Worksheets

QUALITY JOBS
QUALITY CARE

Engagement
worksheets

QUALITY JOBS QUALITY CARE

Engagement Tool 1: Interviews and focus group worksheet

Interviews and focus groups are an effective method to gain workers' (care workers, clinicians, managers and other staff) input and feedback on the priorities, the design and evaluation of a small scale change. This tool provides a guide to how job quality interviews were conducted with workers as part of the Quality Jobs Quality Care project.

This worksheet will help you to:

- develop an interview protocol to engage with workers on job quality issues in their workplace

- access and share useful background information on job quality in the aged care sector

- identify what data might be useful to collect on participant characteristics.

You can use this worksheet to:

- work through the tools to plan and conduct your interviews or focus groups

- use the information collated to inform the relevant stage of the small scale change, and to demonstrate who participated.

Tip:

Conducting interviews or focus groups is a specialised skill. It may be helpful to engage an expert to help you with this (e.g. a researcher or consultant). Useful advice and guidance on conducting interviews and focus groups can be accessed online, including the following resources.

Resource:

How to conduct a focus group

Produced by Monash University for Higher Degree Research Students

http://www.monash.edu.au/lls/hdr/develop/4.2.2.html

Resources:

When should I use focus groups and Top ten tips for great focus groups.

- two useful free resources designed for the novice facilitator.

http://www.theexperiencebusiness.co.uk/training-and-cpd/audience-insight/

Example interview/ focus group protocol on job quality

Background:

Care workers and managers were asked to participate in focus groups to maximise the opportunity for interaction and debate on the issues underpinning quality jobs and care. Individual interviews were offered on request. Group interviews took around 1 hour to allow all participants an opportunity to contribute. Individual interviews took up to 30 minutes.

Preparation:

- Project officer distributed invitation email to target group 2 weeks in advance of nominated date(s) and time(s) of interviews. The email included an information sheet.

- Potential participants were forwarded a follow-up email.

Focus group protocol
(timing altered for individual interviews):

Introduction (5 minutes)
Refer to QJQC project description [Link]

- Welcome to participants
- Introduce interviewers
- Provide overview of activity being informed by the interview findings
- Outline session format
- Discuss and confirm consent and confidentiality

Initial scoping questions (15 minutes)
Refer to: Developing Job quality benchmarks in Australia Aged Care Services: Table 2 [Link]

1. What is the 'real' work/major priority in care workers' jobs?

2. How do these priorities affect quality of jobs or quality of care?

3. How are care workers involved in making decisions about their work?

4. What sort of worker is valued in your organisation/in the aged care sector generally? What behaviours are rewarded? Examples?

5. What, if anything, would you like to see change?

Job Quality presentation (5 minutes) and questions (10 minutes)

Refer to: Developing Job quality benchmarks in Australia Aged Care Services: Table 2 [Link]

What do you think about the key job quality/job satisfaction issues reported by care workers in the national census? Any surprises?

1. What do you consider to be the key job quality issues for care workers in your service?

2. How well are you/your service addressing job quality issues for care workers?

3. How could improvements be achieved? What would need to change and how? How would you know whether these changes were effective?

4. How would these changes to job quality affect clients?

Care Quality presentation (5 minutes) and questions (10 minutes)

Refer to 'Client Perspectives on Care Quality' information sheet (see below)

1. What do you think about the themes identified by clients? Any surprises?

2. How do these findings reflect the quality of care provided in your services?

3. How well do you believe you are meeting clients' quality care needs in your service?

4. How could improvements be achieved? What would need to change and how? How would you know whether these changes were effective?

Final question (5 minutes)

1. Is there anything else you would like to say about the quality of care workers' jobs or the quality of the care they provide that we have not already covered?

Close (5 minutes)

• Thank participants for their time and insights

• Address any concerns or key issues that arose

• Discuss next steps, including how findings will be reported back to participants and the broader workforce.

QUALITY JOBS
QUALITY CARE

Engagement Tool 2:
Example protocol for collecting participant demographic information

1   **INTERVIEW / FOCUS GROUP DATE AND TIME:**

2   **SERVICE TYPE IN WHICH YOU WORK:**

Residential ☐   Community ☐

3   **JOB ROLE/TITLE:**

Care worker ☐   Clinician ☐   Manager ☐

OTHER: ☐

4   **CONTRACT TYPE:**

Casual ☐   Permanent ☐   Fixed term ☐

5   **AVERAGE HOURS WORKED PER WEEK:**

6   **TIME WORKING IN YOUR CURRENT JOB:**   years ☐   ☐ months

7   **TIME WORKING IN THE ORGANISATION:**   years ☐   ☐ months

8   **TIME WORKING IN AGED CARE INDUSTRY:**   years ☐   ☐ months

9   **HIGHEST EDUCATION LEVEL ACHIEVED:**

High school ← year 12	Year 12	Certificate 3 or 4	Diploma	University degree
☐	☐	☐	☐	☐

10   **AGE:**

<20	20-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	60+
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

11   **GENDER:**   Female   Male

12   **COUNTRY OF BIRTH:**

Australia	NZ	UK	Africa	India	Indonesia	Philippines	Vietnam
☐	☐	☐	☐	☐	☐	☐	☐

OTHER: ☐

Engagement Tool 3: Plan for the process of engagement

WORKER AND OTHER STAKEHOLDER GROUPS	ENGAGEMENT ACTIVITIES	TIME POINTS FOR ACTIONS	WHAT WILL SUCCESSFUL ENGAGEMENT/ COLLABORATION LOOK LIKE?	RISKS/POTENTIAL PROBLEMS	STRATEGIES TO MANAGE RISKS
E.g. New care workers	Focus groups, staff meetings, education and training, newsletters, emails, meeting minutes	Prior to commencement, at mid-point, and end of small scale change	All new care workers have knowledge of and are active participants in the new mentoring model	Confusion about the two mentoring roles buddy mentors (orientation) and specialised care mentors (ongoing)	Promote both roles and provide examples of how they differ e.g. buddy mentors orientate new care workers for the first two weeks

Engagement Tool 4:
Plan for stakeholder engagement

Who is being engaged? _____

KEY MESSAGES:

This section is filled in **before** you start engaging with stakeholders, to encourage clear communications from the outset about why and how stakeholders will be engaged.

What are the issues to be discussed?

What is the process of engagement?

How will final decisions on action will be made?

How will the final decisions be communicated?

VIEWS

This section is filled in **during/after** you engage with stakeholders to document stakeholder views on the proposed small scale change and the process of engagement.

Stakeholder views: what are the issues?

Stakeholder views: of the above issues, what should be prioritised?

Stakeholder views: how should it be done?

