

Strengthening Aboriginal Family Involvement In The Paediatric ESCALATION System-Aboriginal Family Experience

Presenter

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Fenella J. Gill

Western Australia



Acknowledgement



I would like to acknowledge and pay respect to the Traditional Owners and Elders of the land we gather and learn on today, Gadigal country

We acknowledge and pay respect to the Traditional Owners and Elders of the lands of all the Aboriginal families that have and continue to share their time and stories with us, as we recognise the significant importance of their cultural heritage, values, beliefs, and how these contribute to the positive health and wellbeing of families with hospitalised children.

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Parents' concerns can help catch early signs that a child is getting worse, making hospitals safer ¹

1. Mills, E., et al., (2025). **Association between caregiver concern for clinical deterioration and critical illness in children presenting to hospital: a prospective cohort study.** *The Lancet Child & Adolescent Health*, Vol. 9 Issue 7 Pages 450-458. [https://doi.org/10.1016/S2352-4642\(25\)00098-7](https://doi.org/10.1016/S2352-4642(25)00098-7)

The Paediatric ESCALATION System



Contents lists available at ScienceDirect

Australian Critical Care

journal homepage: www.elsevier.com/locate/auc



Research paper

Development of an evidence-based ESCALATION system for recognition and response to paediatric clinical deterioration

Fenella J. Gill, PhD, RN ^{a, b, *}, Alannah Cooper, RN, BN (Hons) ^{a, b}, Pania Falconer, RN, MN ^{a, b}, Scott Stokes, MNP, PNP ^c, Gavin D. Leslie, PhD, RN ^a



Society for Pediatric Research

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CLINICAL RESEARCH ARTICLE OPEN

Feasibility and acceptability of implementing an evidence-based ESCALATION system for paediatric clinical deterioration

Fenella J. Gill^{1,2,3}, Alannah Cooper^{1,4,5}, Pania Falconer², Scott Stokes^{6,7}, Alison Roberts^{1,8,9}, Matthew Szabo³ and Gavin D. Leslie^{1,3}

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Integrated family involvement

Date							
Time							
Family/clinician concern*	1						
	0						
AIRWAY & BREATHING		Any airway threat escalate to MEDICAL					
Assessment of respiratory distress See back of chart*	Severe	3					
	Moderate	2					
	Mild	1					
	Nil	0					



ESCALATION System inclusive of Aboriginal family involvement



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Aboriginal perspectives on recognising clinical deterioration in their child and communicating concerns to clinicians

Fenella J. Gill ^{a,b,c,*}, Alannah L. Cooper ^b, Pamela Laird ^{d,e,f}, Gavin D. Leslie ^b

“...what if it's nothing I take her up to the hospital and it's just nothing; it's something she'll get over?” Participant 7

“A lot of my family members are afraid to talk to a professional people... they don't feel comfortable” (Participant 2).

