



# Co-producing Aged Care Services with a Wellness Focus

Part One

A Guide

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## Foreword

This book was written as part of a national co-production trial in the Australian aged care sector. The trial tested co-production approaches and methodologies with older consumers as part of the Step Forward – Together™ project. CommunityWest wanted to test how co-production could work with aged care consumers and produce a practical ‘how to’ guide for the sector to build the capacity of service providers to co-produce their services and programs.

This book explores what co-production is, the benefits and challenges for organisations, staff and the people they support, and includes a clear framework and process for co-producing authentically. I walked alongside ten aged care service providers for eight months to support and coach them to complete a project of their choice, using co-production principles and approaches. This journey was personally enlightening, professionally challenging, but most of all, extremely rewarding. The work undertaken by the ten organisations and consumers was inspiring, insightful and confirmed my personal belief that involving people from the beginning in designing community services is a must. Some days I questioned whether co-production was worth it and a successful method for designing services. Regardless, my learnings from the project and all ten pilot sites has resulted in a resounding ‘yes’; that despite its challenges, pitfalls and hiccups along the way, this work is so important for those in the business of human services.

When I first started on this project, I was possibly just like you. I had never heard the word ‘co-production’ and wasn’t sure how I was going to support ten organisations to do it. After 200 hours of research, spanning a three month period, I felt confident of my understanding and knowledge, but learnt so much more over the next eight months. Although co-production isn’t a new concept, it is slippery. With many different definitions and applications across the globe. I sincerely hope the work I have undertaken, in partnership with the ten pilot sites, will assist and guide you to co-produce something in the future. This publication can follow a linear process, from beginning to end, or alternatively you can cherry pick what sections you want to read and learn more about.

On behalf of CommunityWest, I sincerely hope you enjoy reading this publication, but most of all, I hope you find it useful, both now and in the future.

Kelly Gray  
CommunityWest Inc





## Acknowledgements

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- Council of the Ageing (COTA) Australia
- Step Forward - Together™ Reference Group

Special mention is made of the willing contribution by all ten pilot sites as part of the Step Forward – Together™ national co-production pilot project, which completed June 2016.

1. Calvary Community Care (NSW)
2. Centacare Community Services (QLD)
3. Jubilee Community Care (QLD)
4. MercyCare (WA)
5. Novacare Community Services (NSW)
6. The Society of Saint Hilarion (SA)
7. St Bartholomew's House (WA)
8. Uniting AgeWell (VIC)
9. Uniting Communities (SA)
10. WestCoast Home Care (SA)

CommunityWest would like to acknowledge the effort and contribution of the pilot leads, staff, consumers and carers in the pilot sites to contribute towards the content of this publication. This toolkit includes reproduced work and research of co-production practices and approaches.



## Introduction

This document has been published by CommunityWest for aged care service providers who want to implement or improve the Wellness and Enablement focus of services and programs. The content in this document has been developed from international research on co-production approaches and tested by ten Australian aged care providers with older consumers. It features theory and research behind co-production, practical advice, case studies and experiences from the ten pilot sites.

### Purpose

Co-production has the potential to make an important contribution to future challenges the aged care sector faces in Australia. This document will help you understand why it is important to work with consumers to understand their experiences and make changes to improve services and Wellness and Enablement outcomes for people.

### Why use it

Implementing co-production is challenging and complex<sup>[60]</sup>. This document provides you with an understanding of what co-production is and why it's important to improve your services to genuinely meet the needs of your consumers. The end result will be services more relevant to consumers because they have been involved in the design and implementation of it.

### How to use it

This document will provide your organisation with an understanding of what's involved with co-production and considerations for implementation. CommunityWest has written a three-part publication for aged care services providers to implement co-production. This document is Part One, which focuses on the 'what' and 'why' of co-production. Part Two is a practical toolkit, which outlines the 'how' for people leading co-production processes. Part Three comprises of practical tools and activities, which compliments Part Two.





# Wellness & Enablement



**"As far as Edward Bear knew, it was the only way of coming downstairs, although he sometimes felt there was another way, if only he could stop bumping for a moment and have time to think about it."**<sup>[69]</sup>

## What is Wellness?

The Wellness philosophy supports a move towards developing and implementing service delivery models which have the potential to build a person's capacity by actively supporting them to maintain their independence and autonomy<sup>[27]</sup>.

The philosophy asserts that people have the capacity to live at an optimal level when positively supported to do so<sup>[27]</sup>.

It also builds on a person's individual capacity to improve their physical, social and emotional functioning while supporting them to live independently and autonomously<sup>[27]</sup>.

The core components of the Wellness philosophy are: <sup>[27]</sup>

- It looks at people's needs in a holistic way, considering their strengths and abilities as well as difficulties experienced.
- It involves people in setting their own goals and making decisions about the support they receive.
- It ensures any support delivered is in partnership with the consumer and does not take over activities they can do for themselves.
- It recognises people's needs fluctuate over time and there are often significant opportunities for improving capacity with the right support at the right time.
- It highlights the importance of social and community connections.
- Learning or re-learning the skills necessary for daily living.

It is not about doing things 'alone or without help,' but about people having a sense of control over their life and being more involved in the planning and delivery of the service being provided.





## What is Enablement?

Enablement is 'doing with' rather than 'doing for' the older person in order to enhance their autonomy and/or independence<sup>[54]</sup>. An enabling approach focuses resources on regaining and maintaining independence for individuals who enter the care and health system<sup>[41]</sup>.

An enabling approach is:

- Focused on what the person can do and wants to do.
- Actively involving each person in setting and achieving goals that are important and meaningful to them.
- Working collaboratively with each person, carers, social networks and other providers, tapping into formal and informal supports.
- Focused on outcomes for people.
- About working with people to reduce unnecessary service use, and improve functional independence.

Wellness and enablement explicitly focuses on building client capacity, by promoting wellbeing and active participation in goal setting and decisions for a person's support needs.

**The focus is not 'doing for', but rather 'doing with'.**

**Hint**  
Using the terminology of 'Wellness' was alienating and confusing for consumers. Consumers preferred 'wellbeing'. Once people understand the concept, ask the group to come up with their own definition. Co-produce it!

## Dependency vs Wellness Models

### Dependency Model

The Dependency Model largely focuses on disability, disease and need. Dependency based language focuses on what a person cannot do; their difficulties and needs, and as a result can be disempowering and negate a person's skills and abilities.

This model has the potential to create dependency in individuals, and may encourage people to rely heavily on others to care for them. The Dependency Model also attracts workers who have a high 'care taking' value base and as a result, feel most useful when they are taking care of others.





