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

AHCWA
Aboriginal Health Council
of Western Australia

Child Ear Health Services: Co-design Framework

This resource is for managers, staff, planners and leaders aiming to improve community ear health services for children by collaborating truly with Aboriginal families and communities.

Acknowledgement

The Child and Adolescent Health Service and WA Country Health Service acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. They acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

Cover photo: WA Health

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Why is this guide needed?

Child and Adolescent Health Service (CAHS) and WA Country Health Service (WACHS) are WA health service providers that work with families in communities across WA.

Prevention, early detection and intervention for ear disease and hearing problems are primary concerns for CAHS and WACHS teams, and significant resources are committed to screening programs for all children, Aboriginal and non-Aboriginal, at key points in early childhood. When an ear health or hearing issue is detected, children and their families are referred for further testing, treatment and therapy as clinically required.

In 2019, the Western Australian Auditor General released the Report[1] – *Improving Aboriginal Children's Ear Health* – which assessed whether state government entities (including CAHS and WACHS), were effectively reducing the burden of ear disease for Aboriginal children. The report cited examples of good, local practice that helps to prevent, detect and treat ear health and hearing problems, however a number of barriers to reducing rates of the disease and its impact were identified.[1]

The Auditor General found that the healthcare system is often difficult to navigate, especially when families are referred from one service to another. This can lead to missing appointments, disengaging from services and leaving child ear health problems untreated.

Other barriers identified in the report include:

- Some services are not culturally appropriate, which can make families uncomfortable and reluctant to engage.
- Services don't allow for family and community cultural obligations, priorities, and preferences.
- Communication methods may not be relevant for some Aboriginal families, especially when families are transient or when English is not their first language.
- Some families lack transport options and may have difficulty getting to appointments. This is a significant problem for families in rural and remote locations who need to take their child to appointments in Perth or distant regional towns.

The WA Auditor General recommended that co-design with Aboriginal families should be adopted to help improve the use and effectiveness of ear health services.[1]

> "…services need to see their role as not only directed at specific health issues and needs, but also as facilitating collaboration, coordination and consistency of health service delivery in rural and remote communities."
>
> ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA[2]

Why focus on ear health and Aboriginal children?

Ear disease and hearing loss are highly prevalent among Aboriginal children in Western Australia. Otitis media is a common but often self-limiting childhood illness, but is a major cause of poor health and hearing loss among Aboriginal children, despite the condition being preventable and treatable before hearing loss manifests.[3,4,5]

Impaired hearing that occurs in key developmental periods early in a child's life can significantly affect speech, language, social and cognitive development. In turn, this often leads to poor attention and listening, and behavioural problems, making it difficult for children to engage in school, leading to poor learning and academic outcomes. Poor ear health has been associated with limited employment options and income, antisocial behaviour, and increased contact with Police and the criminal justice system.[5,6,7]

Compared to non-Aboriginal children, Aboriginal children experience their first episode of otitis media at a younger age, and have more episodes which are of greater severity and duration.[8] Further, Aboriginal children living in remote areas and in situations of challenging social and health determinants, experience higher rates of severe and lasting ear infections than those in larger towns and cities.[9]

Co-design of ear health services can help to address the acceptability, access and engagement with services for Aboriginal families and communities. It will result in more effective clinical services and health promotion messages that meet local need across a range of social and health issues. This will lead to more children receiving the support they need to prevent or treat ear health and hearing problems, and many other health issues.

PHOTO: WACHS

How was the guide developed?

This resource was developed by WA Country Health Service (WACHS) in collaboration with Child and Adolescent Health Service (CAHS) and the Aboriginal Health Council of WA (AHCWA).

Resource development involved review of relevant WA Health policies and strategies, with reference to the few existing co-design guides published in Australia.

Aboriginal and non-Aboriginal staff form CAHS and WACHS helped to develop this document. Importantly, AHCWA contributed on behalf of Aboriginal community controlled health services across the State.

