TRACS EVALUATION

WORKSHOP 1, CANBERRA, DECEMBER 10TH 2012

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WISeR
Informing Decisions

CONTENTS

The Department of Health and Ageing TRACS Team, L to R, Nadine Stephen, Anandhi Raj, Dr Susan Hunt, Beth Sainty-Gale, and Chantelle Hayes

1   INTRODUCTION

1.1   THE TRACS EVALUATION

The national TRACS evaluation is formative in nature, working with funded projects from early in the Program's implementation. The evaluation methodology involves two national workshops, one at the beginning and one at the end of the evaluation. The *National Workshops* provide an important means of engaging project stakeholders in the evaluation, and form part of the evaluation's *Communication and Stakeholder Engagement Strategy.* The first three key deliverables involve designing, running and reporting on the first National Workshop, developing an Evaluation Framework and an evaluation Communication and Stakeholder Engagement Strategy. All three were addressed in the Workshop, with participation sought from project stakeholders as a critical part of the process.

WISeR Workshop Facilitators: Ann-Louise Hordacre, Cecilia Moretti and Kate Barnett

1.2   WORKSHOP 1

The First Workshop was held on December 10th 2012 in Canberra, and was structured with the following objectives in mind:

1. to enable project representatives to meet and begin to familiarise themselves with each others' projects;

2. to share important TRACS related information;

3. to brief representatives on the draft Evaluation Framework and associated processes, seeking their feedback on this;

4. to explore with representatives issues associated with data collection for the evaluation, identifying existing project-level data collection and obtaining input about the scope of data collection; and

5.   to initiate a process wherein Project stakeholders become part of a Learning Network/Community of Practice associated with the provision of teaching aged care research centres.

Rosie Bonnin (Adelaide University Project) and Kate Thomson (Resthaven)

Refer to **Appendix A** for a list of Workshop Participants and their email contact details, and to **Appendix B** for the Workshop Program.

2   WORKSHOP OUTCOMES

Dr Susan Hunt opened the Workshop, providing an overview of the development of the TRACS program. Dr Hunt noted that many of the funded projects involved large consortiums and that managing relationships in partnerships of this size is likely to be a challenge, while generally across TRACS projects, managing relationships that involve multiple stakeholders is a shared challenge. She also noted the scope for cross-fertilisation between TRACS and other initiatives - for example, the Nurse Practitioner program and the EBPAC (Encouraging Best Practice in Aged Care) program[1].

In the opening session of the Workshop WISeR presented a brief overview of the scoping study and its findings which informed the TRACS Program. Hard copies of that report were provided to participants[2]. A powerpoint copy of the presentation will be made available when the WISeR TRACS Evaluation website goes live (anticipated by end March 2013).[3]

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[1] See http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-bestpractice-program-ebprac.htm
[2] Available at: http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-teaching-nursing-homes-discussion-paper-toc
[3] Available from March 2013 at www.adelaide.edu.au/wiser/tracs

Feeding back after group discussions

2.1 INDIVIDUAL PROJECT PRESENTATIONS

A key purpose of the Workshop was to provide Project representatives with the opportunity to gain a better understanding of each other's projects and to get to know each other. Therefore, the morning sessions were structured for presentations by each Project to give a brief outline of their purposes, partners, and activities.

Some projects provided powerpoint presentations and these will be available on the WISeR TRACS Evaluation website in the near future.

Summaries of each Project are available on the DoHA website[4].

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[4] Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-dynamic-sector.htm#teaching

2.2 WISⴹR's Overview of the Project Presentations

The evaluators provided a re-cap of the project presentations, noting that although each Project is distinct and that together they represent a diverse group, there were threads that linked them – for example, curriculum reform to better meet aged care industry needs and reform associated with consumer directed care, and better practice in clinical placement to support improved aged care workforce planning and development. The Projects range from those that have long-established affiliations and partnerships existing prior to the TRACS Program, to those which are relatively new and whose implementation is linked to the Program.

Regardless of the length of time involved, it is clear that the Projects are **dynamic** not static, and **evolving** continuously, making it critical to design data collection in such a way that these nuances are captured over time.

