



Dear 

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Monday 14 August 2023**.

This application requested access to:

*'All documents pertaining to "user personas" and "tone of voice" materials for the CHS Brand Refresh project.'*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 17 October 2023**.

I have identified six documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions**

I have decided to:

- grant full access to one document; and
- grant partial access to five documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

#### **Full Access**

I have decided to grant full access to one document at reference 6.

#### **Partial Access**

I have decided to grant partial access to five documents at references 1-5 as they contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

### Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

### Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;
- Schedule 2, 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive activities of an agency.

The five documents all have redactions to personal information such as mobile numbers of ACT Government employees and mobile numbers, email addresses and names of non-ACT Government employees that has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

Documents at references 1 and 2 are also partially comprised of information that is of competitive commercial activities of a non-Government entity.

Document at reference 2 is also partially comprised of information that is the business affairs of non-Government entities.

On balance, the factors favouring disclosure were outweighed by the factors favouring non-disclosure as the redacted information is personal information, business affairs and commercial activities of non-Government entities. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

### Charges

Processing charges are not applicable to this request.

### Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Allara House  
15 Constitution Avenue  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Janet Zagari  
**Deputy Chief Executive Officer**  
Canberra Health Services

16 October 2023



### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the Freedom of Information Act 2016 (FOI Act), received by Canberra Health Services (CHS) on **Monday 14 August 2023**.

This application requested access to:

'All documents pertaining to "user personas" and "tone of voice" materials for the CHS Brand Refresh project.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act.

CHS was required to and provided a decision on your access application by **Tuesday 17 October 2023**.

On review of the information provided in response to your application I have noticed a discrepancy with my decision on this matter. I have identified that one of the documents contains further information that I have decided is not contrary to the public interest. The document containing additional information is included at Attachment A to this decision letter.

Section 36 of the specifies that where additional government information is held by the respondent, when the application has been decided, the respondent may make a further decision under section 35 in relation to the additional information.

#### **Decisions**

I have decided to grant partial access to additional information that was at reference 2 of the response provided on Tuesday 17 October 2023.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

#### **Partial Access**

I have decided to grant partial access to the document at references as it contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

### Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

### Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;
- Schedule 2, 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person; and
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive activities of an agency.

The document has redactions to personal information being mobile numbers, email addresses and names of non-ACT Government employees that have not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy. The document also contains information that is of competitive commercial activities and the business affairs of a non-Government entity.

On balance, the factors favouring disclosure were outweighed by the factors favouring non-disclosure as the redacted information is personal information, business affairs and commercial activities of a non-Government entity. Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

### Charges

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Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

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<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Janet Zagari  
**Deputy Chief Executive Officer**  
Canberra Health Services


19 October 2023

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'All documents pertaining to "user personas" and "tone of voice" materials for the CHS Brand Refresh project.'</i>	<b>CHSFOI23-24.09</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 2	Email – RE: FOR APPROVAL: Brand Project CE - Stage 2 and Phase 3 (plan + research)	02 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy and Schedule 2, 2.2 (a)(xiii) Commercial	YES
2.	3 – 23	Email and attachment – CHS Brand project - updated plan & budget breakdown	08 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xi) Business affairs and Schedule 2, 2.2 (a)(xiii) Commercial	YES
3.	24 – 33	Email and attachment – RE: Personas - discussion	13 June 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	34 – 36	Email – RE: Group activity: What needs to be in our brand guide?	01 August 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

5.	37 – 38	Email and attachment – First Nations Ideas, ACT Health Mock-ups + User Persona Matrix	17 August 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
6.	39 – 40	Document – Tone of voice guide brief	August 2023	Full Release		YES
<b>Total Number of Documents</b>						
<b>6</b>						



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**From:** Jean, David (Health)  
**Sent:** Wednesday, 2 November 2022 16:35  
**To:** Khng, Josie (Health)  
**Cc:** Lang, Paula (Health); Connor, Brienne (Health)  
**Subject:** RE: FOR APPROVAL: Brand Project CE - Stage 2 and Phase 3 (plan + research)

OFFICIAL

Thanks Josie, happy to approve

**David Jean**  
Executive Branch Manager  
**Strategic Communication and Engagement**

Canberra Health Services | ACT Government  
P. (02) 512 46115 | M. [REDACTED] | E. David.Jean@act.gov.au  
Canberra Health Services media on-call phone: [REDACTED]

**RELIABLE | PROGRESSIVE | RESPECTFUL | KIND**  
Creating exceptional healthcare together



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**From:** Khng, Josie (Health) <Josie.Khng@act.gov.au>  
**Sent:** Wednesday, 2 November 2022 4:02 PM  
**To:** Jean, David (Health) <David.Jean@act.gov.au>  
**Cc:** Lang, Paula (Health) <Paula.Lang@act.gov.au>; Connor, Brienne (Health) <Brienne.Connor@act.gov.au>  
**Subject:** FOR APPROVAL: Brand Project CE - Stage 2 and Phase 3 (plan + research)

OFFICIAL

Hi David,

Please see attached for two cost estimates for your approval.

Stage 2 is for planning and has already been complete - [REDACTED] inc GST  
Stage 3 is for the research phase from Oct – March - [REDACTED] inc GST  
Deliverables include: research prep (completed), running of all the field work for public, team member and stakeholder interviews, persona development and final report, new starter journey mapping, consolidation of research insights, brand audit, market and benchmark review (which considers leveraging of TANK work)

These costs are consistent with the overall cost estimate identified in the initial project proposal, noting that we've brought forward some work for EVP (previously identified in later stages but brought forward due to project requirements).

We are requesting for Stage 3 to be paid out in 2 phases 50% upfront now, and 50% after works are completed in March. Please let us know if you're comfortable with this arrangement and if you're happy to approve these quotes. Thanks!

Cheers

**Josie Khng**

Pronouns: She/Her

Senior Director – Brand  
**Strategic Communication and Engagement**

Canberra Health Services | ACT Government

M. [REDACTED] | E. [josie.khng@act.gov.au](mailto:josie.khng@act.gov.au)

**RELIABLE | PROGRESSIVE | RESPECTFUL | KIND**

*Creating exceptional healthcare together*



**ACT**  
Government

**Canberra Health  
Services**

We acknowledge the Ngunnawal people, the Traditional Custodians of the lands and waters and pay our respects to the Elders past, present and future.

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**From:** Susan Carew [REDACTED]  
**Sent:** Tuesday, 8 November 2022 14:53  
**To:** Khng, Josie (Health); Lang, Paula (Health); Connor, Brienne (Health)  
**Cc:** Laura Cornhill; Martine Smithies  
**Subject:** CHS Brand project - updated plan & budget breakdown  
**Attachments:** 16126.110 CHS brand refresh\_10a\_progressive scope & budget\_Nov22.pdf

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team CHS,

Please find attached a short document which includes the updated:

- project process & order of tasks
- methodology
- budget allocation by stage

Since we are going to need to provide progressive updates over the 2 years, we thought it was worth setting up a short document (without all the tender info) which we can simply update as we move through the stages and the budget allocation / spend becomes clear.

I know the budget breakdown page will be of the most interest, so just to flag a couple of points:

- Stage 1 is an actual (invoiced) cost, which included travel expenses, therefore:
- Travel budget allocation is the balance remaining after Stage 1 costs
- Stage 3 (research) and Stage 10 (EVP) have been re-balanced to reflect the updated scope
- Allocation for additional design is unchanged, but just added a note that our RAP development fee (payable to Reconciliation Australia) will come out of the allocation

I suggest that that document be updated at major points of scope clarification, so that we're all on the same page and can easily see where we're at with budget tracking.

Let me know if this all makes sense and you're happy with this approach.

Thanks  
Susan.

