4.6 Sustainability

This Section sets out the extent to which the DPs were able to build capacity over the life of the SHCI and thus increase the potential for the ongoing sustainability of some or all aspects of their self-management programs.

4.6.1 Organisational processes

Figure 4 presented in Section 3.2.1.3 illustrates the complementary nature of process mapping (process evaluation) and the key informant interviews (impact evaluation). While each refers to the organisational processes the DPs had in place, process mapping had an operational focus, while the key informant interviews had a strategic focus.

The themes that each evaluation method addressed included: network partnerships, knowledge transfer, problem solving and infrastructure. Process mapping concentrated on how these capacities occurred in day to day operations at a client, carer, HSP, community and health service system level while key informant interviews concentrated on how these capacities were developed from a strategic viewpoint to influence capacity building and the health service system. In order to discuss the capacity DPs demonstrated for sustainability, it was necessary to refer to both the process maps and key informant interviews.

4.6.1.1 Process mapping

4.6.1.1.1 Baseline

Infrastructure development

The DPs were generally co-located within established organisations such as Divisions of General Practice, Area Health Services (AHSs), Non-Government Organisations (NGOs) and Universities. Primary infrastructure developments at baseline included the development of Information Technology (IT)/Information Management (IM) systems, IT support, office set-up/furniture, stationary, cars, mobiles, and the training of DP staff personnel.

For some of the DPs, being co-located within an established organisation meant that existing infrastructure such as IT/IM systems and office furniture could be utilised at no cost to the DP.

Governance and management

Governance and management structures were generated across all DPs. All DPs had a steering committee/management board that was comprised of a range of

participants, including representatives of partner organisations and other key personnel with an involvement with the DPs. Steering committee issues such as turnover of committee members and non-attendance at meetings were problematic at baseline. However, the majority of DPs had steering committee members who actively participated and provided input into the development of the self-management program and disseminated DP information within their organisations.

The majority of DPs had other sub committees who sat below the steering committee and held responsibility for certain aspects of the DP self-management programs, for example reference groups, implementation groups, local network groups, and evaluation committees.

Some DPs experienced high turnover of State representatives of DoHA staff, which they felt made it hard to establish working relationships with their key contact staff within DoHA.

Integration/network partnerships

At baseline, some of the DPs had developed clear goals in regards to integrating the DP into the wider health system, for example, identification of the key individuals and agencies that could possibly carry the self-management program forward. However, the majority of the DPs were in the early stages of developing their strategies for integration. For this reason, integration at baseline was largely limited to networking with partner or sponsor organisations, along with other steering committee member organisations and the utilisation of previous relationships and networks.

Some DPs experienced DP partners taking a less active role in their self-management program than anticipated, which resulted in difficulty in engaging those partners and additional time and effort spent on building relationships.

For those DPs who at baseline did not have a high enough profile in the community, difficulty was experienced in generating interest in the self-management program and obtaining HSP participation. However, those DPs that had consumer representatives and volunteers participating in their self-management program, found these networks provided a good link to the community and helped to raise awareness of the DPs.

Capacity building and sustainability

Given the predominant focus of the DPs at baseline on establishing the self-management program, in terms of infrastructure, governance, and recruiting clients, the DPs had not yet formulated clear thoughts on how they were going to build capacity and the sustainability of their self-management programs.

4.6.1.1.2 Middle measurement point

Infrastructure development

Whilst some of the DPs had no further infrastructure development since baseline, a few of the DPs made changes to DP personnel. This was due to the need to increase the hours for administration support staff or to employ additional personnel to assist with the national data collection and data entry processes. As a result of the increase in administration support, those DPs subsequently were required to spend additional funding on staffing than originally anticipated.

As a result of being co-located, some of the DPs began to experience accommodation pressures, particularly in relation to the storage of DP resources and client information. However, some DPs felt being co-located was advantages to their self-management program, as there were opportunities to share resources and experiences with other programs that were operating out of that location.

Ongoing problems with IT/IM systems and their maintenance were identified as problematic at the middle measurement point, as was the lack of funding for ongoing support mechanisms.

