



Engagement Procedure

1. Purpose

The WA Country Health Service (WACHS) Healthy Country Kids program aims to enhance the health, development and wellbeing of children by providing comprehensive services based on a model of progressive universalism. Universal services are offered to all children and their families to promote the health and development of children with a focus on building parenting capacity, health surveillance and early intervention.¹

More intensive services are provided for clients who require help to manage or resolve complex physical, developmental and/or psychosocial concerns. Such issues may be impacted by the social determinants of health experienced by families and communities.

This procedure relates to community health and child development services that are delivered by WACHS regional health staff. These Healthy Country Kids services are offered to families; participation is voluntary.

Central to the WACHS Healthy Country Kids program is engagement with those who are most vulnerable and disadvantaged, and provision of services that are timely, acceptable, affordable, accessible and appropriate to families.

This procedure outlines the responsibilities of staff to provide accessible and equitable services to enhance family engagement. In addition, it guides staff in situations when non-engagement raises concerns about a child's safety and wellbeing.

WACHS Healthy Country Kids services are delivered according to the following principles:

- Care is holistic and centred on the child and family, and their current, emerging and future needs.
- Staff work in partnership with families, acknowledging and building on child and family strengths.
- Services are provided flexibly and are responsive to family circumstances.
- Teams are multi-disciplinary and integrated, using strong communication processes to optimise the care of children.
- Partnerships are developed with external agencies so that children and their families can be linked to appropriate community services.
- Service planning and delivery is culturally safe and responsive, ensuring the rights, views, values and expectations of Aboriginal people and those of other cultures, are recognised and respected.
- Staff use trauma-informed principles when working with children and families.
- There is no minimum or maximum number of attempts to contact a vulnerable family. This is a case-by-case decision to be made in collaboration with senior staff.
- Staff respect the right of families to choose to engage or not engage with WACHS Healthy Country Kids services.
- Staff acknowledge cultural determinants of health, and the knowledge and practices of traditional healing.

2. Procedure

2.1 Engagement

Engagement is integral to effective client care. When clients are engaged in the care of themselves or their children, there is a greater likelihood of successful outcomes and health benefits.²

Families experiencing significant or multiple vulnerabilities may be less likely to engage in care, despite being most likely to benefit. There is often a need to implement innovative strategies that are to engage marginalised and vulnerable children and families.

Engagement can be enhanced by:

- understanding that building trust and connection with vulnerable families takes time and flexibility
- considering the life situation and developmental needs of the child at the centre of care and service delivery
- using timely and consistent communication that is tailored to be well understood by the family
- using clear and simple English, and language interpretation services if required
- providing timely services, including early contact and appropriate prioritisation of clients
- considering transport support that may be required by the family
- choosing communication methods that align with a family's circumstances and needs, e.g. email, mail, phone, direct personal contact or contact via another staff member
- involving Aboriginal Health staff in connecting Aboriginal families with services and supporting access
- providing inclusive, accessible services at times and locations that meet the needs of individual families, as is practical and safe for staff, e.g. home visit, telephone, telehealth, in clinic, at school or community venues, or opportunistic contact
- involving clients in planning care, including shared decision-making processes to develop family-centered and goal-directed comprehensive care plans
- supporting a referral by introducing the family to the new agency or service, in person or by joint phone or video call
- supporting clients with plans to escalate care if required.

2.2 Non-engagement

Clients may not engage with WACHS Healthy Country Kids services for many reasons, such as services not being accessible to families or client preference for other providers. Families may have had poor experiences with health staff or there may be perceptions of low effectiveness of the care provided. There may be mistrust of staff members, the organisation or government services in general.

Families may not understand the need for the service or the impact for their child if early intervention is not accessed. Some families may not be ready to accept that help is needed for their child, and family members may minimise their child's developmental issues or may not acknowledge that their child needs help at all.

