



Executive summary



Message from the Board Chair

Dr Rosanna Capolingua AM
Child and Adolescent Health Service

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We aspire to be more consumer-focused on how we deliver care to children, young people and their families as we live up to our promise of being a workplace where our people feel valued, included and supported.

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The Child and Adolescent Health Service (CAHS) takes its role and responsibility in the community of Western Australia very seriously. As the only dedicated paediatric hospital and health service, we are the touchpoint for many vulnerable children, young people and their families throughout the State.

In the last year, we had almost 1.25 million interactions with children and young people. It is both rewarding and humbling to see the difference we make in providing care for so many families. While we are proud to assist in improving the lives of our families, every time we interact is also a chance for us to grow and learn how we can be even better at what we do.

The CAHS Strategic Plan articulates 8 priorities (see page 35) for investment in the communities we serve and in our workforce. We aspire to be more consumer-focused on how we deliver care to children, young people and their families as we live up to our promise of being a workplace where our people feel valued, included and supported.

The Annual Report 2023–24 highlights the evolving culture of CAHS, its priority focus on delivering quality care, and involving consumers in helping to improve existing services and co-design new services.

Community, consumer and stakeholder voices are essential in building a culture that reflects what the Western Australian community needs and expects from its only child and adolescent health service. We are finding ways to not only listen better, but also to ensure the message is heard and actioned in a manner that facilitates informed improvement, and the new-found knowledge is shared.

When we bring together the knowledge of lived experience with some of the best medical minds and carers in the world, we have a rich formula to deliver well-rounded, holistic care.

The Consumer Leadership Council (see page 30) is our new peak body for consumer advisory groups, which encompass parents and carers, youth, mental health, inclusivity and Aboriginal peoples. Through this forum, consumer representatives can raise, discuss and escalate issues, concerns, ideas and solutions to problems to the CAHS Executive Committee and the CAHS Board. This expands the collective voice of consumers and strengthens two-way communication, information-sharing and escalation pathways.

By elevating the consumer voice, we hold ourselves accountable to the people we serve. The voice of our consumer groups comes to the Board table as the first agenda item for discussion at Board meetings.

We follow this with a discussion of complaints and compliments. The stories of those in our care are important to us, and how we have responded when we understand that their experience was not what they hoped, is essential. We learn from this consumer-focused approach, and listen, understand and address the issue and find a resolution.

The Board believes that for each child in our care, zero harm is their expectation, and therefore it is our benchmark.

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The Child and Family Liaison Service (see page 28) was launched late last year. It centralises complaints management and uses a case management model. This is improving the quality of investigations and the initiation of family meetings with clinical staff. These opportunities enable us to discuss concerns, to understand needs and improve how we deliver our services. In response to our consumer-focused culture, cases have been resolved more quickly and collaboratively.

How we connect with our families, communicate with them, provide access to service and deliver best care is the thread underpinning every Board meeting and discussion. We aim for continuous improvement and strive to make our services better for our consumers and their families.

The Board meetings flow on from the consumer agenda to our priority of Quality and Safety.

Once again, we are focused on high quality clinical care for all who cross the many thresholds of the Child and Adolescent Health Service.

We have a strong Clinical Governance Framework with a reporting schedule across the quality and safety indicators. There is a good culture of reporting of incidents in CAHS so that, just as with complaints, investigations are conducted, and lessons are learnt with the exploration of each event.

Recommendations implemented to prevent an adverse event re-occurring are the foundation of practice improvement. We need to improve our time frames in this area, but not compromise the quality of our investigations and learnings. Open disclosure and sharing our processes with families is crucial. When we hear families express concern, then we must reflect on how we have connected with them and what signals have we given them about our responsibility in ensuring excellent care. We continue to aim towards zero harm, knowing that this would be utopia. The Board believes that for each child in our care, zero harm is their expectation, and therefore it is our benchmark.



The mental health of our young people is a priority in their holistic health and wellbeing.

There is much to do, and much to do better, including being able to respond in a timely way and meet the urgent needs of our children with mental health crisis or deterioration.

In order to understand better and tailor how we do what we do, we have the essential assistance of our Mental Health Lived Experience group, and peer Mental Health workers.

We look to them to help us create greater rapport with clients and interpreting clinical information through their lived experience insights. Their engagement in the service with their personal experience is not only supporting families, but also influencing organisational policy and service delivery.