Stakeholder views: how will they be involved (or not)?

Stakeholder views: what are the best ways to exchange information and feedback throughout the change process?

REVIEW AND RESPOND (initial)

This section is filled in after your initial engagement with stakeholders to review information, ideas and feedback; record decisions made and reasons for them; and to communicate decisions made and actions to be implemented.

Review: stakeholder feedback to be actioned

Review: stakeholder feedback to be noted, but not actioned (and why)

Respond: how will stakeholders be informed of the decisions (when and by whom)?

**REVIEW AND RESPOND (continuous)**

This section is filled in during and on completion of the change process to ensure a continuous flow of information to and feedback from stakeholders.

Respond: inform stakeholders about key activities and progress

Review: seek further input/feedback from stakeholders on the change (what's working, what's not, what should be changed)

Respond: communicate what actions (or not) resulted from input/feedback

Respond: communicate final results to stakeholders (what worked, what hasn't worked, what will be sustained)
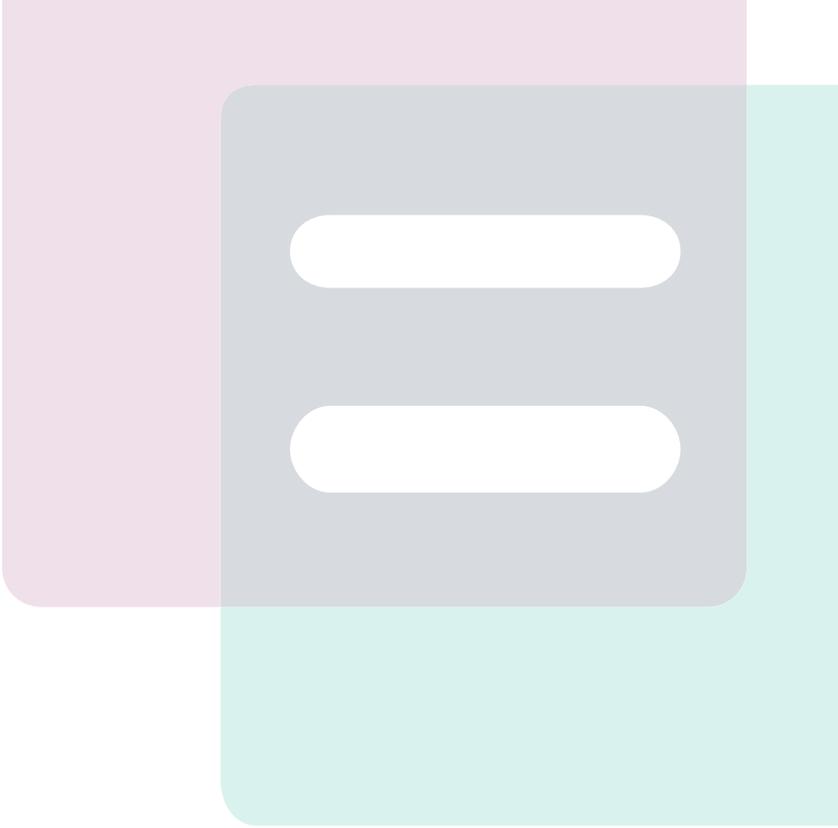
Engagement Tool 5: Job quality survey measures worksheet

This resource provides survey measures of key employment conditions, job demands and resources, and outcomes (turnover intention, wellbeing). Survey items are from the 2012 National Aged Care Workforce Census and Survey (NACWS). This resource is divided into three parts.

Section 1: List of NACWS items measuring various aspects of job quality and a selection of outcomes

Section 2: NACWS data for each survey item to benchmark survey results against the national average for Community care Workers and personal care attendants in the Australian aged care sector (data source for other occupations provided).

You can use these resources to:

- include these survey items in your own survey of job quality in your organisation as a whole or with particular workers (care workers, clinicians, managers and other staff) as participants in a small scale change

- compare the average scores on these items from workers to the national average (NACWS data) to identify areas in which your organisation rates higher or lower than the average for Australian aged care organisations

- use these survey items to create interview questions or discussion points for focus groups, when consulting with workers about job quality issues in your organisation

- further your understanding of job quality by reading through the items showing how aspects of job quality can be measured and assessed

Section 1: Survey items

This section contains select items from the NACWS. These items are suitable for inclusion in organisational surveys. Using these items, without changes or modifications, will allow comparison with national data from the NACWS to compare your organisation against the national average. Section 2 provides national data for each survey item.

Employment conditions

WORK HOURS

1 How many hours on average do you usually work in this job each week?

_____ hours

NACWS 2012 item A4.1

2 How many hours would you like to work in this job?

_____ hours

NACWS 2012 item A4.2

3 How many of the hours you usually work each week in this job are paid and unpaid?

____ paid hours   ____ unpaid hours (put 0 if no unpaid hours)

NACWS 2012 item A4.3

4 How satisfied or dissatisfied are you with the hours you work in this job?

1	2	3	4	5	6	7	8	9	10

Totally dissatisfied   Totally satisfied

NACWS 2012 item A23.d

PAY

5 How satisfied or dissatisfied are you with your total pay in this job?

1	2	3	4	5	6	7	8	9	10

Totally dissatisfied   Totally satisfied

NACWS 2012 item A23.a

JOB SECURITY

6 How satisfied or dissatisfied are you with your job security?

1	2	3	4	5	6	7	8	9	10

Totally dissatisfied   Totally satisfied

NACWS 2012 item A23.b

Which best describes your form of employment?

7 Which best describes your form of employment in this job? (select one)

☐ Casual

☐ Permanent (full or part-time)

☐ Fixed term contract

EDUCATION AND TRAINING

8 Adequate training is available through my workplace

1	2	3	4	5	6	7
Strongly disagree						Strongly agree

9 During the last 12 months have you undertaken any training (not including professional development), as part of your employment in this organisation? (cross one box only)

☐ No

☐ Yes, mandatory training

☐ Yes, non-mandatory training

10 To what extent do you think you can use the new skills you have acquired from any of this training in your current job? (cross one box only)

☐ Not at all

☐ Only to a limited extent

☐ To a moderate extent

☐ To a great extent

☐ To a very great extent

☐ Did not learn any new skills

11 In the next 12 months, what is the area of training you think you will most need / you would most like to undertake: (cross all relevant boxes)

- ☐ Dementia training
- ☐ Palliative Care
- ☐ Management and leadership
- ☐ Wound management
- ☐ Mental Health
- ☐ Allied Health
- ☐ Other (please specify) _____

12 How satisfied or dissatisfied are you with the match between your work and your qualifications?

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied									Totally satisfied