Wellness Model

The Wellness Philosophy is about thinking and working in a way which maintains or builds a person’s potential to live as independently as possible. It focuses on a person’s skills and abilities and what support they may need to maintain and enhance their capacity, build social connections and improve their quality of life. Wellness based language focuses on what a person can do to retain, regain and enhance existing skills and develop new skills.



Maxine



“My children feel a lot more at ease now I use the shower chair.”

Wellness Example - Confidence

Maxine Showers with Confidence

Maxine feared she would fall in the shower. Initially she could not shower without assistance because she would not let go of the grab rails, and was reluctant to use the shower chair for fear of being seen as ‘old’ and being sent to a nursing home.

After some encouragement, Maxine was willing to try the shower chair. Rather than feeling she was a burden on her family, Maxine gained the independence of showering herself.

With her regained confidence, Maxine is eager to explore other suggestions to help her in her everyday living.

Client self-perception from a Wellness perspective

Many older people, like Maxine, do not want to lose their independence and fear the system and their families will see them as incapable.

By recognising Maxine’s concerns, staff were able to present new ideas and strategies which supported Maxine to be independent in her personal care.

An assessment using a Wellness approach takes physical and environmental factors into consideration but never neglects to consider the aspirations and determination of the client.





**Bob**

**"I am amazed at the improvement in Helen. Today she made a cuppa."**

## Wellness Example - Independence

### Praise and Encouragement Work Wonders

Helen was referred for shower assistance three times a week and in-home respite for her husband, Bob.

Helen has dementia. Although she was quite mobile, she rarely spoke so Bob spoke on Helen's behalf during her assessment. The wellness focused assessment identified Bob would choose Helen's clothes, undress her, assist with ninety percent of her personal care and then fully assist with dressing again. Bob was finding the process increasingly stressful.

Over time using a Wellness approach, Helen was supported and encouraged by her husband and support worker to complete more personal care tasks. Although Helen will need ongoing support, she is now choosing her own clothing and showering herself with some verbal prompts.

Helen has continued to improve and has found a new sense of pride in her appearance. Verbal prompts, positive feedback and encouragement have replaced physical assistance.

### Caring for person with dementia

When caring for someone with dementia, retaining routines and skills in everyday activities is critical. Once lost, it is harder to regain.

Carers who encourage participation in everyday activities, rather than physical assistance, may experience less stress and fatigue themselves.

For the person with dementia, this active involvement and participation can improve their self-esteem, engagement and orientation.



**Stan**

**"I never thought I'd be able to cook. Now I can make dishes like my wife used to make"**

## Wellness Example - Learning New Skills

### Meals on Wheels to Master of the Kitchen

A Wellness focused assessment identified a client who was receiving Meals on Wheels (MOW) simply because he had never learned to cook. Stan's oven had not been used since his wife died.

During assessment it was identified Stan could get to the shops and operate the oven and stove top. He just needed help to learn the basics of cooking and how to create a list of ingredients.

After four sessions with a support worker, Stan has learned to make several types of soup, roast chicken with vegetables and custard for dessert. He has now set his sights on casseroles and stews for winter. The one-on-one sessions provided Stan with an opportunity to learn something new towards achieving his goal of cooking for himself.

### Meal preparation from a Wellness perspective

Stan has gone from having MOW to actively participating in preparing his own meals. Stan now assesses his pantry, chooses meals, commutes to the shops, buys and unpacks the food, prepares the meal and cleans up the kitchen.

Each step in Stan's new cooking regime has contributed to his physical and mental wellbeing, and given him a sense of purpose, control and independence in his daily life.





# Wellness and Enablement outcomes

## From the pilot sites

The purpose of the Step Forward – Together™ project was to improve the Wellness focus of aged care services, using co-production. Each of the pilot sites had a different project of their choosing to work on, however all focused on different aspects of Wellness and Enablement. While some pilot sites focused on physical exercise and nutrition, others looked at mental and emotional wellbeing and improving social and community connections.

As a result of being involved directly with the project, or impacted by what resulted, consumers reported the following improvements in their Wellness:

- Improved confidence and self-belief
- New friendships and companionship
- Feeling more connected to their community
- Improved self-efficacy
- Improved physical health
- Have learnt new skills
- Increased motivation to improve own wellbeing

70% of pilot sites reported tangible impact and improvement in the Wellness/Enablement focus of their services.



"I can see improvements in my walking and my back problem is much better. I can now be in the garden a lot longer and walk a lot further."  
 Bev – HUR gym user  
 Uniting AgeWell (VIC)



# Co-Production





## What is Co-Production?

The term 'co-production' was first introduced in the 1970s and describes the way of working in partnership by sharing power with people who use services, carers, families and citizens. Co-production requires service providers to foster more equal relationships with the people who use their services and provides the framework to develop these meaningful relationships<sup>[60]</sup>.

Co-production is a slippery concept and if not clearly defined there is a danger its meaning will be diluted, reducing its potential to transform services. At the same time, a definition too narrow can stifle creativity and diminish innovation. An important part of the co-production process is for all parties involved in your project to understand what co-production is, and the principles which will guide implementation<sup>[60]</sup>.

CommunityWest has developed a definition for co-production which organisations can use:

**Co-production is individuals, communities and organisations working together as equals to improve experiences for people who access services.**

**It requires a commitment to working collectively and collaboratively, where each person is involved in the process from beginning to end, exchanging information and power for mutual benefit.**

This definition was tested by the ten pilot sites involved in the Step Forward – Together™ project, which was developed by undertaking extensive research. We considered all the diverse definitions of co-production, co-design and co-creation, to encapsulate all aspects of the approach.



"There are different ways of listening to people and involving people, but co-production provides a clear framework and a set of principles to do it with. It takes time and real commitment. Co-production is a frame of mind; it's a way of thinking, as much as it is what you do. If your mind is in the right place, your actions will follow."

Jane Sterck - CommunityWest



Step Forward – Together™ pilot sites, their staff and consumers describe co-production as:

"Working in partnership with clients on an equal footing where voices are heard and valued equally."

"In the beginning it was difficult to explain co-production, however now I describe it as people being equal partners working together to achieve an outcome."

"An opportunity for all to work together as equals with a common goal, with respect for each other's ideas and opinions."

"I describe co-production as inviting consumers to be part of creating something which will either improve what we are doing or develop something new."

"Listening, discussing, planning and acting together for a result."

"Co-production is the involvement of consumers and staff in the dreaming, discussion, planning, research and implementation of changes to services."



What it's not

Co-production is not the same as consultation, co-design or other forms of asking the advice of consumers. This may help to create space for co-production, but can lack any continuing involvement in delivery<sup>[15]</sup>.

