

Advance Care Directives Southern Fleurieu Project

FLEURIEU ACD PROJECT | REPORT 2022-23

A partnership initiative of City of Victor Harbor, District Council of Yankalilla, and Alexandrina Council supported by Office for Ageing Well and Health Services Programs, SA Health







FLEURIEU ACD PROJECT

City of Victor Harbor was funded under a SA Health Strategic Grant to deliver the Advance Care Directives Southern Fleurieu Project in partnership with District Council of Yankalilla, Alexandrina Council, and Office for Ageing Well. The grant funded period was initially from 11 June 2022 to 11 June 2023, then extended to end of September 2023 for reporting and acquittal. The Advance Care Directives Southern Fleurieu Project has subsequently been extended until 31 May 2024, with additional deliverables. This Report covers the 22-23 project period up to 30 September 2023.

Purpose of the Grant

To deliver the Advance Care Directives Southern Fleurieu Project in partnership with City of Victor Harbor, District Council of Yankalilla, Alexandrina Council, and Office for Ageing Well. The project is known as the Fleurieu ACD Project.

Outcomes

An Advance Care Directive provides people with the legal right to make decisions in advance about their future health care, living arrangements and end-of-life care and to appoint a substitute decision maker to make these decisions on their behalf if they are not able to. By facilitating older people to engage with and complete an ACD this project aims to:

- Contribute to realising the State Government and community's vision and priorities for ageing well for all South Australians set out in South Australia's Plan for Ageing Well 2020-2025.
- Contribute to South Australians living in communities that value older people and ageing well.
- Enable the participation of older South Australians as strategic partners and co-producers of change.
- Lead the way in creating an inclusive society, moving beyond ageism.
- Facilitate collaborative partnerships and contribute to building capacity for ageing well.
- Contribute to the implementation of the Ageing Well Measuring Success Framework by building understanding of how projects, initiatives and activities contribute to the achievement of the Plan's vision and strategic priorities, and the difference being made to our communities and the lives of older people.

City of Victor Harbor, together with District Council of Yankalilla and Alexandrina Council, will deliver the following outcomes:

- Deliver and evaluate a peer-led and co-designed Advance Care Directives (ACD) model within the Southern Fleurieu region.
- Increase community awareness and understanding of ACDs through community forums; and support community members to understand and complete their own ACD through offering peer/volunteer support sessions.
- Promote sustainability of the model by establishing mechanisms for feedback and peer-based support for trainers and participants throughout recruitment, training and beyond.
- Promote sustainability by ensuring the model can be shared and adapted in other local government areas.

Please note: The 'Fleurieu ACD Project' refers to the grant-funded project, the 'Fleurieu ACD Program' is used when referring to the program that is anticipated to continue beyond the grant funded term.

This funded project has contributed to the following elements from <u>South Australia's Plan for Ageing Well 2020-2025</u>, as outlined below:

	Strategic Priority 3 – Navigating Change					
Themes for action	Outcome	Impact	Project Examples			
	from Project Plan	from Project Plan	Refer to attached 2022-23 Evaluation (pages 13-17) for specific data and evidence			
Services and supports focus on what is most important to the person.	(a) Community consultation that informs a sustainable co-designed model of community ACD support and education.	Community members, including older people, are valued for their lived experience and opinions about relevant and suitable ACD support options.	Initial consultation occurred with Southern Fleurieu Health Service and key people involved in previous ACD Assist Program (operational in Fleurieu region 2014 - 2020) to understand what worked well, challenges, and key learnings of this valued community service. Careful consideration was also given to why the model was not sustainable, and to develop strategies to address this. The 2019 Evaluation Report of the ACD Assist Program clearly highlighted the community need for ACD support and the benefits of the 1:1 volunteer support model combined with community information sessions.			
			 A Reference Group was established consisting of a broad range of key stakeholders in the Fleurieu region, with expertise related to ACDs, and also included community representation. The purpose of the Reference Group was to provide leadership and advice to support the development and ongoing operation of the new Fleurieu ACD Program.³ The Reference Group has played a vital role in co- designing and developing the Fleurieu ACD Project.⁷ 			
			Community volunteer Peer Support Officers (all aged 60 plus years) with relevant experience and skills were recruited to support community members to understand and navigate the ACD Form and processes. Most of the Peer Support Officers volunteering for this role have professional experience in health and education fields and are passionate about empowering community members to complete their own ACD.4			