GOOD MANAGEMENT-EMPLOYEE RELATIONS

13 Management and employees have good relations in my workplace

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

Job design

OPPORTUNITY TO DEVELOP AND USE SKILLS AND ABILITIES

14 I have the skills and abilities I need to do my job

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

15 I use many of my skills and abilities in my current job

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

16 How satisfied or dissatisfied are you with the opportunity to develop your abilities in this job

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied									Totally satisfied

OPPORTUNITY FOR SOME AUTONOMY/INPUT/CONTROL OVER HOW WORK IS DONE

17 I have a lot of freedom to decide how I do my work in this job

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

RESPECT AND ACKNOWLEDGEMENT FROM CLIENTS, CO-WORKERS AND MANAGEMENT

18 Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve in this organisation

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

19 How satisfied or dissatisfied are you with the level of support from your team/service provider

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied									Totally satisfied

JOB DEMANDS

20 I am able to spend enough time with each care recipient

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

21 I feel under pressure to work harder in my job

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

22 My job is more stressful than I had ever imagined

1	2	3	4	5	6	7
Strongly disagree					Strongly agree	

NACWS 2012 item A21.f

Intention to leave

23 Are you currently actively seeking work outside of this aged care organisation?

☐ Yes ☐ No

NACWS 2012 item A18

24 Do you expect to be working for this aged care organisation in 12 months time?

☐ Yes ☐ No ☐ It depends ☐ Don't know

NACWS 2012 item A19.1

Job satisfaction

25 How satisfied or dissatisfied are you with the work itself (what you do) in this job

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied								Totally satisfied	

NACWS 2012 item A23.c

26 All things considered, how satisfied are you with this job

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied								Totally satisfied	

NACWS 2012 item A23.h

Work-life balance

27 How often does this job interfere with your responsibilities or activities outside of work

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Almost always	Don't know

NACWS 2012 item Q 24.1a, sourced from the Australian Work and Life Index (AWALI).

28 How often does this job keep you from spending the amount of time you would like with family or friends

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Almost always	Don't know

NACWS 2012 item Q 24.1b, sourced from the Australian Work and Life Index (AWALI).

29 How often does this job interfere with your ability to develop or maintain connections and friendships in your community

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Almost always	Don't know

NACWS 2012 item Q 24.1c, sourced from the Australian Work and Life Index (AWALI).

30 Thinking about your life in general, how often do you feel rushed or pressed for time?

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Almost always	Don't know

NACWS 2012 item Q 24.2, sourced from the Australian Work and Life Index (AWALI).

31 Thinking about your life right now, how satisfied are you with the balance between your work and the rest of your life?

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Almost always	Don't know

NACWS 2012 item Q 24.3, sourced from the Australian Work and Life Index (AWALI).

32 How satisfied or dissatisfied are you with flexibility to balance work and non-work commitments in this job?

1	2	3	4	5	6	7	8	9	10
Totally dissatisfied									Totally satisfied

NACWS 2012 item A23.g

Section 2: NACWS data

This section provides data from the 2012 National Aged Care Workforce Census and Survey (NACWS) for each survey question in Section 1. This data can be used to compare average responses/scores from an organisational survey against the national average for Australian aged care organisations. These comparisons can identify areas of similarity and difference between your organisation and the average for Australian aged care organisations, and assist with identification of priority areas for further attention.

Data provided in the tables below is sourced from the 2012 National Aged Care Workforce Census and Survey (NACWS) as reported in the:

• Quality Jobs Quality Care Project report 'Developing Job Quality Benchmarks in Australian Aged Care Services' (http://www.qualityjobsqualitycare.com.au/benchmarks)

• NACWS Final Report (https://www.dss.gov.au/ageing-and-aged-care-publications-and-articles-ageing-and-aged-care-reports/2012-national-aged-care-workforce-census-and-survey-the-aged-care-workforce-2012-final-report)

Select data was calculated for the toolkit, as indicated in the table below. Data is provided for Community Care Workers (CCWs) and Personal Care Attendants (PCAs).

The NACWS Final Report provides data for other occupations in Aged Care, and provides more detailed data on response categories for each item (Appendix tables).

Table 1. NACWS survey – National 2012 data for Australian aged care organisations

NACWS survey item	Aged care organisations (average (mean) score unless specified otherwise)		Item scale (minimum score - maximum score)
	CCW	PCA	

Employment conditions

WORK HOURS				
1.	How many hours on average do you usually work in this job each week?	25.9	32.2	-
2	How many hours would you **live** to work in this job?	28.3	34.5	-
3.	How many of the hours you usually work each week in this job are paid and unpaid?	24.1 paid 1.6 unpaid	31.0 paid 1.0 unpaid	-
4.	How satisfied or dissatisfied are you with the hours you work in this job?	7.0	7.1	1 (totally dissatisfied) – 10 (totally satisfied)
PAY				
5.	How satisfied or dissatisfied are you with your total pay in this job?	5.7	5.3	1 (totally dissatisfied) – 10 (totally satisfied)
JOB SECURITY				
6.	How satisfied or dissatisfied are you with your job security?	7.0	6.9	1 (totally dissatisfied) – 10 (totally satisfied)
7.	Which best describes your form of employment in this job?	**Per cent (%)** 25.7% Casual 1.7% Fixed term 72.7% Permanent	**Per cent (%)** 10.1% Casual 1.1% Fixed term 88.0% Permanent	-
EDUCATION AND TRAINING				
8	Adequate training is available through my workplace	5.9	5.2	1 (strongly disagree) – 7 (strongly agree)
9.	During the last 12 months have you undertaken any training (not including professional development), as part of your employment in this organisation?	**Per cent (%)** 22.5% None 69.6% Mandatory 19.2% Non-mandatory	**Per cent (%)** 19.2% None 75.7% Mandatory 21.5% Non-mandatory	-
10.	To what extent do you think you can use the new skills you have acquired from any of this training in your current job? (cross one box only)	**Per cent (%)** 2.2% Did not learn any new skills 0.4% Not at all 8.6% Limited extent 28.5% Moderate extent 43.4% Great extent 17.0% Very great extent	**Per cent (%)** 2.9% Did not learn any new skills 0.9% Not at all 9.2% Limited extent 27.7% Moderate extent 43.5% Great extent 15.8% Very great extent	-

