



Australian Government
Department of Social Services

Grant Application Form
Aged Care Service Improvement and Healthy Ageing Grants

The Aged Care Service Improvement and Healthy Ageing Grants aim to strengthen the capacity of the health and aged care sectors to deliver high quality care and promote healthy ageing.

Closing Date/Time

Applications must be submitted by **2:00 pm (AEST) Wednesday, 23 July 2014**.

Application Pack

Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the Department of Social Services ([DSS](#)) website. Applications will be assessed using the process outlined in the Programme Guidelines.

Application Help


Information about the application process is available on the [DSS](#) website. Follow the links on this website if you have a question about the application process. Please allow five working days for a response. Answers to questions will also be available on this website. Questions lodged after Friday, 18 July 2014 will not be answered.

If you require assistance or support in using and/or submitting this Application Form, please call 1800 020 283.

Completing this Application Form

You must have Adobe Reader v8.1 or later to use this electronic form. The latest version of Adobe Reader can be downloaded for free from www.adobe.com/downloads.

The form can be saved using **Ctrl+Shift+S**. Follow the prompts to save a copy of the form to your computer. You can then continue to complete the form until you are ready to submit it. Remember to Save (**Ctrl+S**) regularly as you are completing the form.

Information is available in the form to assist you in answering the questions. To view this help, place your cursor over each field or wherever you see the  symbol.

How to Lodge

Once you have completed this Application Form, you must submit it electronically to DSS by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to DSS systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the [DSS](#) website.

Application ID

Once you have submitted the Application Form, a Successful Submission Receipt with your Application ID will appear as a separate document on your screen. Please save this receipt for future reference and use it in all correspondence with DSS relating to this application.

National Relay Service (NRS)

DSS uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. For further details on accessing the NRS, please visit the [DSS](#) website.

Use of Information

DSS may use the information, other than personal information, provided in this Application Form to assist DSS to:

- (a) comply with the Australian Government requirement to publish the names of all grant recipients on the DSS website,
- (b) inform staff negotiating and establishing Grant Agreements of risks and issues which need to be addressed in the Grant Agreement for that programme, and/or
- (c) inform future assessments for applications.

You can only register if you agree to DSS using the information (not personal information) you provide in this form for the purposes listed at (a), (b) and (c) above.

☒ I agree

Part 1 Applicant Registration Details

1. What is the applicant's DSS registration number?



Applicants applying for available grant funding must first register with DSS. If you do not have a registration number, refer to the [DSS](#) website for details.

Tip: Copy and paste the Registration Number from the Successful Submission Receipt to avoid errors.

Registration number 4-7ZQFDK

Verify number

Applicant legal name Polio Australia Incorporated

DSS enters into a Grant Agreement with this legal entity only. All further responses within this Application Form must relate to this entity.

Part 2 Eligibility Requirements

2. What is the applicant's legal entity type?



Incorporated Association

3. Does the applicant operate as not-for-profit?



☒ Yes ☐ No

Part 3 Activity Links

4. Does the applicant plan to deliver the Activity as part of a consortium?



☐ Yes ☒ No

5. Does the applicant plan to sub-contract any or all of the service provision to another organisation or individual?



☐ Yes ☒ No

Part 4 Activity Details

6. In which community areas can the applicant deliver the Activity?



Refer to the [DSS](#) website for a list of the available community areas, if applicable to this Activity.

[Show instructions](#)

Coverage type

Search list...

Available community areas
(choose the value/s and then click Add):

Add >>

<< Delete

At least one community area must be listed.

List of chosen community areas

QLD
NSW
SA
TAS
VIC
WA

7. Which of the following priority areas will be the focus of your project for this Activity?



- ☒ Support activities that promote healthy and active ageing
- ☐ Respond to existing and emerging challenges, including dementia care
- ☐ Support activities that build the capacity of aged care services to deliver high quality care
- ☐ Support activities to assist carers maintain their caring role
- ☐ Support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas
- ☐ Support older people with diverse needs

8. Provide a short title of your project for this Activity.



Post-Polio Practices for the 21st Century

9. Provide a description of your project including information on what your project will do and how it will help achieve the objectives of the Activity.



