

UnitingCare Queensland
Annual Research Report 2014

the
social
research
we
do... ■■■

informing **practice**
influencing **policy**
driven by **values**

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This report focusses predominately on research activity in Blue Care; The University of Queensland/Blue Care Research and Practice Development Centre; UnitingCare Community; UnitingCare Health and Wesley Mission Brisbane.

Additional research reports are also published by the Wesley Research Institute, St Andrew’s Medical Institute and The University of Queensland/Blue Care Research and Practice Development Centre.

about us

As a health and community service provider of the Uniting Church, UnitingCare Queensland supports thousands of people every day of the year through its service groups – UnitingCare Community, UnitingCare Health, Blue Care and ARRCs (Australian Regional and Remote Community Services).

Our 15 000 staff and 9 000 volunteers care for and support people from all walks of life, including older people, people with a disability, children, families and Indigenous people.

Our staff travel thousands of kilometres to reach people in some of the more remote areas of Queensland – from Thursday Island in the far north, to just south of the Queensland border and out west, as far as Mt Isa – and now in the Northern Territory.

UnitingCare Queensland also participates in the UnitingCare Australia network.

mission

As part of the Uniting Church, the mission of UnitingCare Queensland is to improve the health and wellbeing of individuals, families and communities as we:

Reach out to people in need

Speak out for fairness and justice

Care with compassion, innovation and wisdom

UnitingCare Health, UnitingCare Community, Blue Care and ARRCs (Australian Regional and Remote Community Services) are vital expressions of this mission.

UnitingCare Queensland also works with Wesley Mission Brisbane to further the outreach of the Uniting Church in Queensland.

values

UnitingCare Queensland believes that our values are fundamental to the work we do and express the mission of God by being present in people's lives to offer hope, healing and transformation.



Compassion

Through our understanding and empathy for others we bring holistic care, hope and inspiration

Respect

We accept and honour diversity, uniqueness and the contribution of others

Justice

We commit to focus on the needs of the people we serve and to work for a fair, just and sustainable society

Working together

We value and appreciate the richness of individual contributions, partnerships and teamwork

Leading through learning

Our culture encourages innovation and supports learning

message



Message from the Chair, Social Policy and Research

In 2014 UnitingCare Queensland launched its new Strategic Plan titled Person-centred Care and Service at UnitingCare Queensland. The research conducted through our institutes and research centres is critical in achieving our strategic goal to be a leader in person-centred care, as we develop new ways to reach out, speak out and care for Queensland communities. Our research effort this year focussed on aligning our research activities with our strategic goals, to improve outcomes for our clients, patients and residents.

The current health and community services environment poses both challenges and opportunities for service providers. Reforms are occurring across all our service areas – aged care, child protection, health and disability – at a policy, program and service delivery level. Our research activity helps to develop strategies for service improvement within a reform context and provides a platform for reporting on the efficacy of service reforms with confidence. Having said that, we remain challenged in the current fiscal environment to resource research to the level that we would like and we continue to grapple with translating our research findings into daily service practice. A challenge for many, I am sure.

Further changes for us this year saw the merging of the St Andrew's Medical Institute and the Wesley Research Institute, providing a more coordinated research effort across all UnitingCare Health hospitals. The institute has been renamed the Wesley St Andrew's Research Centre.

This report presents research approved by the UnitingCare Queensland Human Research Ethics Committee. During 2014 the Committee welcomed new members Professor Jayne Clapton and Dr Michelle Smith. I would like to sincerely thank all members of the Human Research Ethics Committee and the UnitingCare Queensland Research Committee for their ongoing work.

Professor Jill Wilson
Chair, Social Policy and Research

message



Message from the Chief Executive Officer, UnitingCare Queensland

Our research is grounded in our mission to improve the health and wellbeing of individuals, families and communities. In our latest research report you will find projects that explore new and better ways to care for people with a disability, older people, children and families, people living in rural areas, people who are sick, and their carers.

Evidence-based research is important to our organisation given the breadth and depth of the services we provide. We are committed to continuously improving the work we do to ensure we support the people who rely on our services to have the best possible lives. Our research effort also helps to inform us about how particular social policies are directly impacting on our clients, patients and residents, and in turn informs our advocacy activities.

Our staff involved in research open up new networks and opportunities to develop our practice, through their own work and through their involvement with the broader research fraternity. The diversity of work completed this year is impressive, with both local and national interests focussed on developing and refining practice in health, aged care and community services.

I would like to congratulate and thank everyone who has been part of our research effort as a participant, researcher or supporter of research. I would particularly like to thank members of the UnitingCare Queensland Research Committee led by Chair, Social Policy and Research, Professor Jill Wilson. I would also like to recognise the work of the UnitingCare Queensland Human Research Ethics Committee chaired by Colleen Geyer, Director of Mission.

Through our research, we form a variety of partnerships and collaborations. I would particularly like to note the strong working relationships UnitingCare Queensland enjoys with The University of Queensland/Blue Care Practice Research Centre, The Wesley St Andrew's Research Centre and The University of Queensland's Asia-Pacific Centre for Neuromodulation. All of our partners are very important in supporting and promoting our research efforts.

On behalf of UnitingCare Queensland, I would like to acknowledge the generosity of our funders, our 25 national and local research partners, participating clients and patients, and staff across the organisation who initiate, support and implement our research projects. You make it possible to continue to improve the wellbeing of the people we serve.

Anne Cross
Chief Executive Officer, UnitingCare Queensland

UnitingCare Queensland Research Committee

The UnitingCare Queensland Research Committee was established to act as the monitoring and advisory body in relation to the conduct and implementation of research in UnitingCare Queensland. Membership includes a representation from each service group. The membership for 2014 was:

Anne Cross, CEO, UnitingCare Queensland

Professor Jill Wilson, Chair, Social Policy and Research, UnitingCare Queensland

Colleen Geyer, Director of Mission, UnitingCare Queensland, and Chair, UnitingCare Queensland Human Research Ethics Committee

Associate Professor Deborah Parker, Director, The University of Queensland/Blue Care Research and Practice Development Centre

Anna Moynihan, Director Strategy, UnitingCare Queensland

Brent Hodgkinson, Senior Business Improvement Officer (Best Practice), Blue Care

Callan Battley, Director of Nursing, The Wesley Hospital, UnitingCare Health

Craig Hodges, Director of Strategy and Innovation, UnitingCare Community

Dr Geoff Woolcock, Director of Strategy and Innovation, Wesley Mission Brisbane

Dr Stuart Middleton, Strategic Project Officer, UnitingCare Queensland

Glenys Webby, Director Strategy, Blue Care

Professor Judy Wollin, Director, Manager Quality and Research, Wesley Mission Brisbane

Redzo Mujcic, Principal Researcher, UnitingCare Community

Samantha Batchelor, Principal Researcher, UnitingCare Community

UnitingCare Queensland Human Research Ethics Committee

Colleen Geyer, Chair, Director of Mission, UnitingCare Queensland

Alyce Young, Legal representative

Anthea Rogers, Community consumer representative

Brent Hodgkinson, Research representative

Dr Anthony Tuckett, Deputy Chair, School of Nursing and Midwifery, The University of Queensland

Dr Ross Cartmill, Medical practitioner

Dr Stuart Middleton, Strategic Project Officer, UnitingCare Queensland

Julie McStay, Legal representative

Julie Yule, Allied health practitioner

Neville Jolly, Community consumer representative

Professor Jayne Clapton, Disability representative

Rev Dr Robert Brennan, Minister of Religion

The research we have done

Outcomes of research and evaluation activities across UnitingCare Queensland inform our approach to becoming a leader in the provision of person-centred care, by driving service improvement for the people we support.

By the end of 2014, 56 studies were underway, including 15 new pieces of research approved by the UnitingCare Queensland Human Research Ethics Committee.

