



# Inclusive use of digital and non-digital communications

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## A guide for Commonwealth Home Support Program Providers

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## About COTA Victoria

**Council on the Ageing (COTA) Victoria** is the leading not-for-profit organisation representing the interests and rights of people aged over 50 in Victoria. For over 70 years, we have led government, corporate and community thinking about the positive aspects of ageing in the state.

**Seniors Rights Victoria (SRV)** is a program of COTA Victoria and the key state-wide service dedicated to advancing the rights of older people and the early intervention into, or prevention of, elder abuse in our community.

We fund our activities and services through the support of government, members, philanthropic trusts, businesses, and the public.

We acknowledge the Traditional Custodians of the land on which we work. We pay respect to elders past and present and those who continue the journey. We recognise the rich Indigenous heritage and culture of this country.

## Acknowledgment

COTA Victoria acknowledges the financial support provided for this initiative by the Australian Government through the Commonwealth Home Support Program – Service Support and Development program.



## About this resource

This guide aims to support Commonwealth Home Support Program (CHSP) providers to meet the needs and preferences of older people who are not well digitally connected, or who face digital communication challenges.

These issues came to the fore during the COVID-19 lockdowns which forced a rapid switch to digital platforms in many areas of health and social care. It is time now to take a considered look at how the sector can move forward on these issues.

To this end, the guide offers suggestions and tips to help decision-making on alternative means of communication, across digital and non-digital options.<sup>1</sup>

The focus is not on the detail of specific technologies but on the broad approaches used by providers to work with their clients and their preferred modes of communication. It aims to be practical and consumer oriented.

The target is all those eligible for CHSP- older Australians aged 65 years plus or 50 plus for Aboriginal and Torres Strait Islander peoples- who may have low levels of digital connectivity and engagement and/or have a disability, low literacy or cultural differences that create challenges in using digital platforms.

This guidance applies across the full range of CHSP programs and activities. It is aimed at:

- Strategic and operational leaders responsible for designing services.
- Managers and staff involved in direct client service delivery.
- Staff with responsibility for monitoring and improving agency performance.
- All staff responsible for communicating with the public.

The material presented here draws on a range of existing reports and policy documents, together with targeted consultation with older people in Victoria undertaken in early 2023.

While the guide is far from comprehensive, we hope it will prompt further exploration of these issues and respond to the interest many CHSP providers are showing in pursuing these issues in a more planned and comprehensive way.

Note that this resource does not deal directly with the significant issues relating to the language and style of inclusive, non-discriminatory communications. These matters should be carefully considered regardless of the technology platforms used.<sup>2</sup>

<sup>1</sup> Digital Communications is defined here as reliance on screen-based electronic devices – computers (desktop or laptop), tablets (iPads or other), mobile phones- and the various applications or platforms used on these (including email, social media, text messaging and videoconferencing).

<sup>2</sup> An excellent resource covering this is *Connecting through inclusive communication practices* produced by the EMR Alliance in 2017 [see ref 5].

# Why is it important to offer the right mix of communication options?

Our world is becoming increasingly reliant on digital communications technology not just for administrative tasks like paying bills, but to stay connected to community and to access community support services like CHSP.

This has great benefits but also presents challenges. We know that older Australians have very mixed levels of engagement with digital communications- for a variety of reasons. Some are extremely savvy users but for others, relying on digital communication is not so feasible or just not their preference.

CHSP providers should make optimal use of new technology and have a role in helping older people become more digitally engaged. But there will always be some clients who need other ways to learn about, access and engage with services and their staff. Such alternatives should be provided as a matter of course without judgement or negative consequence.

This applies both to how providers promote available programs, and how they engage with clients. Thoughtful responses to this challenge should deliver better outcomes for consumers including better understanding of available CHSP services, improved access to and participation in programs, and increased program effectiveness.