One of the DPs had yet to establish a further two DP sites at baseline, by the middle measurement point the decision had been made that those sites would no longer be established as the investment of resources would be too great for the DP.

One DP had set aside a fund for the purchasing of additional infrastructure to support ongoing (beyond the DP) client related processes.

Governance and management

For many of the DPs at the middle measurement point, their steering committees continued to meet regularly, but less often. For example, at baseline the majority if the DP steering committees were meeting monthly, by the middle of the DP they were meeting on a bimonthly basis, the DPs felt that this led to improved attendance at the meetings. The move from monthly to bimonthly meetings was due to the DPs requiring less consultation with the steering committee at this stage of their self-management programs, unlike at baseline when the committee was involved with the set up of the DP.

The majority of DPs had experienced very little to no turnover of steering committee members between baseline and the middle of their self-management programs. However, for those DPs that did experience substantial turnover of committee members, this was generally as a result of staff turnover within the committee member's organisation.

Integration/network partnerships

At baseline, many of the DPs were at the stage of formulating their strategies for achieving integration. By the middle measurement point, all of the DPs had moved from the 'thinking' stage to the 'doing' stage, for example, developing stronger networks, wide distribution of DP marketing material (pamphlets, presentations, representation on committees etc) and forming support mechanisms for HSPs.

Some DPs continued to experience DP partners being less active in their self-management program than anticipated for number of reasons. Such as, budget constraints and staff turnover within those organisations, many of the DPs felt that communication networks, attendance at committee meetings, involvement in the monitoring and decision making process and the offering of resources from DP partners was strengthening.

Capacity building and sustainability

Whilst a number of the DPs had begun to build capacity in order to achieve sustainability, there were still those which were not as advanced remaining at the conceptual stage in terms of developing their sustainability strategies.

Organisational development

Activities that were undertaken by the DPs in order to achieve organisational development include building network partnerships with DP partners, steering committee organisations and other organisations/individuals that were identified as having the potential to continue running DP activities, along with linking in with other programs and sharing resources. By the middle measurement point, many DP participants had completed the Stanford CDSM course and were looking for other support mechanisms; therefore the DPs began linking clients to support groups and self-help organisations. One DP had also developed a twelve month intervention for non-DP participants.

One of the DPs had established a community development fund, and used these funds to help small organisations and community groups to get sustainable activities up and running.

Workforce development

Workforce development included the training of DP personnel, who would be able to take their self-management skills, learnt whilst working for the DP to their future place of work. Similarly, leaders who were trained in the Stanford course would be able to continue running the course post DP. The training of HSPs in self-management techniques would also assist in the continuation of the approach post DP.

Some of the DPs had a strong base of volunteers and consumer representatives that they were training in order to increase their range of skills and confidence to enable them to continue in their role without the support of the DPs.

The lack of participation and support from GPs for some of the DPs presents a barrier to sustainability, in particular for those DPs where GP participation in the care planning process is essential for making it sustainable post DP.

Resource allocation

The funds raised from care planning which attracted EPC payments were hoped to be an incentive for GPs to participate in the care planning process, however, as mentioned above, GP engagement was a difficult process.

Nonetheless, some DPs were more successful in engaging individuals outside of the DP to take ownership of an element of the DP. For example, consumer volunteers or a GP taking ownership of a DP established resource centre and consumer representatives taking ownership of the Stanford course.

4.6.1.1.3 Last measurement point

Infrastructure development

For many of the DPs, very little to no DP personnel turnover was experienced over the life of the self-management programs. The exceptions to this were a DP who experienced a number of changes of DP manager in the middle of the self-management program, and another DP that encountered DP personnel turnover towards the end of their self-management program as staff sought employment opportunities post DP.

In order to cope with the large amounts of paperwork in the final stages of the DP self-management programs, some of the DPs needed to increase the working hours of administration support again.

Whilst the majority of DPs did not express difficulty with accommodation, one DP that experiences accommodation pressure resolved this by relocating to a private DP location. Another DP expressed difficulty in not being co-located with the local evaluation team.

Ongoing issues with IT systems and their maintenance were still present at the last measurement point for a few of the DPs.