Unique contributors

"The involvement of Aboriginal staff is really important. We have some very experienced, valuable Aboriginal team members in WACHS (and other areas of Health) who can play a very important role. They are in a unique position, being members of their own communities and having links with other communities, and at the same time working within the health system. Some are already Aboriginal ear health champions."

DR ANNE MAHONY, WACHS WHEATBELT ABORIGINAL HEALTH SERVICE

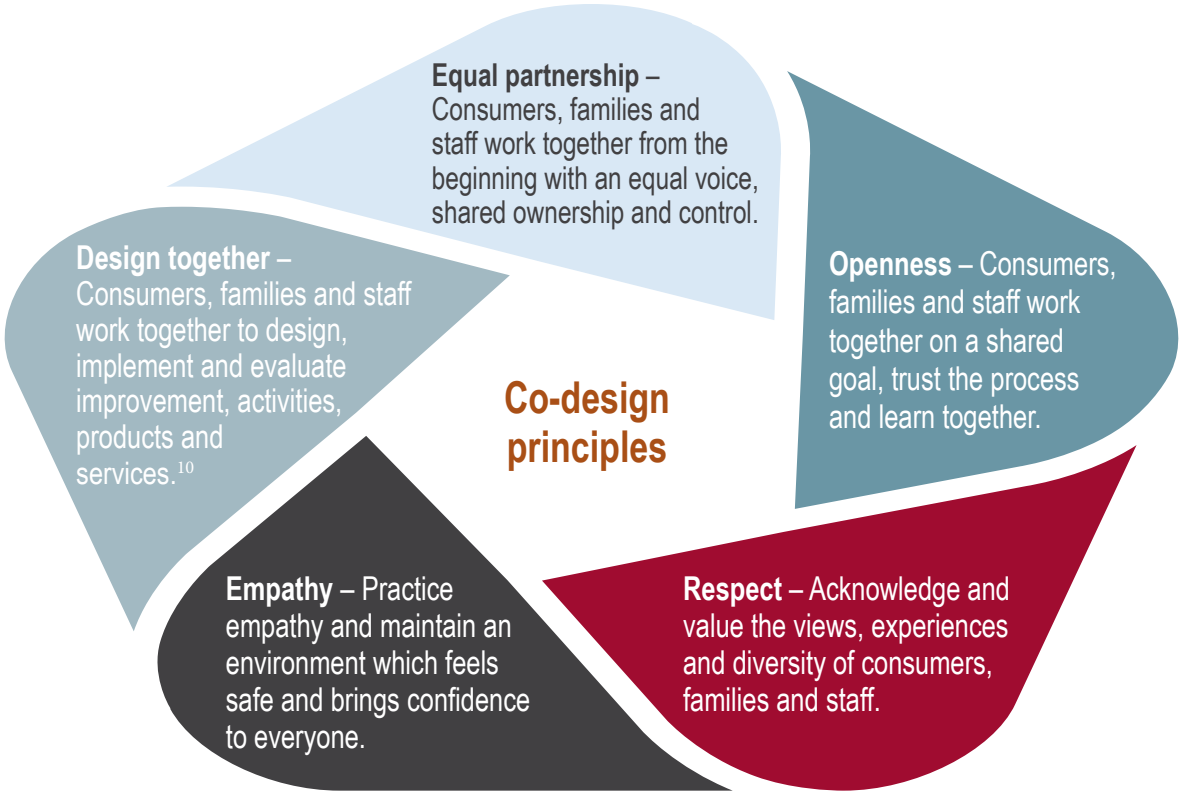
Co-design involves consumers as co-leaders in planning and designing services from the outset, as equal and reciprocal partners.

PHOTO: WA HEALTH

What is co-design?

Co-design is an approach to service improvement that brings stakeholders together as equal partners to design and deliver services. It involves people with lived experience of a health condition, carers, families and kinship groups, working in collaboration with health service managers and clinicians.[10] Key stakeholders will include Aboriginal community controlled health organisations and community councils.

