



CAHS Consumer Engagement Strategy 2020-2022

Partnering with consumers to build healthy kids, healthy communities



Compassion

Excellence

Collaboration

Accountability

Equity

Respect

What would better consumer engagement mean to you?

I would have to deal with less unhappy people and less complaints.
(Staff)

Better health outcomes for children, peace of mind and the satisfaction of a job well done.
(Staff)

Better consumer engagement shows the service cares about doing with, rather than doing to or for consumers.
(Parent)

Better consumer engagement would mean not having to learn words like 'obs' and 'GA'. Normal parents don't know that, I've had to learn it all. It is like having to learn a whole new language, because your child's being cared for you have to adapt. That's added pressure and added stuff parents shouldn't be dealing with.
(Parent)

For young people it would mean having the confidence to use the service yourself and not just rely on your parents.
(Young Person)

For me personally it would take away a lot of the stress...With my kids there's been times when things haven't been communicated to me or jargon has been used I think knowledge is power and it's better to be informed and know what's going on.
(Parent)

Acknowledgements

Acknowledgement of country and people



The Child and Adolescent Health Service would like to acknowledge the traditional custodians of the land, the Noongar Whadjuk people, and pay respects to their elders, past, present and future.

Acknowledgement of the Working Group

A Consumer Engagement Strategy Working Group was established in March 2020 to guide the development of the Strategy. The Working Group was made up of eight consumers (four young people and four parents and carers), who met fortnightly throughout the development of the Strategy. A special thanks is extended to the members of this Working Group who provided invaluable insights and feedback.

The Working Group shared the following reflections:

Rebecca (parent of one) "As a consumer, we are often the ones who can see what our child's needs are, say what we need and make new, innovative suggestions to help the system evolve into an excellent service."

Jayne (parent of five) "It's an honour to be consulted about the shaping of healthcare in Western Australia and at the Child and Adolescent Health Service. It's great to have a voice and to know what's happening."

Manjuri (parent of two) "The staff already do a great job and involving families just goes the extra mile in providing insight to further improve on the services provided."

Kerri (parent of two) "It is so important to have the family of the young person involved to work together to deliver the best outcome for the child."

Caelan (young person) "By being the target audience, I know what might be needed."

Ethan (young person) "It is important to involve consumers because who else is better to give advice to a Strategy affecting consumers, than consumers."

Rani (young person) "It allows for those who don't feel brave enough or don't have the platform to speak to be represented. This representation prevents different perspectives from being lost or misheard. Different perspectives are eye-opening!"

Kailin (young person) "The Child and Adolescent Health Service exists for its consumers; we're developing this Strategy because we want consumers to help us understand how we can improve. Of course we need consumers to be involved in helping us understand how we should go about this."

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Purpose of this Strategy

This Strategy outlines the goals and actions that the Child and Adolescent Health Service will undertake between July 2020 and the end of 2022, to improve the ways we engage with consumers. This document is intended for both consumers and staff and is further supported by a [CAHS Consumer Engagement Strategy Summary 2020-2022](#) and [How We Developed the Strategy](#).

Consumers are already engaged across many areas of our service and this Strategy is designed to build on these existing efforts and expand the scope and approaches used to engage with consumers. There is growing evidence that strong consumer engagement undertaken in healthcare services has led to:

- improvements in consumer healthcare experience and health outcomes
- health information that is better understood by consumers
- more accessible services, delivered closer to home
- a healthcare culture that openly involves consumers
- better quality and more responsive services
- lower risks of complications and reduced hospital and medical visits¹.

Other documents this Strategy links with:

[CAHS Consumer Profile](#) (for internal use)

[CAHS Consumer Engagement Framework](#) (for internal use)

[CAHS Clinical Governance Framework](#) (for internal use)

[National Child Safe Principles/Standards](#) (for internal use)

[CAHS Disability Access and Inclusion Plan](#)

[National Safety and Quality Health Service Standards 2nd Edition](#)

[National Standards for Mental Health Services](#)

[Western Australian Multicultural Policy Framework 2020](#)

[You Matter Guideline](#)

Spotlight story

Developing “A family guide to cardiac surgery”

A long standing collaboration between the Perth Children’s Hospital Cardiac Surgery Team and the consumer group, HeartKids, has led to the creation of a video guide for families facing cardiac surgery. Being told at initial appointments what you and your child might experience during cardiac surgery can be overwhelming. Acknowledging this, the Cardiac Surgery Team, in collaboration with HeartKids, developed a booklet to help families navigate the challenges that lay ahead. Having this information empowers parents to be part of discussions and decisions with staff. The next step is the creation of a video guide which will allow consumers to take virtual ward tours and listen to shared stories from other families who have had similar experiences.

¹ Adapted from <http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf>

Forewords

The Board Chair and Chief Executive

“Having children, young people and families at the centre of everything we do has long been a driving force across the Child and Adolescent Health Service and we are delighted to formalise this ethos in our Consumer Engagement Strategy.

This Strategy provides the foundation for us to build on as we seek to strengthen our partnerships with all consumers who use our services. It strives to improve how we involve children, young people and families in the decisions that affect their lives and ensure that we give them a genuine role in this decision making.

We encourage all staff to partner with consumers; whether it is about improving clinical care, learning from feedback, or gathering input through consultation. This Strategy provides the foundation on which we commit to building a continually-improving culture of engagement.

We also encourage our consumers to work with us; share your feedback, exercise your healthcare rights, tell us when we do things well or when we could do things better. Together we can make changes that will support our vision, ***healthy kids, healthy communities.***

We know that increasing and improving the partnership between staff and consumers will be central to our success as a health service. We look forward to you joining us on this journey.”



Dr Aresh Anwar
CAHS Chief Executive

A handwritten signature in blue ink that reads "Aresh A".



Debbie Karasinski AM
CAHS Board Chair

A handwritten signature in blue ink that reads "Debbie Karasinski".

The Consumer Advisory Council Chair

"I welcome this 2020 Consumer Engagement Strategy as a concrete step forward; paving the way for greater capacity for consumer involvement and feedback across the Child and Adolescent Health Service.

This Strategy provides parents and carers with the structure to partner with health professionals to achieve the very best outcomes for excellence in healthcare for their children. Effective communication between the health service and parents and

carers is a critical part of the healthcare journey and this Strategy aims to set the highest standard.

Our hope is that this partnership will enhance safe and collaborative pathways that meet the needs of children and young people for truly child and family centred care."



Margaret Wood – Consumer Advisory Council Chair

The Youth Advisory Council Chair

"Partnering and engaging with the members of our community that have experienced the many parts of the Child and Adolescent Health Service has long been a priority for staff. I believe the focus on consumer engagement is exemplified in this Strategy, including during the stages of its development where over 1,000 consumers were involved.