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Susan Carew  
Studio Binocular Pty Ltd  
[1/230 Smith St, Collingwood Vic 3066](mailto:1/230_Smith_St_Collingwood_Vic_3066)  
T 03 9486 9449 // M [REDACTED]  
[www.studiobinocular.com](http://www.studiobinocular.com)

Please note: I do not work Wednesdays

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I work remotely until 3pm on Thursdays and Fridays  
and continue to be contactable via email and mobile.

Canberra Health  
Services brand  
refresh:

**Progressive  
project scope  
and budget**

**November 2022**

- project methodology
- sequencing of tasks
- research tasks
- budget allocation

**YAWA.**  
AQUATIC CENTRE



Canberra Health Services

01

Our approach to the requirements and deliverables

**STUDIO BINOCULAR**

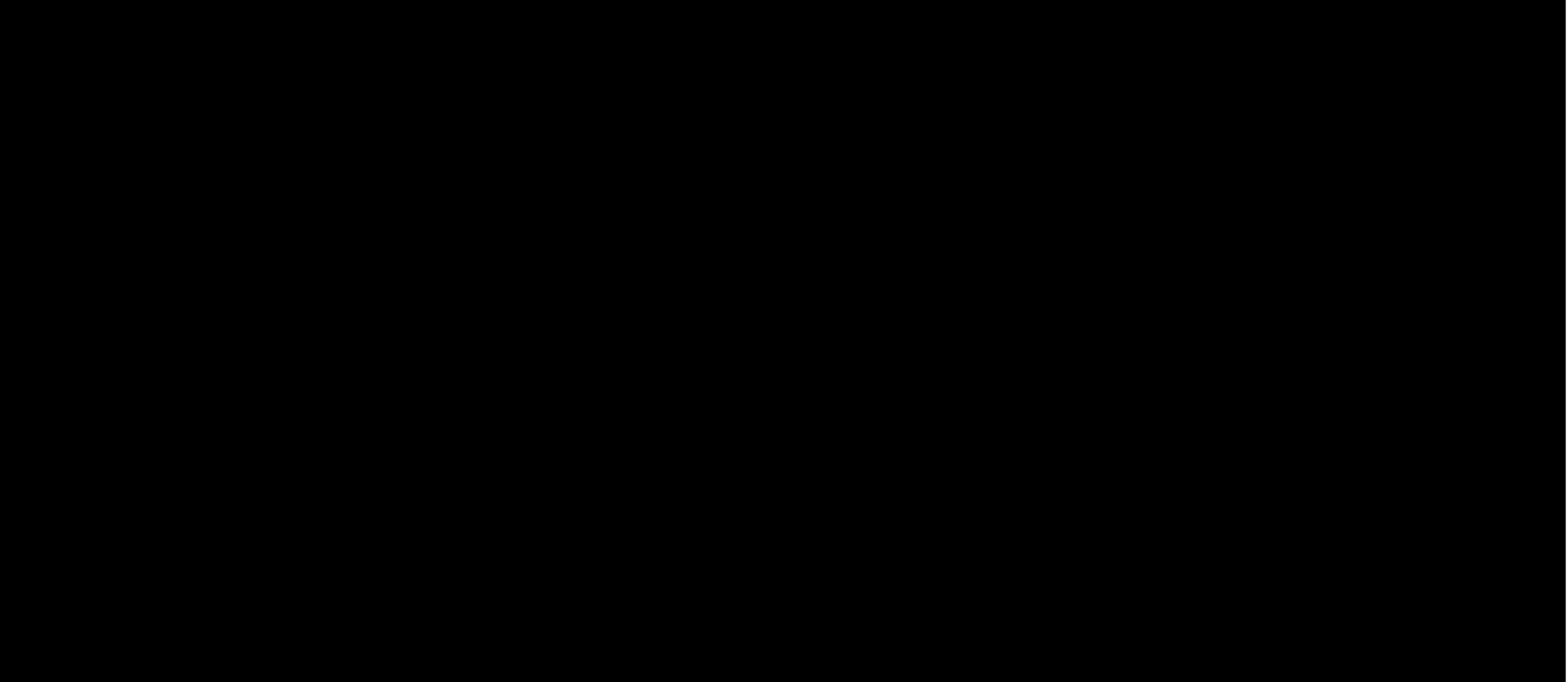


**YAWA.**  
AQUATIC CENTRE

## Project methodology overview

Studio Binocular's methodology involves a series of stages and approval points to ensure all projects are managed smoothly. We see our work as a collaborative process with our clients, and we encourage their involvement and input into all stages of the project.

Please find below an outline of our proposed methodology for this project. We have also highlighted where we'd see engagement with CHS and its stakeholders throughout the process. A detailed description of each task is included on the following pages.



## Our approach



### Stage 1. Onboarding & Discovery



### Stage 2. Planning



### Stage 3. Initial research and consultation

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]



### Stage 3. Initial research and consultation (cont.)

[Redacted text block]

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<p>[Redacted text block]</p>	<p>[Redacted text block]</p>
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[Redacted text block]

Stage 3. Initial research and consultation (cont.)

[Redacted text block]

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### Stage 3. Initial research and consultation (cont.)

[Redacted content]

### Stage 4. Brand Strategy

[Redacted content]

### Stage 4. Brand strategy (cont.)

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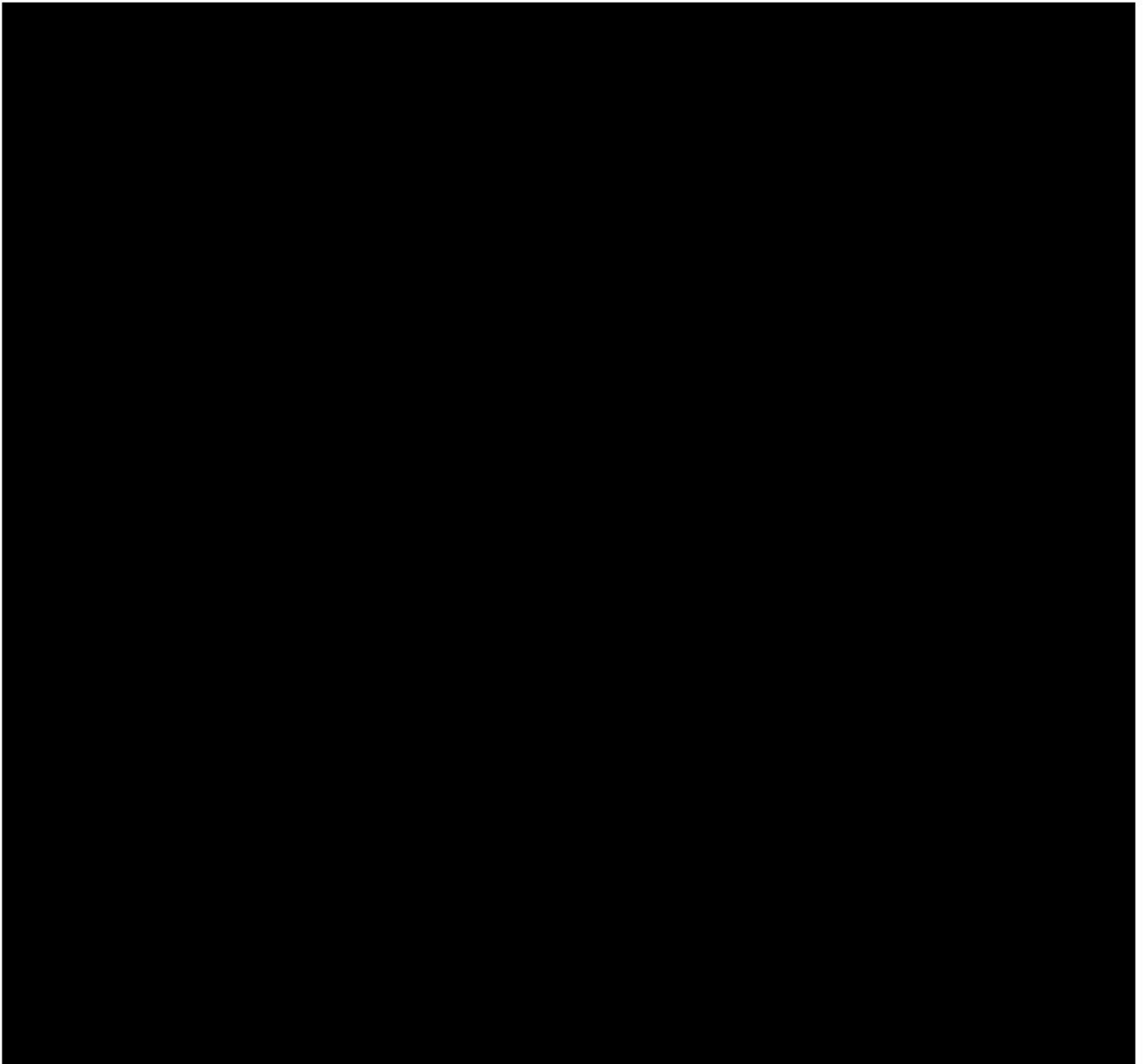
### Stage 4. Brand strategy (cont.)