The focus of research this year has shifted. In 2013, the majority of studies looked to evaluate UnitingCare Queensland services; this year, there was a clear emphasis on identifying new knowledge for service delivery. This can likely be attributed to an increase in externally funded research combined with an appetite to explore different approaches to service delivery.

UnitingCare Queensland received funding through national competitive grants, federal and state government department grants and several trusts. All other projects are funded by UnitingCare Queensland service groups, typically by supporting staff to complete research.

This year UnitingCare Queensland partnered with 16 Australian universities and completed research in conjunction with 10 service providers. Six of the research projects this year are being carried out by higher degree research students.

Ten peer-reviewed articles were published in various journals about UnitingCare Queensland research (see pg 37 for the full list). The implementation of our research findings is not only invaluable to UnitingCare Queensland, but also to the wider community.

Governance of research

The UnitingCare Human Research Ethics Committee (HREC) provides a strong governance structure for ensuring research is carried out within a clear ethical framework. All non-clinical research conducted in or by our service groups is considered by the HREC. It is responsible for giving ethical approval for the research and monitoring progress on approved projects. This year the application to conduct research and the application for ethical approval were merged to ensure those agreeing to host research are fully informed.

case study



Getting to the heart of patient medication compliance

When a person is diagnosed with coronary heart disease and is prescribed cholesterol-lowering medication, it was previously thought that the number of patients who actually take the medication correctly was low.

However the results of a study recently conducted by Wesley Hospital Clinical Manager HeartWise Health Services, Sandy McKellar, has challenged and refuted much of the existing research on this topic.

Recently published in the British Journal of Cardiac Nursing, the research found patients almost always took their medication exactly as prescribed, in contrast to previous studies in many different countries which found patients often did not comply.

“A high blood cholesterol level increases a person’s chance of developing coronary heart disease, so it is very important patients follow the advice and prescription given to them. To help people stay on track, pill counts and patient interviews are typically conducted or telephone reminders are issued, which are time consuming and labour intensive. The results of my research suggest these interventions might not be necessary,” Sandy said.

Analysis of 103 patients at the Wesley Hospital between 2005 and 2007 found 100 per cent of people were compliant with their medication.

“These results were fantastic and completely unexpected, so we decided to replicate the study at the Prince Charles public hospital,” Sandy said.

Between 2008 and 2010, 108 patients were interviewed at The Prince Charles Hospital. The results supported Sandy’s initial findings, with 96.3 per cent of patients compliant with their medication.

“We were again astonished to find such great results. I think it’s rare to be part of a study which so strongly challenges what, up until now, has been the norm,” Sandy said.

“Now that the study is finally wrapping up, we hope these findings inform new or improved processes around patient medication compliance, not just here at The Wesley Hospital, but beyond.”

new projects

Research that develops knowledge for practice

The relationship between rural living and wellness: What services and supports do older people need?

Jenny Warburton, Rachel Winterton, Maree Peterson, Martin Bell, Jill Wilson, Nora Keating, Latrobe University and The University of Queensland

Funded by Australian Research Council Linkage with partners UnitingCare Queensland, VicHealth and Roma Medicare Local

This study aims to:

1. develop a general classification of rural communities based on the key features that affect the wellness of older people
2. examine the impact of local community, health and aged care services and social ties/reciprocal supports on individual wellness for older people living in diverse rural communities
3. better understand the relationship between these services and supports in relation to wellness for older people in these communities
4. explore differences in how wellness is experienced and understood from the perspectives of individuals and communities
5. use these findings to provide a robust evidence base to inform existing policy frameworks
6. provide internationally comparative data to our partner organisation, the University of Alberta, and contribute to international debates about rural ageing.

The first stage of the research has focused on identifying the demographic features available in current data bases that can be theoretically linked to wellness. These measures have been used to classify rural areas in terms of their likely levels of wellness and hence to select study sites that reflect diversity in relation to these factors. The study sites have been selected and work has started on data collection in the first two of these sites. In Queensland, Blue Care have been invited to participate and will have an ongoing role in guiding the research as partner investigator.

Measuring functional performance in people with dementia residing in aged care: Stage one

Benjamin Fox, PhD student, The University of Queensland/Blue Care Research and Practice Development Centre; Tim Henwood, The University of Queensland/Blue Care Research and Practice Development Centre; Justin Keogh, Bond University; Christine Neville, The University of Queensland; Brent Hodgkinson, Blue Care

The intention of the study is to review the measures and tools employed by researchers to demonstrate exercise program outcomes among populations with dementia. Item Response Theory, a new underlying theory, will also be the subject of the research.

A model of quality service provision for people with intellectual disabilities and challenging behaviour: Enhancement and enrichment through stakeholder and service user consultation

Olivia Gatfield, The University of Queensland

While literature provides understanding of factors associated with competent and exemplary services for people with intellectual disabilities and challenging behaviour, no research has collectively tested these to identify which factors are most significant to, or limiting/enabling in, quality service provision. This study will endeavour to bridge this gap as it aims to:

- enhance and enrich the model of service quality developed from the literature through consultation with stakeholder groups
- explore service users' perceptions of what constitutes quality service provision
- compare and contrast subjective and objective limiting/enabling factors, as reported in the literature, by service users and other stakeholder groups
- articulate a comprehensive model of service quality that incorporates the perspectives of stakeholders, including people who receive disability services.

Interim results from the Delphi survey indicated a high degree of consensus among participants on the factors considered significant to quality service provision for people with intellectual disabilities and challenging behaviours. Further, a high degree of consensus between survey one and survey two was achieved, indicating stability of opinion.

Focus groups and interviews with support-workers and supervisors have been completed and the data analysed will inform a questionnaire. Focus groups with service users have been completed and data is currently being analysed. People with a disability who receive UnitingCare Community services will be invited to participate in this research.

An investigation of reflective (or reflexive) practice in family dispute resolution practice

Susan Douglas, University of the Sunshine Coast

This research aims to produce an evidence base for understanding reflective and reflexive practice for family dispute practitioners. It aims to fill a gap by exploring how practitioners understand these terms and translate them into practice.

The research is conducted through the UnitingCare Community Family Relationship Centre in Maroochydore, Queensland. Interviews have been conducted and the final analysis is yet to be completed. Initial results were presented at the National Mediation Conference in Melbourne, September 2014.

Burnout among general and dementia-specific residential aged care staff: The role of self-efficacy, proactive coping, and reciprocity

J Walker, P Millear and M Katsiktis, University of the Sunshine Coast

The study aims to explore the relationship between the three dimensions of burnout (emotional exhaustion, depersonalisation and reduced personal accomplishment) and the personal psychological resources of professional self-efficacy, proactive coping and the job-related resource of reciprocity, at all three levels of the social exchange. A final report has been provided as work with Blue Care has concluded.

Stretching the comfort zone: Enabling and enhancing the midwife-woman relationship

Bridget Roache and Jennifer Kelly, University of Southern Queensland

The purpose of the project is to identify the strengths and weaknesses in the preparedness of midwives to transition from standard midwifery care to more autonomous midwifery practice, in line with the National Maternity Services Reform process. The broad aim is to identify educational and clinical opportunities to support midwives during this transition process and to inform midwifery programs.

The study will involve midwives at The Wesley Hospital and in the public sector.

The randomised control trial in residential aged care facilities of a telehealth project for Blue Care and Wesley Mission Brisbane

Melinda Martin-Khan, Leonard Gray, Sisira Edirippulige and Sanjoy Paul, The University of Queensland

Funded by National Health and Medical Research Council

The research aims to study the effectiveness of a telehealth intervention, specifically a weekly consultation with a geriatrician, in improving the perception of quality clinical care offered to residents in aged care facilities. Participating sites will be able to access RES-e-CARE free of charge for the duration of the trial which will be up to two years from early 2014. The study will involve a range of service providers including Blue Care and Wesley Mission Brisbane.

The hypothesis is that telehealth will be associated with:

- a reduction in hospital bed days
- a reduction in number of medications prescribed
- improved resident quality of care scores
- greater access to specialist services
- improved resident and family perception of care
- improved staff satisfaction and
- reduced cost of specialised transport.

