



Giving it a Go

# Evaluation Report

**Day  
Four  
Projects**

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Day Four Projects  
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## content

Executive Summary	4
Introduction and Background	6
Aims and Objectives of the Evaluation	8
Implementation	10
Findings	12
Recommendations	38
Conclusions	39
Appendices	40

We acknowledge the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the Country upon which we have conducted this evaluation. We recognise their continuing connection to the land and waters, and thank them for protecting this country and its ecosystems since time immemorial. And we acknowledge the Elders – past, present and emerging of all the land we work and live on and their Ancestral Spirits with gratitude and respect.



# Executive Summary

This report presents the findings and recommendations of an evaluation of the Giving it a Go (GIAG) initiative, a project designed and undertaken by the Mitchell Institute at Victoria University through a research grant provided by the Department of Social Services' Try Test and Learn Fund (TTL). TTL supports projects that trial innovative approaches to assist some of the most vulnerable in society onto a path towards independence. This evaluation was commissioned by the Mitchell Institute as an integrated evaluation undertaken throughout the project.

## Context

Funding for this program was awarded to the Mitchell Institute at Victoria University to design and implement a program to support people living with musculoskeletal (MSK) conditions, specifically those who are on the Disability Support Pension (DSP). *Giving it a Go: Working towards health and wellbeing (GIAG)* provided tailored information and supports via an interactive app, with aims to improve the ability and confidence of people with chronic MSK conditions to engage with work, education and the wider community. Given the effects of the COVID-19 pandemic, it was recognised that an *intention or interest* in engaging with work, education and the wider community was of primary concern for the evaluation.

## Findings

This evaluation is arranged in response to seven Key Evaluation Questions, and has determined key findings and insights that are useful for future exploration and possible scaling of the initiative:

- 1. The app reached a range of participants**, many of whom were highly educated and with diverse experiences of MSK conditions. Many were already engaged in some form of employment, and the majority were interested in engaging or re-engaging with employment, study or community activities. Goals for engaging with the program included, altruism, employment, a desire to learn, and curiosity.
- 2. Engagement with the program was variable.** Even with a compressed timeframe for implementation, more than 500 people downloaded and registered their details with the app – suggesting a need and interest in the material. However, there was a significant attrition of engaged participants throughout the modular program. This drop-off occurred at the first stage of engagement with the app. This may have been influenced by pandemic impacts and by app operational limitations. Participants noted that opportunities to connect with peers was a key incentive for ongoing participation in the initiative.
- 3. The content and information provided through the program was well-received and met the needs of participants.** The program shows significant potential as an early intervention for individuals navigating disability impacts on employment and income security. However functionality of the app (e.g. staged modules, issues with participants receiving notifications and other technical glitches), along with challenges imposed by the pandemic, may have contributed to lower engagement. Future refinements of the program to respond to changing contexts and population needs, will be important.



## Recommendations

The following recommendations are made:

- 1. Invest in further development and refinement of the GIAG app:** the results of this evaluation confirm that there is interest in an app such as GIAG, and that it has the potential to be a valuable product for a range of users. Further development (in line with suggested modifications) will increase the use and usefulness of the app.
- 2. Implement the GIAG app as an integrated component of a support program:** maximum value from the GIAG app will be gained when the product is made available with additional supports, specifically: a facilitated mechanism for users to regularly connect with each other (such as through a maintained and moderated Facebook group); dedicated core support to encourage and sustain user engagement; and active promotion by those within the sector, including Disability Employment Service providers.
- 3. Further develop the GIAG app for a diversity of audiences:** while the GIAG app was targeted to those with MSK conditions (and initially those receiving the DSP), with small modifications, the app could be of value to those with other chronic conditions that impact their ability to engage with work, study or community activities. Content related to self-advocacy, self-care and support is relevant to a wide range of people, and, with co-created adaptations, could be of significant value to a variety of populations.
- 4. Promote early engagement with the GIAG app:** results from this evaluation suggest that the GIAG app is likely to be of particular use to those newly diagnosed with a chronic condition, or who are beginning to interact with available support services. Increasing the use of the app among this population may serve as an early intervention approach, and help to improve the ability of people to self-advocate, self-care and seek suitable supports: helping to prevent or delay their need for additional services.
- 5. Further develop the capability and functionality of the app with IT expertise in both content and context to refine and enhance the app's accessibility to the target population group(s):** knowledge and experience in designing apps for those with chronic conditions is necessary in order to produce a product that is of use and value to the target audience. In the context of this project, this requires development teams to bring an understanding of health, disability, employment, education and community participation, and how those within this population group use and interact with app-based approaches. Given the ongoing need to test and refine the app as it is built, it also requires access to data and insights regarding app usage, interaction, notification data, and user feedback (including 'outcomes').



# Introduction & Background

Over 168,000 people on the Disability Support Pension (DSP) have a primary diagnosis of a musculoskeletal (MSK) condition: conditions that are highly disabling and painful. Evidence suggests that individuals living with MSK conditions are at risk of long-term welfare dependence. Further, over four million Australians of working age have MSK conditions, taking millions of days off work due to their condition. This not only results in lost productivity but presents a risk that the number of people receiving the DSP for MSK conditions is set to remain high.

To tackle this challenge, information packages and tailored supports, designed with behavioural insights in mind, may be useful in supporting a proportion of those with MSK conditions to engage in work, study or community activities. Such an approach has the advantage of being relatively inexpensive, with the capacity to reach a wide audience, and tailorable to the needs and interest of a range of consumers.

To explore this concept, this project was funded through the Department of Social Services' (DSS) Try, Test and Learn (TTL) initiative: a fund that is trialling innovative approaches to assist some of the most vulnerable in society onto a path towards independence. The objective of the Try, Test and Learn Fund is to generate evidence into what works to reduce long-term welfare dependence. The TTL Fund supported the development, implementation and evaluation of the GIAG program: an innovative initiative designed for people living with MSK conditions, and described further below.

**Over 168,000 people on the Disability Support Pension (DSP) have a primary diagnosis of a musculoskeletal (MSK) condition: conditions that are highly disabling and painful.**

## Program description

Giving it a Go: Working towards health and wellbeing (GIAG), was a modular based-program designed to support people living with MSK conditions, specifically those who are on the DSP. Through providing tailored information and supports via an interactive app, GIAG aimed to improve the ability and confidence of people living with chronic MSK conditions to engage with work, education and the wider community.

## Content

The program brought together information from a range of sources on topics such as pain management, dealing with public transport, accessing psychological support and ways to work from home. There were videos, short articles, and real stories from people on how they manage their MSK issues (see Figure 1 below for example content pages). Each module was followed by an interactive quiz to reinforce module content. Participants also had exclusive access to a closed Facebook community to discuss challenges and supports when living with an MSK condition. The GIAG website and app newsfeed were regularly updated with relevant information.

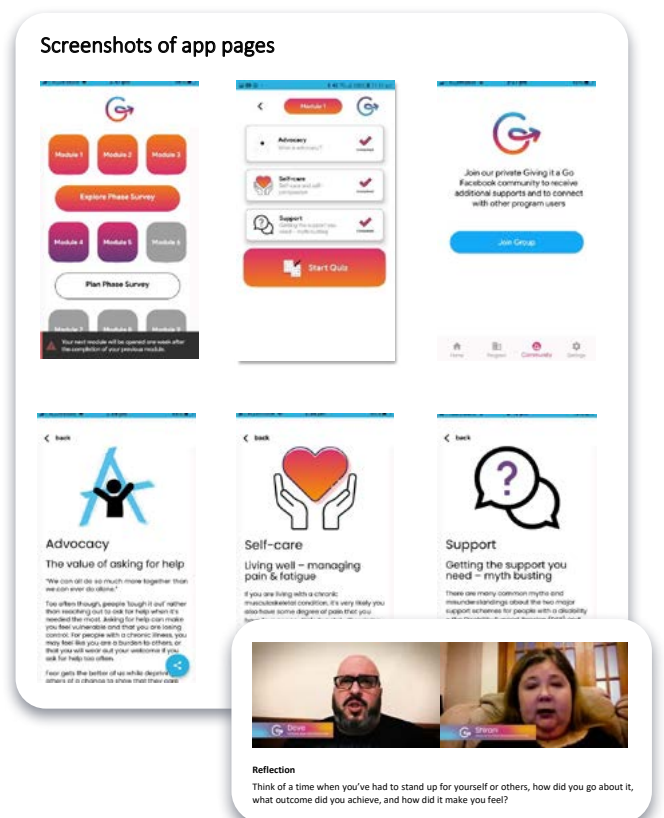


Figure 1: Example app content pages

## Design

The initiative was co-designed with people living with MSK conditions and expert advisors with topics identified through focus groups and interviews in late 2019. A nine-module design was decided on that stepped participants through supplied material. Modules were intended to be completed consecutively, with the program design including prompts through notifications to participants administered at junctures throughout engagement.

The program was constructed with three phases each including three modules, moving participants through a journey from more passive exploration through to active engagement:

**Modules 1-3:** The **Explore** phase centred on ways participants could improve knowledge about information and supports that may be available to support greater engagement with work, education and the wider community.

**Modules 4-6:** The **Plan** phase provided participants with information and activities to help focus on steps that can be taken to help build confidence for greater engagement with work, education and the wider community.

**Modules 7-9:** The **Engage** phase was the final phase of the program, and provided access to information and activities that focus on active steps to improve engagement with work, education and the wider community.

There were also three key themes of **advocacy**, **self-care** and **support** running throughout the program – these were the content topics for the nine modules. The content for the themes mirrored the phases, and evolved from more exploratory information in the first phase, through to how to help participants develop their own plan to improve advocacy, self-care and support, and finally through to how to help participants actively engage across these three themes.

## Additional Program Features

In addition to the content available within the app, the GIAG program also included a Facebook community, as well as a series of push notifications designed to prompt participants to engage with available content (see Figure 3).

## Participant Journey

As participants downloaded the app, they were presented with an Initial Survey seeking to understand individual challenges, needs and goals for engaging with the program. Check-in surveys were administered at the end of each phase, to further understand motivations and barriers to engagement for participants. These surveys were administered within the app. Each survey within the application sought to understand if and how, information, knowledge and skill development provided in the preceding phase was meeting the needs of participants.

The GIAG journey is detailed in Figure 2.

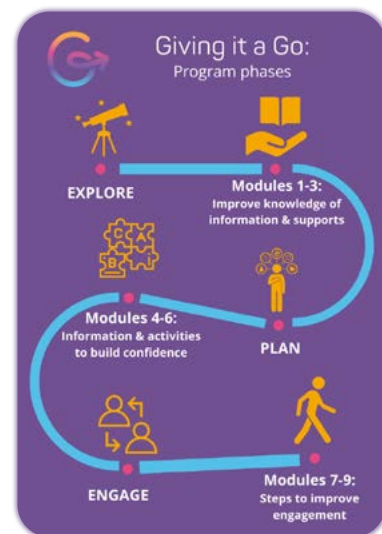


Figure 2: Participant journey

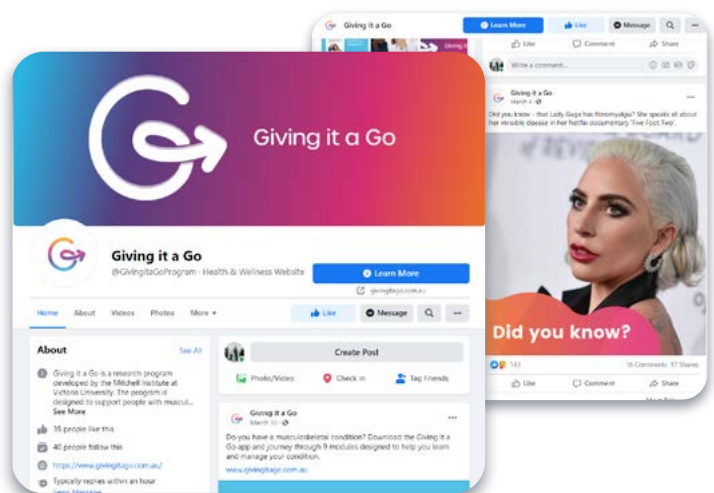


Figure 3: GIAG Facebook pages



# Aims and Objectives of the Evaluation

The objective of this evaluation was to assess the implementation and outcomes of the GIAG initiative, and how well it achieved its aims. Given the pilot nature of the initiative, the evaluation is particularly important for assessing the potential of the program to be scaled-up in the future. The evaluation is intended to support with accountability, learning and improvement and results could be shared with those interested in the use of app-based approaches for similar populations of people.