(Limit: approx 500 words, 3,000 characters)

Characters entered:

2,998



Years after contracting polio, increasing numbers of survivors have developed new symptoms as they age. Most now experience a range of debilitating health effects, manifesting primarily as biomechanical [Late Effects of Polio (LEoP)] and/or neurological symptoms [Post-Polio Syndrome (PPS)]. This project will enhance our existing education programs for the post-polio community and health professionals, and expand our support services. We will provide access to current information to enable polio survivors to lead

healthy and active lives and make informed decisions in managing LEOp and/or PPS as they age. Three key areas of identified need will ensure ageing polio survivors receive access to best-practice programs:

- 1) Community Education to improve healthy ageing outcomes for polio survivors and their family/carers.
- 2) Support Services for polio survivors to ensure ongoing access to appropriate support services to facilitate effective management of their condition as they age.
- 3) Clinical Modules & Clinical Training Workshops for health professionals to provide current, evidence-based information to assist the timely diagnosis and support of LEOp/PPS.

The project will increase access for polio survivors to up-to-date information to better manage the effects of ageing on their existing polio conditions. This will empower them to make informed decisions in managing their post-polio symptoms as they age, enabling them to lead healthy, active and independent lives for as long as possible. Polio Australia will use the grant funding to partially fund existing donation-funded programs and to fund the further development of programs that will provide:

- 1) Community Education. Education of polio survivors and their carers ensures better health outcomes in the future as they age. The production of standardised best-practice fact sheets will fill a gap in information currently available.
- 2) Support Services. Promotion of healthy, active lifestyle choices for polio survivors will reduce the burden on the healthcare system in the future as they age. This includes ongoing facilitation of the annual LEOp Self-Management Residential Program (Polio Health and Wellness Retreats).
- 3) Clinical Modules & Clinical Training Workshops. Development of evidence-based clinical modules will provide consistent quality information to a range of healthcare providers. Module 1 has been completed and Module 2 is currently in development. This funding will cover the cost of developing Modules 3 and 4. Clinical Training Workshops throughout Australia will educate health professionals in appropriate treatment methods and therapies for polio survivors. A successful pilot has been run in Victoria.

The project will be managed and delivered through Polio Australia in conjunction with members of our Clinical Advisory Group and all state Polio Networks. It will provide a comprehensive program that promotes healthy, active and productive ageing for polio survivors and their family/carers.

10. Provide the proposed start and end date of your project.



If your application is successful, the project timeframe may be subject to further negotiation. The project activity period must end on or before 30 June 2017.

Start date End date

11. Is this project dependent on or related to other funding submissions?



☐ Yes ☒ No

Part 5 Funding for the Activity

12. How much funding (excluding GST) is the applicant seeking as part of this Activity, including details of the applicant's income and expense budget, estimating how the proposed DSS grant funding, and other sources of income, will be spent?



For details about the DSS grant funding available for this Activity, refer to the Programme Guidelines.

Note: if applying for 2014-2015 DSS grant funding, the period of funding available will be from 1 January 2015 to 30 June 2015.

Income

Please show all sources of income for the project including State and Territory government funding, local government funding, donations and in-kind support.

Income item	Amount (\$ exc GST)	Amount (\$ exc GST)	Amount (\$ exc GST)	Total income	Approx % of Total
Financial year	2014-2015	2015-2016	2016-2017		
Proposed DSS grant funding	229,489	402,315	391,762	1,023,566	
Total income					

Expenses

Please provide all major items/areas of expense for the project. Applicants may find it useful to use the National Standard Chart of Accounts account categories and data dictionary. If applicable, the following costs associated with this proposal must be included:

- management fees, and/or
- costs for translating and interpreting services.

