



**Consumer Engagement in Aged Care Project
Phase One Report**

No More Gravy!



**Consumer and Carer Experiences
of the Aged Care System
2015 – 2016**

COTA Australia, Consumer Engagement in Aged Care Project
Report written and compiled September 2016
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Consumer engagement for healthy and active ageing – co-design, co-production and co-operation.

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Acronyms

ACAT – Aged Care Assessment Team

ACSIHAG – Aged Care Service Improvement and Healthy Ageing

Consumer – The consumer is the person receiving the service

Carer – Family, partner, spouse of consumer

CALD – Culturally and Linguistically Diverse

CEAC – Consumer Engagement in Aged Care project

CHSP – Commonwealth Home Support Programme

DoH – Department of Health

GP – General Practitioner

HACC – Home and Community Care

HCP – Home Care Package/s

ITF – Income tested fee

LGBTI – Lesbian, Gay, Bisexual, Transgender and Intersex

NACCHO – National Aboriginal Community Controlled Health Organisation

NDIS – National Disability Insurance Scheme

RAS – Regional Assessment Service

Executive Summary

With the introduction of Consumer Directed Care (CDC) there has been an increase in awareness of the importance of consumer choice and control at all points of the consumer and carer journey within the aged care system. COTA Australia's Consumer Engagement in Aged Care (CEAC) project report (Phase 1) builds upon an understanding of the impacts of such reforms and highlights the need for services to engage consumers and their carers in system design, and service development and delivery.

The CEAC project utilised co-production techniques in Phase 1. These techniques have begun to identify, develop and adapt engagement tools and methods that will provide a platform for consumer engagement in the aged care sector.

This report contains three sections.

1. The findings of the project which contain information gathered by COTA Australia on people's experience of aged care services. Additional information and findings on the consultations and survey can be found in appendix 1 and 2.
2. A literature review on engaging older people in experience based co-design which provides an overview of co-design and a discussion on the elements that must be addressed to implement co-design systemically within organisations.
3. The National Aboriginal Community Control Health Organisation (NACCHO) report which investigated the understanding and experience of Aboriginal and Torres Strait Islander people with Consumer Directed Care. While limited in scope, it provides valuable information about their experiences.

In an information rich era, consumers and carers are still struggling to get the information and support they need to access, navigate and engage with the aged care system. The information gathered in the consultations and survey demonstrates that more needs to be done to:

1. Assist consumers and their families to navigate aged care.
2. Ensure that consumers and carers have choice, flexibility and control.
3. Enable consumers and carers to engage on a systemic level with service providers to improve services and delivery.

The findings and outcomes of Phase 1 inform the subsequent phases of the CEAC project.

A Consumer Perspective

Consultation with consumers and carers of one particular service provider uncovered the story below. This story resonated with consumers and carers across the country. It represented their everyday experiences and the frustrations and difficulties they faced when trying to voice concerns that directly affected their wellbeing.

It is worth noting that the service involved had a variety of robust mechanisms to ensure feedback from consumer and carers, and was held in high regard by the participants; even when compared to other service providers that they might have accessed.

This story demonstrates that even at the best services, the consumer's voice can go unheard and unheeded. It reinforces the need to provide multiple avenues and mechanisms for consumers and carers to positively affect service delivery and their wellbeing.

No more gravy!

It so happened that in our family we didn't put gravy on our meat. Gravy has a high salt component and my wife didn't like it.

It took over a month to get the kitchen to stop putting gravy on her meat. Now, that was a very low level of control but my wife had lost 30% of her body weight so it was vital that she wanted to eat. The gravy greatly impeded this.

The difficulty was that ... once you're a resident and have made arrangements with the service provider; heavens, you've moved your furniture in, well you're not going to change providers tomorrow just because of something like this even though it's a considerable problem.

Thankfully, the service addressed the issue saying that they would get this sorted out and have jugs of gravy on the tables so that people could help themselves if they wanted to.

It was a great solution that went well for a while. But after three months, the change was gone and the meals were once again smothered in gravy!

This conversation reverberated throughout our consultations, with participants identifying strongly with and in disbelief over an issue that should be within their control and that was, instead, very disempowering. Staff, even from the service involved, were greatly concerned when reflecting on this story and stated categorically that this would never happen in their service.

This report articulates the experiences of consumers and carers from across Australia, who access (or have attempted to access) service providers and support in the aged care system. Choice, flexibility, control and independence have become essential components within the provision of care for all Australians as they age regardless of their stage in life, the service they receive, and to what extent age and health may impact on their daily life.

The CEAC Australia-wide consultations clearly demonstrated that consumers and carers were not enthusiastic or happy about the impacts of the reforms and change. Specifically, they were not happy with support that was:

- *Below expectations*
- *Not meeting their needs*
- *Inflexible and impersonal, and*
- *Not individually tailored when it clearly could be.*

In short, they said – no more gravy!

Aim

The aged care sector has undergone significant change and reform. For consumers and carers accessing support for the first time, significantly more options are now available to them compared with previous years. Gone are the days where a one size fits all approach could be taken.

Such rapid change has placed the consumer at the forefront, directing their own care. Yet many unanswered and challenging questions remain. What information do consumers and their families need in this era of choice and flexibility? To what extent have the reforms changed how people experience the care they receive? What does it mean to have a service system that is consumer driven? How could future reform and change encompass the support needs of people as they enter the system?

Methodology

This section describes the collection and analysis of data from multiple national consultation workshops and a national online survey.

Participants

Consultations

The following information was collected in relation to the people attending the first phase of consultations.

- 19 people attended the two staff consultations
- 61 consumers and carers attended the nine consultations held across Australia
- The majority of participants were female
- A small percentage of participants identified themselves as CALD

Survey

The survey attracted 437 responses.

- 128 people identified as consumers
- 253 people identified as carers
- 51 people identified as consumer and carer
- A small number of people who didn't identify as a consumer or carer completed the survey – these surveys have not been included in the results

Gender: 31.6% were male and 68% were female. One person identified as non-binary.

Primary Language: 13.3% identified as speaking a language other than English at home.

The following breakdown represented respondents in residential settings:

- 59% of respondents lived in metropolitan settings
- 23% lived in regional towns
- 18% identified as being in rural or remote areas
- While there were responses from all states and territories, the highest proportion of respondents were in Victoria, then Western Australia followed by New South Wales

Procedure

Consultations

The methodology employed within each of the consultations was a participatory action approach. While initial questions were developed, these were slightly altered at each session to build upon and deepen the data that was gathered. This allowed for further exploration of the various themes as they were discussed at each workshop.

There were 11 Engagement Workshop Consultations held in November of 2015. Overall, 80 people were in attendance. The size of each workshop varied from 2 to 15 people. While the majority of workshops were for consumers and carers, there were two staff-specific engagements. The workshops were held in Adelaide, Perth, Canberra, Newcastle (NSW), Melbourne, Alice Springs.

Engagement workshops were recorded on an audio recorder and subsequently transcribed to ensure that information gathered was reliably and accurately represented.

Engagement workshops were advertised through the COTA Federation (State and Territories) networks, local service providers and senior magazines.

