

Performance highlights

Neonatology

The Neonatology service provides a statewide tertiary neonatal service to the sickest newborns babies and infants in Western Australia.

The service includes two Neonatal Intensive Care Units (NICU) across two hospital sites: PCH and King Edward Memorial Hospital (KEMH). In 2020–21, there were 3,318 admissions to CAHS Neonatology inpatients services, with 50.6 per cent needing intensive care and 49.6 per cent requiring special care. The most common reasons for admission include respiratory conditions, prematurity and hypoglycaemia. The average length of stay for neonatal inpatients was 11 days, ranging from less than one day to as many as 156 days.

NICU Dad catch up group

Over 2,000 fathers come through the NICU every year. Statistics indicate that approximately 400 of them will experience post-natal depression due to the stress and trauma of their experience whilst their baby is in hospital. The focus of most post-natal support services are exclusively directed towards the mothers of NICU babies, with no structured services available for fathers. In September 2020, it became evident to Neonatology nursing, medical and social work staff that a number of fathers were suffering and required support. A meeting of NICU fathers further demonstrated their desire to have access to

male orientated psychological and group support. In response, the *NICU Dad Catch Up* group was formed.

The NICU Dad Catch Up group meets fortnightly, and is usually facilitated by a male nurse, who has previously had a premature baby in NICU. The group is supported by volunteers, including a doctor, social workers, lactation consultant and ex-NICU parents. Fathers who attend the group are encouraged to talk about their experiences, ask questions about their babies' care and make connections that will offer them peer-to-peer support during their time in NICU and beyond. Future plans include applications for funds to support a project to engage a psychologist or mental health worker to be available for one-to-one counselling, to support group meetings therapeutically, and develop male-orientated parenting education.

Neonatology Post Discharge Support Service

Babies born prematurely or with a low birthweight require specialist care and support to facilitate the transition from hospital to home. The Neonatology Post Discharge Support Service provides specialist outreach care beyond the boundaries of the hospitals (both PCH and KEMH NICUs) to promote health in this extremely vulnerable population. The service aims to partner with parents to build capacity in caring for their baby at home and provide essential connection with key community services.

In February 2021, the Neonatology Post Discharge Support Service criteria expanded to include more



babies born prematurely or with a low birthweight, and to provide support to families post discharge regardless of where they live in WA. All infants born under 35 weeks gestational age at birth and/or under 1,800g birthweight are now eligible for support post discharge (previously <32 weeks and/or 1,500g). The Service bridges the gap between hospital and community provision from child health nursing services by monitoring progress via home visits for this at-risk cohort with specific care needs. The expanded service now offers support statewide for families living outside the metropolitan area via Telehealth.

Community Health

Child Health Nursing

CAHS Community Child Health Services comprise a range of primary prevention and early intervention programs focused on the health, development and wellbeing of children between birth and school entry. These services are offered at more than 160 sites across the Perth metropolitan area.

Child Health Services support the principle of progressive universalism, which aims to improve health equity and outcomes by providing support for all, with more support for those who need it most. The universal program comprises five high-quality health and developmental assessments at scheduled touch points, as well as a range of group-based and one support services.

During 2020-21, 26,465 new babies were welcomed into the Universal Child Health Program from birth, with 25,917 (98 per cent) accepting the offer of a postnatal home visit in the early postnatal period.

Community child health nurses provided a total of 131,549 individual child health contacts during the year, including 42,351 'Universal Plus' contacts for families needing additional support. This number includes both clinic and home visits. In response to COVID-19, child health nurse contacts were divided into two components: a phone call to discuss progress and concerns, followed by a short face-to-face visit

for nurses to complete the physical component of the child health check. The face-to-face component has been recorded as Universal Plus contacts.

In addition to individual contacts, child health nurses delivered 3,683 parenting group sessions to 14,869 parents and saw 7,370 families at drop-in sessions throughout the year. Changes to service delivery as result of COVID-19 resulted in suspension of drop-in sessions between April and December 2020 and their resumption in January 2021.

School Health Nursing

Community school health nurses work with school staff and parents to deliver prevention and health promotion services, undertake health assessments, develop health care plans for students with complex or chronic health needs, and connect children and adolescents with other health services and supports as required.

Throughout 2020 and 2021, CAHS, in collaboration with the WA Country Health Service and the Department of Education, continued to implement the recommendations from the Review of School-aged Health Services. These recommendations relate to key aspects of the service delivery model, the role of community nurses working with children and young people, and workforce utilisation and supports. A number of initiatives have been progressed, including offering school entry health



**NEW BABIES
WELCOMED**
26,465



**CHILD HEALTH
CONTACTS**
131,549



**'UNIVERSAL PLUS'
CONTACTS**
42,351



**GROUP
SESSIONS**
3,683



**SCHOOL AGED HEALTH
REVIEW RECOMMENDATIONS**
9



**SCHOOL ENTRY
HEALTH ASSESSMENTS**
24,894



**SECONDARY STUDENT
OCCASIONS OF SERVICE**
68,409



**EDUCATION SUPPORT
OCCASIONS OF SERVICE**
62,957



VACCINATIONS ADMINISTERED (2020)

136,122

CHILDREN IMMUNISED (2020)

18,515

STUDENTS IMMUNISED (2020)

38,419

assessments during school holidays to enable parents to attend the appointment.

A core component of primary school health services is a universal School Entry Health Assessment (SEHA). During the 2020 school year, 24,894 (96 per cent) of children enrolled in kindergarten received a SEHA. In 2021, 148 SEHAs were provided during the January school holidays.

School health nurses also support children in secondary and education support schools, providing 68,409 occasions of service to secondary students and 62,957 occasions of service to students in education support facilities.

Nursing services in schools work within a primary health care role, i.e. in partnership with student services (where available) to support identification, first line support and referral for school aged children with psychosocial, mental health and wellbeing concerns.

Community Health also provides a community-based enuresis service for children experiencing nocturnal enuresis. This includes assessment, referral if needed, and provision of support, including alarm mats when appropriate.



Immunisation

Community Health provides free vaccinations as per the WA Immunisation Schedule, including immunisation and services for secondary students under the School Based Immunisation Program. Community Health also plays a key role in vaccination of complex clients, including humanitarian entrants, and seasonal influenza vaccination campaigns.

During 2020, community health nurses delivered a total of 136,122 vaccinations through the Childhood and School Based Immunisation Programs. Immunisations

for 0–4 year-olds were provided from more than 50 community-based facilities across metropolitan Perth, with 61,991 vaccinations delivered to 18,515 children. Through the school-based program, Community Health delivered 74,131 vaccinations to 38,419 students at 196 schools across metropolitan Perth.

Child Development Service

The metropolitan Child Development Service (CDS) provides a range of assessment, early intervention and treatment services to children with developmental delay or

difficulty that impact on function, participation and/or parent-child relationship. The multidisciplinary teams work closely with families to plan and set goals based on their child's strengths and interests, and the parents' concerns and priorities for their child.

Demand for child development services continues to grow, with 30,594 discipline referrals¹ accepted during 2020–21, up 14 per cent on 2019–20 and 15 per cent in the past three years.

Families referred to the service are generally invited to attend a service planning appointment within eight weeks of referral. During this appointment, we discuss parents' concerns for their child, goals and priorities, and together we develop an agreed service plan. During 2020–21, 9,741 families received a service planning appointment. Depending on the child's needs, service options can include parent workshops, group interventions, home or school visits and individual treatments.

During 2020–21, 29,412 children received services from CDS, representing around 6 per cent of the 0–18 year old population.

¹ Some children with complex developmental difficulties are referred to multiple disciplines.

Children aged 3–7 years account for the majority of children seen, in line with the focus on early intervention.

The demand for an autism assessment continues to grow, with 493 formal referrals received in 2020–21; a 22 per cent increase on the previous year. A total of 380 assessments were completed. The numbers cited do not reflect additional opportunistic diagnostic assessments completed for younger children at their local Child Development Service site.

CDS Telehealth

The delivery of telehealth services became increasingly important within the context of restrictions associated with COVID-19.