Expense item	Amount (\$ exc GST)	Amount (\$ exc GST)	Amount (\$ exc GST)	Total expenses	Approx % of Total	
Financial year	2014-2015	2015-2016	2016-2017			
Salaries (SCHCDSI Award 2010)	81,310	167,990	172,980	422,280	33.87	Delete
Staff recruitment and training	6,000	5,000	3,300	14,300	1.15	Delete
Rent (increased premises)	21,600	47,520	52,272	121,392	9.74	Delete
Printing / stationery / postage / maintenance	2,500	3,865	4,602	10,967	0.88	Delete
Insurances / accounting / audit / reporting	7,511	16,015	17,090	40,616	3.26	Delete
Community education program	6,250	13,750	15,125	35,125	2.82	Delete
Polio survivor support services program	30,000	66,000	72,600	168,600	13.52	Delete
Health professional clinical modules program	54,750	106,725	83,898	245,373	19.68	Delete
Online information - websites etc	52,000	62,200	42,720	156,920	12.59	Delete
Travel and communications	5,568	12,250	13,475	31,293	2.51	Delete
Total expenses	267,489	501,315	478,062	1,246,866		

Add Expenses

Click the **Add Expenses** button to add further rows as required. A maximum of 10 rows can be added.

13. Provide the applicant's bank account details for the receipt of DSS grant payments, if successful.



BSB number Account number

Account name

Part 6 Selection Criteria

14. **Provide justification of why this project is needed and describe how this project links with, or is complementary to, other activities/projects and/or services. If this is an extension to an existing project you will need to demonstrate why this extension is needed.**



(Limit: approx 1,000 words, 6,000 characters)

Characters entered:

5,999



Ageing polio survivors in Australia are increasingly requiring access to information about the emerging symptoms of the LEO/PPS. Australia was officially declared "polio free" by the World Health Organisation in 2000. However, polio survivors who contracted the disease from 1930 to the last reported wild-polio case in 1972 are now part of our ageing population. With the growing numbers of polio survivors over 65 years of age, more is being discovered about the effects of polio on ageing polio survivors. It has been identified that there is a rise in these post chronic disease symptoms, including the LEO/PPS. The emerging issue not yet appreciated by a great many of Australia's health professionals and service providers is the need to educate polio survivors about the LEO/PPS and connect them with appropriate services to mitigate against further degeneration of their condition as they age. It has been proven by Polio Australia that with appropriate education and therapies, the impact of the LEO/PPS on ageing polio survivors can be minimised, ensuring a reduced burden on both the current and future health system. If preventative measures and education take place now, our health system is better equipped to mitigate against further degeneration in the capacity of polio survivors as they age. The activities of Polio Australia include a range of activities that promote and support healthy, active and productive ageing for polio survivors. This also links in with other ACSIHAG key priorities under this funding round, including Priority 2: respond to emerging challenges, and Priority 4: support activities that provide information and support to assist carers. In addition, this project also supports the aims of Priorities 5 and 6, to assist further research into supporting indigenous Australian polio survivors and the emerging issue of diversity from migrant polio survivors arriving in Australia. Regarding active, healthy and productive ageing, grant funding will enable Polio Australia to continue and expand its Health and Wellness Retreats which have been operating very successfully for the past five years (albeit limited in number by resource constraints). These Retreats have demonstrated their effectiveness by giving polio survivors access to peer-assisted support, health management strategies and therapies, along with valuable interaction with carers and medical professionals. This program provides much needed focused support to polio survivors and their specific needs, not currently found in mainstream ageing and disability services. Feedback is obtained from the Retreats to ensure their programs continue to meet the needs of polio survivors and promote healthy and productive ageing. A 2013 questionnaire sent to all previous Retreat participants clearly demonstrated a markedly increased level of health literacy and ongoing improved health outcomes following their attendance. Other benefits of the proposed project include: 1) Increasing access to information and ongoing advocacy work with the medical profession to ensure polio survivors are given access to important information BEFORE they deteriorate further. 2) Development of information and education opportunities for medical practitioners, including web-based clinical practice information, standardised evidence-based website fact sheets, as well as clinical information and training sessions. Resulting from the polio epidemics, there are hundreds of thousands of people with a wide range of disabilities which restrict and impede their daily lives. In addition, whether they contracted paralytic or non-paralytic polio many are now experiencing the late effects and are increasingly seeking information on management strategies. Many polio survivors who walked independently must now use braces, crutches or wheelchairs. The cost to the taxpayer of acute care episodes due to falls, for example, is significant. All survivors are increasingly forced to rely on family support, including their ageing partners, to undertake the activities of daily living. Some who previously neither experienced nor showed any signs of disability must now use ambulatory aids and make changes to their work and home lives - this is often viewed as being a failure and is fought against. Properly supported, lifestyle changes enable polio survivors to effectively self-manage their chronic condition. For the last twenty-five years, volunteer post-polio support Networks in Australia have been providing information and education to fellow polio survivors, their families, carers and health professionals regarding the symptoms and management of the LEO/PPS. The symptoms experienced by those suffering from the LEO/PPS commonly include: chronic fatigue; pain in muscles and/or joints; muscle weakness and atrophy; muscle spasms/twitching; respiratory and sleep problems; difficulties with swallowing and speaking; cold and heat intolerance. Although there is no definitive data on the actual number of people experiencing the LEO/PPS in Australia, through its work Polio Australia believes 400,000 people are either affected or at risk of developing the condition. These numbers are derived from WHO data that only 1 in every 200 cases of polio infection leads to paralysis due to >50% damage to the motor neurons - although everyone infected had some level of nerve damage, which may manifest as the LEO/PPS in later life. Most of those affected by LEO/PPS are over 65 years of age, reflecting the fact that polio was an uncommon infection in Australia by the early 1960s. However, migrants from countries where polio was eradicated more recently means that there is also a cohort of younger polio survivors. This younger group of polio survivors means that LEO/PPS is a condition that needs to be addressed now and for many years to come in Australia. Although Polio Australia currently receives no government funding, it has achieved greatly. Properly