Survey

An online survey was used to explore how consumers and carers experience aged care services. The participants came from diverse backgrounds and many communities. A maximum variation sampling technique was applied to reflect this diversity in our data. The survey included a mix of open and closed questions that were developed by the project.

The survey was also available via mail to support those without internet access. The online and mail-out options were advertised through relevant digital and print media outlets. To reduce any possible financial burden on consumers and carers a self-addressed envelope was attached to the survey for return postage.

Findings

The findings in this report are based on the first round of consultation workshops in the Consumer Engagement in Aged Care (CEAC) project. They include analysis of the data obtained from 11 consultations (80 people) and a survey that received 438 responses.

The following summations of key issues were identified from the consultations and survey data. They are organised according to the following topic areas.

Information:

How did you find and access information about the available options in aged care?

Support:

Did you get the right type of support, at the right time, in a location that suited you?

Choice and Flexibility:

Were you happy with your involvement in making choices and decisions about the support you received?

Engagement:

To what extent did services engage with you at a systemic level, for example a consumer advisory group or panel?

It is important to note that while there were differences between consumer and carer concerns regarding their experiences of aged care services, there were also many similarities. Differences are specifically noted within the report.

1. Information

'Each time I rang I got a different person and had to explain all over again that I had been assessed but couldn't get gardening or window cleaning services where I live. They would send other referrals. But each time no-one responded. Until I was finally told that none of the services were available here'.

Survey respondent

'After I had the aged [care] assessment I was waiting for a package and they left me to find my own package virtually. So we had to ring around. They gave me a list. I think. Of all the different places ... that we could contact. My daughter did a lot of ... [the calling] ... and every now and again, maybe every few months she'd ring again, you know? So time went by. Probably would have been 12 months, but we didn't push it...'

Consumer at consultation (from transcript)

Accessing pertinent information is key to ensuring that consumers and carers are able to navigate the aged care system and can receive support that is tailored to their needs. Despite this understanding there is no clarity on the extent of consumer knowledge about the aged care system or the service options that are available to them.

Accordingly, a significant part of this project focused on where consumers accessed information from, the most useful sources of information, and what information they needed in order to make informed choices about which services accessed and the types of support they utilised.

Key findings of the Phase 1 consultation found that:

- Accessing aged care services for the first time was extremely difficult for consumers and carers because people had very little knowledge about the aged care system
- Consumers wanted to navigate the system more easily and felt that they needed access to more information and support to do so
- Consumers and carers were expected to find information for themselves
- Consumers and carers were not always informed of their options
- There was an expectation that consumers had access to a computer or could access the internet
- Consumers found it difficult to choose between service providers, when they had a choice, due to a lack of the right type of information that allowed them to compare
- Consumers and carers did not know how to find out the difference between a good service provider and an average service provider
- Accepting a service provider did not guarantee the provision of information on service options
- Consumers were not always sure of the options available to them when they were unhappy with the quality or type of service they were receiving
- Consumers and carers struggled to understand aged care fees and costs and how these applied to their situation

The majority of consumers and carers approached as many sources as possible to find the information they needed. The top sources of information identified by consumers and carers were hospital, aged care services, their general practitioner (GP), their peers (e.g. friends and family) and Centrelink (see table 1 for further details). While there was a slight variation between metro, regional, rural and remote areas there was also significant overlap. Both the survey and the consultations identified a very low level of awareness of the My Aged Care website and telephone line.

Top five sources of information according to location				
	Metropolitan	Regional	Rural	Remote *
1	Hospital	Aged Care Provider	Hospital Local Doctor	Website Homecare Help Carer Organisation Family and Friends Library
2	Local Doctor	Hospital	Family and Friends Aged Care Providers	My Aged Care Telephone Helplines Social Media Television Centrelink Commonwealth Care Link Centre Advocacy Service
3	Aged Care Provider Family and Friends	Local Doctor	Home Care Help	
4	Carer Organisation	Family and Friends Centrelink Home Care Help	Carer Organisation	
5	Centrelink	Websites	Centrelink	

Table 1: preferences of information sources depending on geographic location (*Small remote sample)

For consumers and carers from CALD communities the main sources of information included:

- Hospital (14%)
- Aged Care Services (10%)
- Family and friends (8%)
- Local GP (8%)

Accessing information

In the survey, 47% of people that identified as CALD indicated that they had accessed the My Aged Care Website. This was compared to 36% of non CALD respondents. The disparity suggests that CALD respondents might be more likely to engage with technology than their non-CALD counterparts.

Despite searching multiple sources for information, consumers and carers reported that not all sources they searched were helpful. In fact, there were disparities between the top sources of information and the top sources that people found helpful. While the hospital was the most common source of information in the metropolitan region, only 24% of respondents indicated that it was the most useful source of information. The most useful sources of information are identified in Table 2 below.

	Source of Information	%
1	Local Doctor	40.7%
2	Aged Care Service	26.3%
3	Hospital	24.3%
4	Carer Organisation	21.7%
5	Family and/or Friends	21.3%
6	Websites	19.3%
7	COTA	17.0%
8	My Aged Care (website)	16.7%
9	Centrelink	16.3%
10	Senior Magazines or Newspapers	13.3%
11	Local Council	11.3%
12	Local Health Centre	10.7%

Table 2: Most useful sources of information

Understanding of reforms and changes

Information has been provided by government, service providers and peak bodies for consumers and carers to understand the aged care system reform and changes to home care packages. However, the consultation workshops identified that there was still significant confusion about these reforms and changes. Such high levels of confusion indicate that significant work is still needed to ensure that consumers and carers can fully comprehend the changes and what effect these will have on their individual circumstances.

Consumers and carers who had a history of either working in the aged care field, or in another similar field, often had a better understanding of the aged care system. As a result, these participants were better equipped and confident to utilise the flexibility and choice offered in Home Care Packages (HCP).

Preferred information

Consumers and carers indicated that they wanted clear, precise and simple information about the service system. There was a preference for information in print-form that could be kept and referred to repeatedly over time.

In relation to information about service options, it was indicated that consumers and carers wanted access to a variety of consumer stories as case studies on what other consumers were using their packages for. In addition to this, a number of consumers articulated a need for written documentation that identified the types of support services they could ask for.

In relation to residential services there was a strong indication that 'real' information was preferred over glossy pictures. One consumer stated that, *'the picture in the brochure didn't match the reality of what I received'*. The discrepancy between glossy images and the reality of what was actually available to consumers and carers caused high levels of stress and frustration.

2. Access and Appropriateness of Support

'A prior provider absolutely declined to be a transitional provider whilst my late husband waited for a preferred provider. The preferred provider ... 17 months later still did NOT have an available Level 4 package ... [in our location]. This is extremely disappointing. Lack of service provision did take a deadly toll, especially given we needed garden maintenance. My husband died in our garden, 17 months after approval for a HACC 'full gardening service' which has still not been provided 24 months later.'

Survey Respondent

'My experiences with Aged Care facilities, apart from using regular day respite, are disappointing. When I contacted this facility to rebook 2 weeks of respite, they took 28 hours to get back to me. When I rang they advised they would call me back and that they were busy. They never did.'