Impediments to engagement may involve illness or disability in the family, client distress or other pressing priorities. Cultural obligations, especially those relating to death or Sorry Business may take precedence over health appointments.

In some cases, family domestic violence, abuse or coercive control may inhibit a caregiver safely engaging with services.

The presence of child neglect or abuse may impact on the level of engagement of a family.

Poor engagement or non-engagement of families in services can manifest in several ways:

- no response to communications attempted by staff
- avoidance of staff and services
- decline to an offer of service
- non-attendance at a planned appointment (with or without notice)
- attending or appearing to be engaged, but not following through with care strategies.

While family choice is to be respected, poor engagement or non-engagement of a vulnerable and disadvantaged family may indicate that the child is at increased risk. In these circumstances, it is important that staff assess the risk and act accordingly.

2.3 Actions required if there is limited or no engagement with a vulnerable client.

Consider concerns, vulnerability and risk

The staff member is to consider any risks and concerns about the health, development or safety of the child. Assessment of risk level is to include professional judgement about:

- clinical history
- current or recent clinical presentations, i.e. acuity and prioritisation of issue
- reason for referral or contact
- previous engagement with, and status of intervention or treatment
- client's family circumstances and supports, risk and protective factors
- relevant parent/carer or family history
- recent or historic health service activity (i.e. Community Health Information System [CHIS], WebPAS or BOSSnet)
- existence of a Child at Risk Alert or Client of Concern record.

Attempt contact

The staff member is to attempt contact with the parent/carer, which may include:

- using multiple methods (e.g. phone, SMS, letter) at different days and times
- via other staff members, e.g. Aboriginal Liaison Officer
- via the referrer, e.g. health or school staff
- an unscheduled home visit (with reference to local home visiting procedures).

Client responds

If contact is made, the staff member is to sensitively communicate with the family using a partnership approach.

- Assess current circumstances including involvement with other services.
- Consider how family engagement can be enhanced and maintained.
- Plan service to meet family need, including alternative service delivery options.

Client does not respond and/or a significant concern for child remains

Discuss a plan of action with a manager, social worker or Clinical Nurse Specialist.

Take action to protect a child as relevant to the circumstances, which **may** involve:

- further attempts to contact family via referrer
- reviewing CHIS, WebPAS and BOSSnet for siblings' records
- liaison with Aboriginal Health staff
- checks with other WACHS health services i.e. Mental health services
- an unscheduled home visit (with reference to local home visiting procedures)
- contact with interagency partners, as relevant:
 - Aboriginal Medical/Health Service
 - school or childcare service
 - family doctor
 - Department of Communities
- involving Police if indicated
- escalating to senior staff, as necessary.

Notify Department of Communities, Child Protection and Family Support, and complete or update a Child at Risk Alert, if required.

Ongoing responsibilities

Child health services:

- List child as Client of Concern if indicated.
- Plan future communications based on family circumstances and risk level.
- Discuss with interagency partners as indicated.

Child development services:

- Liaise with social worker, manager or senior to plan further action, client discharge or flexible re-entry.
- Ensure referrer and Clinical Nurse Specialist are advised of outcome.

If contact is (re)established, staff are to sensitively communicate with the family using a partnership approach. See points in 2.3.

See [Appendix 1](#) for flow chart depiction of actions required when limited or no engagement with a vulnerable client.

2.4 Documentation

Ensure all decisions, actions and observations (including contact attempts) are accurately recorded in CHIS.

2.5 Recommended training

Approved training relating to family-centred engagement:

- Family Centred Practice modules 1-4 (MyLearning LMS)
- Family Partnership Model training.
- Aboriginal Cultural learning.

3. Roles and Responsibilities

All staff delivering WACHS Healthy Country Kids services are required to:

- identify children and families who are at risk due to poor social determinants and personal circumstances that increase vulnerability of a child
- prioritise, plan and deliver services that meet the needs of vulnerable children and families
- take action to follow-up on vulnerable children and families who do not engage with the services or do not attend an appointment
- develop cultural capabilities to deliver a culturally safe and responsive services.