Governance and management

The turnover of steering committee members continued for many of the DPs. Nonetheless, a few of the DPs experienced very little turnover of steering committee members over the life of their self-management program.

Regardless of whether or not a DPs steering committee experienced member turnover or not, for the majority of DPs the steering committee maintained its original role, continued to meet on a regular basis throughout the self-management programs, and maintain a strong commitment of members until the end. This could be due, in part, to the committee members having considerable involvement in the planning and decision making process regarding sustainability and the transitional phase of the DP self-management programs towards the closing stages of the DPs.

Minor issues regarding client confidentiality processes were identified for one of the DPs in the later stages of their self-management program, however, actions were taken to immediately resolve these.

Integration/network partnerships

At the last measurement point, the focus on integration had increased considerably and there was activity around achieving this for all DPs.

The activities undertaken to achieve integration did not differ from those described at the middle measurement point, however, the intensity in which the activities were being undertaken had increased.

The DPs felt at the last measurement point, clients, HSPs, and the community were all much more aware of what the DP was doing and trying to achieve, which facilitated the development of partnerships and integration. This was achieved through continual networking which helped to build trust, developing broad partnerships and continually seeking the opportunity to build new networks and partnerships.

It also became apparent at the last measurement point, where the DPs were focussing on their integration activities, for example some DPs were focused on integrating with DP partners, others with HSPs and some took a broad approach. This largely depended on what the DPs goals were for integration and the success they had experienced in engaging their DP partners, HSPs or the broader community.

A primary concern for many of the DPs at the last measurement point was that self-management needed a designated driver to maintain and strengthen the self-management networks and activities post DP, because without a driver the activities would slow down or not happen at all. Alternatively, changes needed to be made at the policy level so that self-management would become an integral part of work practices for HSPs.

The issues of some DP partners not being as actively involved in the DP self-management program as much as originally anticipated was ongoing, and hindered the DPs integration with those organisations.

One DP that was located within an AHS was waiting for the health service to be re-structured, and without knowing what the new structure was going to be, it left uncertainty regarding how to integrate the DP self-management program into the AHS.

Capacity building and sustainability

As for integration, sustainability was a key focus of all DPs at the last measurement point. The activities being undertaken in order to build capacity remained primarily unchanged.

Organisational development

A new activity at the last measurement point was that all the DPs had the opportunity to develop a proposal to DoHA to apply for transitional funding. This funding would provide a small amount of additional funding to further embed those successful elements of the DPs in their local community.

A key issue identified at the last measurement point, which the DPs felt hindered sustainability and organisational buy-in to the DPs, was that individuals wanted to see evidence that the DP self-management program was working before they would commit to supporting the self-management program in the future. Contributing to this barrier for one DP was the fact they did not have a Local Evaluation that focused on client health outcomes, and therefore, the DP was not able to demonstrate any health outcomes resulting from the DP self-management program.

Other activities described at the middle measurement point included, a community development fund, building network partnerships, linking into other programs and linking client into non-DP support mechanisms.

Workforce development

Offering free or discounted training for HSPs was a successful strategy in engaging individuals, and the majority of DPs found that individuals were very keen to take up training opportunities made available by the DPs.

The lack of participation and support from GPs, for some of the DPs, continued to be problematic throughout the life of their self-management programs, but were encouraged by the uptake of education and training by other HSPs, DP personnel and community members.

Resource allocation

An issue identified at the last measurement point concerned the leaders for the Stanford course and the support, coordination and resources they required, which was labour intensive and difficult to maintain post DP.

The development of policies and procedures for many DPs had been an evolutionary process over the course of the self-management program, this documentation would remain post DP as resources for the sponsor organisation.

4.6.2 Community capacity and DP self-management program sustainability

4.6.2.1 Key informant interviews results

The results from key informant interviews for the non-Indigenous DPs at baseline, middle and last collection periods are discussed in the following Section. The tables show the median ratings for the key informants aggregated for each capacity indicator of the key informant interview framework. Results from each measurement point are discussed individually, followed by a summary table of changes over time. Results from the Indigenous key informant interviews are reported in Section 5.7.2.

