

## **COTA Seminar June 8<sup>th</sup> 2010**

### Summary of the Discussion about Consumer Perspectives on CDC

#### **Ideas the group wished to affirm as central to CDC included:**

- Consumer representation on ALL committees and decision-making groups involved in shaping the policies and implementation of CDC. They did not accept a view positioned earlier in the day that consumer representation was difficult to achieve. Solutions?: ask key groups to nominate a representative ( eg. COTA) and advertise the opportunity widely.
- Ensure that there is regional input and comments on proposals.
- The need for a culture shift across the board.
- An Opt -in model with a 'return ticket' if the person chooses not to continue with CDC; and easier access for people from CALD and Indigenous communities.
- The need to attend to funding difficulties and inconsistencies among the currently available packages.
- Flexibility—make it easy for the consumer to switch arrangements when what was offered was inappropriate or no longer applied. Allow the consumer to choose their provider and ensure that providers have access to the services people need.

#### **Concerns that need to be addressed included:**

- Funding-adequacy and consistency.
- Access and equity issues—noting the needs and circumstances of particular groups who may not be large in number and whose voices may not be heard e.g ex-service pensioners and veterans' widows; some CALD communities where people and their families find it difficult for personal or cultural reasons to ask for help..
- Consumer awareness of options and choices.
- Training staff to deliver the services.
- Terminology—needs to be consistent, simple and easily understood. Forms should be easy to access and easy to complete.
- Accept the need for a 'grey' area and overlap between state and federal funding so people are not excluded from entitlements.

#### **Solutions suggested :**

- Devise a comprehensive communication strategy targeted to community groups and using face-to-face sessions with peer educators ( similar to those COTA currently uses to promote Beyond Blue, appropriate uses of Medicines, and Safety). Minimise brochures and internet sources. Go for stories that illustrate the changes that might be made, the options available, and the results that follow.
- Recognise that there may be low levels of literacy and health literacy in some areas and among older people. Ensure that the communication strategy addresses this need.
- Learn from what is already happening in some regional/country areas where co-operation and resource sharing among providers gives consumers real choices.