As part of the Child and Adolescent Mental Health Services (CAMHS), Perth Children's Hospital Ward 5A cares for young people who have complex mental health issues (see page 64).

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We recognise that the ward design has not been best fit-for-purpose and needs to be improved to enable the recovery process for young people.

In collaboration with consumers and our staff, we have co-designed a new-look ward, which the State Government has agreed to fund in 2024–25. This is complemented by a new model of care which we hope will multiply the benefits for patients and their families.

Childhood immunisations overall have failed to continue to improve in this new COVID world. In particular, immunisation rates for Aboriginal children in the metropolitan area are disappointing. We need to reflect on, and reinvent, how we deliver and provide access to this group.

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Continuously, the care delivered by our Community CAMHS services, holds so many young people and their families close to home with a supportive, out-of-hospital treatment environment. In a more acute response, CAMHS Crisis Connect responded to 9862 calls in the 12-month period. It takes all of our Mental Health Services to deliver coordinated care to our young people and respond to the needs of our community.

The strategic plan has a strong focus on providing community health access where and when people need it. Innovative solutions are taking services to the community where they are needed and improving timely access to treatment and care, which in turn, increases opportunities for early interventions that are known to improve long-term health outcomes.

Some community health centres are now offering Saturday services and soon we will launch the new Midland and Murdoch community hubs. These community outreach facilities will enable the co-location of CAHS community-based child health, development, immunisation and mental health services. They will be further supported by smaller facilities in local communities.

In April 2024 Western Australia became the first State to offer a free respiratory syncytial virus (RSV) immunisation program for children under 8 months old, and up to 18 months for those at risk.

While RSV affects the whole community, young babies are more likely to have a serious outcome following an RSV infection, including potential hospitalisation and an increased risk of developing childhood asthma. This program is an important preventive measure to reduce the likelihood and severity of illness and I would like to thank my fellow CAHS clinicians in supporting and advocating for this initiative.

Childhood immunisations overall, however, have failed to continue to improve in this new COVID world. In particular, immunisation rates for Aboriginal children in the metropolitan area are disappointing. We need to reflect on, and reinvent, how we deliver and provide access to this group.



The Child Development Service (CDS) of Child and Adolescent Community Health Services (CACH) is crucial in providing early detection and early intervention which positively improves the outcomes and lives of so many children in our State. The State Government has supported the CDS with an investment which will propel us into significantly increased access and service delivery for children in need.

In Armadale, we are in partnering with other agencies to deliver the Early Years Partnership (EYP), which aims to improve the wellbeing and school readiness of children aged zero to 4 years.



This year we launched the community co-designed Koorlangkas Danjoo Koorliny (Children coming together) Community Plan, which has resulted in the EYP awarding CACH \$3.4 million over the next 4 years to develop and implement services to improve the health of young people (see page 71).

Another inter-agency partnership, the award-winning Health Navigator Pilot Program (see page 72), is better meeting the needs of children in out-of-home care (OOHC). By collaborating with the Department of Communities and co-locating staff, we have the resources and information to facilitate, track and report on access across a range of health assessments and referrals to public, private and non-government organisations, including Aboriginal Medical Services.

The Perth Children's Hospital (PCH) and Neonatology continue to deliver care across the Paediatric Specialties with excellence in care supported by quality staffing and planning into the future. The PCH Emergency Department successfully implemented nurse patient ratios in this 12-month period enabling timely, closer clinical connection with our children and families on arrival at our hospital.

The Board is looking forward to continuing to build expert capacity in the hospital and for neonates and to build the PCH we need for the new generations of children. Capacity is about physical space, the model of clinical governance, and the medical, nursing and allied health workforce for which we must plan. Our outpatient, elective surgical and CDS waiting lists tell us that we cannot be complacent.

Participating in the journey of reconciliation is a commitment we have made at CAHS.

Last year the CAHS Board issued a statement strongly supporting the Uluru Statement from the Heart and the proposed Referendum for Constitutional Recognition of our First Nations People, including a Voice to Parliament. As a leadership group, we all felt that The Voice to Parliament was a mechanism for Aboriginal and Torres Strait Islander Peoples to have their voices heard and their opinions considered in the decision-making processes that affect them.

