



Future of Centre Based Respite

Spaces and places that keep us connected as we age

Final Project Report

Prepared for Brisbane North PHN & healthy@home Consortium

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ABOUT COTA QUEENSLAND

COTA Queensland, a member of the COTA Federation is a for purpose registered charity committed to advancing the rights, needs, interests and futures of people as we age.

Our vision is that ageing in Queensland is a time of possibility, opportunity and influence.

We recognise the impact of systemic inequalities, disadvantage and discrimination on some Queenslanders as we age and are committed to speaking out on these issues to achieve our vision.

We work with older people, community organisations, service providers, peak agencies, researchers, Governments at all levels, and the COTAs around Australia to inform, advocate, and influence.

We advocate through membership of advisory committees, public statements, submissions, and support programs from other organisations that align with our objectives.

COTA Queensland is a values-led organisation and is committed to the principles of diversity, anti-discrimination and equal opportunity.

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Council on the Ageing (COTA) Queensland acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past, present and emerging.

This project was an initiative of the healthy@home consortium through the Brisbane North Primary Health Network (PHN). COTA Queensland would like to recognise the contribution of everyone who participated in this important exploration into Centre Based Respite currently, and what it could like in the future.

COTA Queensland wishes to particularly thank community members and healthy@home consortium service providers who have given their valuable time and provided their expertise, experience and insights to inform the development of this document and a vision for the future.

Supported by the Australian Government Department of Health. Although funding for this Future of Centre Based Respite project has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

PROJECT SUMMARY

Background

Centre Based Respite is a service type in the Care Relationships and Carer Support sub program of the Commonwealth Home Support Program (CHSP) delivered by aged care service providers through the Australian Government funded aged care program. The healthy@home consortium (consortium) is a collaboration of service providers, service provider peak, consumer and carer representative organisations, and health. The Brisbane North Primary Health Network (PHN) provides the backbone organisational support to this consortium.

The need for this project was identified through growing concern by a number of Consortium members. These concerns related to the growing prevalence of people living with dementia and being supported by informal carers in the home; increased social isolation and numbers of people experiencing loneliness; changing demographics and consumer needs and preferences into the future; and policy and access issues impacting uptake and delivery of this service type.

The World Health Organisation (WHO) identifies *healthy ageing* as consisting of three components, namely functional ability, intrinsic capacity and environments. Centre Based Respite services incorporate these three components and consequently the potential to be a key driver in supporting people's health and wellbeing. WHO also promotes strong collaboration for transformative change; the consortium provides a vehicle through which this collaboration can occur.

COTA Queensland was commissioned to initially undertake a situational analysis (stage 1), and then progress to a community engagement and collaboration phase (stage 2). The overall aim of the project was to develop a shared vision for the future of Centre Based Respite, and identify potential partners and processes for a regional coordinated response which continues to build shared knowledge and commitment to continuous innovation in this service type in the future.

The project was conducted in two stages between November 2019 and June 2021 with the COVID-19 pandemic influencing timelines and activities. The purpose of Stage One, conducted during November and December 2019, was to provide a situational analysis based on a literature scan of national and international models, a policy scan, and consultations with Consortium service providers. The purpose of Stage Two, conducted between August 2020 and April 2021, was to engage more broadly with the community and develop a shared vision for the future through a collaborative approach.

Terminology

Centre based respite is a funded service type through the Commonwealth Home Support Programme (CHSP) under the sub-program of Care Relationships and Carer Support. This project focusses specifically on centre based day respite service type in the community.

Social Support Group is another CHSP funded service type under the sub-program of Community and Home Support. This project is inclusive of this service type when delivered in or from a centre based respite context.

These service types are collectively referred to as centre based respite throughout this report.

Framework

An appreciative inquiry approach was adopted to engage with service providers, assessors and the broader community. The approach involved discovering the strengths of centre-based programs, visualising a shared visioning for the future, and designing some next steps for reaching that vision.

A number of activities were undertaken to inform the analysis and recommendations:

- Literature scan
- Policy scan
- Demographics review
- Desktop service mapping
- Sector Consultation: Key stakeholder interviews
- Community Consultation: One to one conversations
- General Consultation: Online survey
- Collaborative Analysis: Sensemaking workshop
- Threading it all together.

