“Care that is right for me”
A resource for working with aged care consumers
Acknowledgments

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Context

Background
Over the past ten years there has been significant reform of the aged care sector in Australia, with a greater emphasis on empowering consumers to play an active role in determining their own needs and directing their care. With the introduction of the new Aged Care Quality Standards from 1 July 2019, it is more important than ever that the experience of aged care consumers is put at the centre of planning, delivering and reviewing care.

As part of its responsibilities for protecting and enhancing the safety, health, well-being and quality of life of aged care consumers, 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 their representatives.

This resource recognises that placing consumers at the centre of their care is fundamental to quality care outcomes. This means significantly deepening engagement and developing a mutual partnership with consumers in all aspects of the planning, delivery and evaluation of care and services.
Providers will be at different points in the journey to consumer-centred care.

It can be challenging to honestly evaluate how well an organisation engages with consumers. This resource encourages providers, no matter where they are on the journey, to seek critical feedback from consumers about their engagement, to use this to inform how they engage and to constantly review and improve their practice.

There are many reasons providers may be disinclined to try new approaches to consumer engagement.

Reasons include wariness about cost (in time/resources), consumer disengagement, an assumption that it is already being done well, or fear that partnering with consumers might conflict with the provider’s duty of care. The research overwhelmingly shows that strengthening consumer engagement not only improves the consumer experience, but can also improve staff satisfaction, organisational efficiency and use of resources to reduce long-term costs. It also enhances public confidence in aged care and creates cohesive, participatory aged care communities that people want to be a part of.

Embedding a culture of deep and meaningful consumer engagement in an organisation can be tough.

It involves changes to behaviour and culture, challenging assumptions and being brave enough to try new approaches (noting that sometimes they might not work out). This resource acknowledges those challenges and provides some tools and strategies to support providers to do this.
Consumer engagement is about more than surveying consumers to get their feedback on how satisfied they are with their care and services.

It's about:
- using every interaction as an opportunity to build relationships, trust and mutual respect
- having different conversations (and asking different questions) to understand each person's story as well as their needs, goals and preferences
- orienting organisations around the consumer. This influences governance, the way staff are recruited and trained, the way risk is assessed and managed, and the way performance is measured.

Consumer engagement and partnering needs to recognise the diverse needs and identities of individual consumers in aged care.

‘Best practice’ engagement will differ from organisation to organisation and person to person. Each individual's background, communication style, support networks, needs and preferences will impact how that person experiences the world and how they would like to be engaged in their care and services. Some consumers may wish to be involved in all aspects of their service delivery, from care planning to organisational governance, while others may have more limited capacity or interest in engaging. This resource encourages providers to continue to ask consumers what matters to them and how they want to be engaged.
How can this resource help?

This resource draws on the literature, surveys of providers and consumers, the experience of the Commission, and case studies to offer suggestions and examples of the ways consumer engagement has been done well. It offers ideas to support providers big and small, residential and community-based to look differently at the way they engage with all consumers to deliver the type of care that our ageing population seeks.

The resource is equally applicable to residential, home and community care (even though some of the case studies are specific to certain care types). While many of the strategies are potentially relevant for all consumers, they will not all be suitable for each and every consumer.

This resource is not a check list of actions and nor is it a guide to meeting the Aged Care Quality Standards. Rather, it is designed to prompt providers to consider different ways of approaching consumer engagement – in recognition of how critical consumer engagement is to the delivery of quality care and the achievement of the Aged Care Quality Standards.

This resource covers the following topics:

Chapter 02 – Assessing where you’re at
Chapter 03 – Critically examining your role as a governing body
Chapter 04 – Recruiting and training for success
Chapter 05 – Embedding consumer engagement and partnership in all aspects of care
Chapter 06 – Simple but important things to remember.

Important note

This resource references a range of existing tools and products that may support aged care providers to strengthen their engagement. This does not represent the Aged Care Quality and Safety Commission’s endorsement of these products. Products are provided as examples only.

The resource also references a number of providers and gives examples of their approaches to consumer engagement (drawing on responses to a survey of providers and information available online). This does not represent an endorsement of any particular provider nor any particular approach to consumer engagement, as the approach will necessarily differ depending on the consumer, the provider and the circumstances of the organisation.
Assessing where you’re at

Organisations will start with varying levels of expertise in consumer engagement and will engage with consumers in different ways depending on the context. Organisations are often so deeply involved in the day-to-day delivery of care and services that it can be difficult to review how consumers might be more meaningfully engaged. This is particularly so where consumers may face additional barriers to engagement, such as where consumers have cognitive or sensory impairment, or face language barriers.

Consumer engagement does not need to be an overwhelming process. Rather, it’s about making small changes to the day-to-day running of your organisation and the way you interact with consumers, to improve services to deliver more consumer-centred care.
It’s important to understand where you’re at, to identify what is already working well (and ensure you retain this and/or replicate it elsewhere) and what could be improved.

Many tools exist to help you do this:
- **Engagement Mapping Tool**¹ – helps to identify what engagement activity is already happening across your organisation. Once completed, the tool may assist in determining gaps in your existing consumer engagement and planning for future engagement activities.
- **Need for Action**² – designed to help you think about how you and your staff engage with consumers and any issues you can see that need to be addressed.
  - You can also watch the [Engagement Mapping Tool demo]³ and the [Need for action]⁴ YouTube clips to help you use these tools.
- **Where are we now?**⁵ (see pages 27 to 29 of the Voice of Consumers Toolkit) – complete this worksheet to assess how your organisation is currently placed with consumer engagement. It’s important to be honest in reviewing your organisation’s performance. Seek feedback from consumers and others.

³ [https://www.youtube.com/watch?v=gzW0vKtj0Tg&feature=youtu.be](https://www.youtube.com/watch?v=gzW0vKtj0Tg&feature=youtu.be)
⁴ [https://www.youtube.com/watch?v=Q32ZGND9OY&feature=youtu.be](https://www.youtube.com/watch?v=Q32ZGND9OY&feature=youtu.be)
Planning for action

Once you understand where you’re at, you can start putting some strategies into action. There are a range of tools that can help you do this:

- **Action Planner**⁶ – once you have identified an issue and/or what needs to change, this tool can support you to work out how to achieve it, including by identifying what you need to do, roles and responsibilities, and how to evaluate its success.

- **Consumer participation planning checklist**⁷ (see pages 33 to 36 of the Voice of Consumers Toolkit) – this checklist helps to plan the next steps once you have identified your areas for improvement.

- **Project planning template**⁸ (see pages 5 to 6 of Co-producing Aged Care Services with a Wellness Focus Part 3) – this template can help you to identify the desired consumer outcomes, outputs and improvement goals of any consumer engagement project you undertake.

- **The VIPS Framework**⁹ – this online tool includes 200 questions for you to complete with the aim of identifying the most useful resources and approaches to implement consumer-centred care. Once you’ve completed the questions, you can use the tools to implement changes and improvements to your organisation and services.

The VIPS Framework centres around four key elements: values (the importance of valuing human lives regardless of age or cognitive ability); individuals (focus on the unique person); perspective (understanding the world through the eyes of the person needing support); and social (seeing and responding to a person). It consists of personal perspective indicators and socially supportive environment indicators, which break consumer-centred care into manageable chunks.

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⁹ [https://www.carefitforvips.co.uk/](https://www.carefitforvips.co.uk/)
The below resources describe a number of different approaches to implement or improve how you engage and partner with consumers:

- **Experience-based Co-design Toolkit for Australia** developed by the Australian Healthcare and Hospitals Association and the Consumer Health Forum.
- **Client Engagement Toolkit: A resource for aged care staff** developed by Andrea Petriwskyj.
- **Home care today: The Voice of Consumers in Home Care** developed by COTA Australia.
- **Consumer Engagement in Aged Care** developed by COTA Australia.
- **Step Forward Together: Co-producing Aged Care Services with a Wellness Focus Guide** developed by COTA Australia and Community West.
- **Guide for Engaging with Consumers and the Community** developed by SA Health.
- **Experience Based Co-design Toolkit** developed by the NSW Agency for Clinical Innovation.
- **You Matter: A guideline to support engagement with consumers, carers, communities and clinicians in health** developed by WA Health.

If you still don’t know where or how to start, reach out to others that may be able to help you, for example:

- **COTA Australia**
- **LSA**
- **ACSA**
- **Older Persons Advocacy Network (OPAN)**
- **Dementia Australia**
- **FECCA**
- **National LGBTI Health Alliance**
- other aged care providers.

18. [https://www.cota.org.au/](https://www.cota.org.au/)
19. [https://lasa.asn.au/](https://lasa.asn.au/)
20. [https://www.acsa.asn.au/](https://www.acsa.asn.au/)
22. [https://www.dementia.org.au/](https://www.dementia.org.au/)
Examining your role as a governing body

Governing bodies come in many shapes and sizes, and the way they engage with consumers and the challenges facing them differ.