	NACWS survey item	Aged care organisations (average (mean) score unless specified otherwise)		Item scale (minimum score - maximum score)
		CCW	**PCA**	
11.	In the next 12 months, what is the area of training you think you will most need / you would most like to undertake.	**Per cent (%)** 47.9% Dementia 28.4% Palliative care 23.4% Management & leadership 21.1% Wound management 32.7% Mental Health 12.3% Allied health 12.9% Other	**Per cent (%)** 52.8% Dementia 50.5% Palliative care 19.3% Management & leadership 36.4% Wound management 28.3% Mental Health 9.3% Allied health 10.3% Other	-
12.	How satisfied or dissatisfied are you with the match between your work and your qualifications?	1.8% = 1 'Totally dissatisfied' 1.6% =2 2.4% = 3 3.1% = 4 6.7% = 5 9.3% = 6 11.9% = 7 25.1% = 8 17.4% = 9 20.8% = 10 'Totally satisfied'	1.6% = 1 'Totally dissatisfied' 1.4% =2 1.9% = 3 3.3% = 4 7.7% = 5 9.7% = 6 12.5% = 7 20.1% = 8 16.5% = 9 8.9% = 10 'Totally satisfied'	1 (totally dissatisfied) – 10 (totally satisfied)

MANAGEMENT-EMPLOYEE RELATIONS

13.	Management and employees have good relations in this workplace	5.5	4.9	1 (strongly disagree) – 7 (strongly agree)

Job design

OPPORTUNITY TO DEVELOP AND USE SKILLS AND ABILITIES

14.	I have the skills and abilities I need to do my job	6.3	3.9	1 (strongly disagree) – 7 (strongly agree)
15.	I use many of my skills and abilities in my current job	6.1	5.5	1 (strongly disagree) – 7 (strongly agree)
16.	How satisfied or dissatisfied are you with the opportunity to develop your abilities in this job	7.1	7.0	1 (totally dissatisfied) – 10 (totally satisfied)
	Opportunity for some autonomy/input/control over how work is done			
17.	I have a lot of freedom to decide how I do my work in this job	4.9	4.3	1 (strongly disagree) – 7 (strongly agree)
	Respect and acknowledgement from clients, co-workers and management			
18.	Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve in this organisation	5.3	4.5	1 (strongly disagree) – 7 (strongly agree)
19.	How satisfied or dissatisfied are you with the level of support from your team/service provider	7.4	6.9	1 (totally dissatisfied) – 10 (totally satisfied)

NACWS survey item	Aged care organisations (average (mean) score unless specified otherwise)		Item scale (minimum score - maximum score)
	CCW	PCA	

<table>
<tr><td colspan="4" style="background:#b84a8a;color:white">JOB DEMANDS</td></tr>
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20.	I am able to spend enough time with each care recipient	5.2	3.9	1 (strongly disagree) – 7 (strongly agree)
21.	I feel under pressure to work harder in my job	4.3	4.0	1 (strongly disagree) – 7 (strongly agree)
22.	My job is more stressful than I had ever imagined	4.2	3.9	1 (strongly disagree) – 7 (strongly agree)

Intention to leave

23.	Are you currently actively seeking work outside of this aged care facility?	**Per cent (%)** 6.9 Yes	**Per cent (%)** 9.2 Yes	-
24.	Do you expect to be working for this aged care facility in 12 months time?	**Per cent (%)** 4.1% Don't know 7.7% It depends 3.8% No 84.4% Yes	**Per cent (%)** 5.2% Don't know 8.5% It depends 4.6% No 81.8% Yes	-

Job satisfaction

25.	How satisfied or dissatisfied are you with the work itself (what you do) in this job	7.5	7.2	1 (totally dissatisfied) – 10 (totally satisfied)
26.	All things considered, how satisfied are you with this job	7.6	7.4	1 (totally dissatisfied) – 10 (totally satisfied)

Work-life balance

27.	How often does this job interfere with your responsibilities or activities outside of work	2.9	2.5	1 (never) – 5 (almost always)
28.	How often does this job keep you from spending the amount of time you would like with family or friends	2.7	2.6	1 (never) – 5 (almost always)
29.	How often does this job interfere with your ability to develop or maintain connections and friendships in your community	2.5	2.4	1 (never) – 5 (almost always)
30.	Thinking about your life in general, how often do you feel rushed or pressed for time?	3.4	3.4	1 (never) – 5 (almost always)
31.	Thinking about your life right now, how satisfied are you with the balance between your work and the rest of your life?	1.9	1.9	1 (very satisfied) – 5 (not at all satisfied)
32.	How satisfied or dissatisfied are you with flexibility to balance work and non-work commitments in this job?	7.4	7.0	1 (totally dissatisfied) – 10 (totally satisfied)

Prioritise

worksheet

Prioritise Tool 1: Identifying and assessing job quality priorities for change in your organisation

Prioritise Tool 1 is designed to be completed based on information you have gathered after consulting with workers and other stakeholders [Engagement Tool 4: Plan for stakeholder engagement].

Use Prioritise Tool 1 to analyse and review employment conditions and job design aspects, evaluate whether you have gathered enough information from stakeholders; and identify your next steps.

We've listed some example key quality indicators relating to employment conditions and job design.

Choose an employment condition or job design aspect and complete the master worksheet to assess its priority within your organisation.

These ideas can be used to:

- further your understanding of the key issues associated with level of pay
- help you discuss the issues with workers and stakeholders during the consultation process
- identify a potential small scale change that could be developed and adapted for your workplace.

A rating scale can be useful to summarise the information you have collected and your next steps.

For example:

- Mostly scores of 1 or 2 – indicates a priority area for change.
- Mostly scores of 3 – indicates more information needs to be collected.
- Columns 1 and 2 – scores of 4 or 5 indicate this is not a current priority for change.

Tip: Different aspects of job quality are interrelated (e.g. improving access to flexibility is also likely to increase perceptions of management supportiveness). Consider focusing primarily on one or two aspects of job quality. Designing, implementing and evaluating a tightly focused and targeted small scale change is a realistic plan that increases the likelihood of success. Keep your plans SMART (specific, measurable, achievable, results-focused and time-bound).

Employment conditions

Pay

Fair and reasonable pay is the foundation of a good quality job, providing essential financial security for quality of life. It is a major contributor to workers' job satisfaction and commitment. Employment regulation such as modern awards or enterprise agreements, set hourly pay rates and conditions for additional remuneration (e.g. overtime).

Employer contributions to superannuation are also a regulatory entitlement. Supplements to baseline pay levels may include salary sacrifice, allowances such as work-related travel, payments for broken shifts (a single shift including one or more breaks in work activity) and providing access to paid education and training.

Supplements to baseline salary levels are particularly important in low paid jobs, such as care work.

Key quality indicators

- Workers are paid the correct award rate for the job they are required to do, including for unsocial hours and overtime.
- Workers think their rates of pay are fair and reasonable.
- Workers are paid an allowance or reimbursement for activities that are required as part of their employment (e.g. using own car for travel, attending training, payment for travel time between clients).
- There are opportunities for workers with higher skills/ responsibilities/ experience to progress to higher skill classifications and wage rates.