Living well with prostate cancer

S Chambers, Cancer Council and Griffith University; D Smith, Cancer Council; M Berry, Macquarie University; S Lepore, Temple University, Philadelphia; E Foley, Mind Potential; S Occhipinti, Griffith University; M Frydenberg, Monash University; R Gardiner, The University of Queensland; M Stockler, University of Sydney; N Spry, University of Western Australia; L Nielsen, Cancer Council Queensland; S Clutton, Cancer Council Queensland; B McHugh, Prostate Cancer Foundation; P Dornan, Prostate Cancer Foundation; J Yaxley, consultant in private practice; P Heathcote, consultant in private practice; and I Davis, consultant in private practice

Funded by National Health and Medical Research Council

Prostate cancer is the most common male cancer in developed countries. In Australia, one in seven men are estimated to be diagnosed with prostate cancer in their lifetime. Men with advanced prostate cancer face additional physical and psychological challenges. Latrogenic effects of hormonal ablation, the main treatment for advanced disease, include mood disturbance, cognitive impairment, fatigue, and sexual dysfunction. To date no intervention research specifically targeting men with advanced prostate cancer has been reported.

The cognitive behavioural intervention approach to be implemented in this project is mindfulness-based cognitive therapy. Mindfulness involves open awareness of current experience and the intention to observe habits of reacting as they arise. Over time, the person gains the ability to be less reactive to difficult experiences and to approach equanimity regarding the illness experience, including negative emotions and thoughts.

The overall aims of the project are to assess the effectiveness of mindfulness-based cognitive therapy for ameliorating the psychological distress men experience with advanced prostate cancer; and to identify socio-demographic, medical or psychosocial variables that moderate or mediate improvement in outcomes for men with advanced prostate cancer. Blue Care and The Wesley Hospital will invite clients and patients to participate in the study.

The protocol for this research was published in 2013 in medical journal BMC Cancer (see pg 37 for the full reference).

Enhancing aged care through better palliative care

Karen Gower, Blue Care; Brooke Scutt, Blue Care; Deb Parker, The University of Queensland/Blue Care Research and Practice Development Centre; Elaine Taylor, Blue Care

Funded by Department of Health and Ageing

Blue Care is piloting an intensive palliative care service for people receiving aged care in a place of their choice. Specifically, a nurse practitioner will collaborate with a multidisciplinary team to provide flexible face-to-face and telephone services to clients and their family members with the aim of decreasing admissions to hospital, enhancing client choice in end-of-life care, and increasing satisfaction and quality of life by providing care in the home.

Results to date indicate the pilot is providing clients greater choice, with many people choosing to receive end-of-life care at home. The flexibility of the 24/7 phone service has also been effective, with the majority of crisis calls managed and resolved over the phone.

A qualitative study of the religious and spiritual beliefs of direct care workers in a residential aged care facility in the face of death, dying and suffering in the workplace

Helen Dick, The University of Queensland PhD student, UnitingCare Health

The average length of stay in residential aged care facilities means staff often develop significant relationships with residents prior to their passing. There is evidence that religious and spiritual beliefs are means by which workers cope with encounters with death and dying in the nursing home. This study explores religious and spiritual beliefs of Blue Care residential aged care facility staff.

A person-centred model of residential respite care transition support: The transition support – person-centred care program

Maria O'Reilly, Elizabeth Beattie, Queensland University of Technology; Christine Neville, Elaine Fielding, The University of Queensland

Funded by the Aged Care Service Improvement and Health Ageing Grants Flexible Fund

The study looks at the therapeutic usefulness and psychosocial impact of residential respite care and introduces Kitwood's Theory of Personhood in Dementia as the basis of an intervention. The study aims:

1. to explore the characteristics of the residential respite care experience for the person with dementia and their carers by following care dyads before, during, and after residential respite admission
2. to test the feasibility and potential efficacy of a person-centred intervention designed to enhance the residential respite care experience for care dyads through facilitating transitions between environments.

A care dyad typically comprises a person with dementia and their carer. Ascertaining the feasibility of this intervention, which is aimed at improving the transitions between home and residential respite care, may increase the use of residential respite care and contribute to the quality of life for both carers and people with dementia.

This research will take place at two Blue Care facilities, one designated the intervention site and the other, the control site. Between five and ten people with dementia and their carers will participate in the research.

The intervention employs a structured, person-centred approach which involves the appointment of a liaison nurse who will guide the care dyad through the pre-placement and placement process. Dyads in the control site will receive the usual care. The findings of the study may inform and facilitate changes to processes around residential respite care.

Evaluative research

The effectiveness of implementation support tools on the fidelity and outcomes of behaviour support plans

Kym McNally, Samantha McGowan, Disability Services, Department of Communities

Funded by Centre of Excellence for Behavioural Support

The aim of the research is to evaluate the effectiveness of a set of tools in enhancing the use of behaviour support plans, thereby creating behaviour change and enhancing the quality of life of people with cognitive impairment for whom the behaviour support plan is developed. UnitingCare Community clients are involved in this study.

The effectiveness of a portable eHAB telehealth system to deliver allied health and nursing care to Blue Care clients in the community

Glenys Webby, Kim Gasson, Vicki Plummer, Brent Hodgkinson, Ben Novak, Blue Care

Australia is challenged by a population which is ageing and geographically dispersed in rural and regional areas. This study is designed to test the ways in which Blue Care can employ the tele-rehabilitation tool eHAB when providing services to clients in regional areas around Toowoomba.

Blue Care has been experimenting with telehealth rehabilitation since 2011, testing the feasibility of providing allied health services from a regional centre based in a rural community.

In 2013, two further developments in relation to eHAB occurred. First, the eHAB system was updated to make use of Samsung Tablets and the tele-rehabilitation research unit at The University of Queensland secured funding from the National Broadband Network (NBN) to trial their eHAB system using the NBN Comprehensive Online Telehealth Assisted Care, or ConTAC. In 2013 it was decided to continue two projects that were evaluating stakeholder perceptions of telehealth services and to evaluate the acceptability and optimal design of a new service model designed to deliver nursing and allied health services via eHAB telehealth using one of three internet connections (NBN, ADSL or 3G/4G). The second is a longitudinal study following clients in the regional south west cluster of Blue Care through intake and subsequent delivery of one or more telehealth consultations using one of the three internet connection types.

Preliminary results suggest that 3G/4G service coverage is problematic for providing adequate telehealth services to clients.

The effect of humour therapy on antipsychotic, benzodiazepine and antidepressant use in people living in residential aged care

J Leow, Dementia Collaborative Research Centre, University of New South Wales

Residents in aged care facilities were involved in a trial of humour therapy called Play Up. Over 1 000 residents have participated in the Play Up program over the past two years. This study revisits their medication data to see if there was a decrease in antipsychotic, benzodiazepine, and antidepressant use over the time of the trial.

The impact of the Eden Alternative model of culture change

Assoc Prof Mark Hughes, Dr Sonya Brownie, all Wesley Mission Brisbane residential aged care clinical nurses and managers, Southern Cross University

The aim of this research is to gain insights into the process of culture change associated with adopting the Eden Alternative framework in residential aged care.

The Eden Alternative promotes quality of life for older people and their carers, and their philosophy is focussed on developing a culture of care that ensures the delivery of person-centred care.

This study is the first part of a two-stage project examining the implementation of the Eden Alternative principles across the residential aged care communities operated by Wesley Mission Brisbane. It aims to examine managers' understanding and experiences of implementing the Eden Alternative principles in their aged care community, including the way in which data from the Eden Alternative Warmth surveys are used to inform the change process. Managers' understanding of how the Eden Alternative philosophy reduces levels of loneliness, boredom and helplessness in aged care residents will be explored.

This study also seeks to examine managers' experience of their own and others' leadership to facilitate culture change, and the adoption of the Eden Alternative principles. It is expected that this study will provide the basis for the second stage of the project. The second stage of this project will follow a group of managers and staff as they implement the Eden Alternative principles within their residential aged care communities.