15. Explain how this project will address the identified need and the long term benefits it will deliver to achieve the desired outcomes of the Aged Care Service Improvement and Healthy Ageing Grants Fund.



(Limit: approx 1,000 words, 6,000 characters)

Characters entered:

5,439



The "Post-Polio Practices for the 21st Century" project will address the identified needs in the following way:
Identified need 1: Ageing polio survivors need access to accurate up to date information to assist with self-management strategies to minimise the effects of ageing on the disease. The purpose of Polio Australia is to inform and educate polio survivors, their families and carers and the community about the LEO/PPS. It has established an information and educational website, and the Australian Polio Register which provides specific statistical data.

Identified need 2: Ageing polio survivors are given much needed access to support networks to enable the effective management of their disease as they age. This will ensure their quality of life is maintained and that they continue in their role as valued, contributing members of society. With extremely limited funds, Polio Australia has staged five highly successful Health and Wellness Retreats for polio survivors and their partners/carers in 2010 (NSW), 2011 (Vic), 2012 (Qld), 2013 (SA), 2014 (NSW), with a sixth scheduled for 2015 in Victoria. Every Retreat program Polio Australia is reviewed, adjusted as required, and the outcomes added to the knowledge bank being built up by the organisation. This knowledge is passed on through subsequent programs, through regular Reports to the state Post-Polio Networks to share with their members, and inclusion in Polio Australia's electronic publications and website uploads. It also assists state Networks to support polio survivors and facilitates the co-ordination of activities between states.

Identified need 3: Health professionals are able to access current information to assist with timely diagnosis and management of the LEO/PPS. Polio Australia has the support of a highly-qualified and experienced Clinical Advisory Group to assist with work on education for health professionals.

