

# THE RIGHT TO BE HEARD

Researchers from The University of Queensland (UQ) are starting a conversation about communication in aged care.

## COMMUNICATION IS A HUMAN RIGHT

Almost one million older Australians have a communication disorder that affects their ability to understand and to be understood. Communication is how we send and receive information. It occurs most often through speech, listening, reading and writing, but also through gesture, behaviour, facial expression and touch. Communication is integral to healthy and active ageing. It allows us to connect with other people, express our preferences and decisions, and critically, to tell others when something is wrong.

Many older Australians who receive aged care services have unmet communication needs, placing them at risk of poor health, adverse events, and even abuse and neglect. With the support of a \$2 million grant from the Medical Research Future Fund Dementia, Ageing, and Aged Care Mission, Associate Professor Sarah Wallace and her team from UQ's Queensland Aphasia Research Centre are working to co-design, implement, and evaluate an interdisciplinary, multi-component intervention to support better communication in aged care.

"Communication is a human right and a human need. Our National Aged Care Quality Standards state that consumers must be supported to participate in assessment, care planning, decision making, feedback and complaints, irrespective of ability," Associate Professor Wallace says.

"But it can be very difficult to express a decision, raise a concern or make a complaint when you have difficulty communicating. Through our research, we are working to ensure that all older Australians have a voice and that

aged care workers are equipped with the resources and training they need, to help raise this voice."

## LIVED EXPERIENCE IS AT THE HEART OF THE PROJECT

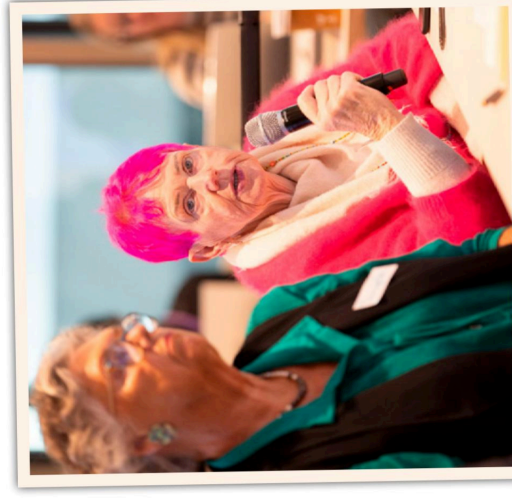
Now in its second year, the five year 'Conversations about Care' project is using a method called Experience-Based Co-Design to explore the experiences of people who receive and provide aged care services. To date, UQ post-doctoral researchers Dr Michelle King, Dr Asmita Manchha, Dr Zheng Ng and PhD candidate Bridget Burton have conducted 65 interviews in community and residential aged care services across metropolitan, regional and remote areas of Australia.

The insights gained from these interviews are informing the co-design of a multi-component intervention, comprising:

- A tool for profiling communication support needs,
- Web-based communication partner training for aged care workers,
- Picture-based resources to support conversations about care and
- Guidelines for "communication friendly" care planning, feedback and complaints resolution, and support for decision-making.

With the support of a UQ stipend, PhD candidate Bridget Burton has heard first-hand the difference that good communication can make to the lives of older Australians.

"My PhD focuses on understanding how aged care workers can best support diverse communication needs. I have travelled out to the Western Downs to meet with aged care recipients. I have learned how communication challenges affect not only the quality of care they receive, but also their ability to participate in decisions, and engage in feedback processes."



Lived and Living Experience Advisory Group members Daniëla Hlis and Gwenda Darling share their perspectives at the project planning day.



Researchers, lived experience experts, and Government and Industry partners meet at the project planning day.

## STRENGTH IN PARTNERSHIPS

Broad and meaningful engagement with government, industry, and community partners is core to ensuring the co-designed intervention can be feasibly and sustainably implemented, at scale, across aged care settings. Project partners include: the Australian Government Aged Care Quality and Safety Commission, Wesley Mission Queensland, Southern Cross Care Queensland, the Older Person's Advocacy Network, Dementia Australia, the Ethnic Communities Council of Queensland, Speech Pathology Australia, Audiology Australia and Southern Queensland Rural Health.

Consumer and community involvement is central to the research, and all aspects of the project are overseen by the Lived and Living Experience Advisory Group (LEAG), comprising a diverse group of older Australians and aged care service providers.

## INNOVATION IN TRIAL DESIGN

The final stage of the project will evaluate the feasibility of the intervention in a pilot cluster Randomised Control Trial (RCT). The pilot RCT will be conducted in collaboration with the UQ Clinical Trials Centre (CTC). Professor Nadine Foster is the Academic Director of the CTC, which has been created to provide end-to-end collaboration on high quality RCTs that make a difference to the health and wellbeing of Australians.

## MOVING THE CONVERSATION FORWARD

'Conversations about Care' is a first step towards better communication in aged care, however there is more

work to be done. Steps must be taken to improve the identification of communication support needs through changes to aged care funding tools. Best practice speech pathology services and interdisciplinary communication training must be embedded in aged care. Communication must feature in quality indicator programs, and the tools used to assess quality of care must be accessible to people with communication support needs.

"In order to ask for help with communication, you need to be able to ask. As older peoples' communication support needs increase, the burden of ensuring good communication falls to us—as a society we have a responsibility to ensure that older people do not lose their voice," says Associate Professor Wallace.

For more information on QARC and to find out how you can support QARC projects visit [shrs.uq.edu.au/QARC](http://shrs.uq.edu.au/QARC)

**Author: Associate Professor Sarah Wallace** is an NHMRC Emerging Leadership Fellow, Certified Practising Speech Pathologist, and a 2023 Queensland Young Tall Poppy. Sarah conducts her research within the Queensland Aphasia Research Centre. She works in partnership with people with lived experience, clinicians and community members to co-produce interventions, systems and standards that improve quality of care and outcomes.