(b) Community-led Community Information Sessions hosted in each participating council area provide education about ACD and promote local support options.	Community members, including older people, gain greater awareness and understanding of the value of ACD and are informed of ACD support options in their local community.	Plan Ahead and ACD-specific community information sessions have been held in each council area. Five community sessions were hosted February to June 2023 in partnership with other stakeholders (Southern Community Justice Centre, Fleurieu Neighbourhood Network, Fleurieu Justices Group, Carers SA, Victor Harbor Men's Shed) with a total of 152 community members participating.
		Written feedback gained from participants attending the Plan Ahead sessions in Goolwa and Victor Harbor was extremely positive, with 90% of respondents ranking the session 8 out of 10 or above in relation to "Was the session easy to understand?" and "Would you recommend it to a friend?"; and all respondents indicating they 'learnt something'. Participant comments included: "Very informative and thorough"; "Should have found out all this years ago"; "Great, clear information – lessons learnt from this session will save great heartache". 5
		 ACD Kits were also available at the community information sessions, and contact details were requested for follow-up. Follow up calls were made six months following the community information sessions to check people's progress with completing the ACD Form. The Peer Support Officer who made these calls commented on the appreciation expressed by community members who stated they found the community information sessions very informative and valuable. Of the 16 people who collected an ACD Kit at the Victor Harbor session, five (31%) had completed their ACD Form by the time follow up calls occurred (six months following session), five (31%) were interested in booking a 1:1 appointment with a Peer Support Officer, and two people did not answer the follow up phone call so a message was left.
		These sessions also provided an opportunity to inform the community about the 1:1 ACD peer support sessions and other local ACD support options.
		Feedback gained via follow up calls to carers who attended the Carers information session, indicates that none of the participants have had opportunity to progress their ACDs. Further consideration may need to be given to the specific needs of carers, and what would be most useful to support them to complete their ACD Form amidst the demands of their caring roles.

	(c) Relevant and suitable ACD support is available and accessible for individuals in local communities within participating council areas.	Community members, including older people, are supported and empowered to complete their own ACD to ensure what is most important to them for their future health care, end of life, living arrangements and other personal matters, is documented; and Substitute Decision Makers of their choice are appointed.	 Based on the success of the previous ACD Assist Program, which offered 1:1 volunteer support for community members in each council area in addition to community information sessions, these strategies were incorporated into the new Fleurieu ACD Project. Community information sessions have been held in each of the participating council areas, and 1:1 Peer Support sessions have commenced in Victor Harbor (soft-launch Sept 2023) with 1:1 sessions anticipated to commence in Yankalilla and Alexandrina council areas in October 2023. Eleven 1:1 peer support sessions occurred during September 2023, with very positive feedback received from clients and volunteers.⁶
2. Better access to support that builds resilience and ability to cope with difficult transitions – when needed.	(a) A sustainable co-designed model of free community ACD support and education is developed, that complements and value-adds to other available ACD support options in the Fleurieu region.	Community members, including older people have access to a range of ACD support options in their local community, including the free support offered through this project.	 The Reference Group carefully considered the range of ACD support options available to community members to ensure that the support offered through the Fleurieu ACD Project is complementary and value-adds to current support. Having representation from key local agencies, who have some responsibility or vested interest in ACDs, on the Reference Group proved very valuable. The Reference Group serves as an efficient communication mechanism with local stakeholders, and provides an effective platform for collective input to co-design and develop this new community model of ACD support. Reference Group members have demonstrated strong commitment towards working together to develop an effective and sustainable model of ACD support for community members.
	(b) Dedicated volunteers are recruited and trained to offer free consultations to support community understanding and completion of ACDs within the scope of the program.	Enhanced community capacity to respond to identified community need. Community members gain increased knowledge and confidence to complete their own ACD.	 Expressions of interest were received from 18 community members, with 11 people completing the required training, currently there are nine active Peer Support Officers engaged in the Program. The 1:1 support would not be possible without the generosity of people willing to volunteer their time and expertise to support community members to understand and navigate the ACD Form. Each 1:1 peer support session is scheduled for 45 minutes, and community members are welcome to book in for follow-up sessions if they wish. Early feedback from community members who have engaged in 1:1 sessions is very positive with all clients reporting that the 'support provided was relevant and valuable' and that the session 'increased'