Australian Research Council Centre of Excellence for children and families over the life course

Geoff Woolcock, partner investigator, partner investigators from 21 partner organisations and 32 chief investigators from 15 Australian and international universities

Funded by Australian Research Council

The Life Course Centre, an Australian Research Council funded Centre of Excellence, has received funding of up to \$20m. There are two not-for-profit partner organisations, Brotherhood of St Lawrence and Wesley Mission Brisbane. This research will:

1. Focus on deep, persistent disadvantage (DPD) as enduring disadvantage in multiple domains. This shifts attention to those who do not acquire social goods rather than those who do; recognises entrenched disadvantage in terms of linked manifestations of adversity across multiple life spheres; and examines disadvantage over the life course, rather than artificially separating it into disconnected stages.

2. Combine studies of whole populations with studies of subgroups who are more vulnerable to DPD.
3. Focus not only on the causes and distribution of DPD, but on developing and assessing effective, implementable solutions.
4. Combine scientific disciplinary expertise from economics, psychology, sociology, criminology and statistics, with new data and analytical methods to yield innovative, comprehensive conceptual frameworks, research designs and empirical approaches.

It seeks also to:

- deliver research that enables targeted policy solutions and highly customised service delivery options
- build advanced infrastructure from new integrated data sources to enable research that has previously been impossible
- build research expertise and capacity in the government sector.

Creating the conditions for collective impact – transforming the child-serving system in disadvantaged communities

Professor Ross Hommel, chief investigator, with 10 partner investigators

Funded by Australian Research Council

This research, which is being undertaken in six Communities for Children sites in New South Wales and four in Queensland, is built on the CREATE model for building community capacity. UnitingCare Community provides the Communities for Children program in one of the four locations in Queensland. The project is the first stage of a planned seven-year research program. The research team is based at Griffith University. Project partners include the Prevention Research Centre at Pennsylvania State University, five government departments including the Commonwealth Department of Social Services (DSS), and five non-government agencies.

The project has two overarching goals:

1. To draw on recent advances in prevention science to build a set of structured processes and resources – a Prevention Support System (PSS) – to strengthen the developmental system in socially disadvantaged communities and make possible sustainable improvements in the wellbeing of children.
2. To test the PSS: (a) for efficacy in fostering community coalitions empowered to achieve collective impact, and (b) for transportability to new communities (including some Indigenous communities).

case study



Choice and dignity through end-of-life care at home

Aged care clients have been given the opportunity to choose where they receive end-of-life care through a palliative care service pilot offered by Blue Care in Brisbane's north-west suburbs.

Nurse practitioner and pilot lead Karen Gower said given the choice, people often opt to receive end-of-life care at home, rather than in hospital.

"For many, it's an easy decision to make. Receiving end-of-life care in the comfort and safety of their own home makes a lot of sense to them," Karen said.

Nurse practitioners in collaboration with a multidisciplinary team provide face-to-face and telephone services to clients and their family members. Through partnerships with local general practitioners (GPs), nurses perform advanced physical assessments, order diagnostic tests and prescribe appropriate medications.

"We can be flexible and responsive to people's needs through our intensive 24-hour specialist service," Karen said.

Though the data analysis is still in the early stages, the pilot is shaping up to be a success.

"Clients are already starting to experience the benefits. They are feeling empowered as they make more choices about the care they receive and are enjoying a greater quality of life. Clients' families have also provided positive and encouraging feedback.

"When families or patients have hit a crisis point, we've mostly been able to manage and resolve the issues over the phone. We hope this comprehensive end-of-life care service will help keep people from being admitted to hospital, if that is what they want," Karen said.

Blue Care staff have been very receptive to the pilot study, and also feel they have benefitted. Education sessions and mentoring support have been provided to the nursing staff involved.

"Staff say they have greater satisfaction with their job as they work to make people as comfortable as possible in the place they choose," Karen said.

To date, the pilot has received 107 referrals and is due to conclude December 31, 2014. As the preliminary results have been so positive, discussions are underway to incorporate the program into other Blue Care services across metro-north Brisbane.

"The number of referrals is a great sign of the pilot's success. GPs and hospitals are continuing to recommend their patients for the program, which is just fantastic," Karen said.

ongoing projects

Research that develops knowledge for practice

Optimising medical outcomes for residents with swallowing difficulties in residents of a Blue Care aged care facility

Lisa Nissen, Kathryn Steadman and Julie Chichero, The University of Queensland

The overall aim of this project, carried out by a team from The University of Queensland, is to determine the optimum methods of providing safe and efficacious medication administration for aged care residents with swallowing difficulties. When residents experience difficulties swallowing tablets, medications may be altered by crushing or opening capsules. These alterations may have safety, economic or legal consequences and reduce the efficacy of the medication.

The study involves a de-identified survey of those staff administering drugs to ascertain staff understanding of swallowing difficulty and how it impacts on their work, and to assess their understanding of the efficacy and safety issues associated with medication and alteration. The second phase is a time and motion study in one facility of medical rounds assessing the time taken, the time spent with each resident, the number of residents for whom medications need to be altered, and the alteration methods used.

Development and validation of risk assessment tools to guide management and prevention of venous leg ulcers

Professor Helen Edwards, Queensland University of Technology; Kerrie Storey, Blue Care; Charne Miller, Royal District Nursing Service, Victoria; Dr Diane Smith, Royal Brisbane and Women's Hospital, Blue Care

Funded by Department of Innovation, Industry, Science and Research – Wound Management Innovation Cooperative Research Centre

This study aims to address a gap in relation to a screening tool used to assist clinicians to rapidly detect leg-ulcers at risk of delayed healing or recurrence in order to guide timely and appropriate wound management and prevention decisions. The objectives of the project are to determine the predictors of delayed wound healing and recurrence of venous leg ulcers, develop and validate a risk assessment tool for delayed healing and venous leg ulcers, and develop and validate a risk assessment tool for recurrence of venous leg ulcers.

Patient recruitment continues and data collection and data entry is underway. The final data analysis is expected to commence at the end of 2014. Preliminary data analysis on the validation of the tool is promising.

Family-centred counselling for carers of people with dementia

Associate Professor Christine Neville, The University of Queensland; Professor Elizabeth Beattie, Queensland University of Technology; Associate Professor Deborah Parker, The University of Queensland/Blue Care Research and Practice Development Centre

Funded by Wicking Trust

This study, aims to develop an innovative web-based multimedia education program for community health workers, based on the New York University caregiver intervention. After training, these health workers will offer carers the opportunity to participate in the program and its use will be evaluated in terms of any improvement in the mental and physical health of carers, and in delaying admission to residential care.

Of the 25 community Blue Care health workers who began the research program, 13 are actively involved. Six community health workers are currently working with 11 carers and their families. The data to date indicates very positive outcomes for the carers. The research will conclude in 2015.

Sarcopenia among older Australians: Prevalence and risk

Justin Keogh, Bond University; Tim Henwood, The University of Queensland/Blue Care Research and Practice Development Centre; H Senior, PhD student, The University of Queensland

The aim of this follow up study is to investigate the consequences of sarcopenia among a population of older Australians in residential aged care. Previous work demonstrated that sarcopenia prevalence was high in residential aged care and the risk factors were nutritional status, BMI, level of sedentary behaviours and functional status. Data collection has now been completed and is yet to be analysed.

The Australian aged care nurse: Improving workplace satisfaction and staff retention

Adam Burston, PhD student, Australian Catholic University

The aim of this study is to refine and validate a questionnaire instrument to measure moral distress of aged care nurses in the Australian context. Moral distress is the situation that arises when a nurse has made a choice on a particular course of moral action but then finds she/he is restricted from pursuing that chosen course. Final analysis of the quantitative data collected for the validation of the moral distress scale is in progress.