4.6.2.2 Explanation of key indicators used in results tables

As outlined in Methods Section 3.3.3.2, the ratings indicate relative achievement against each indicator, ranging from weaker (rating=1) to stronger (rating=4). There is an expectation of logical progression of development *within* capacity components and *across* capacity components of the key informant interviews. Therefore, within each capacity component, the indicator ratings should go from high to low. Taking network partnerships as an example, it would be expected that the 'identify'indicator would be rated higher than or equal to the 'deliver' indicator which, in turn, should be rated higher than or equal to the 'maintain' indicator. Similarly across capacity components the average total rating should go from high to low, so that the rating for the 'Network Partnerships' should be greater than or equal to 'Knowledge Transfer', which should in turn be greater than or equal to 'Problem Solving' and so on.

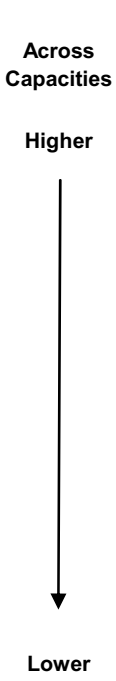
4.6.2.2.1 Baseline

Median ratings across capacity components for the key informants from the non-Indigenous DPs at baseline are listed in the grey column in Table 101. Progress across capacity components was generally in the expected direction (as demonstrated by the solid arrow to the right of the table). Ratings were generally higher for network partnerships and knowledge transfer than problem solving and infrastructure. Similarly, within the four capacity components, ratings were in the

expected direction, from higher to lower for all, except infrastructure (as demonstrated by the dashed arrows).

Table 101 Median ratings for non-Indigenous key informants at baseline measurement point

Capacity Component	Indicator	Non-Indigenous Median Baseline
Network Partnerships	Identify	2,3
	Deliver	3
	Maintain	2
Knowledge Transfer	Develop	3
	Transfer	3
	Integrate	1,2
Problem Solving	Work together	2
	Identify	2
	Sustain	1
Infrastructure	Policy capital	1
	Financial capital	1
	Human/Intellectual capital	2
	Social capital	2



Network Partnerships

The ratings for network partnerships suggested that the DPs, on average, had substantial capacity to identify suitable networks and deliver self-management programs. This capacity was a necessary foundation to build capacity in the other components. It was indicated that the DPs had given some consideration to maintaining and resourcing their self-management programs which was promising considering the early stage of their development.

Knowledge Transfer

It appeared that the DPs already had capacity to develop self-management programs that met the local needs of their communities and transfer knowledge to achieve their desired outcomes. They scored lower, however, on their ability to integrate the self-management programs into their practices, which was to be expected at this preliminary baseline stage.

Problem Solving

Problem solving scored slightly lower than network partnerships and knowledge transfer, however there was still evidence of some capacity for networks to work together to solve problems. While there were reports of mechanisms in place to overcome problems, DPs were lacking in their development of mechanisms to identify potential problems. There was limited evidence at this stage to indicate whether DPs had begun to identify ways through which problem solving could be sustained, producing the score of '1' for this item.

Infrastructure

The infrastructure ratings did not follow the progressive nature of the CCI. They reflected the DPs' emphasis on investment in education and training for self-management personnel and the HSP community, rather than policy at the initial stage. At this early stage, the DPs had only had limited capacity to influence policy direction and to develop further financial capital other than that funded by DoHA, therefore no action had been taken to develop such infrastructure. In order for the DPs to be sustainable, they needed to demonstrate increased investment in all aspects of infrastructure.

4.6.2.2.2 Middle measurement point

Median ratings across capacity components for the key informants from the non-Indigenous DPs at middle are listed in the shaded column in Table 102 below. Progress within and across capacity components was generally in the expected direction (as demonstrated by the dashed and solid arrows respectively).

Overall, capacity component ratings increased from the baseline to the middle measurement points, indicating that in general, the DPs had made progress in building capacity.