[Redacted content]

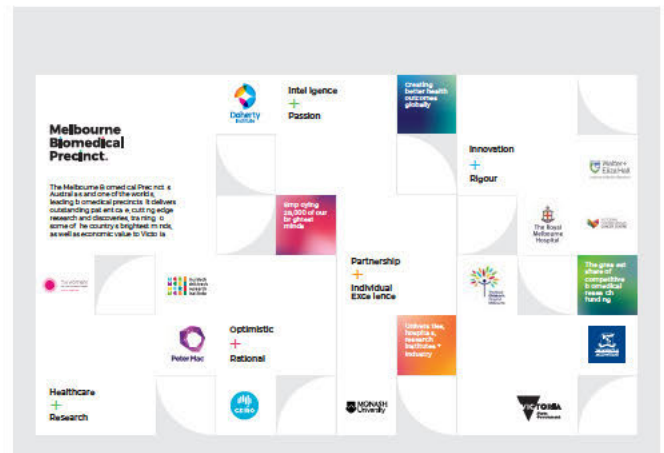
### Stage 5. Preliminary brand architecture, naming & systems

[Redacted content]

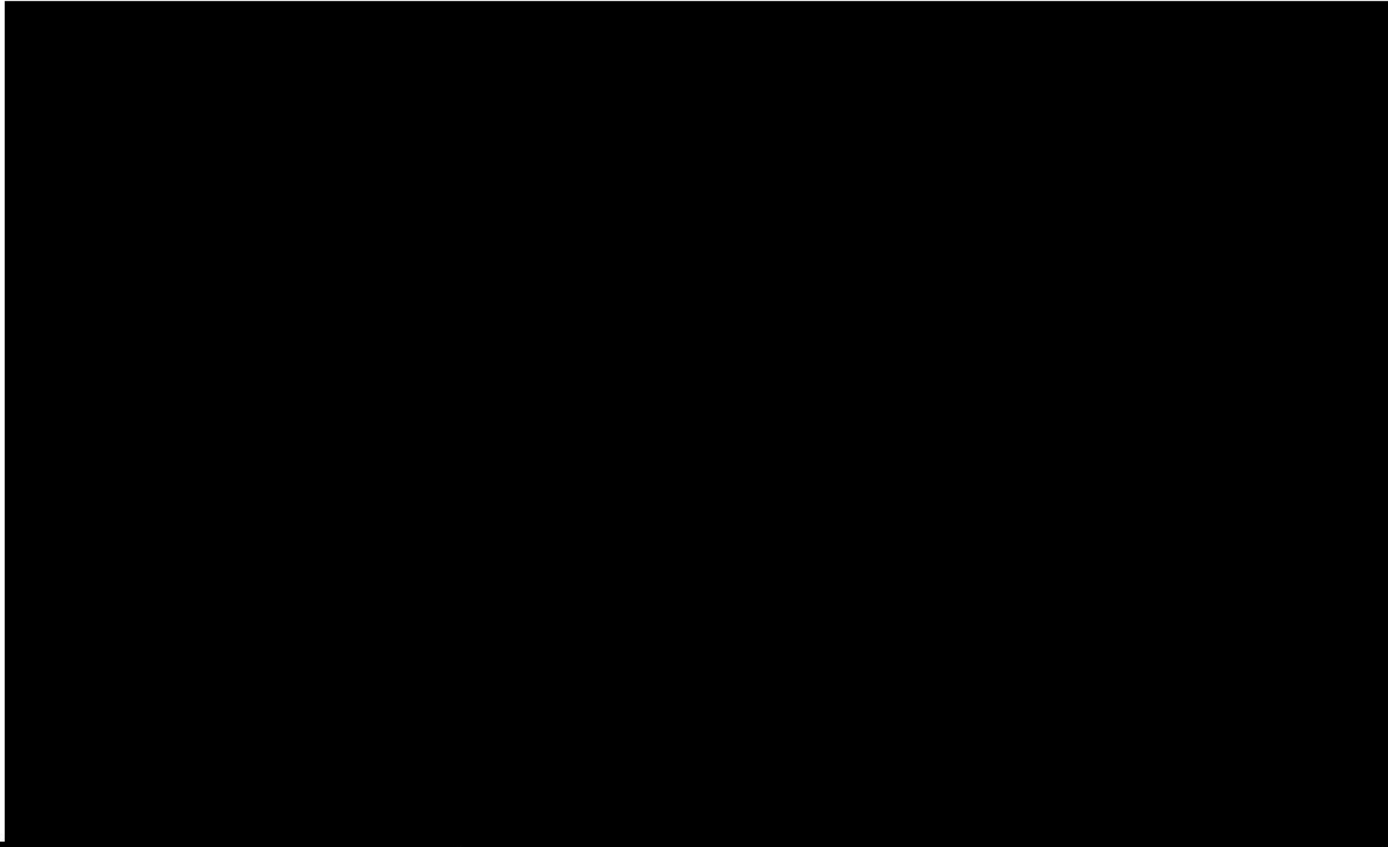
# Stage 6. Brand development



Melbourne Biomedical Precinct: Brand development

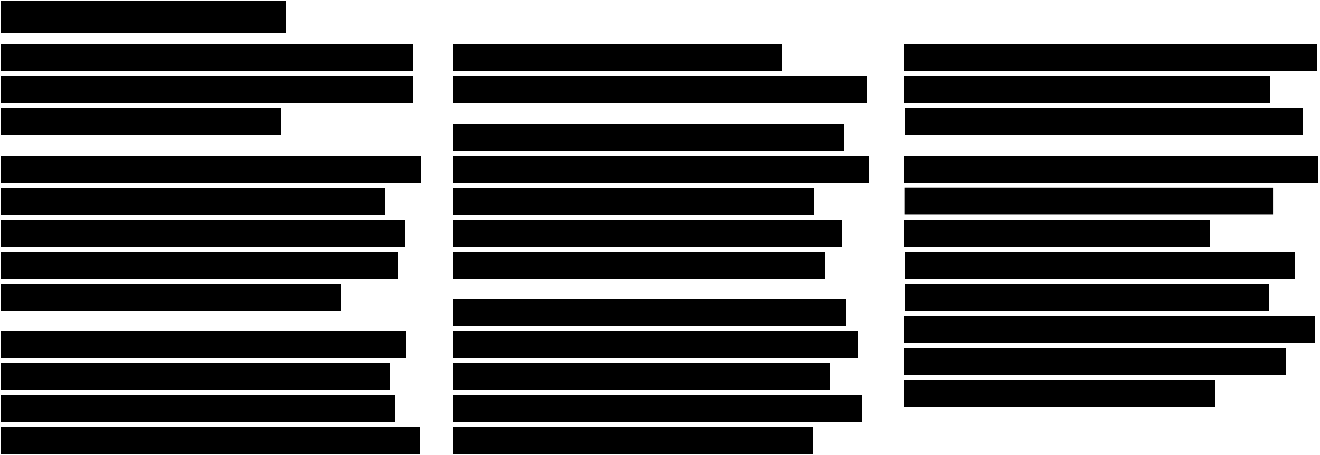


Stage 6. Brand development (cont.)