More work to be done

Strengthening Aboriginal family involvement in ESCALATION System 2022-2025

Study design

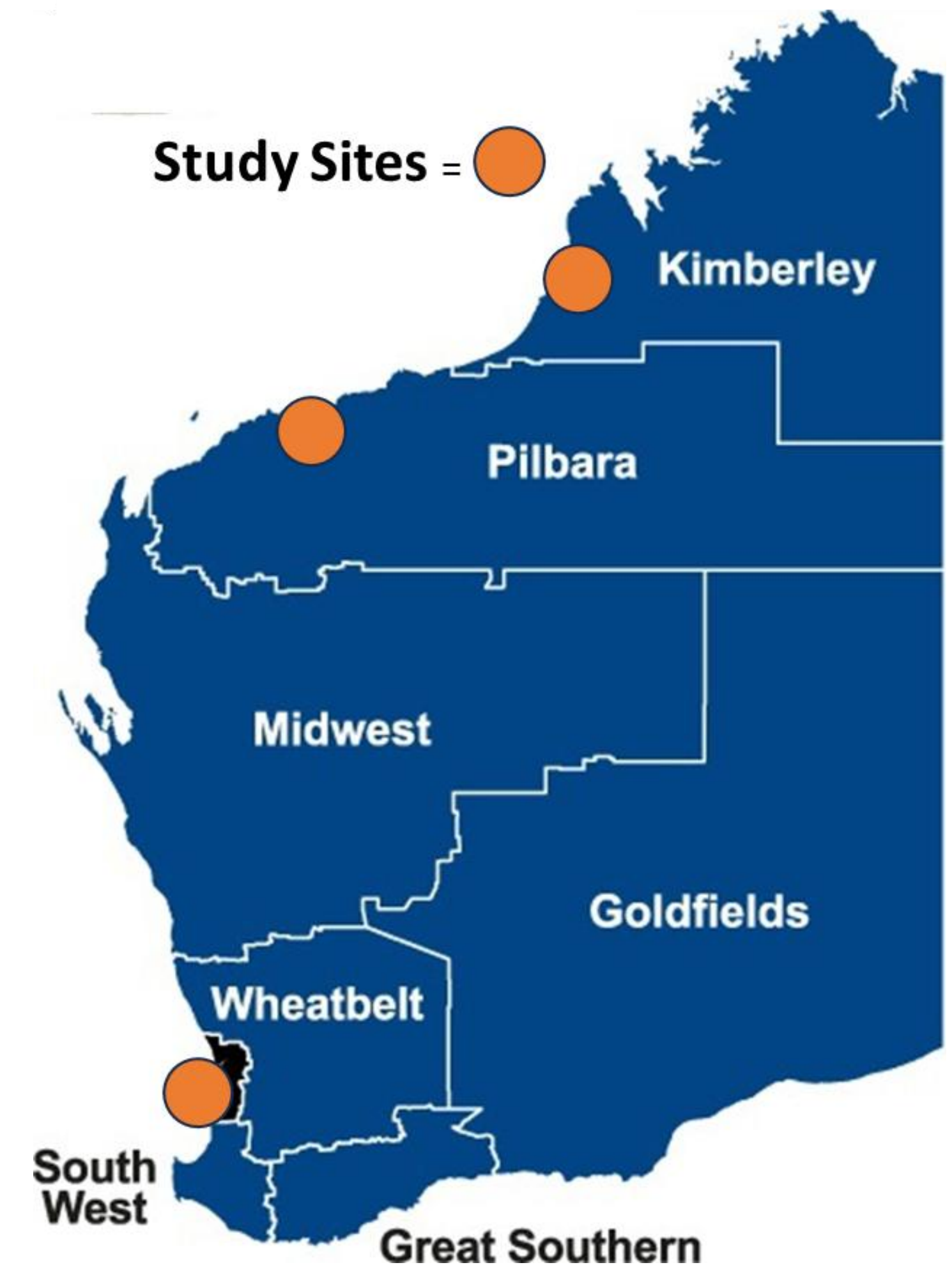
Stage 1 of a Three-Stage Pre-post intervention multi-methods study

Human Research Ethics Committee (HREC) Approval

- Child and Adolescent Health Service HREC6020 – Approval – July 2023
- Western Australia Aboriginal Health Ethics Committee HREC1278-Approval November 2023
- Curtin University HRE2023-0412

Research sites

- Metropolitan: Children's Specialist Hospital
- Regional: 2 Regional Hospitals



Strengthening Aboriginal family involvement in ESCALATION System 2022-2025

Overarching research design

Practical Robust Implementation and Sustainability Model (PRISM)¹

Aboriginal Participatory Action Research² -Consumer Advisory Group

PRISM Factors

1. Aboriginal Family Characteristics
2. Perspectives on recognising illness and their beliefs about raising their concerns
3. Implementation and sustainability infrastructure, identifying enablers and barriers to involvement in ESCALATION system
4. External environment, and broader factors