So I contacted their head office and provided feedback. When I finally spoke to someone they said, 'sorry can't fit you in on those dates'. Their priority was with bookings for permanent residents. This applied to many facilities. They actually say that they can't guarantee your short term booking as they may need it for a permanent resident.'

It's all about money. They should remove the word 'care' from some of these Aged Care facilities because no one cares about the carer and I am stressed without trying to get some respite for myself and then to be treated like this.'

Survey Respondent

Access to the appropriate supports at the right time and in a manner that supports enablement or reablement of the consumer is important to maintaining quality of life and wellbeing.

Consumers articulated many problematic experiences in relation to trying to access aged care services. Not knowing how to access the system and a lack of information that would

help them to do so was a common experience for many consumers who attended the consultations.

The following key concerns were highlighted:

- Understanding fee structures and costs was difficult
- Long waiting lists for Home Care Packages (HCP) level 3 & 4 caused difficulties for consumers and carers
- A significant gap in service provision often placed high levels of stress on consumers and carers on a waiting list
- Some residential aged care providers were reluctant to provide respite or short term access

Waiting for a service

Consumers and carers were asked if they had to wait for a service and, if so, for how long? While there was no consistent answer to this, two strong themes came through.

1. HCP level 3 & 4 were in high demand and consumers were more likely to have to wait for these packages compared with access to level 1 and 2 packages.
2. While people were waiting for a service/package they often faced extreme hardship.

The consumers waiting for more support from higher level packages consistently stated that it was an incredibly difficult period of time. Their family members would often have to take considerable time off from work to cover the shortfall in care. This could, in turn, have a very negative impact on their employment and their mental health.

For those people without close family or carers to support them, waiting a significant time also meant that their condition steadily worsened. Some consumers stated that they had experienced extreme depression and general debility because they went without and suffered as a result. Adult children often reported that they were required to move into their parent's home in order to provide the additional care and support whilst a parent was on a wait list. One carer expressed great concern about the wait for a higher level package and knowing that her mother's condition and ability to cope would have significantly deteriorated without her help.

Participants went on to emphasise that extra support had to be provided by family and would not have been possible if the carer was also required to work. It was apparent that additional care needs were often managed only because the carer was unexpectedly between jobs or not employed at the time.

Pressure to choose a service

Consumers and carers indicated that they had little time to make decisions about choosing a particular service especially if they were quite suddenly offered a place. The high demand on some services and difficulty securing a place in many areas and regions was a common theme. Consumers and carers recounted these difficulties as being highly stressful and rushed and often felt that they made the wrong choice as a result.

Participants reported that experiences of crisis, acute episodes and injury placed a great deal of pressure on consumers and carers to take the first service that was available regardless of whether it suited them or not. Some carers spoke of having to travel significant distances to visit the consumer. Other carers indicated that they changed their provider as soon as they could because the residential aged care facility did not meet their needs.

Appropriate support and care

Along with concerns about the timeliness of support, consumers also underlined the need to be able to access appropriate support. One couple, who had been married for over 65 years, indicated that they wanted a service that would allow them to remain together in one room and transition into higher levels of care within the one location. They felt that this would enable them to better support each other through periods of illness. This was an important factor when choosing their service provider. They were told that the high demand on residential services could impede the possibility of them being able to co-locate or even have a couple's room.

The survey highlighted that approximately half of the respondents felt that their support plan included the right level of support to meet their needs. Of concern is that a total of 48.9% of respondents felt unsure that they had received the support that they needed or were, in fact, clear that they had not. See Table 3 below.

Did your support plan include the support you needed?	%
Yes	51.2%
Not Sure	32.6%
No	16.3%

Table3: Support Plan – Did it support your needs?

The following statements are representative of a significant percentage of the responses that indicated that consumers and carers were receiving the support they needed from either their homecare provider or residential aged care facility.

'Mum has been at this facility for 6 years, she has been mostly happy. She likes the very pleasant clean atmosphere of the home and her lovely little room and, when she was still able, she used to enjoy her patio outside. The facility has provided things like BBQs, house boat trips, going to the hydro pool and other activities. Unfortunately, she can't participate in most of these anymore. However, as the residents have aged and their care level has increased, the number of staff has not increased, making the workload far greater on them and increasing the stress for the residents.'

Survey Participant

'My friend is very happy with the arrangements.'

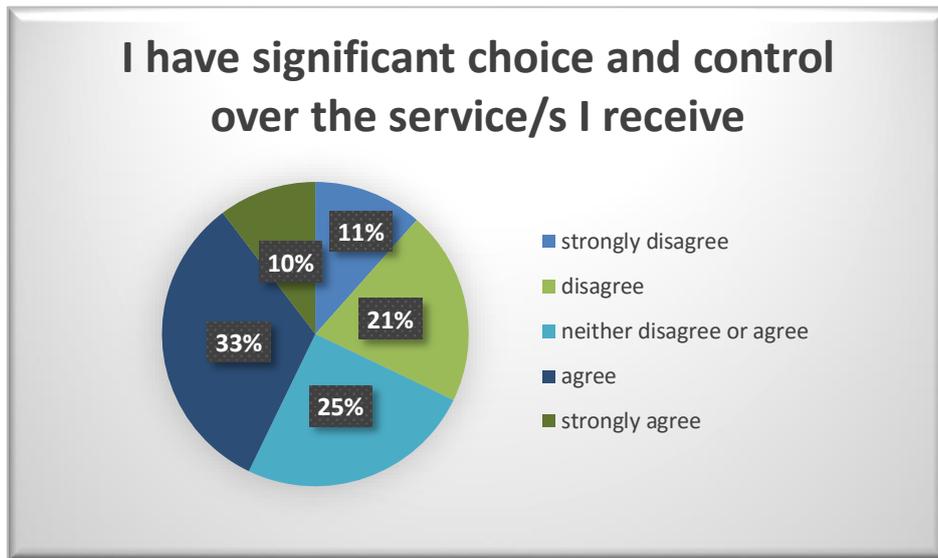
Survey participant

3. Choice and Flexibility

'Clients are not told they can use other agencies. They are scared to do so and the money taken for case management is ridiculous. Community Managed Services have become auditors. Not one statement has been correct thus far. Mum was recorded as having three showers provided by the same organisation on the same day and at the same time. And then the funds were never credited back to her account. Why?'

Survey respondent

Choice, flexibility and consumer control are central to the suite of reforms currently being implemented within the aged care system. Consumers and carers were asked a series of questions on these topics to uncover their perceptions on what information they might need to increase their control and to build their capacity for personal agency. Despite the benefits of being able to have choice and control over the types of services that would support their social, mental and physical wellbeing, only 43% of survey respondents strongly agreed or agreed that they had significant choice and control (Graph 1). This finding reflects very poorly on the aged care system as a whole. It demonstrates that more work is needed to ensure that all consumers and carers understand the extent to which they can exercise choice and control even as significant changes to the aged care system continue. It will be important to identify if these findings improve or change as the reforms progress.