Based on the overall aims of the initiative, the evaluation aimed to generate evidence on the implementation and outcomes of this app-based initiative for informing ongoing program refinement, implementation and scale-up.

## Guiding Principles

The evaluation approach was informed by four design principles:

- 1. Utilisation-based approach:** the evaluation intended to respond to the learning and accountability needs of the GIAG program team. Articulated in the KEQs, these learning and accountability needs respond to the reporting requirements of DSS. Key audiences and reporting requirements, linked to audience needs, were confirmed in the early stages of the project.
- 2. Allow for evolution:** the GIAG initiative was developed and implemented in a time of significant social change brought about by the COVID-19 pandemic. As a result, contexts shifted rapidly, with effects on the design of the GIAG initiative, the recruitment and retention of participants and the employment and training opportunities available to participants. Refocusing the evaluation on participants' interests and intentions to engage with work, study or community activities, was therefore an important adaptation.

- 3. The value of multiple perspectives:** the approach reflects a desire to capture a variety of perspectives, through a range of different tools and methods. The approach employs a range of techniques, including analyses of survey data, activity logs, interviews and focus groups to address the KEQs.
- 4. Planning for scale:** as part of the broader TTL initiative, interest exists in if and how to increase the delivery of the program to more people, including the possible transferability of the program to other populations. The evaluation captures data and insights that are relevant for these considerations.

## Co-created Key Evaluation Questions

This evaluation was guided by the following seven Key Evaluation Questions (KEQs). KEQs cover aspects of recruitment and participation; usage of the GIAG application; application outcomes; and areas for modification and improvement.

1. What are the characteristics of people who choose to participate in the Giving it a Go program?
2. How and why do participants use the app and the website within the program?
3. To what extent do nudges increase engagement with the program?
4. To what extent and why is completing the program associated with an increase in return-to-work, study or community participation among participants?
5. What factors are associated with completing the program's modules?
6. To what extent does the app content and experience meet user needs and preferences?
7. What modifications can be made to the initiative to increase completion of the program?





## Data collection sources and methods

To address the above KEQs, a mixed-methods design was developed, involving a range of primary and secondary data collection and analysis techniques. Briefly, key information sources and methods involved:

- **Analyses of in-app surveys** with participants collected at multiple junctures throughout the program. As noted above, surveys were completed upon participant registration, and after modules 3, 6 and 9. Survey questions explored motivations for participation, feedback on completed modules, as well as perceived changes in confidence toward engagement with work, education or community activities, as well as interest and intent to engage or re-engage with these domains. In-app surveys are included in Appendix 1.
- **Analyses of a mid-project survey**, administered to all registered participants, those having expressed interest in the project and other potential users (N=535) as of April 1<sup>st</sup> 2021 that sought feedback on application usage experience, motivations for use and intentions to continue using the app. This survey is included in Appendix 2.
- **Focus groups** with engaged participants to understand the experiences and benefits of the program. Following closure of the public trial period, participants were invited to attend a series of focus groups that explored app usage experiences in greater depth. Focus groups were held over a three-week period in July-August 2021, with participants required to complete modules 1-3 prior to session 1, modules 4-6 prior to session 2 and modules 7-9 prior to session 3. Focus Group sessions explored participants' experiences of completed modules, barriers and enablers to participation, relevance and usefulness of content, features of the app and their functionality, as well as factors associated with improving the app and the value it provided to participants. Focus Groups included up to 4 participants in each session, and were held virtually with participants from multiple jurisdictions across Australia. Discussion guides are available in Appendix 3.
- **Individual Interviews** were conducted with engaged participants who were not able to attend the focus group discussions. These occurred over the same time period as the focus groups and explored similar content within one session instead of three sessions. Individual interviews were also conducted with those who completed the GIAG program during the trial period (in contrast to those completing the program's modules as part of the focus-group series).
- **Key Informant Interviews** were also held with members of the GIAG Project Team, and a Consumer Representative, to document key development and implementation milestones and challenges, as well as course corrections during the trial period. Insights from the team provide important perspectives on the factors contributing to the success of the initiative, and are instructive for others with interests in developing similar approaches for similar populations.
- **Application usage data** (such as time spent completing modules, click through rates etc.) were intended to be retrieved as part of the evaluation. However, due to issues encountered during app development, these data were not available for the evaluation. Similarly, data related to in-app notifications were not available given app development issues.
- **Log of notifications:** while app notification data were not available, a log of notifications kept by the GIAG Project Team was examined as part of this evaluation, and provides insights into the types of notifications distributed through the app.

Findings from the above sources were analysed and synthesised in relation to the confirmed KEQs in order to derive a set of **Key Findings** that highlight core features of the program's implementation and its effects on targeted outcomes.



# Implementation

GIAG was officially launched on January 4th 2021, with active recruitment of participants into the initiative beginning January 11th 2021. While initial recruitment was targeted toward those receiving the DSP, actual recruitment methods involved a broader approach inclusive of those living with an MSK condition but who were not necessarily DSP recipients. Initial recruitment plans to invite participants into the study via direct messages to their MyGov accounts were deemed infeasible; as such, the invitation to participate was widened to include those experiencing MSK issues, but who may not be in receipt of the DSP. Upon recruitment, participants were enrolled into one of two cohorts:

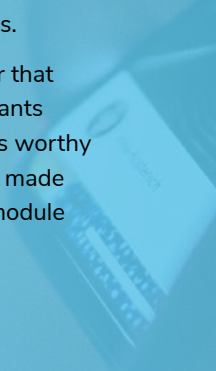
- **Active cohort:** the active cohort had access to the application and online community. After downloading the application, this cohort had access to the modules of the program, as well as an online community. For the active cohort, information provision took a range of forms including written information, videos, infographics, quizzes, or interactive training. Distribution was through email and social media and included links to other related resources. Push notifications were included in the design of the application, and this cohort received further information through this feature.
- **Active+ cohort:** this cohort was provided with all the options of the active cohort above. This cohort had access to an additional optional feature embedded within the application which asked participants to set and revise goals associated with the program. Further push notifications were allocated to this cohort to promote deeper engagement with the features of the application as the program progressed.

In addition to the two recruited cohorts, participants who visited the website, or engaged with the Facebook page without downloading the application as well as those who downloaded the app but did not register for the study had access to a range of materials and were able to access the GIAG newsfeed. This group of participants – the **passive cohort** – were not provided with additional supports or prompts to engage with the material. It was not however possible to count this cohort due to a lack of registration data.

## App development and design modifications

As expected with a project of this nature, there were a number of modifications made to the design of the project throughout its implementation. These changes were made in order to meet participants' needs and preferences, and to promote greater engagement with the app.

- **Format:** the initial project design centred upon topics that could be accessed on a portal. This shifted into an app format as having content that was interactive and available on a mobile device was deemed important for improving utilisation and accessibility. The app also enabled participants to provide registration details, which allowed for ongoing tracking of participants' engagement and utilisation of the app.
- **Content:** the program was designed with and for people living with an MSK condition and receiving the DSP, and therefore focused on content that was suitable to this population. However, as the population was broadened to be inclusive of those not accessing the DSP, content and language adaptations were made, which shifted the app from a focus on disability to building confidence and engagement among those with MSK conditions.
- **Pacing:** During implementation it became clear that a more self-paced approach (whereby participants could complete modules in their own time) was worthy of examination. At this point, all modules were made available to participants, however sequential module completion was still required.



## Implementation challenges

In addition to the planned adaptations made in the design of the GIAG app, there were a number of challenges encountered as the app was developed and implemented. Through interviews with the GIAG Project Team, it was apparent that these challenges resulted in significant changes to the functionality of the app, the duration of the trial phase, the level of interaction with participants and the data that could be captured about participants and their use of the app.

As noted by the GIAG Project Team, many of these challenges related to IT and development issues. In the original plan, for example, the intention was to use text messages, app notifications, a support phone line and an email contact, however not all of these features were able to be implemented. Iterations with the development team were time consuming and labour intensive, resulting in an app with some but not all intended features. The User Acceptance Testing phase of the app development took significantly longer than anticipated as, through the testing process, the GIAG Team identified significant and ongoing faults with the app build. The IT developers were initially allocated two weeks for the testing phase, but ultimately testing took closer to three months until all significant issues were addressed by the IT developers and the GIAG Team were satisfied with the end product.

When working with an app developer there are insights for health teams related to arriving at a shared language and identifying elements that require clarification from the outset to manage expectations around implementation. For example, content was not proofread by the app developers prior to being uploaded, timeframes were extended and functionality options required re-negotiation.

Finally, there were particular issues with the implementation of push notifications: an important design feature of the GIAG app. Specifically, notifications were not able to be tracked by the GIAG Team, due to ongoing IT support issues. Therefore the GIAG Team were not able to ascertain who received notifications nor who opened them.





# Findings

This section of the report presents the main findings of the GIAG study as they relate to the Key Evaluation Questions. Data are drawn from across included sources, and synthesised in response to each KEQ.

## Of note:

- 507 participants completed the initial registration survey; 20 participants completed all or some of the survey after modules 1-3; 13 participants completed all or some of the survey after modules 4-6; and 6 participants completed all or parts of the survey after modules 7-9.
- 71 participants completed the mid-project survey
- 7 participants engaged in the Focus Groups (who were all participants who did not complete the program during the trial period)
- 7 participants engaged in Individual Interviews (which included 3 who completed the program in the trial period, and 4 who did not)
- 3 Key Informant Interviews were held with members of the GIAG Program Team and a Consumer Representative.



completed the initial registration survey



engaged in individual interviews



completed all or some of the survey after modules 1-3



participants completed the mid-project survey



engaged in the Focus Groups



from the GIAG Project Team and a Consumer Representative



## KEQ 1: What are the characteristics of people who choose to participate in the Giving it a Go program?

The GIAG app was downloaded by 1637 unique participants. From this initial population of participants, 507 registered personal details and completed an initial survey through which individual goals and objectives were captured. For clarity and simplicity, all reported data are limited to one decimal place throughout this report.

### Participants

Table 1 summarises the key characteristics of the 507 participants in the GIAG study:

CHARACTERISTIC	N(%)
<b>SEX</b>	
Female	378 (74.6)
Male	127 (25.0)
Not Specified	1 (0.2)
Other	1 (0.2)
<b>AGE</b>	
0-20	4 (0.8)
21-30	31 (6.1)
31-40	64 (12.6)
41-50	146 (28.8)
51-60	186 (36.7)
61-70	72 (14.2)
71-80	4 (0.8)
<b>INDIGENOUS STATUS</b>	
Aboriginal	18 (3.6)
Torres Strait Islander	2 (0.4)
Non-Indigenous	460 (90.7)
Prefer not to say	27 (5.3)
<b>LANGUAGE</b>	
English	496 (97.8)
Other	11 (2.2)
<b>ELIGIBILITY FOR THE NDIS</b>	
Do not know	211 (41.6)
Not eligible	233 (46.0)
Yes – without a current plan	27 (5.3)
Yes – with a current plan	36 (7.1)
<b>SUPPORT FROM THE DSP (N=467)</b>	
Yes	85 (18.2)
No	382 (81.8)

Table 1: Overview of participant demographics (N=507)



# Findings

As is evident from these results, the majority of participants in this study were female<sup>1</sup>, aged between 41 and 60 years of age, and identified as Non-Indigenous. Exactly 12.4% of participants reported being eligible for the NDIS, and 18.2% of participants reported currently receiving support from the DSP.

As seen in Figure 4, participants were located across Australia with 58% of participants living in NSW and Victoria.