In working toward reconciliation and acknowledgement, we have established a CAHS Acknowledgement Statement (see page 45) that demonstrates our commitment to recognising the continual impact of colonisation for Aboriginal people throughout Western Australia.

We pay tribute to the strength, resilience and courage of Aboriginal people who have survived the devastation of the recent past, to now stand strong and proud today.

CAHS is committed to working towards a better future, where all cultures are always respected and valued equally. The diversity of clients, patients and families is an important element that must be acknowledged in every encounter. To not do so jeopardises clinical outcomes and the patient experience. We must actively be mindful of the individual and literally 'where they are coming from'; culturally, socially, in identity, in development, and also in neurosensitivity and neurodiversity. We must apply our clinical knowledge, skills and the tools of our environment in a way to hear, see and respond to the individual and their needs. This gives those in our care the best opportunity for the right clinical management and healing experience.

We also acknowledge the impact current global conflicts and humanitarian crises have, and while they are far away geographically, we recognise their reach here. No matter what our beliefs, it has never been more important than now that we treat each other with kindness and respect.

I am proud of our service and the willingness of staff to participate in our journey, which is delivering a more collaborative, consumer-focused culture. We still have much to do to stay on our journey of continuous improvement. The Board builds the strategic foundation and keeps our children sharply as our priority focus in all our discussions. We are grateful to our Executive and every member of staff at CAHS for their commitment and passion. It is not an easy task, and sometimes there are disappointments and heartbreaks. We are all in this together and understand the role and responsibility of CAHS now and into the future.

Dr Rosanna Capolingua AM
Board Chair
Child and Adolescent Health Service



Message from the Chief Executive

Valerie Jovanovic

Child and Adolescent Health Service

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We have made a strong commitment to ensuring we have continued to care for families when and where they need us the most, and have striven to deliver the best outcomes and experiences for all.

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It gives me great pleasure to present the Child and Adolescent Health Service (CAHS) Annual Report 2023–24 and share our achievements in supporting children, young people and their families towards their best health and wellbeing.

As WA’s flagship paediatric health service, we take our responsibility to our children and young people seriously.

Over the course of the past year, we have had more than one million interactions with children, young people and their families in hospital, in the community and in homes. We are there for young people in WA in emergencies, in times of crisis, when ongoing support and treatment is needed over weeks, months and years, for check-ups and immunisations, and for those moments of joy.

Our breadth and scale present a rare opportunity for all of us to work together to improve the health and wellbeing of children and young people, with their voices and rights at the heart of everything we do. We strive to listen and learn from their experiences, advocate for their needs today and tomorrow, and create meaningful partnerships to support their health and wellbeing.

Our connection to the WA community is driven by our desire to keep the needs of children and young people at our core.

Over the past year, we have placed a strong emphasis on reducing barriers that can prevent access to care and, importantly worked with agencies including the Departments of Education and Communities, and other key partners, so that together we can provide holistic, comprehensive care.

We have made a strong commitment to ensuring we have continued to care for families when and where they need us the most, and have striven to deliver the best outcomes and experiences for all.

Becoming a child safe organisation and implementing the National Principles for Child Safe Organisations further emphasises that we remain committed to our number one priority – the safety of our children and young people.

This also includes the safety and health of future generations by addressing the impacts of climate change and becoming a more sustainable health service. The CAHS Environmental Sustainability Strategy and Action Plan 2023–2027 has set a path towards reducing our emissions and implementing adaptation strategies so our health service, our patients and our community are resilient to changing climatic conditions.

Our connection to the WA community is driven by our desire to keep the needs of children and young people at our core. Our focus on consumer engagement is a strong example of this, and we are leaders in this space across the State.

The CAHS Consumer Engagement Strategy 2023–2026, ‘Trusting the Partnership’, developed with input and feedback from children, young people and their families, sets out our goals and ambitions, and underpins the way in which we relate and work with our consumers. Their diverse experiences and perspectives are incredibly important to us, and they are key members of the CAHS team, with representatives included on our peak committees.

Our engagement has continually highlighted that we all experience situations differently. It is these differences that we need to explore and understand so that we can learn to adapt and provide care that is appropriate to the individual, as well as the community at large.

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Of significance over the past year, we have looked to enhance our connections with culturally and linguistically diverse (CaLD) families and leaders, with a focus on ensuring we seek out their voice to improve our care. A tangible outcome of this engagement has been the development of a comic, using accessible language and eye-catching visuals, to increase awareness of our Child and Family Liaison Service among young people (see page 43).