Key Objectives of this project proposal are to:

Develop Modules 3 and 4 to complete a comprehensive set of Clinical Modules for a range of health professionals on how best to diagnose, treat and manage people with the LEO/PPS. (Module 1 has already been produced, Module 2 is currently in the completion stage.) As the national peak body, Polio Australia aims to promote and embed these Clinical Modules in health-related practices across Australia to ensure health professionals are well informed about the LEO/PPS, thereby ensuring their polio patients receive appropriate treatment and advice, keeping them out of the acute care system, and ensuring they maintain quality of life. Funding will also allow the development of a range of Fact Sheets for polio survivors, providing them with well researched, best practice information on the LEO/PPS, and practical suggestions for identifying the most effective treatment options for their condition. The project proposal includes the scheduling of a series of Australia-wide Training Workshops for health professionals facilitated by members of Polio Australia's Clinical Advisory Group. These workshops will be provided as a fee-for-service and based on a 'train-the-trainer' model, thereby perpetuating the learning throughout the respective clinics, and making them self-sustaining in the longer term.

Long term benefits that the project will deliver:

- * Polio survivors having access to appropriate health care and the support required to maintain independence and make informed lifestyle choices.
- * Improved self-management and longer-term prognosis, and subsequent reduction in the need for acute care admission, further reducing costs to the health system.
- * Enhanced engagement with health professionals resulting in wider acceptance of the LEO/PPS and improved diagnosis, treatment and management of the condition.
- * Community health practitioners provided with specific treatment options and regimes resulting in informed and appropriate interventions.
- * Research undertaken to identify the impact of polio on the community, incorporating the younger migrant polio survivors and the indigenous population, and the possible identification of new treatment options.
- * Greater numbers of polio survivors, their families and carers having access to this intensive, comprehensive, and life-changing program.
- * 'New' polio survivors identified, added to statistics, and provided with vital information regarding self-management and local services.
- * 'New' polio survivors identified and linked in with state Polio Networks and regional support groups.
- * The issues being faced by Australia's polio survivors being expressed in a range of forums.
- * Capacity to produce, print and distribute Polio Australia's publications and promotional material thereby supporting the 50% of Australia's ageing polio survivors who don't have access to email or the internet and thus

ensuring they are provided with vital information.

* Capacity to further develop and maintain Polio Australia's online presence including websites and social media thereby supporting the 50% of polio survivors who do access information electronically, as well as international researchers.

* Greater capacity to source new funding and revenue opportunities for both operational and project-based activities providing acknowledgement and validation of polio survivors' condition and a vehicle to voice concerns.

* Continually evolving and improved services and reduced reliance on government funding.

16. Provide details of your organisational and staff capacity (experience, skills and qualifications of management and project personnel, including the time they will commit to the project) to deliver the project's objectives and details of your organisation's previous experience in delivering similar projects.



(Limit: approx 1,000 words, 6,000 characters)

Characters entered:

5,936



Mary-ann Liethof: National Program Manager since 2010 (appointed when the national office was established). As the only full-time paid employee, Mary-ann has been fully responsible for practically all aspects of devising and implementing Polio Australia's program strategies including: liaising with a range of health professionals, community consultation and advocacy, health promotion, media and public relations, research, producing and disseminating newsletters and reports, government lobbying, campaign management, public presentations, and organising Health and Wellness Retreats. Mary-ann's qualifications include a Diploma in Community Development as well as a Graduate Diploma in Education. She has worked in the community sector for more than 25 years in various positions including counselling, training, coordinating volunteers, ordination, health conference promotion, education, and liaising between community members and GP's for a Division of General Practice. Mary-ann worked as the Coordinator of Polio Network Victoria from mid-2004 to December 2009. During that time, she produced a DVD titled "Post-Polio Syndrome: The Australian Experience" and was one of the Victorian representatives on the Management Committee for Polio Australia. In April/May 2008, Mary-ann visited 10 post-polio related services across North America on a Churchill Fellowship Study Tour: "To identify techniques to better manage the late effects of polio". She has also attended and presented at international polio conferences in Copenhagen (2011), St Louis, USA (2014), and Amsterdam (2014). Mary-ann will be working on this project 100% of the time, and will also be supported and governed by members of the Management Committee who are all either polio survivors themselves experiencing the LEO/PPS or people who work with polio survivors, their families and carers. This puts them in the unique position of fully understanding the needs of the consumers and carers with whom the project will be working. It is anticipated that most of the Management Committee members will contribute one month per year in a voluntary capacity, with the President and Vice President contributing considerably more ongoing support in accordance with their skills: John Tierney OAM, President (New South Wales) From 1991 to 2005 John Tierney gave 14 years of distinguished service to the Australian Parliament, where he served as Senator for NSW. During his time in Parliament, he was a Parliamentary Secretary to the Deputy Leader in the Senate and Shadow Parliamentary Secretary for Communications, Information Technology and the Arts. John has taken a passionate interest in the area of disability, having contracted polio at birth, and was a special parliamentary adviser to the Minister for Community Services on disability matters from 1998 to 2001. Gillian Thomas, Vice President (New South Wales) For 25 years Gillian Thomas has worked for the Post-Polio Network (NSW) [now Polio NSW] on a voluntary basis. She was a member of the original Working Party set up in 1988 to establish the Network, was subsequently elected as Secretary, and in 1997 became the Network's President. She was also the Editor of the Network's highly regarded quarterly newsletter Network News from 1989 to 2012. Polio Australia's Clinical Advisory Group will provide professional support and advice as required. The members of the Clinical Advisory Group are: * Professor Robert Booy, Head of Clinical Research, National Centre of Immunisation Research and Surveillance, New South Wales * Bernard Badorrek, Consultant Orthotist, Advance Rehab Centre, New South Wales * Ann D Buchan, Neurophysiotherapist, Unley Physiotherapy, South Australia * Dr Stephen de Graaff, Rehabilitation Specialist and Director of Pain Services, Epworth Rehabilitation, Victoria * Anne Duncan, Outreach Coordinator, Victorian Respiratory Support Service, Heidelberg Repatriation Hospital, Victoria * (Jega) Gnanalethumy Jegasothy Senior Physiotherapist (recently retired from the Late Effects of Disability Clinic, Royal Perth Hospital, Western Australia) * Natasha Layton, Occupational Therapist, Deakin University, Victoria * Phil Ladlow, Neuro Physiotherapist, Allcare Physiotherapy, Hobart, Tasmania * Melissa McConaghy, Physiotherapist & Practice Principal, Mobile Rehab Innovations and Advance Rehab Centre, New South Wales * Dr Nigel Quadros, Rehabilitation Specialist and Director of Rehabilitation Service, The Queen Elizabeth Hospital, South Australia * Kristy Rackham, Registered Nurse, My Holistic Nurse, Queensland * Dr Mary Westbrook, Psychologist and Conjoint Professor, University of New South Wales, New South Wales. Three new staff members will be recruited in accordance with the qualifications necessary to deliver the proposed services in line with any required National or State/Territory standards. 1. Medical Researcher/Project Officer EFT 1 SACS L4, 2. Project Officer EFT 1 SACS L4, 3. Administration Assistant EFT 1 SACS L2. Staff will be recruited by national advertising. In the event a staff member leaves or is unable to work for any reason staffing levels will be maintained through agency assistance and a staffing succession plan will be developed. Polio Australia is committed to standardising quality

information and service provision across Australia thereby ensuring that polio survivors have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices. To this end, we have already been successfully running a raft of programs including: * Late Effects of Polio Self-Management Residential Program, * Annual Polio Awareness Month, * Educational Presentations, * Publications "Reflections" eight times a year and "Polio Oz News" produced quarterly, * Three Websites, * Australian Polio Register, * Late Effects of Polio: Introduction to Clinical Practice Resource Module.

17. **Describe how your organisation will manage the project to ensure outcomes are met within the project timeframe and how your organisation manages multiple projects with competing timeframes.**



(Limit: approx 1,000 words, 6,000 characters)

Characters entered:

5,983



In 2008 Polio Australia was formed as a peak body for the provision of advocacy services for polio survivors across Australia. Since that time, we have provided a range of information and support services to polio survivors.