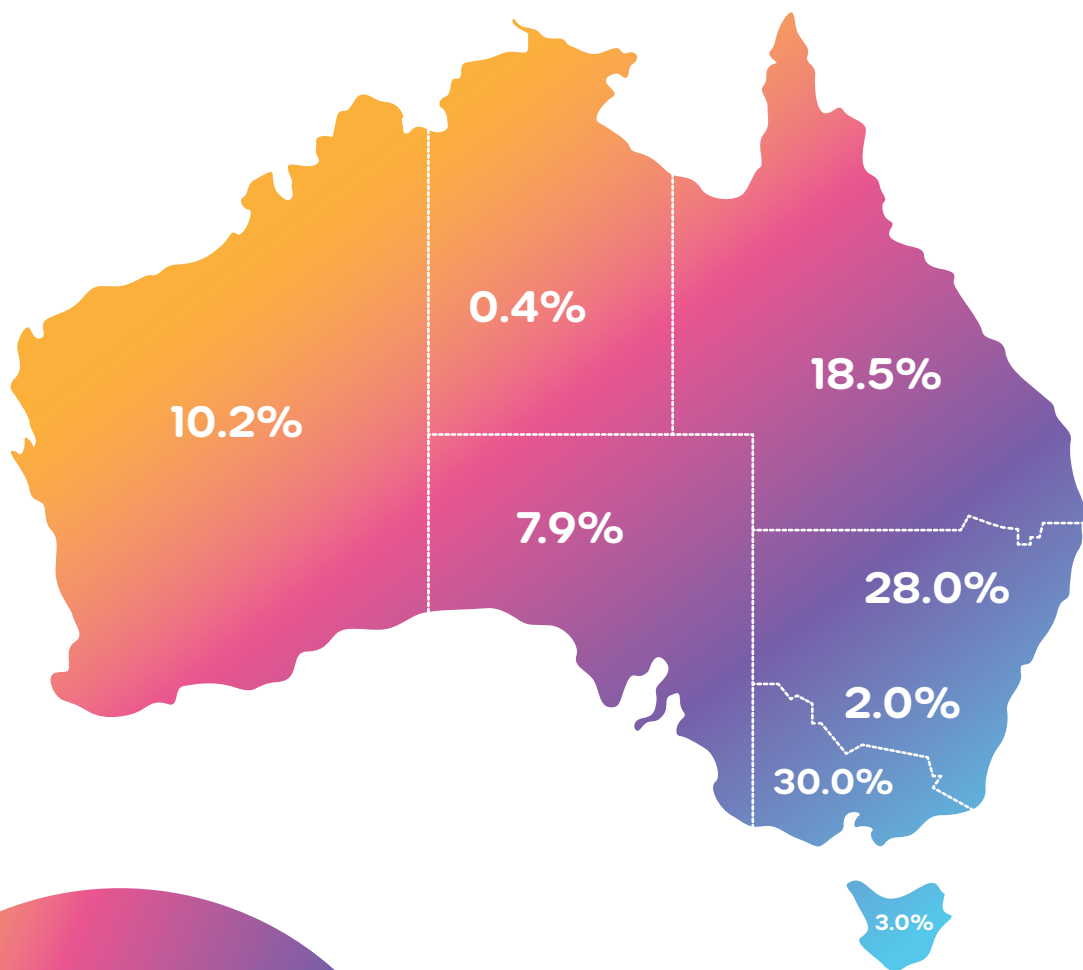


Figure 4: Participant distribution across Australia

Exactly 12.4% of participants reported being eligible for the NDIS, and 18.2% of participants reported currently receiving support from the DSP.

<sup>1</sup> This is consistent with studies involving online survey completion, where participation is higher among females than males. See Smith W. G. (2008) Does gender influence online survey participation? <https://files.eric.ed.gov/fulltext/ED501717.pdf>

## An educated cohort

Figure 5 demonstrates that most participants in this analysis reported having completed education to Year 10 level or higher. A mix of university and vocational qualifications were held by the majority of participants. Approximately 1.6% of participants reported no formal education or training.

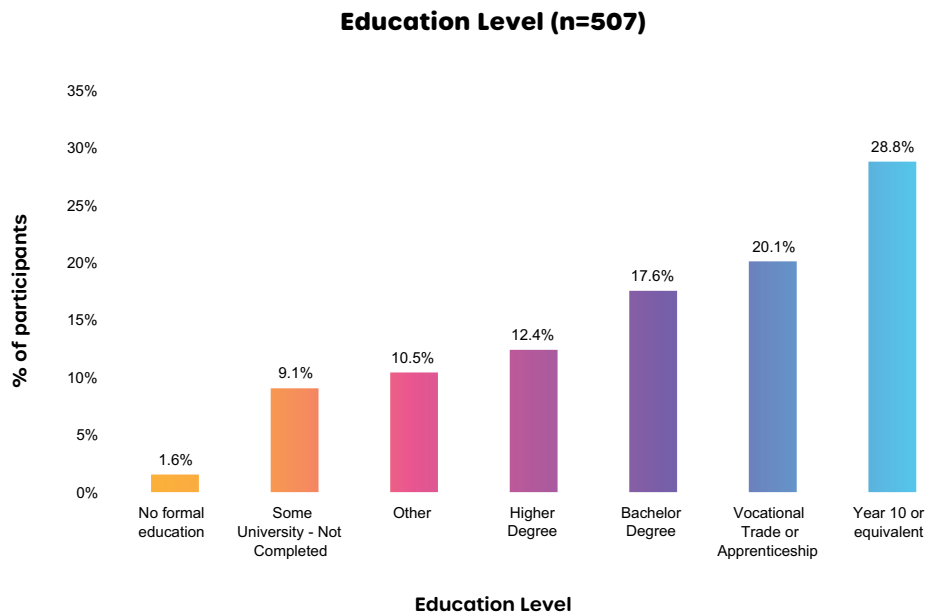


Figure 5: Education levels of participants

## Appeals to a range of employment needs

The intended audience for the GIAG program were those in receipt of the DSP. As seen in Table 1, 18.2% of study participants reported currently receiving the DSP, and while 39.6% of participants were not currently employed, 49.3% of participants were in some form of employment (Figure 6). This diversity in the employment status of participants who chose to interact with the application, suggests there may be interest from those who are both unemployed and already employed in a program of this nature.

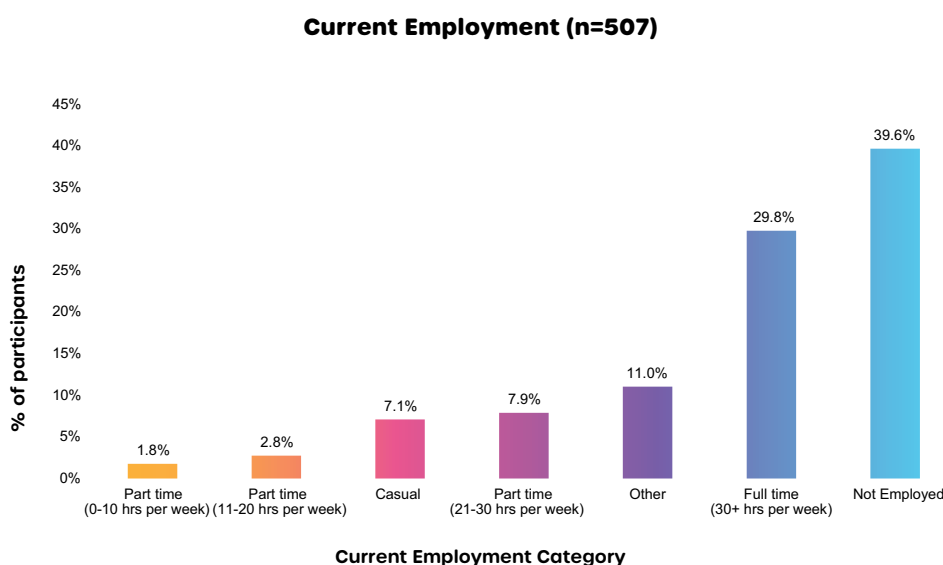


Figure 6: Employment status of GIAG participants



# Findings

## Reported health issues

### MSK conditions are complex and interrelated

The application reached 507 participants, who collectively reported 1032 health issues. As noted in Figure 7, the most reported health issues were back pain and related problems, osteoarthritis and other physical disabilities.

**Reported health issues (n=507)**

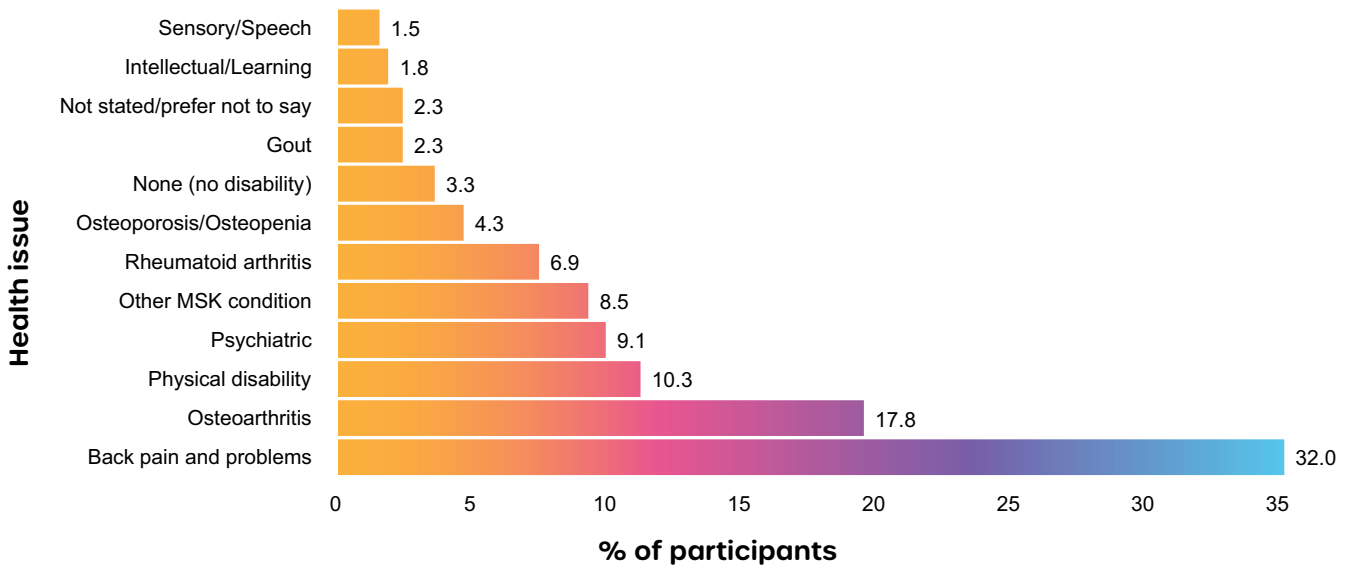


Figure 7: Health conditions reported by participants

As noted in Table 2, many participants also reported living with multiple conditions, with 27.4% of participants reporting living with 3 or more conditions at the time of using the application.

NUMBER OF REPORTED CONDITIONS	N (%)
1	212 (41.8)
2	156 (30.8)
3	80 (15.8)
4	35 (6.9)
5	24 (4.7)

Table 2: Multiple conditions



## KEQ 2: How and why do participants use the app within the program?

In addressing this KEQ, this analysis considers the following domains:

- The **recruitment channels** by which participants became aware of the GIAG application
- The **motivating factors** that prompted participants to register with the application
- The **self-reported barriers** to work, study or community participation that participants were seeking to address through using the application
- The **ways in which participants used the app**, which includes features of when, for how long, and how frequently.

### Recruitment channels

The GIAG Team developed a range of high-quality recruitment materials including a website, program flyers, infographics and an introductory video for distribution to a wide range of stakeholders. The GIAG Team also engaged market research company IPSOS and social media company Social Status, to undertake an extensive recruitment campaign for the program and to develop a social media presence.

As seen in Table 3, recruitment to the GIAG app was primarily driven by two channels: direct market research (43.8%) and Facebook advertisements (18.3%). A smaller proportion of participants were referred to the application by healthcare practitioners, support services or friends and family.