Co-design involves consumers as co-leaders in planning and designing services from the outset, as equal and reciprocal partners. It is a shift from inviting consumer participation after an agenda has already been set. This approach allows people who have experience with the health condition and related services to be fully involved in identifying issues and designing solutions. Co-designed services are more likely to meet the needs of people who use the services and to increase service effectiveness.[10]



Co-design doesn't work when…

- The outcomes or solutions have already been defined.
- There is not enough time for a co-design team to meet, talk and reflect on the issues and plan solutions.
- There is no commitment by health service leaders or staff to undertake co-design or to implement service changes.
- People with lived experience of the issue are not involved.
- The community does not consider the issue a priority.

Co-design in action

Based on *A Guide to Build Co-design Capability* - Agency for Clinical Innovation, NSW Government, 2019

Stage 1 Engage

Identify the issue

- Define the issue(s) in a way that can be understood by all potential stakeholders.
- Prepare relevant data that highlights the issue.
- Consider the scope and timeline of the proposed project and its suitability for co-design processes.

Seek organisation and community support

- Gain commitment from managers and executive to run a co-design project, and to adopt changes that may result.
- Communicate the need for time and resources for co-design processes, recruiting, discussion, reflection and decision-making.
- Approach existing community groups to seek support and engagement.
- Consider roles and capacity of health service staff to be involved with the project.
- Seek support to fund the project (eg. catering, venue hire, training, transport, independent facilitator if needed), including consideration of resources that may be needed to implement changes.

Build the co-design team

- Identify the local communities and existing groups and ask who could be involved. Consider local cultural protocols to recruit members.
- Identify a leader with the skills, approach and capacity to facilitate the project, including expertise in cultural security and Aboriginal community consultation.
- Invite an Aboriginal community member to co-lead the project.
- Involve Aboriginal health service staff members – they bring invaluable perspectives.
- Invite project group members to ensure balanced representation (as below).

Who might be on a local child ear health service co-design team?

Balanced representation on the team, including people who will likely be impacted or will benefit from the process.

- People with lived experience of childhood ear health and hearing problems.
- Families and carers who support children with ear health and hearing problems.
- Members of the community council and the Aboriginal community controlled health organisation.
- Co-design lead(s) – with good knowledge of co-design processes, with strong facilitation, interpersonal, organisational and project management skills.
- Health service staff – who may include: nursing, audiology and medical staff, Aboriginal health workers, managers, health promotion staff and others as relevant.
- People from other community agencies as relevant; e.g. school, child care.

Also – an executive staff member who will sponsor and endorse the co-design project.

See – *A Guide to Build Co-design Capability* for team member roles and responsibilities.[10]

Implementation should support Aboriginal perspectives in health investment, planning and decision making through partnerships, capacity building and collaborative engagement.

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030[11]

Stage 2 Gather

Set up first workshop

- Ask team members about their needs and preferences.
- Choose a suitable venue to suit the needs of the group and *where they are.*
- Consider dates and times that suit group members.
- Consider practical needs of members – transport, language and literacy.
- Plan for catering and dietary needs.
- Plan an open agenda that helps people to meet, share and understand each other, and together develop the scope of the project.
- Request support from a staff member to record workshop notes.

Bring the team together

- Be aware of cultural protocols in bringing the group together.
- Organise a formal welcome and an appropriate acknowledgement of country.
- Allow time for introductions and networking to help people build relationships based on trust, respect, openness and understanding.
- Discuss purpose, aims, expectations, processes and consent (see below).
- Discuss how records about the project and project meetings will be managed.
- Keep presentations to a minimum, providing key information only.
- Listen to people's stories, concerns and ideas.

Affirm the project scope

- Facilitate shared understanding about the nature and scope of the project.
- Ask people to discuss and reflect on the issue with family, community and colleagues ready for the next meeting.
- Arrange the next meeting.