These activities have resulted in a number of products which have informed planning and activities to date, and which we trust will continue to inform conversations, planning, service development, sector support, and policy into the future. These products are as follows:

- Literature reference list
- Statistical snapshot including future demographic projections
- Map of existing Centre Based Respite services and service providers in the Brisbane North PHN region
- Situational analysis at conclusion of Phase 1
- Engagement and collaboration phase report including verbatim data
- Vision for the future including principles, outcome statements, and recommendations for what we all can do
- Final report
- Summary of findings and recommendations paper for the Department

Findings

Sixty-five (65) community members and service providers contributed to a vision for the Future of Centre Based Respite. This vision has been captured in *A future full of spaces and places that keep us connected as we age: Centre Based Respite and Beyond*.

A range of benefits and opportunities as well as barriers and constraints were also identified. Some of these are listed below.

Community members are passionate about contributing to and creating a future in which they have confidence and trust that their needs and aspirations will be supported. Key components identified through the community engagement which would make a difference include:

- age and dementia friendly environments which enable people to stay connected and involved in life as they age

- accessible and integrated services and support that help a person sustain and or regain their health and wellbeing as their needs change
- activities and relationships which are meaningful for the individual and through which a sense of belonging and continuing contribution is fostered.

Organisations providing Centre Based Respite are passionate and committed to the value of this service type. Outcomes identified through the service provider consultations include:

- improved wellness and reablement outcomes for the person through regular engagement in social based activities and health and wellbeing services
- additional respite hours achieved for the carer through the provision of hairdressing, pathology tests, healthy meals and so on while the person is at the centre
- increased social connections with other people fostered and enabled, through peer, worker, volunteer and intergenerational relationships and activities
- workforce development and age appreciation opportunities for staff and students through interactive experiences in a space and place in which older people are connecting with peers and others in a social environment.

Barriers were also identified which impact access to this service type, as identified by providers and the community. These include:

- lack of awareness and understanding of this service type by the community, and stigma attached to the term 'centre based respite', going to a day centre, and having dementia
- challenges in referrals to this service type including lack of assessor knowledge, additional referral information required, and issues on the My Aged Care portal
- high ongoing infrastructure and operational costs for organisations and uncertainty with future system and program changes
- increasing complexity and level of care needs of participants with subsequent environmental and professional development requirements and considerations
- additional use of warm referrals and support needed to enable people who have been previously socially isolated to have the confidence or ability to attend.

The literature scan identified a range of responsive and interesting models being implemented, developed and or evaluated locally, nationally and internationally. Community members and providers expressed interest in hearing what others are doing, to continually improve and innovate in their services and communities.

The policy environment is prime for information from these kinds of community and sector explorations as delivered through this project. The Royal Commission into Aged Care Quality and Safety have handed down their recommendations; and the Government is considering how community type supports and the new support in the home program might best be redesigned and delivered.

Recommendations

A range of recommendations have emerged through the various collaborative activities during the life of this project.

1. Community and workforce through the community engagement process identified a number of *What we all can do* recommendations.
 - These have been grouped according to government, service providers, community, and ‘all of us together’.
 - Recommendations include addressing ageism, creating age and dementia friendly environments, respecting and including all voices, and integrating services.
 - Please refer to the Vision document *A Future Full of Spaces and Places that Keep Us Connected as We Age: Centre Based Respite and Beyond* for further details.
2. Service providers through the consortium identified a number of actions and activities that could be taken in the short to medium term, to inform and influence community attitudes, policy and service planning, and improve local access issues. These are as follows:
 - A coordinated series of Centre Based Respite Services Open Days during Carers Week in Seniors Month in October. This activity would provide opportunity for increased awareness and understanding of this service type for the community, for assessors, for other providers and for the broader health, aged and community sector
 - Establishing a centre-based respite collaborative to bring local service providers together to facilitate information sharing and regional planning
 - Information and awareness raising activities for RAS assessors within the Brisbane North region in relation to centre-based respite programs and making suitable referrals
3. Brisbane North PHN and COTA Queensland have identified a number of opportunities for sharing the findings from this project and informing the design and delivery of community social support services moving forward. These include:
 - Communications with the Department of Health
 - Contribution to program redesign consultations
 - Journal articles and conference presentations