RECRUITMENT CHANNEL	N (%)
Direct Market Research <sup>2</sup>	222 (43.8)
Facebook advertisement	93 (18.3)
Healthcare Practitioner	45 (8.9)
Search engine/website	27 (5.3)
Facebook post/online support group	22 (4.3)
Support service or consumer organisation	12 (2.4)
Friend or relative	9 (1.8)
Disability Expo	4 (0.8)
Other	73 (14.4)

Table 3: Recruitment channels (N=507)

<sup>2</sup> Direct Market Research relates to the recruitment of participants from an existing market research panel. In this case, invitations were sent to more than 41,000 panellists registered with IPSOS.



# Findings

## Motivating factors

Data from focus groups, interviews as well as in-app surveys demonstrates that participants used the GIAG app for a variety of reasons, primarily:

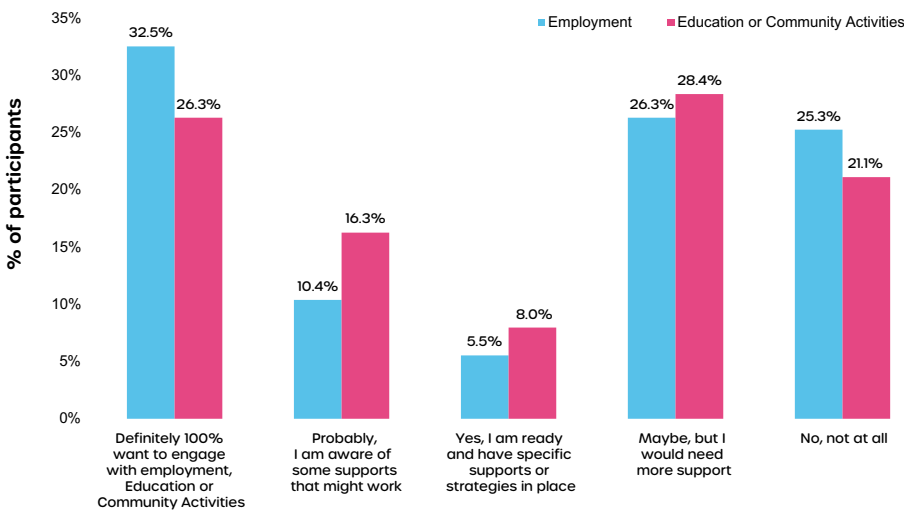
- Altruistic pursuits/helping others
- Learning new information
- Curiosity
- Getting back to work, study or community activities

Introducing the application within a research paradigm appealed to some participants' interests in giving back to others who may be experiencing similar challenges. This led participants to want to contribute their insights and perspectives for app improvement efforts, through both the trial period of the project, as well as in focus groups and individual interviews.

As noted by one Focus Group participant:

*"I'm always looking for opportunities to help by participating in anything that might help with the future. I've got rheumatoid arthritis, so anything to help find a better way of living with it. I'm finding often when I put my hand up to do something like this, I either don't qualify because it's osteoarthritis-related, or it's something a little bit different, whereas this is the whole musculoskeletal program, so that's what interested me to help."*

Interests of participants (n=289)



Interests and readiness of participants

As seen in Figure 8, the majority of participants expressed some motivation for engaging or re-engaging with work, study or community activities. Among participants, 74.7% reported some interest in engaging or re-engaging with employment, with or without additional supports. Similarly, 79% of participants reported some interest in engaging or re-engaging with education or community activities. This suggests a highly motivated group of participants.

Figure 8: Participants' engagement interests

## Barriers to participation, independence & wellbeing

Table 4 summarises barriers to employment, education or community engagement reported by participants upon registration (N=507). Lack of sufficient employment and a lack of engagement with education or training were reported by approximately 30% of participants as having a very low impact on participants' ability to work, study or engage in community activities. This is to be expected given that many participants in this study were already employed, and/or had completed a relatively high level of education or training. **A lack of knowledge or ability to access information was reported by 42.2% of participants as having a moderate impact on their ability to engage with work, study or community activities.** A similar proportion of participants reported that a lack of skills in activities of daily living, and their own abilities to manage their health conditions (including medication adherence, diet and exercise) were barriers to work, study or community participation.

"Probably about half an hour per module which I think is reasonable. You can go through the three steps individually, so you don't have to do them all at once. So you can break that up into three 10 minute chunks, or if you're going to go into all the links, that's going to take extra time."- Focus group participant

While some of these factors (e.g. access to sufficient employment) are likely beyond the boundaries of what the GIAG app could address, others such as access to information and skills building, are areas in which app-based information could be of value.

	Lack of sufficient employment	Lack of engagement with education and skills training	Lack of knowledge or difficulty accessing information	Lack of skills including abilities to perform daily living activities	Behaviours, including management of health conditions and disability
Very high	14.5%	5.5%	4.8%	3.5%	9.3%
High	17.3%	11.1%	9.0%	19.7%	24.6%
Moderate	22.8%	26.6%	42.2%	37.4%	35.6%
Low	15.6%	26.3%	21.5%	21.1%	18.7%
Very low	29.8%	30.5%	22.5%	18.3%	11.8%

Table 4: Reported barriers to employment, study or community participation

## Ways participants use the app

Participants mainly used the app on their smart phone, with a handful using it on their tablet exclusively, or in addition to their smart phone, to aid with visibility and navigation. The time taken to complete each module varied from 10 to 30 minutes depending on reading speed and level of engagement with the available content. It took more time if participants clicked through to all the links and resources. Some participants chose to return to the external links and resources later due to time constraints and the desire to

consume the information in smaller, more digestible chunks. Overall, the time taken to complete each module was considered appropriate by participants. Participants typically consumed the content when at home when they had the time and energy. A small number of participants also reported engaging with the app while waiting at doctor appointments or to fill in time during other activities (e.g. school pick ups).



# Findings

## KEQ 3: To what extent do nudges increase engagement with the program?

A key design consideration for the GIAG program was the integration of behavioural insights and interventions into the experience of engaging with the app. The use of such interventions and techniques has had success in studies<sup>3,4</sup> with participants experiencing similar challenges and barriers to accessing work, study and community engagement.

Behavioural insights approaches include the use of nudges to encourage positive reinforcement and to influence behaviour. Within the GIAG app, positive reinforcement was an important consideration to promoting completion of the nine-module program, and nudges were intended to be used to reinforce learning and knowledge outcomes, as well as promote behaviour changes.

**From February – May 2021 there were a total of 20 push notifications sent to participants including electronic direct mail and in-app prompts.** Content focused on providing encouragement to complete modules, general reminders about GIAG, links to surveys and promotion of modules (see Figure 9 below). Unfortunately, due to app development issues within the design phase, usage tracking data was not available for analysis, which limits the available evidence on the effectiveness of nudges in promoting app engagement.

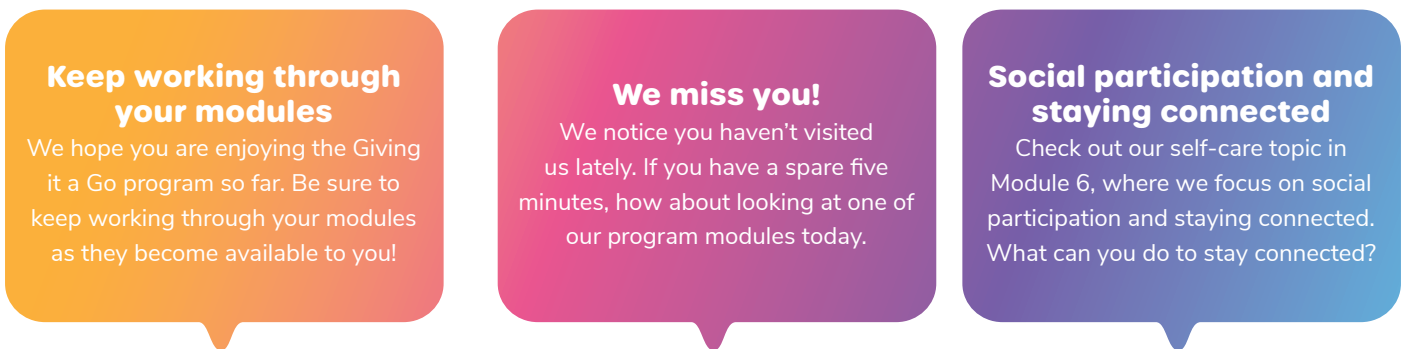


Figure 9: Example notifications distributed to participants

<sup>3</sup>Dechausay, N., Anzelone, C., & Reardon, L. (2015). The Power of Prompts: Using Behavioral Insights to Encourage People to Participate. Retrieved from: <https://www.acf.hhs.gov/opre/report/power-prompts-using-behavioral-insights-encourage-people-participate>

<sup>4</sup>Farrell, M., Smith, J., Reardon, L., & Obara, E. (2016). Framing the Message: Using Behavioral Economics to Engage TANF Recipients. Retrieved from: <https://www.acf.hhs.gov/opre/report/framing-message-using-behavioral-economics-engage-tanf-recipients>

Insights from in-app surveys, the mid-project survey, focus groups and individual interviews, provide some insights into the distribution of app notifications, their receipt by participants, and their potential effectiveness.

Mid-project survey results (n=71 respondents) demonstrate that **18.3% of participants** received notifications, while **77.5% did not receive notifications**. Of note, 50.7% of participants reported not receiving notifications, despite having enabled notifications on their devices (limitations in available data make it difficult to determine if this is due to participant recall, or technology challenges).

**Insights from interviews and focus groups indicate** that notifications, which were only received by some participants, appeared in two ways: (1) pop up notifications on their device, or (2) within the app itself; in the latter case participants needed to actively search for notifications within the app. There was minimal evidence of the notifications increasing engagement with the program. However, there is potential for notifications to be used more effectively, by personalising their content, appealing to goal attainment and returning to completed modules at a later date. Linking notifications to regularly used applications such as Facebook was suggested as a way for optimising notification attention and effectiveness.

“Apparently, I did receive notifications but I didn’t realise until you guys were asking about it. So I just went in now and there were two, the one from yesterday and the day before.”

“That was actually quite good because I can get quite busy and if it’s not in my phone on the diary I’ll miss it, so those little pop-ups were good.”

“It could be like the Fit Bit, it sends you notifications to check if you’re on track to meeting your goals.”

“What might be handy is being able to mark content that you want to come back to later when you have time and a little popup reminding you.”

“With phone notifications, you get so many from different apps and half the time you just go, “I’ll look at that later,” but you never do whereas if it was linked to your Facebook app it could pop up reminding you to use the GIAG app if you haven’t for a little while.”



# Findings

## KEQ 4: To what extent and why is completing the program associated with an increase in return-to-work, study or community participation among participants?

Due to time constraints on the launch of the program, as well as the effects of COVID-19 on the employment market, it was not anticipated that an observable change in employment, study or community participation status would be possible. Instead, a focus on an intention to engage or re-engage with these domains, was considered a more appropriate domain of inquiry.

The limited retention of participants over time had implications for the available data on this outcome. Six participants completed all nine modules and in-app surveys during the live trial period. The outcomes for these six participants are described in Table 5. Four of these participants reporting building confidence toward engaging with work, education or the community. Similarly, four participants reported some readiness for returning to work, study or community activities. All six participants who completed the GIAG program reported gaining at least some ability to advocate for their disability or support needs, which was noted as a key area of focus for the app. Finally, a lack of knowledge or difficulty accessing knowledge remained a moderately large barrier for three of the six participants who completed the program.

OUTCOME	
Participants building confidence to engage with work, education and the community	N
Yes, very much	1
Yes, a little	3
Not much	2
Participants' self-reported readiness to engage or re-engage with employment, education or the community	
Ready without support	2
Yes I am ready with specific support	1
Could be ready	1
Need more support	2
Participants' self-reported ability to advocate for their disability and support needs	
Yes, and I can assist others	2
Yes, with support	2
A little bit	2
To what extent is a lack of knowledge or difficulty accessing information impacting on participants' independence, participation and wellbeing?	
Very High	1
High	1
Moderate	3
Very low	1

Table 5: Participant outcomes for those completing all modules

For other participants who commenced the modules, but who did not complete the program, data from in-app surveys provides some potentially relevant insights. Thirteen participants completed a survey question following modules 1-3, with eight reporting some improvements in their confidence to engage with work, study or community activities (see Table 6).