Co-production is not consultation

Co-production depends on a fundamental shift in the balance of power between professionals and consumers. Consultation typically is used where organisations have pre-established ideas or decisions in mind, and then collect feedback from consumers on those ideas and decisions. The feedback collected may or may not be considered and result in changes, with the final decision being made by the organisation. Co-production requires a shared ownership of the process, where ideas are generated and decisions made with consumers. Consumers are involved in the process from concept design through to implementation.

Co-production is not volunteering

Co-production is certainly about activity and giving time. It emphasises mutual support and networks of relationships rather than a clearly defined distinction between providers and receivers.

Co-production is not individualised support and budgets (CDC)

Co-production requires organisations to work with consumers for a 'whole of service' design and delivery, not simply working with single consumers to plan their individualised service.

As the table below illustrates, co-production occurs in the central middle ground when consumer and professional knowledge is combined to design and deliver services.

Designing Services				
Delivering Services		Professionals	Professionals & Consumers	Consumers
	Professionals	Traditional Service Provision	Co-design	Co-design
	Professionals & Consumers	Co-delivery	Co-production	Co-delivery
	Consumers	Consumer delivery of professional planned services	Consumer delivery of co-designed services	Self-organised community groups

Adapted from Carnegie Trust (2006), Commission for Rural Community Development – Beyond Engagement and participation, user and community co-production of services. By Tony Baird, Carnegie Trust

Hint

Using the terminology of 'co-production' was alienating for consumers. Consumers preferred 'working together'. Once people understand the concept, ask the group to come up with their own definition. Co-produce it!



Examples from Pilot Sites	Co-design	Co-delivery
Calvary Community Care	Consumers worked with a nutritionist to develop culturally appropriate, healthy recipes.	Consumers and staff cooked recipes together to put in final app, along with instructions.
Centacare Community Services	Consumers designed and planned the stalls, events and attractions for their event.	Consumers organised external contractors and volunteers and delivered on the day. Consumer gave the opening speech on the day.
Jubilee Community Care	Consumers designed a decluttering service.	Consumers were involved in the staff training to implement the new service.
Novacare	Consumer designed and developed a survey for social centre clients. Consumers took ownership of a craft day event, including planning. Consumers identified the need for the 'strength, balance, relax' program.	Consumers took ownership of a craft day event, including event management, logistics and organisation.
Society of Saint Hilarion	Consumers evaluated quality of life tools and worked with staff to identify the most appropriate for the Italian community, ultimately designing a new tool.	Consumers provided translating services when conducting interviews with Italian clients - using the quality of life measurement tool.
St Bartholomew's House	Designed a list of words and desired language to develop an outcome statement for homecare services.	Consumers were involved in running focus groups with staff to reach a wider group of people.
Uniting AgeWell	Individual clients worked with physiotherapists to co-design their exercise programs.	Consumers were buddy mentors to support others to exercise.
WestCoast Home Care	Community representative designed a Wellness activity to do with community members.	Community representatives attended the community events and manned registration desks.





## Principles of co-production

Co-production is a values based philosophy which is underpinned by a number of principles.

CommunityWest undertook extensive research to identify the principles of co-production and discovered different organisations and schools of thought have slightly different adaptations.

CommunityWest identified the five common principles amongst the research and also developed an additional one for the Step Forward – Together™ project. The feedback from the ten pilot sites confirmed working to the principles is integral to the success of authentic co-production.

## Principle 1

**People are assets: the skills and strengths they bring are used in the process of change**

The central idea in co-production is that people who use services are hidden resources<sup>[15]</sup>, with assets to bring to the process<sup>[60]</sup>. Assets refer to skills, abilities, time and other qualities people have. If people are never asked to give anything back they are wasted when the assets they have are ignored or deliberately side-lined. This means we must unleash the largely wasted resource represented by consumers, their families, and neighbourhoods<sup>[15]</sup>.

Social capital has been identified as an important factor in co-production<sup>[64]</sup>. Any attempt to re-design a system must take into account how personal skills, knowledge, resources and the availability to access social capital vary from one person to another<sup>[28, 64]</sup>.

Co-production takes full advantage of the different types of knowledge and skills based on lived experience and professional learning, because people themselves are the real wealth of society<sup>[15]</sup>.

**People are the real wealth of society.**



You can purchase card sets to facilitate this principle.  
An example is **Lighthouse Resources**.

### Pilot Site Example – MercyCare (WA)

We had a consumer in our working group who was an engineer and project manager in his career. He helped, me as the Pilot Lead, to plan the project and give me a clear idea of what we were trying to achieve.

“When you step out of the workforce you forget you have all those skills, strengths, and knowledge. Coming to this group has made me realise I actually still do. It’s made me realise I can contribute to something.”  
Consumer - MercyCare



“This is the main thing I have learnt throughout this project, it’s the capabilities and skills consumers bring to the process; they should be an equal partner when we are designing services. We have to give and take and we should be working together.”  
Ana Mubaslat – Pilot Lead  
Uniting AgeWell (VIC)



# Principle 2

## People feel there is a safe space to speak up and be listened to

Genuinely interactive relationships are based on trust, mutual respect, openness and personal responsibility<sup>[40]</sup>. Co-production aims at establishing a meaningful dialogue between the service provider and the people who access services. On the consumer’s side, the dialogue must go beyond expression of wants and opinions. They must be ready, willing and able to listen, reflect, consider options and accept change. On the service provider’s side, they must be responsive to the consumer, respectful of their views, and flexible in their approaches.

**Trust** is the starting point for a meaningful relationship. Without it there will be no willingness to engage in meaningful dialogue and the relationship will stall.

**Mutual respect** ensures there will be give and take.

**Openness** encourages self-examination, weighing of evidence, willingness to compromise and the search for new opportunities and solutions.

A sense of **personal responsibility** is necessary to ensure the dialogue is not just about talk; but both parties will seek to understand their roles and fulfil their responsibilities <sup>[40]</sup>. The four factors of trust, mutual respect, openness and personal responsibility are equally reinforcing and as the relationship evolves, will strengthen and enrich one another.

Change springs from trust.



See **Tool 6 - Co-production Checklist** to help your working group to stay true to the principles of co-production

### Pilot Site Example – Saint Hilarion (SA)

Developing the group’s ground rules at the outset was very useful to create a safe place for people to feel heard and to ensure everyone had an equal voice. We made sure at the end of each meeting we had stayed true to the principles of co-production.