For some very small organisations (including those in small communities) the governing body can see themselves as very ‘in tune’ with consumers because they know who they are and where they come from. However, small organisations can also be less exposed to new ways of doing business and new ways of approaching consumer engagement.

In larger organisations, the governing body can be quite distant from the consumer experience. While board members may have specialist expertise (legal, financial etc), they may be more removed from the consumer experience.

The type of organisation and the context within which it provides care will influence how it needs to adapt and continuously improve in order to drive a culture of consumer engagement.
The governing body’s role

The governing body’s role is to guide the strategic direction of the organisation, instil core values, oversee good governance, monitor risk and deliver outcomes. It is the governing body’s role to ensure that consumer engagement is a priority for the organisation.

To do this well, governing bodies need to:

- **Engage** with a diverse range of consumers to get a personal appreciation of the consumer experience and what they need and want from the organisation.
- **Understand** how the organisation currently engages with consumers and where changes might be required.
- **Plan** consumer engagement activities and how these will be implemented in a sustainable and ongoing way (in the context of broader governance and risk management systems).
- Work with consumers and staff at all levels to **improve** consumer engagement.
- Continuously **monitor and evaluate** consumer engagement.

Try different things, accepting that some may not work.

The strength of consumer engagement is closely tied to the organisation’s culture and values – engaging with consumers to deliver consumer-centred care must be a priority for everyone. It is important to acknowledge that, for many providers, this represents a significant shift in thinking and will take time.

Successful implementation will require governance and cultural changes, consideration of the type of organisation you wish to be, and ensuring you have the right people to do this well.

Some useful principles to consider in your engagement with consumers are outlined in COTA Australia’s Consumer Engagement in Aged Care Final Report.  

Everyone in your organisation plays a role in consumer engagement on a day-to-day basis – from laundry and maintenance staff to executive and Board members, consumer engagement is fundamental to the job.

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Principles for consumer engagement

- Older people are involved in the process, from beginning to end.
- Older people feel safe to speak up, are listened to and feel heard.
- People and organisations work on the issues that are important to older people.
- It is clear how decisions are made.
- Older people’s skills and experiences are used in the process of change.
- Meetings, materials and venues are accessible for older people and people with a disability.
- Progress is evaluated through looking at the actual changes in older people’s lives.

Consider...

How well the Board understands the consumer experience

- How does the organisation get to know consumers?
- How does the Board satisfy itself that the services it provides align with the needs and wants of consumers?
- How does the Board know that consumers facing barriers to engagement (e.g. with cognitive or sensory impairment, or facing language barriers) are being heard?
- How does the Board understand the individual characteristics and diverse backgrounds of consumers and use this understanding to inform service delivery?
- Standardised annual or bi-annual surveys and satisfaction reports are unlikely to be adequate to deeply inform the Board about the consumer experience.
- Ask consumers:
  - How would you like this place run?
  - What are we not currently doing that you think we should be?
  - What can we do to improve your aged care experience?
- If you can’t deliver what consumer’s need or want, what is preventing you from doing so? For example:
  - If someone can’t be showered at the time they would like, why is this? Is it the way staff are rostered? Can this be changed to suit the person, rather than adjusting the person’s schedule to suit the staffing?
  - If a person can’t be supported to do an activity they would like, why is this? Is it a lack of resources or facilities? Can partnerships be formed with others to support these activities? Is it because staff lack the required skills? How could this be different? Is there another way to achieve the outcome the consumer is seeking?

Wherever possible, orient systems and processes around consumers, not the other way around.
Reviewing the composition of the Board and the involvement of consumers

- Are consumers represented on the Board?
- Does the Board include someone with operational experience working in an aged care service?
- How can the consumer’s voice at Board meetings be strengthened? For example:
  - Invite consumer representatives to attend Board meetings to give direct input.
  - Ask consumers to help set the agenda for each Board meeting.
  - Start every management meeting with a consumer story.
  - Circulate a summary of the outcomes from each management meeting to all consumers and their representatives.

CASE STUDY

Board conversations

The ACH Group’s Board made a commitment to ‘be of service to consumers’ rather than just delivering service to consumers.

The board delivering services decided to engage with consumers on ways they could do this to deliver ‘a good life for consumers’ through a series of consumer consultations they called Board Conversations.

Consumers from a variety of backgrounds and ages were invited to the conversations. The initial conversations provided the board with a connection to older people, carers and the wider community. The board found these meetings illuminating – ‘a direct link to customer wisdom’.

The conversations progressed further, with consumers, carers and the wider community assisting the organisation to clearly define the key attributes of a ‘good life’. These elements inform ACH’s service delivery, and the board conversations are now a permanent feature of the organisation’s service design approach.
Leading by example

- How would consumers and staff describe the role of the Board in promoting consumer engagement and a culture of safe, inclusive and quality care and services?
- Beyond strategic planning documents and promotional materials, how do consumers and staff experience the Board’s culture and voice?
- Would staff describe the Board as leading by example and continuously working to shift the culture of the organisation to a more consumer-centred one? If not, why not?

Engaging with consumers on an ongoing basis and in relation to key strategic and other issues being considered by the Board

- How do Board members engage with consumers including in relation to key strategic and other issues being considered by the Board?
- What strategies does the organisation have in place to engage with consumers from diverse backgrounds or those facing barriers to engagement?
- While there are a wide range of ways to engage with consumers (and the ‘right’ approach will depend on consumer feedback and the organisation) some suggestions made by providers include:
  – Establish a consumer reference group (committee) to provide coordinated consumer (and representative) input into all aspects of the organisation. Ensure the committee has clear terms of reference; the role of consumers is clear (including where decision making power lies); the consumer understands what powers the committee has; and the committee is resourced to fulfil its role.
  – Invite consumer representation on existing key governance committees such as Continuous Quality Improvement and Clinical Governance committees.
  – Invite consumers to strategic planning days. Work with them to prepare for the day including talking through how the day will be run, the agenda and what you are seeking from them.

A critical thing to remember when involving people on committees, in a voluntary capacity, is that they will want to know that their involvement leads to change. Consumers will get frustrated if asked to participate in decision making where there is no sign of it having any impact.

For some tips on consumer representation on organisational committees, see Home Care Today 27 (see pages 42 to 46 of the Voice of Consumers Toolkit).

Consider the information and resources to support consumer representation on committees with a health remit on the Consumers Health Forum of Australia website. 28

Reviewing and revising policies and processes

- Is the consumer voice clear in the core documents that set the strategic direction of the organisation?
- Involve consumers in the development and review of policies and guidelines for the service, including the materials given to people when they are considering the service.
- Run draft policies past a consumer representative committee to explore what they think is important for the policies to cover and ensure they are easy to understand and meaningful to consumers.
- Consider inclusive service standards and how your organisation can use these to support the design and delivery of care and services that are inclusive for all consumers.

“"I am very happy with my involvement on one of the committees because my involvement visibly and definitely leads to change... there are visible results due to the work of the committee."”

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29 Consumer quote from: NSW Agency for Clinical Innovation, Consumer engagement Agency for Clinical Innovation (ACI) Giving a voice to stakeholder perspectives, summary of report from Australian Institute of Health Innovation (AIHI)
Recruiting and training for success

Getting staff on board

Staff are key to effective consumer engagement. Their day-to-day interactions with consumers have a significant impact on the quality of each consumer’s experience, including their health and well-being. It is important that staff understand the benefits of effective consumer engagement and that small, simple changes in their daily practice can make a big difference to the quality of their engagement.
Consider…

**Discussing consumer engagement with staff and why it is a priority for the organisation**

- It is important that staff at all levels (from senior management to direct care staff and others) understand that building relationships and partnering with consumers is a critical part of their role. This includes consumers that may face barriers to engagement – cognitive/sensory impairment or language barriers.
- Provide a safe and supportive environment and encourage staff to try new things to engage better with each other and with consumers, and to share their experiences.
- How you approach the discussion with staff will depend on where the organisation is at, and the different roles and experience of staff and their experience.
- For those organisations at an early stage in embedding consumer engagement, some resources include:
  - ‘2.4 How to get your team understanding participation and engagement’ on pages 18 to 25 of the Voice of Consumers Toolkit.  
  - YouTube clips:
    - [Story of Co-design](https://www.youtube.com/watch?v=Pj9sLXXM0ts&feature=youtu.be) – While this clip refers to ‘co-design’ rather than ‘consumer engagement’, it provides an accessible overview of the key motivations, principles and benefits of engaging with consumers
    - [Why do we need to talk about consumer engagement?](https://www.youtube.com/watch?v=ESlQAWEeCGU&feature=youtu.be)
    - [Consumer engagement and the new Aged Care Quality Standards](https://www.youtube.com/watch?v=ESlQAWEeCGU&feature=youtu.be)
- For those seeking to drive cultural and behavioural change:
  - Consider LEAN thinking to empower staff and consumers 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 activities that don’t.
- Remind staff of the simple but important things to remember.