The Child Development Service, like many other health services, had to adapt its service model quickly, conducting appointments via telehealth in order to continue providing allied health and medical services to Western Australian children and families. Between July 2020 and June 2021, CDS provided a total of 9,229 individual telehealth appointments (telephone and video calls). Technology did not support the provision of group services. To understand how effective the provision of telehealth services was during the COVID-19 related restrictions and to identify areas for

improvement, CDS undertook an extensive mixed method telehealth evaluation, analysing CDS appointment data and surveying 103 CDS staff and 663 consumers.

Telehealth was shown to be an acceptable form of service provision, with staff and consumers suggesting telehealth, in the form of both video and telephone calls, should continue to be offered as a service option that is selected based on clinical appropriateness and family preference. Although consumers viewed telehealth services positively, they overwhelmingly preferred the option of clinic-based appointments (93.4 per cent), followed by telephone (37 per cent) and video call (32 per cent) appointments.

DETECT COVID-19 Asymptomatic Testing

As part of the COVID-19 DETECT research Community Health supported the first module of a three module research project. This Telethon Kids Institute project collaborated with numerous partners, including Department of Education, Department of Health, CAHS, WA Country Health Service and PathWest.

Module One entailed testing asymptomatic metropolitan and regional school students



**CDS REFERRALS
ACCEPTED
30,594**



**CDS SERVICE PLANNING
APPOINTMENTS
9,741 WITHIN
8 WEEKS**



**CHILDREN SEEN
BY CDS
29,412**

(aged 4 to 18) and staff across 40 schools. Three teams completed testing in schools across the metropolitan area, each consisting of a clinical nurse (team lead) recruited from Community Health and three registered nurses recruited from various areas of PCH.

The skill mix of nurses recruited from PCH and Community Health to make up the testing teams supported all aspects of the project. This has been a great opportunity for two areas of our health service to work together and achieve a great outcome.

Focused asymptomatic testing was a valuable part of ongoing monitoring for COVID-19 and DETECT complemented testing requirements for exempt travellers and other groups, such as transport, freight and logistics.

As part of recent COVID-19 community contact tracing, the DETECT team supported a pop-up testing clinic for children and families within the child care setting.



Child and Adolescent Mental Health Services

It has been a busy year for all CAMHS teams, with many challenges and opportunities.

CAMHS Emergency Telehealth Service

The CAMHS Emergency Telehealth Service (ETS) opened on 13 July 2020, led by Consultant Psychiatrist Dr Alex Thompson. The CAMHS ETS provides telephone and video call support for children and young people experiencing a mental health crisis and to their families, educators and other health professionals. It aims to provide expert help to children and young people quickly, when they need it most. The CAMHS ETS also provides an 'in reach' service to other metropolitan emergency departments, ensuring children and young people have the opportunity to be assessed by child and adolescent trained staff, even if they are not available at the presenting hospital.

In 2020–21 CAMHS ETS received 4,095 triage calls. Of those callers who chose to provide their details, the majority of calls (65 per cent) were for young people 13–15 years of age. The next largest user groups were young people 10–12 years of age (15 per cent) and 16–18 years of age (14 per cent). Most calls received were from people within metropolitan Perth (91 per cent), and four per cent of callers reported identifying as being Aboriginal and/or Torres Strait Islander.

All callers receive a follow-up call from CAMHS ETS



L to R: Darshini Perera, Clinical Nurse Specialist, Dr Alex Thompson, Head of Service, CAMHS ETS.

staff the following day. Children and young people discharged from the CAMHS inpatient unit also receive a follow up call within seven days of discharge to ensure they are receiving the support they need. In addition, CAMHS ETS staff also provide comprehensive mental health assessments in the PCH Emergency Department, with 398 of these completed by the

team in 2020–21. The CAMHS ETS has received additional Mental Health Commission funding in 2021–22, and we look forward to reporting on an expanded version of the CAMHS ETS next year.



Members of the CAMHS Lived Experience Group before their first meeting.

CAMHS Lived Experience Group

Consumers, families and carers are the centre of all we do at CAMHS, so it is vital to ensure everything is driven by the needs of children, young people and families – our most important stakeholders. Introducing the CAMHS Lived Experience Group has been a logical next step in the growth of CAMHS, which

was done in partnership with the CAHS Consumer Engagement team. The group is co-chaired by two young people and a carer representative, who work as a group to ensure a collaborative approach to meetings and actions. The group meets monthly and has input in a range of CAMHS initiatives.

Pathways renovation

The Pathways Therapeutic Day Program is an evidence-based specialist service providing children aged 6–12 years with co-occurring educational, behavioural and mental health conditions an intervention to address these issues as an alternative to traditional schooling. Each Pathways cohort attends for one school term, before ‘graduating’ and taking their learnings and strategies back to their usual school setting.

For most children attending Pathways, it is like starting at a new school. It is important the environment is as welcoming and friendly as our staff. The Pathways facility, located in Shenton Park, has had a major facelift to ensure it is fit for purpose and gives the best opportunities for children and staff to be their best. The improvements, funded by WA Health minor works funding and co-coordinated by the CAHS Infrastructure team and Pathways leadership, have been very well received by all. The outdoor play area has been converted into an undercover gym, which is excellent for the year-round Morning Movement and Fit for Play activity sessions children do daily with Pathways specialist exercise physiologists. The renovation is paving the way for even better outcomes for kids.



Zamia Pedro, Clinical Psychologist, and Yulia Furlong, Head of Service, Paediatric Consultation Liaison Service.

PCH EXPAAAND Project

Clinicians in the Paediatric Consultation Liaison (PCL) CAMHS team work with children and young people with mental health concerns who are already being cared for by another PCH team. The PCH EXPAAAND² project is a hospital-based research project that has been designed by the PCL team to help us understand Deliberate Self Harm (DSH)

2 Exploring Psychiatric and Attentional risk factors in children and Adolescents Needing intervention for Deliberate self-harm.

in children and young people. The study aims to understand the causal factors that increase the risk of DSH as a first step to preventing and treating DSH in children and young people.