As Chair of the Youth Advisory Council for Child and Adolescent Health Service, it has been a joy to be involved in conversations

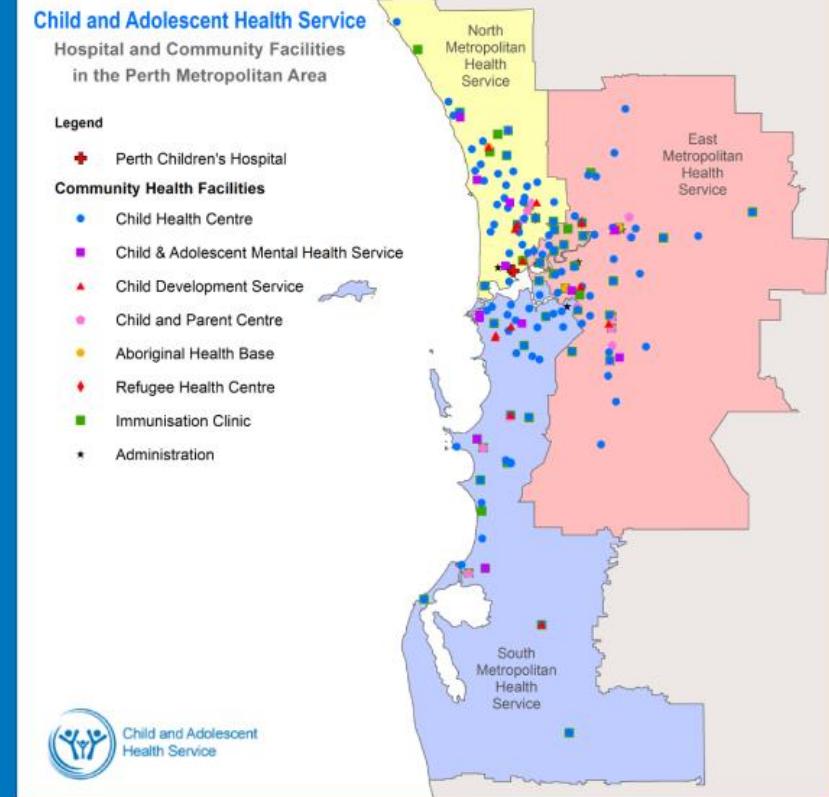


Daniel Staer – Youth Advisory Council Chair

About us and our consumers

The Child and Adolescent Health Service is made up of **Neonatology, Community Health, Child and Adolescent Mental Health Service and Perth Children's Hospital**. We provide health services to Western Australian babies, children and young people, aged from 0-18 years.

Our consumers are **babies, children, young people, parents, carers and family members** who are currently accessing our services, have accessed our services in the last five years, or who are eligible to access our services in the future.



Neonatology provides state-wide tertiary neonatal services to the sickest newborn babies and infants from across Western Australia.

Community Health offers a range of services to all babies, children and young people in Perth, including child health (purple book appointments), immunisations and school health. Community Health also provide extra services for families who may need them, including Aboriginal and refugee families and Child Development Service for children who need extra support with their development.

The Child and Adolescent Mental Health Service provides mental health services to infants, children, adolescents and their families across the Perth metropolitan area. Services include community based programs as well inpatient care and a range of specialised services for children with complex mental health conditions across Western Australia.

Perth Children's Hospital is Western Australia's only dedicated children's tertiary hospital and provides services to children and young people up to 16 years of age, from across the state.

We use the word 'consumer' as a collective term to acknowledge the essential role children, young people, parents and carers have in shaping our services, not simply receiving them. We use the term 'young people' to describe teenagers or adolescents aged between 13 and 18 years.

As part of developing this Strategy and to help us have the best possible understanding of our consumers, a Child and Adolescent Health Service Consumer Profile has been developed. This is a detailed overview of our consumer demographics and other information to inform service planning and allow us to engage with a representative sample of consumers.

What is consumer engagement?

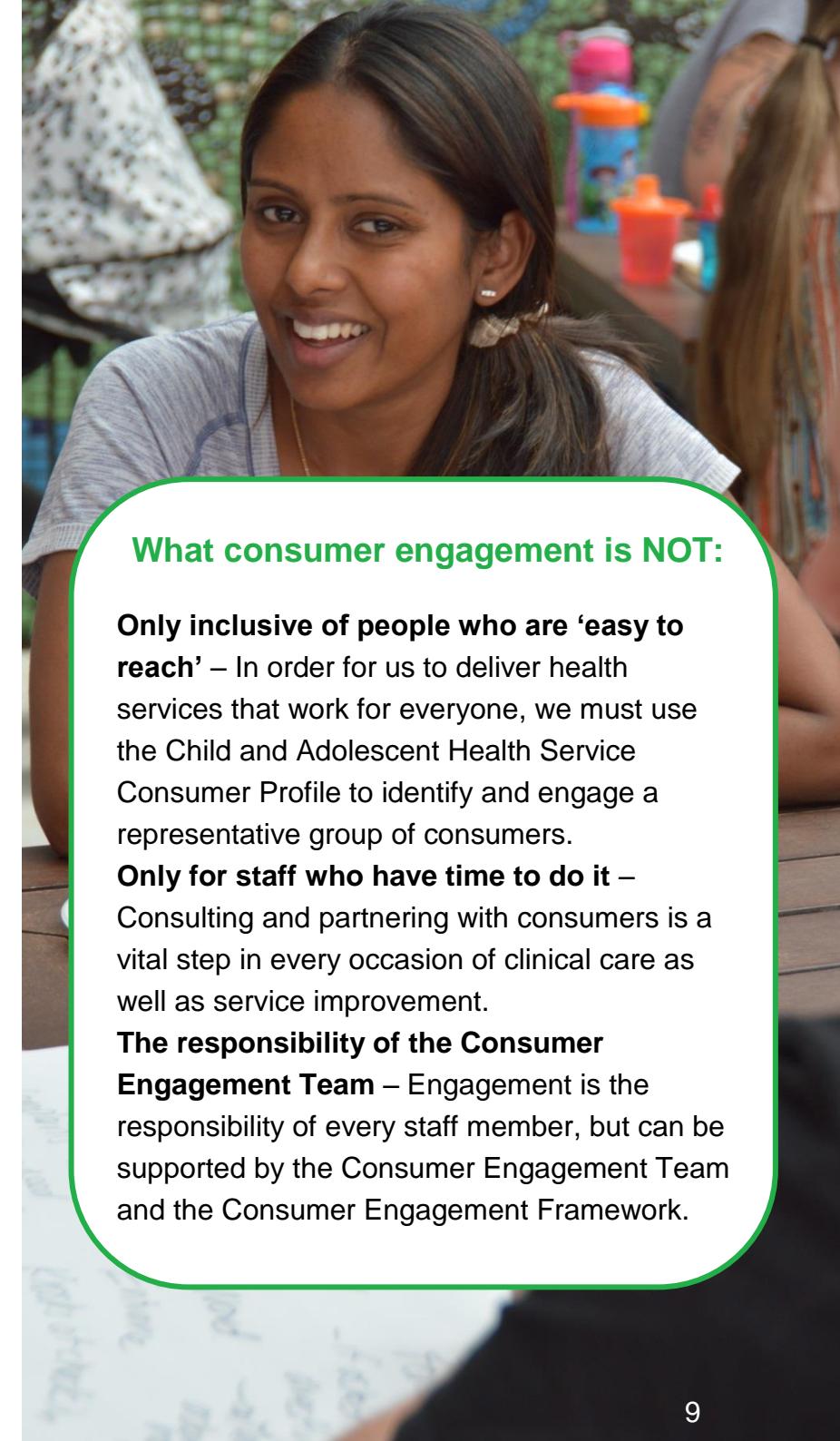
Consumer engagement is the active participation of consumers in their own care, treatment and support, and in the planning, design, delivery and review of healthcare services².

Engaging consumers helps us to understand our services from the perspective of the children, young people and families who use them. Our commitment to genuine and meaningful consumer engagement means that we want to partner with consumers so that together we can achieve the best outcomes for their care, treatment and support and for the health service more broadly.

We acknowledge that a ‘one size fits all’ approach simply does not allow us to achieve our vision of ‘*healthy kids, healthy communities*’. Our consumers need healthcare services that are responsive and flexible to their own and their family’s needs and in order to achieve this, it is important that we engage with young people and parents and carers who are representative of our diverse populations, including but not limited to Aboriginal, culturally and linguistically diverse (CaLD) communities, those with a refugee background, lesbian, gay, bisexual, transgender, intersex, queer, asexual and questioning (LGBTQIA+), those with disabilities and regional consumers.

At the Child and Adolescent Health Service we aim to engage successfully with consumers across three main ways; (1) partnering in clinical care, treatment and support, (2) sharing feedback with us, and (3) participating in improving our service.