Data collected during the interview phase will inform knowledge regarding factors contributing to the experience of moral distress for aged care nurses and will facilitate exploration of strategies to alleviate the occurrence and intensity of the experience. Preliminary analysis suggests that moral distress is a relevant issue for aged care nurses and that the amended instrument is a valid tool for use in the Australian aged care context.

Phase two will be piloted at Blue Care with registered nurses, enrolled nurses and unlicensed care workers in both residential and community care in Brisbane, Logan Ipswich and South Coast participating.

This research was published in 2013 in *Nursing Ethics and HNE Handover: For nurses and midwives* (see pg 37 for the full reference).

Bridging inequalities in rural and remote wound management through education and remote consultation

Pam Morey, Department of Health, Western Australia; Jenny Prentice, Department of Health Western Australia; Gavin Leslie, Curtin; Nick Santamaria, University of Melbourne; Brent Hodgkinson, Blue Care

Funded by Department of Innovation, Industry, Science and Research – Wound Management Innovation Cooperative Research Centre

Implementation of evidence-based wound care in rural and remote regions is often hampered by the lack of local clinical expertise and access to education. This project aims to bridge these inequalities by providing wound education using a combination of learning techniques as well as telehealth clinical wound consultancy.

This is a pre and post intervention evaluation study using two interventions, one related to education and the other to remote clinical consultation support. Six sites in rural and remote regions are participating across three Australian states. Blue Care is the research partner in Queensland.

Results of the study to date indicate an improvement in staff wound knowledge. The wound advisory service was found to be beneficial for both staff and patients. The electronic health record used for the study was generally well accepted, however some staff requested further education in relation to the drawing tool, more time to enter information, assistance to upload photos onto the system, and to use the site generally.

The development and refinement of the practice domain framework as a conceptual tool for understanding and guiding social practice

Rosalyn Darracott, PhD student, Queensland University of Technology

This research aims to further develop and refine the practice domain framework, a conceptual framework to assist social care practitioners to understand complex practice situations, and hence assist them to increase their ability to offer the most effective service. UnitingCare Community participated in phase three of the research, which involved an online survey of practitioners with at least two years of experience in a range of social care roles and training backgrounds.

It was identified that gender, stage of life and personal spirituality influenced people's practice. Early analysis suggests the type of organisation (private practice, non-government, government,) along with perceived legislative authority are important contextual factors people identify as influencing their practice. It is yet to be determined whether the contextual factors are stronger explanatory variables than the personal factors. The research identified 102 influences on practice for inclusion in the refined practice domain framework, with these organised into 23 factors. While there were some between-group differences none are strong enough to warrant the development of separate frameworks. The framework is being reconceptualised.

Quality of life and care for people with dementia in residential care facilities

Professor Elizabeth Beattie, Queensland University of Technology; Professor Wendy Moyle, Griffith; Rhonda Nay, La Trobe; Professor Barbara Horner, Curtin; Lynnette Chenoweth, University of Technology, Sydney; Maria O'Reilly, Queensland University of Technology; and Elaine Fielding, Queensland University of Technology

Funded by Dementia Collaborative Research Centre

The overall aim of this project is to gain an in-depth understanding of the quality of life and care for people living with dementia in residential aged care facilities in Australia. To gain an in-depth understanding of quality of life and the factors that affect it, data will be gathered from a range of sources including the facility, the staff, the residents with dementia and their family members, including those from Blue Care. Factors that affect quality of life will be examined and may be used to inform policy changes and service improvement.

The study uses a cross-sectional design. The sample will comprise residents with a diagnosis of dementia, family members and staff in 48 residential aged care facilities in five states and territories. In Queensland, 10 facilities participated, with 5-15 residents sampled from each facility.

Staff members in participating facilities will be invited to complete the care culture questionnaires. When resident participants have been confirmed, their primary care staff will be identified and invited to participate in providing quality of life information about the resident.

From research to practice: Harnessing the evidence for evaluating effectiveness in child inclusive family dispute resolution at Family Relationship Centre Logan

Norma Williams and James Schier, UnitingCare Community

This project aims to develop an evidence base for best practice in family dispute resolution at the Family Relationship Centre Logan. It compares two processes of family dispute resolution. Child-inclusive family dispute resolution will be trialled, and then compared to the existing process of child-focussed family dispute resolution. Child-inclusive family dispute resolution differs from the existing approach in that it includes consultation with children to explore their experiences of parental separation, whereas child-focussed family dispute resolution does not.

Data has been collected from 432 adult clients, 7 practitioners and 107 children. Analysis of these findings is yet to be completed. However, a review of the intake and assessment tool has been completed; child-focussed practice is being strengthened through on-going professional development; and child-inclusive practice activity has been documented. Some advanced practitioners have attained the capacity to act as child and family dispute resolution practitioners, rather than separating the two roles.

Scabies prevalence and management in Sunshine Coast aged care facilities

Dr Kate Mounsey, Associate Professor Shelley Walton, Dr Florin Oprescu and Dr Cielo Pasay, University of the Sunshine Coast

This pilot study aims to document disease prevalence and incidence, knowledge, attitudes and practices regarding scabies in Sunshine Coast aged care facilities, and to use this information to design appropriate educational resources for healthcare workers. It will therefore assess local health care workers' knowledge, attitudes and practices in relation to scabies and its control; undertake retrospective chart reviews to identify prevalence and incidence of scabies, the treatment options used and the risk factors; and design educational resources for healthcare workers to improve scabies awareness and control.

Facility recruitment and data collection are in progress.

Playful engagement and dementia

Associate Professor Michael Balfour, Professor Wendy Moyle, Professor Marie Cooke, Griffith University, Professor Judy Wollin, Griffith University, Wesley Mission Brisbane

Funded by Australian Research Council

This project aims to assess the benefits of relationship-based applied theatre practices for people with dementia and carers in Wesley Mission Brisbane aged care facilities who are directly and indirectly involved in the study. The general progressive decline in mental functioning that occurs with dementia has a significant impact on social interactions and relationships, leaving a person with dementia susceptible to feelings of loneliness that can lead to social isolation. Recent research has emphasised the importance of meaningful relationships between people with dementia, family and staff, and the significance of these relationships in improving quality of life, and reducing depression, feelings of loneliness, and social isolation.

Establishing the clinical efficacy of the Brief Fatigue and Associated Symptoms scale

Judy Wollin, K Hooper, S Barlow, T Burke, S Stevenson-Hall, R McLay-Barnes Flinders Medical Centre; Institute for Immunology and Allergy Research Westmead Millennium Institute, Sydney; Neuroscience Outpatient Department, Dunedin Hospital

A new scale has been developed from previously validated and reliable instruments used to establish the presence and severity of fatigue and to screen for major contributing factors including pain, depression and sleep disturbance. To date, very little research has been conducted in the clinical arena that addresses the assessment and management of fatigue in people with Multiple Sclerosis and its major contributing symptoms.

The assessment of fatigue in people with Multiple Sclerosis is integral to a sound diagnosis and appropriate therapy. The new scale will provide a brief, but comprehensive instrument to assess fatigue and screen for major contributing factors in people with Multiple Sclerosis either in person or via the telephone. People with Multiple Sclerosis who receive Wesley Mission Brisbane services are involved in this research. This information can then be used to guide practice.

Kids in Community Study (KiCS)

Geoff Woolcock, Sharon Goldfeld, Royal Children's Hospital Melbourne; and six chief investigators

Funded by Australian Research Council

The Kids in Communities Study (KiCS) is an ongoing cross-disciplinary international collaboration of experts from Australia and Canada in the areas of early childhood health and development, health services research, social science, urban planning, and government policy. The KiCS study was established in order to better understand how community-level factors in five areas – physical environment, social environment, socio-economic factors, access to services, and governance – are influencing early childhood developmental outcomes, based on results from the 2009 and 2012 Australian Early Development Index (AEDI, now AED Census).