How providers approach these issues should be grounded in the core principles of CHSP. This means:

- **Place primary focus on wellness and reablement** – choose communication vehicles that maximise positive engagement and build trust, community connection and active participation.
- **Recognise that clients have individual needs, preferences and capacities** – offer choice in communication platforms and be sensitive to the values clients attach to different modes of communication, as well as to their level of skill and access to technologies.
- **Advance the practice of supported decision-making** – use digital and non-digital communications in ways that help clients make their own decisions and build autonomy, with appropriate support.
- **Support inclusion and diversity** – be alert to “digital divides” for different parts of the community and ensure these are not perpetuated by the way communications technologies are employed.



Attending to these issues will help providers meet key elements of the Aged Care Quality Standards – particularly those relating to dignity of choice, support for daily living, consumer engagement in service development and client feedback.<sup>3</sup>

Responsive use of digital and non-digital communications is also a human rights issue. The Australian Human Rights Commission 2021 report on Human Rights and Technology [2] highlighted the need for standards for digital communications technology to ensure functional accessibility of community services.

Decisions on the right mix of digital and non-digital communications are critical for CHSP providers to grow their business, be cost effective and cement a reputation for being consumer friendly.

Good practice in this area can produce a win-win outcome for providers and consumers.

<sup>3</sup> See <https://www.agedcarequality.gov.au/providers/standards>. Note in particular Standard 1 Requirement (3)(e) “Information is provided to each consumer is current, accurate and timely and communicated in a way that is easy to understand and enables them to exercise choice.”



## What do we know about older Australians and digital communications?

Older Australians have diverse experiences, skills and comfort levels with digital communications. Recent surveys indicate high overall levels of use, with a large majority of older people embracing the benefits of new technologies to some extent.

There is no place for reductionist stereotypes of older people as unable or unwilling to embrace digital communications.

At the same time, many older Australians face significant barriers to using these technologies and/or express clear preferences for non-digital alternatives, particularly in service delivery contexts.

The Australian Digital Inclusion Index tracks patterns of digital inclusion across the population. The latest data from 2021 found the proportion classified as “highly excluded” rises sharply from 12% of adults 55-64, 25% of those 65-74 and 42% of those 75 and over [1].

A 2022 COTA national survey found that 7% of those 50 and over report low levels of comfort in using digital communications, rising to 11% in those over 80 [4]. A 2018 online survey classified 13% of respondents over 80 as “seldom surfers” who can use digital communications to some extent but rarely do and prefer other methods [7].

Digital disengagement may not reflect lack of digital competence and access to technology does not imply active use- for example, many older people have an email address but just do not use it.

A majority of older Australians say they want to improve their technology skills- 57% rate their interest at 7 or more out of 10, rising to 62% among those over 80 [4].

There is a sizeable group of older Australians who currently feel quite uncomfortable with technology but are open and interested in improving their skills. Many still do not know how or where to access assistance and are reluctant to rely on family for a variety of reasons.

Factors contributing to lower levels of capacity and interest in using digital communications have been consistently identified as: lower levels of education, financial insecurity, poor mental or physical health and disability.

Population diversity is also a key issue in shaping use of digital communications. Older people from non-English speaking backgrounds can face specific challenges in this respect, but also benefit greatly from many digital communications tools.