² Adapted from <http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf>



What consumer engagement is NOT:

Only inclusive of people who are ‘easy to reach’ – In order for us to deliver health services that work for everyone, we must use the Child and Adolescent Health Service Consumer Profile to identify and engage a representative group of consumers.

Only for staff who have time to do it – Consulting and partnering with consumers is a vital step in every occasion of clinical care as well as service improvement.

The responsibility of the Consumer Engagement Team – Engagement is the responsibility of every staff member, but can be supported by the Consumer Engagement Team and the Consumer Engagement Framework.

Spotlight story



Chinese Early Parenting Group for Families

With a growing Mandarin speaking community in the Cockburn region, Community Health Nurse Arnica was hearing that Chinese parents were finding it hard to balance traditional Chinese parenting styles with evidence-based approaches. Responding to this, Arnica established a Chinese Early Parenting Group to provide a culturally safe space for parents and carers to explore ways of combining both cultural and evidence-based ways of parenting. The mainstream Early Parenting Group did not meet the needs of this community group due to language barriers and misunderstandings of evidence-based parenting strategies. With the help of an interpreter and translated materials, Arnica delivered this information in both English and Mandarin. Equipped with this knowledge, parents were then able to share their own experiences and successful strategies to overcome some of the challenges they faced. Parents were empowered to find ways of parenting that draws together evidence and culture and what works best for them.

Why have a Consumer Engagement Strategy?

This Strategy will strengthen and further integrate consumer engagement across all of the Child and Adolescent Health Service. It will strengthen the involvement of consumers to better plan, design and deliver services that meet the diverse needs of the people who use them. The Strategy aims to improve our approach to engaging a representative consumer base that is inclusive of children, young people, parents and carers who are Aboriginal, CaLD, those with a refugee background, those with a disability and LGBTIQA+.

In addition to our understanding of the important role that a Consumer Engagement Strategy plays within a health service, the following documents also advocate for the development of this Strategy:

Child and Adolescent Health Service Clinical Governance Framework

Our Clinical Governance Framework drives the safety and quality of the services we deliver. The Framework guides staff to identify risks and address them quickly, continually improve our services in partnership with consumers and maintain a high standard of care. The Consumer Engagement Strategy and Clinical Governance Framework have a combined focus on putting consumer engagement at the centre of everything we do.

National Safety and Quality Health Service Standards 2nd Edition

The National Safety and Quality Health Service Standards have been an important driver for the growing focus on consumer engagement in Australia. There are eight standards that specify the level of care that consumers can expect to receive when using health services. The Child and Adolescent Health Service is required to meet the National Safety and Quality Health Service Standards 2nd Edition and we are accredited against these standards every three years to ensure that we are continually improving over time.

Standard 2, Partnering with Consumers has been a key input in the Consumer Engagement Strategy. This focuses on ensuring consumers:

- understand their healthcare rights and the health services they are receiving
- are provided with health information that is easy to understand
- are involved in decisions relating to care, treatment and support and setting goals
- are consulted when we create resources or deliver training to our staff
- participate in planning, designing, delivering or reviewing our services.³

³ National Safety and Quality Health Service Standards
<https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard>



National Standards for Mental Health Services

We strive to provide mental health services that focus on achieving the best quality of life for children and adolescents with mental disorders and/or mental health problems. As part of this, we are required to meet the National Standards for Mental Health Services.

These Standards are based on values related to respect, human rights, dignity and recognising diversity and strongly promote partnership with consumers, carers and families in all decisions relating to care and treatment. They encourage participation of the community in how mental health services are planned and delivered.

The Spectrum of Engagement

International Association for Public Participation

The [IAP2's Spectrum of Public Participation](#) outlines the levels of participation that could be used when embarking on consumer engagement. The Spectrum is used internationally and includes five different levels of engagement, each of which has a different impact on decision-making.

The Spectrum levels of engagement vary from passive participation at the level of *inform*, which has a low degree of influence on decision-making to more active participation at the *empower* level, which has a high degree of influence. It is important to note that approaches along the Spectrum are not considered 'good' and 'bad'. For example, although the most passive form of participation is to *inform*, information is still essential for consumers to make decisions about their own care, treatment and support and be able to fully participate in improving health services.

Before engaging with consumers, it is important for healthcare professionals to communicate to consumers the degree of participation and influence they are able to have. Clarifying these expectations means trusting and effective relationships can be developed and maintained.



The Spectrum of Engagement

The Levels of Engagement

INFORM

We will provide consumers with balanced and objective information to help them understand problems, alternatives, opportunities and solutions.

CONSULT

We will gather consumer input when making decisions. We will listen to and acknowledge concerns and aspirations, and let consumers know how their input influenced decisions.

INVOLVE

We will involve consumers throughout decision-making to make sure concerns and aspirations are always being understood and considered.

COLLABORATE

We will engage consumers throughout decision-making processes to develop alternative options and seek out solutions that they prefer.

EMPOWER

We will place the final decision-making in the hands of consumers.

The Spectrum in Practice

Occupational Therapists at Perth Children's Hospital use calico dolls to inform children about what is happening to them within a hospital setting and as a play-based counselling tool for creative expression of thoughts and feelings. Using the calico dolls is a developmentally appropriate way of informing children about the medical care and procedures they will receive. By being better informed, children are better able to cope and manage being in hospital. The dolls are kindly made and donated by PCH volunteers.

The review of school-aged health services by Community Health consulted with parents, carers and young people about their experiences of and preferences for school-age health services. This was achieved through surveys, World Cafes and role plays. Results from the consultation included the identification of priority health issues for young people.

'Nothing about me, without me' is central to the mental health space. With this at the forefront, consumers engaged with Child and Adolescent Mental Health Services are involved in many aspects of service delivery. This includes consumers sitting on recruitment panels, participating in working groups and steering committees on mental health reform, employing peer support workers and involving consumers and carers in the redesign of welcome packs and website.

This Strategy was developed in collaboration with consumers, staff and the Board and Executive. Surveys, interviews and workshops identified the actions required to achieve the goals of the Strategy. In online consensus-building workshops staff and consumers were brought together to prioritise these actions. The origins of each of these actions can be found in the tables under each goal.

One parent of a separated couple used our complaints process to highlight an issue with not being notified when their child was admitted to hospital with serious medical complications. The parent wanted this to change for all families in which parents were separated, to ensure that both parents were notified. This change has now been made standard practice for families who request it (where appropriate) at Perth Children's Hospital.



The three ways we engage

At the Child and Adolescent Health Service, consumers engage with us in three main ways, by:

Partnering in clinical care, treatment and support

Attending appointments or receiving care and support from clinicians.

Sharing feedback with us

Giving us good, bad or neutral feedback by filling in a form, calling, emailing or meeting face to face with our Consumer Engagement Team or posting on the Care Opinion website.

Participating in improving our service

Having a say in how services are planned, delivered, reviewed and monitored. This may be through surveys, workshops and being a consumer representative on committees and working groups.

Principles of consumer engagement

The following principles of consumer engagement were developed against each of the Child and Adolescent Health Service values. These principles are based on what consumers told us is important when it comes to engaging with them, and will guide how our staff approach engagement, in a way that aligns with our values.