			their knowledge and understanding of ACDs', and 80% reporting they were 'confident they would now be able to complete their ACD'.6
3. Systems and bureaucracies enable options, choice, flexibility, and are outcomes focussed.	(a) Participating councils in the Fleurieu region partner together and work with local communities to develop a sustainable community-led model of support.	Local councils play a strategic role in building community capacity through establishing structured mechanisms for community participation.	There has been strong commitment and input by the three participating councils. A community wellbeing staff representative from each of the councils provides the conduit between the project and their respective council via engagement with the Project Team and participation via the Reference Group. These council staff representatives also communicate the Project's progress with the Fleurieu Region Community Services Advisory Committee, as the governance structure for this Project.
	(b) Clearly defined roles are developed for dedicated ACD Support volunteers, with mechanisms for feedback and	Interested community members are well supported and have a valued role, gain increased knowledge, and build	A clear Volunteer Role Descriptor was developed for the Peer Support Officer (PSO) role, in collaboration with participating councils with input from the Reference Group.
	support throughout recruitment, training and beyond.	competence to support and empower others to complete their own ACD.	Volunteers underwent an interview for the PSO role, and completed online training as well as a face-to-face training workshop. Volunteers completed a Training Acknowledgement Form confirming their understanding of the role and parameters.
			Community members recruited to the PSO role have all expressed their strong desire to support others to understand and navigate the ACD Form. Quotes from some Peer Support Officers include: "I believe passionately that every person has a voice, and communicating needs and wants is a basic human right"; "I believe that a clear Advance Care Directive is a great start to achieving Patient Centred care."; "As a Peer Support Officer in the Advanced Care Directive program, I thought I could use some of my communication skills and help those in my community seeking further information to enable them to complete this document". 4
			Processes have been established to enable communication of any issues that may arise and need staff follow-up.
			Informal and formal support sessions are scheduled with Peer Support Officers to share feedback, address issues, and improve processes.
			Further supervision and support structures are being formalised to ensure the PSOs are well supported in their roles.

(c) A Reference Group, comprising key stakeholders and community members with expertise in related areas, is established with support from the Fleurieu Region Community Services Advisory Committee as the governance body for the project.	Community members with expertise in related areas have opportunities to inform, advise, and lead community ACD Support strategies through participation in the Fleurieu ACD Reference Group. Individuals feel valued for their knowledge, skills, and expertise and can contribute in meaningful ways.	 Key local ACD stakeholders were identified and invited to participate in the Reference Group including previous ACD Assist Program, Southern Fleurieu Health Advisory Council, Fleurieu Justices Group, Southern Community Justice Centre, Fleurieu Neighbourhood Network, three participating Councils, Peer Support Officers, SA Health. All stakeholders surveyed agreed that the Reference Group meetings provided an efficient means of communication with key stakeholders. 11 out of 12 (92%) of stakeholders reported they were satisfied or very satisfied with the opportunity to participate in the development of the project. When asked what the key successes of the project have been, one stakeholder commented "Undoubtedly, the opportunity for the Reference Group members to contribute to the Project through the sharing of their multi-disciplinary knowledge, input and experience has been outstanding. Shared ideas, suggestions, collaboration and the professionalism exhibited by each member have resulted in a high standard of development and overall success of the Project".⁷ The Reference Group reports to the Fleurieu Region Community Services Advisory Committee, a Section 41 Committee of Council, which provides governance to enhance sustainability of the project.
(d) Improved processes and efficiencies for when people seek support from JPs or require timely assistance to finalise their ACD.	Community members, including older people, will have access to timely and relevant local support to document their wishes, that is part of a broader system of support.	 The Fleurieu Justices Group is represented on the Reference Group and has been actively involved in the co-design and development of the Project, providing information about JP services and suggestions for more streamlined ACD support processes. Further feedback will be sought from JPs about the impact of the 1:1 ACD Peer Support sessions as the project progresses.
(e) Supported links are established with other councils implementing ACD initiatives to share key learnings, information, and resources between programs.	Efficiency, consistency, and sustainability of ACD education and support across the state is enhanced.	The Project Officers of the Fleurieu, Southern and Western ACD Projects have been liaising with each other about models of support, risk management, volunteer training, and resources. Information and resources are exchanged and shared freely. Project staff actively participate in the state ACD collaborative meetings and provide updates on project progress and resource development.

Project Highlights

Successful co-design and development of new Fleurieu ACD support model: testament to the time and energy invested in establishing a strong foundation for the Project in an attempt to achieve sustainability. Only possible through the strong partnership and committed effort of all three participating Councils (City of Victor Harbor, District Council of Yankalilla, and Alexandrina Councils), effective collaboration and dedication of identified local stakeholders, and the generosity and passion of highly skilled community members recruited to the Peer Support Officers' role.





• Fleurieu ACD Reference Group: engagement and committed active participation of key representatives from all identified local ACD stakeholders. The Reference Group is definitely the pivotal element of this project model, providing a strong foundation for the Fleurieu ACD Project and serving a crucial role in the design and development of the new model of community ACD support. The Reference Group reports to the Fleurieu Region Community Services Advisory Committee, a section 41 Committee of Council, as a governance structure.

Community Information Sessions: 5 sessions held, with a total of 152 participants.