<b>AFTER MODULES 1-3, PARTICIPANTS SELF-REPORTED CONFIDENCE IN ENGAGING WITH WORK, STUDY OR COMMUNITY (N=13)</b>	<b>N</b>
Yes, very much	1
Yes	2
Yes, a little	5
Not much	4
Not at all	1

**Table 6: App usefulness and relevance, and self-reported confidence after modules 1-3**

Further insights into participant confidence, readiness and intentions following completion of the app were gained from the focus groups. The program prompted a few project participants to consider returning to work, studying or engaging in community participation in the form of volunteering work.

One participant credited the app with helping her to succeed in returning to work. Of particular assistance to her was the self-care module content relating to self-compassion and acceptance. This helped her to begin to see a way out of her struggle with pain and being out of the workforce. She subsequently began seeing a psychologist, practising mindfulness and secured a new job as a mystery shopper after having previously run her own cleaning business. Another participant was similarly at a stage of readiness for considering returning to work.

“The whole situation has changed my life and it really started from that little app with the little section on self care. I then got work doing mystery shopping. That’s what I do now, it’s really helped so much. I’ve come a long way.”

“I feel that it’s (the app) encouraging me to look into that avenue (getting back to work). I’ve got over the brain fog and I’m getting the fatigue under control and now I’m sort of thinking, what do I do, why am I just sitting at home? What else could I be doing that stimulates my mind and hopefully brings in some income as well?”

The modules on advocacy acted as a catalyst for encouraging some participants to begin study. There was a particular interest in completing the free advocacy training course mentioned within the app:

“It’s inspired me to do more, I want to study now. I saw the website on there that offers free training for disability advocacy. So now I want to do a lot more stuff that I wouldn’t have known about if I hadn’t come across that on the website.”

Information relating to the gig economy and volunteering was also motivating and opened some participants’ eyes to small and short-term job opportunities that would suit their lifestyle and MSK-related needs.



# Findings

## KEQ 5: What factors are associated with completing the program's modules?

Over 1,600 people downloaded the GIAG app during the public phase of the trial. Despite challenges in reaching the initial target audience, the compressed time frame for project completion, and in-project pivots to expand the reach of the initiative, more than 507 people registered their details with the app. This suggests that there is an appetite for the GIAG content, and a group of people living with MSK conditions who are interested in further engagement.

However, there was a large drop-off in participation from initial download through to program completion. As noted in Figure 10, drop offs were noticeable from download to registration, and from registration to module commencement. Reasons for this attrition may relate to a range of factors, most notably: (1) the characteristics of individuals participating in the program; (2) the usefulness and relevance of the content provided through the app; (3) competing interests; or (4) the design and functionality of the app itself. Each is explored further below.

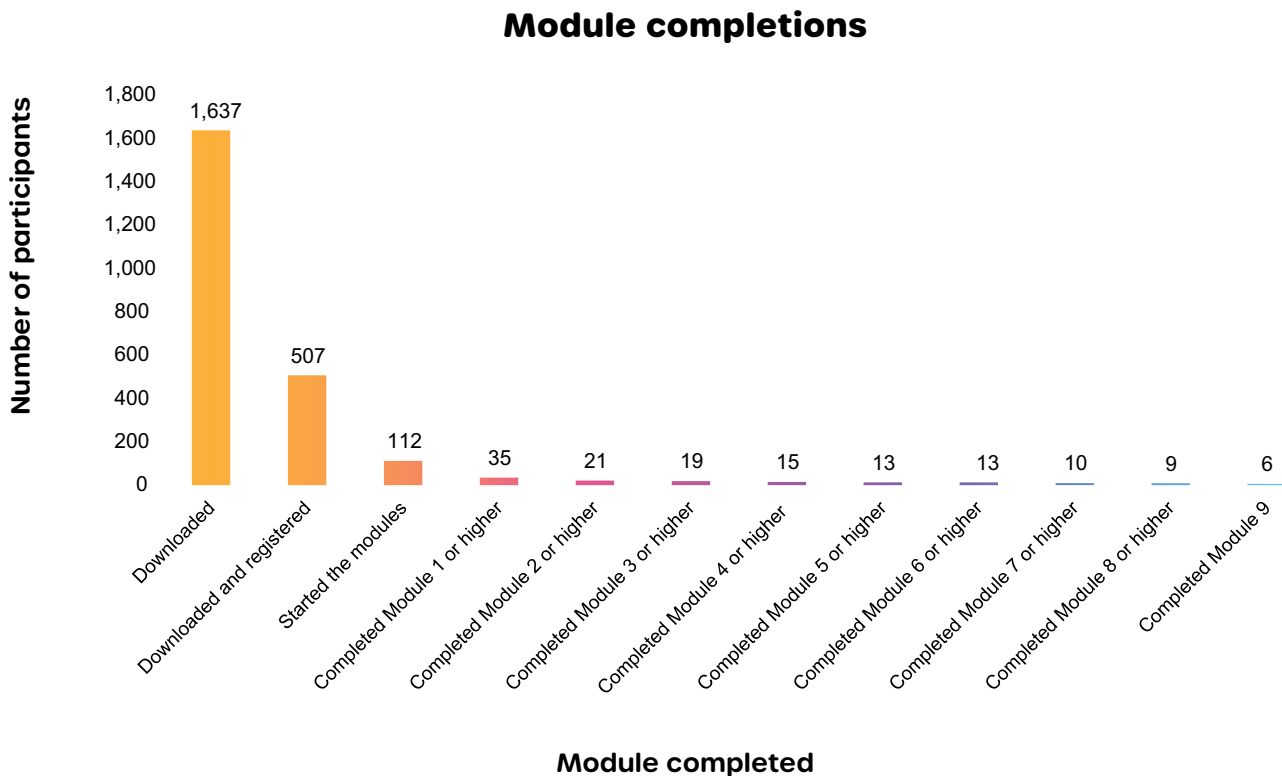


Figure 10: Participant retention over modules



## Individual level differences

At an individual level, there were few demographic differences among those who downloaded the app and progressed no further; those who commenced module 1 but did not complete the module; and those who completed at least 1 module. The characteristics of these three different groups are outlined in Table 7 below.

FACTOR	MODULE COMPLETION STATUS			OVERALL SAMPLE
	At least module 1 completed (n=35)	Started but no module completed (n=77)	Not Started (n=395)	
<b>Sex</b>				
Female	74.3%	76.6%	74.2%	74.6%
Male	25.7%	22.1%	25.6%	25.0%
Not Specified	0.0%	1.3%	0.0%	0.2%
Other	0.0%	0.0%	0.2%	0.2%
<b>Education Level</b>				
Higher Degree	5.7%	15.6%	12.4%	12.4%
Bachelor Degree	28.6%	11.7%	17.7%	17.6%
Some University - Not Completed	11.4%	14.3%	7.9%	9.1%
Vocational Trade or Apprenticeship	11.4%	19.5%	21.0%	20.1%
Year 10 or equivalent	25.7%	26.0%	29.6%	28.8%
No formal education	2.9%	1.3%	1.5%	1.6%
Other	14.3%	11.6%	9.9%	10.4%
<b>Current Employment Status</b>				
Full time (30+ hours per week)	14.3%	26.0%	31.9%	29.8%
Part time 21-30 hours per week	8.6%	9.1%	7.6%	7.9%
Part time 11-20 hours per week	2.9%	3.9%	2.5%	2.8%
Part time 0-10 hours per week	0.0%	3.9%	1.5%	1.8%
Casual	8.6%	3.9%	7.6%	7.1%
Not Employed	45.7%	44.2%	38.2%	39.6%
Other	20.0%	9.1%	10.6%	11.2%
<b>Referral Source to GIAG</b>				
Direct Market Research	42.9%	46.8%	43.3%	43.8%
Disability Expo	2.9%	0.0%	0.8%	0.8%
Facebook advertisement	8.6%	14.3%	20.0%	18.3%
Facebook post/online support group	5.7%	5.2%	4.1%	4.3%
Friend or relative	2.9%	2.6%	1.5%	1.8%
Healthcare Practitioner	11.4%	9.1%	8.6%	8.9%
Search engine/website	2.9%	2.6%	6.1%	5.3%
Support service or consumer organisation	0.0%	10.4%	1.0%	2.4%
Other	22.9%	9.1%	14.7%	14.4%
<b>Interest in engaging or re-engaging with employment</b>				
Definitely 100% want to engage with employment	25.7%	23.4%	37.9%	32.5%
Yes, I am ready and have specific supports or strategies in place	5.7%	6.5%	5.1%	5.5%
Probably, I am aware of some supports that might work	14.3%	15.6%	7.3%	10.4%
Maybe, but I would need more support	28.6%	31.2%	23.7%	26.3%
No, not at all	25.7%	23.4%	26.0%	25.3%
<b>Readiness for change to re-engage with work, study or community</b>				
Ready without support	17.4%	22.1%	23.7%	22.5%
Yes, I am ready with specific support	14.3%	23.4%	22.6%	21.8%
Need more support	37.1%	13.0%	13.0%	15.9%
Could be ready	25.7%	29.9%	30.0%	29.4%
Not ready at all	5.7%	11.7%	10.7%	10.4%
<b>Ability to advocate for disability and support needs</b>				
Yes and I can assist others	28.6%	15.6%	11.3%	14.5%
Yes	22.9%	31.2%	34.5%	32.2%
Yes, with support	14.3%	15.6%	18.1%	17.0%
A little bit	25.7%	26.0%	25.4%	25.6%
Not at all	8.6%	11.7%	10.7%	10.7%

Table 7: Demographic characteristics of participants by module completion status



# Findings

## Content

Table 8 reports participant ratings of app usefulness for each completed module. While the number of participants providing data is small, the results suggest that

approximately half the participants completing the modules regarded supplied content as useful and relevant.

PARTICIPANTS' PERCEPTIONS OF APP USEFULNESS BY MODULE	MODULES		
	1-3	4-6	7-9
Very useful and relevant	2	3	1
Yes, useful and relevant	10	3	2
Somewhat	6	6	1
Generally not	2	1	2
Total responses	20	13	6

Table 8: Participant ratings of app usefulness by module

As noted in Table 9 below, participants most frequently referred to the self-care content and support content as

being the most useful. A smaller number rated links to other resources and video content as being useful.

CONTENT	MODULE			TOTAL
	1-3	4-6	7-9	
Self-care content	13	11	2	26
Support content	10	7	3	20
Advocacy content	7	6	1	14
Links to other resources	0	9	3	12
Videos from people with MSK conditions	7	3	0	10
Facebook Community Group	0	1	0	1

Table 9: Content specific ratings

From focus groups, participants provided insights into the value of content for each of the GIAG modules, as described in Table 10 below.