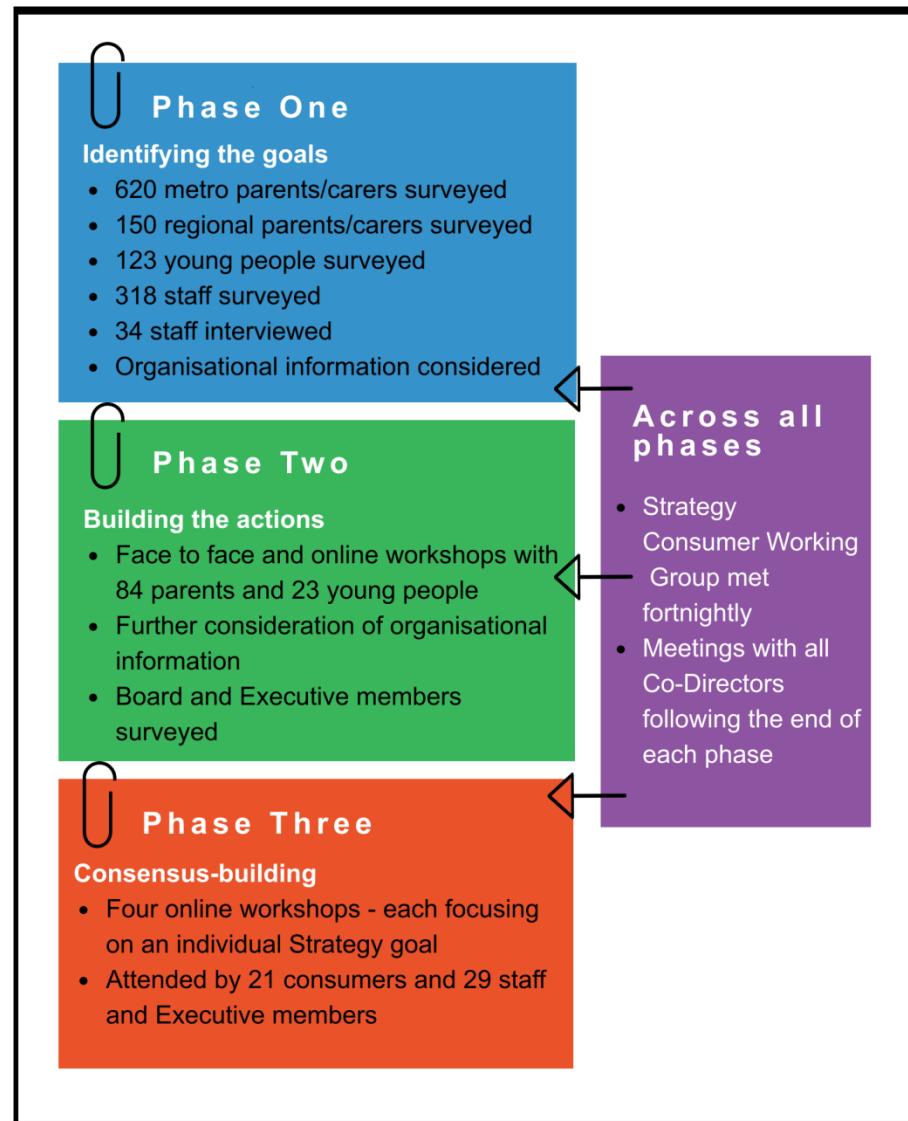
They were developed in collaboration with the following Child and Adolescent Health Service consumer committees:

- Consumer Engagement Strategy Working Group
- Consumer Advisory Council
- Youth Advisory Council
- Disability Access and Inclusion Committee.

Our values	Principles of consumer engagement
Compassion means...	<ul style="list-style-type: none">• Understanding that consumers' engagement with the Child and Adolescent Health Service is determined by different circumstances, experiences and backgrounds.• Keeping an eye and ear out for what consumers are feeling or saying.• Engaging with consumers in an approachable, friendly and non-judgemental way.• Taking into account consumers' thoughts and feelings, no matter what they are or how they may appear to others.
Collaboration means...	<ul style="list-style-type: none">• Empowering children and young people to partner in their care, treatment and support and in health service improvement.• Bringing staff, non-government organisations, families and carers together to care for, treat and support children and young people, as a team.• Consumers and staff share their expertise to improve health outcomes and services.• Creating shared goals, visions and language so we can work together to improve services.

Equity means...	<ul style="list-style-type: none"> • Acknowledging that diversity in ability, language and culture may affect how people understand and access their care, treatment and support. • Considering the partnership and participation needs of consumers, no matter how big, small or different those needs are. • Finding ways for everyone, no matter what their needs or preferences are, to have a voice in how services are delivered and improved.
Respect means...	<ul style="list-style-type: none"> • Listening to consumers and showing that they have been heard in their care, treatment and support, and in service improvement. • Valuing the expertise and experiences consumers bring to services. • Considering cultural and religious requirements and other preferences, when partnering with consumers.
Excellence means...	<ul style="list-style-type: none"> • Engaging consumers to ensure services are the best they can be. • Demonstrating that consumers have been listened to in how we care for, treat and support children and young people and improve services. • Consumers have choices in their partnership with, and participation in, the Child and Adolescent Health Service.
Accountability means...	<ul style="list-style-type: none"> • Responding to consumers honestly, clearly and in a timely manner. • Providing clear information and documentation when partnering in care, treatment and support or in service improvement. • Being open to consumer feedback and participation, no matter whether they are positive or negative. • Checking with consumers that their expectations of partnerships, feedback and participation have been met.

Developing the Strategy



The Strategy was developed in three phases. Each of these phases involved engaging young people, parents and carers, our staff and representatives from some of our non-government organisation partners. Another input was organisational information, which includes the National Safety and Quality Health Service Standards 2nd Edition, the National Standards for Mental Health Services, our complaint and clinical incident data, our Clinical Governance Framework and other key information sources.

From initial surveys and interviews in **Phase One**, the strengths and gaps in consumer engagement were identified from which goals for the Strategy emerged. **Phase Two** saw the detailing of actions designed to address the gaps and meet the goals. **Phase Three** brought together staff and consumers to develop the final wording for each of the four Strategy goals, and a prioritised list of actions to sit under each.

The three phases of development led to goals and actions that would form the basis of the Strategy.

Spotlight Story

Child and Adolescent Mental Health Service

CAMHS implemented a project in response to consumer feedback that community service waiting times were too long and the approach to clinical care was not contemporary.

CAMHS ran a series of workshops to consult with young people and parents, families and carers. This included seeking consumer feedback on the existing service model, presenting contemporary child- and family-centred models of practice and exploring how these could be applied in a CAMHS context. The results of the workshops led to the development of consumer specifications for service delivery which defined acceptable waiting times for initial appointments and follow up and ensured that the implementation of the new model considered consumer perspectives. CAMHS transitioned to the Choice and Partnership Approach (CAPA) which offers consumers recovery-oriented care, with greater choice, shared-decision making and goal setting, where planning for discharge (and recovery) begins on admission to the service.

Following the implementation of CAPA, waiting times for initial appointments have reduced from 12 months to 4 weeks and consumers have provided positive feedback about having greater choice and working collaboratively in their care.

Consumers continue to provide regular feedback to the service and CAMHS is working to implement further initiatives to promote partnership with consumers within the CAPA model.

Spotlight Story

Family Integrated Care at Neonates

Family Integrated Care is a model of care for infants and their families to help parents form a close bond with their baby in the Neonatal Intensive Care Unit. Family Integrated Care changes the culture of caring for babies that sees parents as part of the health care team.

Parents partner closely with the health care team, through participating in ward rounds, planning for the learning needs of parents and sharing information through personalised communication boards. This supports parents to be able to participate in the care of their baby. Many parents have found their experience in the Neonatal Intensive Care Unit to be a positive one since the advent of Family Integrated Care. “We have been so happy with the care for our babies and love the fact that we can help with care, have lots of cuddles and are informed about any procedures, updates and concerns.”

Anecdotally, senior nursing and medical staff report fewer complaints in relation to parental involvement in their baby’s care since Family Integrated Care was implemented.



The Goals and Actions

Goal 1

Work together with children, young people and families in the care we deliver.

Goal 2

Partner with children, young people and families in ways that work best for them.

Goal 3

Communicate compassionately with children, young people and families according to their unique needs.

Goal 4

Provide clear guidance for working together with children, young people and families.

Four key goals emerged from the consultation, each of which aligns with the requirements of the National Safety and Quality Health Service Standards 2nd Edition and the National Standards for Mental Health Services. Each of the goals has an adjoining set of actions that aim to improve the three ways we partner with consumers; (1) partnering in clinical care, treatment and support, (2) sharing feedback with us, and (3) participating in improving our service.