Conclusion

The benefits of Centre Based Respite for consumers, carers, the community and the workforce have been clearly evident through the situational analysis and community engagement activities of this project. The challenges are also significant. A range of models and services are currently being implemented through Centre Based Respite in the region. In addition, a number of researched and evaluated models nationally and internationally have been identified through the literature scan.

The information developed through this project provides valuable pointers for how a more targeted and wholistic approach at policy, service planning and community level could more effectively meet the needs of people as they age. Recommendations encapsulate the World Health Organisation's (WHO) three components of healthy ageing, namely functional ability, intrinsic capacity, and environments.

Further, the WHO Decade of Healthy Ageing 2021-2031 Baseline Report¹ states that strong collaboration for transformative change will benefit from four enablers:

- Listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers, young people and communities
- Nurturing leadership and building capacity for integrated action across sectors
- Connecting various stakeholders to share and learn from the experience of others, and
- Strengthening data, research and innovation to accelerate implementation.

These enablers-in-action are evident through the current project and or identified in the opportunities for moving forward. The collective impact model and the *healthy@home* consortium provides a vehicle for enabling consumers, community and providers to work together in informing and influencing policies, planning and attitudes which will support and meet our communities' diverse and changing needs as we age.

¹ <https://www.who.int/publications/i/item/9789240017900> Accessed June 2021

PROJECT BACKGROUND

The Centre Based Respite project evolved as a result of a number of emerging trends and issues, and concerns expressed by Consortium members. Trends included increased social isolation and numbers of people experiencing loneliness; the growing prevalence of people living with dementia and being supported by informal carers in the home; and changing demographics with the need to plan for and address consumer needs and preferences into the future. Centre Based Respite was identified as a service type that has the potential to play a key role in addressing or mitigating some of these issues and concerns. It was also a service type of concern for Consortium members as it is a largely unknown and/or misunderstood type of support; and there are additional policy and access issues which have increasingly impacted uptake and delivery of this service type in recent years.

COTA Queensland was commissioned to undertake the Centre Based Project which was conducted in two stages. The project proposal, in alignment with the Brisbane North Primary Health Network proposal plan, aimed to engage centre-based respite and social support group providers, consumers and carers, and other key stakeholders, to:

1. Identify and explore key priorities for group social support service types within the context above and from a consumer, carer and community perspective
2. Identify service referral issues and barriers, and explore best practice approaches to support consumers and carers through the referral process and in accessing services which support their health and wellbeing
3. Map out centre based and social support groups in the Brisbane North PHN region and explore opportunities for improving coordination at a regional level and enhancing consumer engagement
4. Develop a vision for the future, given changing demographics and consumer expectations
5. Put forward recommendations for informing and influencing current and future aged care policy and service planning decisions.

The purpose of Stage 1, which was conducted during November and December 2019, was to provide a situational analysis based on a literature scan of national and international models, a policy scan, and consultations with Consortium service providers.

The purpose of Stage 2, which was conducted between October 2020 and April 2021, was to engage more broadly with the community and develop a shared vision for the future through a collaborative approach.

The following sections report on each of the activities undertaken. The purpose and key findings are outlined, as well as opportunities or connections that have arisen during the project. For more detailed information, please refer to the documents referenced in each section.

STAGE 1. RESEARCH AND CONSULTATION

Background

An exploratory study was undertaken between November and December 2019 to

- Identify good practice models in Australia and overseas through a literature scan
- Capture existing knowledge and expertise in the sector through *healthy@home* consortium member organisations
- Identify key policy directions and opportunities for informing and influencing decisions at the regional and national level.

Findings from these activities are reported below along with opportunities which were identified or evolved through discussions and analysis. A situational analysis report was prepared which provides detailed findings from this stage of the project.