Get consent and explain:

- about the purpose, aim, expectation and conditions of the collaboration
- the level of participation and how members will be supported
- about the co-design process and what will happen to the information and stories the group gives you
- about how the group will be informed about the work and outcomes
- that photos may be taken, but only with consent, and
- that members may choose to leave the group and the process to withdraw.
- record this (written, video or voice) and distribute to all members.

Implementation needs to be flexible, not prescriptive, to provide Stakeholders with the scope for operationalising the Framework within their local context.

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030[11]

Stage 3 Understand

Explore the issue

- At the second meeting, summarise the discussion so far, reaffirming the nature and scope of the project.
- Open discussion about reflections since the last meeting.
- Ask - What will the service look like when everything is working well?
- Make sure everyone is heard.
- Facilitate consensus about the issues that are to be addressed and what changes the group wants to see.
- Agree on the key points to be recorded.

Identify touchpoints and opportunities for improvement

- Think about and build on community strengths.
- Think about and build on service strengths.
- Collect ideas about what is working well and why.
- Be open and curious to possibilities and views about change.
- Explore possible solutions.
- Facilitate consensus on the changes that are to be addressed.
- Agree on the key points to be recorded.

Review the issue and proposed solutions

- Together, look at and refine the key points.
- Compile a brief overview (i.e. infographic or video recording) that members can discuss and reflect on with family, community and colleagues.
- Arrange the next meeting, allowing time for consultation.

Acknowledge and build on what works, reference innovative projects demonstrating positive outcomes at the local, regional and state-wide levels.

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030[11]

Stage 4 Implement

Design implementation

- Review changes to be made to improve the service.
- Define the things that need to happen and who can drive the changes.
- Discuss and record the tasks, roles and responsibilities, timeline and risks for each part of the service improvement. (Draft the project plan)*
- Engage the co-design project executive sponsor with the project plan.

Plan evaluation of the improvements

- Ask again - What will the service look like when everything is working well?
- Plan the measures that will be used to evaluate the improvements.
- Consider what data is to be collected and by whom.
- Add the evaluation tasks to the project plan.

Implement improvements

- Set a timeframe for the improvements to be put in place and for the new benefits to happen.
- Set a timeline for evaluation.
- Talk about the ways people want to stay in touch and hear about progress.

* Develop a project plan that can be well understood by everyone. Use graphics, sound or video recordings together with straightforward and clear text.

The approach to implementation should support better coordination, collaboration and linking of health system parts across government, non-government organisations and the community controlled sector, to improve continuity of care and the patient experience for Aboriginal people.

Accountability for implementation through strong leadership and governance.

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030[11]

Stage 5 Evaluate

Evaluate the improvements

- Collect and analyse the measures as planned.
- Prepare a brief report or infographic to share the co-design journey, outcomes and lessons learned.
- Distribute to stakeholders.

Consider lessons learned

- Reflect on what worked well in the co-design process and what can be improved.
- Start to plan for change to implement lessons learned.

Better performance monitoring and measuring to build the evidence base to assess health system performance in improving Aboriginal health and wellbeing outcomes.

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030[11]

