

Survey report

Consumer engagement in aged care



Australian Government
Aged Care Quality and Safety Commission

Engage
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Safeguard

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Context and purpose of this report

The purpose of this report is to describe the key themes and findings from online surveys of aged care consumers and aged care providers, regarding best practice models for engagement between consumers and providers.

Context

The *Aged Care Quality and Safety Commission Act 2018* confers a number of functions on the Commissioner. This includes consumer engagement functions:

- to develop, in consultation with aged care consumers and their representatives, best practice models for engagement of approved providers of aged care services, and service providers of Commonwealth-funded aged care services, with aged care consumers and the representatives of those consumers
- to promote those best practice models to such approved providers and service providers.

The Aged Care Quality and Safety Commission (the Commission) has identified and developed a range of best practice strategies and tools for providers of aged care to engage with consumers and consumer representatives.

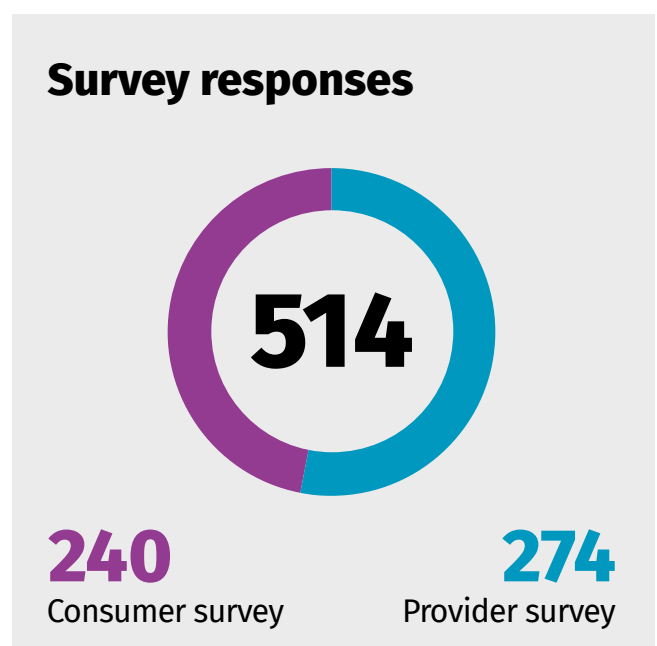
To inform the development of these resources, we consulted with aged care consumers and providers regarding their experiences of engagement, including through two online surveys (one for people receiving aged care services and one for aged care providers).

Conduct of the surveys

The surveys were released on 24 June 2019 and were open for four weeks, closing on 22 July 2019. The surveys were hosted by Survey Monkey and were promoted by the Commission and Steering Group members, including through:

- the Commission’s monthly email newsletter to providers, the Aged Care Quality Bulletin on 26 June 2019
- Dementia Australia’s advocates network and social media
- COTA Australia’s direct consumer list
- ACSA’s member networks (including encouraging providers to support their consumers to access and complete the survey)
- the Older Persons Advocacy Network.

In total, 514 responses were received – 240 to the consumer survey and 274 to the provider survey.



Key themes

Overall it is clear that consumer engagement, while not a new concept, has different meanings to different people and can be implemented in a variety of ways. The majority of aged care providers appear to be in the early stages of moving to truly consumer-centred care and are looking for ways to do this while minimising the impact on staff time and resources.

Consumer responses

Broad themes emerging from responses to the consumer survey indicated that:

- consumer satisfaction is directly related to having respectful, considerate and proactive staff interaction with consumers
- limited resources and/or staff is seen as having a significant impact on a provider's ability to engage effectively with consumers and deliver consumer-centred care
- primary methods of consumer engagement are through: conversations (face-to-face and by telephone), meetings, surveys and emails
- some consumers found their provider to be responsive to their requests/feedback and proactive about keeping them informed
- while others felt their provider ignored their requests and failed to keep them in the loop
- some consumers feel they are required to fit into the provider's idea of what they need or that their input is mostly disregarded (particularly where consumers feel they must fit into the provider's routine or schedule).