Peer Support Officer Role: expressions of interest received from 18 people, 11 community members completed induction and training, 9 Peer Support Officers with valued expertise currently active.



- Development of Volunteer Resource Kit: this is proving to be a valuable resource for Peer Support Officers and will be continuously reviewed and updated as the project progresses.
- Commencement of 1:1 Peer Support sessions*: achieving this key project milestone required significant investment of additional staff time to work through rostering and booking systems and communicate with relevant staff from other departments to develop acceptable processes and guidelines for the operation of this new service, at a time when City of Victor Harbor was transitioning to a new corporate management system.



*Check out the 1:1 stories shared by the Peer Support Officers on page 11 and 12.

What worked well

- Regional collaborative approach, project design.
- Project coordination and effective communication strategies.
- Strong commitment from all three participating councils and significant contributions of in-kind staff time dedicated to this project.
- Active participation of key people from previous ACD Assist Program.
- Development of effective Reference Group providing a solid foundation for the Program.
- Dedicated collaborative effort by all stakeholders towards common mission, and respect demonstrated between stakeholders.
- Participation of state government representatives on Reference Group has been helpful.
- Successful recruitment of Peer Support Officers with relevant skills and expertise.
- Sourcing and distributing current resources.
- Volunteer / Peer Support Officer training and networking sessions.
- Consistent focus on sustainability by all project partners.

Challenges

- Working to ambitious project timelines to meet grant requirements.
- Limited time allocated to project coordination (0.2 FTE)
- High demand of council staff time.
- Unanticipated major changes in council operations and systems have necessitated a significantly larger amount of staff time to work with new council processes to try to build a whole new program.
- Lengthy preparation time working through required processes to get started with 1:1 sessions.
- Short project duration to attempt sustainability.
- Intense and protracted risk assessment processes.
- Establishing and aligning foundational resources and procedures across participating councils.
- Trying to progress the project at a pace that keeps up with community demand.

Recommendations & Next steps

- Progress development of promotional materials.
- Commence 1:1 peer support sessions in Yankalilla and Alexandrina council areas.
- Collective effort towards promoting the 1:1 peer support sessions.
- Continue to monitor and evaluate implementation of community support.
- Establish Community Education Team, including risk management processes and developing relevant resources.
- Listen and respond to feedback from community members, peer support officers, Reference Group and other stakeholders.
- Refine and continuously improve model, with focus on sustainability requirements.
- Explore potential funding options beyond current grant funded period.
- Continue to partner with other stakeholders to maximise reach of available resources, information and education to support community members to complete their own ACD (have scheduled Office of the Public Advocate to facilitate a SDM education session in November 2023 and promote the SDM Toolkit).

SUMMARY

The Fleurieu ACD Project for the year 2022-23 has demonstrated considerable success in achieving its key objectives. The Project has contributed to the priorities for ageing well as set out in South Australia's Plan for Ageing Well 2020-2025, particularly in relation to Strategic Priority 3 – Navigating Change. The evaluation data provides strong evidence that the project is effectively increasing community awareness and understanding of Advance Care Directives (ACDs) while providing valuable support for individuals to complete their ACDs. Additionally, the project has laid down effective processes to foster sustainability of the ACD support program beyond the funded project period.

In terms of project design, the involvement of relevant stakeholders from the outset, including the formation of a diverse Reference Group, has largely contributed to the project's successful outcomes to date. Stakeholders reported high levels of satisfaction with their involvement and the efficiency of communication channels.

The implementation phase of the project resulted in the successful delivery of planned activities, with some adjustments to project timelines. Although demographic data collection regarding the target population was not prioritised across all activities, data from the 1:1 peer support sessions shows engagement of a range of participants, including those aged 65 and over.

The outputs of the project were notable, with the establishment of a very productive Reference Group, recruitment and training of highly skilled volunteers, and distribution of ACD Kits to community members. The project effectively engaged the community through community information sessions and 1:1 peer support. Outcomes of the Fleurieu ACD Project were highly positive. Participants reported increased awareness and understanding of ACDs, enhanced confidence in completing them, and deemed the support offered as relevant and valuable.

Overall, the Fleurieu ACD Project's 2022-23 evaluation data is very encouraging. By increasing awareness and understanding of ACDs and empowering people with information and resources to complete their ACD, the project has made a significant impact on the well-being and preparedness of the community members it serves. The establishment of effective processes and practices is maximising the potential for sustainability and continued ACD support in the region, aligning with the broader goals of enhancing the quality of life for South Australians as outlined in the SA Plan for Ageing Well 2020-25.

Please explore some 1:1 stories and additional evidence in the Evaluation Plan included on the following pages.