The goals and actions were developed by consumers and staff when consulted about the ways that consumer engagement needs to improve. The goals and actions will be implemented across our entire service. It is acknowledged that some actions may have already started within some service areas. Many actions are described in broad terms only, allowing for services to plan and implement tailored approaches that take local circumstances and capacity into account.

The tables below include icons showing where the actions came from and which type of engagement the action is linked to. These icons are listed against each action below.

Icon	Where the action came from
	Parents/carers told us via our surveys and workshops
	Young people told us via our surveys and workshops
	Our staff told us via interviews, surveys and workshops
	Organisational priorities resulting from external requirements and identified gaps
Icon	The type of engagement this action relates to
	Partnering in clinical care, treatment and support
	Sharing feedback with us
	Participating in improving our service

Goal 1

Work together with children, young people and families in the care we deliver.

When consumers use the Child and Adolescent Health Service, it will be clear that working in partnership is our priority. This is a goal that was suggested by the Executive and staff of the Child and Adolescent Health Service, as well as consumers. In order to achieve this, there needs to be clear expectations, support for staff and resources for consumers.

Sixty percent of parents and carers say that they always feel involved in their child's care and more than 70% of staff report that they always partner with consumers in planning care and support. Over 95% of staff believe that consumer engagement should be embedded in how the Child and Adolescent Health Service makes decisions.

From consultation with staff and consumers we found that:

All consumers, particularly children and young people, want to feel more involved in decisions made about their or their child's care, treatment and support.

● [I want to be] "*involved in conversations. Spoken to directly. Not talked down to or over.*" (young person)

Consumers want their families' strengths and experiences to be considered more often in care planning.

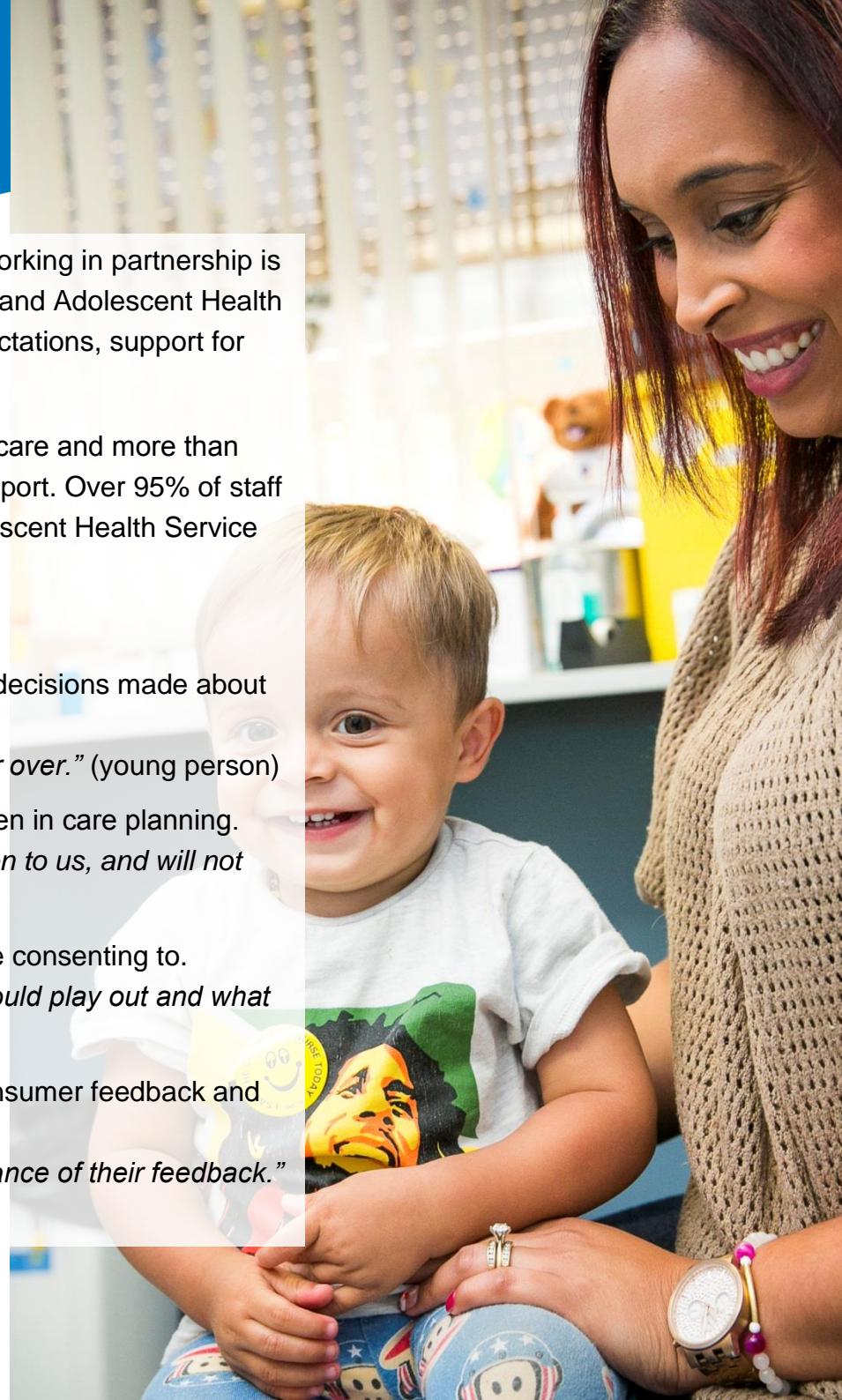
● "*Most of the time it is great, but some of the time, health professionals do not listen to us, and will not utilise our experience in caring for our child.*" (parent/carer)

Staff need to better inform consumers about their healthcare rights and what they are consenting to.

● My experience would have been better if I had "*been told exactly how the plan would play out and what investigations had been organised.*" (young person)

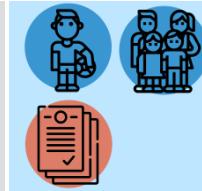
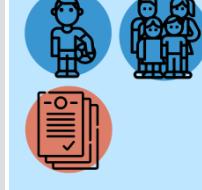
The Child and Adolescent Health Service needs to better support and encourage consumer feedback and participation and incorporate it into meaningful change.

● It "*requires time to engage with the consumer so that they understand the importance of their feedback.*" (staff member)

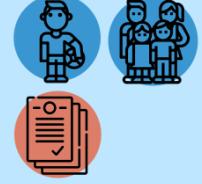
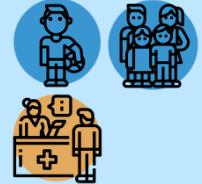


Goal 1

Work together with children, young people and families in the care we deliver.