Table 102 Median ratings for non-Indigenous key informants at middle measurement point

Capacity Component	Indicator	Non-Indigenous Median Middle	Across Capacities
			Higher
Network Partnerships	Identify	2	
	Deliver	3	
	Maintain	2	
Knowledge Transfer	Develop	3	
	Transfer	3	
	Integrate	2	
Problem Solving	Work together	3	
	Identify	3	
	Sustain	2	
Infrastructure	Policy capital	2	
	Financial capital	2	
	Human/Intellectual capital	2,3	
	Social capital	2	
			Lower

Network Partnerships

Ratings for network partnerships did not alter considerably from baseline, the only shift being a slight decrease in capacity to identify the network. Such a decrease, however, may have been a function of the key informants selected, or the fact that the focus of the DP had shifted (see Section 3.3.3 which provides information regarding consistency of informants).

The networks were reported as having 'substantial' capacity to deliver self-management programs, which may have been attributed to the fact that some of the organisations forming the network partnerships were strong prior to the establishment of the DP. Networks were rated as having some capacity to maintain and resource the DP self-management programs, as was the case at baseline.

Knowledge Transfer

Knowledge transfer ratings remained constant with only a slight increase in the DPs ability to integrate their self-management programs into the mainstream practices of the network partners. The DPs maintained the substantial capacity they demonstrated at baseline to collate suitable information to develop a DP self-management program that met local needs, and engaged in several methods of knowledge transfer.

Problem Solving

All ratings for problem solving increased from baseline to the middle measurement point. These scores suggested that at the middle measurement point, the DPs were beginning to demonstrate substantial capacity to work together to solve problems and there was evidence of mechanisms in place to identify and overcome problems. As well as their ability to work together to identify and solve problems, the DPs also demonstrated some capacity to sustain flexible problem solving going forward.

For example, one informant responded that the DP had experienced difficulty recruiting clients through GPs so they had shifted recruitment to occur through network NGOs and other organisations. Another informant reported that their DP had a reporting structure, Steering Committee and Implementation Committee to facilitate communication and negotiation.

Infrastructure

Ratings for infrastructure increased between baseline and the middle measurement point, with DPs demonstrating a greater capacity to develop policy and financial capital. Some capacity to develop policy capital was demonstrated, for example, local health politicians had been approached in an attempt to influence future policy direction.

It was also noted that some effort had been invested to determine how financial capital could be maintained by obtaining additional funding. For example, some DPs stated that they had sought funding through the mainstream health system, or through integrating their self-management programs into other programs in order to tap into funding.

Capacity to develop human/intellectual capital was rated from ‘somewhat’ to ‘substantial’, suggesting that the DPs had clear plans of how this capital would be built as part of the DP. These plans included increasing leader training, and attending workshops and conferences to increase the dissemination of information about the DP self-management program.

The rating for social capital remained the same as for that at baseline, suggesting that the DPs had ‘some’ capacity to build social capital. It was commonly reported by key informants that social capital had been built as a result of interaction in the DP, and the fact that the network had existed previously in other capacities. There were few examples of structured approaches or formal mechanisms in place to increase capacity in this regard.

Overall, the increased ratings for key informants from the baseline to middle measurement points suggests that DPs had increased their capacities to develop

and deliver their self-management programs as well as plan for their sustainability.

4.6.2.2.3 Last measurement point

Median ratings across capacity components for the key informants from the non-Indigenous DPs at the last measurement point are listed in the grey column in Table 103 below. Progress within and across capacity components was generally in the expected direction (as demonstrated by the dashed and solid arrows respectively).

Most capacity component ratings increased from middle to the last measurement points.

Table 103 Median ratings for non-Indigenous key informants at last measurement point

Capacity Component	Indicator	Non-Indigenous Median Last
Network Partnerships	Identify Deliver Maintain	4 4 3
Knowledge Transfer	Develop Transfer Integrate	3 4 3
Problem Solving	Work together Identify Sustain	3 2 2
Infrastructure	Policy capital Financial capital Human/Intellectual capital Social capital	3 3 4 3

Across Capacities

Higher

Lower

Network Partnerships

The DPs capacities within network partnerships increased so that their capacity to identify suitable network organisations and to deliver their self-management programs were ‘entirely’ or ‘almost entirely’ achieved. Their capacity to sustain and resource their self-management programs also increased, so that they were rated as having substantial ability to do so, which looked promising for the future of networks to maintain self-management programs.