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32 [https://www.youtube.com/embed/HWgJlwTDIRQ](https://www.youtube.com/embed/HWgJlwTDIRQ)
33 [https://www.youtube.com/watch?v=Pj9sLXXM0ts&feature=youtu.be](https://www.youtube.com/watch?v=Pj9sLXXM0ts&feature=youtu.be)
34 [https://www.youtube.com/watch?v=ESlQAWEeCGU&feature=youtu.be](https://www.youtube.com/watch?v=ESlQAWEeCGU&feature=youtu.be)
36 Refer to Chapter 06, Simple but important things to remember on page 63
**Staff recruitment and training**

Consumers want to have a say in their care and the way services are provided. The opportunity to give feedback and improve care and services is highly motivating for many consumers, and engaging consumers in staff recruitment and training is a way for consumer input to make a difference.

Consumers are often well placed to inform staff recruitment and training – they understand the service environment and have first-hand experience and knowledge of what is needed to improve their care and services.

How you engage consumers in staff recruitment and training may be influenced by two considerations:

- **the roles you are recruiting for**
  - For example, you may engage with consumers differently if you are recruiting for clerical roles that involve helping consumers to understand fees and payments versus clinical and care roles that involve working with consumers on a day-to-day basis.

- **the skills of the consumers in the service.**
  - For example, consumers could provide their personal perspective about what they value in staff (and to influence training) but may also have unique skills, expertise or relevant industry knowledge that can build the organisational capacity (such as, nursing, accounting or human resource backgrounds).

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**Standard 7**

requires a workforce that has the right skills, qualifications and knowledge. Staff are expected to be able to do their job effectively and to be able to communicate and build positive relationships with consumers. A focus on consumer-centred care encourages the right interactions with consumers. Effectively engaging consumers in staff recruitment and training can support the provision of quality care and services from people who are knowledgeable, capable and caring.
Consider...

Consulting with consumers about potential involvement in recruiting

- Ask consumers how they would like to be involved in staff recruitment, training and performance review.
- Get consumers involved in helping you determine staffing needs.
  - Ask consumers what the most important traits are to them in care staff and consider these when interviewing new staff. For example, ask consumers “What are the three most important things we need to think about when hiring new staff?”
  - Ask consumers about the gaps in staff skillsets and consider these when hiring.
- Get consumer input into developing selection criteria for new staff.

CASE STUDY

Voice of consumers in staff selection

The Northern Area Mental Health Service, the largest mental health service in Victoria, has a Consumer Participation in Staff Selection strategy that was initiated by consumers and developed cooperatively with managers.

Since July 2001, consumers have been involved in developing selection criteria for new staff and have been recruited and trained to participate as members of staff selection panels. An independent evaluation of this strategy in 2003 found that it was a highly successful example of collaborative partnership between consumers and providers of mental health services. The involvement of consumers in staff recruitment has profoundly influenced the culture of the organisation – impacting on the quality of staff appointments, staff attitudes and practices, and increasing mutual respect between consumers and staff.
· Invite consumers to design some of the questions to ask interviewees.
· Invite consumers to interview shortlisted candidates, where the interview is observed by a member of the management team of the service. This not only involves consumers in the staff selection process but also enables the service to directly observe how prospective applicants engage with consumers.
· Involve consumers in staff education on specific subject matters. This could include working with the people who are developing the training to ensure the content reflects consumer expectations or inviting consumers to address staff as part of the training module.
· Seek consumer feedback on staff performance prior to undertaking performance reviews.
· As part of staff performance assessments, use quotes from positive consumer feedback to highlight things that staff have done that made an impact or improved a consumer’s experience.

**CASE STUDY**

**Melbourne Health Allied Health**

Melbourne Health Allied Health (AH) trialled a new model of recruitment to involve consumers in hiring staff.

Six consumer representatives underwent traditional volunteer training and induction plus an in-depth overview of AH and specialist recruitment training. New procedures were developed, and workshops were held with AH staff to support them to work with consumer representatives. Over 12 months, more than 40 interview panels were conducted with a consumer present. Survey results with AH staff involved in recruitment revealed that:

· having a consumer voice led to improved confidence in candidate selection
· staff see value in the consumer voice
· staff would recommend having a consumer on interview panels.

By involving consumers in recruitment, AH is able to develop a workforce that is more representative of consumer needs and ensures a true partnership between staff and consumers.

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38 Briggs, R, Our consumers as “recruiters”: Patients selecting the future employees of Melbourne Health
Consumer engagement-focused training

The most appropriate consumer engagement training for staff will depend on where they are at, your assessment of areas of strength and areas for improvement (as discussed in Chapter 2), and the culture of your organisation.

Consider...

Customer service training

Provide customer service training for staff, including how to identify informal feedback when it occurs, pathways to action feedback and the importance of closing the feedback loop back with the consumer. Use lessons from the hospitality and/or service sector to train staff in providing good customer service.

Consumer personas

Use consumer personas to help to train staff to consider the consumer experience. Create personas for a number of different consumer types, refer to these personas in training and display them in staff rooms to remind staff of considerations for engaging with these types of consumers.

- For tips on how to create consumer personas, see the Agency for Clinical Innovation’s website.

Design your care

Conduct a workshop to help raise staff awareness of their own culture and identity and what is important to them in entering a care setting. Find the design your care activity on the Commission’s website.

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39 Engaging Young Leaders CDC Consumer Engagement toolkit, p.10
40 Coppola, M, Nurnberg, C, Poulimenos, D and Swanson, M, Lessons physician groups can learn from the hospitality industry, Huron Consulting
42 https://agedcarequality.gov.au/resources/design-your-care-activity
‘Gamify’ consumer engagement

Use digital tools and competition (by incorporating game elements such as scoreboards, competitive incentives and effective use of technology) to incentivise staff and consumers to change their behaviour.43

One person-centred care game app 44 (developed by the University of Gothenburg) encourages users to test new ideas directly in daily activities and consider the outcome. The user can meet a fictitious consumer and navigate through dialogues to create a plan together with the consumer.

Simulation-based training

Staff can test their skills in engaging consumers in a safe environment by training using simulations or mannequins.45

• Simulation-based education and training is commonly used to improve the quality of clinical care and service delivery. Simulation-based education engages the learners in hands-on activities, creating a real-life environment for them to build knowledge and skills.46, 47

• The Centre for Dementia Learning 48 provides Educational Dementia Immersive Experience workshops where participants can see the world through the eyes of a person living with dementia, using virtual reality technology.

AIDET Patient Communication

AIDET 49 is a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases consumer anxiety, empowers consumers and improves clinical outcomes. The approach encourages staff to acknowledge the consumer, introduce themselves, explain what will happen and when, and express gratitude with every consumer interaction. The key steps include:

• Acknowledge: greet the consumer by name. Make eye contact, smile, and acknowledge family or friends in the room.

• Introduce: introduce yourself with your name, skill set, professional certification and experience.

• Duration: give an accurate time expectation for tasks and identify next steps. When this is not possible, give a time in which you will next check in on the consumer.

• Explanation: explain step-by-step what to expect next, answer questions, and let the person know how to contact you.

• Thank you: thank the consumer and/or family. You might express gratitude for their communication and cooperation or thank family members for being there to support the consumer.

43 Wagner, B Thornberg, K Changing behaviours with the gamification of healthcare, Huron Consulting.
44 https://gpcc.gu.se/english/resources/the-pcc-game-app---learn-by-playing
45 Aged Care Guide, 2018, $800,000 investment aims to boost training opportunities for aged care in TAS.
47 Magnet Hospitals in Australia
49 https://www.studergroup.com/aidet
CASE STUDY

All together now – applying the value of co-production 50

A dementia care home in Swansea (UK) set out to improve the well-being of people living with dementia, their carers and staff, using the values and practices of co-production.

The idea was to better draw out personal identity by changing language and increasing the focus on meaning and purpose (rather than care that is based on tasks).

Key to this project was getting all of the people interacting with consumers on board – consumer engagement was everyone’s business. Someone who works in the kitchen is valued not only for the food they cook, but also for involving consumers who are living with dementia in preparing food. Everyone involved in care moved away from thinking of consumers as ‘elderly’ or ‘mentally infirm’ and engaged in ‘challenging behaviours’, and instead focused on meaningful engagement. For example, a man with challenging behaviour was given an opportunity to join staff on shopping trips. His behaviours changed because he was being listened to and had the opportunity to form relationships with staff and people in the community.

50 Social Care Institute for Excellence, 2013, Co-production in social care: What it is and how to do it, Practice example: All Together Now Project.
Embedding consumer engagement in all aspects of care

Understanding the individual

The foundation stone of effective consumer engagement is understanding the individual, who they are and what is important to them. When staff know more about the person they are providing care for, they are more likely to engage in meaningful discussion and empathise with the person's circumstances. This enables staff to provide more tailored support to the individual and find innovative ways to help them achieve their goals.
Consider...