Graph 1: Perceptions of choice and control

Choice of provider

At present, consumers have less choice over providers of their preferred service when they access CHSP. This was supported by the survey results when consumers and carers were specifically asked whether or not they got to choose their service provider (see Table 4 below). The survey also demonstrated that slightly more choices were available for consumers with a HCP or receiving residential aged care.

Consumers in both the Canberra and Adelaide consultations stated that a number of services were not offering short-term respite. Consumers were told by these service providers that respite care was not financially viable and that they preferred to hold their beds for permanent residents only. This meant that significantly less choice was available when trying to secure respite support.

Type of Care	Yes	No
Commonwealth Home Support Programme (CHSP) and Home and Community Care (HACC)	44%	56%
Home Care Package – Consumer Directed Care (CDC)	51%	49%
Residential Aged Care	52%	48%
Short-term / Transition care	42%	58%

Table 4: choice of provider according to support type

Despite not receiving their first choice consumers felt that they were able to influence the outcome of the types of support they received once they accessed a service provider.

Consumers who were able to choose their service provider articulated the following reasons for their choice:

- Service was recommended by GP or hospital
- Negative or positive feedback from their peers
- Availability of service – the only provider in town or the first available package
- The cost of the service
- The reputation of the organisation
- Personal experience – had previously used the service and were happy with it
- Information from other people, e.g. peers, networks or acquaintances
- Cost issues – the financial outlay required to use a service
- Respects and encourages a person individuality

In addition, reasons specific to choosing residential services were provided and included:

- Location of facility or service – close to family
- The cleanliness of the facility
- Environment of facility, e.g. smell/odour, homely atmosphere.
- Quality of the building and facilities
- Good quality food – provision of food that suited particular cultural backgrounds
- Choice of food – service offered a variety of food options
- Previous bad experience of a service
- Friendly and engaging staff
- Staff training, ratios and retention rates
- Staff were able to spend quality time with consumers rather than just showering and dispensing medication
- People were engaged in activities during the day – not sitting still
- The physical environment met capacity needs, e.g. no stairs
- Quality of management
- Provide trips for consumers to various locations outside the residential facility.

Despite some 50% of consumers feeling that they did not have a choice of service provider, approximately 65% of consumers and/or their family and carers stated that they would choose the same service again.

Choice and flexibility once they received a service

A key feature in accessing aged care services is the development of a support plan. A support plan articulates the consumer's needs and what they want to achieve from the services they choose. Consumers and carers were asked a series of questions about their support plans and the type of support their organisation provided. The following data was collated from their responses.

- Support plan review: 51% indicated that they were not informed about how often they could review their support plan
- Communication: 21% said they didn't get an answer they understood when they asked important questions
- Valued: 14% indicated that they didn't feel listened to across all aspects of their care and support
- Appropriateness of service: 18% said they rarely received or sometimes receive a service that met their distinctive needs, e.g. Aboriginal and Torres Strait Islander, LGBTI, cultural or religious.
- Individual needs: 2.4% indicated that their distinctive needs were never recognized.

4. Systemic Engagement

Consumer and carer participation in service design, development and delivery is an important activity that requires targeted implementation and integration within aged care services and systems across Australia. Systemic involvement of consumers and carers has been shown to considerably improve the quality and experience for service users, their families and staff. Despite this it appears that not many services have made consumer engagement a priority. The CEAC consultations recorded numerous stories of enormous disconnect between what organisations understood as being the consumers' needs and the actual experience of consumers and carers receiving this service. The gravy story set out at the beginning of this report is a prime example of such a disconnect.

It is only by creating feedback and conversation loops that organisations can hear these stories objectively and actively engage with consumers and carers to bring about appropriate change that addresses their concerns.

The survey and consultation found that while there was systemic engagement occurring in some services, it was very limited across the service system. The survey identified that only 23% of consumers and carers had been engaged by providers in service improvement, consumer or carer advisory groups, or other activities. The remaining 76% indicated that

they had not been systemically engaged or weren't sure if they had been included or not. Of these people 31% indicated that they would like to be engaged in participation activities.

Barriers to engagement

A number of respondents identified the following issues as barriers to participation:

- Too much reliance on paper based feedback mechanisms
- Too much effort required to prepare for meetings
- Time of meetings did not suit participants
- Too much jargon used and too many names for the same thing
- Time required to care for the consumer left inadequate time for systemic engagement
- Frailty or illness prohibited participation
- Consumers felt unheard by management when they voiced their concerns and felt that nothing seemed to change

How to overcome the barriers?

Respondents identified the following mechanisms to overcome the above:

- Develop additional consumer feedback loops that do not rely on filling out forms
- Provide a neutral third party to represent consumer or carer views
- Video stream of meetings to increase participation of people who are able to access the technology
- Provide face to face discussions and/or a simple brochure on one subject at a time
- Flexible meeting scheduling to support carer attendance at carer meeting times
- Provide a range of participation opportunities
- Build capacity for participants with differing needs to participate: e.g. use of pictograms for those who have lost speech
- Train administration staff on case management and communications
- Provide transport and parking cost assistance
- Provide a regular newsletter for residents' families and carers
- Provide support and training to consumers and carers to engage in systemic participation

Suggestions of what would assist the participation process

Consumers and carers recommended the following to assist the participation process:

- Systemic engagement of consumers and carers to develop and promote participation opportunities
- Early notice of participation opportunities
- Provision of explanations on participation opportunities and their objectives
- Targeted discussion and feedback groups (concerns, service development, types of support activities offered, lived experience)
- Engagement on projects to enhance the immediate environment, e.g. rooms and common areas

Conclusion

In an information rich age, consumers and carers are still struggling to get the information they need to access and navigate the aged care system. The results of the CEAC consultations and survey not only demonstrate this clearly but also identify that more needs to be done to ensure that consumers and carers understand and can utilise the choice and flexibility that is now available to them. In addition, more needs to be done to enable consumers and carers to engage in systemic participation with service providers.

As we move towards a consumer driven system, more needs to be done to ensure that consumers and carers are enabled to:

- engage the provider of their choice
- access the flexibility associated with service provision
- feel confident that they are represented in activities that increase their input
- enable control over service improvement that meets their real needs

Consumer and carer systemic engagement in co-production and co-design of service development initiatives must become a priority. Enormous insight, experience and expertise within our ageing population has become evident within and available to this project. Their strength and willingness to contribute to aged care service design and systemic design to develop a better way forward has been innovative and inspiring.

Next Steps

The findings and outcomes of the consultations and survey of Phase 1 will be used to develop co-design groups for Phase 2 of this project. These groups will include home care and residential care consumers, carers and staff who will identify the top 3 concerns for people entering or receiving aged care and then propose solutions that will be developed as prototypes. In the final phase of this project prototypes may be developed for trial and evaluation in the aged care organisations that have participated in Phase 2. Capacity to scale up successful projects for release to service providers nationally will be considered.