# Principle 3

## People are equal partners in the process, ensuring accessibility for everyone

Co-production has equality at its heart. It can only be true to its principles if everyone has the capacity to participate on equal terms. This is because it fosters equal partnership between ‘providers’ and ‘users’ of services, and gives equal value to different kinds of knowledge and skills, acknowledging everyone has something to contribute. In order to be effective it must enable everyone to participate, not just those who are already more able, articulate and socially advantaged. Equality can only be achieved with a shift in power towards people who use services and carers<sup>[60]</sup>.

Co-production shifts the balance of power, responsibility and resources from professionals more to individuals by involving people in the design and delivery of services. It recognises people are not merely ‘recipients of services’, but are the very resource which can turn aged care services around. Co-production goes well beyond the idea of ‘citizen engagement’ and ‘service user consultation’ to foster the principle of equal partnership, putting an end to ‘them’ and ‘us’<sup>[15]</sup>.

Inclusion and accessibility are important values in co-production. Access and inclusion is the cornerstone of equality, and co-production cannot happen if processes and practices are not accessible to everyone. Accessibility must be a consideration for each co-production activity you undertake. People need to be able to easily prepare for, get to, and be heard.

In order for this principle to be applied, ensure the co-production process is accessible to everyone and nobody is excluded.



It’s really important everyone feels equal, that no-one feels like somebody has more information or knowledge. It’s not about ‘I’m the staff member and you’re the client’. It’s about realising we are all equals and everyone has as much to contribute as the next person. For co-production to work, everyone has to feel this way. Because if anyone in the room feels like they’re not being listened to, they won’t come back.

Bev Wheeler - Pilot Lead  
MercyCare (WA)



# Principle 4

## Everyone commits to contributing and benefits from being involved

Reciprocity is a key concept in co-production. It is defined as ensuring people receive something back for putting something in, and builds on people’s desire to feel needed and wanted. This idea is linked to ‘mutuality’, where all parties involved have responsibilities and expectations<sup>[60]</sup>. Your project may want to consider offering people a range of incentives to get involved in the process, which will enable them to work in a reciprocal relationship with professionals and each other<sup>[41]</sup>.



‘I was really amazed by the uptake by the consumers in the group. I didn’t expect them to follow it from day one, right to the end.’  
Frank Naso - Pilot Lead  
The Society of Saint Hilarion (SA)

### Pilot Site Example – Calvary Community Care (NSW)

It’s important you recognise people’s contributions, whilst maintaining their humility. We had to find the balance of recognising people’s contributions, whilst respecting they didn’t want to a ‘fuss’ to be made of them.  
Consumers are keen to work with us on future projects which indicate they got benefits from being involved.

‘They (consumers) got a lot more out of it, and they felt more valued because they were part of a group, rather than me going in there one-on-one to ask questions. Consumers were excited to be there and be part of the project; no-one missed a meeting.’  
Bev Wheeler - Pilot Lead  
MercyCare (WA)



# Principle 5

## The focus is on delivering outcomes which promote Wellness and Enablement

It is important your project is committed to action and change, and the group is solution focused in order to achieve outcomes which improve, or promote Wellness and Enablement for consumers. Wellness and Enablement outcomes are more than a person’s physical health, and also include psychological and emotional wellbeing. It is about measuring improvements or changes in independence, autonomy and skills, as well as confidence, self-esteem and community connections.

Collecting information and reporting on information about people’s quality of life is not the same as measuring the quality and quantity of the services being provided to them. When delivering outcomes which promote Wellness and Enablement, it may be represented as maintenance outcomes, change outcomes, or process outcomes.

**More information** on evaluating Wellness and Enablement outcomes can be found in Part Two.



### Pilot Site Example – Uniting AgeWell (VIC)

Uniting AgeWell co-produced a physical exercise program using a HUR gym. They involved physiotherapists and consumers in co-designing their own exercise programs and established a peer buddy system so consumers could exercise with and support each other. This also promoted social and community connections, which consumers reported as a benefit and motivator for exercising.

Uniting AgeWell’s HUR gym membership increased from 70 clients in June 2015 to 200 clients in May 2016!



# Principle 6

## It is clear how we make decisions

Co-production is not about handing over control and decision making entirely to consumers, but about the service provider and consumers making decisions together. This principle is about agreeing how decisions are made, having transparency in decision making, and clarity around what has been agreed or decided.

A problem common to much community engagement occurs because only a small number of people dominate decision-making, accentuating power imbalances between professionals and consumers<sup>[64]</sup>.

In order for this principle to be applied, ensure everyone involved has enough information to take part in decision making. You will need to create an environment where new possibilities are explored, and decisions are potentially made differently than what you're used to<sup>[41]</sup>.

**In order for this principle to be applied, ensure everyone involved has enough information to take part in decision making.**

**More information** on decision making can be found in Part Two.



"I was very mindful the consumers were looking at me to make decisions and be the authority figure, but I couldn't do that. I had to ensure consumers saw me as just a regular person with no more decision making power than them."

Judith, Henriksen - Pilot Lead  
Calvary Community Care (NSW)



## Benefits of co-production

Co-production has the potential to deliver a major shift in the way we provide aged care services - to make them much more effective, efficient and sustainable<sup>[15]</sup>.

Co-production has the capacity to transform aged care services, not just for the individuals involved, but also for the professionals who may find it difficult to put it into practice and for the system as a whole. Aged care workers will need to change the way they think about their role, how they operate and the people they have come to know as 'users', 'patients' or 'clients,' who will now become their equal partners; they may need to change their attitudes and priorities. They need to move from 'fixers' to 'facilitators' <sup>[15]</sup>.

Benefits of co-production frequently mentioned include: <sup>[64]</sup>

- Greater ability to get to the root of issues and develop tailored solutions.
- Increased innovation and efficiency of services when they are built around the consumers' needs.
- Greater consumer satisfaction.
- Creation of more cohesive communities with a greater sense of ownership.
- Building confidence and capacity of individuals and communities.
- Better use of resources.
- Empowerment of consumers.



# Benefits for Consumers

Consumers involved with Step Forward – Together™ benefited greatly from being included, valued and an equal part of something. Across the ten pilot sites 90% of consumers felt they contributed to decision making, increased their confidence and skills, and were supported in their roles.



“Consumers have felt empowered by being so involved in the decision making and designing of such a worthwhile service. In addition to this, the social aspect of the meetings, emails and phone calls has resulted in friendships being formed independent of the project working group.”

Deanne Garner – Pilot Lead  
Jubilee Community Care (QLD)

“It’s added value to their lives. It’s made such a difference to them. I underestimated how much they would get out of it.”

Bev Wheeler – Pilot Lead  
Mercy Care (WA)



“The consumers involved have become more confident as a result and this has rubbed off onto other clients who have been involved in the project.”