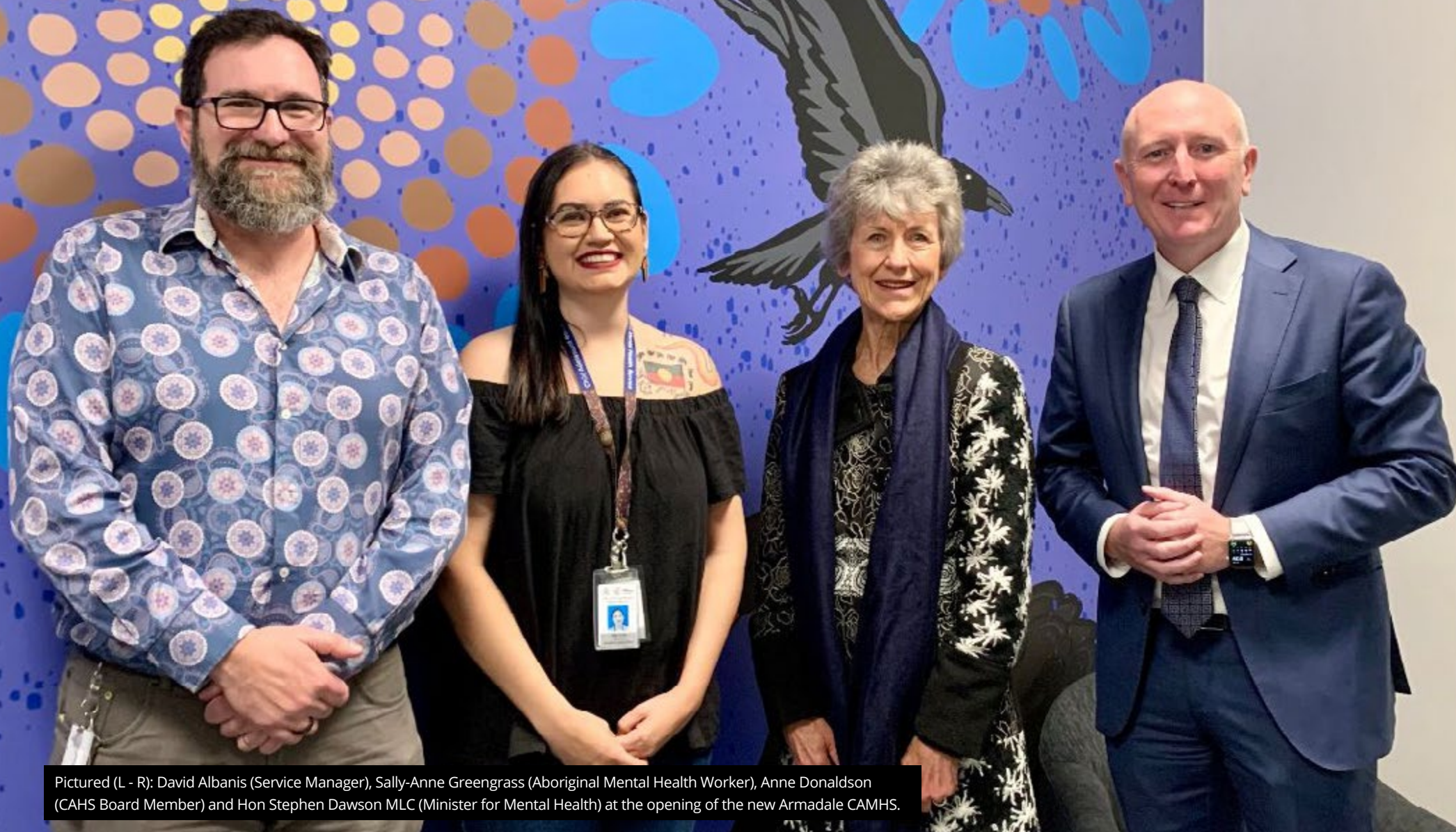
The project will explore aspects of emotional functioning and attention spectrum disorders (including ADHD), each of which has been identified as elevating the risk of DSH. EXPAAAND addresses the issue of repeated DSH presentations in three stages. Relevant PCH Emergency presentations

will be assessed for a 12 month period, so the relationship between attentional disorders and DSH can be analysed. Finally, the project will use a Randomised Control Trial design to test the effectiveness of a brief psychological intervention tool on clinical presentation, service use and engagement in treatment, post-intervention. We look forward to reporting on the findings next year.

The new Armadale CAMHS

After being required to vacate their previous premises in Armadale in 2020, the Armadale CAMHS team was temporarily relocated to PCH Clinic K. The team did a commendable job of maintaining services to the Armadale community during this period of time while also working closely with the CAHS Procurement and Infrastructure team to locate and fit out new premises in Fourth Road, Armadale. The new premises are located next to a headspace centre and in close proximity to both Armadale Shopping Centre and Armadale train station.

The facility has an open, spacious feel, with the colour scheme and artwork in each room inspired by Aboriginal healing motifs and the Noongar seasons. It is also equipped with the latest technology to enable services via telehealth and collaboration with other services, and bigger spaces to enable group activities and larger group therapies, such as Reflective Family Therapy. The facility officially opened on 9 June 2021.



Pictured (L - R): David Albanis (Service Manager), Sally-Anne Greengrass (Aboriginal Mental Health Worker), Anne Donaldson (CAHS Board Member) and Hon Stephen Dawson MLC (Minister for Mental Health) at the opening of the new Armadale CAMHS.



Perth Children's Hospital

Central Venous Access Device Service

The Department of Anaesthesia and Pain Medicine has worked collaboratively with senior nursing, radiology and surgical teams to establish a PCH Central Venous Access Device (CVAD) service. This service now coordinates the end-to-end care of children who need complex therapy via long term intravenous devices; from initial request through to device removal. Using evidence-based principles ensures the most appropriate device is used for each child to enable their therapy, which results in fewer complications and better outcomes. The CVAD service is coordinated by a nursing team that has had extensive training with insertion and care of CVAD devices, and which promotes research and education throughout CAHS to achieve the best outcomes for children needing long-term intravenous therapy.

Procedural Sedation Service

Many children are unable to tolerate simple procedures such as a blood tests, intravenous medications and even vaccinations. The Department of Anaesthesia and Pain Medicine has recently commenced the Procedural Sedation Service for children attending PCH that experience procedural anxiety. This service enables children to have procedures completed under sedation, creating a stress and anxiety reduced experience for both patients and their caregivers. The Procedural Sedation Service ensures



patients are safely distracted, sedated with oral medication or, on some occasions, anaesthetised, in a monitored environment with the appropriately trained staff. The Procedural Sedation Service is a great example of PCH staff identifying an area of unmet need for patients and developing a model of care to provide for the most vulnerable children.

Elective Surgery Waitlist Recovery Project

The Elective Surgery Waitlist (ESWL) Recovery Project (July to December 2020) supported a reduction in the number of over-boundary reportable and non-reportable cases from 1,253 in June 2020 to 570

cases by end December 2020, largely reversing the COVID-related waitlist increase and returning the number of over-boundary cases to near pre-COVID levels. Throughout the duration of the project, approximately 9,000 elective surgical procedures were undertaken, reflecting a significant increase in theatre activity, which enabled a number of children to receive life changing surgical procedures. The increased effort has assisted in reducing the percentage of children waiting over-boundary from 32.9 per cent in June 2020 (reportable procedures) to 17.8 per cent in December 2020.



Inter-generational dental care at CAHS

Cate may be considered an 'old girl' of Princess Margaret Hospital, but not because of her age; she was treated for bilateral cleft lip and palate in the 1980s. Cate had various cleft-related surgeries, including lip and palate repair and an alveolar bone graft performed by Harold McComb, one of the founders of the Cleft Lip and Palate Unit.

Cate's children Phoebe and Oscar are both current patients of PCH. Phoebe has a unilateral cleft lip and palate and Oscar a bilateral cleft lip and palate. They are being treated by the multidisciplinary team of clinicians that makes up the Cleft Team, which includes the Department of Dental Medicine.

All the dental specialties collaborate to ensure the best possible outcome for the patient, both functionally and aesthetically. These include Paediatric Dentistry, Orthodontics, Periodontics, Prosthodontics, Maxillo-facial Surgery, Dental Medicine and Dental Hygiene/Therapy.

The Department of Dental Medicine currently has 3,200 patients with cleft lip and palate, and just like Cate, Phoebe and Oscar, they will receive care until growth maturity or transfer to adult services.

Orthopaedic surgery

Prior to the ESWL Recovery Project, PCH offered one spinal surgery operating list per month, which was increased to a weekly operating list throughout the duration of the project. The additional spinal surgery operating lists meant that children who had been waiting prolonged periods of time for their surgery were able to be operated on, thereby reducing the average wait time from three years to six months as of 31 December 2020. A collaborative multi-disciplinary team approach was required to facilitate the additional spinal operating lists, with the Paediatric Critical Care Unit, Neurology and Orthotics departments all playing an important role in supporting the surgical team.

Many of the children requiring spinal surgery have complex conditions and medical needs that have significant impact on their health, wellbeing and quality of life. In order to continue to treat this cohort of patients within a reduced timeframe, PCH has received funding to permanently increase the number of spinal operations to one list each week.

Treatment of children with cystic fibrosis

The 2019 Centre Comparisons for Australian Cystic Fibrosis Centres (published 16 March 2021) reported that PCH has the best lung function outcomes for children, and that lung function was higher for children in the PCH clinic than for children

across Australia with cystic fibrosis. Every year, the Australian Cystic Fibrosis Data Registry reports key health related characteristics of people with cystic fibrosis living in Australia. The Cystic Fibrosis Service at PCH contributes data to the registry along with the 22 other Australian cystic fibrosis centres.