CONTENT	MODULE		
	1-3	4-6	7-9
Self-care content	<p>I've had a lot of stuff going on with my health physically and mentally, and honestly, that was the first time that self-care and just a bit of compassion, made sense to me. So I just think that, apart from the informational side of stuff, I think that has such a huge impact when you read something and it can just change how you think about yourself.</p>	<p>I think these ones were a lot better than the last three but I think with these modules four, five and six are actually more spot on, they seem to have more relevant information.</p> <p>It was in module five I think, self-care. I like how they link exercise and mindfulness together as under the one umbrella, about trying to be healthy.</p>	<p>I really liked about in the self-care how they talked about volunteering.</p> <p>I like that the self-care taught me about being positive and things like that – it was really good hearing from the people and their lives.</p>
Support content	<p>It seems like the first three modules are when you're first starting off and then the second three are when you've got a lot more experience, so I'm guessing that the third three are going to be even more involved.</p> <p>I thought it was a bit basic, the information there, and I think the app might just be a novelty that might get people interested. I'm living with significant disability, I just seem to be in a completely different situation to what the information was targeted at or what the people who were featured in there would talk about. It just didn't really relate to my situation. I didn't feel like it was directed at me or like me, and I hoped there would be more for that, more in depth information.</p>	<p>I'm looking at module six, so many things that people can do, like for elderly people, for animals. Because I think sometimes when people think of volunteering, they're not really sure what it means and you can literally work with old people, animals, children, translation and all those sorts of things. I think that would be a really good strategy for people wanting to return to the workforce.</p> <p>I think it's under the support in module six, returning to work, things that you could do, like update your resume. And also regarding returning to work, about word of mouth like talking, self-advocacy, talking to others, just being out in the community and word of mouth, so it all seemed to be there, and again, I think that's helpful, the whole returning to work or continuing to work with a disability.</p> <p>I found the information good, I'm already in work so it's good to start discussions with my employers, like if something is needed down the track more as I change, that information was good. It's good to have people who don't know where to start and where there's support, and there's all that different support there to help you and just think about the approaches you do.</p>	<p>Yeah, I'm very impressed with it as I said last week, "I'm very impressed with what we've been given." It is easy to use - I don't think it's an overload of information although obviously we got more information in this last three modules than the previous ones.</p>

Table 10: Content specific insights from focus group participants



# Findings

CONTENT	MODULE		
	1-3	4-6	7-9
Advocacy content	<p>It was really refreshing to see the word, self-advocacy, so I think that's really important.</p>	<p>That was in module four, the Disability Advocacy Resource Unit. I'd never heard of it, so I'm interested in that now. They've got a whole lot of online training courses you can do. They're targeted to disability advocates but it's open to everyone.</p> <p>That's just touching on module four. So if this is to help and get more of the message out there and help the person realise that you know, that you are important, you are valuable, and it's not invisible, well, that's a good thing.</p>	<p>Module seven – again, I thought it was a really important topic. I wish I'd known when I was first diagnosed many years ago – about having a relationship with your health professional, being prepared; it was really important to have that. I liked how they had an example of what you can write down, but they also gave you a blank template so you could make up your own.</p>
Links to other resources	<p>The information is set out really well so that you can just read through it and then click on the links if you want further information.</p>	<p>I think in there somewhere they've got links to other benefits – Centrelink benefits, and other things.</p>	<p>The links are relevant to what you need to know. I'm very impressed with it, I think it's great.</p> <p>And there was a link there to go volunteer, which I wasn't aware of, so that interested me.</p> <p>It's like it links to government websites or websites that you know, like, SEEK or something like that. It doesn't go on just link to Joe Bloggs' website down the road which we certainly don't know if the information's reputable or not. So, yeah, it links to known websites so people go, "Oh, yeah, okay. So that makes sense and that must be true because this is what this says."</p>
Videos from people with MSK conditions	<p>When I saw there were videos, I did click the videos straightaway, and was really pleased that they were under a minute, or around a minute, and thought, good. So every time I saw a video, I thought, right, I've got time to watch that because I know it's only a minute.</p> <p>I think the videos that were in there were really good. They gave a real person's perspective and again actually participating in the videos myself, I know that they were done really well.</p>	<p>I think the videos of people talking about their own experience are really helpful because they personalise it a little bit. The definitions are great but then you hear peoples' lived experience. I think that would resonate with a lot of people.</p>	<p>And I liked the video about changing your mindset and using meditation and mindfulness.</p> <p>I think it was quite detailed and good – I like how they ended it too, having a little video of someone to end it with.</p> <p>I liked hearing it because it's real people, real people's stories. It's real people in their houses. It's not like anything that's set up, like a chair, where a piece is scripted; this is just real people in their settings, where they're most comfortable, and they're just talking about their personal experiences.</p>

Table 10: Content specific insights from focus group participants

It is noteworthy that 11 respondents at the mid-project survey described a high degree of existing knowledge about the content provided through the app (however, at this point, these participants had not been able to access the full program content). This suggests that the content of the app may be of increased value to a sub-set of those with MSK conditions who are less familiar with their MSK condition or available supports:

## Competing interests

Participants reported a range of factors that influenced the priority they placed on using the GIAG app. From surveys and focus groups, these factors included:

- ✎ Time spent caring for relatives with other conditions and illnesses
- ✎ Work related responsibilities
- ✎ Mental health challenges, including depression and fatigue
- ✎ Forgetting about the app, and not receiving a prompt to engage with its content

"I'm not a fan so far of having to register or download etc from external sites each time though, it would be good if GIAG registration was enough to access any content on its own app"

"Modules are not suited to my learning style."

"The app doesn't work - can't create an account, can't access the program. I have updated the app, definitely have the latest version."

"I think the app is very useful for someone new to managing chronic pain and fatigue symptoms and have suggested it to a few people"

"I have looked through the app and not found anything that I am not already familiar with, having worked through many of these sort of programs from Australia and overseas."

"I think the app is very useful for someone new to managing chronic pain and fatigue symptoms and have suggested it to a few people"

## Design and functionality

Data from in-app surveys, the mid-project survey, and insights from focus group participants provide insights into how the design and functionality of the app affected module completion.

High drop off rates from download to registration are common across health and wellbeing apps where access to further content is made available after an information request from a user. The mid-project survey (completed by 71 participants) highlights that while some were satisfied with their progress, 21.4% of respondents noted a preference for self-paced module completion, rather than waiting for new modules to become available. In addition, another 8.2% reported IT issues that prevented their progression, while 28.6% referenced 'other' reasons that impeded their progress. Upon examination, these additional issues often related to specific IT challenges or the design of the app itself, as illustrated by the following survey responses:

<sup>5</sup> Meyerowitz-Katz, G., Ravi, S., Arnolda, L., Feng, X., Maberly, G., & Astell-Burt, T. (2020). Rates of Attrition and Dropout in App-Based Interventions for Chronic Disease: Systematic Review and Meta-Analysis. *Journal of medical Internet research*, 22(9), e20283. <https://doi.org/10.2196/20283>



# Findings

FACTOR	N (%)
IT Issues	8 (8.2)
Preference to access the module at own pace	21 (21.4)
Nothing	17 (17.4)
Other	28 (28.6)
The content is not suitable	7 (7.1)
I am happy with the pace I am progressing	17 (17.35)

**Table 11: Factors limiting participant progress through GIAG modules (n=71, and 98 factors described)**

Of note, only 7.1% of respondents to this survey reported that the content provided through the app was not suitable.

While Focus Group participants used the app under different conditions than those in the trial period, their insights into app design and functionality provide useful signals as to those factors which may promote or impede progress.

The most important factor reported by participants to drive program completion was the opportunity to participate in an individual interview or a series of focus groups (as part of this evaluation). A very small number of participants had completed the program of their own volition, however most of the sample worked through the content to completion in preparation for discussing their experiences and feedback as part of the evaluation. It was suggested by some participants that accountability through the opportunity for regular discussion would be a valuable motivator for working through the content or some sort of incentive rewards scheme throughout the course of the program:

“Yeah, because up until you’ve said about the focus groups, I’ve still had it sitting on my iPad and thinking, yeah, I’ll get to that and every time I’m going through to look for something else, oh, that’s still there I must get to that. But now that I’ve got a plan that I’ll have to get to it because I’ve got a meeting on Friday or Thursday, or whatever day and, yeah, I’ll pull my finger out and do it. And also just the social aspect of meeting other people with different conditions and those sorts of things as well.”

“In an ideal circumstance there would be some sort of bonus system. For example, I’ve got another app that I’m using, in terms of exercise tracking where you can actually get \$5 Coles vouchers in increments as you complete these things. So if it’s actually connected to your health insurance companies, and things like that, you can even get more stuff because they fund more incentives. So, if the budget was unlimited, I would say a financial incentive of some sort, or a rewards incentive of some sort, would be great or maybe access to other resources. If you complete this, you’ll get an e-book or something. You might access to free downloads or extra membership of some online program, or something like that.”

## KEQ 6: To what extent does the app content and experience meet user needs and preferences?

### App experience and functionality

The experiences of participants using the app highlight areas of strength, as well as key opportunities for development to increase engagement with the product, and promote module completion. These areas relate to the look and feel of the app, useability, video content and the accompanying Facebook group.

1. **Look and feel** – the look and feel of the GIAG app was positively received by participants. Participants in Focus Groups and Individual Interviews noted the strong use of colour (bright and vibrant); tone (compassionate and kind language); pitch; logo and name as being appealing. As the app was co-created with people with lived experience of MSK conditions, it was possible to generate a product with a look and feel that appealed to this audience. However, language was noted by multiple survey respondents as a potential barrier to engagement with the GIAG app, highlighted by one participant.

Opportunities therefore exist to further test and refine the language with target audiences.

*“My main criticism is that the required level of reading ability was too high for anyone else to benefit from the app - needs a thorough going-over with the SMOG index. Or otherwise really drill down to who is the intended audience. Someone with the required level of literacy to be comfortable with how the content is presented would find the content too basic, i.e there is a conflict between how basic the info is and how complex the language it is written in.”*





# Findings

2. **Useability** – within the trial period, a small number of people used the app and progressed through its modules. Of those that did, some found it easy to navigate and access available content, while others found it more difficult to navigate and access materials. The mid-point survey and focus groups and individual interviews provide insights into some of the issues encountered by participants, which included challenges in creating accounts, entering details, and an inability to access content in PDF or printable versions. Some participants also reported challenges in reading materials on small screen devices.

As noted previously, a key challenge reported across data sources was a preference by many for self-guided exploration of content, rather than a set-paced format. As survey respondents and focus group participants described:

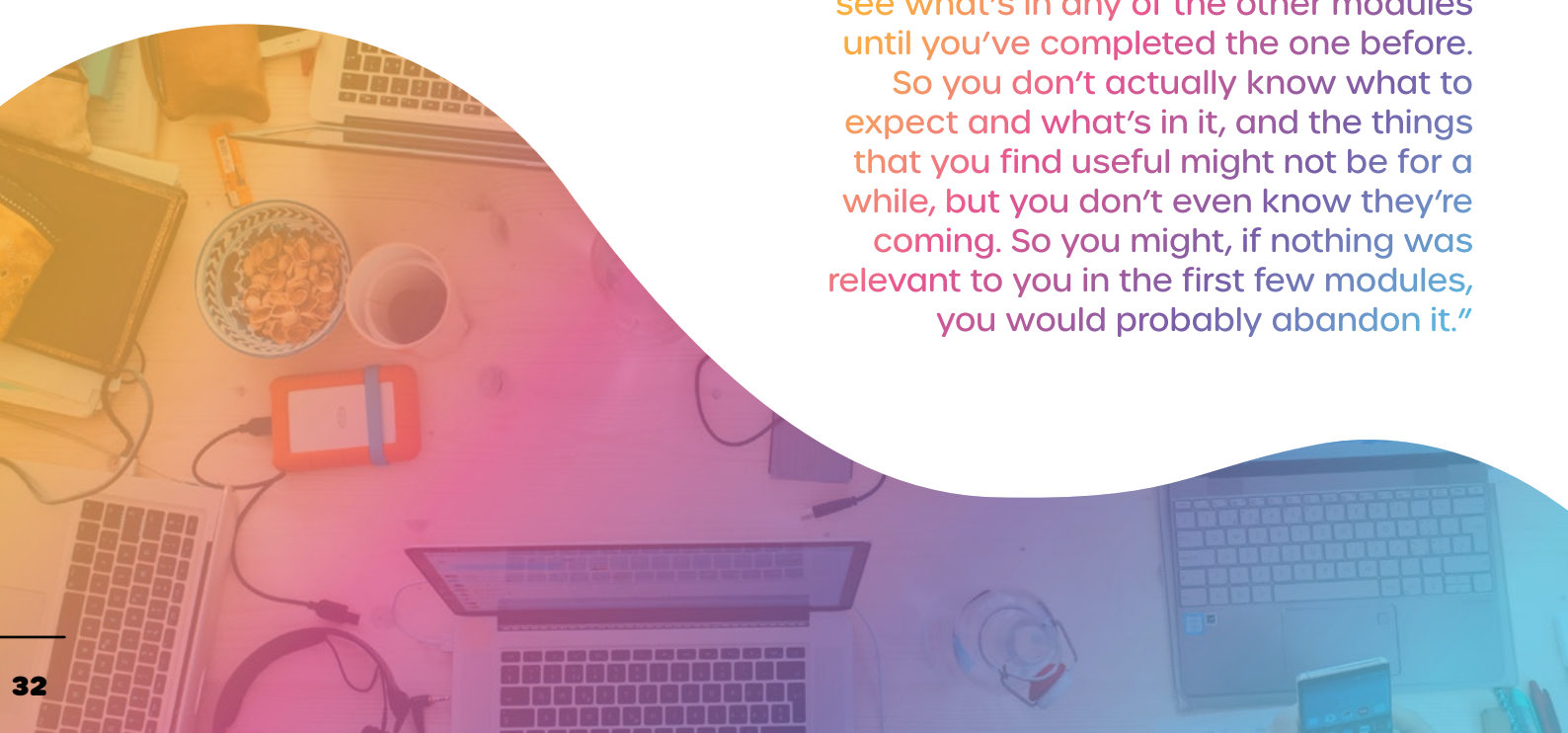
“It didn’t allow more than a week’s worth of content to release at a time which was a bit frustrating as it limited how much you could see, if you were ‘on a roll’ and feeling really motivated you couldn’t take advantage of that feeling to do a bit extra at that time.”