Caroline Grogan – Pilot Lead  
Centacare Community Services (QLD)

## Pilot Site Example – The Society of Saint Hilarion (SA)

The Society of Saint Hilarion’s project was to adapt a quality of life measurement tool for the Italian community. At first the consumers weren’t sure the value they could bring to the project as they didn’t know anything about these tools. However as the project progressed, it was their idea to translate the quality of life tool into Italian. The consumers then contacted a translator and organised this themselves. The more they were involved in the process, the more passionate they became about it, which resulted in a sense of ownership over it.



Hear directly from MercyCare consumers about the benefits of being involved in co-production



Helen  
Consumer



Kathleen  
Consumer



Helen  
Consumer





## Benefits for Staff

Pilot sites in the Step Forward – Together™ project reported a number of benefits for themselves personally and other staff involved in their projects. The main benefit reported was a change in relationship between staff and consumers, with both parties reporting at the completion of their project all group members were now 'friends'. This indicates traditional relationships and power dynamics were broken down, allowing people to see each other in a different way, resulting in a different relationship. This generally goes against the grain in the aged care sector, where there is emphasis on professional boundaries and clinical models of relating to the people we support.

Other reported benefits for staff were the personal journey it took them on. Co-production requires you to share the power normally associated with management-type roles, which for some was uncomfortable and unsettling at first. However throughout this, staff learnt to trust the process and the people involved in the project.

### Pilot Site Example – Uniting Communities (SA)

By being involved in this project, the staff at Uniting Communities were able to find out much more about their clients which hadn't been discovered before. This has helped them in their role as a support service, realise how different each client is, recognise them as at a certain point in their life, and what they value in their life.

**"You start to walk a mile in someone else's shoes."**

## Benefits for your organisation

CommunityWest suggests co-production offers many benefits for aged care organisations, including:

- Deeper insights into what consumers really value and most importantly why, to arrive at an understanding of what their priorities for support are.
- Ensure robust testing of assumptions used to plan or design services. This increases likelihood of a 'right first time' outcome avoiding expensive re-working.
- Harness the insights, creativity and ideas from all stakeholder perspectives.
- Facilitate stakeholders to work together to consider and understand issues, barriers, constraints and potential solutions from all perspectives.
- Eliminate predictable errors (e.g. 'If you had asked me I could have told you' responses from people not involved in the design process but impacted by it).
- Co-production draws on a broad range of tools which include evidence based data for decision making and scalability.

In addition to this, the pilot sites all identified the relevance and benefit for their organisation, particularly given the current reform agenda around increased consumer choice and control, individualised support and budgets. They see co-production as an effective way to offer services which people really need and value.

They identified the opportunity co-production presents for designing new services and programs, as well evaluating and reviewing current services offered. Co-production can be used to review a program which isn't working well, by taking it back to the beginning to try and work through with consumers to find out why.

### Hear directly from the pilot leads about the benefits of being involved in co-production



Bev  
MercyCare



Chris  
Uniting Communities

### Pilot Site Example – Uniting Communities (SA)

Uniting Communities identified a much needed improvement for how they assess people's abilities and needs. They discovered much more about consumer's lives and what they have difficulty with as a result of working closely with them, which wasn't picked up in initial assessments. This has resulted in a change of process and supporting documentation for their physio team.






# How co-production is different to consultation

Not only does co-production require a different approach than consultation, the learnings from the pilot sites suggest you also get very different results. All ten service providers of Step Forward – Together™ program used consultation in their organisations, but now can see the value co-producing has.

**Hear directly from the pilot leads about how co-production differs from consultation.**



Bev  
 MercyCare



Ana  
 Uniting AgeWell



What this challenged us to do was think differently. I don't think we could have achieved the same outcome with traditional methods of consumer involvement and consultation.  
 Judith Henriksen – Pilot Lead  
 Calvary Community Care (NSW)



# Challenges of co-production

While there are many opportunities in adopting the co-production approach, it would be unrealistic to present it as an easy solution to a series of complex problems – it's not simple and taking co-production forward is challenging. There are a series of things organisations and individuals will have to confront and work through in order for the co-production approach to flourish. These are not impossible challenges, but they will take thought and consideration to work through<sup>[41]</sup>.

## Cost and Time

There are costs associated with doing co-production, and this is very different to the costs associated with traditional forms of consultation. The major cost for organisations co-producing is staff time. All ten pilot sites reported the amount of time required far exceeded their expectations and was particularly challenging to manage given it was a task given in addition to their normal job role and deadlines. CommunityWest provided the ten pilot sites in the Step Forward – Together™ project a small grant of \$5,000 AUD to contribute towards costs. What the pilot sites found is this money was used to cover additional expenses, and did not contribute towards the cost of staff time involved with the project. Some of the costs you can expect when co-producing are:

- Staff time
- Travel/transport – direct or through reimbursement
- Venue hire
- Catering



"I don't even know if our group got to true and authentic co-production in the 8 months. It takes time for the group to form, build relationships and trust and work through any conflict."  
 Diane Graham – Pilot Lead  
 WestCoast Home Care (SA)





### Changing Culture and Mindset

An essential part of being able to apply co-production will be done through a change in culture and mindset – of service providers and their staff, and within communities themselves. Organisations have to create an environment where decisions are made differently and where new possibilities are explored. In this new culture, staff will be encouraged to float new ideas, experiment, take risks and be open to learning from anything which goes wrong<sup>[41]</sup>.

### Risk and Accountability

Most organisations feel cautious about new environments, and tend to be risk averse. Moving forward, this will have to change and organisations will have to be prepared to take risks by letting consumers get more involved in services. Not only will organisations have to be prepared to take risks, but also understand they have to be prepared for some services to fail. Plans will have to be thought through on how this will be dealt with, as the co-production approach also raises questions about the nature of accountability.

### New Skills

There is no doubt the co-production approach will require a different skill set for people. Organisations will have to be mindful people will have different capacities to undertake co-production; some capacity building may have to form part of the process, which will require resources<sup>[41]</sup>.

#### HINT

Like all projects, a co-production project will need an allocated budget to achieve the desired outcomes.

Co-production requires groups to work within the reality of finite resources. There's no point co-producing a \$2m service if the organisation only has \$15K to spend.

## Learnings and Challenges from the Step Forward – Together™ pilot site leads:

### WestCoast Home Care (SA)

- Time consuming for staff and consumers
- Consumers are very busy people so trying to get everyone together at the same time and same place and which suits everyone is difficult
- Be reasonable about how much time people have to give to the project (especially non-paid people e.g. consumers)
- I did get questioned from other people in the organisation who weren't involved directly about what we were doing and how long it was taking us. People didn't really understand why it took so long to achieve very little in their eyes. You do have to communicate very clearly why you're taking this path and doing it this way because people who aren't directly involved won't understand and are likely to criticise.