Outcomes

Reach, **Effectiveness**, **Adoption**, **Implementation**, Maintenance

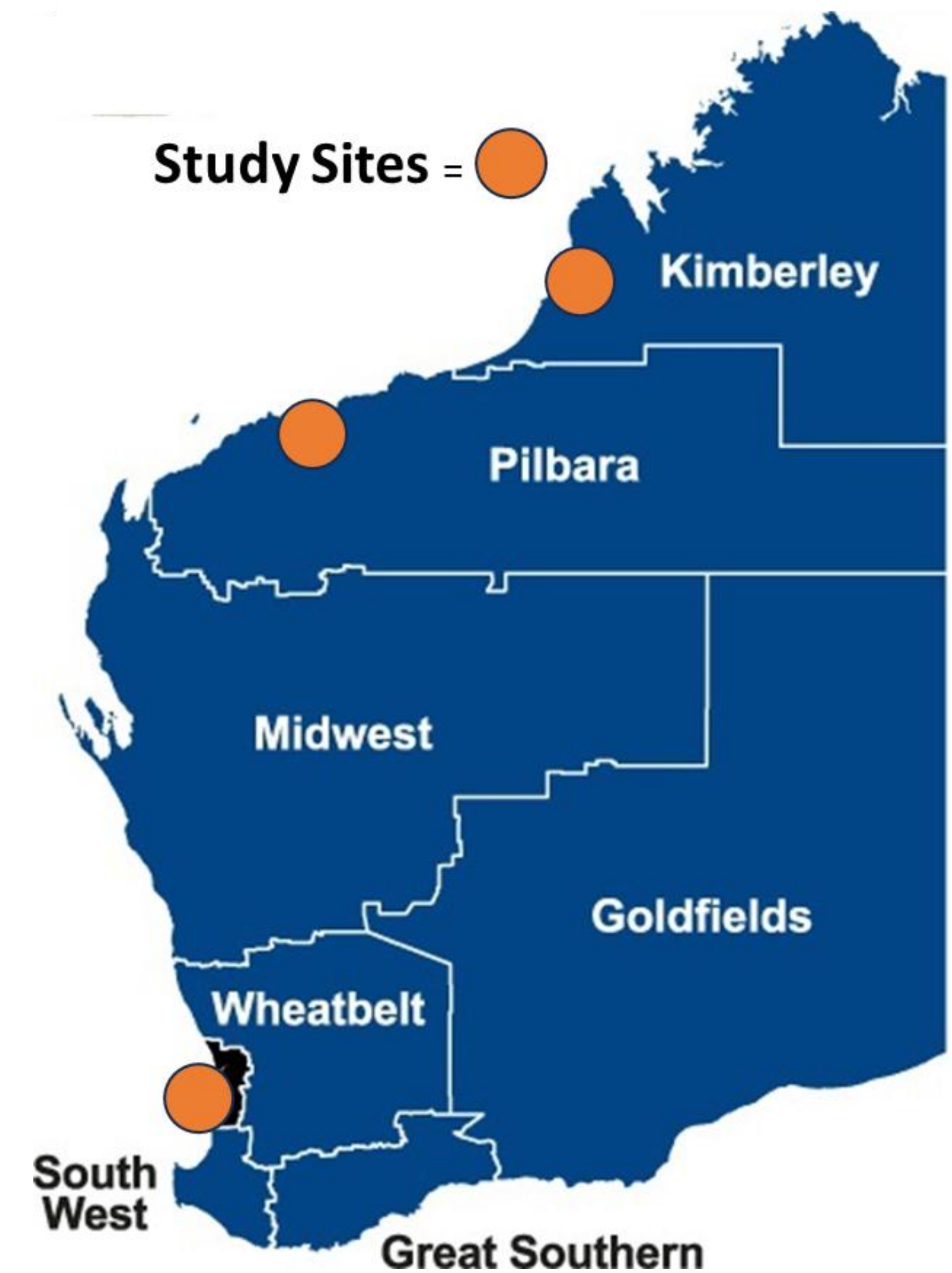
1. Feldstein, A. C., & Glasgow, R. E. (2008). A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. Joint Commission Journal on Quality and Patient Safety, 34(4), 228-243. [https://doi.org/10.1016/s1553-7250\(08\)34030-6](https://doi.org/10.1016/s1553-7250(08)34030-6)

2. Dudgeon, P., Bray, A., Darlaston-Jones, D., & Walker, R. (2020). Aboriginal participatory action research: An Indigenous research methodology strengthening decolonisation and social and emotional wellbeing, discussion paper. In. Melbourne: Lowitja Institute

Pre-Post Intervention to Strengthen and Sustain the Paediatric ESCALATION System (The SPECS): Study Protocol

Eileen Boyle¹  · Pamela Laird^{2,3}  · Gavin D. Leslie¹  · Scott Stokes^{4,5} · Jenni Andrew⁶ · Jon Howard⁶ · Melanie Robinson⁷ · Tania Harris⁸ · Fenella J. Gill^{1,7} 

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Strengthening Aboriginal family involvement in ESCALATION System 2022-2025

Global Implementation Research and Applications
<https://doi.org/10.1007/s43477-025-00154-w>