Potential small scale changes

1. Review pay levels, identify opportunities for introducing or revising incremental salary levels. Ensure all work-related activities are remunerated, such as participation in training, travel between clients and work meetings.
2. Ensure all work-related activities are remunerated, such as participation in training and work meetings.
3. Provide and regularly review entitlements and allowances for work-related travel (personal car use)
4. Ensure workers have access to up-to-date information on work entitlements (e.g. leave, salary sacrificing).

Employment security

Permanent and long fixed-term contracts offer workers security of employment and income. This is a key aspect of a good quality job and has a significant impact on worker wellbeing (e.g. stress), commitment to staying with an employer and overall quality of life. However, as pay levels for care workers are usually low and work hours variable, many workers may choose to remain on more insecure casual contracts to increase take-home pay.

Key quality indicators

- The majority of staff have secure employment (permanent/ fixed term).
- There are no workers on contracts with very low hours or zero hour contracts.
- Employment security does not vary according to role/areas of work.
- Casual workers have the opportunity to access more secure employment if they prefer.

Potential small scale changes

1. Increase recruitment into secure employment contracts
2. Offer opportunities for existing staff to transition from casual to permanent or fixed-term contracts.
3. Offer opportunities for staff to transition from very low part-time hours to their preferred number of part-time hours.

Decent work hours

Hours that fit with workers' needs and preferences are a central aspect of a good quality job. Work hours that are too long can negatively impact health and productivity. Not having enough hours can also be problematic, creating financial hardship and high levels of individual and family stress. The scheduling of hours is a key consideration for job quality. Shift work creates challenges and risks for workers' health, safety, work performance and work-life balance. Broken shifts or non-continuous work hours can create difficulties for work-life balance and may reduce job satisfaction. Similarly, consistency of hours is also important i.e. that the same days/ times are worked each week/fortnight.

Key quality indicators

- Hours worked meet staff needs and preferences.
- Staff are able to access enough hours of work.
- Staff can request and access more hours if preferred.
- Insufficient hours (fewer than needed or preferred) is not a common pattern for any workers, or particular groups of workers.
- Workers do not regularly work unpaid (and unreported) overtime.
- Workers have input into shift schedules.
- Workers can successfully request particular shifts or shift schedules.
- Broken shifts are not common patterns for any workers, or particular groups of workers.
- Staff are able to work shift schedules that fit with their preferences and needs.
- Workers view the allocation of shifts as fair and reasonable
- The organisation has an effective flexi-time policy.
- Workers are able to use their flexi-time (additional unpaid hours) to take paid time off work.

Potential small scale changes

1. Ensure staff in all areas of the organisation can work reasonable hours, for example:

   a. structure work arrangements to ensure all staff have enough work hours.

   b. monitor and adjust workloads and staffing levels to ensure staff do not work long hours/unpaid overtime.

2. Review and improve the fit between workers' preferred and allocated shift schedules, for example:

   a. investigate workers' views and experiences of the shift allocation decisions (is the process fair and transparent?) and outcomes (is the distribution of preferred and non-preferred shifts fair?).

   b. trial approaches to shift scheduling that provide workers with more input / control (e.g. self-scheduling within teams).

   c. collaborate with staff to trial and evaluate new shift schedules.

Access to education and training:

High quality, relevant and timely education and training ensures workers have the skills, confidence and capacity to work effectively and safely, and may open career and promotional pathways. Many workers enjoy and value learning so providing these opportunities on paid work time is an important way to invest in and support workers. Support should also be provided to ensure education and training translates into practice. Additional flexibility of training is needed to ensure workers in 24 hour workplaces or those who work part-time have equitable access to education and training.

Key quality indicators

- Workers at all levels and on all shifts have access to ongoing education and training within paid work hours.
- There are opportunities for workers to request or choose particular education or training topics.
- Staff have education and training plans that are developed in collaboration with their supervisor/manager.
- Education/training is easily accessible to workers (e.g. provided onsite; undertaken in work time).
- A variety of approaches to education and training are available, including informal (e.g. mentoring) and formal, assessed and non-assessed, individual and group, online and face-to-face.
- Education and training extends beyond mandatory topics to other key areas of skill and knowledge.
- Education and training addresses a range of areas, including theoretical or technical knowledge, practical skills, social skills (e.g. cultural awareness) and general 'employability' skills (e.g. general and health literacy, computer skills).
- Workers and management are satisfied with the timing of education and training (i.e. it's provided at the right time).
- Education/training viewed by staff and management as useful, appropriate and effective.
- There are structured supports to encourage and support workers to apply new skills and knowledge learnt in education/training (e.g. access to peer and supervisor support in real time).
- Education and training linked to career and promotional pathways (e.g. higher salary increments) or reward and recognition.

Potential small scale changes

1. Education and training for all staff is prioritised in the organisational business plan or equivalent

2. Education and training is designed to meet:

   a. organisational, worker and client needs

   b. workers' preferences for learning modes (e.g. online training, structured coursework, face-to-face training, acting up/job rotations/shadowing, group learning or discussion circles)

   c. workers' preferences for onsite or offsite education and training

3. Workers have access to structured supports to translate learning into practice (e.g. mentoring/coaching; evaluation and feedback on education and training activities and changes in worker capability)

4. All staff have education/training goals and plans that:

   a. are developed in collaboration with manager/supervisor

   b. reflect a mix of organisational and individual areas of priority

   c. suit their preferences for format and location of learning experiences

5. Workers engage in education/training on paid work time

6. Adequate training is provided to workers who do not have English as a first language.

Good management-employee relations.

A well-functioning relationship between management and non-management staff is a cornerstone of job quality. Good relationships support good working conditions. Essential foundations for good relationships include decision-making and policies that are transparent and inclusive of workers from all backgrounds and circumstances (e.g. age, culture, care responsibilities), and effective two-way channels of communication and opportunities for staff consultation and input to key organisational decisions (administrative and operational).

Key quality indicators

- Policies and decision-making processes supportive of good management-employee relations:
  o Policies are designed to be inclusive of all staff, including those from different backgrounds, life stages and personal circumstances
  o Workers perceive policies and decision-making processes to be fair and transparent
  o Workers and managers/supervisors have clear and consistent expectations of each other.
- There a comprehensive induction program to support new workers.
- Management has a well-functioning relationship with unions and other employee representatives.
- There are various channels of communication and dialogue between management and staff.
- Workers have opportunities to discuss their performance with their manager/supervisor on a regular basis.
- Workers have an opportunity to have input into organisational change and decision making:
  o Workers have the opportunity to be consulted on administrative decisions and changes (e.g. rosters and schedules, policy and procedures), and to contribute their ideas and concerns
  o Workers have the opportunity to be consulted on operational decisions and changes (e.g. care plans, coordination of care, capabilities of workforce), and to contribute their ideas and concerns
  o Management acts on proposals and feedback provided by staff and/or their representatives.