Solar Victoria: Brand refresh

## Stage 7. Brand expansion



## Stage 8. Brand Book (1st release in late Jan 2023)

We appreciate the time-critical nature of releasing the first iteration of the Brand Book by late January 2023, to provide direction to the Critical Services Building (CBS) project on the desired approach to wayfinding, signage, and the way the CHS brand is presented and experienced in physical spaces.

With this in mind, we agree that it will be important for the first milestone of the brand book to include:

**Personas and consumer journeys**  
(developed in Stage 4)

**Brand story** (developed in Stage 5)

**Brand architecture and naming guide**  
(developed in Stage 6)

**Brand identity: landmark, brand colours, visual language, tone of voice, photography guide, design guidelines**  
(developed in Stage 7 & 8)

**Brand implementation instructions**

To inform the office fit out, wayfinding and signage for the CBS

**Signage templates**

**Experiential brand narrative** (based on placemaking principles)

Studio Binocular would collaborate with the CHS project team to refine the initial outline for the document, ensuring all parties are satisfied with the document structure before content is developed.

We will then author the guide, providing a thorough description of the brand and clear guidelines about how and when it can be used. We will present a sample

section of the document for review and approval before producing the full document and submitting the first complete draft to CHS.

We have allowed for two rounds of consolidated revisions to the document. Once approved, the final brand guidelines will be supplied to CHS for future use.

At this stage we have allocated a portion of the budget to developing:

- a) First release of the Brand Book in January 2023
- b) Subsequent release of Brand Book after January 2023.



# Stage 9. Brand communication strategy and campaign

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### Stage 10. Employee value proposition

[Redacted text block for Stage 10, Column 1]

[Redacted text block for Stage 10, Column 2]

### Stage 11. Uniforms

[Redacted text block for Stage 11, Column 3]

### Accessibility consultation throughout

[Redacted text block for Accessibility consultation, Column 1]

[Redacted text block for Accessibility consultation, Column 2]

[Redacted text block for Accessibility consultation, Column 3]



## Proposed budget overview

Please find below a summary of Studio Binocular’s proposed budget breakdown, based on the approach outlined on previous pages.

### Project Stages as per our proposed approach

- Stage 1. Onboarding & Discovery (& part of Stage 3. Research)
- Stage 2. Planning
- Stage 3. Initial research, consultation & personas
  - A - Exploratory deep dive:
    - General public & CHS staff groups [REDACTED] + Stakeholder interviews [REDACTED]
    - Persona development [REDACTED] + Presentation and final report [REDACTED]
  - B - New starter journey mapping:
    - New starter interviews [REDACTED] + Brand, market & benchmark review [REDACTED]
- Stage 4. Brand Strategy
- Stage 5. Preliminary brand architecture, naming & systems
- Stage 6. Brand development and testing
  - Brandmark, universal grid system and visual language [REDACTED]
  - Concept testing [REDACTED] + 3 rounds of concept refinement [REDACTED]
- Stage 7. Brand expansion
- Stage 8. Brand Book
- Stage 9. Brand communication strategy and campaign (see page 19)
- Stage 10. Employee value proposition
- Stage 11. Uniform design
- Accessibility consultation throughout
- Project Management throughout
- Contingency budget for additional consultation/research activities
- Contingency budget for additional design requirements
  - includes - RAP development fee payable to Reconciliation Australia [REDACTED]
- Budget allocation for Brand photography
- Budget allocation for Collateral printing
- Budget allocation for travel (balance remaining after Stage 1)

Schedule  
2.2(a)(xi),  
Schedule  
2.2(a)  
(xiii)

▶ The stage totals marked have been adjusted to reflect the updated project methodology.



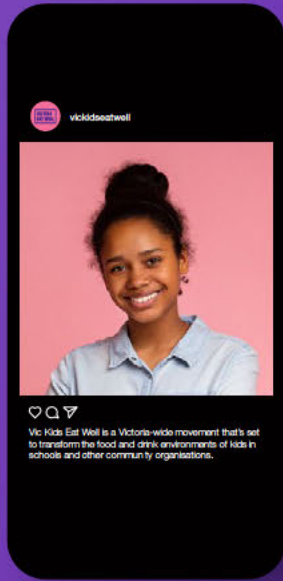
**Subtotal (ex GST)**

GST

**TOTAL (including GST)**



Vic Kids Eat Well  
Social ads



Canberra Health Services

04

Brand communication strategy & campaign

**STUDIO BINOCULAR**



**LET'S GIVE OUR KIDS THE HEALTHY FUTURE THEY DESERVE.**



## Example quotation:

### Brand communication strategy and campaign (Stage 9)

Please find below a detailed breakdown of Studio Binocular's proposed approach to this item.

Task	Schedule 2.2(a) (xi), Schedule 2.2(a)(xiii)
<p><b>9.1 Brand launch strategy &amp; campaign concept</b> Development of 2-3 alternative campaign concepts. Each concept to be shown across two sample executions (eg. sample frames of a video storyboard, social media tiles). Studio Binocular to present concepts to the CHS brand team.</p>	
<p><b>9.2 Concept refinement &amp; approval</b> Refinement of one preferred campaign concept, through up to two rounds of consolidated alterations.</p>	
<p><b>9.3 Campaign collateral</b></p>	
<p><u>1-2 min video +15/30 sec cutdowns</u></p> <ul style="list-style-type: none"> <li>» <b>Pre-production</b> [REDACTED] Includes pre-production planning, script development, storyboard development and pre-production management</li> <li>» <b>Production</b> [REDACTED] Includes 2 days videography shoot, 2 days creative direction. Note: all videos to incorporate 'real' people rather than paid talent.</li> <li>» <b>Post production</b> [REDACTED] Includes voiceover production, post-production planning and first 1-2 minute edit, edit alterations, 15/30 second edits, grading, music allowance, audio mix, outro animation, export and file supply.</li> </ul>	
<p><u>Digital assets</u></p> <ul style="list-style-type: none"> <li>» 1 x static banner for the website masthead (2hrs)</li> <li>» 1 x static banner for the intranet (2hrs)</li> <li>» 3 x static social media tiles (2hrs)</li> <li>» 1 x digital tv screen - 7-10 second animation (10hrs)</li> </ul> <p>Cost includes design, refinement through two rounds, and supply of final files based on specifications supplied by CHS.</p>	
<p><u>Staff lanyards</u> Design and layout of initial drafts, refinement through two rounds and supply of finished art based on specifications supplied by CHS.</p>	
<p><b>9.4 Post-campaign reporting</b> An allocation of budget for post-campaign reporting, based on the criteria and metrics agreed with CHS in the concept stage.</p>	
<p><b>Subtotal (ex GST)</b></p>	
<p>GST</p>	
<p><b>TOTAL (including GST)</b></p>	

# Melbourne Biomedical Precinct.



It thrives through activity and input from others and is alive with ideas. It is dynamic and adaptable – never static or still.



## Canberra Health Services

### Thank you

If you have any questions or would like to discuss further please don't hesitate to get in touch:

**Studio Binocular**  
1/230 Smith Street  
Collingwood Vic 3066  
ABN 53 142 679 516

**Laura Cornhill, Director**

**Susan Carew, Business Development**



---

**From:** Foote, Claire (Health)  
**Sent:** Tuesday, 13 June 2023 12:34  
**To:** Jean, David (Health); Khng, Josie (Health)  
**Subject:** RE: Personas - discussion

UNOFFICIAL

Hi

Thanks for the cc, this is interesting and relevant to the work I'm doing about how to help Canberrans find the right care they need.