Polio Australia currently delivers many of the programs requested for funding, albeit on a smaller scale than proposed due to resource constraints (both financial and human). With respect to our ability to manage the project, our range of programs have been effectively delivered to meet KPI's that are rated to a consistently high standard. Mary-ann Liethof, who will be responsible for the overall delivery of the programs, is a degree-qualified specialist, with extensive experience in managing programs for polio survivors both in her current role with Polio Australia, but also in previous roles.

We also ensure that we continually monitor our projects to ensure outcomes are achieved in a timely manner. Our organisation operates a number of different programs, each with their own specific KPI's for measuring efficiency. To ensure outcomes are met, Polio Australia ensures our estimated time on the project is accurate and has been based on our past experience in delivering previous components of the identified needs 1-3 of this submission. For example, we have already provided a range of health information resources to polio survivors under Identified Need 1. These range and coverage of these resources now requires enhancement. For Identified Need 2, Polio Australia has been delivering Health and Wellness Retreats for the past five years and not only has an accurate assessment of the time and resources needed to complete this component on an annual basis, but a well-honed feedback mechanism to ensure continuous improvement. We are now in a position to successfully increase the number of Retreats held so that all states and benefit every year instead on only one state each year. The only thing holding back the expansion is the necessity for sufficient resources, now being requested through this proposal. For Identified Need 3, Clinical Modules and Training Workshops, our estimation of time and cost is based on our previous delivery of Module 1 and our subsequent development of Module 2, as well as the pilot training workshop facilitated in January 2014. The next logical stage is to produce two more Modules, the need for which has already been identified by the Clinical Advisory Group. In addition, health professionals have expressed a desire to attend training workshops so we need to get that program underway. It is clear, therefore, that our estimations in this proposal of cost and time to complete all programs for which funding has been requested have been based on the prior experience of Polio Australia to deliver similar existing programs. Our experience ensures high quality outcomes, with a proven basis for monitoring and measurement for the projects. In addition, our dedicated volunteers across Australia actively support our programs and have great pride in providing support and assistance to all programs that help fellow polio survivors. Working together on the programs engenders a sense of empowerment across our organisation as we continue to achieve and exceed our own goals for delivering education and support to polio survivors and their carers across Australia.

We also collect a range of satisfaction surveys directly from health professionals and polio survivors on our programs. In addition, in 2013 a review was undertaken of the first four Health and Wellness retreats run by Polio Australia in New South Wales (2010), Victoria (2011), Queensland (2012), and South Australia (2013), inviting all previous participants to self-report on whether the experience has resulted in any improvements in their Health Literacy and Health Outcomes. Polio Australia's review used survey questions based on Professor Don Nutbeam's conceptual model of 'health literacy as an asset' to determine if participants believed themselves to have improved Health Literacy and improved Health Outcomes as a result of attending the Late Effects of Polio Residential Self-Management Program/Health and Wellness Retreats. According to Nutbeam's model, in addition to changed health behaviours and practices, improved health literacy can be an enabler for advocacy and broader social engagement. This is a vital skill for Australia's post-polio community to develop, as there is currently no government funding provided for awareness raising or up-skilling health practitioners in the management of this chronic condition. Therefore, the capacity to effectively self-advocate is paramount in lobbying both government and the health sector for recognition and change. The results demonstrated a markedly increased level of health literacy and ongoing health outcomes for all participants. (Reference * Professor Don Nutbeam PhD FFPH, Vice Chancellor, University of Southampton)

Project risks will be identified and managed based on the generic requirements of AS/NZS ISO 31000:2009 Risk Management - principles and guidelines. Risk is defined here in terms of the "effect of uncertainty on objectives". There would be a joint team approach at the start of the project to generate a simple risk register to agree and capture the risks as well as the controls for those risks. This document would then guide the ongoing management of those risks, as well as being sufficiently dynamic to cater for unforeseen or changed circumstances. Identified risks are deemed to be mainly to do with the increased scale of activity that the projected work will bring and may include the following: occupational health and safety risks, financial and administrative risks, and organisational risks. Through its risk management strategy, its experience and its achievement on many fronts despite limited resources to date, Polio Australia is confident in its ability to continue to manage multiple programs with competing timeframes.

