Hamilton Stone

ABN 71 617 395 061

New single quality standards: consumer information resources

Phase 2 Report

For the Australian Aged Care Quality Agency

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Contact: inquiries@hamiltonstone.com.au
Ph. 0401 557 193
www.hamiltonstone.com.au

Executive Summary

The Australian Aged Care Quality Agency engaged Hamilton Stone to assist in developing information resources for consumers in the lead-up to the commencement of the draft new Aged Care Quality Standards. This is the report on the second phase of the project, which focussed on piloting information resources.

Crucial phase 1 findings that shaped the design of the resources that we piloted included that:

- Word of mouth is an important source of information for consumers, particularly from trusted sources
- People want information that is personal, and relevant to the point they are at on their care journey, and
- Accessible language and concepts are important.

Five types of resource were piloted and revised, and are provided with this report: a newsletter article, designed for placement in aged care provider publications; website content for the Quality Agency's site; audio recordings, a video, and fact sheets. We have also recommended that some content be integrated into the My Aged Care website and its trifold brochure.

The piloting consisted of several focus groups in two states, consultation with consumer organisations, and detailed written feedback from some individual consumers.

The key points confirmed in testing the materials were that:

- language must be simple and direct
- very concrete examples be given of what the standards mean in practice, building on the most common areas of concern about care
- information that is in the first person is more engaging, and
- that care is taken in language and images, to signal that care - and the standards - is expected to be inclusive.

Final preparation of the resources for production should include design features that make the resources age friendly, but also that accurately represent the aged care environment, and the diversity of aged care users. It should support consumers to make a personal connection with the Agency, particularly through understanding the work of the surveyors.

There are strategic implications of our communications work for the Agency and its successor Commission, around the opportunities that will come from the new single Commission, the importance to consumers of the Agency's outputs, particularly the consumer experience reports, and the need for the newly-announced system navigator initiatives to support consumer understanding of, and engagement with, aged care quality.

Context

The Australian Aged Care Quality Agency engaged Hamilton Stone to assist in developing information resources for consumers in the lead-up to the commencement of the draft new Aged Care Quality Standards.

The Quality Agency has undertaken this project to identify and develop key messages for consumers on the new Aged Care Quality Standards and quality assessment. The objective is to increase consumers’ understanding of the quality standards and how they relate to their care. The project included a literature review, key stakeholder meetings and consumer consultations, across a number of geographical locations, service types, service provider types, and with a diversity of consumers.There were two phases of consumer consultations:

- Phase 1 - Learning about the information channels and key themes that consumers find most helpful
- Phase 2 - Piloting information resources

This report summarises the second phase of the project; provides tested information resources for the Agency to use and advice on their finalisation and placement; and offers suggestions about opportunities for the Agency (and the Commission, to be established at the end of this year) to build on this work.

Development of consumer information resources

Messages from phase 1

In phase 1 of this project, we developed an engagement plan to learn from people using aged care services. The plan was built on our directors’ experience in running consultation processes, a literature review focussed on the aged care sector, and advice from aged care sector consumer organisations.

The phase 1 consultations were built on a model that put the diversity of the aged care population at the centre of analysis, and valued in-depth input of consumers as experts in their own experience. We undertook:

- One focus group in Sydney with consumers living with dementia
- Two focus groups in the Melbourne area with CALD consumers
- Two focus groups in the Melbourne area with LGBTI consumers
- One focus group in Brisbane with advocates for vulnerable consumers
- Four interviews in Brisbane with vulnerable consumers
- One interview in Caboolture with a vulnerable consumer
- One focus group in Canberra with residential care consumers.

This was complemented by advice and input from some individuals who were unable to make it to the sessions, as well as from consumer organisations.

We focussed on **information channels** - how consumers like to receive information and how they manage it - and **quality in care** - the advice consumers might offer to others seeking care about how to find good care, and how they would go about addressing a problem with their care if they had one. This discussion allowed us to determine the key themes around how the Agency could best communicate with consumers about the new quality standards.