### Calvary Community Care (NSW)

- Building trust and rapport takes time
- Working as 'equals' is a difficult concept to get across and cement into practice given historical relationships between consumers and service providers
- Be clear with consumers about their role and the expectations of co-production
- The Pilot Lead has had to provide regular and ongoing reassurance the input the consumers are providing is valued and needed for the success of the project. There is significant value in regularly reassuring the consumers about their valuable contribution.
- When the consumers can see something tangible this may assist them to realise their contribution 'meant something'
- A huge challenge is truly working under a co-production framework as consumers have historically been 'passive participants' in care and service development.
- From the time of recruiting the steering group members it is vital to set the ground rules re: roles and responsibilities in order to embed the philosophy of equal participation
- I underestimated the time commitment for the pilot, I spent more than 60 hours of my time over the eight months, and we had 3 staff involved in the project.
- Because this type of work takes time, you need to be really mindful of project creep, and be careful you don't stretch the project to be more than it was meant to be.
- This process will generate so many great ideas, and people will have so much enthusiasm, momentum and will get excited, so you just need to be mindful you are fulfilling your objectives and staying on track.



- Don't underestimate the time required, and be realistic about what's involved. It will take investment from the organisation to make it work. Spending authority must come from the top down to ensure projects are resourced adequately. The sector is very guilty of loading people up with more to stretch the dollar further; it needs financial and human resources.
- Our consumers worked better individually, as opposed to in a group. This took up much more my time but was necessary to achieve the project outcome
- Engaging with a consumer's partner made it easier to engage with and build relationships with a particular consumer e.g. inviting partner to individual meetings etc.



"We were told at the very beginning co-production wasn't quick. But I under-estimated the amount of time it would take."

Judith Henriksen – Pilot Lead  
Calvary Community Care (NSW)

#### **Centacare Community Services (QLD)**

- We spent quite a lot of staff time involved in this project and the steering group meetings. On reflection, the two key staff probably didn't need to be involved in every meeting with the steering group, there were probably quite a few where the consumers could have met and fed the information back to us.
- It does take more time, but you can still do co-production, you just have to think about how you do it and the critical points in your project where you need everyone at the table.
- Delegating tasks and where appropriate, decision making authority, is key.

#### **Novacare Community Services (NSW)**

- Consumers might not always want to do the 'doing'. Happy to provide their ideas and opinions but not take actions. Generally they will only do something which interests them; otherwise it gets left to the staff.
- It's a lot of time, but I hope we will get better the more we do it and figure how to streamline the process a bit.



"When I wasn't more dominant in the group, some people were looking at me to provide direction."

Joseph McCarthy – Pilot Lead  
Novacare Community Services (NSW)



#### **Jubilee Community Care (QLD)**

- Had challenging dynamics between members of project steering group
- Had personality clashes and conflict between two consumers which had an impact on the rest of the group and project
- Had to work at encouraging quieter people in the group to speak up and be involved – dominant people can be difficult when trying to ensure everyone's voice is heard
- Were able to resolve the issues over time, however took most of the time (8 months) to build respect and trust between all members
- Difficulty with facilitating groups, and being an active member of the project team – there would have been advantages with having an external facilitator
- Consumers were very resistant to play an active role and take on jobs e.g. minutes etc. This fell on pilot lead to do which was time consuming.
- Consumers were not interested in doing the 'warm and fuzzy' activities – group was very task focused and action orientated



# Co-producing with older people

The pilot sites from the Step Forward – Together™ project have advice for aged care organisations wanting to co-produce with older people:

1. Build trust. It may take time for older people to feel secure enough to speak their minds.
2. Make appropriate arrangements so older people can contribute to meetings and discussions.
3. Use simple language. Is helpful to repeat things and clarify meaning as there can be confusion around concepts, language and jargon.
4. Clearly and repeatedly outline the context of a discussion (e.g. explain how the discussion feeds directly into the decision-making process).
5. Remember you don't need to have an outcome at the end of each meeting.
6. Provide information to fill knowledge gaps - maintaining equality is about realising knowledge gaps go both ways. We need consumers to fill our knowledge gaps and we need to identify what we need to tell them as well.
8. Use practical examples when explaining concepts and processes.
9. Test out and ask consumers whether chosen activities and exercises are acceptable to members – this will be different for each person.
10. Use visual prompts for people with dementia.
11. Consumers won't have the same confidence level as staff, you may have to build and reinforce this repeatedly.
12. Make sure the environment is quiet for people with hearing difficulties.
13. There are benefits of having staff involved with the project who know the clients already – existing relationships speeds up the trust and relationship building process.
14. Given the traditional relationships between staff and consumers, consumers will try to hand the power back to you as the 'decision maker' and the 'organisation', despite your efforts to share the power with them.
15. Be clear about the project once it is defined.
16. Ask and consider how much time people want to contribute to the process and what your project is.

Consumers kept on referring to me as the expert, the one who had to make all the decisions. I had to keep reminding the group we were in this together and it's the group's decision, not just one person to deliver this service.

Ana Mubaslat – Pilot Lead  
Uniting AgeWell (VIC)



## Case Study Example

### Working with consumers with cognitive decline

#### Calvary Community Care (NSW)

Calvary Community Care's project as part of the Step Forward – Together™ initiative was to co-produce a cooking mobile application which staff could use with consumers to support them to cook nutritionally balanced and culturally appropriate meals. Calvary Community Care had identified staff were cooking non-traditional meals with consumers from culturally and linguistically diverse backgrounds and wanted to acknowledge consumer's cultural backgrounds and support them to cook healthy meals they would enjoy.

The consumers in Calvary's steering group all had differing levels of English language understanding, hearing and cognitive abilities which made facilitating group work quite challenging.

CommunityWest undertook training with the steering group prior to their project formally commencing in October 2015. The purpose of this session was to educate people about Wellness, co-production, how to work within the principles, and establish a group culture which would support co-production. The learnings and reflections from this session are:

1. If older people require transport to attend, allow plenty of time prior to the meeting to avoid starting later than planned. E.g. Session was due to start at 9:30am, however not everyone arrived until 11am.
2. Take into account how you will provide information and facilitate discussions with people with hearing difficulties e.g. one consumer had a hearing problem but did not bring her hearing aid (and in fact never wears it)
3. If you're working with people with cognitive decline, avoid 'service provider speak' and jargon. Use language which is easy to understand and other tools to help e.g. visual aids, games etc.
4. Morning meetings may work better with older people, particularly those with cognitive or memory difficulties





5. Potential strategy is to 'buddy up' consumers with cognition and memory difficulties with staff member or capable peer. This could help them understand key concepts and participate in co-production activities and games.