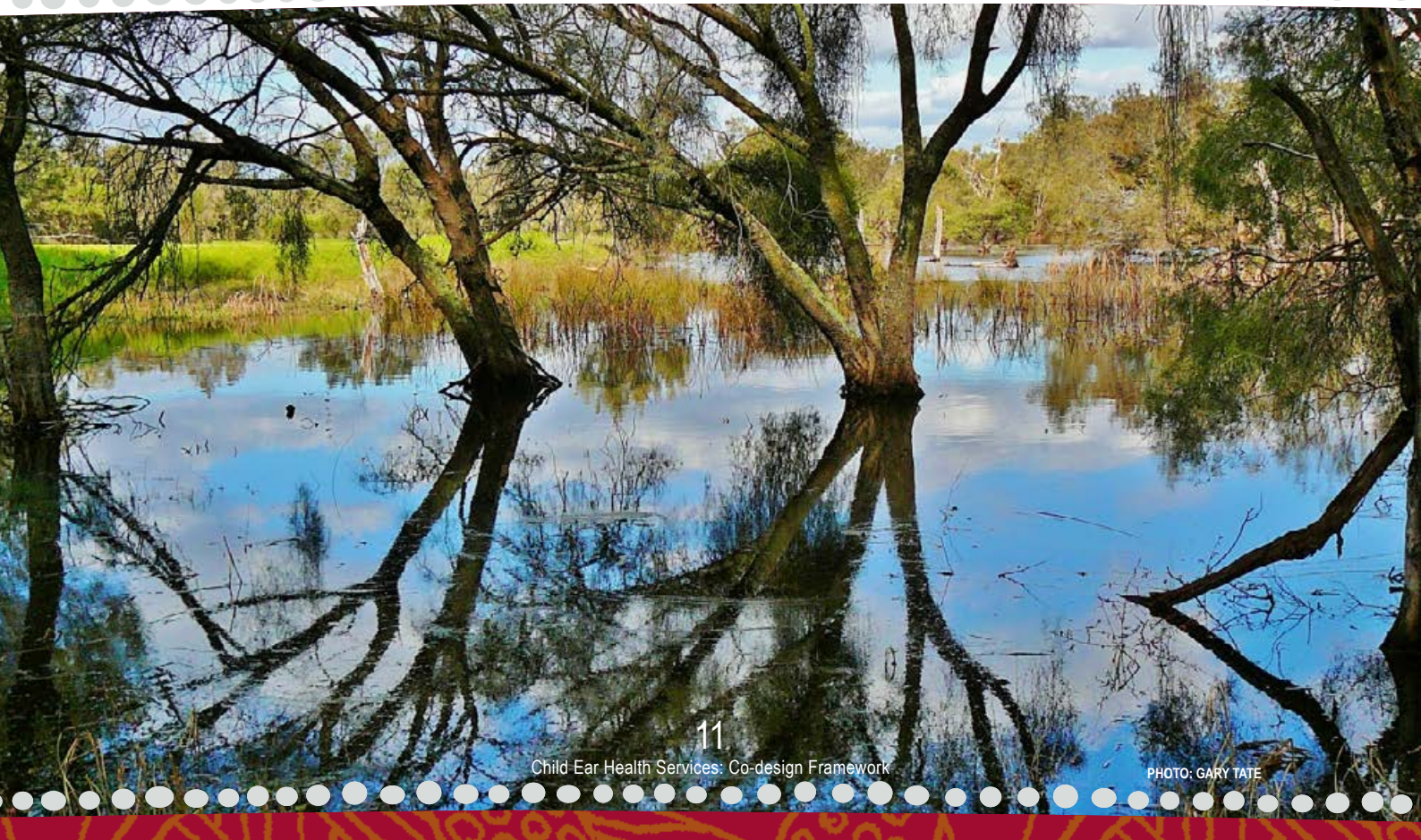


PHOTO: GARY TATE

CASE STUDY

Northam - Healthy Ears for Healthy Koorlangkas (kids)

Stage 1 Engage

The WACHS Wheatbelt Aboriginal Health Service (WAHS) provides healthcare services for Aboriginal people including prevention, treatment and management. The team provides flexible, culturally secure services in WAHS clinics, home settings and community venues, and will also assist clients to access mainstream services.

The WAHS team was concerned by the high number of Wheatbelt Aboriginal children aged 0-14 years being admitted to hospital for ear infections (six times higher than for non-Aboriginal children). Many of these infections and hospital admissions could have been prevented.

It was important for the WAHS team to work closely with the Wheatbelt Aboriginal community to tackle this problem.

Stage 2 Gather

WAHS has a majority Aboriginal workforce and is closely linked to the Wheatbelt Aboriginal community. Key Aboriginal members of the WAHS Maternal and Child Health team took on leadership and linking roles in the process of community consultation around how to tackle ear health problems in Aboriginal children.