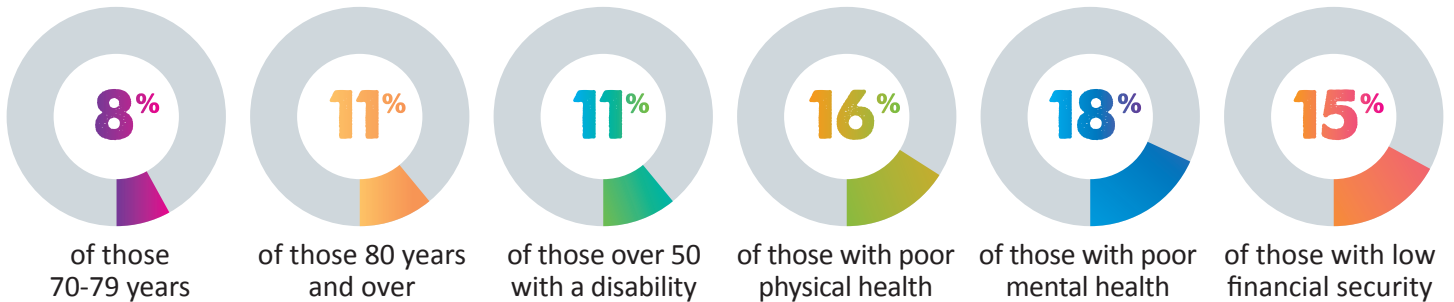
Lower digital engagement will typically be over-represented among CHSP clients, many of whom experience barriers linked to declining sensory, cognitive and physical abilities. This needs to be considered in the context of the profound positive impact the expansion of digital communication and associated assistive technologies has had over recent decades in overcoming many impacts of ageing.

In considering needs for alternative methods of communication, CHSP providers should carefully review the profile of their local population and proactively ask clients about their preferences.

# Key findings on older Australians' use of digital communications technology

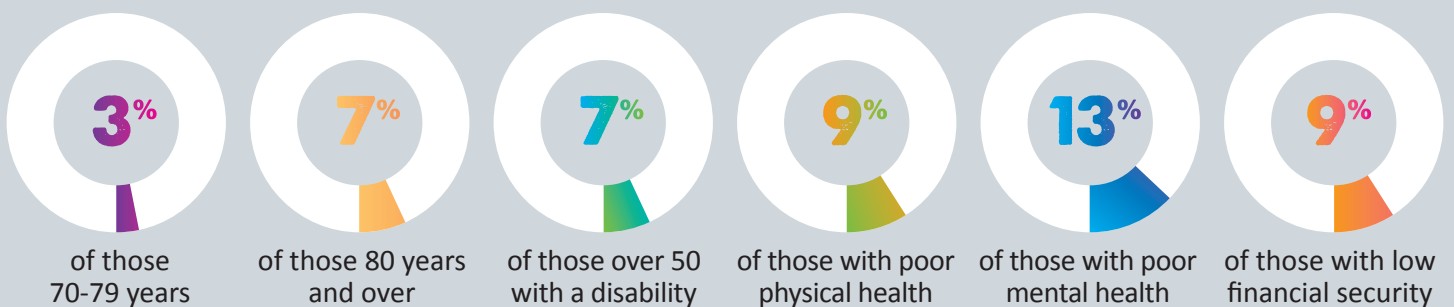
## Low levels of comfort using Digital Communications Technology