Using an innovative research approach, this project aims to identify modifiable community level factors that influence children's health and developmental outcomes in areas of advantage and disadvantage across Australia. Based on a successful pilot study conducted in two local communities in Victoria in 2010, the KiCS study has received an Australian Research Council Linkage grant from the Australian Government enabling the study to expand to at least 18 communities in Victoria, New South Wales, Queensland, South Australia, and Australian Capital Territory, from 2014-2016. A Wesley Mission Brisbane centre in Logan is participating.

KiCS investigators include academic experts from six universities, and policymakers and child development professionals from 10 government and non-government partner organisations. The research team is investigating two research questions:

1. Are there local community level factors that are consistently related to better outcomes for children, particularly in 'off diagonal' (low income/low vulnerability; high income/high vulnerability) communities?
2. Of these, what are the best measurable and modifiable community level factors that influence children's developmental and health outcomes across communities?

The many faces of poverty: A month in the life of Wesley Mission Brisbane's emergency relief

Dr Peter Walters, Assoc Prof Lynda Cheshire, Dr Laurel Johnson, Dr Sonia Roitman, Ms Charlotte ten Have, The University of Queensland

Wesley Mission Brisbane approached The University of Queensland's Housing and Urban Studies (HAUS) group to conduct research at Wesley Mission Brisbane's Emergency Relief service. The aim of this project is to conduct both qualitative and quantitative research on the nature and background of the people using the Wesley Mission Brisbane Emergency Relief Service in Fortitude Valley, Brisbane, during the month of October, 2014.

Data was gathered primarily through a questionnaire featuring structured and open-ended questions, which was administered to clients at the relief centre. Some administrative data held by Wesley Mission Brisbane, such as the total value of emergency loads provided during October, was also used.

The research will be of immediate benefit to Wesley Mission Brisbane by allowing staff to gain a better understanding of the nature and background of their clients and providing them with an evidence base for advocacy, fundraising and improved services, particularly in the lead up to Wesley Mission Brisbane's annual Christmas appeal. The research will also provide the investigators with data which will allow them to produce longer term academic outputs on topics such as inner city poverty and disadvantage; gentrification; the geographic spread of homelessness and poverty; and specific gendered, ethnic and life course aspects of poverty in an affluent city.

Evaluative research

A study of the impact of therapeutic massage in Youngcare and Wesley Care residents

Judy Wollin, Marie Cooke, Margaret Janz, Julie Yule, Geoff Woolcock, Griffith University

The immediate aim of the research is to evaluate the impact of therapeutic massage on young residents at Wesley Mission Brisbane's Youngcare Coomera, Youngcare Jindalee and Wesley Care Tewartin. A long term aim is to lay the foundation for future research addressing massage therapy for these young residents living with complex and high level disabilities.

Pain management in residential aged care facilities

Dr Clint Douglas, Queensland University of Technology; Professor Judy Wollin, Helen Brown, Suzanne Meakin, Cynthia Cull, Pauline James, Sheila Morgan, Julie Latham, Leigh Kitching, Wesley Mission Brisbane

The purpose of this study is to develop and test the effectiveness of implementing a pain identification tool for use by nursing and non-professional staff in Wesley Mission Brisbane residential aged care facilities. This study will utilise a quasi-experimental research design in order to evaluate the effectiveness of implementing a pain identification tool for personal care assistants and other staff working in residential aged care.

A non-equivalent control group before-after design will be employed with the pain intervention implemented in nine nursing homes. Four of these will serve as the comparison group. Data on staff knowledge, attitudes and confidence about recognising pain among residents, documented pain assessments and use of pain interventions, as well as residents' perceptions of pain management will be collected. This will occur before the intervention, and again four to six months after implementation.

A research trial of 1:1 training aimed at improving computer use in seniors

Julie Yule, Neil Harris Griffith University, Geoff Woolcock, Griffith University

In order to explore the role of computer use in social connectedness, Wesley Mission Brisbane needs to first establish a means of improving computer use in seniors. This research aims to test whether or not 1:1 training improves seniors' computer use. Current users of the Wesley Mission Brisbane Allied Health Area West services will be provided with an invitation to consider participating in the research. A long term aim is to lay the foundation for future research, addressing social connectedness and computer use.

Evaluation of the OnTrack Diabetes Program: An automated, web-based intervention aiming to improve Type-2 Diabetes self-management and dysphoria

S Parham, M Cassimatis, Queensland University of Technology; Professor D Kavanagh, Queensland University of Technology; Professor A Hills, Queensland University of Technology; Associate Professor A Smith, The University of Queensland; P Scuffham, Griffith University

This study by a Masters of Clinical Psychology student investigates the effectiveness of the OnTrack Diabetes program, an automated online Type-2 Diabetes and dysphoria intervention, in improving the clinical and psychological states using a randomised controlled trial. The project team are currently recruiting participants from Blue Care and other service providers.

The national rollout of the Palliative Approach Toolkit for residential aged care facilities

Associate Professor D Parker, K Clifton, The University of Queensland/Blue Care Research and Practice Development Centre

Funded by Department of Health and Ageing

The purpose of this project is to evaluate the roll-out of the Palliative Approach (PA) Toolkit with enhanced supportive resources across Australian residential aged care facilities. The PA Toolkit enables the translation of best available palliative care evidence into effective day-to-day practice by staff caring for residents at the end of their lives. The supportive resources establish a management care framework to ensure successful PA Toolkit implementation and sustainability.

As part of the evaluation of the Toolkit, there will be two optional audits:

1. an after death audit
2. an organisational policies and structures audit

Twenty Blue Care residential aged care facilities participated in the organisational and residential level audits. Data on 216 residents, pre-implementation and 218 residents, post implementation is currently available. Preliminary data analysis indicates improvements including decreased length of stay for hospital transfers, increased documentation of end of life care decisions, increased number of palliative care case conferences conducted and increased use of an end of life care pathway. Organisational data is yet to be analysed.

The PA Toolkit has been incorporated into the Blue Care palliative care program and the after death audits are currently recommended for use in aged care facilities for quality assurance purposes. The organisational audit has been adapted for use in the Blue Care palliative care program (both community and residential) and is currently being rolled out across Blue Care.

The useability and effectiveness of add-on features of an electronic nurse/carer call bell system used in residential aged care facilities

Sharyn Farr, Rebecca West, Michelle McKay, Glenys Webby and Brent Hodgkinson, Blue Care

In 2010, Blue Care began to implement a full Internet Protocol (IP) solution to nurse/carer call systems in their residential aged care facilities. This project aims to evaluate carer response times and daily distance travelled and the usability and effectiveness of the peripheral options integrated into the nurse/carer system. The project will use a longitudinal trial with a before and after assessment in two trial Blue Care facility sites by evaluating outcomes using this system before the addition of peripheral options and again after these options have been activated.

The project has been extended due to difficulties in getting the technology (add-ons) installed in the trial facilities. This has now been completed. The trial is expected to be completed by the end of 2014 with a final analysis completed early 2015.

Evaluation of an electronic medication system in Blue Care residential aged care facilities

Karen Bennett, Michelle McKay, Glenys Webby, Gerri Donaldson, Brent Hodgkinson, Blue Care

The aim of this project is to evaluate the effectiveness of the DoseEdge system in reducing medication errors and medication administration times in selected Blue Care facilities. The research uses a longitudinal trial with before and after assessments in three sites by evaluating outcomes before and after the implementation of the DoseEdge system. The option exists to also track the outcomes in a comparative facility that does not receive DoseEdge during the trial period.

The project has been delayed pending the evaluation of the DoseEdge system's capacity to integrate with Blue Care's Client Information System.

case study



Performance duo 'The Lamingtons' put on a show for people with dementia

Based in the era of Ginger Rogers and Fred Astaire, The Lamington's characters 'Dumpling' and 'Tiny' perform and interact with dementia patients to improve their quality of life through playful engagement, humour and social connection.