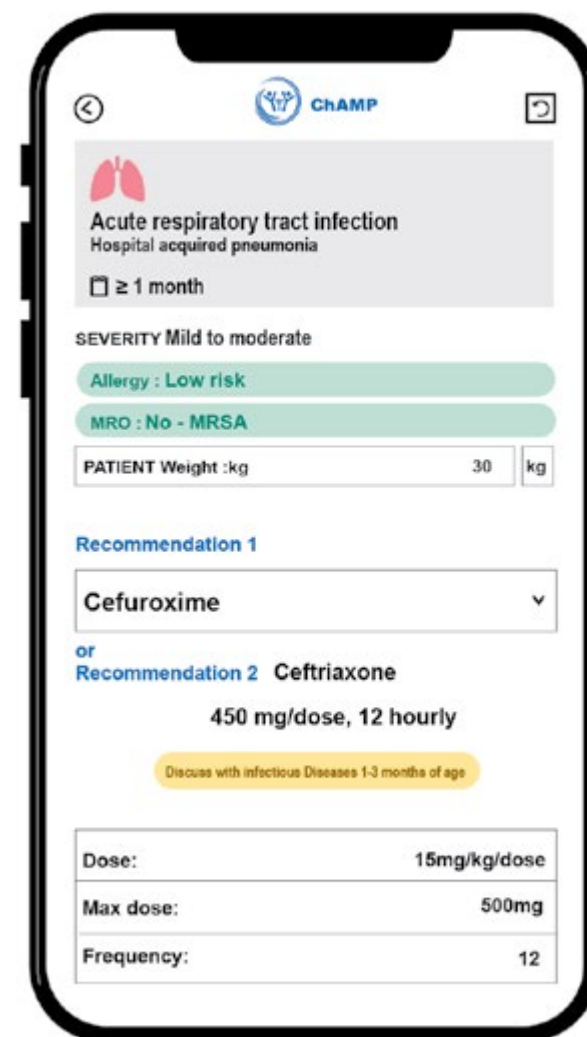
PCH is pleased to report that health outcomes of children and young people with cystic fibrosis cared for at PCH compare very favourably to other Australian centres. For all age groups lung function measures of PCH patients are higher than other centres. Lung function is an important marker of health in cystic fibrosis. Importantly, lung function in early life is strongly related to lung function in adulthood. The report also suggests PCH has greater engagement with families, as more patients attend the minimum four recommended annual clinic visits than other centres in Australia. PCH recognises the hard work by our cystic fibrosis team, but also the effort that parents and families put in every day to help their children stay healthy.

Children's Antimicrobial Management Program

The Children's Antimicrobial Management Program (ChAMP) application is a new and easy way for clinicians to access antimicrobial information while treating children at PCH. The Infectious Diseases team at PCH identified that access to clinical guidelines through the intranet and internet was time intensive

and frustrating for clinical staff. The team pitched their idea of a ChAMP application at the inaugural CAHS innovation 'shark tank' and was one of the four teams selected to have their idea funded.

A prototype of the ChAMP application has been developed with and for the clinicians utilising a human-centred design thinking methodology to ensure the application meets the requirements of all clinicians at CAHS. Soon, all clinicians at CAHS will be able to access antimicrobial guidelines from a desktop or mobile device in a searchable and logical way. This digital innovation will reduce the time taken to locate medication guidelines for a variety of conditions, and ensure clinicians across PCH have access to this crucial information to help achieve our vision of *Healthy kids, healthy communities*.



The ChAMP application

Donations

This year, we have again been overwhelmed by the generosity of the West Australian public, having received over \$150,000 of physical donations, including toys, toiletry packs, new clothes, quilts and blankets. All are used to support our goal of making the experience of visiting PCH as warm as possible for the children, families and carers who come through our doors.

A small toy can make all the difference to a child on a ward who may be away from their loved ones. A toiletry pack can help ease parental anxiety in the Emergency Department by permitting them to focus on their own needs for a few moments. New clothes are essential for the children who are supported by our Child Protection Unit and Social Work Department. A warm quilt may be given to a child or parent from the communities in northern WA who find Perth’s climate cooler than they are used to.

CAHS sincerely appreciates the generosity of those individuals, craft clubs, not for profit organisations and companies whose donations provide a little extra comfort to our consumers as they face their health challenges.





Perth Children's Hospital hydrotherapy pool

Aboriginal Health at CAHS

Kaya,

‘Aboriginal health is everyone’s business’ remains a key focus for CAHS, with ongoing work around Aboriginal programs and building the capacity and capability of non-Aboriginal staff to work effectively with Aboriginal children, young people and families.

The appointment of the Director of Aboriginal Health, Melanie Robinson, in October 2020, has ensured an ongoing focus and a re-setting of the strategic goals and priorities which are essential to close the gap and improve the health and wellbeing of Aboriginal kulungas (children).

Aboriginal workforce

Increasing the Aboriginal workforce has been a key priority for CAHS Aboriginal Health. Recently, several positions have been filled, with the commencement an Aboriginal Workforce Coordinator, Aboriginal Liaison Officer, and four new Aboriginal cadets. A priority has been the appointment of Aboriginal workers to vacant positions in accordance with section 50(d) of the *Equal Opportunity Act 1984*.



Kahlie Lockyer is one of four new Aboriginal cadets who joined CAHS during 2020–21.

An Aboriginal Health Strategy team has been established under the guidance of the Director Aboriginal Health with the creation and appointment of two project officers to assist in the development of approaches to address the gaps in immunisation rates and other priorities for Aboriginal Health.

The Aboriginal Health Team (Community Health) and Aboriginal Mental Health

Workers (CAMHS) continue to contribute to improve the health and wellbeing of Aboriginal kulungas and their families. In late 2020, CAMHS appointed an Aboriginal Mental Health Coordinator to support and guide the Statewide Specialist Aboriginal Mental Health Workers (SSAMHS) and the non-Aboriginal staff at CAMHS.

Aboriginal health programs at CAHS

Aboriginal Health Team (Community Health)

The Community Health Aboriginal Health Team (AHT) delivers a culturally secure multidisciplinary service to Aboriginal families across the Perth Metropolitan region. The team consists of Aboriginal health workers, registered nurses, enrolled nurses, a medical officer, allied health and health promotion team. AHT delivers child health services to children 0–5 years, ear health screening for school-aged Aboriginal children, and medical officer clinics. Allied Health also deliver one-to-one assessments to alleviate any concerns the carer may have prior to being referred to the Child Development Service.

AHT also offers playgroups in Bentley, Hilton and Joondalup, ENT clinics in



SERVICES PROVIDED
22,397



FBH EAR HEALTH
CLINIC ATTENDANCE
65%

SCHOOL EAR HEALTH
SCREENING
2,262



Aboriginal Health Team celebrating the appointment of their 100th member.

Armadale and Padbury and immunisation clinics in Bentley and Maddington.

Aboriginal Mental Health Workers (CAMHS)

This team provide advocacy and Aboriginal cultural advice to the non-Aboriginal clinicians at CAMHS. The workers follow Aboriginal children and young people on their journey into CAMHS and link them to Aboriginal programs within the community. The Aboriginal mental health workers have greatly increased the engagement and attendance of Aboriginal children and young people into CAMHS through community engagement, including working closely with schools, workshops, presentations and participating in Aboriginal cultural events such as NAIDOC week. The Aboriginal Mental Health Coordinator role has been established to provide oversight and advocacy for the program in CAMHS.

Aboriginal liaison program (PCH)

At the end of 2020, a male Senior Aboriginal Liaison Officer commenced at PCH, which has been a great addition for Aboriginal families and the Aboriginal Liaison Program. The two existing Aboriginal liaison officers have been working with Aboriginal families for many years, which they support on the wards, in outpatient clinics and in the Emergency Department.

They work alongside social workers, and advocate and educate clinicians about working with Aboriginal patients and families.

Koorliny Moort - 'Walking with Families'

The Koorliny Moort - 'Walking with Families' program provides care coordination for rural and metropolitan Aboriginal children and their families with complex needs. Paediatric outreach clinics are also conducted in the metropolitan area to allow families to access healthcare closer to home, with close collaboration with Aboriginal Community Controlled Health Services and other community agencies. The program employs an Aboriginal health worker and an Aboriginal enrolled nurse who work with a team of clinical nurses and doctors to provide holistic, culturally appropriate, family centred care.