Pre-Post Intervention to Strengthen and Sustain the Paediatric ESCALATION System (The SPECS): Study Protocol

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Participants

- Parent/carer of an Aboriginal child with an ED or hospital admission in WA within the last 5 years
- Carer = family members in kinship system, foster family, main carer

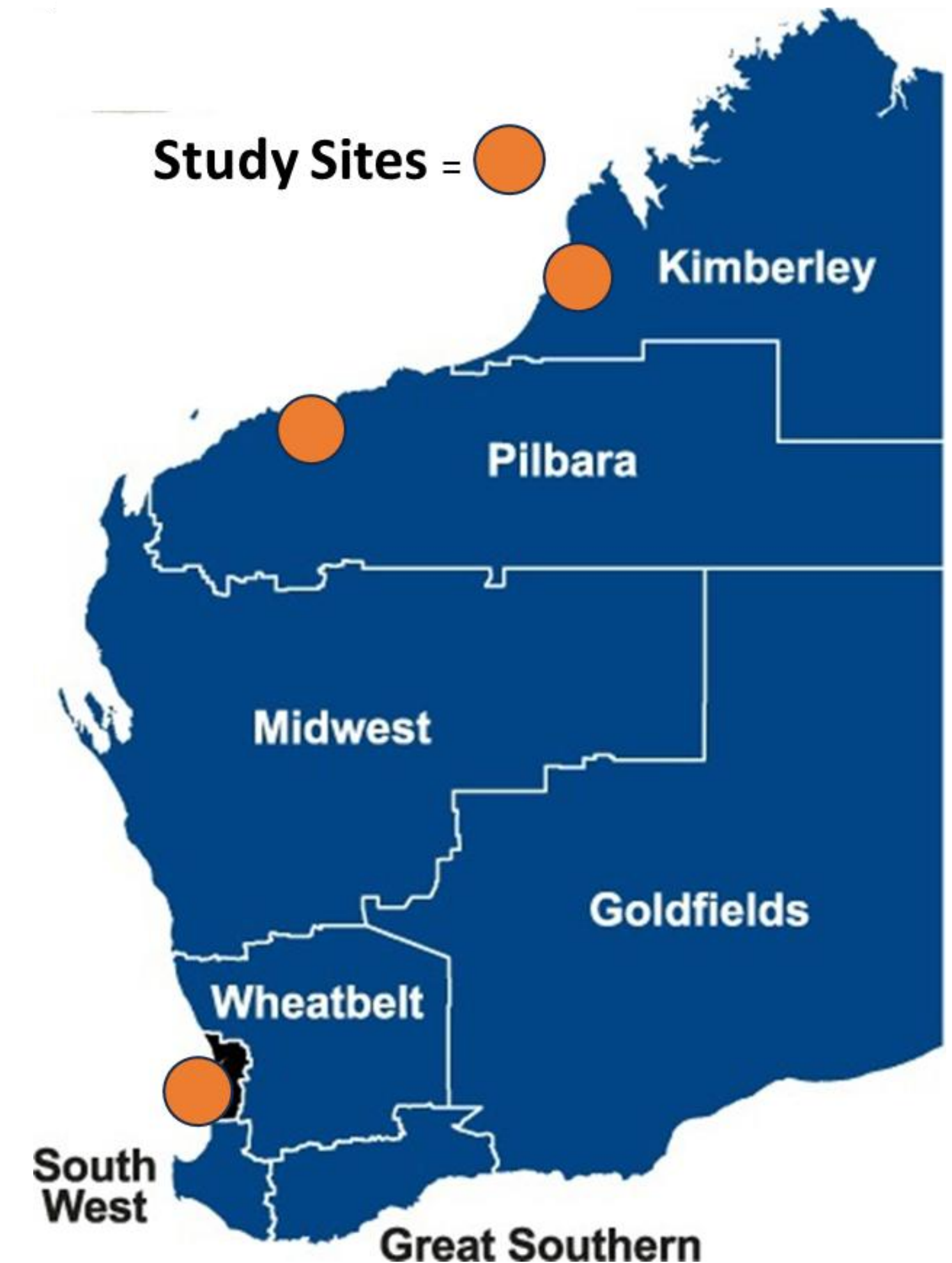
Data collection

- Survey – Face validity & Clarity, content validity, and apparent internal consistency- Exploratory factor analysis
- Interview/focus group