1. LITERATURE SCAN

Purpose of the literature scan

The purpose of the literature scan was to identify models both nationally and internationally relating to Centre Based Respite type services and support. Specifically, the literature scan aimed to identify key innovations and thinking for informing how this support could look, as well as identifying what might inform good practice in meeting the needs of a changing demographic and audience in the future.

Key findings

The literature scan identified programs that have been developed specifically for centre-based day respite and that are exploring different models, approaches and partnerships, both in Australia and overseas.

The *Meeting Centres Support Programmes (MCSP)* appears to be particularly well researched and developed in Europe, with a growing body of data and innovation. In the last decade, attempts have been made to individualise and tailor the MCSPs to better target and meet the needs of people living with dementia and their carers. These individualised MCSPs have incorporated interventions which support occupation and a sense of purpose and dignity for the person with dementia; tailored telephone support for informal carers; and information and training programs for informal carers, volunteers and the community.

The Eden Approach is based on 10 Eden Principles, which collectively espouse creating and maintaining environments that promote 'antidotes' to loneliness, helplessness, and boredom. The 'antidotes' include companionship, having an opportunity to give as well as receive, and having meaningful activity.

Montessori based approaches used and studied in residential aged care facilities and associated with positive outcomes are now being implemented in centre based respite. The principal tenet of

Montessori is 'to foster independence and encourage the client and all involved to collaborate in establishing meaningful roles for the individual in his or her community.'

Farm-based day care/Nature-based day care/Animal assisted therapy. Opportunity to be in nature and/or interact with animals has been the focus of some research. Five types of urban nature-based adult day services were identified in the Netherlands, which provide some 'thinking outside the square' in terms of how and where centre based type services could be delivered. These include social entrepreneurs offering nature based services by using their own facilities or participating in existing facilities (for example city farms, city gardens, parks); nursing homes opening their gardens to people with dementia living at home; social care organisations setting up nature-based activities; community gardens established by citizens; and hybrid initiatives such as care organisations initiating nature based adult day services together with other actors, either other institutional partners or with social entrepreneurs.

Other studies occurring in Australia have identified the value of the *Home Host Program* in which respite is offered in the carers' home rather than a centre, with up to six people attending on any one day, with flexibility in the number of hours for each client per day. Exercise is also a key focus for many programs; the *Seniors Games* is an initiative which has run in Queensland since 1995. And the *PALZ – Professionals with Alzheimers* – is an initiative which seeks to ease the loss of identity and dignity that former professionals may experience following their diagnosis. PALZ is a non-profit organisation offering interactive bimonthly corporate-style presentations run by professionals, industry-based meetings to discuss topics relevant to their industry, and an annual conference.

Opportunities

A researcher involved in the Meeting Centres Support Programmes research in Europe, Katarzyn Lion (k.lion@griffith.edu.au), currently resides in Brisbane and is researcher with Griffith University. Katarzyn is very interested in further developing and testing this model in Australia; and has direct links with the principal researcher on MCSP research in Europe.

Service providers have expressed interest in learning more about other models and what others are doing. The literature reference list is provided in Appendix A and could be made publicly available through the healthy@home consortium website and/or other locations. It is interesting to note that Brisbane North service providers are implementing many aspects of these models, even though they may not give the model or approach a specific name.

This literature scan identified a growing body of high-quality evidence-based research about centre-based respite; and noted protocols of planned literature reviews or studies that are likely to be of relevance when completed and published. Please note that the current Literature Reference List was developed November 2019 and a number of the studies and reviews in development may now be completed. Sector conferences are another source of contemporary innovative practice.

2. SERVICE PROVIDER CONSULTATIONS

Purpose of the consultations

The purpose of the service provider consultations was to elicit first-hand knowledge and expertise from consortium service providers currently delivering Centre Based Respite services.

Participants in the consultations

Member organisations of the Brisbane North PHN healthy@home consortium were invited to participate in face-to-face interviews over the course of a few weeks in November 2019. Interviews were conducted with a mix of management and staff members in varying roles. In total, 16 people directly participated across 9 services in 6 organisations.