Action List	Where it came from	Type of Partnership	IAP ² Form of Engagement	Responsibility	Timeline
Action 1.1 Revise the CAHS Child and Family Centred Care Policy and devise a staff training package to ensure we work with families in a collaborative, non-judgemental way. This would encompass: <ul style="list-style-type: none"> • developing partnerships with children, young people and parents and carers in clinical care • shared decision-making • goal setting • active listening • diversity and inclusion e.g. gender, culture and ability. National Safety and Quality Health Service Standards 2.3 2.6 2.7 2.8 2.14			Consult Involve	CAHS Consumer Engagement Team ED People, Capability & Culture CAHS Policy Team	31 Dec 2021*
Action 1.2 Incorporate a process within relevant CAHS service stream policies that requires staff to discuss healthcare rights with consumers at initial appointments and support consumers to use the Charter of Healthcare Rights throughout their healthcare journey. National Safety and Quality Health Service Standards 2.3 2.6			Inform Involve	ED Safety, Quality & Innovation Service Stream Co-Directors CAHS Consumer Engagement Team	31 Dec 2020
Action 1.3 Source and modify or develop educational resources (e.g. factsheets, apps and posters) that raise consumer awareness about their: <ul style="list-style-type: none"> • healthcare rights and consent • how CAHS partner with consumers This includes developing resources that particularly address young people, people with disabilities, Aboriginal people, people with a refugee background and people from culturally and linguistically diverse backgrounds. National Safety and Quality Health Service Standards 2.3 2.9 2.11			Inform	CAHS Consumer Engagement Team	30 June 2021*

*Note: Allocation of additional resources required for this action

<p>Action 1.4 Demonstrate to consumers that consumer feedback is valued at CAHS. This would include:</p> <ul style="list-style-type: none"> • developing and implementing mechanisms for feedback that are safe and preferred • recording and acting on feedback given to clinical staff • promoting changes adopted from feedback. 			Inform	Service Stream Co-Directors CAHS Consumer Engagement Team	31 Dec 2021
<p>National Safety and Quality Health Service Standards 1.13 1.14</p> <p>Action 1.5 Provide access to funding and information about existing funding sources for CAHS service streams and teams, to encourage participation from consumers. This is to include:</p> <ul style="list-style-type: none"> • remuneration for consumers • funding for qualified interpreters • funding to enable participation of regional consumers. 				CAHS Chief Executive CAHS Consumer Engagement Team CAHS Finance	30 June 2021*
<p>National Safety and Quality Health Service Standards 2.11 2.12</p> <p>Action 1.6 Review and incorporate consumer feedback and outcomes from consumer participation into team or service planning and improvement.</p>			Inform Consult	Service Stream Co-Directors	30 June 2021
<p>National Safety and Quality Health Service Standards 1.14</p> <p>Action 1.7 Increase consumer recognition of CAHS and all the services it represents and commence the establishment of a CAHS brand that consumers want to partner with.</p>			Inform	CAHS Communications Team CAHS Consumer Engagement Team	31 Dec 2021
<p>National Safety and Quality Health Service Standards 2.11</p> <p>Action 1.8 Update the CAHS Complaints and Compliments Management Policy to incorporate a process for staff to proactively encourage feedback from consumers and describing to them how to do so.</p>			Inform	CAHS Consumer Engagement Team	30 June 2021
<p>National Safety and Quality Health Service Standards 1.14</p> <p>Action 1.9 Review the CAHS Consumer Recruitment and Management Policy for payments and incentives provided to support and encourage consumer participation. This would outline:</p> <ul style="list-style-type: none"> • incentives (e.g. donated items, events and certificates of participation) • remuneration and incentives for children and young people. 				CAHS Consumer Engagement Team	30 June 2021*
<p>National Safety and Quality Health Service Standards 2.11 2.12</p>					

*Note: Allocation of additional resources required for this action

Goal 2

Partner with children, young people and families in ways that work best for them.



The Child and Adolescent Health Service will provide staff and consumers with opportunities to partner together in ways that are easy for everyone to access. This includes taking advantage of digital technology, online communication and social media. The need for this shift has been widely acknowledged by staff and consumers. It is recognised that this goal may require significant investment and resources but this is considered necessary to ensure improvements in consumer experience and partnership. A high number of consumers who were consulted about this Strategy indicated interest in participating in making decisions about services and 70% of staff reporting that they already involve consumers in this way.

From consultation with staff and consumers we found that:

Consumers want better access to information in formats that meet their needs so they can be better informed to make decisions about their own or their child's care and support.

- “*Some information was basic and there were not many links to help you to find out more information that was reliable.*” (parent/carer)

Consumers, including children and young people, people with a disability, people for whom English is not their first language, and Aboriginal people need a variety of ways to give feedback and participate in service improvement.

- The Child and Adolescent Health Service needs “*more opportunities for delivering feedback, if [consumers] had the ability to provide quick and easy feedback online, I think we would get a lot more involvement from consumers.*” (staff member)

Consumers want to give feedback in ways that are safe, comfortable and suit their needs and preferences. They also want to know how their feedback has had an impact.

- “*I have not been offered any formal pathways for feedback.*” (parent/carer) “[I] wasn't sure how to give feedback online.” (parent/carer)

The Child and Adolescent Health Service needs to be better at involving consumers in improving services. This includes making sure consumers have the resources and support they need to participate.

- “*To give everyone a chance to say their opinion.*” (young person)

Goal 2

Partner with children, young people and families in ways that work best for them.

Action List	Where it came from	Type of Partnership	IAP ² Form of Engagement	Responsibility	Timeline
Action 2.1 Develop an Aboriginal Consumer Engagement Strategy, specifically addressing how CAHS will improve and strengthen engagement with Aboriginal consumers. National Safety and Quality Health Service Standards 1.2 1.4 1.21 1.33 2.13	  	 	Consult Involve Collaborate	CAHS Consumer Engagement Team Director Aboriginal Health	30 June 2021*
Action 2.2 Identify and implement: <ul style="list-style-type: none"> digital technologies and online opportunities for consumer participation methods of consumer participation that are inclusive of people with disability, people for whom English is not their first language, Aboriginal people and children and young people. National Safety and Quality Health Service Standards 2.11 2.12	  	 	Consult Involve	CAHS Consumer Engagement Team Service Stream Co-Directors CAHS ICT	31 Dec 2021*
Action 2.3 Develop a CAHS-wide consumer network through which staff can invite consumer participation. Include a distribution approach that seeks to attract participation from a diverse range of consumers. Establish partnerships and distribution mechanisms with relevant non-government organisations to further facilitate access to diverse consumers. National Safety and Quality Health Service Standards 2.11	 		Inform	CAHS Consumer Engagement Team	31 Dec 2020
Action 2.4 Increase consumer information on the PCH and CAHS websites for consumers to access reliable health and medical information and practical information to support the consumer journey through CAHS. National Safety and Quality Health Service Standards 2.8 2.9 2.10	  		Inform	Service Stream Co-Directors CAHS Communications Team	30 June 2021*

*Note: Allocation of additional resources required for this action

<p>Action 2.5 Revise the CAHS Feedback Form and process to:</p> <ul style="list-style-type: none"> • broaden the opportunities for consumers to provide feedback • develop methods and language that are accessible to and appropriate for people with disability, people for whom English is not their first language, Aboriginal people and children and young people • improve the feedback form • develop a mechanism to enable anonymous and direct-to-staff feedback • explain processes of and promote anonymous feedback. 			Consult	CAHS Consumer Engagement Team	30 June 2021
<p>National Safety and Quality Health Service Standards 1.14 2.8</p> <p>Action 2.6 Implement a process to involve consumers in development and delivery of staff training (CAHS-wide and service stream-specific).</p> <p>National Safety and Quality Health Service Standards 2.14</p>		 	Consult Involve Collaborate	ED People, Capability & Culture Service Stream Co-Directors	31 Dec 2021
<p>Action 2.7 Provide staff training and resources in a range of consumer participation and engagement methods and tools. This will incorporate a staff toolkit for developing and implementing approaches to consumer participation, including face to face and online formats.</p> <p>National Safety and Quality Health Service Standards 2.12</p>				CAHS Consumer Engagement Team ED People, Capability & Culture	31 Dec 2021*
<p>Action 2.8 Create education resources to guide and inform consumers considering participation in service improvement at CAHS.</p> <p>National Safety and Quality Health Service Standards 2.9 2.12</p>			Inform	CAHS Consumer Engagement Team	30 June 2021
<p>Action 2.9 Increase the number of skilled staff available to support consumer participation.</p> <p>National Safety and Quality Health Service Standards 2.11</p>				Service Stream Co-Directors	31 Dec 2022
<p>Action 2.10 Establish an agreement with schools and educational centres to promote consumer engagement opportunities for young people.</p> <p>National Safety and Quality Health Service Standards 2.11</p>			Inform	CAHS Consumer Engagement Team	31 Dec 2021

*Note: Allocation of additional resources required for this action

Action 2.11 Review the introduction process between child health nurses and new parents to establish a relationship before the first home visit. National Safety and Quality Health Service Standards 2.6 2.8			Consult Involve	Community Health Nursing Co-Director	30 June 2021
Action 2.12 Develop options to improve access to clinicians after appointments. This could include follow up phone calls by clinicians, contact details provided to families or a liaison officer to answer questions and ask for feedback. National Safety and Quality Health Service Standards 2.10			Consult	Service Stream Co-Directors	31 Dec 2021
Action 2.13 Develop an inclusive process for involving consumers in the planning, design, measurement and evaluation of CAHS services, including models of care and facilities National Safety and Quality Health Service Standards 2.11			Collaborate Empower	CAHS Chief Executive CAHS Director Strategy and Planning CAHS Consumer Engagement Team	31 Dec 2021

Goal 3

Communicate compassionately with children, young people and families according to their unique needs.