Potential small scale changes

1. Collect regular feedback from workers on key aspects of relations with management.
2. Establish and support a range of channels for staff and management to communicate and for worker participation/consultation:
   a. regular meetings (individual, group)
   b. suggestion schemes
   c. newsletters, emails, website
   d. employee surveys
   e. staff membership on groups/committees
   f. online discussion boards.

3. Establish processes for worker input and impact on organisational policies and decisions in important areas:
   a. organisational change or restructuring
   b. training and career development
   c. staffing and recruitment
   d. working hours and scheduling
   e. work process and organisation
   f. Workplace health and safety.

Health and safety work practices and culture:

All organisations have statutory obligations to maintain the work, health and safety of all workers and their clients. There are particular risks identified by care workers interviewed in the QJQC project related to working in isolation, poor communication between management/supervisors and workers, insufficient time to care, work pressures and a lack of competency/training to deliver specific aspects of care.

Key quality indicators

- There is real time capacity to respond to risk (e.g a worker needs to be competent to undertake a task such as use a particular hoist/lifter).
- Management and workers have the capability to identify risks early (e.g. regular WHS education and training, identifying and monitoring risk).
- Workers receive regular and timely training on health and safety issues, including updates for experienced workers
- There are effective and regular channels of communication and dialogue between management and workers on early identification of risk to workers or clients (e.g. alerts for clients).
- Is a standing item in meetings of workers and supervisors/managers.
- There are effective informal channels of feedback from workers to management about health and safety issues
- Management acts on WHS reports and feedback provided by workers.
- Wellness programs are available to workers (e.g. walking programs, counselling services).

Potential small scale changes

1. Conduct regular audits of risk associated with working in isolation or at other risky times/locations (eg working alone night, working with aggressive clients, working in unsanitary or dangerous conditions in private homes).
2. Provide training and/or training updates to both new and experienced workers on health and safety.
3. Provide a 'buddy' or 'mentor' program to assist workers identify risk and work safely in their daily work practices
4. Review and improve shift scheduling to avoid variations in work hours or locations at short notice.
5. Include safety reviews as part of regular scheduled meeting.

Job design

Time to care

One of the most difficult aspects of care work is time pressure. Not having enough time to provide good quality care creates high levels of stress and dissatisfaction, and creates risks for wellbeing and the health and safety of workers and clients.

Key quality indicators

- Workers do not experience consistent and significant time pressure when providing care.
- Time allocations for providing care are realistic and appropriate.
- Time allocations differ depending on client characteristics (e.g. complexity of care needs or effective negotiations with clients i.e. as per CDC budget).
- Time allocations are adjusted for clients whose care needs increase or change over time.
- Workers have the opportunity to provide advice on the development and review of care plans to optimise time to care.
- Staffing levels are adequate to meet client demand.
- Staffing levels are adjusted when demand changes (e.g. introduction of CDC and person centred care).
- Innovation in models of care and workforce are explored and trialled for improved efficiency and effectiveness (e.g. technology).

Potential small scale changes

1. Review existing systems, procedures and processes with workforce to identify key issues limiting time to care

2. Increase staff to client ratios to reduce time pressure on existing workers

3. Collaborate with workers to design and trial changes to models of care to improve time to care

   a. trial changes to capability, roles and scopes of practice (e.g. dementia and palliative care training and advanced care practice)

   b. improve worker engagement in care plans and autonomy to do the work (e.g. CDC)

   c. introduce additional tools and resources (e.g. early identification of risk)

   d. introduce new technology to increase efficiency (e.g. electronic care plans)

Work pressure

The experience of pressure to work quickly, to tight deadlines and/or with a heavy workload is common to many jobs across a variety of industries. Chronic work pressure is commonly experienced by aged care workers with priority placed on completing tasks, or on tasks with little or no opportunity for more relational activities (i.e. personalised interactions with clients). Work pressure may also be experienced as a lack of 'down time' across a daily, weekly or monthly cycle in which work pressure can be eased. These types of work pressures are a major source of stress, burnout and dissatisfaction. This can also create risks for health and safety, and reduce people's capacity to deliver high quality care.

Key quality indicators

- Everyday work experience does not involve pressure to work intensively (e.g. to tight deadlines, at high speed, with heavy workloads).
- Workers have time to complete tasks and have some personal interaction with clients.
- For workers who travel to different work locations (e.g. community care workers), travel times between locations are realistic and reasonable.
- Times of more or less intensive working across the day/week/month/year are recognised, and workers adequately supported during these times.
- The distribution of workload amongst workers is fair.
- Organisational systems and structures support realistic work time and workload allocations that recognise areas of work pressure or intensity.
- Care workers and supervisors/managers are in agreement on the time needed to do work tasks.
- There is not an organisational culture that expects and rewards workers for working at high speeds or with heavy workloads.
- Supervisors and managers do not support a culture of high pressure work (e.g. by recognising and rewarding workers who are consistently willing to take on high workloads/tight timelines).
- There are not high levels of stress, burnout and injury in the organisation.

Potential small scale changes

1. Conduct a systematic audit of the average amount of time workers spend with each client in residential or community care.

2. Review and improve ratios of PCAs to residents in residential aged care.

3. Regular review of the workload of CCWs to ensure sufficient time for care.

4. Review and improve existing systems, procedures and processes to identify areas in which work pressure can be reduced.

5. Collaborate with workers to design and trial changes to work processes and flow to reduce work pressure.

Support from co-workers, managers and organisation in general

Supportive work relationships are central to wellbeing at work. Key aspects of support include recognising and valuing a person's contribution, showing concern for their wellbeing and providing support and assistance. Leadership and teamwork capabilities are essential to doing work efficiently and effectively.

Key quality indicators

- Workers feel valued and supported by the employer/ organisation as a whole.
- Workers feel valued and supported by management in general and their own manager/supervisor.
- Workers feel valued and supported by co-workers.
- Workers feel valued and supported by clients.
- There is effective team work (e.g. mutual respect and goals, trust and openness, consideration and understanding, effective communication).
- Good support is consistently felt by all workers; not experienced as stronger or weaker for particular roles/ teams/ units/areas.
- Good support is consistently felt by workers regardless of their personal backgrounds or circumstances.
- Workers receive timely support from peers or supervisors while on the job (e.g. changes to care plan).
- Workers can access good support during business and non-business hours (for workers who work outside of standard hours).
- Workers can access good support in metropolitan and regional/remote areas.