I agree with Dave here, it's not up to the standard we've seen from SB until now. We're in the business of providing care and this seems to reduce it to opportunities for CHS, not opportunities for our patients.

I'd really love to see some detail around the demographics of each persona (the age ranges in the attached seem a bit arbitrary?) alongside their touch points and pain points. This may well need to be supplemented by CHS data, but it would be a good start and give us usable, practical info about how to better support consumers to navigate our services. I echo Dave's points about those with complex needs, CALD etc.

Cheers,  
Claire

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**From:** Jean, David (Health) <David.Jean@act.gov.au>  
**Sent:** Tuesday, 13 June 2023 9:03 AM  
**To:** Khng, Josie (Health) <Josie.Khng@act.gov.au>  
**Cc:** Foote, Claire (Health) <Claire.Foote@act.gov.au>; Foote, Claire (Health) <Claire.Foote@act.gov.au>  
**Subject:** Personas - discussion

UNOFFICIAL

Morning Josie - as discussed I won't be able to make this discussion, but wanted to pass on some feedback for you to provide to Bastion and SB.

The user personas need to be completely reframed. The focus on promoters, detractors etc and "brand opportunities" is not what we're after in this project. It's a very commercial approach and to be honest it's spin.

We need user personas that identify the different users of our health services and the way our brand strategy can help them navigate our services so they can access the right care in the right place at the right time.

A perfect example from the research is younger people living out of home for the first time - we know how they access care at the moment - what is the brand approach to ensuring they get the information they need to make good care choices?

Equally, we need to look at those with complex care needs. How does the brand strategy help develop our approach to helping them navigate what is a complex system they can get lost in?

Also, a really strong focus on those with low health literacy - how do we help them find and understand our services?



We need to have in mind parts of our community including CALD, people with a disability and Aboriginal and Torres Strait Islander peoples. Happy to take advice on whether we need specific personas for each of these parts of our community, but I certainly want to be assured they've all been considered, among others.

This work should complement/leverage the early work we are doing developing a campaign to support people accessing right care in right place at right time. Claire is in the early phases of framing that up.

I think the key message to SB and Bastion is that the intent of this aspect of the project is to help our consumers navigate our services.

Sing out if any questions and let me know how today goes. Happy to jump on and discuss with SB and Bastion if any clarification required.

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From: Martine Smithies [REDACTED]  
Sent: Wednesday, June 7, 2023 8:00:00 AM  
To: Khng, Josie (Health) <[Josie.Khng@act.gov.au](mailto:Josie.Khng@act.gov.au)>  
Cc: [REDACTED] Laura Cornhill [REDACTED]  
Hattley, Alison (Health) <[Alison.Hattley@act.gov.au](mailto:Alison.Hattley@act.gov.au)>; Lang, Paula (Health) <[Paula.Lang@act.gov.au](mailto:Paula.Lang@act.gov.au)>; Jean, David (Health) <[David.Jean@act.gov.au](mailto:David.Jean@act.gov.au)>  
Subject: Re: Personas - discussion

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Hi All,

Please find **Consumer Personas** [attached](#), in advance of our discussion next Tuesday.

Thanks,  
Martine

[Martine Smithies](#)  
Studio Binocular Pty Ltd  
1/230 Smith St, Collingwood Vic 3066  
T 03 9486 9449 // M [REDACTED]  
[www.studiobinocular.com](http://www.studiobinocular.com)

Please note: I do not work Fridays

Our team work remotely on Wednesdays and Fridays  
and continue to be contactable via email and mobile.

On Tue, 6 Jun 2023 at 14:20, Khng, Josie (Health) <[Josie.Khng@act.gov.au](mailto:Josie.Khng@act.gov.au)> wrote:

Hi team,

This meeting is to discuss the scope of work for personas. Laura will send through the draft work as a discussion point.

Cheers,

---

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**Canberra Health Services**

Brand  
Strategy



Part D:  
Customer personas  
(prepared by  
Bastion Insights)

### CHS Consumer Personas Approach

## Two key dimensions emerged as points of differentiation



Across the groups, there were two key factors that tended to differentiate consumer perceptions of CHS:



The degree of direct interaction with CHS



Whether they were pessimistic or optimistic about CHS into the future.

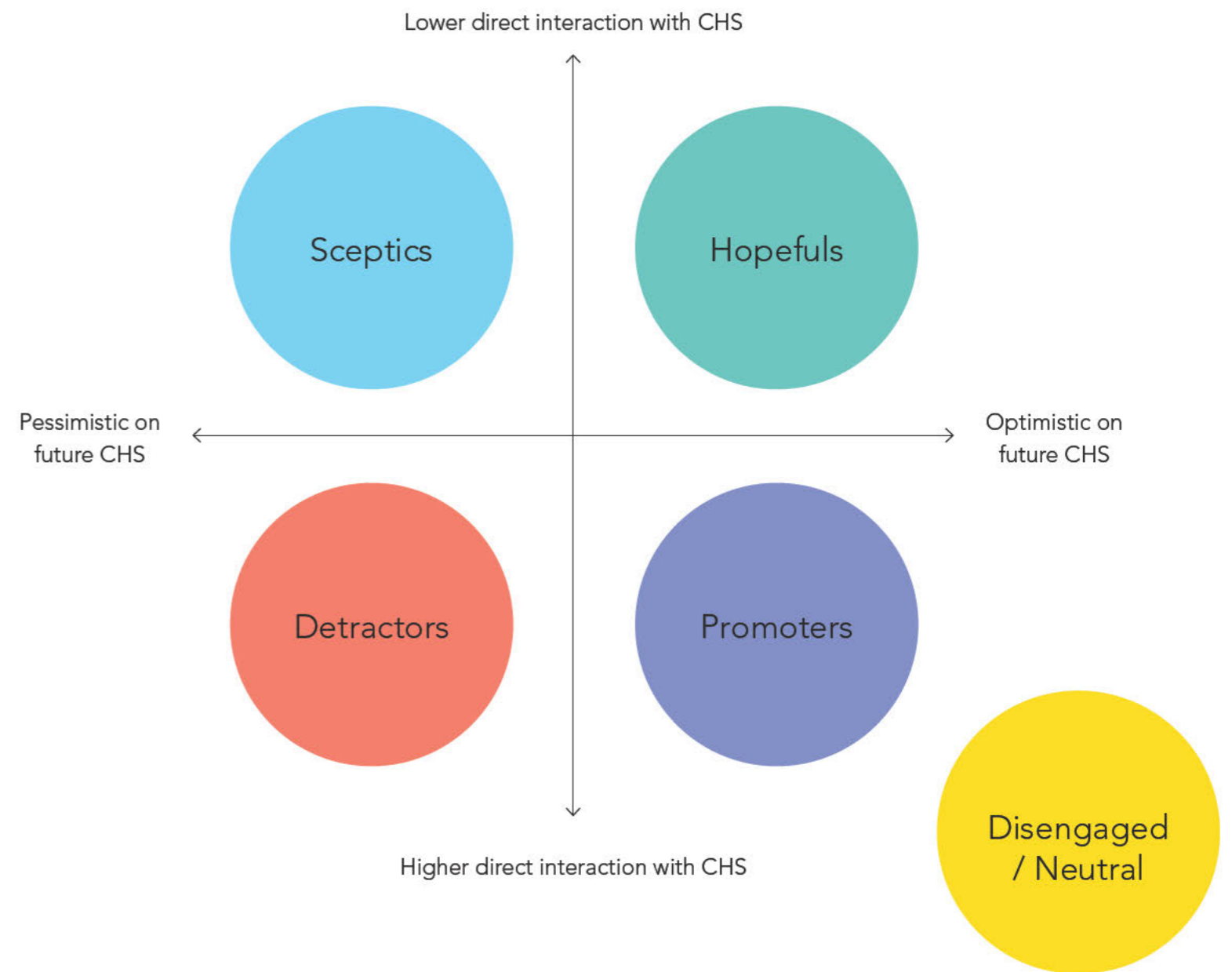


Across these dimensions, we have identified five potential segments for consideration in the development of the new brand positioning:

- 01 Hopefuls
- 02 Promoters
- 03 Detractors
- 04 Sceptics
- 05 Disengaged/Neutral

These segments are described over the following slides, along with personas representing each segment.