Aboriginal community participation

Aboriginal consumers are integral and engagement with them is a priority for CAHS, including for infrastructure projects, such as the Midland Hub, the Children's Hospice, and the Kids' Bridge. The Aboriginal Health Strategy team is establishing an Aboriginal Community Advisory Group to provide opportunities for consultation and input

from Aboriginal consumers and community members. Contributions from elders have been important, including the opening event during Living our Values week, when Sandra Harben shared her insights in Noongar culture. The Director Aboriginal Health attended a forum at East Metropolitan Health Service for Aboriginal youth, and has commenced building relationships with key Aboriginal organisations, including Yorgum, Moorditj Koort, David Wirrpanda Foundation and Derbarl Yerrigan Health Service.

Aboriginal cultural learning

Aboriginal cultural learning includes the education of CAHS staff about Aboriginal culture and how to engage and work effectively with Aboriginal people. Several Yarning Circle sessions focusing on communication and building relationships with Aboriginal kulungas have been held, with sessions on Ward 1A at PCH and at a palliative care workshop. We have established an Aboriginal Cultural Events Advisory Group and the Aboriginal calendar events, such as National Close the Gap Day have been utilised to highlight the priorities for CAHS, with a particular focus on increasing the Aboriginal workforce. Training sessions are being held with Health Information and



**GROWTH IN CAHS
ABORIGINAL
WORKFORCE
IN 2020-21
45%**



**CAHS STAFF
COMPLETED
ABORIGINAL
CULTURAL
LEARNING
90.7%**

“Several Yarning Circle sessions focusing on communication and building relationships with Aboriginal kulungas have been held, with sessions on Ward 1A at PCH and at a palliative care workshop.

Administrative Services and administration staff at CAHS about asking families whether they identify as Aboriginal or Torres Strait Islander. This will ensure better access to support services, including the Aboriginal liaison officers and Aboriginal Health Team at Community Health.

Aboriginal health research

Aboriginal health research has been a focus, with partnerships formed with Telethon Kids Institute and CAHS researchers to begin discussions about the priorities and ensuring Aboriginal kulungas and families are involved in key research projects around immunisation for metropolitan Aboriginal kulungas, ear health, and management of wet cough and sepsis. CAHS Research and the Director Aboriginal Health are working closely to ensure cultural oversight on the development of projects to ensure sustainability and ongoing change for Aboriginal kulungas in the clinical context.



Creating a welcoming environment at PCH

On National Sorry Day, and to align with Reconciliation Week we relocated Koolung Wunjuning Kulark Wunjoo (Children Healing Place Welcome); the Aboriginal welcome artwork by Richard Walley, Olman Walley and John Walley, into a more prominent position at PCH on Level 1 near the yellow lifts and food court. This coincided with a series of lunchtime Aboriginal art tours hosted by Belinda Cobby, CAHS Art Curator, and Mel Robinson, Director Aboriginal Health Strategy, which were very successful.

Aboriginal Health Action Plan

Aligned to the *WA Aboriginal Health and Wellbeing Framework 2015–2030*, the *Aboriginal Health Action Plan* has been completed and approved by the CAHS Board. Implementation of the priorities has commenced, with the development of an Aboriginal health dashboard and focus on monitoring of key targets, including discharge against medical advice, did not attend (non-attendance) at outpatient clinics, immunisation rates, rates of attendance for mental health appointments and child health checks. A five year review is currently underway to assess performance of health service providers against the framework.



Keynote presentations

The Director Aboriginal Health presented at the Living Child event held on International Midwives Day (5 May) to highlight the importance of a child's first 1,000 days. This event showcased the importance of cultural safety, increasing the Aboriginal workforce in the child and maternal health space, and better engagement and communication with Aboriginal kulungas and families. A presentation was delivered to nursing students at the University of Notre Dame about Aboriginal child health in Western Australia. A video message¹ from the Director Aboriginal Health was showcased around National Close the Gap Day to highlight the key priorities for Aboriginal Health at CAHS.

¹ <https://www.youtube.com/watch?v=Zzw5NGKc740>



Vale Leah Bonson

Early in 2021, CAHS learned of the passing a long-term Aboriginal staff member Leah Bonson, who was the inaugural Director Aboriginal Health from 2011–19. Leah made a sustained contribution to CAHS with the development of programs including Koorliny Moort, Aboriginal Health Team (Community Health) and the Aboriginal Mental Health Workers (CAMHS). Leah was integral in growing the Aboriginal workforce and providing education about Aboriginal health to non-Aboriginal employees at CAHS. Leah will be sadly missed by CAHS staff and her family, including Gemma, Krista, Dana, and Harley. CAHS will continue to honour Leah's legacy and sustain the work she did to improve the lives of kulungas and families.

(Photo used with permission from Leah's family)

Refugee health at CAHS

The CAHS Refugee Health Service (RHS) is celebrating the ongoing endeavours related to integrating the Community Refugee Health Team and Perth Children's Hospital multidisciplinary RHS team.

RHS works collaboratively to support the health needs of Western Australian children and adolescents from refugee-like backgrounds and their families as they settle in our local communities and empower transition over time into mainstream health services. RHS care is culturally-safe and trauma-informed, as well as nuanced for families with limited English proficiency, variable health literacy or broader socio-economic disadvantage.

The services provided by RHS include nurse-led home and school visiting by Community Health nurses, multidisciplinary outpatient clinics, inpatient consultation and urgent outpatient assessment for children arriving in WA with Federal health undertakings or complex care needs. The PCH multidisciplinary team comprises medical, nursing, dietetic, social work, clinical psychology and dental staff, assisted by a School of Special Educational Needs liaison teacher. The team is supported by professional interpreters (via CAHS Language Services), clinical researchers and PCH Foundation volunteers. RHS patients and families also have regular contact with mainstream



services across CAHS through the breadth of Community Health, CAMHS, Neonatology and other PCH subspecialties. CAHS RHS staff assist patients and families navigate the complexities of our health system

using a family-centred approach. Liaison, advocacy, care coordination and flexibility are underpinned by the CAHS values of compassion, equity and excellence.

Impact of COVID-19

Smaller numbers of families are being resettled in Western Australia, with annual numbers impacted by restrictions on international arrivals. Increased numbers of refugee families are relocating to Perth from interstate and or regional WA, requiring linkages across CAHS, WA Health and other community services and supports. Ongoing risks pertaining to COVID-related vulnerabilities are present, with the RHS team continuing to undertake COVID Wellbeing Checks during clinical interactions, with increasing emphasis on COVID and influenza vaccination. These reviews provide targeted coronavirus education to parents (including language-specific resources) who are additionally vulnerable due to socio-economic impoverishment, language, literacy, education and/ or trauma barriers. Identification of specific COVID-related educational risks (e.g. lack of resources, internet barriers, parental illiteracy), chronic health concerns and social isolation are also being identified, allowing development of support strategies in partnership with key non-health organisations.

Refugee Health Service clinical activity

More than 20 different ethnic backgrounds are represented in the patient cohort, similar to previous years. The most prevalent countries of origin were Myanmar (Burma), Afghanistan, Syria and Iraq, with the most predominant languages spoken being Arabic,



Count of refugee health patients since 2016 by country of birth

Karen, Dari, Farsi and Burmese. Very high levels of relative disadvantage exist, with 80 per cent residing in the lowest national socio-economic deciles.

The RHS team has focused on waitlist reduction during the last 12 months, with improvement in follow up profiles and transition planning for complex patients. RHS has also transitioned to a multidisciplinary clinics format that aims to improve clinical efficiency for families moving through CAHS.

Increasing numbers of patients with disability and neurocognitive concerns continue to be assessed. Positive outcomes have been noted from the new RHS-Neurosciences Unit outreach pilot program, which is also improving collaborative practice across organisations.