Analysis

- Survey: Descriptive Statistics
- Interview/focus groups: Thematic Analysis¹

1. Braun and Clarke (2016)



Aboriginal Research Methods

- Study Site Aboriginal Lead Researcher
- Refine semi-structured questions, including feedback from families
- Optimizing cultural context for participants when discussing sensitive matters
- Facilitate engagement with key consumer stakeholders
- Data analysis, a cultural lens and accuracy of transcripts with respect to local cultural nuances



Participant characteristics

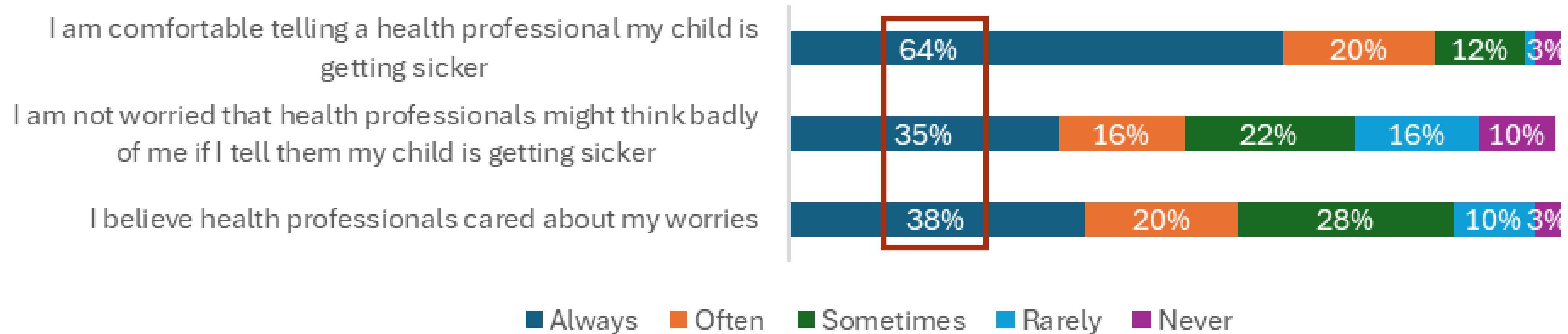
Variable	Survey n=86(%)	Interview/Focus group n=37(%)
Relationship to child		
Aboriginal Parent	76(86)	36(97)
Non-Aboriginal Parent	10(14)	1(3)
Grandparent	5(6)	5(14)
Aunty/Uncle/Cousin/Foster carer	4(5)	--
Location		
Metropolitan	30(35)	14(38)
Regional	56(65)	23(62)
Age of child		
0-12 months	24(28)	8(25)
1-4 years	26(30)	11(34)
5-11 years	28(33)	11(34)
12 years and above	8(9)	2(6)
Number of presentations/admissions to hospital		
1- 2	45(52)	20(62)
Multiple	41(48)	12(38)
Primary language		
Aboriginal language	14(16)	4(11)

Did you feel heard? survey

Statement	Yes	No	N/A	n=86(%)	
Think of a time when your child was getting worse in hospital, did you say you were worried?	64(75)	10(12)	12(14)		
Do you know about Aishwarya's CARE call?	49(58)	36(42)	-----		
Have you used Aishwarya's CARE call?	4(8)	45(92)	-----		
Knowledge About Child's General Health	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I know when my child is well	65(76)	13(15)	1(1)	1(1)	6(7)
I know when my child is sick	62(72)	16(19)	1(1)	1(1)	6(7)