Jodie Hughson (Anglicare), Helen Rawson (Deakin U), and Alison Hutchinson (Deakin U)

Key features that were apparent across the presentations were:

⇨   Each Project is in some way **innovative** – all are trialling new approaches, particularly in curriculum reform, in clinical placement, in aged care practice and in developing TRACS-specific resources and tools. Many are making innovative use of new technologies to enhance their activities. This is seen as key response to build the profile and attractiveness of career pathways in aged care, by highlighting the rich diversity of opportunities available in developing the capacity to participate in cutting edge research and practice (either directly or as mentors to research partners).

⇨   There is a consistent focus on the **iterative relationship between clinical practice, research and education**, with an additional focus on **shared leadership between** staff, students and teachers/trainers in responding to emerging issues. A close engagement across these areas and groups assists in identifying issues, generating research, and informing training.

⇨   **Curriculum reform** is often associated with developing care that is consumer focused, and supports the implementation of Consumer Directed Care (CDC).

Barbara Squires (University of Wollongong/IRT Project) and Katie Davies (IRT)

⇨   **Clinical placement reform** typically has a longer term workforce development focus – designed to make placement in an aged care service positive so that career pathways into aged care are initiated and current challenges in attracting young people into the sector are addressed. Some are offering scholarships and fellowships as incentives to students.

     Through considered clinical placement, students are offered opportunities for hands-on training and experience, both within aged care facilities and in community settings. A number of programs are switching to a person-centred rather than a task- centred focus with students, with the use of complex case studies discussed in an interprofessional mode emerging as an important training strategy.

⇨   The **use of new technologies** highlights a digital divide – between those who are highly aware and able to apply these, to those whose digital literacy will require development. There is recognition that new technologies will play an increasing role in the aged care sector and that TRACS provides important opportunities to develop responses to this.

⇨   Although nursing and allied health, typically the most commonly found **disciplines** in TRACS type affiliations, feature in all Projects, some are targeting disciplines that have featured less in Australia, including medicine, pharmacy, exercise physiology and clinical psychology. In one case, the training focus extended to landscape architecture, art students, dieticians and chef training as relevant to the aged care sector. It was observed that schools which have operated in isolation for years have come together around the TRACS table to discuss relevant issues.

⇨   Many projects are designing training and clinical placements to support **inter-professional** learning and care delivery. This was distinguished from multi-disciplinary learning and care delivery, which was characterised as 'providing services in pockets'. **Inter-professional learning** is defined by the WHO as *"when two or more health professionals learn about, from and with each other to enable effective collaboration and improve health outcomes"* (World Health Organisation, 2010). The WHO defines as **inter-professional collaborative practice as** " when multiple health workers from different professional backgrounds work together with patient, families, carers and communities to deliver the highest quality care" (World Health

⇨ Organisation, 2010). The commitment to collaboration that is inherent in inter-professional theory and practice is well suited to the TRACS Program.

⇨ There is also a trend to apply key *Living Longer, Living Better* reforms, in particular, **Consumer Directed Care** and **new paradigms of care.** Several include strategies for **consumer involvement** in the design and evaluation of their Project.

⇨ Some projects have a focus on **specific forms of care**, in particular, dementia and palliative care.

⇨ A focus on **aged care workforce development** was also apparent, with TRACS Projects providing enhanced opportunities for learning and development, and at organisational level, to encourage a 'learning culture'. A number of projects noted enthusiastic uptake of training opportunities by staff, at all levels of care – in some cases extending to kitchen and cleaning staff.

⇨ Projects, even in this early stage, are **leveraging resources** – from their partners, from other projects, from existing research activities, and it is evident that the Projects themselves will be sharing resources with other services, and with each other. In one case, the Project representative noted that their industry partners were buying into the model to the extent that they were commiting their own resources to introduce the model into additional facilities.

⇨ Although TRACS type partnerships usually involve affiliations with universities, increasingly there is a move to partner with **VET** (vocational education and training) providers, or **RTOs** (Registered Training Organisations, which can be public, as in TAFE, or private). Three of the Projects identified that they have facilitated their capacity to focus on the training of Care Workers and others at Certificate III or above by becoming RTOs themselves.

⇨ The TRACS Projects as a group represent an emerging **Community of Practice** and it will be important to establish processes that support this. Within individual projects, the partners are described as coming together as a 'genuine learning community', which extends out into the wider TRACS community of practice. Examples of moving toward a more collaborative model include sharing resources, computers, and IT contractors, and having a common pool of casual staff.

⇨ The longer established Projects have existing **evaluation** strategies in place, and in some cases, have reports of earlier evaluation of their work. Most have begun thinking about Project-level evaluation.