Appendices

Appendix One – Phase 1 Consultations

Methodology

The methodology of the engagement workshops took a participatory action approach. As such, after each workshop the information gathered was quickly appraised and the questions slightly varied to build upon and deepen the data gathered. This allowed exploration of the various themes that were discussed in the workshops. At the same time, responses from the survey were being monitored. As a result, we were able to test and further delve into information that was being gathered. Workshops were advertised through COTA networks and local service providers.

Questions asked at consultations

A semi-structured, open-ended methodology was applied with the following questions used as a guide for the workshop discussions:

Information

- What was it like accessing support for the first time?
- What has been your experience of accessing support?
- What information did you need?
- What information do you need to make decisions?

Support

- What would help you navigate the system better?
- How did you choose between service providers?
- What has been your experience of exploring different service options?
- How did you make a decision about the support services you receive?

Choice, flexibility and control

- What did you understand about having choice, flexibility and control?
- What is your experience of choice? (availability of service providers and/or service options)
- Were the services available flexible enough to meet your needs?
- To what extent did you have control over what you were provided?

Consumer Engagement

- Have you been involved in service improvement, service development or a consumer advisory panel?
- How have you found this experience?
- What are the key challenges you are facing now?
- How can these be overcome?

Engagement workshops

Specific themes were discussed at each workshop and consultation. The following identifies the focus for each.

Consumer Journey Mapping: Melbourne 1

This workshop focused on what steps people took to access support from the aged care system and how they found this process. We also investigated how people accessed information and what information was most useful.

Consultation: Melbourne 2

The attendees of the first Melbourne workshop elected to attend a second workshop to ensure all important topics were discussed. This second session focused on choice, flexibility and control, and followed up on topics discussed in the previous consultation.

Where people had a choice of service providers, there were a number of reasons people gave for choosing one over the other. These included:

- Information from other people, e.g. from their peers, networks or acquaintances
- Cost issues – particularly what the financial cost in using the service would be
- Environment of facility, e.g. smell/odour
- Condition of facility
- Location of facility or service – particularly making sure it was close to family
- Food – particular food that suited particular cultural background
- Recommendation from social worker from hospital
- Previous bad experience of a service
- Staff training, ratios and retention rates

There were a number of questions that participants asked of providers. These included:

- How long have your staff been here?
- Can you ask for different food?

- How can you get out of the residential care home if you want to?

One participant indicated that they had used respite at a number of facilities to see which one was better.

Participants also highlighted a number of principles that they saw as important for service providers to follow for consumers and their carers to feel like they had more choice and control.

These were:

- Letting the consumer and carer know that they have choice and control
- Having multiple ways that the consumer/carer can express their wishes and needs
- Having clear communication between the provider and the consumer
- Clear written information about what the provider can and can't do
- The importance of balancing care with the need for the consumer to remain as independent as long as possible
- Giving choice and control over the small things, e.g. schedule – going to bed at a time of their choosing; cooking and/or having a meal at a time of their choosing; and having a shower at a time that suits them
- Acknowledging the important role that a positive relationship with their care worker will have on the consumer's sense of control
- Not only asking what they need, but also how they would like it delivered or done
- Enabling the consumer and carer to feel safe and able to control who could and couldn't come in their house or room

Engagement Workshop: Alice Springs

Information access and the need for support when entering the system for the first time were discussed in this workshop. There was also a focus on availability of services and the divide between rural services and regional services. The reasons why people chose particular organisations over others, and what information they needed to make a choice were also considered.

Journey Mapping Workshop: Perth

This workshop focused on the process undertaken by participants to access aged care services and support and how they felt about this process; especially when consumers and carers did not have English as their first language.

Provider Workshop: Newcastle

This workshop was attended by consumers and carers receiving a service from a particular provider. Information that supported decision making, available service provider options and service choices were discussed. Consumer and carer experiences of co-production and co-design activities were also explored.

Community Centre Engagement Workshop: Charlestown, Newcastle

Information preferences regarding choice, control and flexibility, and the experience of exploring service provider support options were discussed at this session. Participants were asked to identify the key criterion that influenced their choice of provider.

Consumer Workshop: Canberra

Information preferences and initial access to support, including respite and short-term support, were discussed at this workshop. Home care, residential and respite care were covered.

Staff Workshop: Canberra

This consultation focused on consumer directed care. Service provider staff discussed consumer choice, flexibility and control, and the issues and barriers they had identified (for service providers, consumers and carers) when working within this model of care.

Consumer and Carer Advisory Group at a Service: Adelaide

Information that supported decision making and choice, flexibility and control were key topics discussed with this group. The difficulties faced when accessing care and support for the first time were also covered.

Staff Consultation at a Service: Adelaide

This workshop explored residential staff perspectives and their involvement with implementing consumer choice, flexibility and control. The use of narrative (consumer stories on their experiences) highlighted challenges associated with implementation. Dignity of risk versus duty of care and the impact that staffing levels on consumer choice and control were also discussed.

Engagement Workshop: Adelaide

Initial access to aged care and the steps required to identify support were topics discussed in this workshop. Consumer participation and the experience of engagement by services providers in the activities was also covered. The difference between services provided and consumers and carers real needs was also discussed.

Findings

The following key themes emerged based on analysis of the transcripts of the consumer and carer engagement workshops.

Knowledge about aged care services was limited

- Access to information or the different types of information was limited
- Information on available service options was not forthcoming
- Information on how to access support services was limited
- Limited information was available to people whose first language was not English

Information on service quality was limited

- Consumers did not receive adequate information on service providers to make comparisons and decisions

Information on fees and costs was complex and confusing

- Costs were not always explained to consumers or carers
- Fees and costs across providers and service options cannot be compared due to variability in administration and hourly rate charges
- Additional costs are often hidden and could make service usage prohibitive

Over reliance on internet for access and assessment was problematic

- Consumers and carers had limited or no access to the internet and/or a computer
- Consumers and carers had limited or no knowledge on how to use a computer
- Awareness of My Aged Care (website and phone line) was minimal
- Access to and usage of My Aged Care was minimal
- My Aged Care website was complex to navigate
- My Aged Care website was useful to those who had time/capacity/inclination to learn how to use it

Support to access support and services was needed

- Navigating the aged care system is difficult
- Stress and crisis prohibits access to and understanding of important information
- Information was contradictory across multiple sources
- Identifying facts was difficult across competing information
- Consumers did not know what questions to ask or what options were available

Support to access service providers and service support for the first time was needed

- Support, information, adequate time and guidance to access services needed
- Limited support was available when on a waiting list
- Forms and assessments were confusing
- Families struggled to care for and support a family member
- Transition to care went largely unassisted
- Trauma was associated with transition to care

Additional support is needed for those on waiting lists

- Wait list times could be excessively long (up to 2 years)
- High demand for services restricted timely access
- Package/placement availability was limited
- Availability of short-term care or respite was very limited

Costs were prohibitive

- Service costs often restricted choice and options

Services quality and support was inconsistent

- Accessing support was more often a negative experience
- The quality of support differed between organisations
- Quality and consistency of care varied within the same organisation

Choice of service options in rural and remote regions was very limited

- Service providers and service options decreased for people in rural and remote regions

