of Practice, the SA Innovation Hub shares the living knowledge of its projects, including this project, with new members through working with the staff and the sites where innovation has been implemented to learn hands on and with peer support. I encourage any Australian Aged Care organisation to contact the SA Innovation Hub if they are interested in joining the Community of Practice.

7. Describe any plans for ongoing funding, expansion, modification, or replication of the project.

- The SA innovation Hub has worked with SAHMRI to negotiate a group price to allow all 9 Hub member organisation to access the Be Well Co Service at a group price. All 4 participating organisations have expressed intent in expanding the use of the Be Well Co program and non-participating members of the Hub have expressed interest and are awaiting results from this project to make an evidenced based assessment.

- 6 Be Well Co facilitators have been trained within the 4 Hub organisations with a view to being able to implement the program beyond the project with in-house capacity to do so.

- Presentation to the People and Culture teams and Board Members of Hub organisations are planned to outline the results of the project.

- Development of the Implementation Guide will assist non-participant Hub members and other organisations to implement the Be Well Co or Roster interventions as a practical guide.

Implementation

8. What were the greatest enablers in the implementation of this project?

- The support from site coordinators (a staff members at the trial location with responsibility for championing the project and supporting participants) has been vital with an informed staff member at each location able to lead the project and rapidly communicate the progress or potential improvements and barriers that were not foreseen. Whilst this was at times impacted by turnover of management staff, the ability to work with a person on site and coordinate the logistics and information provide important.

- Feedback and adaption from the participating sites refined the process of implementing with this feedback from site coordinators or the People and Culture managers on the working group assisting implementation for subsequent sites.

- Communication of the intent to support workers through the project, by managers, Be Well Facilitators, Site Project Coordinator and directly by the CEOs assisted in building awareness and willingness by staff to contribute significant personal time to be involved in the project.

- Involvement by SAHMRI and the Caring Futures institute to rapidly identify and compile a series of validated tools, design methodology and to complete the analysis brought far greater expertise to the project than could have otherwise been achieved.

- The resilience and adaption of the participating 4 organisations that was coordinated through the project working group model. Significant COVID Impacts leading to change of intervention group at one site and splitting of one group from an impacted site to 3 (including the original) to spread the extra load increasing the sites involved. An additional Be Well Group with control group was also adaptively included to try to increase sample sizes. Overall, the willingness and ability of the group to adapt to the challenges or real world research was very valuable.

9. What were the greatest challenges during the implementation of this project?

- Coordination across the 9 sites involved and SAHMRI / Caring Future Institute was a challenge simply due to scale. The inclusion of Site Coordinators and the dedication of the working group to coordinate the project made it possible but more coordination than anticipated was needed, particularly around adaption during the project.

- In particular, the turnover of People and Culture Managers at two of the participating organisations (providing no management link for the project for period) and loss of site project coordinators did pose significant additional challenges in project coordination.

- Impacts of COVID were significant, placing site workforces under additional load (and reduced capacity) did lead to delay and change. The redundancy built into the project assisted but unfortunately the most severe impacts occurred in the same intervention group in the sample with both sites in the Roster Only group being significantly impacted.

- Coordination of Data and maintaining confidentiality through SAHMRI utilising their participate data collection system did prove to be a learning. Whilst the SAHMRI survey system was a huge advantage to collection and storage of the project data, the delays and inaccessibility did impact on the ability to follow up groups in a timely manner to maximise response rates. This resulted in blanket rather than targeted follow ups for survey completion.

- The error in the inclusion of the AWALI scale in the participant survey system was not detected until after the data collection period and resulted in no useable data being collected for that scale.

- Whilst participation rates did not reach the target initially and an additional Be Well Group with control were added to strengthen those numbers, the useable data numbers were disappointing. The project had hoped to have sufficient data to compare the four groups via MANOVA but had insufficient and uneven samples within the groups to allow it limiting results. Further, of the 137 participants 117 had valid data from the first sample and

only 77 having valid data for both Pre and post which was lower than anticipated.