Potential small scale changes

1. Supportive attitudes and behaviours of teams and individuals are recognised and encouraged (e.g. staff awards, inclusion in performance reviews) for workers, managers and supervisors.
2. New and existing workers have access to peers or mentors who can provide real-time advice and guidance during work shifts.
3. There are opportunities in paid time for workers to meet together regularly (particularly for community care workers who work in isolation).
4. Workers have access to an Employee Assistance Scheme to provide support (e.g. counselling) for work and non-work challenges and issues.

Access to flexible work arrangements

In a diverse workforce where people are often managing multiple non-work commitments, flexible work arrangements are a key resource to support retention and wellbeing. Flexible work arrangements involve modifications to the hours, scheduling or location of work to suit workers' needs or preferences. Flexibility may be short-term or long-term, be part of a formal agreement or be arranged informally and can involve regular or occasional changes to work arrangements.

Key quality indicators

- An organisational policy on flexible work arrangements is in place.
- Flexibility policy does not exclude particular individuals/ groups from accessing flexibility.
- Workers feel comfortable and confident requesting a flexible work arrangement.
- The organisation has workers with flexible work arrangements at all levels – including those in supervision/ management roles.

Potential small scale changes

1. Managers and supervisors receive training and senior management support to manage individuals (and teams) with flexible work arrangements.
2. Managers' and supervisors' KPIs include providing workers with access to flexible work arrangements.
3. Individuals and/or work groups or units trial flexible work arrangements, in collaboration with their supervisor.
4. Managers and supervisors are encouraged to trial a flexible work arrangement themselves.

Opportunity for some autonomy/input/control over how work is done

Most workers value the opportunity to be actively involved in deciding how their work is done. They also like having some degree of autonomy or control over how and when tasks and activities are done. Consumer directed care may enhance or limit the degree of autonomy experienced by care workers.

Case study care worker autonomy (link to case study) provides an example of a small scale change to increase workers' opportunity to develop and use their skills and abilities.

Key quality indicators

- Workers and supervisors have a clear and shared understanding of the extent to which workers can make decisions or change/control the way work is done.
- Workers can make some decisions about how/when/where their work is done.
- Workers feel comfortable and supported in acting autonomously in their jobs.
- Changes in worker autonomy due to the introduction of consumer directed care are recognised and managed.
- Workers have involvement in the development and review of consumer directed care plans and budgets.
- Supervisors support workers to have some autonomy in their work.

Potential small scale changes

1. Individuals and/or work groups or units trial an increase in worker autonomy/control over some aspects of work practice.
2. Workers are provided with necessary training/support to ensure confidence and capability to work with increased autonomy/control.
3. Opportunities are provided for workers to provide input into management/supervisory decisions about the way work is done in particular roles/teams or work units as a whole. e.g. successful changes are added to policies/procedures

Opportunities to develop and use skills and abilities

Being able to effectively use the full range of one's skills and abilities, and to develop and expand on these, can be a significant source of meaning and satisfaction on the job. Skill use and development is also important to advance worker capability or for access to career opportunities such as promotion.

Priority areas for small scale change

We've listed some key quality indicators that could be used to implement small scale changes addressing opportunities to develop and use skills and abilities.

- Workers are able to use their full range of skills and abilities in their work (i.e to work to their full scope of practice).
- Workers are not being under-utilised (have skills/abilities that are not being used).
- Workers have opportunities to further develop existing skills/abilities, and learn new skills/abilities.
- The acquired skills and knowledge of experienced workers is recognised and used by the organisation (e.g. peer support and mentoring, rewards and recognition).
- All workers are encouraged to develop leadership capability (e.g. education and training, peer support and mentoring).

Potential small scale changes

1 Conduct an audit of staff skills and abilities to identify areas of skill under-use and over-use and areas for further skill development:

   a. workers' views on the extent to which they can use their skills in their work.

   b. areas in which workers' skills/abilities are under-used

   c. skills/abilities that workers would like to develop.

2. Provide workers with education and training to develop leadership capability.

3. Collaborate with workers to trial programs to increase skill use and leadership.

   a. opportunities for workers to mentor/teach co-workers.

   b. work placements (e.g. acting up, secondments) which provide opportunities to use/develop skills not used in the current work role.

   c. changing work practices to provide more opportunities for workers to use the full range of their skills.

   d. providing opportunities to work on special projects of interest beyond normal work roles.

Respect and acknowledgement from clients, co-workers and management

Being valued, respected and appreciated is central to good interpersonal relations in the workplace. Whilst important in all jobs, having work recognised and respected is particularly valuable for workers in roles that are viewed as low status or 'unseen' in an organisation or the general community. Positive everyday interactions that communicate respect and acknowledgement are fundamental, as well as more public or formal recognition that may happen less regularly (e.g. prizes/awards).

Key quality indicators

- Staff feel respected, recognised and acknowledged for their work and contributions.
- Clients are encouraged to demonstrate respectful interactions and engagement with workers.
- There are opportunities for clients to express their satisfaction to workers.
- Workers receive formal and informal (e.g. praise) recognition from managers, co-workers and clients.
- Respect and acknowledgement is fairly distributed amongst workers (ie particular groups are not overlooked).
- Managers and supervisors have received training to support their supervisory, management and leadership skills.
- The organisation uses both financial and non-financial approaches to acknowledging and recognising staff.

Potential small scale changes

1. Collect information on worker views and experiences of feeling respected, valued and acknowledged:

   a. overall experience in the organisation

   b. experience with particular groups (e.g. management, supervisors, clients)

   c. feedback on how staff would like to receive acknowledgement and recognition

2. Work in collaboration with workers to trial new approaches to providing them with public recognition and acknowledgement:

   a. awards and prizes

   b. newsletter items

   c. include recognition and acknowledgment of good performance in regular formal performance reviews

3. Provide training and feedback to supervisors/managers/ workers on effective ways to show respect and acknowledgement.

4. Collaborate with workers and clients to trial a new approach for workers to receive feedback and acknowledgment from clients (e.g. collect data on clients' views and experiences using surveys or interviews).