Applied theatre practitioners The Lamingtons are specifically trained to work in residential aged care facilities with people living with dementia. They draw on people's rich and unique life

experiences to engage and stimulate clients. Rather than offer set entertainment, the duo use play that is spontaneous and improvised and builds on positive responses and engagement.

The initiative is part of the Playful Engagement project run by Wesley Mission Brisbane and the Griffith University. It investigates the benefits of engaging residents with the relationship-based theatre performances in an effort to address issues of social isolation, depression and feelings of loneliness for people with dementia.

The Playful Engagement project's person-centred philosophy is based on empathy, empowerment and respect. Theatre sessions run over 22 weeks and vary in duration based on availability, need and interest of the participants.

The project is funded by a three-year Australian Research Council Linkage grant and is ongoing.

completed projects

Research that develops knowledge for practice

Spaces of ageing: The distinctive geography of residential complexes

Maree Petersen, The University of Queensland

This study was part of a larger piece of research which explored the ways a sense of social space is created within a residential complex from the perspective of staff and residents. This piece of research focussed on the views of residents. Twenty-two older people living in independent living units or nursing homes were interviewed. Residents were varied in their views on how the residential complex challenged, enabled, compromised and hindered their social acts (spatial practice) in the spaces available to them. Blue Care residential aged care facilities and clients participated in the study.

Residential complexes supported spatial practice when they were seen as inclusive and able to provide the care needed. This positive outlook was fostered when residents were constructively engaged with people in and outside the complex, and when they saw continuity between their current and prior lives and occupations.

Spatial practice for some older people was problematic to establish and maintain. These difficulties were largely understood in relation to loss of home, space, occupation and the anxiety of adapting.

The research highlights the heterogeneity of older people's lives and identifies the issues that arise when residential care spaces are not conducive to older people's past patterns of behaviour.

This research was published in 2013 in *Housing Studies* (see pg 37 for the full reference).

Queensland pancreatic cancer study

R Neale, J Fawcett, D Whiteman, L Fritschi, P Webb, H Risch, L Braatvedt, and F Millar

This population-based case-control study aimed to understand the genetic and environmental risk factors for pancreatic cancer, and the interactions between them. Participants were Queenslanders aged over 18, who were diagnosed with pancreatic cancer between January 2007 and June 2011. Seven hundred and five participants were recruited through a state-wide network of clinicians in hospitals, private practices and relevant community service organisations, including UnitingCare Queensland. The control group was randomly selected from the electoral role with matching by gender, age and location and comprised seven hundred and eleven participants.

The results suggested that those with light skin colour or those born or living in areas of high ambient ultraviolet radiation have a lower risk of pancreatic cancer, which is possibly mediated through production of vitamin D.

This research was published in 2013 in *Cancer Epidemiology* (see pg 37 for the full reference).

Let's talk about change. Middle managers in aged care: Challenges, career pathways and adjustment to change

Ellen Meissner, Professor Jill Wilson and Professor Victor Callan, The University of Queensland

This PhD study investigated the current demands and challenges faced by middle managers in the aged care service sector, including their perception of ongoing change and the extent to which this perception is influenced by employee identification as a nurse or a manager. The project developed and tested a statistical model of organisational climate and managerial identity factors and identified how these influence middle managers' adjustment to change and their intention to stay or leave their organisation.

Middle managers who perceived the state of their organisation (organisational climate) more positively reported feeling more in control of change (change control) and were less likely to have an intention to leave their organisation. All organisational climate factors and their managerial identity had an effect on the adjustment indicator except for the information factor. The effect of information on intention to leave was fully mediated through change control. Thus, the more positive the perception of career progression, peer relationship, information, overall empowerment and support and the stronger their managerial identity; the more amenable middle managers were to organisational change.

The divergent perceptions of managers from clinical versus managerial backgrounds need to be considered in order to foster positive relationships among middle managers. It is recommended organisations support their aged care managers to build a positive managerial identity by providing clear role responsibilities and training and development that enables them to successfully fulfil their roles. Management in this sector should be considered as a career pathway rather than natural progression, and corresponding structures and support systems should be in place.

The development of an appropriate model of pastoral care for those in the dementia journey – being responsive to the ongoing emotional and spiritual needs, including grief

Dianne Crowther, Blue Care

This study aimed to propose a model of pastoral care responsive to the needs of caregivers and wider members of local Uniting Churches. The caregiver study highlighted issues of ambiguous and disenfranchised grief, emotional burden, isolation and spiritual distress. Spiritual coping strategies were employed by all caregivers, and caregivers commonly said they desired the ability to talk with someone who could offer empathy.

The study of pastoral practices among local churches indicated some pastoral care for caregivers and some limited spiritual care for persons with dementia. Gaps in practice included an absence of planned ongoing pastoral care for people with dementia and their caregivers, and for caregivers, following the death of the person.

The research highlights a significant lack of pastoral care for people with dementia, and a lack of funding for this service. Advocacy within churches was recommended to draw community attention to the need for healthy empathic relationships and worship that is inclusive of people with dementia. A model of care is proposed that aims to build healthy Christian congregations with sensitive worship practices, which also includes an advocacy framework highlighting the needs of older people with dementia and their carers.

This research has significant implications for community care providers such as Blue Care, which seek to offer holistic care.

When do community nurses seek help? Factors influencing consultancy seeking for wound care in spinal cord injury

Delena Amsters, Julie Ladhams and Sarita Schuurs, Spinal Outreach team, Princess Alexandra Hospital

This project aimed to investigate the factors influencing the decision by a community nurse to seek consultancy on spinal cord wound care. Blue Care nurses participated in the research.

Through exploring the components of the decision making process, barriers to seeking or obtaining consultancy services will be identified, hence improving care. Preliminary analysis reveals four factors which impact consultancy seeking - current wound management, patient health, professional relationships and workload. This work is one component of a broader study undertaken by the Spinal Outreach team which is investigating the nature of consultancy among health professionals.

Engaging in Care: An exploration of Blue Care's engagement with care service users

Dr Andrea Petriwsky, The University of Queensland/Blue Care Research and Practice Centre

This study aimed to explore and compare practice, knowledge and attitudes regarding service provider engagement with people receiving aged care services. It explored the theory and practice surrounding engagement espoused throughout Blue Care. These engagement processes are seen as fundamental to the newly adopted model of care called Tailor Made. Forty-four key Blue Care documents (e.g. policies, guidelines and publications) were evaluated. Twenty-two focus groups and interviews with 94 care staff, and 14 focus groups and interviews with 85 Blue Care clients were also conducted.

Clients should have input into organisational decision making as well as decisions around all aspects of their care. The factors that helped or hindered this engagement with clients were related to attitudes, beliefs, knowledge and behaviour of staff. Clients valued workers who had good relationship-building and communication skills and who were respectful, knowledgeable and flexible. A range of factors affected the engagement process with clients. These included limitations on staff time and resources, knowledge of alternate resources, funding limitations and regulation, connections and continuity experienced between services, family involvement, and the ability to make flexible arrangements for engagement. A range of factors were seen as important in engaging with clients from different cultural backgrounds, clients from rural and regional communities and clients with cognitive or communication challenges.

Seven principles for engagement relevant to Blue Care were identified and guidelines for engagement based on these findings are currently being developed.

Wound management education and training project

Karen Innes-Walker, Queensland University of Technology

The aim of this project is to facilitate the adoption of best practice wound management by undertaking a needs analysis and the consequent development and implementation of a plan for effective delivery of wound care education and training throughout Australia. This project forms part of the work done by the Wound Management Innovation Cooperative Research Centres, of which Blue Care is a partner.

The data supported the need for more wound care management education and training, particularly regarding the utilisation of wound identifications and the understanding of wound products, pharmaceuticals and devices.

The occupational groups with the highest need appear to be those working in primary health care, such as practice nurses and general practitioners, and those working in residential aged care facilities. The education and training stocktake identified a wide range of activities currently available, with the majority being provided in face-to-face formats.