In addition, a semi-structured interview was conducted with the Brisbane North PHN RAS Coordinator, who had sought input from RAS team leaders and assessors. according to the Interview Schedule. This schedule of questions had been developed following analysis of the previous Service Provider consultation phase.

Key findings

The following broad themes emerged through the sharing of information and examples provided through the consultations. These included:

- The changing diversity and needs of clients participating in Centre Based Respite
- The importance of 'community' in both understanding of the client group, and the design and provision of services
- The centre as a safe place for social connection and support. A place for sharing of stories and interests, skills and knowledge, goodwill and companionship; and laughter and fun. A trusted source of information about other services and support for the community.
- Meaningful activities, relationships and roles enabled and fostered through a range of activities including connection with nature, animals and the local environment; music, artistic and creative pursuits; dinner, dancing and date nights; celebrations of key events and specific days; flexibility with the environment and operating hours; a range of people involved in the daily routine; and supporting continuity of relationships in the community.
- Maintaining and creating community connections facilitated in a range of ways from bus trips and outings to intergenerational activities with local schools.
- 'Wrap around' care and support aimed at proactively contributing to quality of life and quality of care outcomes for the client (and as a consequence, for the carer as well)
- Client participation in planning and review of services and activities
- Workforce integration, training and development opportunities for staff and students with opportunities for interdisciplinary care and experiencing and engaging with the older person through a more holistic and social lens.

Overall, it was clearly evident that a broad and deep range of outcomes are achieved through the Centre Based Respite service type. These outcomes benefit not only the older person and their carer, but also the community, the health, aged and community workforce including students in training, and the organisation as a whole.

A number of serious issues and concerns were also raised. These include:

- Referral issues, including lack of referrals, especially since the introduction of My Aged Care
- Lack of knowledge and additional information required by assessors in making a referral to Centre Based Respite
- Increased capacity and capability required by the service to respond to people with increasingly complex care needs
- The support needs of the carer as a critical aspect of the relationship which is not currently incorporated and funded through Centre Based Respite funding
- The need for social work support to address personal and family dynamics and the impact on the health and wellbeing of the older person
- Client, carer and community needs and requests for other support information; centres attempt to provide and/or refer however this is unfunded activity provision
- Infrastructure costs are ongoing and significant in relation to buildings and vehicles; sustainability and capacity to forward plan is a challenge in an unknown policy change environment; and vulnerability and challenges for smaller organisations if they do not have a larger well-established organisation auspicing or hosting the service, for example with newly emerging CALD communities.

A *Summary of Barriers* table was produced highlighting barriers through system and policy, service planning and delivery, and community and health promotion perspectives. The list of community barriers was added to during the Community Engagement Phase which occurred in stage 2 of the project. Please refer to the Summary of Barriers on the following page.

For more information

A more detailed summary and analysis derived from the Consortium Service Provider Consultations is included in the Situational Analysis Report, as well as examples and quotes from providers.

A summary of barriers for the system, service providers and community is provided on page 18 in this document.

3. POLICY SCAN

Policy Environment

At the time of the original project planning stage in September 2019, the following context was provided. These key drivers are still relevant as of June 2021.

Key policy changes through the Aged Care Reforms continue to influence consumers, Commonwealth Home Support Program (CHSP) providers and service delivery models. Recent changes include:

- The introduction of the new Aged Care Standards which came into effect from 1 July 2019
- The continued shift to a Wellness and Reablement approach, with Wellness and Reablement introduced as a reporting item in 2018
- The release of the Aged Care Diversity Framework in December 2017 which seeks to embed diversity in the design and delivery of aged care, and to support actions which address barriers while enabling consumers and carers to be partners in this process.

In addition, future funding models are uncertain as the government considers the integration in some form of the Home Care Packages (HCP) and Commonwealth Home Support Program (CHSP) programs. Funding for existing CHSP programs has been extended until 30 June 2023.

Purpose of the policy scan

The purpose of the policy scan was to identify key reviews and imminent policy and service changes which may impact the future of Centre Based Respite.

Key findings

A number of policy reports and reviews which referred to and or had potential connection with Centre Based Respite considerations were identified at the time of the policy scan in late 2019, and included in the Situational Analysis Report.