While removal of this limitation partway through the study did not result in a meaningful increase in module completions, the small number of participants limits the inferences that can be drawn in relation to this feature. What is clear, is that for some participants, a self-paced or self-directed app, would be of greater use than a sequential program.

Focus Group and Individual Interview participants shared mixed feelings about and experiences with using the app. While some felt it was clunky, requiring interface changes, and not intuitive to use, others found it easy to navigate and use and commented on how well the information was set out. Of note is that those Focus Group participants who had initially shared more negative feedback about the usability of the app became much more positive by their second and third focus group. This was attributable to their greater familiarity with and confidence in using the app. In addition, for those experiencing some technical issues (e.g., not being able to progress beyond module seven through to eight and nine), these were solved along the way and that was considered satisfactory.

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“The other thing with the program is you can’t see what’s in any of the modules until you’re in it, and you can’t see what’s in any of the other modules until you’ve completed the one before. So you don’t actually know what to expect and what’s in it, and the things that you find useful might not be for a while, but you don’t even know they’re coming. So you might, if nothing was relevant to you in the first few modules, you would probably abandon it.”





3. **Videos** - The GIAG app provided content in a range of formats, including through video. Video content was well received by participants, however accessibility is a key consideration:

"It is interesting to hear stories from real people about how they cope with issues."

"I couldn't watch any of the videos. So they aren't accessible for people who need closed captions and stuff like I do."

4. **Facebook group** – As part of the overall design of the GIAG program, a Facebook Group was planned to provide an opportunity for further interaction among participants. In survey responses, the Facebook Group was not frequently rated as useful or important to participants, however opportunity to connect with others was repeatedly highlighted as of interest and value:

"Modules are not suited to my learning style. I benefit more from face-to-face contact and engagement. I live with various mental health issues and struggle to engage with content in this format."

"It's a pity that more people didn't get to the Facebook group because then it probably would drive itself with more people to make comments. When there's only a few people, you felt compelled to say things, and then you'd forget to go back there and it's not a priority to check what someone said, or if someone answered, or responded, or liked your comment, or to add to it. So, it could run itself, but then you do need the right amount of people there."

Data from the Focus Groups and Individual Interviews suggests that there is a group of participants for whom an opportunity to connect (virtually or in-person) would be of significant value.

"I thought the Facebook group would be good for exactly what we've just been doing now. To hear other people's thoughts. It's a good way to communicate."

This signals a need for such a group to be facilitated, at least in the formative stages, in order to provide sufficient energy and interest to its members. Such facilitation, while beyond the capacities of the GIAG Team in the current project, could involve regular reminders to group members, sharing of resources and materials, and moderating and facilitating group discussions. This investment is likely to increase the engagement of some (but not all) app users, and is an important extrinsic support for people seeking to engage or re-engage with work, study or community activities.

It is noted that the initial design of the Facebook group was for a largely self-sustaining initiative: led by and for people living with MSK conditions. Survey data and focus groups suggests that engagement with the Facebook Group was low:



# Findings

## App content

As noted, approximately half of participants responding to survey questions throughout the program reported app content as useful and relevant. As described by one survey respondent:

*"It can be difficult to know who and where to go to for advice or support. This app has given positive ideas and strategies with accessible links for reference. Knowing what to ask isn't always the problem, it's knowing who to ask."*

Data from the Focus Groups and Individual Interviews revealed that overall, module content was seen as valuable, useful, motivating, trustworthy and of interest. In addition, the combination of text, videos and external links worked for allowing the information to be consumed in a variety of ways. It was described as "a one stop shop".

*"I think it gives you confidence to know that you can do things for yourself and there is a pathway to getting to what you need, where you need to be. If you follow through with the content it gives you the confidence to go out and do these things for yourself, whether it's advocating, whether it's looking for work, whether it's applying for NDIS and it gives you a pathway because a lot of people out there don't have that clear direction."*

*"I just felt that what they've got on there is very relevant to us people who are reading it and it comes across as being very believable and a safe site to be on, and that it is informed."*



The main content areas of self-care, support and advocacy were of interest to participants:

- **Self care** – this content was seen as a valuable refresher or as a source of new information for those who may be new to their MSK condition. In addition, Focus Group and Individual Interview participants noted that some nutrition-related content needs to be tailored to those living on lower household budgets.
- **Support** – this content became increasingly interesting and useful as most participants progressed through the modules, particularly that content related to navigating the DSP and NDIS. Again, this material was seen to be of particular value to those who may be new or unfamiliar with available supports and how to access them.
- **Advocacy** – specifically, reference to invisible illnesses, considerations of language to use, and a focus on self-advocacy were noted as valuable.

Given that content was a key driver for engagement, it is of value to consider how the functionality of an app such as GIAG can allow for participants to access content of interest, as well as be nudged to engage with other content that perhaps has not been considered. Opening available content to users in a more self-directed way, and notifying them of new or potentially interesting material, may foster increased use of the app, and greater engagement across content domains. Furthermore, this would allow those who are newer to their MSK condition, as well as those with more longstanding issues, to navigate to the content of most interest. For newer users, prompts and nudges for where to start, with available content and materials, could be of value.

“It keeps reminding me about nutrition, mindfulness, which is something that I’m finding is really important and really helping me. Everything I was reading, I was making it relevant to me. I allowed myself time to be thinking about myself because of this app.”

“I found interesting information on there for the Disability Pension that I can work up to 30 hours a week and they can hold my pension place for two years. So I didn’t know that. They never told me that at Centrelink. I’m not quite capable of doing the 30 hours a fortnight at the moment, but to have something in there to tell me this is what you can do, and also just bits and pieces about the NDIS that they don’t tell you.”

“So it’s really important for people like us that live with chronic pain, to acknowledge that it’s invisible to society who haven’t lived with it or been educated or know somebody. And then it’s important for us to step up a bit perhaps and have things like this information to help us and it’s up to us if we’re in the right head-space of course to self-advocate about what we go through. The information is refreshing and it reminds me why you talk to people, that’s why you use that damn disabled sticker if you need to get that door open wide.”



# Findings

## **KEQ 7: What modifications can be made to the initiative to increase completion of the program?**

This evaluation has identified a range of options for modifying the GIAG app and program to enhance engagement with supplied content. These modifications build on findings from the above KEQs, and focus on six core areas:

### **1. Increase flexibility**

As noted by participants throughout the evaluation, timed or staged modules are a deterrent to a range of participants. Many reported an interest in a more open program which allows for self-direction rather than a linear progression through the modules. To facilitate this process, a search function and index, along with prompts on where to start, and potential content of interest, are potentially useful innovations to include.

### **2. Connections**

Some people in this evaluation expressed an interest in connecting with others living with MSK conditions. The out-of-app additions (Facebook and website) are areas of opportunity to explore deepening connections, and are likely to translate into greater engagement for a sub-group of participants. This addition would, however, require additional investments from an external party in order to provide momentum, support and direction for participants.

### **3. Notifications**

Challenges in developing the app resulted in a more limited use and influence of push notifications in this project. Further exploration of how participant-controlled notification settings can be worked with to ensure meaningful nudges are delivered, is worth consideration. Of note, greater personalisation of notifications, such as those related to meeting goals and returning to bookmarked content, is likely to be of appeal to users. The use of text messages to prompt users to engage with the app is an area worthy of exploration as noted by the GIAG Team. While it may appeal to some for supporting engagement, for others it may be too invasive.

### **4. Technical experience**

It is important that the GIAG app is accessible to users with a range of needs. Ensuring the accessibility of provided content, including through closed captions on videos, will support those with varied needs and experiences to engage with the app. Similarly, as participants reported interest and value from links supplied through the app to existing external resources, it is vital that these links are kept up-to-date to ensure a seamless user experience.

### **5. Target audience**

While the original app was designed for use by those receiving the DSP, recruitment challenges as part of this project resulted in a broader group of people with MSK conditions being included in the study. As such, a diversity of experiences and perspectives were included. As described throughout this report, there appears to be a group of participants for whom the app provided no new content, and another group for whom the app was a good introduction to new and valuable information. For those people that may be newer to their MSK condition, and the supports that are available, an app such as GIAG may be of appeal, but not necessarily easily discoverable through traditional means. Referrals to the app by those working in the sector, such as disability employment service groups, may therefore be an important tool for increasing engagement with this target audience.

### **6. App development**

As noted by the GIAG Team, there were important lessons learned regarding app development and IT support. Of particular importance was the need to establish clear agreements around both parties' expectations with respect to editing work; timeframes and costs for the implementation of basic versus advanced features; timeframes for making changes; tracking functionality (e.g., notifications were not automatically tracked); level of interactivity available; and platform hosting requirements (i.e., ensuring capability to host the app on both Google Play and the Apple App Store). In addition, there is a need to be able to work with development partners who are skilled and experienced in working in relevant content domains, particularly those related to health and disability, employment service delivery.

## An initial checklist for ongoing development

Based on the above modifications, and evaluation results, the following are identified as important features of an app-based approach for those living with MSK conditions interested in work, study or community participation. These features are in addition to those elements known to promote a positive user experience for all apps, such as accessibility, functionality, speed, security, simplicity, image quality, pleasing colours, user feedback options, and glitch monitoring and correction.

This checklist is likely to be of value for the ongoing development of the GIAG app, as well as other apps for similar population groups, and for similar purposes.



**Freely navigable and self-paced content**



**Searchable content**



**Ability to bookmark content**



**Printable content**



**Personalised notifications, linked to user interests**



**Varied content formats (e.g. video, articles, quizzes, links)**



**Regularly updated and maintained links to external content**



**Opportunity to connect with other users online, supported by external facilitation**



**Ability to capture data on individual usage patterns, receipt of notifications, and actions following notifications**



# Recommendations

In response to the findings of the project, the following five recommendations are made:

- 1. Invest in further development and refinement of the GIAG app:** the results of this evaluation confirm that there is interest in an app such as GIAG, and that it has the potential to be a valuable product for a range of users. Further development (in line with suggested modifications) will increase the use and usefulness of the app.
- 2. Implement the GIAG app as an integrated component of a support program:** maximum value from the GIAG app will be gained when the product is made available with additional supports, specifically: a facilitated mechanism for users to regularly connect with each other (such as through a maintained and moderated Facebook group); dedicated core support to encourage and sustain user engagement; and active promotion by those within the sector, including Disability Employment Service providers.
- 3. Further develop the GIAG app for a diversity of audiences:** while the GIAG app was targeted to those with MSK conditions (and initially those receiving the DSP), with small modifications, the app could be of value to those with other chronic conditions that impact their ability to engage with work, study or community activities. Content related to self-advocacy, self-care and support is relevant to a wide range of people, and, with co-created adaptations, could be of significant value to a variety of populations.
- 4. Promote early engagement with the GIAG app:** results from this evaluation suggest that the GIAG app is likely to be of particular use to those newly diagnosed with a chronic condition, or who are beginning to interact with available support services. Increasing the use of the app among this population may serve as an early intervention approach, and help to improve the ability of people to self-advocate, self-care and seek suitable supports: helping to prevent or delay their need for additional services.
- 5. Further develop the capability and functionality of the app with IT expertise in both content and context to refine and enhance the app's accessibility to the target population group(s):** knowledge and experience in designing apps for those with chronic conditions is necessary in order to produce a product that is of use and value to the target audience. In the context of this project, this requires development teams to bring an understanding of health, disability, employment, education and community participation, and how those within this population group use and interact with app-based approaches. Given the ongoing need to test and refine the app as it is built, it also requires access to data and insights regarding app usage, interaction, notification data, and user feedback (including 'outcomes').