It's important to note these are hypothesized segments only at this stage they would need to be tested for validity through a broader quantitative study.



**CHS Consumer Personas**

Segment summary: Hopefuls

## Hopefuls

**Who they are**

Younger singles; parents with healthy young/teenage children; recent arrivals to Canberra (e.g. Defence families)

**Engagement with CHS**

Generally low – don't know much about CHS as a whole. May have attended Canberra Hospital as a visitor, or may have used a Walk-In Centre infrequently.

**Views towards CHS**

Broadly neutral – confidence that if emergency services were required, these could be accessed as and when needed, and that quality of care would be good. Influenced by both direct limited experience and limited stories of negative experiences. Availability of bulk-billing GPs is a growing concern.

Would anticipate investment in public health is occurring in line with other initiatives to ensure Canberrans can access modern and high-quality services as needed.

**Influencing them**

Have no reason to believe that care would be poor/sub-standard or not able to be readily accessed. Opportunity to showcase the range of great work happening across CHS to frame a more positive outlook towards the service.

## Maree

40-45, primary aged school children

**Engagement:**

Limited engagement family is healthy  
Have used Walk-In Centers, and Canberra Hospital Emergency once or twice.

**View towards CHS:**

Neutral

**Expectations of CHS into future:**

Gradual improvement

**Probably the bulk of ACT residents:**

Don't necessarily see CHS as 'broken' or 'needing fixing' but impacted by negative media coverage regarding accessibility and quality of care.

**Brand task/opportunity:**

We are investing in our health system to ensure we meet the needs of all residents now and into the future. Modernisation story but not overplayed – this is how a modern and responsive health system is managed.



“

*About a month or so ago, my son – it was Friday night, it was bedtime. He launched himself into the side of a wall and cut his head open.*

*I immediately thought "Ohh do I call an ambulance? How bad is this?" He wasn't unconscious or anything like that.*

*Long story short, we live about literally 5 minutes away from the Walk-In Clinic around here at Tuggeranong. We were seen within 25 minutes.*

*We were fixed pretty much within 40 minutes. It was just it was a breeze. They didn't make any fuss. It was quick. They were really good with him.*

”

**CHS Consumer Personas**

Segment summary: Promoters

**Promoters****Who they are**

Older Canberrans or families that have dealt with chronic disease or trauma requiring frequent or enduring care.

**Engagement with CHS**

Higher – they have interfaced with CHS a number of times, often through multiple channels.

**Views towards CHS**

Positive – while they/their family's treatment has not always been easy or without frustration, they believe they have received quality care overall and typically view CHS staff very positively.

They are confident that the system will continue to evolve they want to see CHS staff supported and invested in, to ensure they can continue to provide quality care.

**Influencing them**

Making CHS staff the centrepiece and showing how they are being invested in and supported as the service grows to meet the needs of Canberra's growing population.

## Jenny

65, adult children

**Engagement:**

Fought breast cancer with support of the CHS Oncology team..

**View towards CHS:**

Positive

**Expectations of CHS into future:**

Positive – she has experienced great care first hand and would anticipate that continuing as the service grows.

**Timely and quality care has made her an advocate for CHS:**

Has friends in other jurisdictions who have not received the same level of care.

**Brand task/opportunity:**

A strong local network attracting great and capable staff – a health service we can all feel proud of and get behind.



“

*In 2018 I was diagnosed with breast cancer I had my radiation through the Canberra Cancer Clinic, which I was at yesterday for my four year check up.*

*I had a friend in Geelong who was diagnosed with the same breast cancer that I had, at roughly the same time. I was visiting my Oncologist and they were, you know, doing all the things that they need to do. In Geelong, she had to wait seven weeks to get in to see the Oncologist at the cancer clinic at Geelong Hospital. She couldn't get over how I got in so quickly.*

*And I was saying to my Oncologist yesterday, I could not fault the service and attention I have received at the Canberra Hospital Cancer Clinic. It's just been above and beyond all the time.*

”

## CHS Consumer Personas

Segment summary: Detractors

### Detractors

#### Who they are

Can come from any demographic but slight skew older.

#### Engagement with CHS

Higher – they have interfaced with CHS a number of times, often through multiple channels.

#### Views towards CHS

Negative – frustration with the standard, quality or perceived timeliness of care received from CHS.

They have little faith the system will improve based on either direct or family member experience.

#### Influencing them

Difficult – admitting capacity constraints have impacted service delivery may help for some, while others will seek to find fault with just about anything.

The task is to ensure there is a balanced narrative in the broader community through proactive, positive story telling.

### Pradeep 30s, young family

#### Engagement:

Two children born through CHS, most recent during COVID.

#### View towards CHS:

Negative – most recent birthing experience was very traumatic for his wife and himself.

#### Expectations of CHS into future:

Negative – unless he hears and sees evidence that birthing practices have changed.

#### Is influential in his cultural community:

Shares his negative experiences and shapes decisions of others soon to give birth or planning a family.

#### Brand task/opportunity:

Get on the front foot with positive stories to build up positive social capital in the community.



“

*So my wife gave birth and they were trying to get rid of us way too soon. And then when our kids were in the special care nursery, there was a nurse who didn't even know how to change a baby. So they were in the special care nursery getting, you know, basically intensive care. And there was a nurse there who'd never dealt with the baby before, and I was like, "what the hell is going on here?"*

*So I think if you were doing some kind of surgery or if you needed something and you had time, I'd say, you know, have a look at what your options are interstate, rather than going over here. I would try to go to Sydney or Melbourne before I tried to go to Canberra hospital.”*

”

**CHS Consumer Personas**

Segment summary: Sceptics

## Sceptics

**Who they are**

Typically 45+, slight skew male

**Engagement with CHS**Lower direct engagement –  
albeit may know CHS staff**Views towards CHS**Negative – poor media coverage, some firsthand  
stories from friends working at CHSReport hearing nothing but negative news over a long  
time. They feel there are ingrained problems with  
Canberra Hospital especially, and – by association  
– the broader local public system.System viewed as 'hodgepodge' vs  
planned and well designed/managed.**Influencing them**Need some acknowledgement of resourcing shortfalls  
but then a tangible plan of action to address these.Also need to counter poor media coverage that  
uses KPIs selectively to generate negative stories.Need to get staff sharing more positive stories  
with them.

## Derek

Mid 40s, teenage family

**Engagement:**Limited direct engagement with view shaped by  
traditional & social media.**View towards CHS:**Negative – based on what he has read/heard as  
opposed to direct experience.

Actual Walk-In experience was reasonably positive.

**Expectations of CHS into future:**Negative – believes long standing cultural problems  
are yet to be resolved, and no positive improvement  
is possible until this occurs.**Wants positive change but is  
unconvinced this can occur:**Feels great empathy for frontline health workers  
who are burnt out and at breaking point.**Brand task/opportunity:**Talk about cultural change program and how CHS  
leaders are being both recruited and assessed  
against key cultural values. Showcase where stern  
action is taken.