Community Refugee Health Team

CAHS Community Health provides a comprehensive range of health promotion and early identification and intervention community-based services to newly arrived refugee children under 18 years and their primary carers with a focus on growth and development in the early years. The nursing team provides best practice child-centered service delivery, clinical expertise, and specialist advanced complex client care within the community setting, collaborating and advocating with key community-based stakeholders and integrating their practice with

the PCH RHS staff. The team actively supports families to access the health services in their local community and assist them in finding community cultural links.

The team provides services across the Perth metropolitan area, with staff dispersed across various locations. The team consists of senior community nurses who help families orientate and learn to navigate the health system, complete catch-up immunisations, identify their health concerns and priorities, learn to manage chronic and complex conditions, and link in to appropriate providers for continuing health care. The majority of contacts provided by the team are home visits (82 per cent), with additional occasions of service provided by telephone and at Community Health sites. The team provides COVID related education at all contacts and assists families to access WA Health approved translated information in clients' language.

Advocacy, education, research and policy

The RHS team contributes to education, policy, research and advocacy for refugees and asylum seekers, but has a broader cross-cultural lens reflecting the ethnolinguistic diversity of the WA population. RHS paediatricians continue to represent CAHS and WA on various state and national committees, including the WA Refugee Health Advisory Group, WA Forced Marriage Network, Refugee Health Network of Australia (Executive), Australian Paediatric Refugee Health

Network and Royal Australasian College of Physicians (RACP) Health of Refugee and Asylum Seeker Working Group. RHS staff are also members of the CAHS Consumer Engagement Reference Group, CAHS Research Reference Group, Mental Health Commission Multicultural Subnetwork

and Heart Kids National Working Group for Priority Populations for the Standards of Care for Childhood-onset Heart Disease (CALD/refugee input). Staff have also provided input into the CAHS Multicultural Framework and the Refugee Health Network of Australia National Disability Insurance Scheme consultation related to Independent Assessments.

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Substantive equality

The PCH Refugee Health Service (RHS) and Community Refugee Health Team (CRHT) are committed to identifying, modifying and eliminating barriers to enable better health outcomes for refugee and asylum-seeker patients. Refugee health staff across RHS and CHRT undertake quality assurance processes and clinical research, as well as working in partnership with key non-government organisations providing services to refugees. Identification of system or clinical service gaps allows improvements strategies to be developed to achieve health equity. RHS continuous quality assurance and clinical research themes strongly align with the 2019 WA Sustainable Health Review priority populations and key strategic recommendations. The positive impact of integrating mental health staff within school hubs (CAMHS Parkwood and Koondola Integrated Service Centre) as well as within the PCH RHS highlights a culturally responsive approach to removing access barriers, which is not currently reflected in mainstream mental health services.

The collaborative RHS *New Beginnings: healthy teeth, healthy lives* refugee health dental program continues to gain momentum. Over 210 RHS patients have been successfully recruited into the RHS Arresting Dental Caries randomised controlled trial, overcoming research enrolment barriers in patients with limited English proficiency. RHS has

also collaborated with the *Clinics to Communities* oral health promotion program. The program facilitates provision of oral hygiene kits alongside tailored oral health education as part of a holistic prevention and health promotion strategy for all new RHS families.

Similarly, the targeted RHS dietary health education program allows culturally-specific tailored health education to be provided to families. Through an innovative PCH Foundation Education and Training Grant, the RHS team has developed and translated culturally appropriate paediatric dietary resources that have been successfully trialled in group settings at PCH and in community outreach sessions.

CAHS RHS has worked with the Office of Population Health Genomics and Royal Children's Hospital to update and translate local haemoglobinopathy and G6PD patient information resources, which are now available to use across WA Health.

Quality and safety improvements

RHS has undertaken quality improvement audits in order to identify health delivery gaps and improve utilisation of interpreters for PCH patients with limited English proficiency. The team worked with Dr Shani Law-Davis, who undertook a Medical Service Improvement Rotation. Dr Law-Davis' project, titled *INTER-great* reviewed the PCH process of booking and utilising interpreters for inpatients with limited

English proficiency, with positive staff engagement across departments and recommendations to increase visibility and accessibility to interpreters, thus improve safety and quality of cross-cultural communication within our ward settings.

Clinical A/Prof Sarah Cherian was also shortlisted as one of the inaugural 2020 CAHS Patient Safety Champions for her endeavours to improve safety of clinical care within CAHS for patients with socio-economic vulnerabilities; especially those with limited English proficiency or trauma backgrounds.

Improving cultural competence

RHS continues to provide interdisciplinary health education to improve cross-cultural competence within CAHS. RHS staff teach medical, dental, nursing and allied health students and staff. A pilot cross-cultural RHS training module for junior doctors has been evaluated, with demonstrated positive shift in cross-cultural awareness related to health care needs of patients from refugee-like backgrounds. The University of Western Australia Crossing Borders 4 Health RHS Cultural Competence attachment continues to be well-regarded, and has now expanded to include medical students from Curtin University.

Research

The status of research and research support is a key focus area for our health service.

The CAHS Research Strategy was released in early 2021, providing clear objectives to measure our aspirations to build research capacity and culture, while ensuring maximum impact and translation into clinical care. Increased efforts and focus in the research space over the past year demonstrate our ongoing efforts to be a world-class paediatric research focused health service.

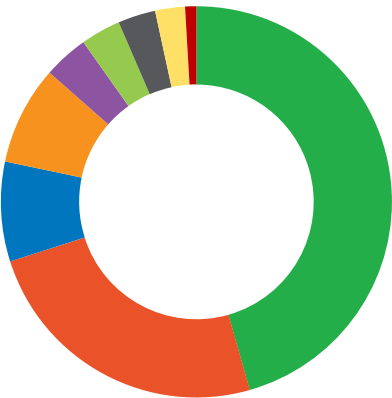
Funding for CAHS-based research activity is held across our child health research partners. This summary represents funding awarded for 2020 from local funders to CAHS and within the Centre for Child Health Research.

CAHS Research summary

Please note that figures represent the 2020 calendar year unless otherwise indicated. This is based on the current reporting system for research data and the entries made by researchers. The data may not fully capture all research activity at CAHS.

New studies with CAHS site approval	98
New studies approved by CAHS Human Research Ethics Committee (HREC)	67
Total number of active research studies	519
Active studies at PCH	488
Active studies at Community Heath	19
Active studies at CAMHS	12
Total number of clinical trials	180
Total number of commercial studies	34

Funding for Centre of Child Health Research activity



Total: \$42.51M

International funding	\$19.38M
Commonwealth gov't	\$10.40M
Telethon Trust	\$3.50M
WA Dept of Health	\$3.47M
Perron Foundation	\$1.58M
Local NGOs	\$1.41M
National NGOs	\$1.32M
PCH Foundation	\$1.05M
Cancer charities	\$0.39M

“The fact that CAHS staff are involved in close to half of the 60 COVID-19 research projects underway in WA is one outstanding achievement that reflects the strength and adaptability of our researchers.”

– Professor Peter Richmond, Director of Research

Support for research

The CAHS Department of Research offers specialised support services to assist in the development, governance and implementation of effective research across our health service. The team supports CAHS researchers as well as our partners who engage in research at our sites or with our patients or clients.

Support is available at any stage of the research pipeline; from project design, review and feasibility through to access of research facilities, education and training, ethics and site approval and the ongoing

monitoring of research activity. There is also support for biostatistical analysis, data management, communications, and funding or grant development and management.



Emily Bell, Research Assistant with the Anaesthesia and Pain Medicine research team.

CAHS Research case studies



Physiotherapist Dr Noula Gibson with Jo Vernon with her son Ashton, who welcomed the consensus statement.

Collaborative research group leads international efforts to reduce respiratory risks for cerebral palsy patients

Researchers from the Physiotherapy Department, KidsRehab WA and Respiratory Medicine at PCH, in partnership with the Ability Centre and researchers at four of the major paediatric hospitals in Australia, are leading work internationally to help better manage the respiratory risks faced by children living with cerebral palsy (CP).