During their interviews, key informants stated that their DPs had high capacity to identify organisations with the resources to implement, deliver and maintain their self-management program. They attributed this to the fact that some partnerships within the network had been formed prior to the DPs and were, therefore, more likely to be sustained. Some DPs also stated that they would continue to support local community organisations and schools to integrate the DPs into their structures going forward. Difficulty in maintaining networks was attributed to the lack of resources and funding to do so.

Knowledge Transfer

The DPs generally did not increase their capacity to develop self-management programs that met local needs. However, it was less likely that this would increase at this late stage of the DP self-management programs. The DPs increased their ability to transfer knowledge to achieve their desired outcomes 'almost entirely' at the last measurement point, and had increased their capacity to integrate their self-management program into their work practices from 'somewhat' (2) to 'substantial' (3).

Throughout the interviews at the last measurement point, the key informants provided many examples to illustrate their capacity to successfully transfer knowledge. These included documenting key learning's from the DPs to prevent these from being lost at the program, organisational and individual levels, by embedding the DP self-management program and philosophy into core business and continuing to train course leaders to carry on teaching.

Common barriers to transferring knowledge included lack of staff to continue with the DP self-management program, lack of HSPs to continue care planning and high staff turnover which meant that time and resources were invested to recruit and train additional staff.

Problem Solving

Problem solving ratings remained relatively consistent from the middle to last measurement points. Networks of the DPs maintained 'substantial' capacity to work together to solve problems and 'some' capacity to sustain flexible problem solving. The DPs stated that these capacities were being developed through processes such as ingraining problem solving mechanisms into the core processes of the network partners and holding regular meetings to continue problem solving.

While the DPs demonstrated the ability to overcome problems, their capacity to identify potential problems decreased slightly from the middle to last measurement points. Despite this, one DP stated that reviewing MOUs at the end

of the DP self-management program and revising them going forward was an effective method of preventing problems at the network level.

Infrastructure

All capacities regarding infrastructure increased between middle and last measurement points. These ratings indicate that, from the key informants' view, DPs had 'substantial' capacity to develop policy capital, financial capital and social capital and they had entirely built capacity to develop human and intellectual capital. One informant stated that their DP had increased financial capital by negotiating with State Health to obtain a large investment to maintain the DP self-management program and continue to employ staff to run it. Human/intellectual capital was reported to be continuing through training for consumers, volunteers and Master Trainers. Similarly, it was reported that social capital had been built and would continue through meetings and regular communication between the networks.

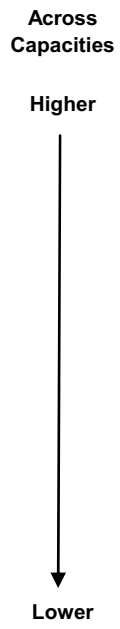
DPs gave the examples of methods used to develop policy capital such as funding care planning through Medicare and dedicating the Division of General Practice and Practice Nurses to integrating the DPs into their core business, with the ultimate aim of changing policy going forward. Key informants reported barriers to achieving policy capital to include the fact that chronic conditions were not yet seen as a priority within the health system, when compared to acute services and a lack of funding.

Key informants gave examples of methods their DPs had used to build financial capital, such as applying for additional funding from Government organisations at a variety of levels (i.e. State and Federal). Barriers to achieving financial capital included a lack of evaluation results to promote the benefits of the DP self-management program to potential funders.

Summary of the key informant ratings across the three measurement points Table 104 provides a summary of the key informant ratings across the three measurement points. As can be seen, there was an overall increase in ratings over time, suggesting that DPs were able to progressively build capacity over the life of the SHCI. However, all capacity components still had room to improve.

Table 104 Summary of median ratings for non-Indigenous key informants over time

Capacity Component	Indicator	Non-Indigenous Median Baseline	Non-Indigenous Median Middle	Non-Indigenous Median End
Network Partnerships	Identify	2,3	2	4
	Deliver	3	3	4
	Maintain	2	2	3
Knowledge Transfer	Develop	3	3	3
	Transfer	3	3	4
	Integrate	1,2	2	3
Problem Solving	Work together	2	3	3
	Identify	2	3	2
	Sustain	1	2	2
Infrastructure	Policy capital	1	2	3
	Financial capital	1	2	3
	Human/Intellectual capital	2	2,3	4
	Social capital	2	2	3



4.6.3 Major facilitators and barriers to sustainability

As illustrated above, the ability of DPs to sustain their self-management programs depends on a number of factors. Table 105 summarises the main facilitators and barriers to sustainability which were observed during the process mapping visits and described during the key informant interviews across the three measurement points. As described in Section 3.2.1 the capacity components for the key informant interviews have been used to categorise the identified themes.