The findings of phase 1 included:

- People using aged care generally do not perceive themselves as ‘consumers’ and the idea of ‘choice’ is not prominent in their aged care journey.
- The concepts of ‘aged care quality’ or ‘quality standards’ are not familiar to consumers, but most consumers do have clear ideas of what constitutes good care.
- Word-of-mouth is the most important way people get information relating to aged care, but its nature varies between individuals and population groups. For some, word-of-mouth means advice of family members, for others it means trusted professionals, while for others it involves community organisations with which they are already connected.
- People value support when accessing information, whether that is from family, peers, or professional advocates. Many struggle with the idea of managing information and decisions without support.
- Consumers are experiencing information overload, and all find ways to filter the information coming in. Additional information sources are unlikely to reach consumers.
- Many consumers are online, although to varying degrees. Online engagement is not clearly age-dependent, but appears related to wealth or education. However, there is not a strong sense that existing consumers are using online sources to find information about aged care.
- Consumers in residential care are less likely to be seeking information, and in particular are less likely to be obtaining information from outside their care provider.
- Consumers are receptive to information that is personal, practical, and relevant to their point on the aged care journey. That journey has several stages - when planning to obtain care; at the point of signing up for care; and once settled in care. It is also different between care at home, and residential care.

The full report of the Phase 1 consultations was provided to the Agency and is available on its website.

The information resources

Based on the results of phase 1 of the project, five proposed information resources were developed. These comprised:

- Newsletter article

  The newsletter article was designed to be placed as a feature within aged care provider publications for their consumers. This resource highlights the importance of information being tailored to the stage in the aged care journey. This resource is intended particularly to speak to residential care consumers, who generally access few external sources of information, but who widely recognise and read provider publications/newsletters. It is also worded to recognise that these consumers are settled in care and want to make the best of their current situation. It is deliberately personal. It is consumer-centred, and also crafted in the knowledge that many consumers share or pass on provider publications to family, who may seek further information.

- Website content

  The web content was designed to be part of the Quality Agency website. It recognises that, although few consumers are going online for aged care-related information, their families and other carers are more likely to be doing so, and may be using the Internet as a source of information that they then communicate in other ways (such as printouts or face-to-face conversations, as we heard in phase 1) to those they care for.

- Video

  The video was designed for posting online on generic sites (for example YouTube) and for hosting on the Quality Agency and Department of Health websites. It is anticipated that, while some consumers would find the video directly, more would see it when shown by a relative, visitor, service provider, or at an event. Four minutes long, the video is set up as an interview with a quality surveyor. Both the video and audio are intended to build on consumers’ desire for personal connection and for word-of-mouth advice, by giving the Agency and the quality standards a human face in the form of the surveyors.

- Audio recordings

  Two audio recordings were designed to meet the needs of people who prefer communications in different formats. One was an interview, like the video, while the other was a piece spoken by a quality surveyor. The two audio versions, made in the same medium and at similar lengths, allowed us also to evaluate preferred content.

- Fact sheet

  The fact sheet was designed to be hosted on the Quality Agency and Department of Health websites. It is several pages long, recognising that it will usually be a second-stage resource accessed by people who want to know more about the aged care quality standards. It could be provided to consumers as a hardcopy on request, or at face-to-face events or forums run by the Agency, but is not designed for mass distribution as a first point of information regarding the standards. As noted, consumers were clear about current information overload, and an additional brochure would have limited impact.

Testing the resources

The aim of phase 2 discussions was to get people's direct input and feedback on the resources we were developing for the Agency.

Who was consulted?

Our phase 2 participants were selected in a similar manner to phase 1. They were slightly more likely to be lower income individuals, and this was reflected in lower levels of online connection. However in most respects the groups, and what they said about information, were similar.