# Conclusions

This evaluation has demonstrated that there is interest and demand for an app-based initiative to support people living with MSK conditions. This is a diverse group of people, with varying conditions, needs and interests. While some in this study were current recipients of the DSP, the majority were not: **finding ways to reach those on the DSP, and engage them in efforts such as GIAG, is therefore an important area for future inquiry.** This may include innovative partnerships with employers, recruitment agencies, community-based organisations, and educational providers who are able to connect with potential app users in ways that promote interest, engagement and trust.

People living with MSK conditions experience a variety of challenges in engaging or re-engaging with work, study and/or community activities. An app-based solution such as GIAG enables those living with MSK conditions to access accurate and reliable information about their conditions as well as other available supports. While this evaluation has identified that this information is of use and relevance to this population, there are additional challenges experienced by those with MSK conditions that are beyond the boundaries of what an app-based approach can feasibly address (e.g. the availability of suitable employment). **Future efforts to integrate the GIAG app alongside a complementary suite of initiatives to support other actors (such as employers, educators, social workers, employment agencies, rehabilitation specialists etc.), are likely important avenues for further implementation and scale-up.**

In support of program refinement and scale-up, this evaluation has identified a range of options that are of potential value to the GIAG app, as well as other app-based approaches for this population. Ensuring the technology provides a good user experience is critical: without this, it is unlikely that users will engage with the product. Providing

a navigable set of resources, that are regularly updated, is of interest to this population: re-orienting participants from 'completing' a modular program, to having a companion of materials and insights to support more self-directed learning, warrants particular attention. Supporting this, many would benefit from greater opportunity to connect with others experiencing similar challenges – therefore, investing in extrinsic supports in conjunction with the GIAG app such as a moderated community (in-person or online), is likely to increase engagement with the app, as well as support return to work, study and community engagement activities.

Giving it a GO has provided valuable insights into the merits of a behavioural insights approach to supporting people with health or disability conditions limiting their engagement in employment, education and/or community. While opportunity exists to refine the design, implementation and supports delivered via the app, the content provided is of value to those living with MSK conditions. **Considering the app as one component of a suite of integrated initiatives that support this population is likely to yield increased interest in the GIAG app, and greater engagement with work, study and community activities among those living with MSK conditions.**





# Appendices

## Appendix 1: Giving it a Go: Working towards health and wellbeing – in-app surveys

1. **Changed knowledge and access to information:** To what extent is a lack of knowledge or difficulty accessing information impacting on your independence, participation and wellbeing? Score 1-5:
  - 1 - very low
  - 2 – low
  - 3 – moderate
  - 4 – high
  - 5 – very high
  
2. **Changed skills:** To what extent is your independence, participation and wellbeing impacted by a lack of skills including your ability to perform daily living activities. Score 1-5:
  - 1 - very low
  - 2 – low
  - 3 – moderate
  - 4 – high
  - 5 – very high
  
3. **Changed behaviours:** To what extent is your independence, participation and wellbeing impacted by your behaviours, including how you manage your health condition and disability? This includes things such as managing your diet, exercise and medication. Score 1-5:
  - 1 - very low
  - 2 – low
  - 3 – moderate
  - 4 – high
  - 5 – very high
  
4. **Employment:** To what extent is your independence, participation and wellbeing impacted by a lack of sufficient employment? Score 1-5:
  - 1 - very low
  - 2 – low
  - 3 – moderate
  - 4 – high
  - 5 – very high
  
5. **Education and skills training:** To what extent is your independence, participation and wellbeing impacted by a lack of engagement with education and skills training? Score 1-5:
  - 1 - very low
  - 2 – low
  - 3 – moderate
  - 4 – high
  - 5 – very high



## Motivation/engagement assessment

6. Do you want to engage or re-engage with employment? Score 1-5:
- 1 - No, not at all
  - 2 - Maybe, I but I would need more support
  - 3 - Probably, I am aware of some supports that might work
  - 4 - Yes, I am ready and have specific supports or strategies in place
  - 5 - Definitely 100% want to engage with employment
7. Do you want to engage or re-engage with education, or other community activities? Score 1-5:
- 1 - No, not at all
  - 2 - Maybe, I but I would need more support
  - 3 - Probably, I am aware of some supports that might work
  - 4 - Yes, I am ready and have specific supports or strategies in place
  - 5 - Definitely 100% want to engage with education or other community activities
8. Are you ready to make changes to engage or re-engage with employment, education or the community? Score 1-5:
- 1 - Not ready at all
  - 2 - Need more support
  - 3 - Could be ready
  - 4 - Yes, I am ready with specific support
  - 5 - Ready without support
9. Are you able to advocate for your disability and support needs with health professionals, your employer, potential employers or other members of the community? Score 1-5:
- 1 - Not at all
  - 2 - A little bit
  - 3 - Yes, with support
  - 4 - Yes, I know enough
  - 5 - Yes, and I can assist others
10. To what extent do you feel like you know enough about your condition and the supports available to you including self-care techniques to participate in work, education and the community? Score 1-5:
- 1 - Not at all
  - 2 - A little bit
  - 3 - Yes, with support
  - 4 - Yes, I know enough
  - 5 - Yes, and I can assist others



# Appendices

## Appendix 1: Giving it a Go: Working towards health and wellbeing - in-app surveys

### Touchpoint surveys:

#### Explore phase survey

11. How useful or relevant have you found the Explore phase (modules 1-3) of the Giving it a Go program?
- 1 – Not at all
  - 2 – Generally not
  - 3 – Somewhat
  - 4 – Yes, useful and relevant
  - 5 – Very useful and relevant
12. What are the parts of the program you felt were the most useful and relevant? Select as many as apply:
- 1 – Advocacy content
  - 2 – Self-care content
  - 3 – Support content
  - 4 – Facebook community group
  - 5 – Videos from people with MSK conditions
13. Would you like to provide us with any other feedback, or ideas on further topics you would like the program to cover?

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## Plan phase survey

14. How useful or relevant have you found the Plan phase (modules 4-6) of the Giving it a Go program?

- 1 – Not at all
- 2 – Generally not
- 3 – Somewhat
- 4 – Yes, useful and relevant
- 5 – Very useful and relevant

15. What are the parts of the program you felt were the most useful and relevant? Select as many as apply:

- 1 – Advocacy content
- 2 – Self-care content
- 3 – Support content
- 4 – Facebook community group
- 5 – Videos from people with MSK conditions

16. Do you feel you are building confidence to engage with work, education and the community?

- 1 – Not at all
- 2 – Not much
- 3 – Yes, a little
- 4 – Yes
- 5 – Yes, very much

17. Would you like to provide us with any other feedback, or ideas on further topics you would like the program to cover?

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# Appendices

## **Appendix 1: Giving it a Go: Working towards health and wellbeing - in-app surveys** Engage phase survey (combined with the end of program SCORE survey)

1. How useful or relevant have you found the Engage phase (modules 7-9) of the Giving it a Go program?
  - 1 – Not at all
  - 2 – Generally not
  - 3 – Somewhat
  - 4 – Yes, useful and relevant
  - 5 – Very useful and relevant
  
2. What are the parts of the program you felt were the most useful and relevant? Select as many as apply:
  - 1 – Advocacy content
  - 2 – Self-care content
  - 3 – Support content
  - 4 – Facebook community group
  - 5 – Videos from people with MSK conditions
  
3. Do you feel you are building confidence to engage with work, education and the community?
  - 1 – Not at all
  - 2 – Not much
  - 3 – Yes, a little
  - 4 – Yes
  - 5 – Yes, very much
  
4. Would you like to provide us with any other feedback, or ideas on further topics you would like the program to cover?

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## Appendix 2: Mid-project Survey (user feedback survey)

Start of Block: Default Question Block

Are you finding the Giving it a Go app useful?

Yes

Undecided

No

If possible, please provide more detail

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Have you received any pop up notifications from the Giving it a Go app?

Yes

No and I have notifications turned on

No, I disabled notifications for this app

Has anything prevented you from progressing through the Giving it a Go program?  
(please select all that are relevant to you)

Nothing has prevented me, I am happy with the pace I am progressing

The content is not suited to my needs

I am having IT issues with the app

I would prefer to access the modules at my own pace rather than waiting a week for the next module to open

Other - please provide more detail \_\_\_\_\_

End of Block: Default Question Block



# Appendices

## Appendix 3: Focus Group discussion guides

### Focus Group 1 Discussion Guide

- Welcome and Overview of session;
- Review consent procedures, remind participants that they will not be identifiable in any published materials, revisit data storage procedures, and provide details of study investigators and HREC contact details.

#### Questions:

1. What motivated you to participate in this study?
2. What barriers do you currently experience in relation to work, study or engaging in community activities?
3. How valuable is/was an application like GIAG to you? Why?
4. What benefits have you, or do you hope you might gain from using this application?
  - a. Probes: knowledge; confidence; skills
5. How would you describe the quality of the information in the first three modules?
  - a. Probes: relevance to you; ease of reading; level of detail
6. How would you describe the quality of the application itself?
  - a. Probes: ease of use, navigation, appearance, feedback processes
7. What reflections do you have on completing modules 1-3?
  - a. Probes: How long did you take to complete the modules? When did you find yourself completing the modules?
8. What challenges did you experience in completing the modules?
  - a. Probes: time, interest, using the application, other?
9. What other observations or experiences do you want to share?

#### Instructions:

- In the next week, complete Modules 4 – 6
- Instructions on joining the next focus group.

### Focus Group 2 Discussion Guide

- Welcome and Overview of session;
- Review consent procedures, remind participants that they will not be identifiable in any published materials, revisit data storage procedures, and provide details of study investigators and HREC contact details.

#### Questions:

1. Since we last met, have you found yourself doing or thinking anything differently in relation to work, study or engaging in community activities?
2. How would you describe the quality of the information in modules 4 - 6?
  - i. Probes: relevance to you; ease of reading; level of detail
3. After using the application for two weeks, how would you describe the quality of the application itself?
  - i. Probes: ease of use, navigation, appearance, feedback processes
4. What reflections do you have on completing modules 4 - 6?
  - i. Probes: How long did you take to complete the modules? When did you find yourself completing the modules?
5. What challenges did you experience in completing the modules?
  - i. Probes: time, interest, using the application, other?
6. So far, are there any features of the application that you particularly like or dislike?
7. What other observations or experiences do you want to share?

#### Instructions:

- In the next week, complete Modules 7 – 9
- Instructions on joining the next focus group.

## Focus Group 3 Discussion Guide

- Welcome and Overview of session;
- Review consent procedures, remind participants that they will not be identifiable in any published materials, revisit data storage procedures, and provide details of study investigators and HREC contact details.

### Questions:

1. How would you describe the quality of the information in modules 7 - 9?
  - i. Probes: relevance to you; ease of reading; level of detail
2. After using the application for three weeks, how would you describe the quality of the application itself?
  - i. Probes: ease of use, navigation, appearance, feedback processes
3. Since using the application, have you found yourself doing or thinking anything differently in relation to work, study or engaging in community activities?
4. What benefits, if any, have you gained from using the application?
5. Has the application had any negative effects for you? What have they been?
6. Overall, what features of the application do you like and dislike?
7. How could the application be improved?
8. Overall, how useful is this application to you?
9. Are there any other observations you'd like to share about the application or your experience with it?

Thank participants for their involvement.



**Day  
Four  
Projects**



**Giving it a Go**