Outcomes include the launch in May 2014 of an online directory of wound management education and training called "Wound Learning Hub" www.woundlearninghub.com

This research was published in 2013 in Wound Practice and Research (see pg 37 for the full reference).

Analysis of perceived and actual coping capacity of new telephone crisis support workers

Gayle Moore, Dr Pieter Rossou, The University of Queensland

This research aimed to identify the areas of skill/knowledge in which new crisis support workers perceived themselves to lack, before they began volunteering on the Lifeline telephone crisis line, and after they completed the 16 hour practicum component of training. The study also aimed to measure the extent to which volunteers' perceptions of competency (in specific skills/knowledge situations) were anticipated to impact their sense of wellbeing while on the telephone. Finally, it aimed to explore whether coping capacity correlates with subjective reports of psychological stress and anxiety.

The results indicated there was a statistically significant increase in telephone counsellors' confidence, control/self-efficacy and self-predicted ability to cope from before to after practicum. The differences between predicted and actual impact on wellbeing was also seen to be positive. Situations where telephone crisis supporters were well-supported at work and experienced caller satisfaction were found to most positively impact on their wellbeing. Callers' confidence in managing negative client types impacted their wellbeing the least positively. These findings are being incorporated into the training and support for volunteers.

IDEAL Project: Improving dementia end of life care at local aged care facilities

Tim Lockett, Jackie Haywood, Judy Wollin, Queensland University of Technology, University of New South Wales, Hammond Care, University of Technology, Sydney

The investigators tested whether the quality of such care can be improved by facilitated case conferencing. Case conferencing is an approach that brings together aged care staff, health professionals and families to plan person-centred management that is based on best practice. Wesley Mission Brisbane services participated in the research. The approach investigated was found to improve outcomes for aged care residents with advanced dementia.

Transgender and intersex clinical and non-clinical care pathways: A strategy paper

G Woolcock, M Hildebrand, Wesley Mission Brisbane

Supported by Queensland Health

Currently in Queensland, people from the transgender community, across all age ranges, experience extreme difficulty in locating and receiving:

- quality health care services including primary, specialist and tertiary care
- services specifically related to transitioning and mental health assessments
- non-clinical services that meet particular needs associated with Gender Identity Disorder

This review, conducted throughout 2012-13, sought to identify key clinical and social issues for transgender persons and their service providers, and the models of care that operate across the state, nationally and internationally. It then sought to evaluate those models of care in an effort to improve service delivery and access in both clinical and non-clinical domains across Queensland for the transgender community. It is hoped that the review may serve as a basis for the adoption of a model of care in Queensland that is multi-dimensional, holistic and sustainable.

Encouraging better practice in aged care – emerging leaders

Fran Harney, Duncan Lloyd, Metropolitan South Institute of TAFE Queensland

Funded by the Australian Government's Department of Health and Ageing's initiative Encouraging Better Practice in Aged Care

The aim of the 'Emerging Leaders' project was to focus on improving leadership in order to improve service to clients. Leadership roles for this project were not limited and encompassed all roles within the aged care sector. Participants in the leadership training worked on real care processes which as expected, benefited both residents and aged care providers.

Testing the culture: Residents and family Eden warmth surveys across Wesley Mission Brisbane

C Douglas, J Wollin, Queensland University of Technology

The aim of this study was to establish the current 'warmth' of Wesley Mission Brisbane residential aged care homes from a resident and family perspective. Wesley Mission Brisbane has adopted the Eden Alternative as the framework to inform their delivery of person-centred care and uses the Warmth Surveys to assess it. Eden Alternative Warmth Surveys measure the levels of optimism, trust and generosity in a care setting.

The Eden Alternative philosophy is focused on developing a culture of care that ensures the delivery of person-centred care. There are currently more than 35 residential aged care facilities in Australia and New Zealand actively involved in implementing the Eden Alternative (Brownie 2011). Despite the growing popularity of the Eden Alternative, there is limited evidence of the effectiveness of this model related to person-centred care (Rahman and Schnelle 2008; Brownie and Nancarrow 2013). This research provided some insight into this relatively unexplored area.

Evaluative research

Evaluation of comprehensive online telehealth assisted care (ConTAC)

D Theodoros, N Peel, L Gray, A Smith, T Russell, C Norton, The University of Queensland

The project is designed to evaluate participant perceptions of the telehealth services, general factors associated with client care, and the organisational economics involved with providing telehealth services.

The majority of residents in Blue Care residential aged care facilities were satisfied with most aspects of the telehealth service, except for the audio quality. Service providers reported higher levels of satisfaction. The majority of respondents considered that telehealth improved access to care and was a useful adjunct to clinical practice. Sound quality was a key limitation, resulting from poor 3G or 4G network connectivity. Consequently, just over half the older people and service providers did not agree they received the same standard of care as a face-to-face service.

Two community care organisations were analysed and it was found that providing telehealth service resulted in significant savings in terms of time, distance travelled and staffing costs.

The overall aim of ConTAC was to deliver a comprehensive, coordinated medical, nursing, palliative and rehabilitation telehealth service that was sustainable and scalable to older people living in residential aged care facilities, or in their own homes in the south-east corner of Queensland. ConTAC facilitated improved access to health services in rural and metropolitan areas. The project has been successful in establishing a sustainable and scalable model of telehealth services in residential aged care facilities based on the RES-e-CARE commercial model. Connectivity problems remain an issue to be resolved.

A number of real and perceived barriers to the uptake of services in the ConTAC project were identified. The project has provided valuable insights into the processes involved in establishing a telehealth service within an organisation, and the barriers and facilitators inherent in these processes.

Quality care for people with dementia in the community – testing the efficacy of a communication skills training program for professional community-based home care workers

Dr Erin Conway, Professor Helen Chenery, The University of Queensland Centre for Clinical Research

The primary objective of this research was to investigate the efficacy of the MESSAGE Communication Strategies in Dementia Training for professional community-based care assistants. The training focussed on developing competence in person-centred communication strategies to engage people with dementia.

Sixty-two staff members from 14 community care centres, including staff from Blue Care and Wesley Mission Brisbane, were recruited. Forty-five people with dementia and their informal carers were also recruited. Staff were randomised into either a training group or a waitlist control group. The results suggest the training significantly improved staff knowledge of ways to support people with dementia, both immediately after training and at the three month follow-up. There was also a significant improvement following training on measures of staff efficacy and preparedness to provide care. There were no significant differences post training in cognition or mood for the people with dementia.

Overall the research suggests that participation in the MESSAGE training program results in positive outcomes for staff in community-based aged care. Blue Care has provided a copy of the training to all of their residential aged care facilities.

The use of nutritional supplements versus common foodstuffs to ensure nutritional benefit in residents of aged care facilities

Stuart Donohoe, Rachel Denning, Brent Hodgkinson, Blue Care

This study aimed to discover whether commercial nutrition supplements are as effective in providing the required levels of nutrition, as natural products in the production and preparation of residents' meals. Nutrition was measured by maintenance or improvement in body weight.

The study collected 12 months of weight data for 210 residents pre and post intervention. The majority of clients in both groups maintained their weight over the study period. It was concluded that natural and commercial supplements were equally effective at maintaining client weight.

These results led to a change in Blue Care policy. Wherever possible, natural supplements will be used to fortify foods. Commercial supplements are to be used on an individual basis and only under the direction of a general practitioner or dietician.

The cost-effectiveness of a no-rinse bed bath regimen and its impact on skin integrity in residents of a Blue Care aged care facility

B Thomson, M Clarkson, J Kennedy and B Hodgkinson, Blue Care

The aim of this research was to determine the effectiveness of a waterless bed bath product to maintain or improve skin integrity in residents of an aged care facility and to reduce the variability of use of other skin care products that may not be cost-effective. This product was found to be as effective as soap and water in maintaining skin integrity, with a significant improvement in the incidence of bruising. This reduction was associated with less manual handling of residents with the waterless product.

The Service Manager at the facility is awaiting the cost analysis before determining any wider roll out of the bed bath system.

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