The phase 2 consultations had several elements. These included:

- Small group discussions
- Request for feedback from National Aged Care Alliance (NACA) consumer organisations
- Request for feedback from a small number of individual consumers and organisations who had assisted during phase 1

Four small group discussions were held, in Canowindra, NSW, and Port Adelaide, South Australia. The participants included:

- 21 residential care consumers
- 8 home care consumers
- 3 future consumers (currently using retirement living provided by an aged care provider)

Focussed feedback on written materials was provided by 3 other consumers. They comprised:

- 1 female, 86, home care package consumer
- 1 male, 85, future consumer, previously carer for spouse
- 1 male, 80, future consumer, previously temporary user of home care

Organisational feedback came from seven organisations:

- Five organisations that were members of the NACA consumer forum:
    - FECCA
    - Legacy
    - LGBTI Health Alliance
    - OPAN
    - VACCHO (member of NACCHO)
- Two organisations that had assisted identifying consumers to participate in phase 1:
    - Celebrate Ageing
    - Matrix Guild

How did we consult?

As the small group participants had no previous engagement with the project, the sessions began with a conversation, similar to the second part of phase 1, about people's care journey and experience of obtaining care. This allowed our consultants to develop rapport, understand the participants' circumstances in the context of what was known from stage 1, and determine what materials were best evaluated with each group. For example, in two small discussion groups it was established that none of the participants used the Internet or had phones, so the consultation focused on hard copy materials and video.

Small group participants were shown the video, had resources read aloud to them, or were given resources to read themselves. In some sessions where text was read aloud, people were given green and red symbols to use as signals that could be raised or pointed to when they heard information that they thought was important or good, or alternatively where they thought it was incorrect, confusing or uninteresting. This then led to conversation about those points.

Individual consumers who had expressed an interest in the project were emailed, inviting them to comment on one or more of the draft resources. The draft resources were hosted on our company website. Respondents had the choice of responding via online feedback forms or by email, and both options were used by participants. Thirteen individuals were invited to participate in this way, and four provided feedback on materials, most on more than one of the draft resources.

Organisations were invited by email to respond in the same way as individual consumers. Some used email and some used the online feedback forms.

Resources were tested iteratively with consumers. That is, as the phase 2 consultations were rolled out, feedback from early sessions led to revisions that were considered by participants in later sessions.

What did we find?

The phase 2 feedback reinforced many of the key messages from phase 1. In particular:

- Consumers were very positive about plain language, and reacted negatively to departures from it. The language that usually attracted negative reactions was messaging that departed from the practical reality of care; conceptual language; and official descriptions (including the description of people receiving care as "consumers") that did not accord with their perceptions.
- Consumers favoured concrete examples of standards, that related to their care experience; and concrete explanations of how processes worked.
    - The "consumer outcome statements" that are in each of the standards have been included in some information materials, but

    mostly were too abstract on their own, and were better translated into practical consequences.

- Consumers preferred personal, first person communication. They were most positive about audio that addressed them directly, and about written material that represented an individual explaining things to them.
- People were interested in material that could be used by family, as well as by themselves, reflecting the important role family is known to play for many care recipients.

Many revisions were made to draft materials as a result of advice from consumers obtained during phase 2. These broadly included:

- Revising the language further to make it simpler and more everyday.
- Adding more specific examples of what consumers can expect under the standards.
- Ensuring that concrete examples include the subjects that were the most common concerns of consumers, such as:
    - Maintaining of relationships with direct carers over time
    - Punctuality of staff, and notification in advance of any changes to normal schedules (particularly in home care)
    - Swiftness of staff response to urgent needs (particularly in residential care)
    - Competence and friendliness of staff
    - Quality of food
    - Recognition of individual needs and circumstances.
- Targeting some resources to the relevant experience of the consumer reading them. This has resulted in the creation of two fact sheets, one for residential care, and one for non-residential care, ensuring examples were always relevant to the scope of the information.
- Changing text to signify more clearly the inclusion of diversity.
- Maintaining a strong focus on core messages, with less context.
- Revising content to reframe information that had capacity to make consumers anxious about losing their service, while maintaining realistic examples that resonate with consumer experience and concerns and their nuanced understanding of care contexts.