It was envisaged regular group meeting would be held throughout the pilot period, however this did not eventuate. At the time of engaging clients, the Pilot Lead was unaware two had cognitive decline. The impact of the cognitive decline became evident at CommunityWest's training session. One of the clients found the session overwhelming and did not return for the second session. Both clients in attendance had difficulty recalling the detail of what occurred at the training. The Pilot Lead chose to visit each of the clients in their home after the training as there were fewer distractions and engage them at an individual level.

Some older people work better one-on-one, rather than in a group. Be flexible with how you involve these people in the process. Judith Henriksen, the pilot lead at Calvary had to adapt her strategy drastically and instead meet with her consumers one-on-one and then feed the information back to others in the group. Her steering group only met together twice in the eight month period.

The Pilot Lead prepared a small pack of information for each of the clients to have in their home as a reminder of the project. In addition the Pilot Lead would introduce herself as the 'lady from the cooking project', this strategy worked for both phone and face-to-face contact. One-on-one meetings commenced with a refresher about the project and the importance of their role.



## Case Study Example

### Working with consumers who have complex needs and mental health issues

#### St Bartholomew's House (WA)

St Bartholomew's House's project as part of the Step Forward – Together™ initiative was to co-produce an outcome statement which would inform how their home care services are delivered in the future.

The outcome statement was intended to be an aspirational statement on what's important for people receiving home care services from St Bart's.

CommunityWest undertook training with the steering group prior to their project formally commencing in October 2015. The purpose of this session was to educate people about Wellness, co-production, how to work within the principles, and establish a group culture which would support co-production. The learnings and reflections from this session are:

1. When working with people with complex needs, things may take longer than you expect e.g. session started 2 hours late.
2. Allow plenty of time and plan to cover only 1-2 topics of discussion per meeting.
3. When working with disadvantaged and vulnerable people, there is maybe a mistrust of Government agencies and professionals from previous negative experiences. You need to allow plenty of time to build trust with these consumers before the project can really commence.
4. Discussing the project objective and sharing something about yourself with the group will help to build trust and rapport.
5. Don't assume people will have the same knowledge and experiences as one another.
6. As young facilitators, we experienced ageism from some of the older consumers in the group. For a young project lead, it may take time for the consumers to see them as an equal and respect the skills and knowledge they bring to the group.
7. Some older people were mistrustful and did not want to engage with activities designed to





be fun or creative. They interpreted this as being “psychologically tested”. Always give people the option to engage and disengage from activities and have back up activities or questions to facilitate a discussion instead.

The consumers in this group preferred structure to their meetings, including traditional formats of minutes and agendas. Any attempt at using tools, activities, games or videos raised suspicions and didn’t work with this group of people. The consumers were also very sensitive to jargon and organisational language as they felt this polarised the differences and inequalities between them and staff in the project team. Consumers did not like the terms ‘co-production’ or ‘wellness’ and resisted any reference to these throughout the project.

Consumers struggled to understand the purpose of what their project was, and the desired outcome. In hindsight, the Pilot Lead recognises an outcome statement was too ‘fluffy’ a concept and didn’t have any meaning for people. By doing co-production, the group now feel they understand what people really want and can design services to meet these needs.

“Our project was around developing an outcome statement, and it was just such an organisational, business concept. And we really really struggled with that. If we were to do the project again, we would co-produce what we would want the project to be about, rather than approaching it from an organisational perspective.”

Sally Kingdon-Barbosa  
St Bartholomews House



## Case Study Example Working with cultural diversity

### The Society of Saint Hilarion (SA)

The Society of Saint Hilarion’s project as part of the Step Forward – Together™ initiative was to co-produce a quality of life measurement tool using a Positive Psychology framework. The organisation wanted a tool relevant for the local Italian community which would help to start conversations about mental wellbeing as part of Wellness; to overcome the stigma which existed in the community.

CommunityWest undertook training with the steering group prior to their project formally commencing in October 2015. The purpose of this session was to educate people about Wellness, co-production, how to work within the principles, and establish a group culture which would support co-production. The learnings and reflections from this session are:

1. When facilitating co-production meetings, you need well-developed facilitation skills to keep conversations on track.
2. Be prepared for things to take longer than expected and aim to discuss only 2-3 topics per meeting. This is especially true during the ‘forming’ stage of group dynamics.
3. Allow plenty of time in the beginning for talking and relationship building. Don’t expect any action to be taken in the first 2-3 meetings.
4. Allow people to opt out of meetings or tasks if they can’t commit to it each time. Important to find the balance between ‘everyone contributes’ and making the process accessible.
5. People will want to talk about themselves, their family and their experiences. Allow time and provide a safe place for this in the beginning and then the group can make room for the perspectives of others.





6. People enjoyed doing activities which were visual, creative and fun in nature. Have a 'bank' of these you can use to break the monotony of group meetings or encourage people to use different parts of their brain e.g. right versus left.

Saint Hilarion invited Italian community members to the group, who had both a relationship with the organisation, but also influence and presence in their local community. The consumers were all female and represented matriarchs of their families and cultural identity. All women were very outspoken and enjoyed discussing many things in great detail. Some of their meetings would go all day, which required significant investment by the organisation to have three staff members attend, including a senior manager. Saint Hilarion saw this as an important investment though, and believes the benefits far outweigh the costs associated. Saint Hilarion also wanted to include a senior manager in the process to ensure decisions made by the group would be understood and honoured by the management team. This is very important to ensure real change is possible when co-producing aged care services and programs.

An unexpected benefit for the organisation was the identification of areas for improvement in other areas of their business through this process. It was discovered residents were not happy with the current meal service in their residential service. This was quickly remedied, and the organisation now grows vegetables and herbs which are used in the cooking to replicate traditional Italian cooking methods and recipes.

## Co-producing your project idea and concept

In the spirit of co-production, the organisation should not make decisions about what the project is before forming the working group. In the Step Forward – Together™ pilot project, CommunityWest asked organisations to propose a project they would work on over the eight months, and then asked the pilot site steering groups to complete a project plan, one month into the project. In hindsight, we realised this was not the best method! It was very useful for the organisations to have some ideas about what they wanted to co-produce, but ideally the final decision about what the group works on, should be made by the group itself.