Clinical Nurse Managers and senior allied health clinicians are required to facilitate communications and management of staff to support actions described in this procedure. This is to include staff orientation, staff meetings and other relevant communication.

Clinical Nurse Specialists are required to undertake actions described in this procedure, and specifically, to support communications and clinical handover processes to ensure continuity of health services for vulnerable clients.

Allied health professionals and community health nurses are required to undertake actions described in this procedure to provide accessible services that enhance engagement of vulnerable families, and to act when non-engagement raises concerns about a child's safety and wellbeing.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The application of this procedure is to be discussed in team meetings and monitored by community health and child development managers and staff.

4.2 Evaluation

Monitoring of compliance with this document is to be carried out by managers of child health and child development services using the following means or tools:

- regular review of service accessibility for vulnerable and disadvantaged families, including consumer input
- frequent review of clients who have not responded to offers of service or have not attended appointment as expected
- review of SAC events that involve vulnerable clients
- regular review of wait list.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service

(including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. [WACHS Healthy Country Kids Program: An integrated child health and development service strategy 2016-2019](#)
2. Zulman D, O'Brien C, Slightam C, Breland J, Krauth D & Nevedal A. [Engaging high-need patients in intensive outpatient programs: a qualitative synthesis of engaging strategies](#). Journal of General Internal Medicine. 2018; 33(11): 1937 – 1944
3. Child and Adolescent Health Service CAMHS Policy Manual, [Clinical Engagement Policy](#). (Last Reviewed May 2022)
4. Great Southern Child Development Service, Establishing connection with vulnerable families, (last updated 14 May 2021).

7. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Child	Anyone under the age of 18 years.
Client of concern	A child for whom there are identified health, development, wellbeing or safety concerns.
Vulnerable child	A child at higher risk of poor development, physical or mental health due to circumstances of child, parents, family and/or community.
Parent/carer	In relation to a child, means a person having parental responsibility for that child.
Social determinants of health	The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
Progressive Universalism	The model of community health service delivery in WA: There is a platform of universal services for all, with a focus on vulnerable children and young people, providing more support for those who need it most.

8. Document Summary

Coverage	WACHS-wide
Audience	<ul style="list-style-type: none"> • Child health nurses and managers • Child Development staff and managers • Clinical Nurse Specialists – vulnerable children
Records Management	Clinical: Health Record Management Policy
Related Legislation	Children and Community Services Act 2004 (WA) Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	Clinical Governance, Safety and Quality
Related WACHS Policy Documents	Child Health Clinical Handover of Vulnerable Children Procedure Consent for sharing of information (child 0-17 years) Procedure - Population Health WebPAS Child at Risk Alert Procedure Working in Isolation - Minimum Safety and Security Standards for all Staff Policy
Other Related Documents	CAHS Clients of Concern Management Protocol CAHS Family and Domestic Violence Protocol CAHS Guidelines for Protecting Children 2020 WACHS Allied Health Clinical Prioritisation Framework WACHS Cultural Governance Framework
Related Forms	MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form WACHS Consent for Sharing of Information Form - Child 0-17 years – Population Health
Related Training Packages	<p>Approved training relating to family centred engagement:</p> <ul style="list-style-type: none"> • Family Centred Practice modules 1-4 (MyLearning LMS) • Family Partnership Model training • Aboriginal Cultural Learning
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 1792
National Safety and Quality Health Service (NSQHS) Standards	1.15, 2.06, 2.07, 2.08, 2.10, 5.04, 5.10, 6.03, 6.04

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	27 February 2023	27 February 2023	Original version

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Chief Operating Officer Executive Director Nursing & Midwifery
Contact	Senior Policy and Portfolio Officer
Business Unit	Population Health
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This document can be made available in alternative formats on request.

Appendix 1: Actions required when limited or no engagement with a vulnerable client

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