Getting to know the person

- Ask consumers to share with you what their life was like before they started using aged care services. Discuss any ways you can help them to feel independent and retain connection with the things that are important to them – their community, culture, friends and hobbies.
- Talk to consumers about their goals and preferences. For example: What is worrying you? What do you miss doing? What do you want to achieve over the next six months?
- Pair staff with consumers so that individual staff members get to know a few consumers on a deeper level. These staff members could:
  - regularly check in on the consumer during each shift and check with other staff about how they are doing, and
  - be responsible for advocating for that consumer and ensuring other staff are aware of that person’s specific life experience, and individual needs, goals and preferences.

Remember that consumers are not all the same. Approach each person with the mindset that they have something worth knowing that they can teach you.
How your understanding and values can impact on the services you provide for consumers from diverse backgrounds

- For consumers from different cultural backgrounds, do some basic background research on their culture to help inform your understanding of their experience. Diversicare’s Little Book of Cultural Tips can help you consider ways you can adjust your engagement to ensure it is culturally sensitive.

- For LGBTI consumers, it is important to understand their experiences of aged care services and what matters to them in the delivery of culturally safe services. Silver Rainbow’s, The Rainbow Makers resource traces the journey of Mallow, an older lesbian, as she navigates her way through an experience of discrimination by an aged care provider.

“I felt okay about my sexuality for years. I did a lot of work on my sexuality for 25 years. I blossomed from a little girlie with so much hurt and pain. But when any little thing comes up, I feel hurt and rejected. It takes me back to the pain and the hurt from way back, and I must rebuild again. The reconnecting with LGBTI communities that my provider has made happen, has given me an outing and people to talk to. It’s nice being with my own people. It has helped heal the hurt.”

Asking about life highlights

Host an activity that enables both staff and consumers to share life experiences and better understand each other’s passions and interests. In a small group, ask participants to close their eyes and think about life highlights, and then share their favourite moments with the group. Encourage participants to think about the similarities and differences between experiences.

Talking about personal objects

Encourage each person to bring to a group gathering an object that means something to them, and then talk about the object. Give each person one or two minutes to introduce themselves, describe their object and explain why they bought it along. Encourage participants to ask questions about the object to get discussion going and build relationships.

Undertaking semi-structured interviews

The Real People Real Data Toolkit provides guidance on how to undertake semi structured interviews with consumers about themselves and their health journey and to record and analyse these interviews. While this tool is specific to health care, the same approach can be used with aged care consumers. Topics for discussion can include a person’s health, work and family situation/history, and their experiences of care and services.

References:

54 Community West Inc, Co-producing Aged Care Services with a Wellness Focus, Part Three: Tools & Activities, Step Forward – Together project funded by the Australian Government, September 2016, p.36.
56 Consumers’ Health Forum, Real people real data.
Improving how you manage difficult conversation

- Try these conversation starters to initiate deeper or difficult conversations.
- Use consumer meetings to discuss not just what is working well but also where there have been complaints and clinical risk areas – get input and advice from participants.

Trading places

Sometimes it can be hard to see things from another person’s perspective. This activity invites professionals and consumers to trade places and respond to a range of different scenarios. The scenarios could be problems or issues that they are familiar with (to do with duty of care, policies and procedures, rostering etc) but the key is in shifting the power dynamic so that individuals come up with solutions and ideas based on the other person’s perspective. If this activity was done as a group, smaller groups of two to four people could work on a scenario then report discussions back to the group.

Tree of strengths

Tree of strengths is about laying the groundwork for engaging people by inviting them to uncover their hidden assets. As a visual cue, a large drawing of a tree branch is hung on the wall and people are invited to work in pairs to identify their own skills and strengths and write them on Post-it Notes, which are then attached as ‘leaves’ on the tree. Based on the skills and strengths identified, participants can then think about how they could work together as a group on a project or if there are skills missing to achieve desired goals.

59  Community West Inc, Co-producing Aged Care Services with a Wellness Focus, Part Three: Tools & Activities, Step Forward – Together project funded by the Australian Government, September 2016, p.44.
60  Community West Inc, Co-producing Aged Care Services with a Wellness Focus, Part Three: Tools & Activities, Step Forward – Together project funded by the Australian Government, September 2016, p.40.
Narrative video interviews

Narrative video interviews with consumers, staff interviews, and observations of care can be a useful way to start discussions between consumers and staff about how to improve care. Filming interviews with consumers about their experience at the service can help to obtain honest feedback and sharing these videos with staff can trigger discussions about the consumer experience of care and ways they could improve service delivery. Some people find it easier to tell a personal story to a camera (rather than talking to a group of people) and may say things on film that they wouldn’t have shared otherwise. While no formal training is needed to do this, trusting relationships should be established before filming, and the people sharing their stories need to be in control of the narrative process, and in a comfortable environment. The interviewer should be empathetic, sensitive, non-judgemental and able to inspire trust.

Wall snippets

In busy environments, staff may not always take their time with consumers or communicate clearly, and consumers can feel like they are being rushed.

Try gathering a series of short informative ‘snippets’ in the form of a sentence or poem. These can address aspects of communication including respect, volume, tone of voice, special needs and body language. These snippets can be placed on the staff room and nurses’ station walls and regularly rotated every couple of weeks to remind staff to continually consider how they are interacting with consumers.

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61 Petriwskyj, A, 2017, Client Engagement Toolkit: A Resource for Aged Care Staff, The University of Queensland
62 Point of Care Foundation films about interviewing and filming patients
Care planning

Ongoing assessment and care planning are critical to the delivery of safe and effective care and services that are tailored to the consumer and optimise their autonomy, health and well-being.

Assessments and planning should occur in partnership with the consumer and others that they want to involve. Partnering in care planning involves sharing information, asking for feedback and supporting and encouraging consumers to take part in assessing and planning their own care and services. For consumers with limited cognitive ability, consider how you can best support them in their decision-making.

Engaging consumers in their care planning is the focus of Standard 2. It is expected that consumers will partner in ongoing assessment and planning that helps them to get the care and service they need for their health and well-being.
Consider...

Getting your systems and processes ready

- It is important that individualised consumer needs, goals and preferences are captured in a tailored care plan.
- Many resources exist to support goal directed care planning, including:
  - the Goal Directed Care Planning Toolkit \(^{63}\) which includes practical strategies to support effective goal setting and care planning in home care
  - Norma’s Story \(^{64}\) provides a case study of goal-based care planning in home care targeted to consumers
  - person-centred software \(^{65}\) which can be used to create a care plan based on each consumer’s needs and preferences, including regarding the timing of care delivery and meal preferences through a ‘planned day approach’. It includes shift handover notes for staff, flags for overdue care, happiness indicators and links to social media to support consumer representatives to engage in a person’s care.
  - The personalised care and support planning tool \(^{66}\) can support staff to design and deliver personalised care and support planning for people with a variety of health and social care needs. While focused on health care, this tool is equally applicable in the aged care context.

Consumers with cognitive impairment

- Just because a person has a cognitive impairment does not mean that they can’t communicate their needs, goals and preferences. However, the way they do this may differ or take time to understand. It may also be necessary to involve others in their care planning, including carers, family or substitute decision makers to understand their story.
- Where consideration needs to be given to substitute decision making, some useful tools include:
  - The Cognitive Decline Partnership Centre’s, Supported Decision-Making in Aged Care: A Policy Development Guideline for Aged Care Providers in Australia \(^{67}\)
  - ADACAS Advocacy’s Support My Decision Toolkit \(^{68}\)

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65 https://personcentredsoftware.com/products/care-app/
68 https://support-my-decision.org.au/
Using consumers as ambassadors

Think about how you can draw on the skills and experiences of consumers (or their representatives) to help communicate information to other consumers.

For example, WA Health ran a Patient First program where volunteer consumers distributed a Patient First booklet directly to other consumers. The booklet provided information about a range of issues (making decisions about treatment, medication safety, falls prevention, improving emotional well-being etc.) and the volunteer consumers were able to talk through the booklet with the consumers they were distributing it to. Having consumers talking to other consumers as knowledgeable peers can be a powerful tool.

Empowering consumers to play an active role in understanding and exercising their rights to express their needs and direct their care

- Display the Charter of Aged Care Rights poster\(^\text{69}\) around the service and provide consumers with the Charter of Aged Care Rights booklet\(^\text{70}\).
- Hold a morning tea each fortnight to discuss one right from the Charter of Aged Care Rights\(^\text{71}\). Describe what aged care services can do to support consumers to have their rights met, providing practical examples. Have consumers talk about what those rights mean to them and why they are important.
- Show consumers OPAN’s Charter of Aged Care Rights explainer video\(^\text{72}\).