The phase 2 consultations also emphasised the importance of good production and design of audio-visual materials. In particular, sound quality is critically important for aged care consumers.

There were some balances that had to be struck in developing the resources, where feedback from different stakeholders emphasised different points, or was potentially contradictory. These included:

- One organisation supported higher-level concepts being emphasised in explaining the standards, while consumers favoured very concrete examples.

    - One example is the inclusion of the "consumer outcome" statements from the standards. The language in which some of these are expressed does not resonate with consumers, and could be omitted in favour of more concrete explanations. However, we have assumed the consumer outcome statements will be regarded as necessary elements of most material, and so have included them in the fact sheets and website.
    - Another example is where the same organisation commented (regarding the fact sheet) "the examples in 'what can you expect' don't really reflect the standards they are part of and worry that consumers will think that is all that will be done. Perhaps keep to a summary rather than trying to list possible actions providers can take. for example in Standard 8 no reflection that consumers are to be involved in planning, much lower level examples are used." As consumers had a strong preference for the kinds of examples we used, and only one organisation said this, we did not implement the suggestion of staying with summaries, but did review alignment and content of examples.
- Some stakeholders wanted materials to address particular issues in more depth, or more directly, while overall feedback favoured simplicity. An example was a request that diversity be more explicitly addressed for specific groups. We made some changes to recognise this, but anticipate not as many as some would want. These concerns may be best addressed through making available additional information resources that are targeted toward particular communities or people with particular needs, in addition to this generic suite of resources.
- There was some concern that explaining the explicit consequences (particularly funding implications) for a provider that fails to meet quality standards might discourage consumers from raising issues, because they would be afraid their service might close. However we also had an organisation criticise draft information for a lack of clarity about those same consequences, and wanting a stronger emphasis on consequences. A similar issue was raised about mentioning elder abuse.
    - We sought to balance these concerns by using a more positive tone about the process of ensuring standards are met, and keeping the explanation general, where that process is explained on the website and in fact sheets. However, we retained the example regarding elder abuse, because it is an important subject currently in the focus of community attention and one of the few concrete ways in which governance can be illustrated from a consumer perspective.

Other features to note include that, of the three possible points of contact for people with concerns, we list the advocacy services as the first option because often consumers are unsure whether to take something further. In this context, an advocate is a more approachable starting point than the Complaints

Commissioner. We list the Agency third (after the Complaints Commissioner) because the Agency does not respond to individual complaints, which will be what the great majority of consumers will be seeking to resolve. Obviously the wording and framing of these listings will change in 2019 with the single Commission.

Delivery of the consumer information resources

Resources suite

It has been a great privilege to undertake this project and spend time learning from consumers. They have shaped the recommended resources which we have attached with this report.

Recommendations for finalising the resources to production quality

The resources we are providing are, as per the contract, intended as content that then requires final design, production, and placement. They were tested in their intended media, as audio file, video file, and mock up newsletter with pictures and branding, but at pilot and not production standard. We have provided the plain content (ie scripts and text) for the Agency to finalise to production standard. Our recommendations on design and production are:

- Content, particularly the details in fact sheets, needs to be checked against the finally approved Standards and Guidance Materials, to confirm that there have not been changes that require revision to the consumer information resources.
- Written material, including online material, needs to be produced using large fonts (typically 14 point), with high colour contrast.
- The website layout was well-received by consumers. One thing that will need revision during integration into the Agency’s site, is creating a more geometric and less ‘busy’ layout of the page ‘what are the standards?’
- Graphic design additions, such as photos or symbols that clearly link to the content, are important. However, care needs to be taken with the images. They should:
    - link clearly to content
    - not be stock images that may have been used often in the sector
    - represent cultural and gender diversity (see the photographic resources of the Complaints Commissioner for good practice, which could be used by the single Commission)
    - show settings that are realistic portrayals of care contexts (indoors rather than outdoors; avoiding unusually high quality or spacious domestic or residential care decor and settings - see the images used by My Aged Care for good practice).
- Where images or symbols are used, representation of diversity needs to be considered. For example, we received feedback complaining about

symbols representing males in authority positions. We edited the symbol used for governance in the fact sheet, as an example of how this can be addressed.