Consultation with members of their community was informal and often opportunistic. However, the advice provided by community members was clear and invaluable. WAHS had the nucleus for the development of an ear health program for Aboriginal children. This included;

- community involvement and advice
- knowledge and expertise of Aboriginal health professionals who are also members of the Wheatbelt Aboriginal community
- knowledge of team members (Aboriginal and non-Aboriginal) with ear health skills and experience.

Stage 3 Understand

To develop a culturally safe Aboriginal child ear health program, the community provided some very specific advice. They asked for health messages that are;

- culturally appropriate for the Wheatbelt Aboriginal population
- interesting and engaging for Aboriginal families, with special messages for children that will encourage learning.

Stage 4 Implement

Aboriginal members of the Maternal and Child Health team developed the new *Healthy Ears for Healthy Koorlangkas* program linked to the WA Child Ear Health Strategy and the WACHS Wheatbelt Regional Ear Health Plan. It is also linked to the Perth Children's Hospital Ear Telehealth Program.

Healthy Ears for Healthy Koorlangkas is for Aboriginal children aged 0-4, with a major focus on prevention and early intervention. Opportunistic screening in community and health centre settings is a key feature of the program. Children are screened by Aboriginal health workers or community health nurses and if found to have an ear problem, they are referred to a doctor for review and treatment as soon as possible.

The team worked closely with the Aboriginal community and the WAHS Health Promotion team to develop health promotion resources for the program. These included:

- Donna and Dylan Dwonk (ear) mascots for the program.
- Video clips featuring Donna and Dylan Dwonk.
- Regular Facebook posts to link people to the video clips and to promote key messages.
- A 'Big Ear' bouncy castle to create interest and provide education at events.
- Healthy Ears for Healthy Koorlangkas brochure.

Stage 5 Evaluate

All the project health promotion resources were tested and improved by consumers and the project activities were evaluated by yarning groups to gauge community engagement and approval.

Clinical data, including screening and community treatment results and hospital admissions for ear infections will be analysed to evaluate the outcomes of *Healthy Ears for Healthy Koorlangkas.*

PHOTO: WACHS WHEATBELT

CASE STUDY

Kalgoorlie - Pina Karnbi project

Stage 1 Engage

In Kalgoorlie, the WACHS Population Health team saw the need to provide regular ear health screening for Aboriginal children from an early age.

The WACHS team noticed that many families responded to incentives to get their children immunised and there was very good attendance at the local immunisation clinics. The team thought that if ear health checks were held alongside immunisation clinics, many children could be screened and early intervention would be possible for more children.

In 2017, the WACHS team took this issue to the Goldfields Regional Aboriginal Health Planning Forum (GRAHPF).

Stage 2 Gather

The GRAHPF is where many organisations meet to discuss priority health issues. The WACHS team presented their ideas for the child ear health project, and forum members helped to scope and plan.

An interagency sub-committee – the Goldfields Ear Health Stakeholders Group – was set up. They met regularly to make sure the developing project responded to family and community needs.

The stakeholders group suggested that there was also a need to support families with their care pathway journey when children were found to have an ear health problem.

PHOTO: WACHS GOLDFIELDS

Stage 3 Understand

The voices of community members, Aboriginal health staff and Elders were heard and became central to planning the new project. Families were asked about what they thought would work. They were consulted at playgroups and community events, including the Summer Hub – where families from remote locations come to stay in Kalgoorlie.

Local people suggested a name for the project - Pina Karnbi – meaning Strong Ears in Wongutha.

Clinicians looked at the care pathways and talked to Aboriginal staff and consumers about how to make appointments with audiologists and specialist doctors more accessible.

Stage 4 Implement

WACHS partnered with Bega Garnbirringu health service to reach out to Aboriginal families. The Aboriginal Health Workers and other Aboriginal staff from WACHS and Bega were central in recruiting and screening families. They also helped clinicians to understand and respect community and culture.