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Empowering consumers to share responsibility for their care

- Speak to consumers to help them understand their care plan (to the level they are able to or wish to) and what it will mean for their day-to-day care and services. Let them know it is a living document and will be changed and updated as needed.
- Give each consumer a care handbook and encourage them to update it with changes relating to the way they want services to be provided.
- Support consumers to be more involved in their care. COTA Australia’s Self Management in Home Care Packages resources can help support consumers to understand where and how they might be more involved in their care.
- Understand each consumer’s support network and how it will be involved in the person’s care and services. Encourage consumers to share their care plan with their friends, family and other health professionals involved in their care. Ask them if they would like a support person involved in important conversations about their care.
- Inform consumers about ways they can contribute to their own health and well-being. For example, by exercising to improve pain management and mobility, or eating certain foods to reduce inflammation.
- Be proactive about discussing difficult topics with consumers as part of their care planning. While talking about things such as advance care planning and end of life planning can be confronting (and some consumers may not wish to discuss this), it is important for consumers to feel empowered and supported to make decisions in all aspects of their care.

**CASE STUDY**

**Raising expectations for how much people can do for their own health**

Since 2012, Norway has strengthened its focus on reablement, helping people to take care of themselves and their health.

Interprofessional teams (occupational therapists, social workers, physical therapists, and nurses) work with consumers needing rehabilitation in their homes, with the understanding that this support will drop off as the consumer takes over more of this care on their own. The approach is based not only on their clinical care needs, but what matters most to them — what health and lifestyle-related goals they most want to achieve. They look to build on consumers’ assets, encouraging and enabling consumers to do things for themselves. The emphasis is on providing care with people rather than for them.
Day-to-day care

Engaging consumers in the decision making that shapes their daily care can improve the quality, responsiveness, safety and accountability of services, and directly support health and well-being outcomes.

When consumers are effectively involved in their care, service providers and care staff also benefit from increased knowledge and empowerment, consumer loyalty and accountability, increased mutual respect, enhanced relationships, and flexibility and innovation in care delivery.  

Consider...

Different approaches to engaging with consumers

- Each day (or week) ask consumers to set small achievable goals that lead towards increasing their independence and quality of life. Where appropriate (and in line with their wishes), involve friends, family members and/or carers in goal setting.
- Have a staff member ‘buddy’ responsible for checking in on nominated consumers every day to see how they’re feeling and what might be concerning them.
- Encourage self-care as much as possible to promote independence and help consumers to maintain their dignity and participation in other activities.
- Involve consumers in staff handover and avoid having conversations out of earshot, or in front of them, but not with them.
- Use communication boards to engage consumers and their representatives in day-to-day care. The communication board could be co-designed with the consumer to reflect their personality and things that are important to them.
- Think about how consumers could be engaged on matters other than care, to help foster a sense of connection and contribution (for example, an information session on healthy eating or on a topic of relevance in the local community).

CASE STUDY

Best week

Best week is a component of the relationship-based care model that sees consumers identifying an activity that would constitute for them a ‘best’ experience.

Examples are promoted on the Whiddon website and include the story of 97-year-old Aub, a self-professed ‘petrol head’ who was no longer able to drive but was given the opportunity to go cruising in a Mustang Convertible as a passenger. The idea is that activities can be big or small, with varying degrees of risk, but are tailored to that individual.

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76 Whiddon, MyLife & Relationship Based Care.
Life Snapshot

The purpose of Life Snapshot is to gain a visual perspective of the experience of people using care services.

Arm consumers with a camera (e.g. even just an iPhone) and some inspiration. Provide a list of possible pictures to take, inspiration cards and questionnaire cards.

After a week, gather and analyse the information to identify common themes, preferences, routines, activities, practices or values.

CASE STUDY

MyLife Buddies

Whiddon’s MyLife relationship-based care program focuses on fostering a strong relationship between consumers and 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. The buddy spends one-on-one time with the client and family discussing past, present and future interests and goals.

Made my day cards

With their agreement, the cards can be shared with others over a morning tea or used in staff and Board meetings to increase knowledge and awareness about what people value in their day-to-day care and what makes them feel happier.

78 Community West Inc, Co-producing Aged Care Services with a Wellness Focus, Part Three: Tools & Activities, Step Forward – Together project funded by the Australian Government, September 2016, p.57.

79 Whiddon, MyLife & Relationship Based Care.
Lifestyle activities

Leisure and lifestyle programs should be developed in consultation with consumers and be tailored to their interests and abilities in order to foster maximum participation (and an active lifestyle where possible). Talking to consumers is critical, finding out more about their hobbies and interests, their involvement in clubs and social activities, and how to uncover hidden talents. For consumers with limited cognitive ability, it is even more essential you work with them, their friends, family and/or carers to find lifestyle activities that are within their abilities, provide meaning and support their well-being.

Standard 4 relates to services and supports for daily living. Effectively engaging with consumers to understand lifestyle activities that are meaningful to them is an important precursor to ensuring services and supports optimise each consumer’s independence, health, well-being and quality of life.
Consider...

Avoid having a set list of lifestyle activities that consumers can choose to participate in

Instead, engage with consumers to understand their goals and interests and use this to drive the planning and design of lifestyle activities.

- Involve consumers in the budget allocation for lifestyle activities.
- Ask consumers what they would like to do or what they love doing but are no longer doing.
- Draw on the goals highlighted in each person’s care plan to help identify activities they might enjoy.
- Don’t just ask consumers these questions once but consistently engage on this topic. Bring ideas of new experiences you think a consumer might like to try for them to consider.

Find different, low-cost ways to make activities more meaningful for consumers

- Talk to consumers about planning and running their own activities within the service, for example: book clubs, footy tipping competitions, walking groups, knitting clubs, teaching others a skill or language, etc.
- Support consumers to prepare presentations on subjects of interest to them to speak to interested staff and consumers at the service (staff and/or volunteers can help them to put together a PowerPoint presentation or to film their own short documentary).
- Involve consumers in lifestyle activities that connect with service provision where this is possible – e.g. maintaining the gardens, setting tables, assisting with laundry, preparing meals, etc.
- Use computers, tablets and other technology to support consumers to connect with loved ones (through FaceTime or other forms of social media).
- Create chat rooms and online discussion groups to support consumers to discuss matters of interest to them.
- Consider consumer interests and goals in engaging volunteers and visitors to the service
- If John is very interested in growing roses but can’t do this because no one at the service knows how to grow roses, is there a visitor or volunteer who could help?
Shopping carts

Initiated and run by consumers, shopping carts are an opportunity for those who have art and craft skills to make products and sell them to other consumers, visitors and relatives.

Sensory activities

- Sensory activities are particularly important for people with limited mobility and/or cognitive function.
- Sensory activities can include a person placing their hands or feet in soil, smelling freshly cut grass, touching an animal or soft toy, connecting with nature.
- While some services dedicate an entire room to sensory experiences, a lack of space need not be a barrier. One service created a space at one of a lounge area by rearranging the furniture, painting the walls pink and hanging a curtain that can be drawn when people are engaging in sensory activities.
- Dementia Australia sells items that can be helpful for engaging the senses, whether as a part of sensory therapy or to otherwise improve quality of life.

Namaste care rooms

- The Namaste Care program is a model of compassionate nursing care based around individualised activities for people with advanced dementia in a group setting.
- At heart, this approach broadens the concept of communication beyond talking, working in a sensory way with people with dementia, in dedicated, calming spaces. The objective is to relieve agitation, anxiety and tension of people with dementia.
- Music, art, aromatherapy, plants and objects that connote memories and emotions are utilised, as is touch (moisturising hands, face, feet, brushing hair).

80 Stacpoole, M, Thompsell, A and Hockley, J, 2016, Toolkit for implementing the Namaste Care programme for people with advanced dementia living in care homes, St Christopher’s, London, p.30
Men’s Sheds 82

- Men’s Shed are community-based sheds where men can go to build or make something, or just turn up and have a cup of tea and connect with other men.
- Participants benefit by being connected with others, and a sense of value is created through being productive and maintaining an active body and mind.
- You can find your nearest Men’s Shed by visiting the Australian Men’s Shed Association website. 83
- Dementia Australia provides a Men’s Shed manual 84 to support providers to establish their own Men’s Shed.

Community choirs to improve social connectedness 85

Rosewood’s Leederville aged care home in Western Australia responded to a consumer’s request to set up an in-house singing group, by initiating a community choir once a week. External community members are invited to participate, as are staff, and 20 or so consumers participate each week.

Garden projects

- Consider allocating a budget for the gardens and engaging a gardener/staff member/volunteer to work directly with consumers to deliver what they want in the garden.
- Call on volunteers (family members, relatives, locals with gardening experience) to talk to staff and consumers about what they might like to do/achieve. Set up a consumer steering group.

82 Men’s Sheds, Australian Men’s Shed Association.
83 https://mensshed.org/
85 Cheu, S, 2019, Tuning in with residents, Australian Ageing Australia, 19 June
CASE STUDY

**Bridging the Gap**

In Queensland a program has been implemented to encourage positive interactions across generations. Bridging the Gap involves a group of 5-8 people living in residential aged care and two carers travelling to an early learning centre once a week to enjoy a morning of activities and fun with the children. Mutual benefits are felt by the consumers who may have grandchildren living far away, and for children who have grandparents living far away or are no longer with them.