- Hamilton Stone did not secure licence agreements for the use of any of the images used in the pilot, as it is not intended that these exact images be used in production, rather that the Agency develop its own image content for its publications.
- Videos and audio require professional production that ensures high sound levels, and minimises distracting sounds (such as background music under a voice-over).
- We received consumer feedback, and strongly advise, that the audio and video, and the photos and name used in the newsletter article, should use actual quality surveyors rather than actors. Among the surveyors are many articulate and extroverted people whose skills and attributes could be well suited to inclusion in the resources.
- For the newsletter article, if possible the Agency should use surveyor staff who undertake visits in the region in which the article is being placed.
- Most care recipients (especially in residential care) are women, as are most direct care staff and most Quality Agency surveyors, so women should feature prominently in images and audio.
- Consideration should be given to using different images and different coloured livery in the home care and residential care fact sheets, to help in visually distinguishing between them, as they have similar content.
- Where possible, the Agency should choose more mature people for images and voices (both when portraying aged care staff, and as subjects or voice-overs in audio-visual resources), bringing them closer in age to consumers and their children, consistent with preferences expressed by most consumers in both the phase 1 and phase 2 consultations.
- Some resources should be translated into a small number of high-prevalence languages used by aged care recipients. Based on what we heard from consumers, it may be a higher priority to translate audio resources, than print resources.
- During review and final clearance processes, the Agency needs to remember it is more important to communicate clearly in the manner that consumers relate to, than to be technically and legally precise. Slightly colloquial language is important to retain. Evidence suggests consumers will either not read, or not understand, formally written and comprehensive material.

Our recommendations on placement and delivery of the specific resources are:

- Determine where on the existing Agency website the consumer content is to be hosted, and upload it.
- Use video in upcoming training sessions about the new standards, including for providers, and encourage them to make video available to consumers.

- Consider making a presentation about the resources at the Better Practice conference or events, to raise their profile.
- Develop and follow a schedule of contacting residential care providers, offering them the newsletter article, customised to their region, for their newsletters, and seeking confirmation from them if and when it is printed.
- Provide the audio and video links to peak bodies and community organisations, and ask them to promote them through their newsletters, email lists and website.
- Ensure Aged Care Assessment Teams are aware of resources, in particular the fact sheet.
- Approach the RACGP, and Primary Health Networks, and seek their assistance to make resources available to primary health practices, particularly GPs.

Information in My Aged Care

The phase 1 report on the project indicated that consumers already receive large amounts of information, so it is important to, where possible, integrate information into existing resources. Existing sources of information into which the Quality Agency should seek to build its consumer messages about quality standards include the My Aged Care website and trifold brochure.

Currently, the My Aged Care trifold brochure (available here) is probably the most widely distributed information resource about aged care. Its content is broadly consistent with some of the findings of the phase 1 study, about information being best when targeted to the stage on the aged care journey that a person may be. The brochure currently does not mention quality in care, or feedback mechanisms about care. It focuses on three things:

- How to access care
- What kind of care is available
- Eligibility and cost.

While supporting this approach overall, the lack of signalling of any information about expected standards of care or complaints mechanisms may be contributing to the subsequent lack of awareness among consumers about them.

One option is to seek to include a short paragraph in the leaflet, after the explanations of the three types of care. It would need to be brief, as ‘real estate’ in this brochure is highly sought; and simple, in keeping with the intended recipients of this brochure (the start of the care journey).

It would contain two key concepts:

- Care is planned for each individual, tailored to their needs
- Care is checked to ensure it’s up to standard.