The most significant policy conversations at the time were through the Royal Commission into Aged Care Quality and Safety; and considerations regarding the integration of a number of CHSP and Home Care Package services into a Single In-Home Care Program in the future, as well as a Single Assessment approach.

At the time of preparing this final report, the Royal Commission had handed down its recommendations and the government has provided a response. Early system re-design modelling suggests that Centre-based programs will continue to be funded through a grants program. Further details are not known at this stage; it is hoped that opportunities for providing input and feedback will be provided to the sector and community.

The UNSW Social Policy Research Centre 2016 Report *Transitioning Australian Respite* concluded that the policy changes in other countries recognise the needs of carers in their own right. This was not evident at the time in the Australian Government policy frameworks of the NDIS and CHSP. The authors warned that without this recognition, the benefits of support which aims to achieve respite effects for both participants and carers may be lost.

Opportunities

Consider how the outcomes achieved through Centre Based Respite can be reported so that the value proposition of this type of service investment may be recognised and resourced appropriately. There are a lot of evidence-based tools available for measuring social care related quality of life outcomes. The healthy@home consortium currently implements a shared outcome measure using the Adult Social Care Outcomes Toolkit – Self Complete Tool V4 (ASCOT). Evidence based tools support reporting against the Aged Care Quality Standards and Wellness and Reablement.

Inform the Australian Department of Health and other relevant stakeholders of key findings and opportunities for addressing system barriers including the following access issues:

- Recognising the important function of centre-based respite centres as trusted community information hubs which currently support clients, carers and community members in their requests for other aged care information and support
- Consideration given to incorporating centre-based respite centres into community hubs and facilities
- Linkages and information sharing with the new Services Australia service centres and future Care Finder Program through the Improving Access to Aged Care Services measure in the Aged Care Reforms
- Improving information about Centre-based respite programs in the MAC portal to support appropriate matching and referral by RAS assessors
- Reducing confusion between community centre-based respite under the Care Relationships and Carer Support Sub-programme and Social Support Group under the Community and Home Support sub-program
- Reducing barriers by using consumer-friendly language that is welcoming and less stereotyping for example Community Hubs, rather than functional descriptive ‘service’ language such as Centre-based respite.
- Formally recognising the need for a ‘soft’ referral to support people in visiting a centre-based program, to assist in reducing client hesitancy such as fear associated with unfamiliar environments or who have lost self-confidence in social situations due to extended periods of social isolation.

Contribute to government consultations which may influence the future of Centre Based Respite type support (Consortium and individual members).

Expand understanding of the Carers Gateway and support services, and Dementia pathways and initiatives, so that a more integrated service response is available for consumers, carers and communities.

4. SUMMARY OF BARRIERS



5. SITUATIONAL ANALYSIS REPORT

Purpose of the situational analysis report

The purpose of the situational report was to bring together the findings from the literature scan, policy scan, and service provider consultations which were conducted November to December 2019, and provide recommendations for moving forward, in discussion with Brisbane North PHN and the Consortium.

Key findings


The main findings which reflect the experience of Centre Based Respite, resulting from these exploration activities and captured in the report included:

- The value and uniqueness of this aged care support in the community was highlighted through examples, anecdotes and quotes
- Centre Based Respite services are generally very linked within and trusted by their community (whether that be geographical or neighbourhood, or according to specific needs, preferences or interests such as for people at risk of homelessness, from CALD backgrounds, and Aboriginal or Torres Strait Islander people)
- The depth and breadth of outcomes achieved through centre-based respite support are not reported or completely evident through the current reporting system to the government
- Referral challenges are exacerbated given the nature of the service type (group activity in the community for the day) and the diversity of the client group. The nature of the service however – regular activity over a duration of time with a range of staff involved - provides an opportunity for ongoing monitoring and support for a client and early intervention if needs change.
- Infrastructure costs and considerations are a significant issue and may impact the capacity of smaller providers to sustain and plan for this service type
- The terminology of centre-based respite and perceived stigma attached, may inhibit uptake and understanding of this service type
- Centre Based Respite provides the ‘place and space’ to enable ‘wraparound’ support for the person, who interacts with a range of workers, volunteers and other participants throughout the day, and through activities that enable relationships to grow and a fuller understanding of the person to be known over time.
- Centre Based Respite provides the ‘place and space’ for intergenerational relationships and learning; and for increased carer, community and workforce understanding of the ageing experience. Providing carer support and information and support to the community is an expressed need and is currently provided through unfunded services, referrals, and/or is an unmet need.
- Social isolation and loneliness, and the need for carer support and respite, are two critical societal needs that can be partly addressed through the Centre Based Respite service. Consortium service providers interviewed, and examples and models identified through the