86 Bundaleer and Algester Lodges Bridging the Intergenerational Age Gap, InnovAgeing
87 https://www.youtube.com/watch?v=13_rJvxx_g&app=desktop

CASE STUDY

**Build connections with other organisations in the community**

One aged care service brought together a group of consumers living in a residential aged care service with a group of pre-schoolers.

The two groups interacted in activities that encouraged movement, learning and social interaction, such as reading, group games and painting. *Old People’s Home for 4 Year Olds* 87 explores how this might improve health, happiness and understanding for both groups.

86 Bundaleer and Algester Lodges Bridging the Intergenerational Age Gap, InnovAgeing
87 https://www.youtube.com/watch?v=13_rJvxx_g&app=desktop

Consumer engagement in aged care
Provider resource
agedcarequality.gov.au
CASE STUDY

**Arts and crafts**

Consumers at one service learned how to make leather goods at a weekly leather craft program. Instigated by a small group of men, it now has about 25 attendees each week who create keyrings, coasters, wallets, handbags and other unique products under the guidance of a leather craft specialist. The power of art therapy has been well documented and there are specific examples of how it has been used in residential aged care facilities. For example, the program at Bupa Health Care, which encourages consumers to make art, enter into competitions etc.

CASE STUDY

**Therapeutic gardening**

Two residential care services in Scotland set up a gardening project with the aim of improving outcomes for residents, with benefits for the whole nursing home community. Gardening was used to improve activity levels in a creative and fun way, and ultimately became embedded in the care plans of residents.

“The gardening makes me feel useful... it makes me feel like I have choices... I am strong because of it.... it challenges me... I have to work out how to do things”.

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89  McClellan, J, 2018, Benefits of a gardening project for people with dementia in nursing homes, Nursing Times [online]; 114. P.38-40. Another resource is Scotland’s network for therapeutic gardening, which has fact sheets on starting a gardening project: https://www.trellisscotland.org.uk

90  Global Centre for Modern Ageing, 10 May 2019, Co-designing Aged Care in Strathalbyn: Outcomes Report.
CASE STUDY

BlueCross Glengowrie award winning lifestyle program 91

BlueCross Glengowrie found that men weren’t participating in their exercise programs and looked for ways to make these more applicable and meaningful to men. The service also sought new ways to manage consumers’ pain, improve bone and joint health and maintain mobility. They started a daily pain clinic, run by a physiotherapist, that focused on exercises that promote reablement and functional ability, and to help consumers to manage their pain.

Benefits for consumers included reduced use of pain medication, improved sleep, improved mobility, a sense of well-being, feeling in control of their pain, relationship building, and the formation of new friendships.

91 BlueCross Glengowrie award winning lifestyle program, video accessible on YouTube.
Dining and food

Meals and the dining experience are a significant part of daily life, playing an important role in connecting consumers socially and supporting a sense of belonging.

Food can be a powerful social symbol for connecting consumers with moods, emotions and rituals related to their identity. Mealtime habits built over time can inspire feelings of comfort and familiarity for consumers. This underpins the importance of engaging with consumers to understand their preferences (including meal planning, preparation, presentation, temperature), religious and cultural backgrounds when providing food and drinks or hosting meals. Deep engagement enables you to optimise the benefits of mealtimes including the atmosphere, and interpersonal and social aspects of the dining experience.

Understanding a consumer’s relationship with food can also help you to identify when a person is not feeling themselves. Changes in eating patterns may be related to other aspects of their health and well-being.
Consider...

**Changing the way food is served**

- One service found that by placing buffet style dishes on the tables for consumers to self serve improved the dining experience by encouraging consumers to eat more and creating an atmosphere of sharing and conversation.
- Have staff act as waiters by helping to seat consumers for meals and talk with them about the meal being served (including their options).
- Each time a consumer comes to the dining room ask them what they would like to drink – don’t assume you know based on what they had last time.
- Consider introducing adaptive or dementia friendly crockery where appropriate, to assist consumers with cognitive impairment.

**Supporting consumers to be independent and involved with meals**

- Involve consumers in setting and decorating the table for meals.
- Directly involve consumers in working with the chef and kitchen staff, preparing food, sampling dishes and directing changes to the menu etc.
- Provide the opportunity for consumers to do things for themselves (i.e. encouraging a culture of independence and risk taking). For example, in a residential service, set up a toaster, kettle, cereals and biscuits in the kitchen so consumers can help themselves at any time.
- Support consumers to cook their own meals when they wish. This could be at home or in a residential care service. This could include assessing the pantry, choosing the meal, going to the shops to buy ingredients, unpacking food, preparing the meal and cleaning up.
- Connect consumers with online meal services so they can order their food of their choice when they wish.

**CASE STUDY**

**Capacity building through food**  

A home care service reviewed one consumer’s care and services to find he was using Meals on Wheels only because he had never learned to cook. He was mobile enough to go grocery shopping and to use his kitchen facilities, but needed help to learn the basics of cooking, find recipes and write up a list of ingredients. After four sessions with a support worker, he can now assess his pantry, choose his meals, commute to the shops, buy and unpack the food, prepare the meal and clean up the kitchen. He learned to make different soups, roast chicken with vegetables, and custard and is looking to learn some new recipes. This has improved his independence and well-being and given him a sense of control and purpose.

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Holding events based around food

- Have regular themed nights where one consumer might help direct the kitchen to prepare a meal based on traditional foods from their cultural background.
- Consider a weekly Happy Hour. It can change the mood of the service and consumers look forward to getting dressed up, putting on makeup and listening to music at the Happy Hour. Consumers can decide if they want alcoholic or non-alcoholic beverages.

Protected Mealtimes

- Protected Mealtimes are designed to reduce any unnecessary mealt ime disruption and ensure that consumers are able to enjoy meals. Common disruptions may include clinical procedures, toileting, medication rounds, visitors not sharing or assisting in mealtime activities, loud cluttered dining rooms and cleaning activities.
- This intervention was developed to address malnutrition in hospitalised patients through increasing positive interruptions (such as feeding assistance) whilst minimising unnecessary interruptions (including ward rounds and diagnostic procedures) during mealtimes.
- Nursing, lifestyle, volunteer and other trained staff are encouraged to assist in the dining experience.

CASE STUDY

Meal for eight

At Sorrell Community, a residential service in Tasmania, consumers are involved in maintaining their cooking skills and connecting with peers just as they would at home. Each week a consumer leads the program, inviting seven other consumers to attend a dinner party. With support from the leisure and lifestyle team, the consumer plans the menu, shops for the ingredients, cooks the meal on-site and hosts the dinner party.

Involving relatives in meals

Gather information and suggestions about meals (including timing, presentation and nutrition) through relatives’ meetings. Consider a barbecue and outdoor lunch to obtain consumer input.

94  Uniting AgeWell, Annual Report 2018: Living Well, p. 10.
95  Lindeman, M et al, 2003, Changing Practice in Residential Aged Care Using Participatory Methods, Education for Health, vol. 16, no. 1, p.27
Taste Buddies

The ‘Taste Buddies’ project was trialled in a residential care service in the Netherlands, led by a group of older women seeking to make the meals more appetising.

An external facilitator worked with the group to identify their goals and develop a joint vision on how meals could be improved.

The Taste Buddies held meetings over a period of seven months, which started with conversations about their experiences of living in residential care and worked through their feelings about the food (including cultural norms that led to people not complaining about food and being ‘grateful for anything’). They discussed what the meals should look and taste like, exchanging recipes and stories about cooking, and opened dialogue with those responsible for making changes in the organisation.

Tangible improvements that resulted from the project included that: consumers who preferred to have dinner in their own room could choose from a menu, instead of being ‘surprised’ every day by what they were given to eat; the kitchen had two cooks, with fresh food being prepared on-site so that it retains quality and temperature; care workers waited outside the dining room to pick people up instead of urging them to finish their dinner quickly; there is direct communication between consumers and cooks with the cooks walking through the dining room and chatting with consumers; and monthly theme dinners were started.

After the trial period, the Taste Buddies continued to work with the manager responsible for the meals, including by being involved with interviewing applicants for the job of new cook, having a say in the menu and suggesting monthly themed dinners.

Cook-up to support local homeless

Uniting Springwood and Penrith-based Mama Lana’s Community Foundation formed a partnership whereby consumers were involved in a cook-up to produce meals for local homeless people. Overwhelmingly positive feedback was provided by consumers, who produced more than 100 meals and now do the cook-up as a weekly activity.

97 LASA, Member stories: Leisure and Wellness brings carers and residents together at Uniting, in Fusion: the voice of aged care, Winter 2019, p. 79.
Service environment

For residential care services, the Quality Standards require that the service environment is not only safe, clean and well maintained but also that the environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The service environment must also be comfortable for consumers.