10. Was there anything unexpected that improved or detracted from the implementation of this project?

- The positive response by staff trained to deliver the Be Well Co Program was stronger than expected. Their enthusiasm for the quality of the training and the resources they would be delivering had a very positive impact with their delivery and enthusiasm of participating staff.

- Use of the SAHMRI participant data collection system offered a flexible, participant friendly and highly accessible data collection tool.

- The willingness of the participant organisations to fund 2 additional Be Well Co Program facilitators was an unexpected advantage and an unforeseen in-kind contribution.

- The turnover of Staff involved in the coordination of the project was greater than anticipated. This did impact on coordination and the two-level approach of the working group and site coordinator provide invaluable in making the project robust.

- The impact of turnover, delay, COVID impacted staff participation, in incorrect / incomplete data from participants was greater than expected. This combined with achieving 137 participants of the target 160 resulted in an uneven and reduced sample size that limited analysis between groups and created challenges on to analysis due to limited power.

11. What would you do differently next time

- The project was ambitious looking to compare the 4 groups within the available budget. Whilst there is significant value in what was learned, aspects will need further investigation to get definitive results due to limitation on sample size and distribution. In future projects we will consider project robustness and sensitivity to external impacts based on the learnings from this project.

- The loss of the AWALI Scale data set was unfortunate. The error occurred in the transfer from the testing to live environments. Given testing was done in the test environment to minimise the potential of this type of issue this is a difficult aspect to improve prevention on. But will be considered for future projects.

- Closer work and integration with the SAHMRI Data and the Project team might have allowed better collaboration around faster, site-based feedback on data collection and targeted communication for follow up to participants which may have boosted response rates. In part protection of participant confidentiality caused this conservativeness (ensuring separation of potentially sensitive participant responses information from employers). In hindsight this could have been refined to allow follow up without any risk to participant confidentiality.

- Future implementations will used the "evolved" processes learned through iteration during the project that offered a more streamlined implementation. These and other learnings are outlined in the Implementation Guide from this project.

Complete the Project expenditure summary (in line with the Agreement Funding Schedule) as at the date of this report. Also provide details of the proposed acquittal of any unexpended funds.

Source	**Committed Amount (ex GST)**	**Expended Amount (ex GST)**	**% Expended against Committed**
Funding from Flinders	160,000	160,000	100
Lead Organisation Co-Contribution	40,000	40,000	100
Participating Organisation Co-Contribution [insert name if applicable]			
[insert others]			
TOTAL	**$200000**	**$200000**	**100**

DECLARATION

- I have the authority to make this declaration on behalf of the Lead Organisation and Participating Organisation/s;
- The information disclosed in this Final Report together with any statement attached, the financial acquittal and all other information provided to the Aged Care Research and Industry Innovation Australia in relation to this report, is, to the best of my knowledge, true, accurate and complete;
- I will notify the Aged Care Research and Industry Innovation Australia of any changes to this information and any circumstances that may affect the information contained in this Final Report;
- The Funding and the Co-Contribution were expended only for the purpose of the Project and in accordance with the Agreement;
- The Lead Organisation and Participating Organisation/s have complied with the Agreement; and
- I understand that Flinders University is subject to the *Freedom of Information Act 1991 (SA)* and that if a Freedom of Information request is made, Flinders University will take all steps reasonably practical to consult with the Lead Organisation before any decision is made to release this report or supporting documentation.

Lead Organisation Key Personnel Name	Simon Charlton
Lead Organisation Key Personnel Title	Executive Officer
Lead Organisation Key Personnel Signature	
Date	2-5-2024

[i] An additional $7,289.15 in-kind EO time for the project extension from Nov 2023 – April 2024
An additional $5,000 was expended by Kalyra + Barossa Village to train additional Be Well Co Facilitators that took part in the project (but were not funded by the grant) totalling $10,000.