Responses to the provider survey demonstrated the vastly different levels of understanding regarding effective consumer engagement among aged care providers and staff:

- some respondents focused on their personal approach to interacting with consumers
- some respondents discussed the lifestyle and leisure activities offered to consumers (rather than how consumer engagement contributes to consumer-centred care and services)
- some respondents described very limited engagement strategies (e.g. seeking consumer feedback through surveys and suggestion boxes, holding resident meetings, displaying posters or distributing flyers to update consumers on certain information)
- while others demonstrated a more sophisticated understanding of consumer engagement and described comprehensive tools and strategies for engaging with consumers
- some respondents rely on resources published by the Commission or on My Aged Care to guide their consumer engagement
- some respondents described their attitudes to consumer engagement rather than a particular strategy (e.g. by having an ‘open-door policy’, having ‘open, honest, regular communication’).

Based on responses to the surveys, it is clear that resources for aged care providers should provide a range of suggestions to improve consumer engagement that can be adopted by those at any point along the continuum of moving to consumer-centred care. Resources should also support providers to ensure staff are asking the right questions, in the right way and doing something with the information they obtain to ensure consumers are valued and heard.

Summary of submissions to the consumer survey

Background on respondents

Submissions to the consumer survey were made by people receiving aged care services (23%), friends, family members or carers of someone receiving aged care services (68%), aged care consumer advocacy services (2%) and others including government representatives, former carers and advocates (7%).

Consumers responding to the survey were receiving:

- Residential care (46%)
- Home care (38%)
- Commonwealth Home Support Program (9%)
- Transition care (2%)
- Multi-purpose service (7%)
- Short term restorative care service (1%).

Consumers responding to the survey identified with the following groups:

- People from Aboriginal and/or Torres Strait Islander communities (3%)
- People from culturally and linguistically diverse (CALD) backgrounds (16%)
- People who live in rural or remote areas (32%)
- People who are financially or socially disadvantaged (21%)
- People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran (9%)
- People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities (2%)
- People living with dementia (56%).

Questions for aged care consumers

1. How does your aged care provider engage with you and your family, friends and/or carers to plan, deliver and improve your care and services?
2. How has your aged care provider tried to make sure the care and services they provide meet your needs, goals and preferences? What has worked well and why?
3. Can you give examples of how your provider has partnered with you in the planning, design, delivery and/or evaluation of your care and services?
4. Has there been a time where your aged care provider's engagement with you hasn't worked well? What didn't work and why?
5. How could your aged care provider improve the way they engage you (and your family, friends and/or carers) in your care?

Summary of feedback

Many respondents to the consumer survey commented on the quality of care and services that they (or someone they care for) have received, rather than describing how aged care providers engage with consumers to deliver consumer-centred care.

Some respondents recounted **circumstances where their aged care provider's engagement did not work well** for them. These situations were generally due to:

Inadequate engagement, for example:

- while some consumers felt they are often engaged in planning their care when they commence receiving care from a service provider, care plans are not reviewed or adjusted as a client's needs and goals change
- some consumers said they were only engaged when their care plan is reviewed annually
- some consumers described situations where a problem needed to be reported to their service provider (sometimes multiple times) before action was taken
- some consumer representatives found the service provider would only engage with them if they instigated a discussion (rather than the service provider identifying issues and initiating the contact)
- some consumers felt their service provider only engaged with them through 'the odd phone call' (some felt this was sufficient for their circumstances while others felt it was not enough)
- a number of consumers and their representatives felt they were constantly required to follow up on issues with their service provider as there was no response or feedback loop to let them know what was being done

The way engagement occurs, for example:

- some consumers and consumer representatives found there was no meaningful partnering to design care and services for the individual (rather, the individual could choose from a set list or 'menu' of services) or to evaluate and improve care and services
- some consumer representatives were frustrated that the service provider only offered meetings during business hours
- some consumer representatives felt concerned that important matters were being discussed with the consumer but that the information was not flowing through to the consumer's representatives
- a number of consumers and consumer representatives felt that the paperwork required by the service was too cumbersome and not easy to understand.

A key concern for many respondents was that **service providers often delivered care and services in a way that suits the provider but not the consumer.** For example:

- a number of respondents were concerned about service providers operating according to a strict routine that did not provide flexibility on when consumers wake up or meal times
- one consumer described that they used a specific brand of continence products before commencing aged care and the provider would not let them continue to use this brand as they used a different brand for all consumers at the service
- one consumer said that partners were not allowed to stay overnight in their residential care service and that this increased isolation.