It is important to include a sentence covering the first bullet point not only to signal the basic concept behind Commonwealth-subsidised care, but also because people from diverse backgrounds need explicit messaging that differences in needs are recognised. This is signalled, for example, in the version of the brochure tailored for LGBTI individuals, but also needs to be there for the diversity of people (for example LGBTI individuals) who read the main brochure.

Reference to standards in a brochure of this type would be at a level of reassurance: all government funded care is checked to make sure it is up to standard. In a leaflet that is introducing the idea of planning for care, it is not appropriate to explain a complaints mechanism, this is more appropriately targeted to those in a care journey with potential issues to resolve.

Reaching diverse people

Engaging with diversity was fundamental to the design of this project. Our approach to engagement and to designing the information resources was based on learning from diverse people, to ensure we developed generic resources that will reach as many of them as possible. As a result, we have developed multiple resources, in different media with different framings, while several of our product and placement recommendations are designed to ensure the accessibility and acceptance of resources by diverse communities.

The Agency can now consider the question of what it sees as its further priorities for messaging, and target tailored resources to further reach diverse audiences. In particular, is it a priority to communicate to special needs and other communities in the next six months about the change in standards, or does the Agency want to wait until the new Commission is in place, and develop integrated messages and materials about standards, quality and complaints in the new regulatory environment?

If the new standards are a topic on which the agency particularly needs to reach specific population groups, tailored resources will be most effective where they include targeted images and branding (such as rainbow livery for resources being published in the LGBTI community), or highlight those standards and concrete examples of consumer outcomes that are of particular concern to those groups. The Agency may also wish to partner with particular media in delivering content. This is because our research suggests that people who do not rely on mainstream channels to access information - such as people without family to assist them who may be using advocacy supports, LGBTI people and CALD communities - may be more likely to access information about aged care provided by third party organisations that they already trust.

Conclusion

The resources we have prepared, and the recommendations we have made for their delivery, provide effective ways for the Agency to communicate with consumers about the new aged care quality standards. Good as they are, however, current and future users of aged care services seldom discuss quality of care directly, even though it is important to them. None of our consumer participants were aware of there being existing regulatory standards, for example, though at least one had been a participant in a quality agency accreditation visit. Consumer centred resources about quality standards are a small part of the culture and practice change required in the move to a consumer centred system, in which consumer outcomes and consumer choice are drivers of care quality.

There are four strategic implications of this project that complement the information resources, and can help bridge from the status quo to a consumer centred system:

- The integration of the Agency and the Complaints Commissioner is a positive step, because it creates a simpler regulatory landscape for consumers, and brings standards and complaints together. This is a good opportunity to simplify information resources, advertise the new organisation and increase consumer engagement with care quality.
- Increasing the user-friendliness and profile of both the Consumer Experience Reports and accreditation reports is likely to be the single most effective way for the Agency, and its successor Commission, to develop a more widely-recognised and trusted profile among consumers.
- In the 2018-19 Budget, the government announced an initiative referred to as the aged care system navigator:

  > The Government will introduce a face to face service to assist and guide older Australians and their families to get the best outcomes from the aged care system, including outreach services to help older Australians make informed choices about their aged care needs.

  The system navigators should communicate about quality expectations and complaints as a core part of their work. Their effectiveness - and the new Commission's role - will be enhanced if they encourage consumers to make use of accreditation reports and consumer experience reports.
- Consumers can and should be able to play a central role in ensuring care is always up to standard. However, there are many consumers without the ability or willingness to engage or complain, for many different reasons. For the sake of all these people, it remains vital that the regulator continues to act on their behalf to ensure their care is of high quality. The more vulnerable a consumer is, whether because of economic disadvantage, social isolation, dementia, or other reason, the more important it becomes that the Agency is monitoring their care. We believe this fits well with the Agency's increased focus on a risk-based approach to its regulatory activity. Our research suggests that consumer vulnerability should be a critical factor in the risk analysis that the Agency uses to manage its regulatory activity.

Hamilton Stone has developed some initial thinking around some of these strategic implications, and would welcome the opportunity to assist in advancing the Agency's work (and the new Commission) in any of these areas.