To meet these requirements, organisations will need to engage with consumers to understand what is important to them – for example, what makes the service environment welcoming and comfortable.

While surveying consumers is one way to seek their views about the environment, there are more dynamic approaches that have been used by other providers (some of these are described below).

There are also some great ideas about how to create an environment that is welcoming and consumer-centred.
Consider...

Seeking feedback on the service environment

- Give consumers and staff cameras to take pictures of the service environment, focusing on what they like and don’t like. Give the group a week to take the pictures then collect these and talk with the group about what it conveys about the physical environment, what they enjoy about the service environment and what can be done to make it more comfortable for consumers and staff.

- When the service is undergoing refurbishment, involve consumers in making decisions about things that are important to them. Don’t assume to know what’s important to them, ask. For example, one service found that consumers were unhappy with the beds at the service and partnered with a supplier to support consumers to try different beds before selecting the one they wanted for their room.

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**CASE STUDY**

The Pioneers Lodge 98

At the Pioneers Lodge in the regional town of Griffith in NSW, consumers are encouraged to have input into the service environment in a way that is described as ‘akin to apartment owners contributing to a body corporate’. Often, issues are small but important to consumers (for example, choosing what teas are on offer in the kitchen or what flowers are planted each season in the gardens) and can be addressed quite quickly. Monthly meetings are held so that consumers and families can give feedback, raise concerns and suggest improvements.

The team emphasise the importance of sharing stories and memories as a means to get to know people and their preferences and encouraging consumers to use the courtyard spaces around them to invite family and friends to the Lodge over weekends. A strong network of volunteers is also a key part of the centre’s community.

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98 LASA, Fusion: The voice of aged care, Winter 2018, p.73
Encouraging consumer involvement in the service environment

- Have a consumer be responsible for welcoming visitors to the service, signing them in and showing them around. This role can be rotated among those who are interested and can include welcoming new consumers to the service and offering visitors a cup of tea.
- Encourage consumers to contribute to the service’s music playlist.
- Set a budget for improvements to the outdoor areas and engage a landscaper/gardener/staff member to work directly with consumers to create functional and enjoyable outdoor areas where consumers want to spend time.

Creating physical environments that are conducive to discussion

- This can help support consumers and their caregivers to socialise and share information, e.g. with food, music, good lighting and a relaxed set up.
- For example, the World Cafe groups people into four clusters of chairs/tables to brainstorm ideas and propositions around a topic of common interest, using paper and markers to capture key themes. Each cluster then shares their ideas with the bigger group.
- The Community Café Toolkit provides a guide to establishing a café for people living with dementia, including checklists, templates and resources.
- Consider the principles of Dementia-friendly environments in establishing the space.

CASE STUDY

Dementia-friendly café

Staff in a residential service wanted to provide a safe and comfortable space for clients with dementia and their caregivers to socialise and share information. They held a dementia-friendly café day, where clients, caregivers and staff from other dementia services were invited. Food and drinks were served, and space was provided for people to share support and information.


100 Community West Inc, Co-producing Aged Care Services with a Wellness Focus, Part Three: Tools & Activities, Step Forward – Together project funded by the Australian Government, September 2016, P.68-69


Friends, family and carers

Friends, family members and carers are an extension of the caring community you are supporting. Engaging with them helps you to better understand the consumer, the supports others are providing, and how you can collectively deliver quality, individualised care. This is particularly important for consumers with barriers to communicating or with cognitive impairment.
Consider...

**Supporting consumers’ friends, families and carers to be involved with the service community**

- Many family members will have commitments during business hours, so when planning meetings and activities where their feedback is sought, offer an opportunity to participate out of hours.

- In a residential service, provide a space for people to entertain their visitors – in a lounge environment with tea and coffee making facilities, or space in the garden for a barbeque.

- Relationship building events can be relatively easy to organise and cost-effective (i.e. movie nights, morning teas, breakfasts). For home care services, partnering with your local community centre to host an event for consumers and their families (and supporting consumers to attend) can help foster connections and build relationships between different consumers, their families and staff at the service.

- Encourage visitors to the service to take photos of their loved ones for the service newsletter. Get consumers and their loved ones involved in developing content for the newsletter, including by writing articles on subject matters of interest to consumers and their families.

- Provide reasons and opportunities for the broader community to visit the service. For example, hosting Rotary or other community events at the service is a way to bring the community into the service and engage consumers, providing external stimulation.

**Supporting consumers’ friends, family and carers to be there for their loved one**

Some people may not know how they can best support their loved one, particularly when they start to experience cognitive decline. Help them to understand what is happening and how they can be a part of their care. Useful tools exist to share with consumer representatives:

- [Culturally and linguistically diverse dementia resources for friends and family](https://www.dementia.org.au/resources/diversity/cald-dementia-resources-for-families-and-professionals)
- [Dementia language guidelines](https://www.dementia.org.au/resources/dementia-language-guidelines)
- [LGBTI and dementia for people living with dementia who are LGBTI, their care partners, family and friends](https://www.dementia.org.au/resources/lgbti-and-dementia)
**Fundraising**

- Involving people in fundraising/making a difference can be energising and life-affirming.
- Find out what inspires consumers – whether it is raising money for something that will directly benefit them (a unique experience, a service improvement), or a local charity.
- Consider how to draw on people’s strengths and abilities to drive the project and best raise the target amount of money.
- Look into the many different ways to fundraise (raffles, gold coin donations at morning teas, book fairs, trivia nights) and whether donations could be sought (for example, a local restaurant could donate a dinner for two in return for promotion at a service through newsletters, websites, etc).

**Communication boards**

- To encourage better communication between staff, consumers and family members, try developing communication/white boards.
- The boards can be used by consumers and their family members to record preferences, update how the person is feeling on the day or what they have been experiencing. This alleviates the need for the person to repeatedly explain their situation and supports family to engage in a person’s care and services.
- Magnetic emojis can be used to visually convey feelings and prompt conversation between consumers and family/staff. This can be particularly helpful where there are communication challenges.
- Communication boards could be adopted in a residential service or in a consumer’s home if they like the idea.

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108 There are numerous resources for community fundraising, including some specific articles about Fundraising ideas for nursing homes. More information: How to make money from aged care fundraising

109 Case Study 2 Co-designing a patient communication board – the paediatric experience in Australian Healthcare and Hospitals Association (AHHA) and Consumers Health Forum of Australia (CHF), 2017, *Experience Based Co-design: a toolkit for Australia*, p.137

110 Australian Healthcare and Hospitals Association (AHHA) and Consumers Health Forum of Australia (CHF), 2017, *Experience Based Co-design: a toolkit for Australia*, pp 144-147.
Evaluating progress

The evaluation of engagement activities can be challenging but is essential to measure outcomes, inform future engagement and improve engagement practices.

To evaluate engagement, collect evidence before, during and after implementing new approaches to consumer engagement. Consult consumers, carers, and staff when determining the evaluation strategy, as they will also have views about what is best measured and what constitutes a good or poor outcome. Ensure evidence and feedback is collected in a range of different ways to maximise the ability of all consumers to provide input.

Share your findings with consumers to provide transparency about what is and isn’t working and what will be changed.
Consider...

Reassess your organisation against the tools described under Chapter 02: Assessing where you’re at \(^{111}\) in this guide.

Identify the touchpoints in your organisation where you engage with consumers.

At each touchpoint, ask yourself:

- What happens?
- Who makes the decision?
- What is the resulting change?
- How strongly was the consumers’ point of view reflected in the outcome?
- What was good about this touchpoint?
- What could be improved?

Document what you have learned and ensure there is a process for sharing this information so that it feeds into continuous improvement for the organisation

Analysing and presenting consumer stories to shape decision-making \(^{112}\) (see Chapter 7 of the Voice of Consumers Toolkit) – this provides some tips on how to use the evidence and information gathered from consumers to influence the organisation’s strategic direction.

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\(^{111}\) Refer to Chapter 02, Assessing where you’re at on page 9

Seek consumer feedback

- Consider how best to encourage honest and open communication of feedback from consumers and their representatives and try different methods of seeking feedback.

- When done well, surveys can be one good source of feedback on how an organisation is performing. When undertaking surveys, consider the questions and how to best encourage open and honest feedback from consumers and their representatives.
  - For some tips to improve consumer surveys, see Home Care Today¹¹³ (see page 48 of the Voice of Consumers Toolkit).

- Experience questionnaires are completed by the people using a service or process to understand how it could be better. They can highlight both problems and areas that are working well.
  - For tips on how to undertake an experience questionnaire, see the Agency for Clinical Innovation’s website.¹¹⁴

- Hold a series of interviews with consumers and staff to understand where they would like to see continuous improvement.

- Support consumers to create a video describing what the service is doing really well (i.e. what they love about the service) and where they think the service needs improvement. Have a consumer present the video to staff and/or the Board. This process could be repeated regularly.