“We are consulted on minor things like colour scheme, pictures and very limited activities and food choices. Things which matter to quality of life such as when to eat, what to eat, where to eat, when to get care (such as having a shower), what meaningful activities to undertake and having a partner to stay over at night are not addressed.”

Some consumers described their experiences of poor engagement, including where staff appeared bored, impatient or dismissive, or did not go out of their way to engage with consumers. Respondents consistently highlighted the **importance of staff engaging with consumers in a way that is respectful and considerate**. For example, by:

- being approachable, friendly and polite
- spending adequate time with a consumer
- making a consumer feel valued
- being compassionate, genuinely caring about a consumer's well-being and how they are feeling
- asking consumers what they need or how they can help them
- communicating regularly with a consumer (with the regularity differing depending on the nature of the relationship and the services being delivered)
- responding to consumer queries or concerns
- keeping consumers informed of changes or issues with their care
- using the right language.

Consumers and their representatives highlighted the importance of being able to speak to the same person (rather than having to explain their situation multiple times to different people without understanding their role). Continuity of personal care workers and having a care worker the person receiving care can relate to (e.g. someone with similar life experience) was also noted as important.

“We are more friends than my carer. We laugh together, go to the movies, we like the same music. She understands people with dementia, which is a big plus. She makes sure I don't lose anything, especially if I leave my card in the ATM. She makes me feel independent but is always there if I make mistakes. She is like a buddy, never judges me and when I forget, she keeps repeating things and never complains.”

“My aged care provider listens to my problems, comes with me to all appointments, helps me with housework and shopping. We have coffee together, love op-shopping and looking at the shops – they make sure I don’t get lost. They help me with anything and understand me having dementia and chronic illnesses as well as pain, but we do a lot of laughing.”

- the need for staff to be adequately trained in how to engage with consumers with dementia (e.g. by redirecting them rather than scolding them)
- in some cases, the need to engage predominantly through the consumer’s representatives and to provide them with regular updates (e.g. regarding patterns of behaviour, appetite, sleep and incidents of aggression)
- the need for case conferences with the service provider, consumers, their carers and all health professionals involved in the person’s care as required.

Many respondents identified as living with dementia (either themselves or as a carer for a family member or friend). A number of these respondents described the **particular challenges for providers to effectively engage with people with dementia** and their representatives.

For example:

- the need to engage consumers with dementia and their representatives:
 - understanding the person’s life story and their normal routine to inform care planning
 - in the development of activities that are tailored to the person and provide connection to their hobbies and interests
 - regarding violence and physical safety concerns

“When asking about interests, normal routine, likes, dislikes, it is important to obtain this information from family/ carers when the person has dementia. It is only through these discussions that goals and needs can actually be identified. Frequent communication during the initial stages of residential care is so important to allow for a smooth transition for both the person and their family.”

Respondents described the importance of **understanding and supporting a person's cultural needs and preferences**, including by:

- engaging culturally appropriate staff, e.g. staff that speak the same language, understand Indigenous communities or have a similar life experience to the consumer
- providing culturally appropriate food
- better training of staff to understand cultural needs and to support the staff to engage with consumers to learn about other cultures.

Respondents also expressed **concerns relating to issues beyond their service provider's consumer engagement**.

These concerns were mainly related to:

- the cost of care and limited funding for care
- difficulty accessing care and the availability of care (particularly home care)
- service providers making numerous changes to a consumer's schedule (which can be confusing for them and their family/friends)
- service providers making changes to medications without explaining this properly to the consumer or their family/friends.

A number of respondents provided **suggestions and ideas for service providers to engage positively with people receiving care**. Key themes related to regularity, predictability and communicating to each individual on matters of importance to them. Many suggestions were quite basic, day-to-day improvements, while others related more broadly to service design and evaluation. Suggestions included:

- regular calls and meetings between service providers and consumers and representatives
- providing the family with access to a person's care planning information
- ensuring deep engagement with the consumer and their family to learn what is really important to them
- helping family to understand what is happening with their loved one (particularly when health is deteriorating – the deterioration may be expected but the care staff can help the family to understand what might happen and how they can help)
- letting consumers and families know when they should expect a review of the care plan so they can ensure they feed into it
- service providers and staff should welcome input from consumers and their representatives rather than seeing it as a nuisance
- training for service providers and staff regarding effective consumer engagement
- responding to issues promptly as they are raised by consumers or their representatives
- providing regular contact/checking in with consumers (e.g. asking, "Is there anything we should be doing that we're not?")