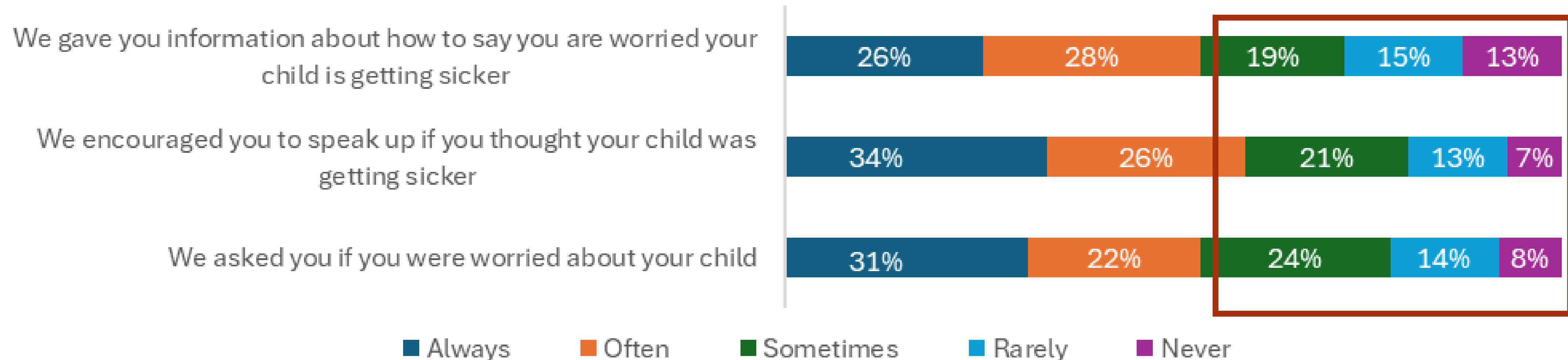
Did you feel heard? survey

Family's confidence in approaching healthcare professionals to discuss concerns



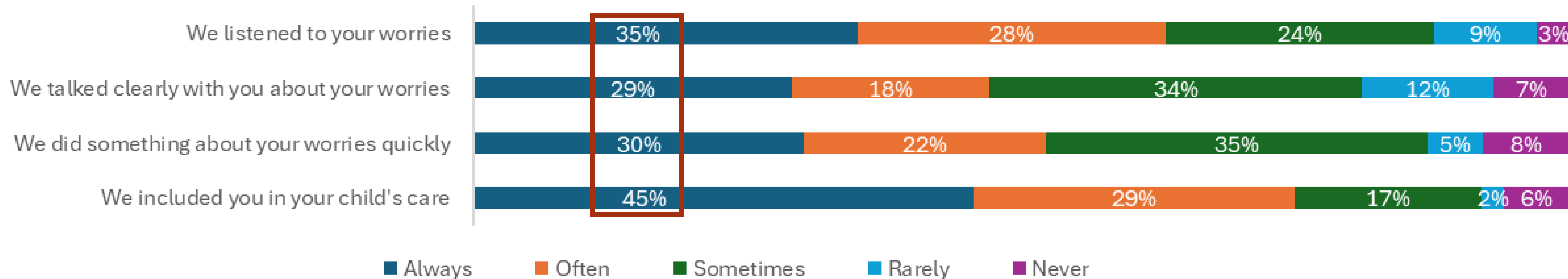
Did you feel heard? survey

Experience of being given information and invited by healthcare professionals to speak about concerns



Did you feel heard? survey

Family Experience Being Listened to with Active Response by Staff



Theme 1- Interview/Focus Group

PRISM Domain	Theme 1	Subtheme	Exemplar Quote
Recipients (Aboriginal Parent/Carer)-Characteristic/Perspective	Family knows best	<ul style="list-style-type: none">Ways of knowing child is sickFamily is always there	<p>“She had stridor during breathing.” P10</p> <p>"My kids get very clingy, sooky, sleep, that sorta stuff." P28</p> <p>"I just knew he wasn't right, he was crying so hard, screaming, it wasn't right." P21</p> <p>“I'm here 15- 18 hours a day, so I can see those changes...or the doctors are saying, well hang on a minute. “What do you think because you're spending so much time with her?” P10</p>

Theme 2- Interview/Focus Group

PRISM Domain	Theme 1	Subtheme	Exemplar Quote
Implementation & Sustainability Infrastructure	Feeling comfortable to speak up	<ul style="list-style-type: none">• Health professional expertise• Respectful relationship• Family is their child's voice	<p>"I trusted the doctors, they knew what they were talking about, they were going to find the answers. I didn't question it. I believed they knew what was right. I flat out, trusted them" P32</p> <p>"Better come in and have a yarn, explain, ask me if I understand, if no, then explain it in simpler terms." P03</p> <p>"There was a lady across from me... She did come over to me and ask me, 'How were you able to stand up to her (doctor)?' I was like, 'cause (sic) he's a little kid, and he doesn't have a voice...If you don't agree with her...tell her you want another doctor." P37</p>

Theme 3 - Interview/Focus Group

PRISM Domain	Theme 1	Subtheme	Exemplar Quote
Implementation & Sustainability Infrastructure	Speaking up is not easy	<ul style="list-style-type: none">• Feeling dismissed• Language barriers• Reluctance to question health professionals• Limited impact of visual resources	<p>“Sometimes you can get rubbed off the wrong way and you don't want to say anything.” P10</p> <p>“I just think it needs to be real layman's real basic language so none of your really high fancy dancy words.” P12</p> <p>“People from country they're scared because they are out of country don't know if they will be kicked out, if back in country happily speak up”. P03</p>

Supporting visual resources

Helps families speak up when they're worried about their child's health

Tell us if you are worried

If your child seems sicker or is behaving unusually, tell us right away.