18. Describe how your project will address any specific priorities for this funding round.



Refer to the Q&A section for further information about the specific priorities targeted in this round.

(Limit: approx 1,000 words, 6,000 characters)

Characters entered:

4,937



This funding proposal sits under the ACSIHAG Programme Priority 1 - Activities that promote healthy and active ageing. Ageing polio survivors in Australia are increasingly requiring access to information about emerging LEO/P/PPS problems. The activities of Polio Australia include a range of activities that promote and support healthy, active and productive ageing for polio survivors. This also links in with other ACSIHAG key priorities, under this funding round including Priority 2, respond to emerging challenges and Priority 4, support activities that provide information and support to assist carers. In addition, this also supports the aims of Priorities 5 and 6, to assist further research into supporting indigenous Australian polio survivors and the emerging issue of diversity from migrant polio survivors arriving in Australia. Our submission addresses all of the above priorities, through the provision of resources that promote healthy, active and productive ageing in our community to polio survivors. This allows equality of access to information on the effects of polio on ageing to polio survivors. Standardised quality information and service provision across Australia, incorporating appropriate diagnosis and management of the LEO/P/PPS, will ensure that polio survivors have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices as they age. In addition, there are a number of synergies with the ACSIHAG Programme Priorities with the service delivery priorities of Polio Australia. The service delivery priorities of Polio Australia are: Priority One Capacity Building: Securing a stable income stream to support Polio Australia and our key program areas into the future; Priority Two Education: Promoting enhanced knowledge and management of the Late Effects of Polio across the Health and Community sectors; Priority Three Health Service Promotion: Lobbying and advocating for recognition of and appropriate service provision for Australia's polio survivors; Priority Four Collaboration: Working with and supporting state-based Polio Networks by producing resources and standardising polio information for use by the Networks and their members. With the ageing population and the rise in chronic disease, Australia is facing a period of unprecedented demand on health services. Managing this will require the efficient and effective use of resources which to some extent will be dependent on the public's ability to appropriately access, navigate and utilise information and resources - ie their level of health literacy. Polio Australia's Health and Wellness Retreats have been proven to raise the level of health literacy and health outcomes for ageing polio survivors and their family/carers. The ongoing capacity to facilitate these Retreats, which provide much needed intervention and management strategies, would be supported by this submission. Adequate resources would not only allow Polio Australia to run its current programs more efficiently, it would also facilitate the development of a raft of other innovative activities to promote healthy and active ageing resulting in:

- * Polio survivors having access to appropriate health care and the support required to maintain independence and make informed lifestyle choices
- * Improved self-management and longer-term prognosis, and subsequent reduction in the need for acute care admission, further reducing costs to the health system
- * Enhanced engagement with health professionals resulting in wider acceptance of the LEO/P/PPS and improved diagnosis, treatment and management of the condition
- * Community health practitioners provided with specific treatment options and regimes resulting in informed and appropriate interventions
- * Research undertaken to identify the impact of polio on the community, incorporating the younger migrant polio survivors and the indigenous population, and the possible identification of new treatment options
- * Greater numbers of polio survivors, their families and carers having access to this intensive, comprehensive, and life-changing program
- * 'New' polio survivors identified, added to statistics, and provided with vital information regarding self-management and local services
- * 'New' polio survivors identified and linked in with state Polio Networks and support groups
- * The issues being faced by Australia's polio survivors being expressed in a range of forums providing acknowledgement and validation of their condition and a vehicle to voice concerns
- * The 50% of Australia's ageing polio survivors who don't have access to email or the internet are provided with vital information
- * The 50% of polio survivors who do access information electronically, as well as international researchers, are regularly updated
- * Continually evolving and improved services and

reduced reliance on government funding

Supporting Documentation

19. If required, please attach any diagrams or tables which form part of your response to the selection criteria but cannot be included above.



Please limit the size of attachments by not using large images and complex formatting.

Add

List of attachments

Delete

Polio Australia - acsihag_-_additional_income_sources_table.pdf