“

*Well, yeah, it's everywhere you look: talk about media reports and also a few people who I know who work in the space. The reason that there's a staffing issue is because there's a cultural issue.*

*"Just do your job. Just do your job."  
People burn out.*

*They report it up the chain. Get told to suck it up. I already know three different nurses out of the hospital who are looking to go. They're already taking large chunks of leave, and they're looking at getting out of the public health system because they have had enough and don't feel valued."*

”



**CHS Consumer Personas**

Segment summary: Neutrals

**Neutrals****Who they are**

Typically younger, &lt;25

**Engagement with CHS**

Very limited direct engagement

**Views towards CHS**

Can't really provide an informed view

Would hope the service is progressive and ensures it meets the needs of young people today across key issues of gender identity, sexuality and accessibility.

**Influencing them**

Potentially this cohort is missing out on accessing services that may be of value to them because they simply doesn't know the breadth of services CHS offers, nor any services that may be of more direct relevance to this typically younger cohort (e.g. mental health services, sexual health services).

Scope to position CHS as a partner in a proactive, preventative health domain to ensure they don't become heavier users in future.

**Chantelle**  
Mid 20s**Engagement:**

Limited direct engagement. She is healthy and has her attention invested elsewhere.

**View towards CHS:**

Neutral – but open to hearing about how it is making itself modern, relevant and welcoming of both younger people and the broader community.

**Expectations of CHS into future:**

Would like a progressive and inclusive local health service.

**Brand task/opportunity:**

Opportunity to position a lifelong relationship with CHS, but starting squarely in the proactive health space and promoting services that can sustain and enhance health among those already living healthy lives.



“

*I've never been to, like, the inside of Canberra hospital. But my view of it is just, like, it's kind of an old building. It looks old and it looks kind of run down. It looks quite big.*

*But yes, otherwise I couldn't say what it's like inside.*

”

---

**From:** Khng, Josie (Health)  
**Sent:** Tuesday, 1 August 2023 12:07  
**To:** Kelly, EmmaF (Health)  
**Cc:** Lang, Paula (Health); Hattley, Alison (Health); Hodges, Liam (Health); Ninnes, Katherine (Health)  
**Subject:** RE: Group activity: What needs to be in our brand guide?

OFFICIAL

Good idea Emm. I think we can make it a SOG group discussion and get Brie in on it.

I think we do initial thinking and then have Elaine and Claire comment on it.

Will pop in time.

Cheers

Josie Khng | Senior Director - Brand

Mobile: [REDACTED] | Email: [josie.khng@act.gov.au](mailto:josie.khng@act.gov.au)

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**From:** Kelly, EmmaF (Health) <Emma.F.Kelly@act.gov.au>  
**Sent:** Tuesday, 1 August 2023 11:26 AM  
**To:** Khng, Josie (Health) <Josie.Khng@act.gov.au>  
**Cc:** Lang, Paula (Health) <Paula.Lang@act.gov.au>; Hattley, Alison (Health) <Alison.Hattley@act.gov.au>; Hodges, Liam (Health) <Liam.Hodges@act.gov.au>; Ninnes, Katherine (Health) <Katherine.Ninnes@act.gov.au>  
**Subject:** RE: Group activity: What needs to be in our brand guide?

OFFICIAL

Hi Josie,

Sounds like a good plan. Liam and I can definitely contribute some 'must have's' in terms of the brand identity guide. It also sounds like it overlaps with the SOG Group 3 focus group on 'writing tone / accessibility' if we want to combine the two? Which has Brie in it too. Elaine and Claire also have ideas in regards to the writing tone, which they might provide valuable input initially or down the track.

E m m

Emma F Kelly | Assistant Director Graphic Designer, Channels and Insights

Phone: 02 5124 6034 | Email: [emma.f.kelly@act.gov.au](mailto:emma.f.kelly@act.gov.au)

Strategic Communications and Engagement | Canberra Health Services | ACT Government

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**From:** Khng, Josie (Health) <[Josie.Khng@act.gov.au](mailto:Josie.Khng@act.gov.au)>

**Sent:** Monday, 31 July 2023 5:36 PM

**To:** Kelly, EmmaF (Health) <[Emma.F.Kelly@act.gov.au](mailto:Emma.F.Kelly@act.gov.au)>; Hodges, Liam (Health) <[Liam.Hodges@act.gov.au](mailto:Liam.Hodges@act.gov.au)>; Ninnes, Katherine (Health) <[Katherine.Ninnes@act.gov.au](mailto:Katherine.Ninnes@act.gov.au)>

**Cc:** Lang, Paula (Health) <[Paula.Lang@act.gov.au](mailto:Paula.Lang@act.gov.au)>; Hattley, Alison (Health) <[Alison.Hattley@act.gov.au](mailto:Alison.Hattley@act.gov.au)>

**Subject:** Group activity: What needs to be in our brand guide?

OFFICIAL

Hi Emm, Liam, Katherine,

We would like to engage you in a working session to map out what needs to be in our new brand guide, visual identity and tone of voice (do we combine or not? My sense is 1 guide is better than 5 guides).

Basically the objective of this session is to map out the table of contents together.

- must haves
- good to haves

We will have two brand guides:

1. One for experts – limited distribution
2. One for brand ambassadors and general CHS – cheat sheet for everyday user – this is both visual identity and tone of voice

Shall we use a Monday/Wednesday working slot to review the current brand guide together (maybe alongside ACT Gov Brand guide) and then decide what to keep, throw away, expand on?

Cheers,

Josie Khng | Senior Director - Brand

Mobile: [REDACTED] | Email: [josie.khng@act.gov.au](mailto:josie.khng@act.gov.au)

Strategic Communication and Engagement | Canberra Health Services | ACT Government

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**Khng, Josie (Health)**

---

**From:** Laura Cornhill [REDACTED]  
**Sent:** Thursday, 17 August 2023 3:57 PM  
**To:** Khng, Josie (Health); Lang, Paula (Health); Hattley, Alison (Health)  
**Cc:** Martine Smithies  
**Subject:** First Nations Ideas, ACT Health Mock-ups + User Persona Matrix  
**Attachments:** 16509 CHS Brand Concept Refinements C04\_1\_ACTGovLockup.pdf; First Nations for CHS 02.pdf; CHS Personas 01\_3 - LC Edit with more intersectional needs.pdf

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Hi guys – thanks again for the past few days.

Just shooting over a couple of the documents we discussed today:

- a) Opportunities for First Nations integration, shown through other brand examples
- b) The CHS + ACT Gov lock-up mock-ups
- c) The User Persona matrix. I've attached this as a PDF but I do have it as a Google Sheet if you'd prefer that.

Hope that's all ok – let me know if you have any questions with any of these docs.

Speak soon, Laura

---

Laura Cornhill  
Studio Binocular Pty Ltd  
1/230 Smith St, Collingwood Vic 3066  
T 03 9486 9449 // M [REDACTED]  
[www.studiobinocular.com](http://www.studiobinocular.com)