- being proactive about discussing and addressing issues (e.g. for someone about to enter palliative care, discuss with the consumer and their carers what this means for their day-to-day experience and how care delivery will change to better support them)
- providing face to face contact for people receiving support at home – a number of consumers valued a care coordinator coming to their house and reviewing the whole package of services and adjusting them to make sure they got the maximum benefit
- providing simplified paperwork (e.g. by having consumers involved in developing paperwork that they can understand) and better explaining this to consumers and their representatives
- introducing a buddy system where one personal care attendant is responsible for getting to know each consumer and understanding their day to day routine, care needs, likes and hobbies and regularly checking in on them
- providing orientation for the consumer and their carers on entrance into residential care regarding the service's daily routine, who to contact to discuss each aspect of the person's care and organisational issues, the role of the GP and how they communicate with the consumer and their carers, how the care plan is developed and how the resident and their carers can be involved.

“I’d love to see a weekly update on what the 2 x 30 minute welfare checks find. I live interstate from Dad and as his primary carer, Attorney and Guardian I need to stay on top of small changes (which add up to the big picture over time). E.g. What is he eating, is he locking the house, was he more, or less, confused than last time, did he leave the oven on?”

As one stakeholder succinctly noted in relation to what is needed, “open, frequent, individualised communication”.

Summary of submissions to the provider survey

Background on respondents

Submissions to the provider survey were made by aged care providers (43%), aged care workers or professionals (49%), professional peak bodies (1%) and others including aged care assessors, registered nurses, community workers and people involved in training aged care workers.

Aged care providers responding to the survey were providing care in metropolitan (59%), regional (53%) and remote (15%) areas and were a mix of small (29%), medium (39%) and large (32%) organisations.

Aged care providers responding to the survey were delivering:

- Residential care (57%)
- Home care (40%)
- Commonwealth Home Support Program (36%)
- Transition care (9%)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (2%)
- Multi-purpose service (4%)
- Short term restorative care service (7%).

Provider survey questions

The provider survey was in two parts, to allow providers to respond in the most suitable manner:

- Part A provided three targeted questions regarding how providers engage with consumers and co-design care and services.
- Part B invited more detailed submissions outlining innovative approaches to engaging and co-designing with consumers from providers who wish to be more involved in this project.

Aged care providers were also invited to contact the Commission to discuss their approach via teleconference. Teleconferences were held with six providers.

Questions for aged care providers

Part A

1. What are the strategies or resources you use to inform your approach to co-design and engagement with consumers to achieve consumer-centred care? For example, have you developed resources specifically for your organisation or have you drawn on resources developed by others or used in other sectors?
2. Provide examples of some of the innovative approaches to consumer engagement that you have successfully developed and applied within your organisation. This may relate to the way that you engage with consumers on a day-to-day basis, the way you involve them in the evaluation of care and services or the way they inform the development and delivery of care models.
3. What further information would you like about co-design and engagement with consumers, to help strengthen your existing approach?

Part B – providers were asked to address the below points in more detailed submissions

4. How you engage with consumers for different purposes. For example, how you: partner with consumers in the design, evaluation and improvement of care and services; involve consumers in workforce planning, recruitment and training; engage with consumers to understand their life, needs, goals and preferences; check-in with consumers on a day-to-day basis to ensure the care and services provided are right for them.
5. How your approach differs in different care settings. For example, engagement in the context of short-term care such as respite is different to engagement where a longer relationship is anticipated, such as in permanent residential care. Methods for engaging with the following two consumers might be quite different: a consumer receiving basic cleaning services under a level 1 home care package; or a consumer with dementia receiving long-term residential care.
6. How you tailor your approach to consumer engagement in order to meet the needs of consumers from different backgrounds and with different needs. For example, for consumers with a cognitive impairment, consumers that experience challenges communicating, consumers who are Indigenous, from culturally and linguistically diverse backgrounds, or lesbian, gay, bi-sexual, transgender and/or intersex (LGBTI) consumers.
7. How you engage with consumer representatives.
8. How you evaluate and review your practice to know your engagement is working to provide safe, effective consumer-centred care that optimises consumers' health and well-being.

Summary of feedback

Responses to the provider survey indicated that generally service providers and staff have quite a basic understanding of consumer engagement. However, some service providers gave examples of programs, practices and other small changes they have successfully implemented to deliver more consumer-centred care.