Lack of information prevents choice

- Information on service providers and support options was limited
- Glossy brochures did not accurately represent the reality of what was available
- Details on available service options were not provided

Choice of service provider or support was limited

- Only 50% of consumers were able to choose their service provider
- Risk minimisation is prioritised by service providers over enablement and independence

Choice of carer worker was discouraged

- Consumer requests for preferred carer worker were often denied
- Relationship building between care worker and consumer was often actively stymied
- Care workers were regularly changed without consumers being notified

Physical and mental health issues impacted capacity to exercise choice and control

- Struggle, trauma, ongoing uncertainty, difficulty negotiating change and separation, depression, deterioration and ill health, expectations beyond capacity to fulfil and fear of the future impacted the wellbeing of consumers and carers

Cost reduction prioritised over quality of life and re-enablement by services

- Supporting individual lifestyle choices was difficult for service providers
- Discussions on supporting quality of life and reablement were seldom initiated

Providing choice and flexibility was more difficult at residential services

- Rigidity and risk aversion prohibited enablement of choice and flexibility
- Low staff levels limited consumers' independence
- Limited focus on quality of life and lifestyle

Peer support was limited, but widely needed

- Consumers reported a lack of availability, choice and support to access peer support, peer information or peer groups

Communication was integral to quality service provision

- Poor communication negatively impacted consumer experiences, service quality and outcomes
- Stories of poor communication generated aged care stigma

The quality of services and staff differed vastly across the sector

- Consumers reported reduced quality and continuity when high rates of casual staff were employed
- Dedicated staff and strong consumer/staff relationships enhanced quality

Consumers were afraid to complain

- Problems triggered vulnerability and concern about relationships with care worker

- Consumers and carers reported experiencing, or fear of experiencing, retribution and victimisation from vindictive staff when they complained
- Consumers reported that they sometimes felt trapped, treated in a demeaning way and talked down to

Imbalance of power and nature of bureaucracy inhibited choice, flexibility and control

- Very few services were engaging consumers and carers systemically
- Consumers and carers did not feel their experience was valued and utilised
- A culture of 'doing it for' instead of 'doing it with' consumers and carers was evident

Consumers wanted better services and had a lot to contribute to improve the services

- Systemically engaged consumers and carers felt that they were more empowered, had more control and received better services
- Information of systemic engagement opportunities and choice to be involved was seldom provided

Conclusion

A consumer driven system mandates that consumers must have choice, flexibility and control to access support and information that meets their needs, and to then confidently determine their care. However, in an information rich age, consumers and carers articulated consistently that they struggled to get the information they needed to confidently understand, access and navigate the aged care system. The COTA Australia CEAC project Phase 1 consultations demonstrated that more needs to be done to assist consumers and their families in this area. In addition, processes and programs to embed choice, flexibility and control in service delivery must be further addressed.

Consumer and carer systemic engagement in co-production and co-design of service development initiatives must become a priority. Enormous insight, experience and expertise within our ageing population has become evident within and available to this project. Their strength and willingness to contribute to aged care service design and systemic design to develop a better way forward has been innovative and inspiring.

Appendix Two – Phase 1 Survey

Overview

The survey was conducted between 30th October and 10th December 2015. It was advertised through the COTA Federation networks and websites (COTA Australia, States and Territories) and advertised in *The Senior* digital and print newspapers. Additionally, an editorial was placed in *The Senior* e-Health newsletter.

The purpose of the survey was to obtain broad feedback from people accessing or receiving aged care services in regard to:

- a) How people accessed information and did it meet their needs
- b) Did people have access to the right kind of support in a location of their choosing
- c) Did people have choice, flexibility and control
- d) To what extent did service providers engage people in service development and design

Methodology

A maximum variation sampling technique was used within the survey to explore how consumers and carers experienced aged care services from a variety of viewpoints.

The survey included a mix of open and closed questions, the majority of which required a response to move on to the next question.

The survey was an internet based questionnaire chosen to enhance the consultation data and to gather information as quickly and as broadly as possible. Consumers and carers who were unable to use or access technology were given the option to telephone the CEAC team to discuss their participation via mail-out of the questionnaire. This option was advertised in digital and print media. Consumers and carers were provided with a postage-paid return-addressed envelope.

Limitation of survey

The survey received a poor response rate from people from remote communities. In addition, there was insufficient data on people who identify as LGBTI. Strong conclusions on these two groups cannot be extrapolated from this survey as a result.

Demographics of respondents

Of the 437 respondents to this survey, 128 were consumers, 253 were carers and 51 people identified as both a consumer and carer. A number of people didn't identify as either consumer or carer. These responses have been taken out of results.

Gender:

31.6% were male and 68% were female. One person identified as non-binary.

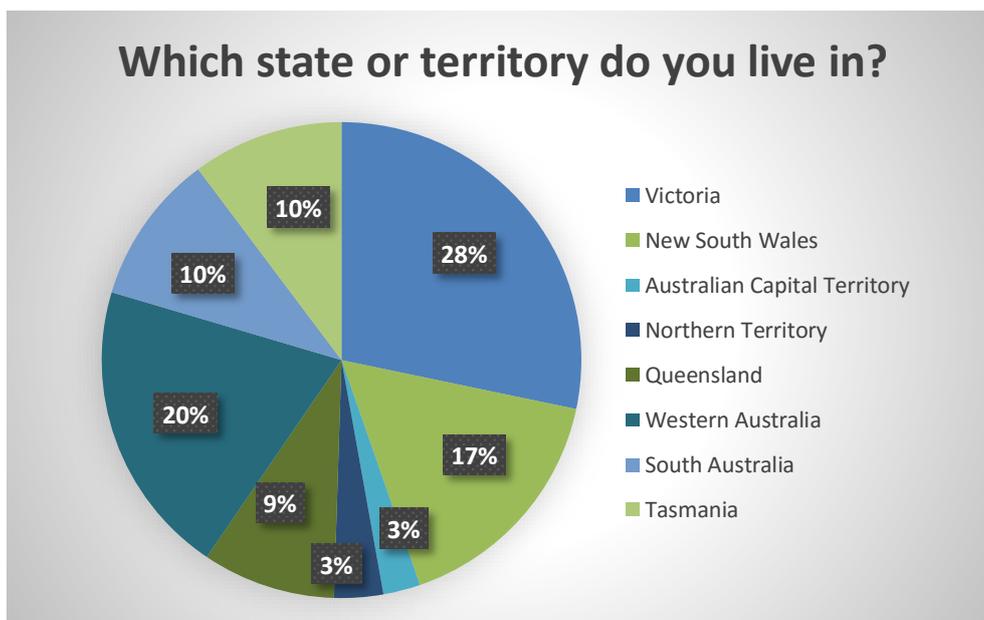
Language spoken at home:

13.3% of respondents identified as speaking a language other than English at home.

86.7% of respondents identified as having English as their first language.

Location:

The below graph is a breakdown of the locations at which respondents resided. The majority lived in metropolitan cities (59%), the second highest response rate was then from regional towns (23%) and 18% identified as being in rural or remote areas. The highest proportion of respondents was in Victoria followed by Western Australia followed and then New South Wales.