Helen Lossler (UniSA project) Susan Gilbert-Hunt (UniSA), Andrew Cole (HammondCare project), Lorraine Venturato (Griffith U) and Nadine Stephen (DoHA)

2.3 THE EVALUATION FRAMEWORK

Guiding the evaluation is an overarching framework that reflects the principles and goals of the TRACS model while allowing for individual variation at the TRACS project level.

WISeR presented the Draft Evaluation Framework and a copy of that powerpoint presentation will be made available to projects in the near future[5].

The presentation explored the following features of the draft Framework:

➢ Its underpinning Program Logic hierarchy of Inputs, Outputs, Outcomes and Impact (noting that Impact is a longer term outcome that will not be captured within the two year evaluation timeframe, however, expected impact can be inferred to some degree). Examples associated with each level of the hierarchy were also provided.
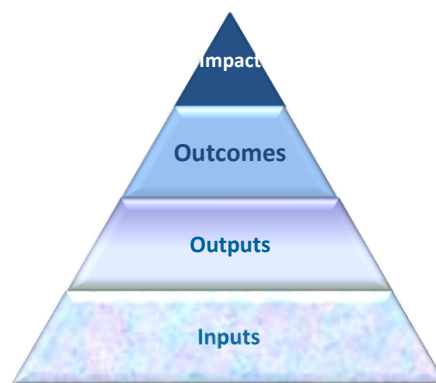
➢ The relationship between Formative and Summative evaluation.

➢ An overview of Action Research, its iterative process (shown below) and why it is relevant to the TRACS initiative and its evaluation.

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[5] Available from March 2013 at www.adelaide.edu.au/wiser/tracs
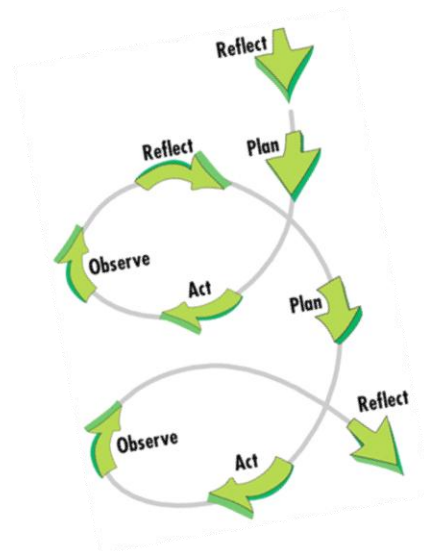
The Action Research Process

➢   The components of the evaluation methodology:

1.   Development of an Evaluation Framework **–** including accompanying KPIs, data collection, common goals and objectives, and applying Program Logic to shape the framework.

2.   Development of a communication strategy and stakeholder engagement plan - including a website and quarterly newsletter.

3.   Two National Workshops – conducted in late 2012 and late 2014

4.   Site Visits (2 per site) – one in 2013 and one in 2014.

5.   Two surveys, one with TRACS partners and the other with students.

6.   Project-level data collection – a database to be designed by the evaluators in collaboration with the Department and TRACS projects, capturing essential project based information including inputs, outputs and early outcomes.

7.   Analysis of findings – all findings from all steps of the evaluation will be analysed, identifying individual TRACS model findings as well as findings across the 16 models. Qualitative findings will be triangulated and analysed against quantitative findings.

8.   Reporting – six monthly Progress Reports, a Draft Final Report and a Final Report

9.   Development and dissemination of resources for industry stakeholders and presentations at appropriate industry sponsored events.

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➢ The four overarching Goals of the TRACS initiative that shape the Evaluation Framework:

✓ Increased involvement for education and training providers in ageing and aged care research that is based on clinical experience.

✓ Increased involvement for aged care providers in research and clinical practices that enhance quality of care.

✓ Enhanced learning opportunities for students based on clinical experience with a TRACS affiliation.

✓ Improved quality of care for aged care consumers and their families.

➢ 14 Guiding Evaluation Questions, developed to date.

➢ A discussion of the concepts of Appropriateness, Effectiveness and Efficiency which will be explored in the national evaluation.

➢ The seven different groups of Key Performance Indicators that are relevant to the TRACS evaluation:

✓ Research related
✓ Teaching and learning related
✓ Aged care provision related
✓ Partnership related
✓ Workforce development related
✓ Operational and process related
✓ Communication and Dissemination related.