Table 105 Barriers and facilitators to sustainability for the non-Indigenous DPs

	Facilitators	Barriers
Network Partnerships	• Continuing the network and working to maintain and resource the DP from the early stages. • Holding regular Steering Committee meetings with an emphasis placed on sustainability and transitional funding towards the end of the DP. • Integrating the DP into the mainstream practices of network partners (for example, by disseminating DP information throughout their organisations). • Maintaining links with and support for community organisations.	• Turnover of Steering Committee members and non-attendance at meetings. • Some DPs experienced DP partners taking a less active role in their self-management program than anticipated. This resulted in difficulty in engaging those partners and additional time and effort spent on building relationships.
Knowledge Transfer	• Increasing/maintaining leader training (for example, Master Trainers and lay leaders). • Transferring knowledge and lessons learnt to other projects and organisations (for example, project and network management skills). • Continuing aspects of the DP (for example, healthy cooking classes) and linking clients into other non-DP support mechanisms and programs. For example, one DP established a community development fund and used these funds to help small organisations and community groups to get sustainable activities up and running (for example, Diabetes cooking classes and tai chi). • Raising awareness about the DP in the community (for example, through advertisements in local papers; websites, through consumer representatives and volunteers in the DPs who provided a good link to the community). • Disseminating information outside the community (for example, through, attending workshops and conferences).	• Lack of evaluation data to demonstrate positive outcomes at the local level. Some DPs felt that this hindered their ability to network with further organisations to assist with the running of the DP and to disseminate information and programs to aid sustainability. • Lack of GP participation in the DPs. • Difficulty obtaining the ongoing support, coordination and resources required for leaders to continue running courses.
Problem Solving	• Network partners signing an MOU to aid collaboration. • Agreeing on problem solving mechanisms and identifying potential problems to address these early on. For example, one DP set up a Steering Committee as well as an Implementation	• Several DPs were *unable* to report specific mechanisms they had in place to identify and overcome problems at a network level as these were mainly through their Steering Committees.

	Facilitators	Barriers
	Committee to facilitate communication and negotiation.	
Infrastructure:		
a. Policy Capital	• Local health politicians had been approached in an attempt to influence future policy direction. • Embedding the program into the public health system through developing clear goals in regards to integrating the DP into the wider health system (for example, identification of key individuals and organisations that could possibly carry the self-management program forward and networking with these people). • Maintaining links with State and Federal Government.	• Current focus of the Health Service System (for example, lack of GP involvement in care planning and focus on acute rather than chronic disease). • One DP was located within an Area Health Service that was being restructured and without insight into the restructure, they were unable to plan for sustainability/integration etc.
b. Financial Capital	• Obtaining transitional funding and creating strategies to obtain further funding. • Use of funding to explore options for sustainability. • One DP established a community development fund to help small organisations and community groups get sustainable activities related to the DP up and running. • Some DPs were integrating the program into other existing programs to obtain additional funding to aid sustainability.	• Inability to obtain transitional funding or additional funding.
c. Human / Intellectual Capital	• Assigning staff from network organisations to the program for the future to maintain DP momentum. • Training leaders in CDSM to continue running courses post-DP. • Training HSPs in self management to assist in promoting the philosophy and raising awareness. • Few DP personnel changes.	• Lack of GP participation and support from GPs (especially for DPs where GP participation in care planning was essential). • Unsustainable hours required of administrative staff. • Lack of human resources (for example, high staff turnover and overloading HSPs and staff).
d. Social Capital	• If the network had existed prior to the DP, members were more likely to continue communication and continue the network to aid sustainability.	*No barriers to Social Capital were reported*