Graph 2: What state or territory do you live in?

Age:

The majority of people who completed the survey were aged between 60 and 74, with the 85 – 94 age group forming the second largest age group. One participant identified as being over the age of 104.

Age	%	No.
< 60	19.7%	48
60 - 74	31.1%	76
75- 84	22.1%	54
85 - 94	24.6%	60
95 - 104	2.0%	5
>105	0.4%	1

Table 5: age of survey respondents

Findings

The following findings have been analysed based on the project’s four key topic areas and consumer and carer experiences of the following:

- a) How did people access information and did it meet their needs
- b) Did people have access to the right kind of support in a location of their choosing
- c) Did people have choice, flexibility and control
- d) To what extent did service providers engage people in service development and design

1. Information

The survey identified where consumers and carers were accessing information and what sources they found most useful. A list of available options, with space for respondents to add their own categories was provided. The following table articulates the results.

Where did you find information about aged care services? (click as many options as relevant)		
Answer Options	Response %	Response Count
Aboriginal/Torres Strait Islander Service	0.7%	2
Advocacy Service	3.0%	9
Aged Care Service	31.7%	95
Alzheimer's Association	4.7%	14
Care/Home Help	16.7%	50
Carer Organisation	18.7%	56
Centrelink	19.0%	57

Commonwealth Care Link	6.7%	20
Community House	1.3%	4
Community Groups	5.0%	15
COTA	9.7%	29
Family and/or Friends	29.3%	88
Financial Planner	0.7%	2
Hospital	35.3%	106
LGBTI Service	0.0%	0
Library Service	2.3%	7
Local Council	11.0%	33
Local Doctor	29.3%	88
Local Health Centre	5.7%	17
Multicultural Organisation	1.0%	3
My Aged Care (website)	14.0%	42
My Aged Care (phone-line)	3.3%	10
Newspapers, e.g. The Australian, etc.	3.3%	10
Pharmacy	4.3%	13
Radio Local	1.3%	4
Religious Organisation	2.7%	8
Senior Magazines or Newspapers	11.0%	33
Seniors Card Directory Service	1.7%	5
Service Directory	2.7%	8
Social Media, e.g. Facebook	1.0%	3
Telephone Helplines	1.3%	4
Television	3.3%	10
Websites	16.0%	48
White/Yellow Pages	3.3%	10
Other (please specify)	9.7%	29

Table 6: Where did you access information from?

The 'Other' sources of information that consumers and carers accessed were:

- Health Professionals: social worker, nurse, speech therapist, rehabilitation centre
- Family: Wife, family, worked in aged care
- Aged care provider: aged care adviser, ACAT, retirement village manager, residential service
- Government: Department of Veterans' Affairs, Council, Commonwealth, local member
- Association: Probus, National Seniors
- Promotional: Brochure in letter box, advertising, expo
- Never sought information

While the local doctor was seen as the most helpful source of information for Metropolitan, Regional and rural communities, this was not the case for remote participants.

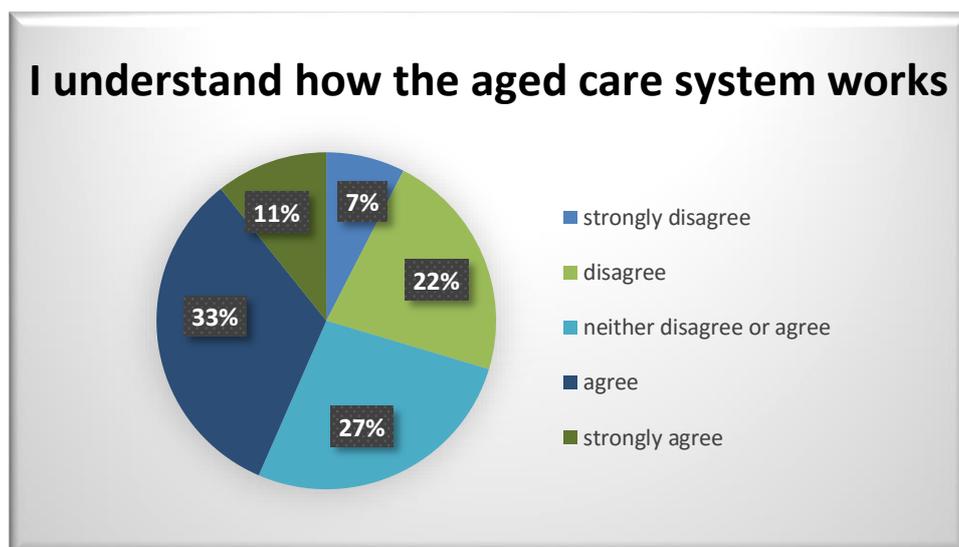
Top five most helpful sources of information according to location				
	Metropolitan	Regional	Rural	Remote *
1	Local Doctor	Local Doctor	Local Doctor	Commonwealth Respite and Carelink Centres COTA
2	Hospital	Aged Care Provider	Aged Care Providers	Aged Care Provider
3	Aged Care Provider Carer Organisation	Hospital Carer Organisation	Hospital	Family and Friends Advocacy Service
4	Friends and Family My Aged Care	Family and Friends	Local Health Centre	Websites My Aged Care
5	COTA / Websites	Websites My Aged Care	COTA	Library Social Media

Table 7: The top five most helpful sources of information according to where people lived

*Small sample size from remote communities

Understanding the information that was received

Despite accessing multiple sources of information to find out about the aged care system, only 44% of consumers and carers indicated that they understood how the aged care system works. While this is initially alarming and requires further investigation, only 29% disagreed or strongly disagreed that they had a good understanding – see Graph 3 below.



Graph 3: understanding of the aged care system

Internet use

There were mixed responses about using technology in the survey. Of all respondents, 111 indicated that they had access to a computer at home. Nine indicated that they accessed the internet at a library or community house.

My Aged Care Website

Approximately 40% of consumers and carers indicated that they had used the My Aged Care website. Of this cohort, 26% indicated that they found it difficult to navigate. Respondents indicated that it took some time to find the information they were specifically looking for. When they did find it, more often than not, it was useful.

Of CALD consumer and carer respondents, 57% indicated that they could not find information quickly, once they had found the information needed, 47% could confirm that it was useful. In comparison, 35% of non CALD respondents indicated that they didn't find the information quickly, but when they did 55% found the information useful.

Narrative relating to using the My Aged Care website included:

- Insufficient information on each service type or service category
- Service categories not well explained
- Site is confusing and difficult
- Information often incorrect
- Information about private services is not included
- Wait too long for a response
- Easy to understand and navigate
- Information easily accessible, reliable and current

'I have two university degrees but found the website very difficult.'
Survey Respondent

My Aged Care phone line

Only 15% of participants indicated that they had used the My Aged Care telephone line. There were mixed results in regard to the experience of using My Aged Care with 31% of the 15% indicating that they received the information they needed quickly, while 34% of the 15% indicating that the information received was useful.