➢ Next steps in the national evaluation.

Leander Mitchell (QUT), Elizabeth Beattie (QUT) and Richard Fleming (Univ of Wollongong/IRT project)

2.4 DESIGNING A DATA COLLECTION FOR THE EVALUATION

In small groups, Project representatives discussed their current approaches to collecting evaluation monitoring and evaluation data. The evaluators are keen to avoid duplicating existing data sets and reduce the burden of data collection where possible. Accordingly the over-arching evaluation data collection will

attempt to identify commonality in what is being collected between Projects and align with current data collection activities (ie data collected for departmental or Project purposes) where this is feasible.

The evaluators noted that achieving a balance between collecting relevant data and minimising data collection burden on projects will be extremely challenging. Projects are undertaking a diverse range of data collection activities, with some of these reflecting project level evaluations which are already in place for pre-existing TRACS affiliations, and some reflecting the specific research initiatives associated with each project. Projects also vary in their emphasis on the needs of older people and the care they receive, teaching and learning including clinical placement and curriculum design, and professional development of aged care providers. Differences in focus will inevitably affect what, and how, monitoring information is collected.

Small group discussion

Data collection methods identified by Projects include pre- and post- clinical placement surveys for students and staff, recorded observations, and focus groups with students and staff about reaching clinical objectives and identifying learnings. Consumer focus groups were also noted. TRACS project members acknowledged the importance of collecting baseline data for ongoing monitoring of outcomes and benchmarking purposes, although there was less certainty about how to do this effectively. Suggestions included 'keeping it simple', being clear about objectives and strategies, and assessing what opportunities and data sources already exist. It was also seen as important to capture information about the workforce context (including high staff turnover) in order to frame evaluation findings.

In collecting data, Projects are also developing and/or accessing a variety of resources. It was agreed that, where appropriate, these could be shared across TRACS project, and that the secure pages of the TRACS Evaluation Website would provide an appropriate forum for doing so. In addition to providing a shared resource for Projects, the evaluators will then be able to review them, and identify potential gaps and the need for specific resource development.

Jillian Jeffrey (Griffith University/RSL LifeCare project) and Jen Smith (U Canberra)

It was agreed that the national evaluation data collection tool needs to be as simple and as focused as possible. Consideration will be given to DoHA reporting requirements and whether it is appropriate to consolidate these with Project evaluation data requirements. Given the diverse nature of the Projects it is likely that some components of the data collection tool will not be required by all Projects. The evaluators also acknowledge the need to accommodate collection of both quanititative and qualitative data.

WISeR will seek input from all Projects about their current data collection activities, design a draft tool and seek feedback from the Department and from projects regarding its content and user-friendliness.

Key Performance Indicator categories, as set out in the draft Evaluation Framework (see *Section 2.3*) will have a degree of overlap. Therefore it may be more useful to collapse these into a small number of categories (for example, aligned to the four overarching TRACS Objectives). The evaluators will take this into consideration in designing the initial set of KPIs.

Kirsty Marles (ACH Project) Helen Lossler (UniSA project) and Rebecca Burns (ACH Project)

2.5 DEVELOPING THE TRACS COMMUNICATION STRATEGY

The final session of the Workshop was a group discussion that identified strategies for disseminating information about the Projects and their learnings.

It was considered important for Projects to target the aged care sector, and the education, training and research sectors at local level, at State level, and nationally. Therefore, a Strategy with multiple audiences and methods will be required. Mechanisms identified included:

o   online forums as well as face to face forums, seminars, workshops and conferences – mainly using existing processes but also organising TRACS-led gatherings and bringing in international experts (eg from Scandinavia, Canada, the UK) with a TRACS-related body of researchers and practitioners. Known opportunities for presentations include:

  • the two national CHART[6] program forums - an opportunity to showcase practice improvement
  • COTA events (national and State/Territory levels)
  • Alzheimer's Australia conferences and other events
  • Better Practice Conference – Accredited Standards Agency;

o   publications in peer reviewed and other appropriate journals eg:

  • New Australia Journal of Dementia Care (and associated conference)
  • Journal of Interprofessional Care
  • International Journal of Ageing in Society: Interprofessional Journal (and associated conference);

o   preparation of information items for industry publications such as Ageing Agenda, InSite, and key newsletters of relevant peak bodies (such as COTA, ACS, AAG);

o   arranging to speak at national and state level conferences organised by key peak bodies and interdisciplinary/interprofessional networks, and by organisations involved in promoting quality of aged care and/or better practice in aged care (such as the Standards Agency's Better Practice Conference), for example:

  • Australian Association of Gerontology (AAG)
  • Simulation session around ageing
  • Primary Health Care Research and Information Service (PHC RIS) annual conference
  • Psychology & Ageing Interest Group;

o   linking to relevant industry networks, for example, the Australian Interprofessional Practice Educators' Network and their conferences (one of which was identified for July 2013);

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[6] ie through the University of Canberra TRACS Project

o   linking to the work of, and forums organised by, Health Workforce Australia;

o   developing processes to enable the TRACS Projects 'Community of Practice' to exchange information and ideas at state and national levels, suggestions included:

- Tele- or video-conferencing
- Jurisdictions hosting national conversations – four clusters options
- An additional national workshop in 2013 to provide earlier updates about Project activities.

WISeR will work with DoHA to explore innovative ideas and suggestions for supporting the Community of Practice. The evaluation team is already planning to play a key role in linking Projects and in disseminating TRACS related information through its quarterly Newsletter and through the TRACS Evaluation Website. These interrelated strategies are designed to:

✓   Enhance communication and information exchange across the TRACS community

✓   Provide a clearing house for, and disseminate, TRACS relevant resources

✓   Share learnings with other Projects and the broader TRACS community.

Nadine Stephen (DoHA) and Lorraine Venturato (Griffith U)

3   FUTURE DIRECTIONS

Dr Susan Hunt formally closed the Workshop, and identified four key challenges for the projects, the Department, the evaluators, and for the evaluation Advisory Group which will be established during 2013:

1. For the projects - managing multiple stakeholders (consumers and their families, aged care staff, students, teachers and researchers) both individually and organisationally.

2. For the evaluators - managing interrelationships between TRACS projects and in relation to other relevant projects such as EBRAC with which some TRACS partners are involved.

3. For the Department - resourcing all TRACS projects in the face of a range of program demands, leveraging resources effectively, and communicating TRACS related findings to the the rest of DoHA.

4. For the Advisory Group - developing an appropriate relationship to the evaluation.

Final Group Session

Dr Hunt also identified the need for TRACS stakeholders to monitor the impact of the context in which they operating on their project (for example, the evolution of the Consumer Directed Care model). She urged participants to maximise opportunities to tell the TRACS story and tell it well, ensuring that other stakeholders understand the model, and to leave positive messages about aged care. She also highlighted the importance of projects taking opportunities to participate in activities which can influence the research agenda and contribute to the evidence base needed to support aged care directions and reform. Finally, she encouraged projects to keep in touch with the DoHA TRACS team and to work collaboratively with them.

In the short term, the evaluators and projects have a range of activities associated with the evaluation. For the projects, this involves developing project-level evaluations that are structured around the over-arching national Evaluation Framework. For the national evaluators this involves:

✓   Finalising the draft Evaluation Framework and distributing it to the Department and the 16 TRACS projects.

✓   Developing a Draft Communication and Dissemination Strategy, based on input from this Workshop, and distributing it to the Department and the 16 TRACS projects.

✓   Provision of this Workshop report, a final Evaluation Plan and a final Communication and Dissemination Strategy.

✓   Developing a Data Collection template that reflects input from this Workshop while meeting evaluation requirements.

✓   Production of the first quarterly Newsletter in late March 2013, and establishment of the TRACS National Evaluation Website.

✓   Contacting individual Projects to organise the first set of Site Visits scheduled for the period March to end June 2013.

Appendix A.   WORKSHOP PARTICIPANTS

There were five DoHA representatives who participated in the Workshop:

⇒   Nadine Stephen, Director, Professional Support and Better Practice Section

⇒   Dr Susan Hunt, Senior Nurse Adviser, Office of Aged Care Quality and Compliance

⇒   Anandhi Raj, TRACS Team, Professional Support and Better Practice Section

⇒   Beth Sainty-Gale, TRACS Team, Professional Support and Better Practice Section