Feedback from families was implemented, including offering transport services, home visiting for screening, appointment reminders and support by Aboriginal staff at appointments.

The project coordinator maintained contact with families and arranged joined-up appointments, support, telehealth, and transport when needed. This led to easier and quicker access to audiology, doctors, specialists, treatment and medication for their children.

Every contact with families was an opportunity to talk about how to keep kids ears healthy.

Stage 5 Evaluate

Performance indicators were set to reflect project aims, and data was captured at each service contact. Data analysis showed that ear disease is being identified early, families were attending appointments and children were getting the care they needed. Families gave feedback too:

"The Pina Karnbi project helped me navigate the different services so I felt like we are getting more coordinated care for my son."

"It assisted with telehealth appointments to avoid travel to Perth."

"The Pina Karnbi ear service makes me feel supported as a parent.

It makes me feel like there are other people who genuinely care about my son's health, hearing and development."

Next steps

This resource is for health service managers and staff who are involved in setting up or reviewing child ear health programs and services. The co-design process commits to truly engaging with Aboriginal families and communities, and planning for change that meets people's needs. This approach allows community members to move from being consumers to becoming co-leaders in identifying issues and planning effective solutions.

Your feedback

You are invited to tell us about your co-design initiatives and journeys in collaboration. Your feedback on how to improve this resource is welcome. Please send your communication to the WACHS Population email

AreaOfficePopulationHealth.WACHS@health.wa.gov.au

PHOTO: WACHS

Key terms

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. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Aboriginal health and wellbeing | Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life.

Cultural security | A commitment to the principle that the design and provision of programs and services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. Cultural security focuses primarily on systemic change that seeks to assist health professionals to integrate culture into their delivery of programs and services, and to adopt a cultural lens to view practices from the perspective of Aboriginal people and culture. The emphasis is that the responsibility for the provision of culturally secure health care lies with the system as a whole, and not just the individual health practitioner.

Cultural respect | The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people.

Health literacy | The extent to which consumers can obtain, process and understand information about health care, services, and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health.

PHOTO: GARY TATE

Useful co-design resources

A Guide to Build Co-design Capability: Consumers and staff coming together to improve healthcare - Agency for Clinical Innovation, Patient Experience and Consumer Engagement, NSW Government.

Co-design Toolkit - WA Council of Social Service.

Experience Based Co-design: a toolkit for Australia - Consumers Health Forum of Australia & Australian Healthcare and Hospitals Association.

Partnering with Consumers Guideline - WA Country Health Service.

PHOTO: TOURISM WESTERN AUSTRALIA

The co-design process commits to truly engaging with Aboriginal families and communities, and planning for change that meets people's needs.

Key strategies and plans

- CAHS Aboriginal Health and Wellbeing Plan 2021
- CAHS Consumer Engagement Strategy 2020-2022
- CAHS Strategic Plan 2018-2023
- CAHS Strategic Plan 2018-2023 Midpoint update
- National Agreement on Closing the Gap July 2020
- Sustainable Health Review 2019
- WA Aboriginal Health and Wellbeing Framework 2015–2030
- Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030
- WA Aboriginal Health and Wellbeing Framework 2015–2030 Monitoring and Reporting Plan Second edition: April 2018
- WA Auditor General's Report - Improving Aboriginal Children's Ear Health
- WA Child Ear Health Strategy Recommendations 2021
- WA Ear Health Strategy 2017-2021
- WA Health Aboriginal Workforce Strategy 2014–2024
- WA Health Strategic Intent 2015–2020
- WACHS Aboriginal Health Strategy
- WACHS Cultural Governance Framework
- WACHS Partnering with Consumers Guideline
- WACHS Strategic Plan 2019–24

Co-design of ear health services can help to address the acceptability, access and engagement with services for Aboriginal families and communities.

PHOTO: WACHS

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