'My daughter called on my behalf. They took all the information but didn't tell me what help I could get but just that someone would call me at some stage. They were very careful about my privacy and checked with me that I was happy for my daughter to speak on my behalf which was good.'
Survey respondent

'Each time I rang I got a different person and had to explain all over again that I had been assessed, but couldn't get gardening or window cleaning services where I live. They would send other referrals, but each time no-one responded until I was told finally none of the two previously mentioned services were available here.'

Survey respondent

2. Receiving appropriate and timely support

'It is still focussed on organisations providing a package and not on the client. Clients are NOT TOLD they can use other agencies, are scared to do so and the money taken for case management is ridiculous. Community Managed Services have become auditors. Not one statement has been correct thus far. Mum has been charged for having three showers by same organisation on the same day and a refund was never credited to her account. Why?'

Respondent

Questions on support were targeted to identifying if respondents had received the right type of service, at the right time and in a suitable location. Respondents were asked whether or not their support plans included the support they needed and, if not, what they wanted included in their support plan? Additional prompts included waiting times and their impact.

Support plan and needs

Respondents were asked if their support plan contained the support they needed. The table below identifies that just over half of all respondents believed that they received the support they needed. However, 32% of respondents were not sure.

Did support plan contain the support you needed?	
Yes	51.2%
No	16.3%
Not Sure	32.6%

Table 8: Support Plan - did it contain the support you needed?

Respondents were given the option to comment further and whilst the rate of comments was quite low the following information added depth to their responses.

- 51% - Not informed about how often they could review their support plan
- 21% - Did not get an answer they understood when they asked important questions
- 14% - Did not feel listened to in regard to all aspects of their care and support
- 18% - Rarely or did not get a service that met their distinctive needs, e.g. Aboriginal and Torres Strait Islander, LGBTI, cultural or religious groups

'From the moment I was made aware of the support plan, I felt great comfort in knowing that I was valued as an individual, and the support tailored to my exact requirements.'

Survey respondent

'Alternatives need to be clearly and simply explained. Often relatives take the easy option and simply make all decisions as to what they think is best. There is no inclusive discussion, because they do whatever they find easiest for themselves.'

Survey respondent

Waiting lists

There was no consistency in responses regarding whether or not consumers had to wait for a service. Waiting times for in-home support and residential support could not be separated. The majority of respondents identified that they didn't have to wait long. However, most people did not indicate how long this time was. People on waiting lists identified that they were poorly supported and did not cope.

'Our circumstances were different, after two rounds of complaints, contacting the minister's office repeatedly, and calling various regulatory bodies, we were transitioned to this current package. I think for the first package we waited at least 6 months, we were on a general waiting list across all services I think.'

Survey Respondent

'We waited for about 2 months and this was largely because the initial ACAT for my father was inadequate and so we asked for a reappraisal. That meant going back in a queue. In the interim I had spoken to providers and arranged for the care to commence as soon as we were approved.'

Survey Respondent

'First time: 1 year - I declined because I was not ready [to move in to an aged care facility]. They said that by law if I took longer than a week, the room would be given to someone else. It is a daunting task for a 93-year-old-lady to clear out all her worldly possessions and pack up for the aged care facility in a week'.

Survey Respondent

For the consumers and carers who had to wait for a service, the majority indicated that this was a negative experience that often resulted in negative consequences as demonstrated by the example below.

'A prior provider absolutely declined to be a transitional provider whilst my late husband waited for a preferred provider. The preferred provider [name of provider] 17 months later still does NOT have an available Level 4 package for [location]. This is extremely disappointing, although I understand Packages will be distributed to individuals rather than providers by 2018. Lack of service provision did take a deadly toll, especially with reference to garden maintenance. My husband died in our garden, 17 months following December 2013 ACAT/RAS approval for HACC 'full gardening service.' which is still not provided 24 months later'.

Survey Respondent

'We just survived it. As the carer, by the time help was available, I was very tired and making poor decisions, behind in our paper work, filing, and various aspects of home management, garden, etc. It took about 6 months for me to recover from the strain and stress of the circumstances. It was after about 6 months that the new arrangements and costs were rolled out to us. We were informed in a very poor and incomplete manner about it. So, even after that initial 6 months I experienced a great deal of stress and anxiety because of the changes to the service costs'.

Survey Respondent

3. Flexibility, Choice and Control

A key purpose of the survey was to discover the extent to which consumers and carers had choice and control. A choice of provider and type of support they received were specifically targeted. Consumers and carers articulated the following:

- 44% had choice and control over the services they received

- 51% didn't get a choice of provider. Though the difference is slightly marginal, broken down into the specific funding streams, consumers and their carers have less of a choice in CHSP / HACCC and short-term respite support programs
- 65 % would choose the same provider again
- 10% would not choose the same provider again
- 25% were undecided.

Comments relating to choosing the same provider again included:

'I can get the same service for less money hiring privately.'

Survey respondent

'The nursing home is a beautiful new building and the staff are great but the food is poor, (choices limited and often wrong type of menu for seniors) and it seems to be often short-staffed and showers and meals and even medication late as a result'.

Survey respondent

'Their priority is with bookings for permanent residents and this applied to many facilities. They actually say that they can't guarantee your short term booking as they may need it for a permanent resident. It's all about money. They should remove the word "care" from some of these Aged Care facilities because no one cares about the carer and I am too stressed ... to be treated like this'.

Survey respondent

'Mum has been at this facility for 6 years, she has been mostly happy. She likes the very pleasant clean atmosphere of the home and her lovely little room and when she was able, she used to enjoy her patio outside and other activities. On a negative - as the residents have aged and their care level has increased the number of staff hasn't increased, making the workload far greater on them and stress for the residents. But she believes she is still better off at this facility!'

Survey respondent

4. Systemic Engagement

Consumer and carer engagement activities were identified as requiring targeted development by and implementation into aged care services. Engagement rates were shown to be very low with 76% of consumers and carers stating that they had not been or were not sure if they had been engaged in systemic development by their provider. Of these

people, 31% indicated that they would like to be engaged in participation activities. Less than a quarter (23%) of participants felt that they had been involved in service improvement, consumer advisory groups or other activities.

Barriers to systemic engagement as identified by consumers and carers, and their recommendations for overcoming these can be found on page 21 of this report.

Conclusion

The survey report for Phase 1 of COTA Australia's CEAC project demonstrated that consumers and carers require more support to ensure that they:

- Receive the information they need
- Receive the right type of support at the right time and in a location of their choosing
- Have choice and flexibility and control over the care they receive
- Have a voice and are equal partners in improving the service system they use.

Consumer and carer systemic engagement in co-production and co-design of service development initiatives must become a priority. Enormous insight, experience and expertise within our ageing population has become evident within and available to this project. Their strength and willingness to contribute to aged care service design and systemic design to develop a better way forward has been innovative and inspiring.

Attachments

Attachment 1 Literature Review

CEAC Phase 1 Report Literature Review for findings on the extent to which co-production had been used within the aged care sector and with older people nationally and internationally.

Attachment 2 NACCHO Final Report

CEAC Phase 1 Report: NACCHO Final Report on the communication and engagement needs of older people from ATSI backgrounds.