⇒   Chantelle Hayes, Executive Assistant to Dr Sue Hunt

Participant, Role and Organisation	Email Contact
• Jeff Fiebig - Manager of Program Development, the ACH Group • Kirsty Marles - Interprofessional Learning Project Manager, the ACH Group • Rebecca Burns – Senior Consultant, the ACH Group	JFiebig@ach.org.au KMarles@ach.org.au RBurns@ach.org.au
• Greg Gunn – Senior Manager Residential, Independent Living and Major Projects, Brotherhood of St Laurence • Christine Morka – General Manager Retirement, Ageing and Financial Inclusion, Brotherhood of St Laurence, TRACS Project Manager	GGunn@bsl.org.au cmorka@bsl.org.au
• Alison Hutchinson - Associate Professor and Deputy Director of Centre for Quality and Patient Safety Research (QPS), Deakin University • Helen Rawson - Research Fellow, Deakin University	alison.hutchinson@deakin.edu.au helen.rawson@deakin.edu.au
• Dr Lorraine Venturato - TRACS Project Lead at School of Nursing and Midwifery, Griffith University • Jillian Jeffrey - Head of Research & Product Design at RSL Care (consortium member),RSL Care	l.venturato@griffith.edu.au
• Andrew Cole - Associate Professor and Chief Medical Officer, Hammond Care • Anne Loupis - Project Manager for TRACS, HammondCare	acole@hammond.com.au aloupis@hammond.com.au
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• Carrie Spinks - TRACS Project Coordinator, RSL LifeCare Ltd	carrie.spinks@rsllifecare.org.au

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Participant, Role and Organisation	Email Contact
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• Karen Marsh - TRACS/Special Projects Manager, St John's Village	Karen.Marsh@stjohnsvillage.com.au
• Rosie Bonnin - Centre Coordinator at Adelaide G-TRAC Centre, University of Adelaide	rosie.bonnin@adelaide.edu.au
• Professor Richard Fleming - Director of NSW/ACT Dementia Training Study Centre, Professor, Faculty of Health and Behavioural Sciences, University of Wollongong • Barbara Squires - Head of Research & Advocacy at IRT (consortium member) • Katie Davies-TRACS Project Coordinator, IRT	rfleming@uow.edu.au bsquires@irt.org.au kdavies@irt.org.au
• Dr Laurie Grealish - Associate Professor in Nursing and Project Leader, Cooperative for Health Ageing Research and Teaching (CHART), University of Canberra • Jen Smith - TRACS Project manager, University of Canberra	Laurie.Grealish@canberra.edu.au Jen.Smith@canberra.edu.au
• Susan Gilbert-Hunt - Senior Lecturer Division of Health Sciences, UniSA • Helen Lossler - Helping Hand Aged Care (consortium member)	Susan.Gilbert-Hunt@unisa.edu.au
• Jodie Hughson - Anglicare (consortium member)	Jhughson@anglicaresq.org.au Clint.Moloney@usq.edu.au
• Prof Andrew Robinson, Professor of Aged Care Nursing, University of Tasmania *(Unable to attend due to illness)*	Andrew.Robinson@utas.edu.au

Appendix B.   WORKSHOP PROGRAM

NATIONAL EVALUATION OF THE TRACS INITIATIVE

NATIONAL WORKSHOP 1

HELLENIC CLUB, MATILDA STREET, PHILIP, ACT

MONDAY DECEMBER 10TH 2012, 9 AM TO 4 PM

WORKSHOP PROGRAM

9.00 – 9.30 am	Welcome - Senior Nursing Adviser, Office of Aged Care Quality and Compliance, DoHA (Dr Susan Hunt) Introduction to the Evaluation and the Evaluation Team – Dr Kate Barnett, Dr Ann-Louise Hordacre, and Cecilia Moretti, WISeR (Aust Workplace Innovation & Social Research Centre), The University of Adelaide
9.30 – 10.45	8 Projects provide a brief overview of key features of their TRACS project – Partners, Location of site/s, Professions, What they are doing
10.45 - 11.15	Morning Tea break
11.15 – 12.30	Remaining 8 projects provide a 5 minute overview of key features of their TRACS project
12.30 – 1.15	Lunch Break
1.15 – 1.45	Evaluators present Draft Evaluation Framework

Discussion and Questions |
1.45 – 2.30	Small groups – identifying minimum desirable data collection for the evaluation and essential Key Performance Indicators
2.30 – 3.00	Small groups report back
3.00 – 3.20	Afternoon Tea break
3.20 – 3.55	Discussion of TRACS Communication Strategy – identifying key strategies, the role of the evaluation, events to target.
3.55 – 4 pm	Closing

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