---

	Young adults, no kids	Expectant parents/ families	Young families (kids U/12)	Families with high-use needs	Older families (youngest child 13+)	Older residents 65+
<b>Example Persona</b>	<b>Chantelle</b>	<b>Pradeep</b>	<b>Maree</b>	<b>Alex</b>	<b>Derek</b>	<b>Helena</b>
Demographics	Age: 24 Family: Chantelle lives with friends, her parents (in their late 50s) live locally in Canberra Speaks: English and a small amount of Polish Pronoun: She/Her	Age: 32 Family: Pradeep lives with his wife, Katie, and they are expecting their first child in three months Speaks: English and Hindi Pronoun: He/Him	Age: 45 Family: Primary School aged children, plus aging parents Speaks: English Pronoun: She/Her	Age: 47 Family: Rainbow family with two primary school aged children Speaks: English Pronoun: They/Them	Age: 52 Family: Derek lives alone and shares custody of his two teenage children. Speaks: English Pronoun: He/Him	Age: 73 Family: Helena lives with her husband, Tasos. She has two adult children, living locally. Speaks: Greek and broken English Pronoun: She/Her
<b>Common audience traits and perceptions</b>						
Engagement with health system	<b>Low</b>  Chantelle is generally healthy and while she sees her GP a couple of times a year, doesn't come into regular contact with the wider health system.	<b>High</b>  Engagement with CHS has increased significantly since Katie became pregnant. Prior to this, engagement was limited.	<b>Moderate</b>  Have used Walk-In Centers, and Canberra Hospital Emergency once or twice. Have the prior experience of having their children at Canberra Hospital. Growing engagement with CHS due to ageing parents requiring more care.	<b>High</b>  Alex and they're family use CHS regularly, as their eldest child, Murray, has Autism and sees a paediatrician, speech pathologist and child psychologist. Alex's partner Amber also has a mental health plan, so Alex helps to support Amber with regular appointments.	<b>Low</b>  Derek is generally in good health, and his former partner usually takes charge of the medical appointments for his two children (who are also generally in good health).	<b>Higher</b>  Both Helena and Tasos are increasingly in need of support. Helena was diagnosed with Type 2 Diabetes and has regular appointments to monitor her care. Tasos is recovering well from prostate cancer two years ago.
Dominant mindset and attitudes	Neutral	Anxious/excited	Concerned/advocate (when child or parent is needing care)	Advocate. Values the care and approachability of CHS.	Value/efficiency of system when needed	Quality of care
What they know	Some limited awareness of infrastructure (e.g. Canberra Hospital) only  Some of Chantelle's friends access mental health services at the Community Care centres	Inundated with information/overwhelmed – especially as this is their first time, and they are relatively new to Canberra (Pradeep and his wife migrated to Canberra two years ago)	GPs can be expensive and difficult to access Who do I turn to out of hours?	Experienced in using the system. Understand that you can wait a while to get into the system, but once you've set things up, the care is friendly and helpful. Feels like part of a community.	More experienced – ED can mean many hours waiting and should be avoided if possible	Can't always access their preferred GP – what are their alternatives?
<b>Information gaps/key needs</b>						
Motivations for getting involved in the conversation / primary interests	Sexual health, mental health	Want a safe and hassle-free pregnancy	Helping my kids or parents when unwell/injured/sick	Helping their kids, especially Murray who needs additional care.	Potentially increasing needs through his 50s	I've got a few health challenges – how do I access quality and affordable care?
Barriers to engagement	Low awareness, lack of need. Not 'on her radar'.	Awareness, anxiousness, lack of understanding of how the health system 'works'	Busy raising their kids, working and dealing with day-to-day responsibilities	Have suffered a history of prejudice – with their own experience as an LGBTIQ+ person and through their experience of their child's diagnosis. Time poor and feels under-resourced.	Less need for his kids or himself, so doesn't often engage with the health system	Confusion if not supported by GP – how do they navigate the system. Language is a barrier, but Helena does have support from her children.
<b>Communication</b>						
Primary message and communications frame/territory	A great public health system available when you need it	Support, guidance and care for expecting parents & their families	CHS offers a range of health care options for kids & their parents	Caring for people, treating people with respect and accepting diversity.	Investing in and modernising our local health system	CHS supports older Canberrans to access quality and timely health care
Secondary messages	Services tailored for young people	Giving you control and options	You don't need to go to emergency for quality & timely care	Providing personalised care for people with unique needs	Showcasing world class care available through CHS for you/kids/parents	We'll link you to the health care options you need, and will take the time to explain your care
Most appropriate organisation or individual for dissemination of information	Peers, social media (paid)	GPs, community health	Peers, GPs, community health	News outlets, peers and support groups	Government, news outlets	Peak bodies, community leaders, media spokespeople
Tone of voice	Peer to peer	Caring and approachable	Informative, helpful	Warm and inclusive	Expert voice	Supportive, caring
Cultural and linguistic considerations	Language accessibility, gender sensitivity, cultural sensitivity	Language accessibility, gender sensitivity, cultural sensitivity	Language accessibility, gender sensitivity, cultural sensitivity	Language accessibility, gender sensitivity, cultural sensitivity	Language accessibility, gender sensitivity, cultural sensitivity	Language accessibility, gender sensitivity, cultural sensitivity
<b>Reaching this audience</b>						
How they get their information from CHS	Website: Medium EDMs: Low Facebook: Medium Instagram: Medium Physical spaces: Low Mail: Low In the mainstream media: Low Speaking directly to a health professional (eg GP or allied health): Medium	Website: High EDMs: Low Facebook: Medium Instagram: Medium Physical spaces: High Mail: Low In the mainstream media: Medium Speaking directly to a health professional (eg GP or allied health): High	Website: High EDMs: Low Facebook: Medium Instagram: Medium Physical spaces: Medium Mail: Low In the mainstream media: Medium Speaking directly to a health professional (eg GP or allied health): High	Website: High EDMs: Low Facebook: Medium Instagram: Medium Physical spaces: High Mail: Low In the mainstream media: High Speaking directly to a health professional (eg GP or allied health): High	Website: High EDMs: Medium Facebook: Medium Instagram: Medium Physical spaces: Medium Mail: Low In the mainstream media: High Speaking directly to a health professional (eg GP or allied health): High	Website: Medium EDMs: Medium Facebook: Low Instagram: Low Physical spaces: High Mail: High In the mainstream media: High Speaking directly to a health professional (eg GP or allied health): High
Other opportunities to connect with them	Festivals & events catering for young people	Maternal health channels; prospective parenting social media groups; cultural festivals for the Australian-Indian diaspora	You don't need to go to emergency for quality & timely care	LGBTIQ+ community events; plus Autism parent support groups.	Mens Health magazines, local gyms.	Community groups, carers

# Tone of voice guide brief

1. Who is this document for:

Anyone producing content on behalf of CHS. Health Promotion Officers, Consumer handouts, creative partners, CHS comms team, written communication to consumers/patients and team members.

2. What is a tone of voice and why is it important

<https://www.digital.nsw.gov.au/delivery/digital-service-toolkit/resources/writing-content/content-101/finding-a-tone-of-voice>

3. What is CHS' tone of voice

- Key principles based on our persona
- The different tone of voices we have (Example only – for further discussion)

Casual community voice e.g.

- Relaxed
- how we speak to community on social media
- how we speak to community at events and in person

Team CHS voice e.g.

- Understanding
- Caring
- Sense of humour (under appropriate circumstances)

Formal/standard voice e.g.

- Factual e.g. health hand out sheets
- Directional e.g. during an emergency
- Respectful / compassionate e.g. engaging with multi-cultural audiences or bereavement
- Knowledgeable/expert e.g. engaging with industry, research conferences

- a. What is it
- b. Who it is for, when to use it.
- c. Examples of usages – do and don't in a sentence

<https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/voice-and-tone>

4. Tips and tricks for writing for channels (for Katherine – CHS in house )

- o Internal:

- HealthHub News
- HealthHub Pages (Sharepoint)
- Check-up
- All staff emails
  - CEO
  - COO
  - DCEO
- Digital screens
- Desktop Wallpapers
- Pulse magazine
- External:
  - Website
  - Social media
  - Media
  - Consumer handouts
  - Signage
  - Letters to consumers

5. Writing/Tone of voice for accessibility

- Writing for people with disability e.g. cognitive support, low vision, screen readers
- Writing for people with low literacy

E.g.

Would this language make sense to someone who is new to the topic?

Could someone quickly scan this document and understand the material?

If someone can't see the colors, images or video, is the message still clear?

Is the content structured in a simple way and clear?

<https://www.stylemanual.gov.au/accessible-and-inclusive-content/inclusive-language>

Writing/tone of voice for inclusion

- Writing for LGBTQIA+ people
- Writing for Aboriginal and Torres Strait Islander peoples – cultural considerations

<https://www.stylemanual.gov.au/accessible-and-inclusive-content/inclusive-language/aboriginal-and-torres-strait-islander-peoples>

- Writing for multi-cultural background