Prioritise Tool 1:

Assess key indicators and identify next steps

EMPLOYMENT CONDITIONS AND JOB DESIGN ASPECTS	ASSESS YOUR ORGANISATION:	WHAT EVIDENCE DO YOU HAVE TO SUPPORT YOUR ASSESSMENT?	ADDITIONAL COMMENTS/ REFLECTIONS
e.g. Pay	**Does your organisation meet each quality indicator?** Rating scale: 1. Poor performance 2. Adequate performance 3. Unsure/don't know 4. Good performance 5. Excellent performance	**What data has informed your assessment?** Rating scale: 1. Organisational data (e.g. HR records) 2. Information from workers (e.g. staff survey, exit interviews, focus groups) 3. Informal feedback from a small number of workers 4. Informal feedback from a small number of managers/ supervisors 5. No information from external stakeholders	**What are you next steps on this issue?** Rating scale: 1. Priority for immediate small scale change 2. Priority for future small scale change 3. More information needed 4. No further action
[enter your key quality indicator here] *e.g. Workers are paid the correct award rate for the job they are required to do, including for unsocial hours and overtime*	*[enter your rating here]*		

Design
worksheets

A careful and systematic approach to design is supported by the following worksheets.

Use Design Tool 1 to set your overall aim or set of aims for the small scale change.

Design Tool 2 will help you to identify potential problems, challenges, supports and resources by reflecting on the expectations, assumptions and external factors that relate to your small scale change.

Design Tool 3 will give you a comprehensive design for your small scale change. It maps the flow of logic from the resources and activities needed for the planned work through to the intended outputs and outcomes. Design Tool D4 helps you to plan how you will assess whether the small scale change achieved its intended results and Design Tool D5 will help you to review how you will collect information and data to evaluate success.

You can also use these worksheets to consult with workers and other stakeholders on your design and as comprehensive documentation of the small scale change.

Case Study: Care worker mentoring is provided as an example across Tool 1-3.

Design Tool 1:

Identify and document aims

What aims are you trying to achieve? What will be improved as a result of the change?

For example: To provide community care workers with more systematic mentoring support. This will improve the support for and the skills and practices of care workers to enable them to provide better care to clients with more complex needs, and increase job satisfaction and retention.

Design Tool 2:

Assumptions, external factors and risk

Small scale change: _____

What assumptions do you bring to the change process and what do you expect will happen?

For example: workforce change has been successful previously; an experienced, skilled community care worker can be redeployed as a mentor.

What external factors are likely to influence the small scale change?

For example: anticipated increase in the number of clients with more complex care needs; Competition to attract care workers from other aged care providers.

What are the risks and the chances that they will occur? What are the consequences and/or mitigation strategies?

For example: unable to recruit to new specialised care mentor role; the risk is low-medium; it will result in implementation delays; publicise the role as a career opportunity

Design Tool 3:

Design for small scale change

Planned work			Intended results		
			Outcomes		
Resources	**Activities**	**Outputs**	**Worker job quality**	**Client care quality**	**Organisation**
What resources will be invested?	**What will we do with those resources?**	**What will be produced as a result?**	**What changes will be expected for the workers?**	**What changes will be expected for clients?**	**What changes will be expected for organisations?**
For example: One full-time specialised care mentor position will be funded	*The specialised care mentor will conduct peer led support, education and training*	*A new program of joint home visits with specialised care mentor and care workers* *A new specialised care mentor led training program for care workers*	*Improved confidence and capability of care workers* *Improved job satisfaction for care workers*	*Improved compatibilities[1] with care workers* *Better quality care for clients that is tailored to their individual needs*	*Increases number of care workers retained, to support consistency of care service delivery*

1 Compatibility: care workers feel confident and are capable to deliver care and/or the client feels comfortable that the care workers can deliver the care

Design Tool 4:

Detailed plan – outcome evaluation of intended results

Start Date: _____

Aims	Changes that will indicate success / impact _____		
What are the key aims in each (relevant) **domain?**	**What will change and how**	**Measured/assessed by**	**Timing of data collection**
Outputs produced (what will be done)			
Worker job quality outcomes			
Client care quality outcomes			
Organisational outcomes			

Finish Date: _____

Evaluate

worksheets

Small scale change can be evaluated in three different ways: on its outcomes, the processes used to achieve those outcomes and on the project as a whole.

Use **Evaluate Tool 1** to reflect on and document your outcome evaluation. Consider each aim of the small scale change, starting with what was produced (outputs), followed by the outcomes that resulted from these outputs. Include all outcomes – even those that were not expected or planned – as they can provide useful information for future activities.

Use **Evaluate Tool 2** to reflect on and document your findings from the process evaluation. Identify where the project was designed and implemented well along with any areas for improvement or unexpected results.

Use **Evaluate Tool 3** to reflect on the workplace intervention as a whole. Consider the whole project from beginning to end from different angles or perspectives. Include future intentions and expectations: the impact of the workplace intervention includes how it changes future activities inside and outside of your organisation.

Evaluate Tool 1:

Conducting the outcome evaluation

Outcome evaluation asks the question: 'What was the effect of the small scale change?
Did it produce the outputs it was designed to deliver? Did these outputs result in outcomes that meet the original aims?

Aims	Outcomes produced by the small scale change			
(list for each relevant area)	**Changes observed**		**Aims achieved Yes/No?**	**Other changes observed** (unintended/unexpected)
	Short-term	**Medium / long term**		
Outputs produced (what was actually done)				
Worker job quality outcomes				

Aims	Outcomes produced by the small scale change			
(list for each relevant area)	Changes observed		Aims achieved Yes/No?	Other changes observed (unintended/unexpected)
	Short-term	Medium / long term		
Client care quality outcomes				
Organisational outcomes				
Aims	Outcomes produced by the small scale change			

Evaluate Tool 2:

Conducting the process evaluation

Process evaluation asks the question 'What was done and how well was it done?'

Resources and activities		Assessment		
	What was done?	**What was done well?**	**What needs improvement?**	**Did anything happen that was unintended or unexpected?**
Resources				
Staffing (directly / indirectly involved)				
Partnerships				
Financial resources				
Space				
Technology				
Materials/other				

Activities				
Adequacy of materials/ resources/ information				
Quality of organisation / coordination				

Workers' participation / engagement				
Level of involvement in the change activities				
Satisfaction with the activities				
Satisfaction with participation/ engagement				

Clients' participation in intervention				
Level of involvement in the change activities				
Satisfaction with the activities				
Satisfaction with participation/ engagement				

Evaluate Tool 3:

Conducting the overall evaluation

Areas for reflection	Additional comments
Main achievements / gains (medium and long term outcomes)	
Major enablers / supports	

Areas for reflection	Additional comments
Major barriers / difficulties	
Cost effectiveness and cost-benefit	

Areas for reflection	Additional comments
Important lessons learned	
Future plans – what will be continued within the organisation? (long term outcomes)	

Areas for reflection	Additional comments
Future plans – what will be shared with external stakeholders and community? (long term outcomes)	