When asked what **tools and strategies inform their approach to co-design and consumer engagement**, respondents cited the following key tools:

- the NSAF and [My Aged Care](#)
- the [IAP2 Spectrum](#)
- resources published by [COTA Australia](#), including the *Voice of Consumers in Home Care: A Practical Guide*
- research by [Andrea Petriwskyj](#), including the *Client Engagement Toolkit*
- resources and training published by [Kate Pascale](#), including the *Goal Directed Care Planning Toolkit and the Consumer Feedback Toolkit*
- resources published by [The Australian Centre for Social Innovation](#)
- policies and procedures published by [Simply Legal](#)
- resources and training provided by peak bodies including [Dementia Australia](#), [LASA](#)
- resources and training provided by [Altura Learning](#)
- resources published by [Interchange Australia](#)
- resources published by the [Commission](#).

The Commission has reviewed these resources for the purposes of the literature review and to inform development of new resources for providers.

Respondents provided a range of examples of **approaches to consumer engagement** that have been successfully implemented in their organisation. A number of respondents noted that they undertake regular review of care plans, send out regular newsletters, meet with consumers and seek feedback through surveys, suggestion boxes and over the phone. However, some of the more notable responses included:

Using technology to engage with consumers. For example:

- creating social media hubs and forums for consumers to discuss and resolve issues with each other and staff in an informal way
- gaining instant feedback by using a smiley face feedback stand which asks the consumer to attribute a rating from 'very bad' to 'very good' to any staff interaction
- one service provider was trialling an electronic consumer feedback tool
- a number of service providers were moving to [person-centred software](#), which can be used by staff to create a care plan based on each consumer's needs and preferences, including the timing of care delivery and meal preferences through a 'planned day approach' based on the consumer's expressed care needs. The software includes shift handover notes for staff, flags for overdue care, happiness indicators and links to social media to allow consumer representatives to engage in a person's care
- one service provider has commenced implementation of a new patient information system, which provides real-time access for consumers and their nominated representative to care planning information and daily activities

Adopting individualised approaches to care planning. For example:

- a number of service providers described approaches to mapping client journeys, stories and values to better understand their experience and identify opportunities for improvement
 - one service provider has asked consumers to set small achievable goals each day that lead towards increasing independence and quality of life
 - one service provider gives each consumer a care handbook that they can update in order to inform how services should be delivered to them
 - implementing Goal Directed Care Plans which are developed with the consumer and their carers. The consumer is then supported to share their care plan and seek contributions from everyone involved with their care
 - one service provider described their 'See me. Know me.' Program, which is used to identify a consumer's needs, goals and preferences at the commencement of care
 - integrating [Adult Social Outcomes Toolkit](#) (ASCOT) conversations into care planning. This gives the service provider a consistent way to measure the impact of care and services on aspects of a person's life
- [Whiddon's MyLife relationship-based care program](#), which focuses on fostering a strong relationship between consumers and service provider staff to provide personal connection and tailored activities for each individual. As part of the MyLife program:
 - MyLife Buddies are allocated to each consumer to develop the relationship, partner with family and advocate for the consumer to other staff.
 - All About Me is conducted at the outset of the program where the MyLife Buddy spends time with the client and their family to discuss past, present and future interests and goals.
 - Best Week is where each client experiences the best possible week for them approximately every quarter. Activities can be big or small but are tailored to the individual.
 - adopting a Partner in Care process to co-design and engage consumers in their care. This process involves:
 - meeting with consumers to review existing care plans
 - developing goals, including timeframes for completion
 - care planning and scheduling of tasks
 - providing consumer decision aids to improve health literacy
 - ongoing review and goal accomplishment follow up meetings

Using consumer panels to co-design services and provide feedback. For example:

- one service provider formed a Consumer Engagement Working Party which provided a report to their Board and Executive, outlining an approach to consumer engagement, including how staff should address consumers, where to involve consumers in the governance of the service, how to document consumer choices, how to document who has responsibility for decision making and how to gather regular information from consumers
- one service provider co-designed consumer information and resources with a consumer representative group to ensure the language and presentation of the information was easy for consumers to understand
- one service provider holds bimonthly reference group meetings where consumers and carers discuss issues of importance and potential resolutions. This reference group co-designed a satisfaction survey, which the service regularly distributes to consumers for their feedback
- one service provider includes consumers on their continuous quality improvement committee to identify areas for improvement