Referenced documents

- 1 Original GLO Advance Care Directives Southern Fleurieu Project
- 2 Funding Extension and Additional Deliverables of SAH2022-668 Agreement for the Advance Care Directives Southern Fleurieu Project
- 3 TOR Fleurieu ACD Reference Group
- 4 Profiles -Victor Harbor Peer Support Officers
- 5 Feedback collected by Southern Community Justice Centre
- 6 1:1 ACD Peer Support Sessions Feedback
- 7 Stakeholder Feedback Survey September 2023

1:1 Stories

The following vignettes have been provided by Peer Support Officers to share insight into some of the 1:1 sessions facilitated thus far:

• Story I - Mary (not her real name)

Mary had already filled in her ACD when she came to see me with a couple of questions. It became clear that Mary had downloaded the form only from the website, and she had not had the benefit of reading the explanations and examples provided in the ACD Kit. Mary had found it difficult to express her personal wishes, particularly those about end-of-life treatments. She was concerned that her wishes would be misunderstood by medical staff and carers.

After looking at some examples she was happy to go home and express her wishes differently.

Mary was also looking to write an ACD for her husband, who is living with dementia. We were able to refer to information from the Public Advocate regarding Decision-Making Capacity and Mary could then understand that she would not be able to complete an ACD on behalf of her husband.

Story 2 – 45 year old female

Referred by GP Nurse as part of her Health Care Plan

Social background: Single mother of 4, 2 living independently, 2 at home one has a diagnosis of Autism

Health Background: Multiple chronic conditions which are potentially life limiting, Dyslexia

Session lasted 45 mins with mostly discussion and ideas to assist thought ordering to enable successful completion of the ACD.

The discussion was tailored to language that she understood and examples of how to write things in her own words rather than using jargon etc

Client left with many prompts on Post It Notes to direct her thoughts and decisions. Particular emphasis was on documenting her health conditions to include what she understands may be life limiting complications. She is keen to explore each condition and then write her wishes in accordance with the potential recovery / non recovery in each one.

She does not want to use any SDM, so the discussion in the Peer Support session was focussed on thorough documentation of her wishes including her after death / funeral planning.

She was given a resource list and advised to meet with her GP if she required further discussion regarding her chronic conditions and their potential complications.

Also advised that she can make follow up appointments with Peer Support as required.

Story 3 – Julie (not her real name)

Julie had attended a Community Information Session on Advance Care Directives at the Council some months before. She had recognised that she 'needed' to complete an ACD as she felt uncertain that she could rely on her adult children to ensure her wishes were met should she not be able to communicate these for herself. Julie was due to move permanently interstate immediately prior to Christmas and there was a strong sense of urgency to resolve these matters.

Julie arrived early, observably flustered and anxious, and throughout the initial meeting struggled to stay with the process in hand. She described a chaotic and distressing family dynamic, wherein she described years of feeling 'pushed out' and 'messed about' by her children

and is frequently prevented from seeing her grandchildren. She was highly distressed when contemplating even the idea of trusting someone as substitute decision maker. I noted that as this was the first page of the ACD document this distress was preventing Julie from engaging in the process at all. I suggested to Julie that we leave this and instead think together around areas that she is clearer on, in terms of what she would and would not like to occur in her health and social care now and in the future.

On several occasions during the meeting Julie became anxious and distressed and chaotic in her thinking. She would then seem to lose heart and question her use of my time. I was acutely aware that given her impending move, it would have been easy to suggest leaving the ACD until she was settled interstate. I was also conscious of her own sense of urgency, wanting it resolved prior to her move and also how important it was to her to not be dismissed or pushed out of this process, potentially mirroring her family experiences. So with patience and gentle guidance I both provided Julie with a non-judgemental space where she could explore her complex and chaotic circumstances, whilst bringing her back to the process of completing her ACD. By the end of our first meeting Julie had some rough notes drafted in reference to the various elements of the ACD form. We agreed to meet again in two weeks' time, with Julie working with her rough notes in the meantime.

On second meeting Julie was noticeably more relaxed and generally less concerned about the complexities of her family situation. She was much clearer on how her wishes expressed in her words in her ACD could alleviate her concerns for the future. Working with Julie's second draft, we were able to match her wishes with the sections in the ACD document to her satisfaction. With her renewed clarity Julie had a few questions on the process and was keen to have her ACD completed, witnessed and lodged with her GP here in Victor Harbor.

Ultimately Julie decided to not nominate a substitute decision maker at this time, but to have her wishes for her future health care clearly stated in her own words in her ACD lodged with her GP. In having a safe and informed space to navigate the ACD form, Julie was in my view able to move beyond her extreme anxiety regarding trusting another to be her substitute decision maker, enabling her to complete her ACD to her satisfaction. She stated that she didn't believe that she would have 'bothered' otherwise, and was relieved to have this done now.