score 0-4 on a 10 point scale

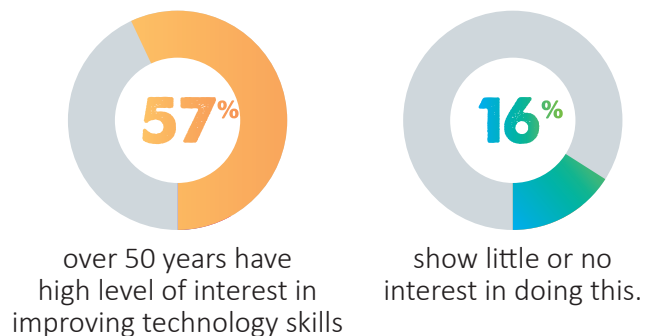


## Poor levels of access to Digital Communications Technology

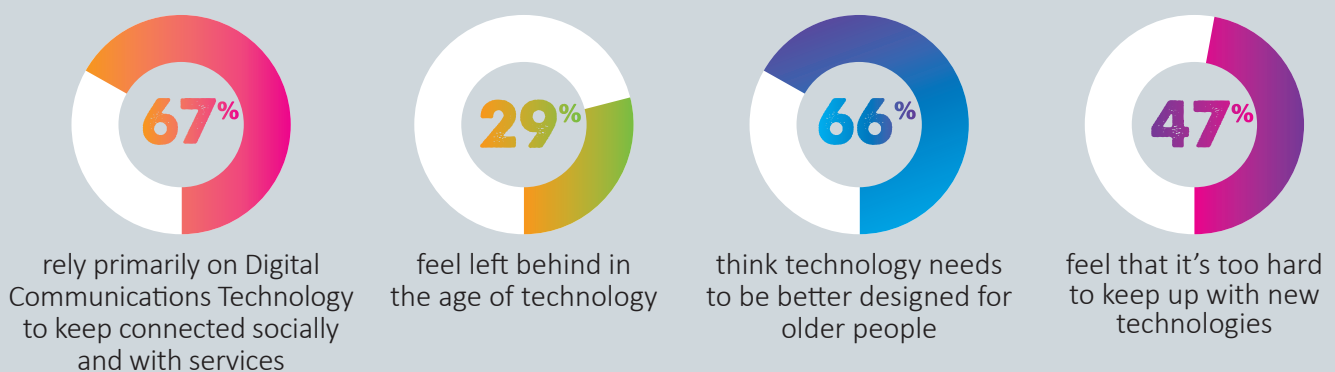
score 0-4 on a 10 point scale



## Interest in improving Digital Communications Technology use



## Feelings about Digital Communications Technology



Source: All data from Council on the Ageing Australia, State of the Older Nation Survey Report 2023 [see ref 4].

Note that this survey, like much research with older people, was undertaken online so may underestimate the extent of digital exclusion.



## What are consumers telling us?

Consultation with older people on their health and social care needs highlights the importance they place on responsive communication options. This issue is central to older people wanting their voices heard in the care system, their desire for choice, their need for support to identify, navigate and access services, and their expectation of well-integrated care.

As a recent major research report emphasised, services must implement “strategies to accommodate varying levels of computer literacy and personalise alternatives to current online practices” [3].

COTA Victoria’s consultations with older people in early 2023 confirms and adds to the picture generated by previous surveys.

The majority of consumers we spoke with had a reasonable level of confidence in using common digital technologies, but also an underlying discomfort with the way some services rely on digital communications and of not being “digital natives”. While access to basic technologies was not a major concern, many relied on quite old devices and only used them in a very limited way.

While most recognised the benefits of new technologies, for some the reliance on digital communications “has become a blocker rather than an aid to life”.

Common frustrations consumers expressed were around the difficulty in navigating web portals such as My Gov, the lack of “help desk” functions tailored to older people’s needs, the “over-complex” way information is presented and the use of technical terminology.

Most informants agreed that the switch to video-conferencing during the COVID-19 lock-downs was a saviour for engagement with services, yet many said this should not be a default for ongoing practice.

Informants expressed concern about peers who lack their confidence or who experience a loss of capacity to use digital devices due to chronic illness and disability. The strong message was that services need to be more alert to the impact of clients’ health on their ability to use digital communications and need to regularly reassess the methods they use with each client.

CHSP consumers shared a number of anxieties that severely limit their willingness to use some forms of digital communications, quite apart from their level of skill – ranging from fear of scams and privacy breaches to suspicion of email attachments and insecurities about consequences of “clicking the wrong button” and getting stuck or taken down an unwanted pathway.<sup>4</sup>

<sup>4</sup> A good source of information and research on these issues and solutions is the Shaping Connections program co-created by RMIT University’s School of Economics, Finance and Marketing, and University of Third Age (U3A). See website at <https://www.shapingconnections.org/>



Clear concerns were also expressed about the way some digital communications ignore common challenges facing older people – for example, the skill in typing and attention to multiple text and visual signals required, the concentration and patience needed to navigate phone connection trees, the lack of consistency of volume on devices and the small size of SMS text. Digital communications were often seen to lack necessary capacity for repetition and checking with users on their comprehension.

A related issue raised by older people is the way in which some digital communications tend to use more jargon, technical terms and acronyms, without the opportunity for consumers to ask for explanation.