literature scan, demonstrate how positive and significant outcomes are and can be achieved through this service. If appropriately funded, understood, and connected. As one worker concluded:

Centre based respite is not just 'a day out'.

Further Information

 <p>20200110 Centre-based Respite</p>	<p>Situational Analysis Report December 2020 Includes list of consultation participants, list of providers of centre based respite and group social support in Brisbane North PHN region, and the literature reference list</p>
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STAGE 2. ENGAGEMENT and COLLABORATION

Background

The aim of Stage 2 was:

- to engage more broadly with the community including potential future clients and carers and other key stakeholders
- to codesign a process which enables a shared visioning for the future and exploration of outcome measurement frameworks through a collaborative process involving community (including clients, carers and community networks and groups), service providers, assessors and other relevant and influential stakeholders
- to identify potential partners and processes for a regional coordinated response which continues to build shared knowledge and commitment to continuous innovation in this service type

A geographical scope was taken into consideration given the varying stakeholders, long distances and diversity across the region and project time and cost constraints. It was agreed that we would invite and include community and stakeholders across the Brisbane North PHN catchment area with a particular focus however on the Moreton Bay Regional Council catchment and networks. The breadth and depth of the engagement and collaboration was to be scaled up or down dependent on the budget, community and stakeholder uptake, and timeframes.

Planning for the Engagement and Collaboration phase commenced early 2020. The arrival of COVID-19 and subsequent uncertainty and lockdowns, in particular impacting community groups and networks, disrupted the original plans and timelines. In response, the project plan was modified, the timeline extended, and methodology continuously reviewed and refined in response to community feedback and (capacity during this time). As such, the engagement occurred in varying ways between October 2020 and April 2021.

6. COMMUNITY ENGAGEMENT and COLLABORATION

Purpose of the community engagement and collaboration

The purpose of the community engagement and collaboration activities was to involve community and service providers in considering and codesigning a vision for the future, and the important elements of and outcomes from that support in the future.

Key activities

Three different but connected activities were undertaken: stakeholder mapping, engagement, and a collaborative data analysis activity.

The initial stakeholder mapping exercise informed identification of potential engagement partners and audiences.

The engagement planning and activities were to commence March 2020, however COVID-19 outbreaks and subsequent uncertainty and lockdowns, disrupted plans and timelines. As a result, the Engagement phase occurred between August 2020 and February 2021.

The collaborative data analysis and visioning workshop took place in April 2021.

Key findings

Language

We were aware of the stigma attached to the term centre-based respite for many people, or not knowing what this term actually means. In addition, we were wanting people to imagine what could be in the future, beyond the current (manifestations) of this type of support and care. The creation and use of suitable terminology was an important one to struggle with and work on for the project team. The following tagline was created and used throughout:

What's our dream for a future full of places and spaces that keep us connected as we age?

Local government connections

The Moreton Bay Regional Council community and cultural development manager and team are key connectors to a diversity of older persons' groups and leaders in the Moreton Bay region. Their portfolios include culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people, people living with a disability and access to community resources. The manager of this unit connected the project officer, and provided speaking time, with the 'Seniors Leaders Group' which they coordinate. This group consists of representatives of key older persons' groups and networks.