Finally, I was able to inform Julie that the paperwork and processes are slightly different in the State she is relocating to. Nevertheless, she felt reassured that her SA ACD was complete, and she intends to re-engage with the ACD process in her new area. Julie stated that she now feels more confident in the process to take forwards after her move.



FLEURIEU ACD PROJECT EVALUATION 2022-23

Key Evaluation Questions

Did the Fleurieu ACD Project increase community awareness and understanding of ACDs, and support people to complete their ACD?

Were effective processes established that will enable the ACD support program to continue beyond the funded project period?

The term 'Project' relates to the grant-funded period, 'Program' refers to the operational Fleurieu ACD Program beyond the grant-funded period.

- *Strategic Links refer to corresponding elements included in Project Plan submitted for Advance Care Directives Southern Fleurieu Project June 2022 June 2023 (pages 2-6) ^Evidence source refers to where evidence was sourced from – see legend below:
 - A Stakeholder Feedback Survey (September 2023)
 - B Community Participant Feedback: Community Information Session Feedback (Feb June 2023); ACD 1:1 Peer Support session Feedback Forms (11/9 25/9/2023)
 - C Project Team (Council staff representatives) feedback (informal and formal)
 - D Reference Group and/or Project Team Meeting Minutes (Sept 2022 Aug 2023)
 - E Program documentation, including Reference Group Terms of Reference, Volunteer Role Descriptors, Peer Support Profile page, Risk Management Plans, Procedural Guidelines, ACD Kit collection logs etc (up to Sept 2023)

Measure Name	Measure description	Strategic Links: Mapping to SA Plan for Ageing Well 2020-25 • Strategic Priority 3*	Evidence source^	Evidence
Project design set up for success - the right people involved from the start	Project team members report that the project stakeholders are relevant. Reference Group membership offers broad representation of key ACD stakeholders across the Fleurieu region.	1 – a 2 – a 3 - a, b, c, d, e	A, C, D, E	 The Project Team is made up of a community wellbeing staff representative from each participating council and the Project Officer. Project Team members report project stakeholders are relevant. 10 out of 12 (83%) stakeholders surveyed 'agreed' or 'strongly agreed' that Reference Group membership reflects adequate representation of key identified ACD stakeholders in Fleurieu region. 2 out of 12 (17%) responded 'unsure', these are more recent stakeholders who have not participated in the Reference Group. Reference Group membership consists of up to 12 members, with the following representation: ACD Assist Program (1)

				 Southern Fleurieu Health Advisory Council (1) Fleurieu Justices of the Peace (1) Southern Community Justice Centre (1) Fleurieu Neighbourhood Network (1) Fleurieu ACD Peer Support Officers (up to 1 per council) SA Health (1) Participating Councils (up to 1 per council)
Stakeholder engagement and co-development.	Number of identified stakeholders actively involved in development of the project. Number (%) of stakeholders who report 'satisfied' or 'very satisfied' with opportunity to participate in development of project.	1 – a 2 – a, b 3 - a, b, c, d	A, D, E	 In addition to the 8 different organisations/agencies identified as key ACD stakeholders to form the Reference Group for this Project, it was considered important to also ensure representation from the previous ACD Assist Program that was operational in the region 2014 – 2020. Once recruited and trained, Peer Support Officers (PSOs) were also invited to nominate for membership on the Reference Group, there are currently two PSOs representing two of the three councils engaged with the Reference Group. 11 out of 12 (92%) stakeholders surveyed stated they were 'satisfied' or 'very satisfied' with the opportunity to participate in the development of the project. The other respondent has more recently engaged with the project and, as a previous ACD Assist volunteer, would have liked the opportunity to be more involved. All stakeholders 'agreed' or 'strongly agreed' that meetings provided an efficient means of communication with key stakeholders.
Project well managed and delivered	Number (%) of stakeholders who report 'satisfied' or 'very satisfied' with project management.	1 – a 2 – a 3 – a	A	 10 out of 12 (83%) stakeholders surveyed reported they were 'satisfied' or 'very satisfied' with the <i>overall project management</i>, with 17% (n=2) indicating 'neutral' (these stakeholders were both Peer Support Officers who recently commenced with the project in May 2023 and June 2023 respectively, and are not members of the Reference Group) 11 out of 12 (92%) stakeholders indicated they were 'satisfied' or 'very satisfied' with <i>communication from the Project Team</i>. One responded 'neutral'; this respondent recently engaged with the project in June 2023.
Program is sustainable beyond grant funded period	Effective systems and processes established to enable continuation of program beyond grant funded period.	1 – a 2 – a 3 - a, e	A, C, D, E	Careful consideration has been given to sustainability throughout the whole project. Strategic actions include: Using a regional collaborative approach and sharing resources. Development of the Reference Group, with a broad range of expertise across different disciplines to codesign and develop new model of community support, offer ongoing leadership and advice for the Program.