Even those with good levels of digital competency expressed strong preferences for greater person-to-person communication from services, especially prior to actually signing up as a client - the opportunity, for example, to visit a physical office or have an unrushed phone conversation to learn about services. There is clearly a strong reliance on local “word of mouth” advice about services and an appreciation of printed information resources available in public locations such as GP clinics and libraries.

The largest source of concern was around the way providers communicate before and during signing-up of clients. This reflects the fact that it is difficult to get this right when you don’t know enough about client preferences. Some CHSP consumers consulted reported that services had never asked them about this.

Many of those consulted want to see CHSP providers include more traditional modes of communications to complement the benefits of digital technologies, at the same time as increasing use of well-established digital methods like email and SMS. They highlighted the need to avoid problems in using traditional modes in a changing environment, such as bombarding clients with letters that don’t get opened because they look like junk mail.

CHSP providers are clearly leaning in to support clients improve their use of digital technologies, either directly or by referring clients to training opportunities (recognising that this is not primarily a CHSP responsibility). While consumers appreciate this effort, some feel that the training offered is often more technical than required and not based on clients’ own identification of their most pressing needs.

Consultations generated a wide range of suggestions for how CHSP providers could improve their use of both digital and non-digital communications platforms. Many of these ideas are incorporated in the guidance provided in the next section.





# Guidelines and tips for CHSP providers

## Overall Do's and Don'ts

### DO

Proactively engage with clients on their preferred methods of communications as early as possible in their engagement with the agency.

Be alert to the need for assistive technology or a support person to facilitate a client's use of digital communications (in addition to tools like Auslan signing which may be needed with both digital and non-digital platforms).

Assure clients that concerns such as privacy breaches, tracking and scams – while very real – are relatively uncommon in this context and that safeguards and protections are in place.

Facilitate action to transition clients to greater use of digital communications over time with the help of appropriate training and self-learning activities, delivered with or through other local services.

Apply principles of good communication for older people regardless of the technology – eg use repetition and reinforcement, minimise visual and auditory distraction, use diagrams and pictures, vary speed of delivery [6].

Be alert to the potential for digital and non-digital communications to complement each other – eg speech-to-text digital devices can capture information to turn into written non-digital materials.

Allow time to accommodate different modes of communication – for example offer longer appointments for individuals who require more time to use slower, non-digital methods.

Remember communication is a two-way process so whatever vehicle is used needs to allow for the client to both understand information presented and respond effectively (possibly using different technology)

Avoid as far as possible making clients wait on a device without being kept engaged and informed about progress.

Be alert to signs from clients that communication methods being used may not be suitable – eg asking repeated questions, frustration, anxiety or lack of engagement in activities.



## DON'T

Assume a client will have a support person or family member to help them use digital technologies or that they will necessarily feel comfortable in asking a family member to perform this role.

Swamp clients with excessive paperwork as the only alternative to receiving electronic online information and forms.

Assume that clients will be actively using email or SMS even if you know they have access to these technologies (or that all functions of a device are used - eg email attachments may not be opened).

Rely exclusively on only one form of communication – be prepared to provide information and advice in multiple forms and platforms.

Convey any sense of judging clients for a lack of skill or unwillingness to use modern technology, or for expressing high level of anxiety about issues like privacy and scams.

Overcompensate for perceived or actual diminishment of client capability – physical or cognitive – by resorting to “simpler” communication platforms when this entails loss of functionality and nuance.

Compromise use of inclusive, non-discriminatory language by relying on communication platforms that give these issues less priority – eg crude automated speech to text translation that misses key nuances.

Introduce unnecessary complexity by utilising multiple communication tools and platforms within the same session or activity.

Allow the cost or immediate availability of assistive technologies to dominate decisions on the most appropriate and preferred communication platform.

Use negative feedback from some clients as an excuse for not investing in and applying improved digital or non-digital communication tools for your wider client group.