The group published a ‘consensus statement’ last year, a precursor to clinical guidelines, to raise awareness about respiratory risks, which is the leading cause of death in children with CP.

The statement helps clinicians and allied health practitioners recognise the early warning signs of respiratory disease that are often missed.

Longer term, the team is aiming to reduce hospital admissions, improve the quality of life and the survival rates of these children.

Testing the recommendations from the consensus statement and training general practitioners and allied health professionals who work with CP kids is the next research project the group will tackle thanks to a WA Department of Health research grant.



Exercise physiologist Kat Fortnum with some of her young participants in the Fit for Play program.

Supporting early researchers through PhD research studies: Fit for Play activates and motivates Pathways participants

The Fit for Play program, based on the ‘exercise is medicine’ concept, was established by exercise physiologist Kat Fortnum, in collaboration with the University of Western Australia and

Pathways, a specialised CAMHS program, as part of her PhD project in 2019.

Ms Fortnum set out to cater for the physical activity-based needs of primary school-aged children with disorders including post-traumatic stress disorder, severe anxiety and Attention Deficit Hyperactivity Disorder.

The project showed that Fit for Play helped provide the first positive physical active experience for many of the participants.

Ms Fortnum said one of the big drivers of this research was knowing higher activity is often linked to better outcomes from a mental health perspective.

As a result of the findings, an exercise physiologist will remain in the multidisciplinary CAMHS team and the program will remain part of the treatment model at Pathways.



Community Health researchers who presented at the Child Health Symposium.

Community Health research showcase attracts strong support

A special showcase session at the 2020 Child Health Research Symposium provided Community Health researchers with an opportunity to step into the limelight.

The session, which generated strong attendance and engagement, was a pivotal step for the

Community Health leadership team, who aim to drive and collaborate on research that improves health and service delivery outcomes for their clients and community.

Senior Coordinator Information and Performance at Community Health, Dr Meredith Green, said there are obvious challenges that arise from working offsite, so the event was a valuable boost for the Community Health research team on a number of fronts.

“It provided an excellent opportunity to facilitate a stakeholder-led discussion on research priority areas

for Community Health. It also gave us a platform to showcase the breadth and depth of our research projects and also to forge connections with other researchers and departments at CAHS” said Ms Green.

Ms Green said she looks forward to celebrating research success from Community Health as research activity and output grows.

“Longer term, the collaborations initiated are expected to strengthen research output from Community Health and broaden the capacity of sustainable research activity in areas where it is needed most” said Ms Green.



Dr Shripada Rao (pictured left) with Fiona Reale and her baby daughter Hali who was recovering from surgery in the Perth Children's Hospital Neonatal Intensive Care Unit.

Neonatal research helps unlock important insights into gut health

A neonatal study has provided vital clues about how gut bacteria might influence the health of newborn babies requiring gut surgery.

The study found that babies with surgical conditions in the Neonatal Intensive Care Unit (NICU) developed more harmful bacteria and lesser amounts of beneficial bacteria in their gut compared with the healthy group of babies.

Lead author and Consultant Neonatologist in the NICU, Dr Shripada Rao said the findings provided an insight into why these babies often suffer adverse health following their surgery, such as infections and facing difficulties in tolerating milk feeds.

The research findings have paved the way for a pilot study to investigate whether probiotics could be used in the future to reduce the risk of infections in babies with surgical conditions.

"I hope longer term, our work will help these babies recover faster from their surgery and decrease the amount of time they need to spend in the NICU, which would ease stress for their parents" Dr Rao said.



Neurologist Dr Maina Kava, Clinical nurse Jodi Mann with Mitchell and Aiden Hillyard, who were the first patients enrolled on this trial.

Neurology clinical trial offers hope to patients with a rare genetic disease

For the first time in WA, an international clinical trial run by the Neurology Department is offering hope to families of boys with a rare genetic disease called Duchenne Muscular Dystrophy (DMD).

The trial is testing the effectiveness of a new drug ‘Ataluren’ targeting a specific genetic mutation in patients with DMD, a devastating disease that not only causes significant musculoskeletal disability and cardiorespiratory failure, but also a shortened life expectancy.

No treatment or trial could previously be offered to these patients in WA.

Neurologist and Principal Investigator on the trial, Dr Maina Kava, said the trial will help pave the way towards potential treatment options in the future.

“We are passionate about providing the best possible care to our patients with this debilitating disease. Our research team has worked hard to establish this trial and we are keen to ensure all our patients have access to clinical trials if they are eligible” Dr Kava said.

Neurologist Dr Maina Kava, Clinical Nurse Jodi Mann with Mitchell and Aiden Hillyard, who were the first patients enrolled on this trial.

Telethon funding continues to boost overall CAHS research

Enhanced research support

Funding from Telethon Trust awarded in 2020 will continue to facilitate high-quality research activity at CAHS. Support services will now encapsulate data management expertise, assisting researchers organise the many different pieces of data they use from study participants and across clinical information. Awarded funding will also be used to support researchers navigate setting up their projects within CAHS and the Telethon Clinical Research Centre.

Telethon Clinical Research Centre: Research outpatient clinic

The Telethon Clinical Research Centre is a dedicated clinical research area located at PCH. This is a unique space with modern facilities that enables CAHS, Telethon Kids Institute and university researchers to work together in one specialised area to undertake clinical research appointments.

Celebrating research activity at CAHS: Child Health Research Symposium

The 2020 Child Health Research Symposium, run in partnership with Telethon Kids Institute, achieved record-breaking success thanks to strong support from researchers across CAHS.

From Professor Fiona Wood's challenge, issued in her opening plenary address, to catch a bubble of innovation to a thought provoking panel discussion



Dr Rishi Kotecha, Consultant in Clinical Haematology and Oncology at PCH and Co-head of the Leukaemia Translational Research laboratory at Telethon Kids Institute with Dr Laurence Cheung.

titled 'Towards a digital health vision for WA', presentations were enthusiastically received.

The symposium was the biggest ever staged, with:

- 186 abstracts submitted
- close to 1,000 registrations for face to face and virtual sessions
- 70 posters displayed and
- 18 presentations delivered.

A focus on collaboration and inspiring others to get involved in research - staff, students and the community emerged as important themes across the symposium.

Consumer Engagement Strategy update

The CAHS Consumer Engagement Strategy 2020–2022 was launched in September 2020. The Strategy has been a key driving force in ensuring that the consumer voice shapes the design and delivery of our services. Engaging children, young people, families and carers helps us better meet their diverse needs.

A number of key actions have already been achieved, including the establishment of a comprehensive consumer engagement intranet hub, equipping staff with the necessary guidelines and toolkits to implement meaningful consumer engagement.

The MySay Healthcare Survey was rolled out to inpatients at Perth Children's Hospital during 2020–21. The Survey is texted to parents to seek their feedback on the quality of their experiences during their child's hospital stay. The survey is a validated tool created in partnership between CAHS and the Australian Commission on Safety and Quality in Health Care. With over 3,000 responses received from parents and carers so far, this tool will continue to grow as an important source of consumer feedback.

In December 2020, the 'Engage Consumer Network' was established to expand the ways consumers can:

- help CAHS to improve health services for infants, children and young people
- become a consumer representative at CAHS

- attend consumer events to have their say
- make sure the information provided to children, young people and families is easily understood
- have their say or take part in research.

The Network already has over 600 members and will continue to be promoted throughout services.

The CAHS Consumer Engagement team led the formation of the new Lived Experience Group within the Child and Adolescent Mental Health Service. Membership includes young people, parents and carers, and complements the existing CAHS Consumer Advisory Council (Parent and Carer) and Youth Advisory

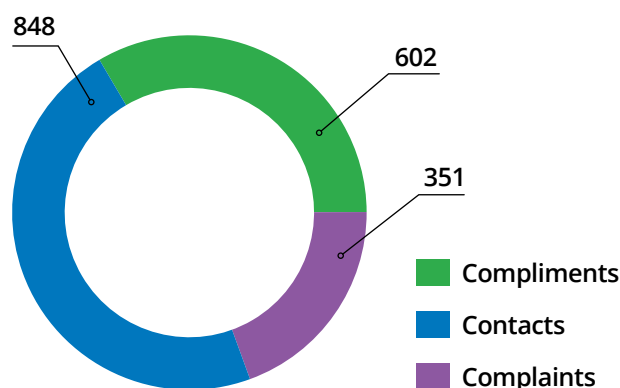
Council. This group enables consumers to shape mental health services for children and young people in WA.