As an organisation it will be very useful when recruiting working group members to have an overall goal of what you want to achieve, to ensure the most appropriate staff are part of the group, and the consumers involved have an interest in the topic. However be mindful you don't make the most important decision for the group without giving everyone an opportunity to contribute to the process.

It is useful to commence the project with some ideas or a broad objective, however best practice is for the project working group to decide what they want to work on. This way you're ensuring people in the team will be interested in and committed to the topic at hand.

The learnings from the Step Forward – Together™ pilot sites explain why this is important:

1. Specific and tangible projects work better than broad or strategic.
2. Start off with something small and achievable and learn from that, then scale it up for the next project (either a new one or continuation).
3. Be prepared for your project to change as a result of this process.
4. Don't make all the decisions about the project before you form your group, but you can develop a broad goal or desired outcome.
5. Complete a project plan once the group and has agreed on your project.



See **Tool 1 - Project Planning Template** to help you develop ideas for your project.

See **Tool 5 - Project Scoping Template** to help you co-produce your final project idea.



"It took us a while to decide what we wanted to do. If I had my time again I would have a clearer direction in what we wanted to achieve and get the group to contribute. What we started with was very broad so it was hard for us to think about what 'product' we were going to co-produce. It took us 3 meetings (months) to gain clarity, which was half the time to complete our project!"



"Have the group co-produce what to work on. If you go in there with an already decided project then you're not truly living the principles of co-production."



"Given the nature of co-production, what your group decides at the beginning may not be where you end up. Be open to different ideas, be flexible and trust the process."



## Creative approaches to collaboration

Involving consumers is not always achieved through meetings or questionnaires. Using other approaches to co-production is based upon the recognition consumer involvement should allow for different forms of expression <sup>[7, 59]</sup>.

### Working with 'seldom heard' groups

Until recently, little attention has been paid to ensuring systems for collaboration take account of the diversity which exists among consumers in terms of their ethnicity, sexuality, and life experience <sup>[9, 23, 59]</sup>. Now, there is greater awareness of the need to include 'seldom heard' or so-called 'hard to reach' groups. The three main reasons why this should take place are:

1. All people have equal rights as citizens to make sure their views are heard.
2. Consumers comprise an extremely diverse group <sup>[8, 12, 59]</sup> and this should be reflected if co-production strategies are to be both inclusive and representative.
3. Members of seldom heard groups may have separate or differing needs for being involved in the process <sup>[8, 59]</sup>.

### Lesbian, gay, bisexual, transgender and Intersex (LGBTI) consumers

Attention to the needs of lesbian, gay, bisexual and transgendered consumers has been neglected in many mainstream participation initiatives <sup>[23, 59]</sup>. It has been suggested that until recently, equality on the basis of sexuality has been given less priority than other equality issues <sup>[22, 59]</sup>. The role of 'champions' within organisations has been identified as crucial to improved levels of involvement among lesbian, gay, bisexual and transgendered consumers <sup>[29, 59]</sup>. An important issue for these people is that concerns about homophobia and heterosexism among service providers, or other consumers, may mean they do not want to disclose their sexuality, even when it may have



implications for the sort of services they would like.

## People with dementia

Although there is a considerable amount of research highlighting that only a very small minority of people with dementia cannot express their views, people with dementia are seriously under-represented in the majority of systems for participation<sup>[24, 59]</sup>. There is a lack of systems to support co-production practices, so service managers and social workers are often asked to make life changing decisions on behalf of a person with dementia; such as deciding whether or not to recommend a move into a care home, without having time to build up a personal relationship with that person<sup>[19, 59]</sup>.

There are now several research-based resources which highlight the multiplicity of methods which have been used with people with dementia including:

- questionnaires
- interviews
- observation
- advocacy; and
- focus groups<sup>[67, 59]</sup>.

Even with questionnaires, a method which might be seen as among the least suitable, better results can be obtained if they are completed with a volunteer or helper rather than through self-completion<sup>[26, 59]</sup>.

Other advice includes:

- Spending time before collecting any information so the person with dementia feels more relaxed<sup>[61, 59]</sup>
- Using photographs as a prompt for discussion<sup>[1, 4, 59]</sup>
- Using several techniques and supplementing formal discussions with informal conversations<sup>[4, 59]</sup>.

It is also possible to give feedback to people with dementia about the results of discussions.

## People isolated at home

The dominance of meetings-based models of participation means people who find it difficult or impossible to leave their homes are often excluded. Others may prefer to be consulted in their own homes<sup>[53, 59]</sup>.

They may be supported through technological means, such as teleconferencing, or through the help of volunteers, or support workers meeting them in their home. Some people are reluctant to attend public meetings or venues in which different groups are present and there is an expectation people will define who they are in terms of their experience as a user of aged care services.



### Pilot Site Example – Calvary Community Care (NSW)

The pilot lead found gathering the consumers together for meetings quite difficult. Consumers were not keen on group settings, had hearing difficulties and limited access to transport. The pilot lead and staff involved with the project had to be very flexible to accommodate people by meeting them individually in their own homes to enable co-production to occur.

She had more luck engaging with one consumer in particular once she invited his wife to attend and be involved in the project.

The staff had to be diligent to ensure they stayed true to the principles of co-production, communicated with all group members about project progress and still involved consumers in the decision making process.



# Summary

We hope this guide to co-production, Wellness and Enablement will assist you to implement co-production in your organisation and next project. See Parts Two and Three to help you progress your understanding of implementing co-production.

CommunityWest recommends the Jigsaw model of change management to plan, implement and review a co-production project. We hope you get a chance to use the tools provided and provide feedback to CommunityWest. In addition to this, we would love to hear about your project successes and challenges to add to the body of knowledge on co-production for aged care services in Australia.

If you require more information about co-production, please don't hesitate to contact CommunityWest on (08) 9309 8180 or [admin@communitywest.com.au](mailto:admin@communitywest.com.au)



## Before we go, some final words from the Step Forward – Together™ pilot sites about co-production:

“Co-production is worth it, but only if you’re honest about and do it authentically. Don’t just say you’re doing it if you’re not really. Give it a go, start small and start with a small group but you have to really value it and want people to have a say, you need to listen to them and act on it.  
I’m not saying it’s easy to do, it takes time and resources. But it needs to be incorporated it into everyday practice.”

“I have worked in community development and engagement and at the end of our project, I wasn’t even sure we got to authentic co-production. This work isn’t easy.”

“Using co-production is important to ensure you’re not just adding a service for the sake of it, but that you’re adding a service people want and need and its addressing consumer issues. Ultimately you’re only in business for your customers, to assist them to stay well.”

“It’s very important when you do co-production it’s not just a token gesture.”





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