CASE STUDY

Consumers as evaluators¹¹⁵

A carer support service decided to evaluate its programs and felt that the best people to do the evaluation were carers themselves. A group of five carers (consumers) volunteered to be involved, and the manager and a community worker from a nearby council supported them. This worker provided initial training for the group on principles and techniques of evaluation. The group decided who they would gather information from and designed the questionnaires. They received training on how to conduct focus groups, then ran three focus groups for carers and volunteers. They also conducted individual interviews with other service providers.

Chapter 05

Tools for evaluating consumer engagement

- The Adult Social Care Outcomes Toolkit\textsuperscript{116} (ASCOT) measure is designed to capture information about an individual’s social care-related quality of life and is applicable across a range of user groups and care and support settings. The ASCOT can be used to assess the impact of an organisation's consumer engagement on individuals.

- Evaluation and reporting plan\textsuperscript{117} (see page 17 of the Client Engagement Toolkit) – this tool helps to plan evaluations in relation to consumer engagement projects.

- The Monitoring and Evaluation Tool\textsuperscript{118} – this tool helps to reflect on what has been achieved, what has been found, what might be done differently.

- The audit tools and measurement plan\textsuperscript{119} (in the SA Health Guide for Engaging with Consumers and the Community) – while this tool is focused on the health and hospital setting, many of the audit questions are equally applicable in aged care and can provide a good starting point for developing an evaluation tool.

CASE STUDY

WA trial of Patient Opinion in healthcare

In 2015, the WA Country Health Service (WACHS) was seeking ways to enhance its patient communications. WACHS trialled Patient Opinion in three locations to monitor the patient experience and effectiveness of services. They found that Patient Opinion facilitated controlled dialogue between health care services and patients. Patients submit feedback anonymously and feedback is made public on the service’s site. However, feedback can be moderated before it is published to ensure the conversation is constructive and does not offend people. WACHS was able to assign feedback a criticality rating and delay publication by five days so the service could investigate the issue and prepare a first response.

Benefits from the trial included: learnings from one service were shared across the entire health system; positive feedback was turned into good news stories and publicised on social media, increasing engagement with those services; of the 1,600 stories shared, 49 per cent were positive and 47 per cent were negative and 83 service delivery changes were made in response.

Following the trial, Patient Opinion is now mandated in all public health systems in WA to drive a patient-centred health system culture.\textsuperscript{120}

\textsuperscript{116} http://www.pssru.ac.uk/ascot/
\textsuperscript{117} https://nmsw.uq.edu.au/client-engagement-toolkit
\textsuperscript{119} https://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e654788aa0ca8ba24f3db9/Guideline_Guide_for_Engaging_Consumers_Community_v1.2_29.11.18.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-f8d1d0004e654788aa0ca8ba24f3db9-mMFvTDS
\textsuperscript{120} Western Australia’s Trial of patient Opinion – A Case Study, [accessed at Patient Opinion].
Embrace complaints and transparency

- Provide transparency around consumer complaints and the service’s response.
- For example, try a complaints board where complaints are displayed, including how the complaint was addressed and comments/quotes from consumers about how the complaint was managed and the outcomes achieved.
- This can also encourage other consumers to provide feedback.
- The Commission has published a Better Practice Guide to Complaint Handling in Aged Care Services 121.

Include consumers in open disclosure

- When something goes wrong, engage with consumers and families to understand the issue.
- Demonstrate that the service understood the consumer’s concerns and will work with them to understand how the organisation can learn from the experience and make improvements.
- Tools like Care Opinion 122 may support the organisation to improve the way it manages and learns from negative consumer experiences.
- The Commission has published an Aged Care Open Disclosure Framework and Guidance 123 and an Open Disclosure educational video 124 for providers.

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If he had a fabulous time watching the match, what made that happen and how can we do it again?

It provides a clear framework against which daily practice and organisational decisions can be judged: Did they help or hinder Bob (and others using aged care services) to have a good day? How do we know? If not, why not? What has to change?

Without such a practical explanation, challenges and difficulties are harder to resolve because it is harder to pinpoint the exact nature of the problem. Knowing specifically what we are aiming for, makes it easier to know when we’ve missed the target:

- Did Bob miss the football match because the staff could not be in two places at once?
- Was it because the kitchen routine meant Bob (and his support staff) had to make a choice between watching the match and eating dinner?
- Was it because activities in the service take place according to a predetermined schedule and the match is not amongst them?
- Was it because the environment means Bob cannot watch TV without irritating his football-hating neighbour?

A shared framework of ‘Bob’s good day involves football’ helps us to answer these questions. A lack of a shared framework means we could struggle to work out what did or did not work. Moreover, without such a practical and shared understanding there is a real risk that the appearance of a good day (a tidy room, an activities schedule, all physical care being provided, dinner being served on time) could be confused for the experience of a good day. We might never find out whether Bob had a good day or not.

CASE STUDY

A good day for Bob

Bob lives in a residential care service; the staff know Bob well and understand his likes, hobbies and interests and have translated these into practical tips about what a good day for Bob looks like.

A good day for Bob is: the chance to watch, talk about or play football; eating sausages and mashed potato; getting outside in the sunshine; wearing a bright shirt; chatting to his mate Jim; seeing his daughters.

This information is displayed at the service so that everyone that comes into contact with Bob has a practical understanding of how to make it a good day for Bob. Having examples of what makes a good day for Bob supports the service to reflect on their success at delivering a good day for Bob:

- If Bob did not chat about football yesterday, why did he not and what needs to change tomorrow to make sure he can if he wants to?

125 Brooker, Person-Centred Dementia Care, p.37.
Simple but important things to remember

In response to the consumer survey, many consumers gave simple examples of ways that staff could speak with them that would improve their experience and support them to feel valued and respected.

While many of the following tips may seem obvious, it’s important not to forget them. Doing these small things doesn’t take more time but can significantly improve the way a consumer feels about the engagement.

Consider the possibility that the consumer may know as much as you and indeed they may know better than you, particularly when it comes to making decisions about themselves and their lives.
When speaking with consumers...

- greet consumers with a smile
- be friendly, polite and approachable
- be respectful and considerate
- present yourself as having time and wanting to listen
- ask how they are and really listen to their response
- ask what they need or how you can help them
- use plain language
- use non-verbal cues as required
- approach consumers at the same level and without barriers between you (e.g. a desk)
- consider the consumer’s communication needs
  - Are translators required? Do you need to use TIS 126 or Deaf Australia 127 to support communication? Has relevant information been translated? Could a translating app assist with communication? Would picture tiles be useful to support communication?
  - Are there specific cultural needs to consider?
  - Is your communication approach and language LGBTI inclusive? 128
  - Is the environment conducive to effective communication?

- What is the most appropriate way to communicate with this consumer, for this specific purpose? Do you need to use a mixture of communication methods to improve the engagement (e.g. brainstorming, mind maps, conversations, games, role plays, drawings or graphics)?
- Are you providing an appropriate amount of information?

Providing written information

- Ensure the information provided to consumers (and their friends, family or carers) is written in clear, simple language and that it is clear what they should do with any information provided.
- See the tools for communicating clearly, promoting health literacy and writing health information for some tips on how to do this (Tools 3 to 8 in the SA Health Guide for Engaging with Consumers and the Community) 129
- Consider the way that questions are being asked and how you might make it easier for people to provide information. For example, ‘Do you have any questions?’ could be reframed as, ‘What questions do you still have?’
- When providing a lot of information, check in for understanding with questions like, ‘What would you like me to go over with you again?’

127 https://deafaustralia.org.au/
129 https://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e45a788aa0caf8ba24f3db9/Guideline_Guide_for_Engaging_Consumers_Community_v1.2_29.11.18.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-f8d1d0004e45a788aa0caf8ba24f3db9-mMFvTDS
Use every interaction as an opportunity to build relationships, trust and mutual respect.

Open, frequent, individualised communication

- Communicate regularly, keep consumers (and the consumer’s friends, family or carers where appropriate) informed of any changes or issues with their care and with other news at the service. Check in regularly and ask what the person would like done differently in relation to their care and services.
- Take a few minutes each morning to ask each consumer what is important to them for the day, and what can be done to make their day as good as possible.
- Get to know consumers and the things of interest to them. For example, if care staff know that someone is interested in gardening, they can do small things like bring the person a flower or clipping from their garden or seek the person’s advice on how to grow certain plants.
- Be responsive – if a consumer requests something, follow this up and let the person know what is being done about their request; keep them in the loop.
- If something isn’t working, work together to problem solve.

Before providing care

- If you are entering a consumer’s room, knock and ask if it’s okay to enter.
- If you don’t know the person, introduce yourself and your role at the service.
- Whether delivering residential care or care in a person’s home, before you start providing personal or clinical care, let the person know what you’re about to do and why, checking if this is okay with them.
- Ask if there is anything else you can do for them before you leave.