CAHS continues to strengthen consumer awareness of feedback mechanisms, including development of tools for children and young people to share their experience, so we can continue to learn and improve the way services are delivered.

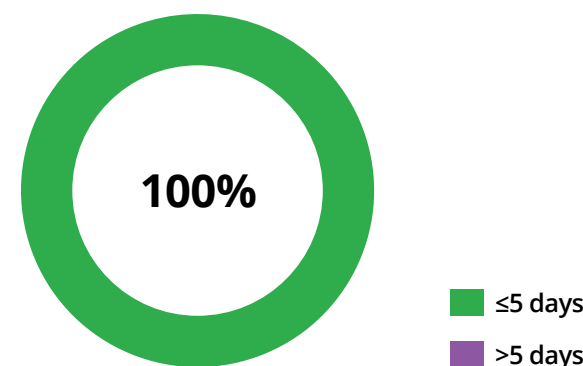
Consumer feedback

Listening to our consumers is central to improving the safety and quality of our health service. We encourage feedback from children, young people, their families and carers, as it helps us identify where we have done

Feedback type



Complaints acknowledged within 5 working days

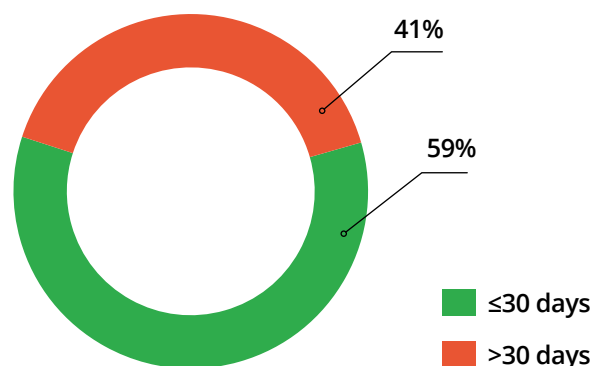


well and where there are opportunities to improve their healthcare experiences. Consumers are welcome to provide their feedback directly to CAHS in person, by telephone, by post, email or online form.³

While 100 per cent of complaints were acknowledged within five days, CAHS regrets that the increased volume of consumer feedback it received during the year affected response times. CAHS is dedicated to improving this aspect of its complaints handling performance, and actions are being implemented

³ <https://cahs.health.wa.gov.au/For-families-and-carers/Compliments-and-complaints>

Complaint response timeframes



to ensure more consumers are provided with timely responses to their feedback in future.

Care Opinion

Care Opinion is another mechanism for consumers to provide anonymous feedback, both positive and negative, via an online platform.⁴ This allows a timely response from the Executive at CAHS, and can be viewed by other consumers and staff.

⁴ <https://www.careopinion.org.au>



Statement from the Consumer Advisory Council

The Consumer Advisory Council has risen to the challenges posed in the last 12 months.

Starting with recruiting six new members that bring a wealth of diversity, we have successfully established a Council that truly represents all of CAHS services.

In October, we said farewell to long standing member and Chair, Margaret Wood, and welcomed existing member Tania Harris as the new Chair. Tania has brought her experience as a mother, advocate and Aboriginal woman into her leadership role.

Over the last year, we have provided significant support to the Consumer Engagement team and are proud of the significant progress made to achieving key outcomes in *National Safety and Quality Health Service Standard 2: Partnering with Consumers*. This included developing and launching the ‘Engage’ network that enables consumers to register their interest in helping to improve services.

We are proud to have helped shape the Consumer Experience Survey for patients admitted to Perth Children’s Hospital, which is planned to be adopted by other health services. We have also been key in helping to develop a community health consumer experience question set that will be implemented in 2021–22.



We provided feedback on a number of policies and documents, including providing a parent and carers perspective of the revised Admission Care Plan for use at Perth Children’s Hospital, Consent to Treatment Policy, the Sharing of Patient Information Policy, and the Neonatal Guideline - Transition and Transfer from Neonatology to PCH Inpatient Unit.

Of particular note was the opportunity to provide input into the development of consumer engagement plans for Child and Adolescent Mental Health Services, which has introduced more robust structures to support consumer participation into such an important area of child health.

We have always felt strongly about the need for new staff joining CAHS to understand how they can improve consumer experience. This year, we saw our suggestion adopted, with members filming their own experience of the Child and Adolescent Health Service to include as part of the staff induction program.

As we move forward, we look forward to hosting consumer events, supporting the implementation of Child and Family Centred Care, increasing our engagement in consumer communications, and providing ongoing support to the expansion of patient experience surveys.

Statement from the Youth Advisory Council

The Youth Advisory Council (YAC) started this year with a bang! We achieved full recruitment and greater diversity of our membership, which in turn has brought fresh energy and new perspectives.

Our members range from 13–23 years old and we are particularly proud that we have been able to bring Aboriginal perspectives to the feedback we provide.

YAC increased its focus on community health services this year. Two projects in which we are particularly proud to be involved are the psycho-social assessment tool for kids transitioning to high school and the HEADSS⁵ handbook. We worked with Community Health to improve the accessibility, appeal, and delivery of these projects to assist with youth engagement.

YAC has also been increasing our presence around Perth Children's Hospital and out in the community. Our Chair was invited as a guest speaker on Radio Lollipop to discuss the importance of involving and educating our young people in their health care. Additionally, we rewrote the health care rights of children in a way our youth can relate to and understand. Today these youth-friendly health rights are displayed on the Patient Entertainment System.

⁵ HEADSS - home, education (i.e. school), activities/employment, drugs, suicidality, and sex



The WA Department of Health engaged our members in developing the 'My health in my hands' animation⁶. It was an exciting initiative that allowed us to influence the creative direction of the animation development. Launched in April 2021, the animation has helped educate and increase health awareness in youth across WA.

We farewelled longstanding members Neve, Daniel and Kai, thank them for their outstanding contribution and commitment over the years, and wish them well with their studies. We aim to start 2021–22 with a group that further embodies our goals of diverse culture, age and

⁶ <https://www.healthywa.wa.gov.au/News/2021/My-Health-in-My-Hands>

gender. We want to make health services within CAHS as equitable and personable as possible, and believe a diverse group will make this goal more achievable.

We are excited for upcoming YAC-driven events that will focus on consumer engagement and cultural awareness. Another long-term goal is to increase the awareness and identity of Youth Advisory Council, including producing a slogan and graphic design unique to YAC.

Our continued focus is to develop our members to be great consumer representatives for young consumers by *sharing our voices to shape your care*.



Statement from the Disability Access and Inclusion Committee Chair

The Disability Access and Inclusion Committee has continued the work of advocating for people with disability accessing CAHS services.

The committee also has responsibility for monitoring, evaluating and reporting on the CAHS Disability Access and Inclusion Plan. This work has been progressed strategically and operationally with capable assistance from the CAHS Consumer Engagement team, and the Committee thanks them for their continued support.

This year has seen stronger engagement with the CAHS People Capability and Culture Executive Committee, which has increased our profile and reach across CAHS. We aim to increase people's knowledge and skills, in addition to providing practical advice to improve disability access and inclusion for all CAHS employees and consumers.

We look forward to commissioning the Changing Places accessible bathroom at PCH in October 2021, which has been driven by consumer feedback and supported by persistent advocacy from Committee members. The Committee will be developing a

new five year plan during 2021–22. Please look out for the consumer and workforce surveys, which will help inform development of the new plan.

I would like to thank all members for their continued support and active engagement in the work of the Committee.



Sue-Anne Davidson
Chair
Disability Access and Inclusion Committee