Involving consumers in governance, staffing and recruitment For example:

- one service provider had attempted to have resident involvement in recruitment interviews, however, they noted this was not successful as the residents involved found the process too stressful and demanding
- one service provider described that a panel of consumers contribute to interviewing and selecting care staff. They also feed into performance reviews of staff and provide feedback on the effectiveness of recruitment and training strategies
- one service provider seeks consumer feedback on their strategic plan, with a focus on the service's strengths and areas for improvement

Engaging with consumers in different ways.**For example:**

- utilising a 24-hour hotline that consumers and their representatives can call (to add or amend services as required)
- some service providers use a 'resident of the day' system where a consumer is assigned to each day of the month and a staff member will have a comprehensive check in with that person to see how they're going and if there's anything they're not getting that they would like
- one service provider offers information sessions on topics of interest to staff and consumers (e.g. healthy eating, legal issues/wills, keeping a healthy mind)
- one service provider invites clients to participate in community events that allow consumers to engage on an issue unrelated to their care, e.g. sharing their stories and experiences with others. 'This helps foster a sense of connection and contribution from our consumers, allowing them to engage with us in a way other than that of the client receiving support.'

Other innovative ideas:

- using LEAN thinking, which empowers staff to implement culture change from the bottom up. This includes evaluating every aspect of an organisation's procedures and processes to identify what creates value and eliminating all activities that don't
- utilising household models of care in residential care facilities, where consumers live in smaller home-like clusters with their own kitchen, dining room, living room and other spaces you might find in a home. 'The daily rhythm and fabric of life is decided by the resident and those they live with.'
- some service providers require managers to spend a specific portion of time with consumers, talking to them, observing their care delivery, and being on the ground asking 'the tough questions that may provide answers we don't always want to hear'
- one service provider described how they engage with consumers regarding food and meals, including by regularly asking consumers if there are any foods that they miss and might like to have on the menu, etc. The service provider has menus in each resident's room and refers to this as 'room service'. Residents can eat whenever they are hungry, as the care staff can order food for them at any time. Daily menu specials are chosen by the residents
- one service provider noted that good rapport between staff/colleagues is just as important as good rapport with consumers to ensure their service is a positive place to work and live.

“Every morning the residents and I meet for half an hour before breakfast in the sitting area. We discuss anything and everything, we laugh and have fun. It’s a relaxed, open forum for anyone to discuss anything. We talk about what I am doing and why. Residents have input and give their opinions. Residents feel relaxed and able to be open and honest in a group. We discuss the day ahead and what everyone is doing. I also have reorganised my office to allow easy access to the residents who are able to visit any time they like. This improves transparency and makes the residents feel part of what goes on. I have received very positive feedback around the openness.”

With regards to how their **consumer engagement approach differs depending on the context**, some service providers commented that for clients receiving long-term residential care their consumer engagement is much more intensive, whereas other service providers said their consumer engagement processes are the same regardless of the service being provided. A number of service providers agreed that using a variety of engagement mechanisms is important, as consumers have different levels of abilities to participate using different mechanisms (i.e. online feedback systems and discussion forums are not suitable for all consumers).

“We work with the older person’s strengths and don’t assume they are incapable of charting their way. We optimise our flexibility to try to accommodate the infinite variety of situations older people are in. We are honest with people about the limits of what we can offer.”

Service providers described the different ways they tailor their engagement to meet the needs of consumers from

diverse backgrounds:

- some service providers explained that when speaking with vulnerable consumers, staff must speak slowly and clearly and use simple, direct language
- some service providers explained it is important to provide information multiple times, in different ways and to continually check in to see if the consumer has questions or needs more help understanding the information

For consumers with dementia or other cognitive impairments:

- some service providers noted a focus on strong engagement with their family, friends and carers to understand the consumer's life journey, needs, goals and preferences
- one service provider noted that providing a positive, restraint free environment is fundamental to their approach
- one service provider explained that observational techniques can help to inform care planning where a consumer's family is not available

For consumers that are culturally and linguistically diverse:

- some service providers noted that they ensure all information is translated and (where possible) that staff can speak the consumer's preferred language
- some service providers use TIS or Deaf Australia to support communication
- where staff and consumers do not speak the same language, some service providers use translating apps to assist with communication
- some service providers use picture tiles to help explain things to consumers
- one service provider said that sharing experiences and life stories between consumers and staff is key to ensuring cultural diversity is respected by all
- some service providers describe that they train staff to manage specific situations where an understanding of cultural differences is particularly important, e.g. in providing certain foods, showering consumers, providing appropriate music and entertainment choices, facilitating spiritual needs

For consumers from Indigenous communities:

- some service providers highlighted the importance of staff coming from a similar background to ensure engagement is culturally appropriate
- one service provider explained that, as they provide services in remote Indigenous communities, it is important for their staff to understand and appreciate how these communities work, their dynamics and relationships
- one service provider ensures the external service providers they engage with to deliver care (e.g. GPs and occupational therapists) also have Indigenous staff and can provide culturally appropriate services
- one service provider noted they provide additional support to indigenous consumers to complete paperwork as this is often not something they're familiar with
- one service provider described that when **delivering services in a small, remote community**, consumer engagement is particularly important to ensure the consumer understands the limitations on what the service provider is able to offer, and to negotiate how they might work together to reach the same outcome through a different approach.

“Consumer representatives such as family members are engaged in the same way that our consumers are engaged in customer satisfaction surveying, consumer experience research, strategic plan engagement and consumer panel/co-creative activities. They are also invited to resident meetings and all events and activities. Consumer representatives are included in well-being care planning and are partnered with in the consumer’s daily care.”

When asked how they **evaluate and review practice to understand whether their engagement is working** to provide consumer-centred care that optimises a consumer's health and well-being, many respondents provided quite basic responses including the use of surveys, suggestion forms, regular care plan reviews, focus groups and continuous improvement registers to seek consumer feedback. Some respondents mentioned they engage with external service providers to seek feedback and opportunities for improvement and some described a policy of open disclosure. It was unclear how this feedback is used to evaluate and improve processes.

Other service providers described a more sophisticated understanding:

“We review the feedback from all our sources of feedback. We look for alignment and different perspectives around a particular topic, service or program, staff capabilities. All sources of feedback are reported on, analysed and distributed back to key stakeholders and service managers. The feedback enables us to prioritise projects and continuously improve our services. Clinically safe practice is generally evaluated through our clinical governance processes. Emotional and personal safety and security is evaluated through our ASCOT well-being care planning, and strategies and goals developed together with our residents, clients and family members and representatives. The ASCOT well-being care planning, developed in partnership with the resident/client and their representatives, is then the blueprint for how we support their health and well-being.”

When asked what **further information service providers would like to help strengthen their engagement with consumers,**

a number of service providers commented they require additional resources, time and funding. The most common response was information regarding ideas of what others are doing and strategies that have been proven to work. Further information providers requested included:

- suggestions for easy ways to improve consumer engagement
- an understanding of what tools are available and how they could best utilise them
- ways to encourage feedback from clients on service delivery to feed into continuous improvement
- information regarding new and innovative practices to engage consumers
- identification of what is considered leading or better practice
- information on how to demonstrate and evidence against the new standards
- tips to better engage with culturally and linguistically diverse consumers and consumers with dementia
- ways they can improve how staff interact with consumers (particularly where staff come from backgrounds that differ to the consumers they care for).

“Anything. Any additional information would be helpful.”

Next steps

Our review of the available literature and consultation with aged care providers and consumers to date has highlighted the abundance of research and resources available in relation to co-design and consumer engagement within the aged care sector, health care and more broadly within Australia and internationally.

These surveys have highlighted that, while much information exists and some providers are doing great work in this area, others are overwhelmed by the amount of information available and are seeking simple, easy to follow resources that support them to strengthen their engagement with consumers.

It is important that any new resources:

- emphasise the importance and benefits of effective consumer engagement as an integrated part of the Aged Care Quality Standards
- include a range of strategies targeted to meet the needs of providers with various levels of understanding of, and expertise in, consumer engagement (including basic day-to-day tips to more broad service design)
- are concise and direct providers to further information (including publicly available toolkits and templates identified through the literature review) where this may be helpful
- provide examples of different approaches that have been implemented successfully in other organisations
- are broadly promoted as better practice and are progressively reviewed to incorporate new strategies and tools as these become apparent.



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Web

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Aged Care Quality and Safety Commission
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