## Suggestions for specific contexts

### Promoting and providing information about programs to prospective clients

- Utilise a range of different communications platforms to ensure wide coverage in promoting a service, including tailored approaches for community groups known to have specific preferences and digital capacities.
- Provide opportunities for prospective clients to speak with the agency by phone and or face to face (either through an agency visit, attendance at another service such as a community health centre, public library or a Neighbourhood House, or through in an in-home visit).
- Collaborate with third party advocates, service navigators, peer support workers or other intermediaries who already understand the communications preferences of prospective clients.<sup>5</sup>
- Provide information through established channels managed by other services already in touch with older people in the locality.
- Be explicit about the ways in which the agency is able and willing to communicate with clients in as a key part of the service offer and set clear and reasonable expectations around these issues.

### Communicating in on-boarding new clients

- Provide opportunities for the client to talk to the agency face-to-face, email, text, talk on the phone or have a video call. Whichever platform is used, it should facilitate the new client to ask questions and receive answers in real time (or close to real time).
- Make it clear in your introductory approach that the agency offers different ways to communicate. This should include opportunity for a family member or trusted friend to speak to the provider first, to let them know how you want to communicate with them.
- If the agency does not have the resources to use the communication platform preferred by a client, make this clear and do your best to offer the closest possible alternative consistent with the barriers faced by the client.
- Be particularly mindful when designing online forms that they should not require more information than strictly necessary just because it is easier to collect.
- Where paper-based forms are used, minimise the burden of completing these and try to ensure that navigating forms is not more complex compared to use of online versions that have built-in short-cuts, automatic-fill and similar functions.
- Consider use of QR codes and mobile phone apps for client check-in and feedback, together with greater use of tablets for education and training activities.

<sup>5</sup> The Care Finders initiative can play a crucial role in connecting consumers with CHSP services without total reliance on digital communications. Poor digital literacy is part of the eligibility criteria for this support. For contacts see [www.myagedcare.gov.au/help-care-finder](http://www.myagedcare.gov.au/help-care-finder).

## Addressing challenges relating to disability

- Treat the need for assistive technologies in relation to agency communications as an integral aspect of the client's overall need for aids and equipment (which should have been assessed separately). Relevant items may include:
  - In-built accessibility features and settings on devices.
  - Voice dictation software for those with limited speech dexterity.
  - Pragmatic Organization Dynamic Display (PODD) resources – either digital or low-tech book form.
  - Apps such as speech generating devices that provide non-vocal clients with a voice.
  - Voice amplifiers which increase speech volume.
  - Mounting systems to hold a device in position.
  - Switches to allow people to use a device if they cannot directly tap keys or screen.
  - Refreshable braille displays for computers.
- CHSP providers should keep up to date on which of these kinds of aids are available as part of assisted technologies provided within CHSP and which are available through other subsidised assisted technology schemes.
- Apply established disability access standards equally across different digital and non-digital technologies and platforms. This includes: use of easy English, large print formats and most readable fonts, availability of accessible PDF formats, etc [12].
- Where a particular platform provides a solution to a disability-related communication barrier, consider using this for everyone applying the principle of universal design – eg present program content in the form of YouTube videos that work equally well with vision and/or sound.
- In choosing digital devices and apps try – as far as affordable - for versions that include functions that help older people with disabilities use them effectively – for example, a phone camera function that enables the user to match a face of a caller with stored images, or a predictive text function that can help with lost word retrieval.
- Whatever technology is used, maintain a sense of speaking directly to the client rather than channelling communication through a third person. For example, in using Auslan interpreting, the hearing-impaired person should feel they are being spoken to directly as much if done in-person or on a screen.