		Consideration of formal reporting mechanisms to inform each participating council, including linking Reference Group to Fleurieu Region Community Services Advisory Committee as a governance structure. Extensive risk management planning in consultation with council WHS Officers and Local Government Risk Services. Embedding processes and procedures into council systems. Recruitment and training of carefully selected Peer Support Officers suited to role. Continuous review and improvements during project implementation. out of 12) stakeholders surveyed stated they were
	'confider be susta	nt' or 'very confident' that the Fleurieu ACD Project will inable beyond the additional grant-funded period (post 24). 25% (3 out of 12) stated they were 'unsure'.

Implementation

Measure Name	Measure description	Strategic Links: Mapping to SA Plan for Ageing Well 2020-25 Strategic Priority 3*	Evidence source^	Evidence
Activities implemented as planned	Number (%) of planned activities delivered	1 - b, c 2 - a, b 3 – a	B, C, D, E	Delivered on all planned activities outlined in 2022-23 grant agreement, except WeekendPlus Article (deferred to 23-24 funding period)
The project engaged with the target population – people aged 65 years and over	Number (%) of people identified as being from the target population.	1 - a, b, c 2 - a, b 3 - a, b, c, d	B, C, D	 Age demographics were not collected from participants at the Community Information Sessions. Interestingly, early data emerging from the 1:1 sessions showed that 3 out of 11 (27%) people were aged 65 and over, 7 out of 11 (64%) were aged under 65 years, and 1 was not specified. This may be skewed due to the small number of participants thus far. All current active Peer Support Officers are aged over 60 years.

Outputs

Measure Name	Measure description	Strategic Links: Mapping to SA Plan for Ageing Well 2020-25 Strategic Priority 3*	Evidence source^	Evidence
Reference Group was established	Key stakeholders were recruited as members	1 – a 2 – a 3a, c	A, D, E	Representatives from the following agencies were successfully engaged in the Reference Group in July - September 2022: ACD Assist Program Southern Fleurieu Health Advisory Council Fleurieu Justices of the Peace Southern Community Justice Centre Fleurieu Neighbourhood Network SA Health City of Victor Harbor District Council of Yankalilla Alexandrina Council (Peer Support Officers have recently been recruited for representation on the Reference Group) The inaugural meeting of the Reference Group was held on 12 September 2022. Eleven Reference Group meetings have been hosted over the 12-month period, to co-design and develop the new model of community ACD support. 10 out of 12 (83%) stakeholders 'agreed' or 'strongly agreed' that the Reference Group has served a valuable role in the development of the Project. Two respondents were 'unsure', these stakeholders have only recently engaged with the project and have not been involved with the Reference Group.
Volunteers were recruited and trained for the project	The number of volunteers recruited, trained and active in the program	1 – a 2 – a, b, 3 - a, b	A, B, C, D, E	 A total of 18 expressions of interest were received, 11 volunteers have been inducted and trained, with 9 current active Peer Support Officers (2 in Yankalilla, 3 in Alexandrina, 4 in Victor Harbor). Training consisted of both online modules, and face-to-face workshops. A Volunteer Resource Kit has been developed to support the 1:1 peer support sessions. All current active Peer Support Officers are well suited to the role with relevant knowledge, skills, and expertise.
Participants supported to complete ACDs	The number (%) of participants completing ACD's within the timeframes of the project	1 – b, c 2 – a, b	B, C	This data may prove difficult to collect, currently reviewing strategies to collect this information.

				 Of the 16 people who collected an ACD Kit at the Victor Harbor community information session, five (31%) had completed their ACD Form by the time follow up calls occurred (six months following the session), five (31%) were interested in booking a 1:1 appointment with a Peer Support Officer, and two people did not answer the follow up phone call so a message was left. At least one of the eleven community members who have attended the 1:1 peer support sessions, has now completed their ACD.
Community engagement	The number of community members involved throughout the project: ACD Kits distributed, community education sessions, 1:1 appointments.	1 - a, b, c 2 - a, b 3 - a, b, c, d	B, C, D	 A total of 125 ACD Kits have been distributed to community members, via collection from council offices, community information sessions, and 1:1 ACD Peer Support sessions. 5 community information sessions and group sessions have been hosted, with a total of 152 people participating in these sessions. 11 people have participated in 1:1 Peer Support sessions, since commencement on 6 September 2023 (these sessions have been held at Victor Harbor, Yankalilla and Alexandrina sessions scheduled to commence in October 2023)