Meeting people where they're at

Engaging during the time of a pandemic has been an interesting one, and the need to be responsive to the 'temperature' and needs of a community are vital in any respectful engagement work. The COVID environment was one in which groups were not coming together face to face. Input through

the online and written survey options was the key data source. The sensemaking workshop was planned to bring together people who had participated in previous engagement activities, preferably the small group community discussions. The invitation to participate in this workshop was met enthusiastically by service providers, who were keen to share stories of what they were doing and thinking; again highlighting the need and interest by people in coming together. As one participant feedback at the end of the workshop ...

'Relief, new ideas, refreshed and reminded we are here for the greater good.






Listen with attention, ask questions and new ideas – clients, families and staff.'

Contribution of community input in sector activities

Finding, creating and evolving collaborative and empowering ways for consumers, carers and community members to inform and influence future design of aged care services is an ongoing exploration and pursuit. There are a number of very committed and passionate community members in the Brisbane North PHN region with personal and professional experience, expertise and insights to contribute. Working in partnership with community leaders and advocates to identify suitable roles, activities and arrangements which enable their input and partnership is a vital and continuous endeavour. Continuous, as needs change, environments change, people's lives and availability change, opportunities, leaders and enablers change. These people however make such a difference to the story. And the creation of communities and supports into the future that reflect our changing needs and interests as we age.

For further information

Please find below links to key documents produced as a result of the Engagement and Collaboration Stage of the Future of Centre Based Respite project.

 Demographics and Stakeholder Overview	Demographic and Stakeholder Overview 2020
 Providers of CBR Services in Region	Centre Based Respite Providers in Brisbane North PHN region 2020
 Engagement Report Respite	Engagement Report 2021 including engagement invitations and verbatim data from participants
 Vision Document	Vision Document 2021 <i>A future full of spaces and places that keep us connected as we age: Centre based respite and beyond</i>
 Vision Snapshot	Vision Snapshot 2021

7. WHERE TO FROM HERE

What the community has recommended

A range of suggestions and recommendations were offered through the community engagement phase. When themed, these included recommendations to us all, for what we all can do, as governments, as service providers, in the community and as we age.

Recommendations included addressing ageism, creating age and dementia friendly environments, respecting and including all voices, providing accessible information, integrating services, and respecting elders.

What the CHSP Consortium has suggested

The overall project story and some of the key findings were reported to the *healthy@home* Consortium Management Group on 8 June 2021. This group was asked for their thoughts and ideas. Key opportunities identified were:

- Information and awareness raising for assessors in relation to this service type
- A community of practice type forum for Centre Based Respite coordinators and team members
- An open day at Centre Based Respite services for the community

Suggestions included RAS assessors having a real-life experience or orientation at a Centre Based Respite service, Centre Based Respite clients and carers invited to a RAS consortium meeting, soft referral type morning teas at centres, and a coordinated and promoted series of open days during Seniors Month with fun and engaging activities.

These ideas merged over the next 24 hours, and at the healthy@home Consortium Communications Group meeting the following day, the concept of Open Days during Carers Week which occurs during Seniors Month was tabled.

What COTA Queensland and Brisbane North PHN in partnership can offer

Significant aged care reforms are currently underway and with the introduction of a new single assessment process and single in home care program, there will be opportunities for experiences and insights gathered through this project to be shared in consultations and department considerations. The Government has responded to the Royal Commission recommendations; a number of areas are of particular relevance to Centre Based Respite and the inclusion of and support for informal carers.

COTA Queensland and the Brisbane North PHN have a range of avenues for sharing information with the Australian Government in relation to the findings from this report. The aim of communicating through these avenues is to inform, influence and collaborate on program design, service planning and community engagement activities. These channels are being collectively explored and actioned, and will be reported through *healthy@home* Consortium Management and Communication group meetings.

In addition, COTA Queensland will use its avenues through state and local government and community networks for sharing relevant information, findings and developments that have resulted through this project.

COTA Queensland acknowledges the Brisbane North Primary Health Network through the healthy@home consortium for their foresight in initiating and funding this work.

The opportunity to listen to and raise up the voices of committed people in the community and the aged care sector was a great privilege.

We hope the findings and resources developed will contribute to ongoing discussions and planning for the future of aged care support in the home and community, and inform responses at local, regional, state and national levels.