Consumers of the Child and Adolescent Health Service come from diverse backgrounds and have a range of communication needs and preferences. While many consumers report always understanding the information they were given (76% of parents and carers and 53% of young people), this goal is aimed at improving the way all needs and preferences for communication are met. It is clear that both the Child and Adolescent Health Service staff and consumers agree that there are more effective and efficient ways that we can better connect with our consumers, particularly for those who are Aboriginal, those who speak a language other than English, young people and people with disabilities. Only around a third of staff felt information and communication was appropriate for the diversity of consumers.

From consultation with staff and consumers, we found that:

Clear, timely and complete information, in formats that are better suited to consumer needs, is required.

- My experience would have been made better by staff “*Using language that is understandable to those of us who aren’t medically trained. Medical jargon can feel like a foreign language sometimes and it’s hard to always stop and ask questions.*” (parent/carer)

Staff need to make sure they allow time and opportunity for consumers to understand information.

- “*As a first-time parent, it’s always very daunting. So probably some additional time to explain would have improved my experience.*” (parent/carer)

Children and young people want to be communicated with in a way that enables them to partner in their care, treatment and support and participate in service improvement.

- “*Sometimes I found the Doctors spoke to my Mum more than me and I didn’t understand some words used.*” (young person)

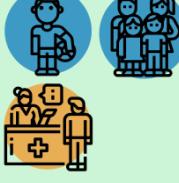
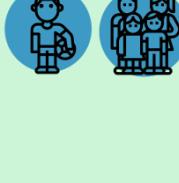
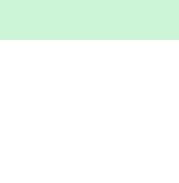
Consumers want to know the outcomes of their feedback or participation in service improvement.

- “*Giving feedback would have been better if “I received confirmation that my compliment was received?”* (parent/carer)



Goal 3

Communicate compassionately with children, young people and families according to their unique needs.

Action List	Where it came from	Type of Partnership	IAP ² Form of Engagement	Responsibility	Timeline
Action 3.1 Incorporate a consistent process within relevant CAHS service stream policies that requires staff to: <ul style="list-style-type: none"> check with consumers that they have understood the verbal information provided at appointments use techniques (teach-back methodology) to gain well-informed consent (including financial consent) allow time for questions about clinical care in a safe space. National Safety and Quality Health Service Standards 2.4 2.5 2.6			Consult Involve	ED Safety, Quality & Innovation CAHS Consumer Engagement Team Service Stream Co-Directors	30 June 2021
Action 3.2 Develop resources for children, young people and parents and carers about what to expect when using CAHS services and how they be an active partner in their own or their child's care. National Safety and Quality Health Service Standards 2.6 2.8 2.9 2.10			Inform	Service Stream Co-Directors CAHS Communications Team	30 June 2021
Action 3.3 Identify and implement CAHS-wide communication support approaches and aids (e.g. pictograms, communication partners, personalised calico dolls) for consumers requiring assistance with communication due to age, ability, culture or language or literacy requirements. National Safety and Quality Health Service Standards 2.8			Inform	Service Stream Co-Directors PCH Language Services	30 June 2022*
Action 3.4 Promote the requirements of the CAHS Language Services Policy to improve consumer and staff awareness of the availability of interpreters, adapted information and resources and ensure the appropriateness of communication before and after appointments (e.g. translated written information and appointment notifications). National Safety and Quality Health Service Standards 2.8			Inform	ED Safety, Quality & Innovation PCH Language Services	30 June 2021

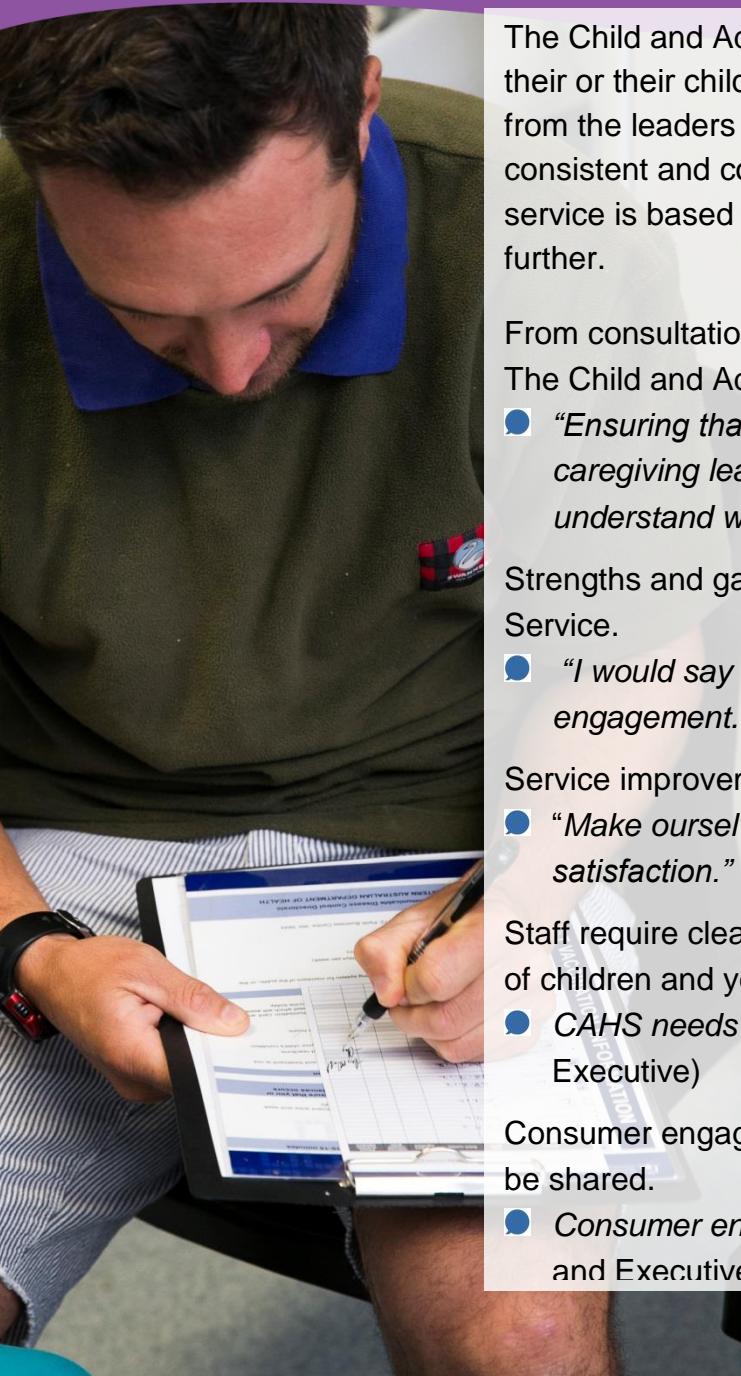
*Note: Allocation of additional resources required for this action