## Supporting clients in transitioning to digital communications

- Integrate digital technology upskilling into other social and educational program activities to avoid stigma or other barriers to clients engaging (such as fear of being seen as incompetent or needing constant reminders on how to use the technology).
- In providing or facilitating participation in digital upskilling for CHSP clients, be aware of the need for multiple approaches including face-to-face, online and blended sessions, to accommodate the range of stages of readiness likely to exist across your client group.
- Tailor IT support to the priority needs of clients and be aware of very specific upskilling issues that that may need attention – eg how to open attachments to emails and download documents.
- Link with local members of the national Be Connected Network to facilitate client access to free training and support on internet connectivity and use. This could include intergenerational approaches bringing older people together with tech-savvy younger people to share skills and tips.
- Link with local libraries providing support under the Digital Literacy for Seniors Program (Victoria) and similar programs in other jurisdictions, as well as Neighbourhood Houses and private technology training providers with particular interest and expertise in working with older people and people with a disability.



## Adapting non-digital communications to a contemporary context

- In presenting printed text in any non-electronic form, apply current standards for use of accessible fonts, print sizes, colours and other considerations set out in guides for universal accessible communications [12].
- Direct mail targeting older people may face diminishing options given the general decline in use and speed of post and difficulties accessing street addresses of prospective clients. Solutions might include opportunities to combine mail-outs with those of other organisations, or as inserts to newsletters distributed by like-minded agencies like disability organisations.
- If phone is the primary method of communication, be clear with clients as to whether mobiles or land line phones are preferred, and explore options for enhancing client experience though call-back, queue management and other functions. Minimise the use of complex tiered connection steps that may challenge an older person's short-term memory.
- Make in-person information events as accessible as possible, drawing on standards for physical access, use of Auslan and National Relay Service, use of quality sound systems, portable microphones, infrared or loop systems, and other generally expected facilities developed around disability standards and public health and safety requirements.
- Remain sensitive to population diversity – while not inherently about use of different communications vehicles, it's important to consider how maintenance of or reversion to non-digital methods might impact on different population cohorts [5]. For example:
  - o Migrant and refugee groups from non-English speaking backgrounds may have different cultural norms around formality and expectation of in-person contact.
  - o Clients with low English proficiency often prefer email or text messaging as they use translation tools more easily in their own time.
  - o LGBTIQ communities may be particularly concerned to have “safe places” for sharing information about themselves.
  - o Indigenous communities may be sensitive to how different communications platforms ensure cultural safety and allow for self-determination in the way they are managed.

# Assessing agency performance on inclusive communications

The following indicators are suggested for inclusion in an overarching self-assessment of your agency's progress in ensuring inclusive use of alternative communication technologies.<sup>6</sup> They can be mapped against various elements of the Aged Care Quality Standards.

## Indicator 1: Public commitment

Has the service's Board and Senior Management Team given explicit visible public commitment to deliver services in a way that accommodates a variety of needs and preferences in relation to digital and non-digital communications?

## Indicator 2: Information and data collection

Does the service draw on and collect a range of data that helps in understanding the communication platform needs and preferences of its current and prospective client group, including local demographic factors that impact on digital literacy and engagement?

## Indicator 3: Inclusive communication review

What percentage of individual client programs or activities offered have undertaken a structured design or review process that addresses inclusive methods of communication, and has this led to a plan or roadmap for improvement?

Do quality assurance processes in the agency (including those focused on equity and inclusion for different client groups) incorporate a focus on use of appropriate communications technologies and platforms?

## Indicator 4: Staff training

What proportion of staff have undertaken some form of training on effective and responsive selection and use of communication technologies and platforms, especially as this relates to older people and disability?

What proportion of staff have competence to support clients to build their skills and capacities in using digital communications technologies?

## Indicator 5: Client engagement

Have service development and review processes included people with diverse communication support needs, reflective of the profile of local area populations and utilising inclusive and accessible means for capturing feedback?

## Indicator 6: Monitoring and evaluation

Do agency monitoring and evaluation tools incorporate ways to measure how well communication methods match client needs? Measures should ideally include:

- Proportion of clients who agree that their communication needs and preferences were responded to sensitively and effectively.
- Proportion of older people in the local population who face barriers to use of digital communications who access agency programs.

<sup>6</sup>These indicators have been adapted from a Scottish Government resource, *Principles of Inclusive Communication: An information and self-assessment tool for public authorities* [see ref 11].

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