Outcomes

Measure Name	Measure description	Strategic Links: Mapping to SA Plan for Ageing Well 2020-25 Strategic Priority 3*	Evidence source^	Evidence
Increased awareness and understanding of ACDs	The number (%) of participants who answer 'agree or strongly agree' to improved knowledge and confidence	1 - b, c 2 - a, b 3 - b	В	All community members who have participated in 1:1 sessions reported that the session <i>increased their knowledge and understanding of ACDs</i> (80% strongly agree, 20% agree as per 1:1 session feedback forms)
Increased confidence to complete ACDs	The number (%) of participants who respond 'agree or strongly agree' to increased confidence	1 - b, c 2 - a, b 3 - b	В	80% of community members who have participated in 1:1 sessions reported that they were <i>confident they would now be able to complete their ACD</i> (strongly agree 30%, agree 50%); and 20% stated they were unsure.
Support offered was relevant and valuable	The number (%) of participants who 'agree or strongly agree' to it being a valuable experience.	1 - b, c 2 - a, b 3 - b	В	All community members who have participated in 1:1 sessions reported that the support provided was relevant and valuable (80% strongly agree, 20% agree)

Additional comments from our stakeholders

"I believe that this project will arow with not only older residents but also younger middle aged residents accessing assistance in understanding and navigating the ACD documents and processes. The 40 - 60 year old demographic have different needs and questions, and this will be a great challenge for Peer Support as well as the management team."

"The establishment of this program has been extensive, and the Project Officer Michelle Fuller is to be congratulated on the thoroughness and detail put into this work. Michelle only has 0.2FTE funded for this work across the three Council Districts of Victor Harbor, Yankalilla and Alexandrina."

"It is clear from the clients who have met with volunteers and have completed ACDs that they were in need of support to express their needs clearly, and to think about next steps even if they find such thinking challenging. The project enables participants to voice concerns and desires in a safe way and to ensure that their voice will be heard should the need arise."

"I perso<mark>nally was dis</mark>appointed as to not being asked to be on the original planning Committee. I have been involved with the program with the Southern Fleurieu Health Service since 2014. I have delivered numerous Power Point Presentations and advisory sessions to clients during these years."

"Looking forward to supporting community members. I feel the Fleurieu ACD project will benefit many and take the burden off the anxiety that filling in forms and getting affairs in order may cause."

"A much-needed initiative that supports community individuals be actively involved in their health and social care."

"A very rewarding program to be involved with."

"It has been a great opportunity for a Justice of the Peace to be involved in what I believe is a project that is paramount to our community members. We are the last to see these documents completed and then signed off and to know that clients who attend the JP signing rooms have had sound information and are aware of what they have completed is important in making our role much easier. ACD forms are a very important document and to have council take on the role of facilitator/project management will increase the importance of having such a document for every community member, just as wills and enduring power of attorney are. I believe we will set a benchmark for other areas of South Australia with this project and look forward to seeing an evaluation on the outcomes."

"I particularly wish to acknowledge the excellent contributions to this Project by Lean Symonds, Manager Community Well-being (CVH), Claire Taylor, Team Leader Community Services, Yankalilla Council, Deb Gregory, Alexandrina Council, and in particular to Michelle Fuller, Project Manager, who has been outstanding in her role of steering this Project from commencement to this point. Michelle is extremely professional and dedicated, and her stewardship throughout speaks highly of her ability to undertake multiple tasks successfully, achieve KPI's as required, and promote harmonious relations between members of the reference group and project team. Sincere congratulations and thank you."

ACKNOWLEDGEMENTS

We acknowledge the traditional custodians of our beautiful lands and surrounding waters, the Ramindjeri and Ngarrindjeri peoples. We appreciate the spiritual connection and cultural relationship Aboriginal people have with their country, and that this is as significant today as it has been for generations of Aboriginal people. We pay our respects to Elders past, present, and emerging.

This Report has been compiled by Michelle Fuller, Fleurieu ACD Project Officer, and covers the initial 2022-23 grant-funded period, 11 June 2022 to 30 September 2023. A comprehensive Final Report will be submitted at the end of the Advance Care Directives Southern Fleurieu Project (aka Fleurieu ACD Project) which has officially been extended to 31 May 2024.

Grateful appreciation is extended to the following contributors of this Project:

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- Mike McRae, representing ACD Assist Program
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- Ros Hocking, Southern Fleurieu Health Advisory Council
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