<p>Action 3.5 Make publications and resources accessible for consumers who speak languages other than English or who require formats to meet different literacy and ability requirements.</p> <p>National Safety and Quality Health Service Standards 2.8</p>	 		Inform	Service Stream Co-Directors CAHS Communications Team PCH Language Services	30 June 2021*
<p>Action 3.6 Train staff to respond appropriately and constructively to consumers who are not satisfied with a service.</p> <p>National Safety and Quality Health Service Standards 1.14 2.1</p>	  		Consult	ED People, Capability & Culture Service Stream Co-Directors CAHS Consumer Engagement Team	31 Dec 2021
<p>Action 3.7 Establish a consistent process for consumers to provide input into the development and review of:</p> <ul style="list-style-type: none"> • consumer resources, publications and forms • policies. <p>National Safety and Quality Health Service Standards 2.9</p>	 		Collaborate	CAHS Consumer Engagement Team CAHS Policy Team CAHS Communications Team Community Health Publications	30 June 2021*
<p>Action 3.8 Review the process of responding to consumers about what action has been taken to address their feedback.</p> <p>National Safety and Quality Health Service Standards 2.11</p>	  		Inform	CAHS Consumer Engagement Team	30 June 2021
<p>Action 3.9 Implement a consistent process for closing the feedback loop to share outcomes from consumer participation with consumers who were directly involved, the organisation and the wider community.</p> <p>National Safety and Quality Health Service Standards 2.1 2.2 2.11</p>	 		Inform	CAHS Consumer Engagement Team	30 June 2021

*Note: Allocation of additional resources required for this action

Goal 4

Provide clear guidance for working together with children, young people and families.



The Child and Adolescent Health Service is committed to ensuring more consumers are involved in decisions about their or their child's care, treatment and support and are able to participate in service improvement. There was support from the leaders of the Child and Adolescent Health Service to reduce barriers and a call from staff for clear, consistent and coordinated governance. Currently, 70% of staff agree that the development and direction of our service is based on consumer feedback and preferences. Achieving this goal will hopefully help to increase this even further.

From consultation with staff and consumers we found that:

The Child and Adolescent Health Service requires clear and consistent standards for consumer engagement.

- *"Ensuring that clinical practice is consistent and equal across catchments is vital. This equality and consistency in caregiving leads to building trust crucial for professional partnership [and] allows consumers to more clearly understand what to expect from the service."* (staff member)

Strengths and gaps in consumer engagement require continual monitoring by the Child and Adolescent Health Service.

- *"I would say that CAHS is lagging in many areas of consumer engagement, particularly Aboriginal family engagement."* (CAHS Board and Executive)

Service improvement needs to be guided by consumer feedback and participation.

- *"Make ourselves available to listen to the concerns and ideas [of consumers] on how we can improve customer satisfaction."* (staff member)

Staff require clear processes and policies that enable consumer feedback and participation, including the involvement of children and young people.

- *CAHS needs to better focus on how we obtain the views of children and young people.* (CAHS Board and Executive)

Consumer engagement across the Child and Adolescent Health Service needs to be coordinated and knowledge will be shared.

- *Consumer engagement "Needs greater coordination and a clear standard that we are aiming for."* (CAHS Board and Executive)

Goal 4

Provide clear guidance for working together with children, young people and families.

Action List	Where it came from	Type of Partnership	IAP ² Form of Engagement	Responsibility	Timeline
Action 4.1 Develop standards for consumer participation at CAHS, including: <ul style="list-style-type: none"> participation involving young people and consumers from varying cultural and linguistic backgrounds levels of participation required for different purposes sharing outcomes of consumer participation. National Safety and Quality Health Service Standards 2.11	 			CAHS Consumer Engagement Team	31 Dec 2021
Action 4.2 Implement a mechanism within committee governance processes to ensure consumer data and input is considered before approving projects, policies and publications, where relevant. National Safety and Quality Health Service Standards 2.9 2.11	  			CAHS Chief Executive ED Safety, Quality & Innovation CAHS Consumer Engagement Team	30 June 2021
Action 4.3 Develop a policy and process for involving children under the age of 12 in consumer feedback and participation. National Safety and Quality Health Service Standards 2.1 2.11	 	Consult Involve Collaborate Empower		CAHS Policy Team CAHS Consumer Engagement Team	30 June 2021
Action 4.4 Create a CAHS-wide register for consumer engagement activities undertaken across all CAHS services. National Safety and Quality Health Service Standards 2.2	 			CAHS Consumer Engagement Team	30 June 2022
Action 4.5 Share safety and quality performance data and consumer feedback, specific to each service stream, with consumers. National Safety and Quality Health Service Standards 1.9	 	Inform		ED Safety, Quality & Innovation Service Stream Co-Directors	30 June 2021

<p>Action 4.6 Introduce a mechanism to consolidate the findings from consumer participation conducted across the service to:</p> <ul style="list-style-type: none"> • prevent duplication in consumer participation • increase service-wide knowledge of consumer views. 	  			CAHS Consumer Engagement Team	30 June 2022
<p>National Safety and Quality Health Service Standards 2.2</p> <p>Action 4.7 Update the CAHS Complaints and Compliments Management Policy to ensure that the process aligns with consumer preferences</p>	  	Consult		CAHS Consumer Engagement Team	30 June 2021
<p>National Safety and Quality Health Service Standards 2.1</p> <p>Action 4.8 Incorporate reviews of clinical incidents and consumer feedback to identify areas of concern and guide service improvement and consumer partnerships.</p>	   			ED Safety, Quality & Innovation Service Stream Co-Directors	30 June 2021
<p>National Safety and Quality Health Service Standards 1.9 2.2</p> <p>Action 4.9 Develop and implement audits of policies related to consumer engagement, in collaboration with consumers.</p>	  			ED Safety, Quality & Innovation CAHS Safety and Quality Team	31 Dec 2021
<p>National Safety and Quality Health Service Standards 2.1 2.2 2.4 2.6</p> <p>Action 4.10 Implement a consistent mechanism for identifying and reporting risks associated with partnering with consumers.</p>	 			ED Safety, Quality & Innovation CAHS Safety and Quality Team	30 June 2021
<p>National Safety and Quality Health Service Standards 2.1</p> <p>Action 4.11 Consult and collaborate with consumers throughout the process of setting CAHS strategic direction.</p>	  	Collaborate Empower		CAHS Board CAHS Chief Executive Director Strategy and Planning	30 June 2021
<p>National Safety and Quality Health Service Standards 2.11</p> <p>Action 4.12 Review the scope and function of the CAHS Consumer Councils.</p>	  	Collaborate Empower	CAHS Consumer Engagement Team	31 Dec 2020	

Monitoring and Reporting

This Strategy will be overseen by the Child and Adolescent Health Service Executive Sponsor for Consumer Engagement. It will be reported on monthly at the Child and Adolescent Health Service Partnering with Children and Families Committee. Any issues for escalation will go to the Child and Adolescent Health Service Executive Committee for review or decision.

Updates on this Strategy will be tabled quarterly at the two key Child and Adolescent Health Service consumer councils, the Consumer Advisory Council (Parent and Carer) and the Youth Advisory Council.

A six-monthly update on the progress of this Strategy will be provided to the Child and Adolescent Health Service Safe Systems and Practice Executive Committee and Child and Adolescent Health Service Board Safety and Quality Committee and also made available to all consumers on the Child and Adolescent Health Service website.

An Evaluation Plan has been developed to assess the achievement of outcomes over the three years of implementation.



Government of **Western Australia**
Child and Adolescent Health Service

Child and Adolescent Health Service

STREET ADDRESS

Level 5
Perth Children's Hospital, NEDLANDS WA 6009

POSTAL ADDRESS

Locked Bag 2010 Nedlands WA 6090

EMAIL

CAHS.Consumers@health.wa.gov.au

WEBSITE

www.cahs.health.wa.gov.au

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