Changes to look for:



Breathing is fast, slow or noisy



More sleepy than usual, can't wake up



Confused, can't keep eyes open



Pain that doesn't go away, shivering or shaking, crying a lot



Skin is cold, pale, blue or patchy



Weak and floppy



Hot or cold to touch



New skin rash, spots or marks

Talk to your nurse or doctor if you have questions or concerns. You know your child best.

We will listen to you!

© State of Western Australia, Child and Adolescent Health Service Ref no. 1337d, April 2022.



Western Australia's system that supports families to speak up when worried about their child's care



Department of Health
GOVERNMENT OF WESTERN AUSTRALIA



Are you worried?

Don't wait!

If your child seems sicker, tell us now.

Step 1



Worried your child is getting worse? Tell us.

Step 2



Still worried? Tell a senior staff member.

Step 3



If you need help urgently, call your hospital's Aishwarya's CARE Call line or use the Aishwarya's CARE Call phone installed in some emergency departments.

You know yourself and your mob best. We will listen to you.

healthywa.wa.gov.au

CMC-01-0871-0 NOV21 - WEB

Theme 4- Interview/Focus Group

PRISM Domain	Theme 1	Subtheme	Exemplar Quote
External Environment	Culturally secure care	<ul style="list-style-type: none">• Discrimination, fear, and trust• Implicit understanding of culture	<p>"I get nervous, especially when it comes to our kids about DCP [Department of Child Protection] ...even if it's an accident." P29</p> <p>I was frightened they'd kicked me out. They make you feel like you're another angry black person...The moment you speak up for yourself, you're labelled as an angry black person, not a mother fighting for their child's health." P20</p> <p>"They need an Aboriginal health worker, especially in the emergency area. Nurses don't know how to communicate that or don't know how to make sure that everyone's OK, or they get ignored." P07</p>

100

RE-AIM Domain	Enabler	Barrier
Effectiveness	Carers are the child's advocate and expert	Carers voice can be overlooked
Implementation	Carers feel included, respected, comfortable and worries are acknowledged	Fear of speaking up- dismissed or shy Felt culturally unsafe
Adoption	Visual resources helped encourage speaking up	Lack of awareness of the escalation process and visual resources not engaging



Key Findings: Aboriginal Family Experiences

Speaking up about concerns

Requires proactive engagement and reassurance from health care professionals

Listened to and active response

Clear communication and addressing language barriers are essential in improving care

Confidence to engage with healthcare professionals

Culturally secure environments play a significant role in confidence to speak up



STAGE TWO: Adapt the ESCALATION System

Co-Design Workshops

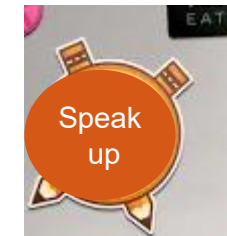
Community Workshop May and June 2025 (x 5-across 3 sites)

Participants: 23 Aboriginal carers, community Elders, and Aboriginal health workers

Suggested Community Resources



Flip chart



Fridge magnet

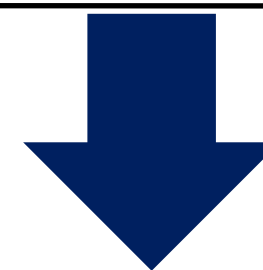


Animation-video
Family Story
Speaking up when worried in hospital

Health Professional Resources



Simulation-video
Health professional engaging
Aboriginal families



STAGE THREE Evaluate Solutions (Focus groups/Interviews)



Thank you

<https://www.escalation.com.au/>



Scan QR Code For
Study Protocol



Scan the QR Code for the poster of
healthcare professional experiences
involving Aboriginal families in the
ESCALATION system

Contact Email Eileen.Boyle@curtin.edu.au