

# Care Opinion Moderation And Risk Management Overview

Our reputation is enhanced with our engagement with the most critical stories - not the other way around.

Frank Evans, Central Gippsland Health CEO, 2021

#### Moderation and Story Processing

Care Opinion's moderation process has been developed to ensure that health services can engage in transparent, constructive dialogue with their communities while safeguarding the wellbeing of patients, carers, staff, and organisations. This document outlines the key safeguards, risk management measures, and escalation processes in place to support safe, respectful public feedback.

Our moderation model is legally informed, relational by design, and adaptable to the structure and context of your organisation. We work in partnership with subscribing services to understand your concerns and tailor our support—ensuring the platform works with you, not just for you.

# Guided by legal advice

Every story submitted to Care Opinion is reviewed by a trained human moderator. Moderation is never conducted using artificial intelligence.

Care Opinion's moderation principles have been developed with legal advice to ensure story content cannot be considered defamatory. Stories are edited to:

- 1. Enable a clear, timely, public, constructive conversation about care;
- 2. Make giving feedback safe and easy for consumers, residents, family members, services users and carers:
- 3. Encourage authentic feedback based in personal experience;
- 4. Treat staff legally and fairly.

Staff names are only included if mentioned positively by the author—and even then, only first names are retained.

#### Verification and complaints

For every story categorised as strongly critical (Criticality 4) or severely critical (Criticality 5), Care Opinion verifies the author's email address before publication to confirm we are engaging with a real person. At this point, we inform the author that:

- Care Opinion is not a service provider and formal complaints must be submitted through the provider's internal channels.
- Sharing a story is optional. If the author prefers not to proceed with publication, we will fully honour that request.
- Information about formal complaints pathways is available via a dedicated webpage developed in consultation with Health Complaints Commissioners and Quality and Safety Regulators.

This webpage helps consumers understand the distinction between sharing feedback on Care Opinion and lodging a formal complaint. It outlines that:

- Sharing a story on Care Opinion is not part of a formal complaint process;
- Care Opinion is not a regulator and cannot take action against individual registered practitioners;
- Stories are moderated to remove names, dates of care, and other identifying details before publication;
- Posting on Care Opinion does not reopen a complaint or alter its outcome.



#### Escalation and non-publication of serious concerns

Where a story raises serious concerns—such as references to criminal conduct, abuse, or gross negligence—Care Opinion applies a clearly defined escalation and safeguarding process. This includes:

- Removing references to criminal behaviour in consultation with the author;
- Withholding publication if the author indicates an intention to pursue legal action, as these stories fall outside Care Opinion's remit;
- Screening every story to determine whether it raises concerns of current abuse or gross negligence.

If such concerns are identified and reference cannot be removed from the story, it is not published. If the author appears capable of taking further action, they are signposted to the appropriate external authority. If they appear unable to do so themselves, Care Opinion may escalate the concern to the relevant agency. These situations are rare and handled with great care.

There are also times when a story cannot be published because its content falls outside the scope of the platform—particularly where it includes serious allegations that cannot be addressed via a public, non-investigative forum. In these cases, Care Opinion communicates this clearly to the author and provides alternative pathways to raise their concern.

In a small number of cases each year, Care Opinion may also liaise directly with the health service when:

- The **safety of staff** cannot be adequately assessed through moderation alone;
- The severity or complexity of the story requires external advice before proceeding.

These steps are only taken when necessary to ensure safety and uphold Care Opinion's role as a neutral platform.

## Safeguarding vulnerable people

Care Opinion has clear processes in place to safeguard vulnerable individuals who may be at risk. These include:

- Automatic email notifications: Upon submission, all storytellers receive an email advising that Care Opinion is not a crisis support service, stories are not monitored outside AEST business hours, and emergency contacts such as 000 and Lifeline are provided;
- **Daily moderation queue scanning**: Each morning, our team scans new stories to identify any indications of personal risk, vulnerability, or distress;
- **Signposting**: When needed, individuals are referred to appropriate support services based on their needs and location;
- **Escalation procedures**: Each subscribing service provides Care Opinion with a safeguarding and escalation protocol, which is followed if a concern is raised through phone, paper-based, or online stories.

Personal details are only shared with service providers or emergency authorities if there is reason to believe that there is an **immediate risk of serious harm or loss of life**.

#### $\blacksquare$

#### Delaying publication of critical feedback

Where a story is categorised as **strongly critical (Criticality 4)** or **severely critical (Criticality 5)**, Care Opinion will delay publication for up to five business days. Once moderation is complete, we **email the final version of the story directly to the health service**, allowing time to:

- Review the story off-line;
- Prepare a considered, person-centred response;
- Undertake any required internal approvals prior to publication.

We also **inform the author** that their story will be delayed to give the service time to respond, reinforcing that their feedback is being taken seriously.

This delay supports an empathetic response and reduces risk. As outlined in our training, responses should acknowledge and validate the storyteller's emotional experience, express regret where appropriate, and outline how the feedback will be used for learning or improvement.

It also provides an important opportunity to **signpost the author to further support**—such as the relevant department or individual within the service who can assist, or to external support services where appropriate.

#### Q Staff identifiability in specialist services

In small teams or highly specialised settings, anonymity cannot always be guaranteed. In such cases, Care Opinion:

- Applies an escalated level of moderation to reduce identifiability (e.g. removing role descriptions or specific service names);
- Assigns the story to a **higher-level service listing** where necessary (e.g. changing the hospital name to the overarching health service);
- Publishes the story only once this additional moderation has been completed;
- Will, on rare occasions, contact the service to discuss how best to proceed if staff safety concerns persist.

Our approach ensures staff safety remains a priority, even in complex or highly specialised care environments.

### Protecting organisational reputation

Health services consistently report that participating in Care Opinion:

- Demonstrates leadership, transparency, and responsiveness;
- Supports public trust by showing that the organisation listens and learns;
- Creates powerful opportunities for service recovery and community confidence.

The platform allows services to respond with empathy, learn from stories, and showcase genuine care—all of which contribute to long-term reputational strength.

It is integral to the Care Opinion platform that we remain a **neutral and independent party**. This means we do not offer the platform's functionality in a non-public interface. Maintaining public transparency is core to the platform's credibility and impact—for storytellers, services, and the wider community.

Instead, we work in close partnership with subscribing organisations to understand their structure, context, and concerns—ensuring the experience is tailored, respectful, and aligned with their needs.

Our aim is always to provide a safe, constructive space where feedback leads to meaningful connection and continuous improvement.

# Where safety and transparency meet in purposeful feedback