I am also proud of the work we have done, and continue to do, to better connect with Aboriginal children, young people and families. This starts with our Aboriginal Community Advisory Group and has over the past year extended into the development of the CAHS Aboriginal Workforce Action Plan (2024–2030), cultural education and training for mental health carers, embedding Aboriginal artwork in our documentation, introducing the CAHS Acknowledgment of Country, and our new Child and Adolescent Community Health (CACH) Aboriginal Health Team. The insights and experiences shared by our Aboriginal children, young people and families have identified these opportunities and shaped our initiatives.

Our engagement has continually highlighted that we all experience situations differently. It is these differences that we need to explore and understand so that we can learn to adapt and provide care that is appropriate to the individual, as well as the community at large.



A focus on engaging with people from culturally and linguistically diverse backgrounds is helping to improve the care we offer.

It is my promise that we will listen to, learn from, and partner with our consumers, carers and broader community to make CAHS inclusive and equitable for all.

As a part of our continual improvement journey, we use consumer feedback to generate an internationally used score to measure the overall patient experience (see page 29). All of our scores improved on the previous year. In many cases, the improvement was significant, demonstrating that Perth Children's Hospital (PCH), Neonatology and Child and Adolescent Community Health (CACH) offer excellent and world class standards of service. While the Child and Adolescent Mental Health Service (CAMHS) measure is different, results also demonstrate that most people accessing these services are extremely satisfied.

Of course, through listening to experiences and feedback, we have learned of situations where we can improve. We are embracing these lessons and using them as a base to enhance and refine the services we offer through better service delivery and appropriately designed, purpose-built infrastructure.

Our Strategic Action Plan (see page 18) sets out our priorities to strengthen our foundations, embrace opportunities to incorporate lessons learned into our organisation, and be ready to respond to our changing health care landscape. This plan will help to further build a sense of purpose, and connection to young people and their families, and guide our investment in our people, our core capabilities and our services.

Mental health care is an evolving service and we are increasingly seeking out the invaluable contribution and perspective that people with lived experience can bring. To complement our expert clinical care, CAMHS has increased the number of people with lived experience (see page 69) from 3 to 11 employees.

Staff with lived experience have been on the mental health recovery journey, either themselves or in a carer capacity, and are helping us to create greater rapport with clients and interpret clinical information. Their education, training and personal experience is not only supporting families, but also influencing organisational policy and service delivery.



Our people are our greatest assets. Our staff and volunteers deliver the day-to-day exceptional care that our children, young people and families expect, and are also the ones we rely on to help us enhance our service overall.

I am committed to ensuring the CAHS culture is one of continual improvement and transformation. As we continue this journey, we will maintain our focus on improving our service for our consumers and their families.

The unfolding cultural evolution at CAHS is bringing dynamic innovations that are broadening the scope of how we respond to the health needs of our children, young people and their families as we plan and implement collaborative, holistic services that consider more than the immediate need. Our staff feel empowered and supported to lead, inspire and inform the care we provide and shape our evidence-based models of care.

Underpinned by this, our transformative leaders are demonstrating the CAHS values, engaging staff in decision-making and championing solutions.

A dedicated team has been assigned to lead the transformation of organisational culture (see page 47), building a collaborative and improved employee experience. I believe that great relationships help build a strong sense of community and sense of belonging and that cultural change is everyone's responsibility. We are all accountable and need to play our part.

The recently established CAHS Culture Network is a key forum for driving this change. Including 21 staff, who proportionally represent professional groups and service streams, they are trusted by their peers, but are also curious and ask questions that challenge the norm. Their focus is to listen to colleagues, generate ideas and influence workplace culture.

Finally, I would like to thank and congratulate all CAHS staff for their commitment and contributions to supporting and improving the health and wellbeing of our community. I am so proud of our wonderful team, who are world class and are committed to CAHS as a child and family-focused and accountable organisation. It is this dedication and the heart and care of our staff that will make this happen.

As the next 12 months unfold, I look forward to continuing to be a part of the CAHS improvement journey and celebrating our successes alongside our children, young people and their families. Children and young people are our future. I am excited to see how our care, services and initiatives evolve as we support our children and young people to flourish and grow.

Valerie Jovanovic
Chief Executive
Child and Adolescent Health Service

