Experience of introducing visuals to a health service

Any child presenting to a health professional may not fully understand what is going to happen. This is particularly the case for children with intellectual and other developmental disabilities, who are also much more likely to see a health professional due to higher rates of health conditions. Difficulties in communication can contribute to barriers to good healthcare.

Augmentative and Alternative Communication (AAC) strategies are widely used outside healthcare settings to assist communication with children with disabilities. AAC includes pictures or visuals, simple text, real objects or gestures.

In 2015, the Emergency Department at The Children’s Hospital at Westmead introduced visuals and looked at the impact for clinicians, children and their carers (see diagram 1). This summarises some of the key learnings from that experience that may be relevant for other health services.

Diagram 1: Key components of the process.

| Gathering partners, including families and carers | Developing and evaluating visuals | Surveying staff in experience of visuals | Staff training and evaluation in CHW ED | Development of Visuals Toolkit to enable others to adapt, train and utilise it | Disseminate tools for use elsewhere |

Key foundations of the process

- Effective and relevant partnerships across professionals and agencies established at the outset. These included hospital or other health professionals, specialist disability health professionals, specialist non-government agency speech pathologists.
- Carers and families were involved in the co-design and evaluation.
- A clinician champion, in our case an ED nurse, was trained to support colleagues.
- Each component of the process was evaluated by carers and health professionals and tools redesigned as suggested.
- Visuals were used with a range of young children, not just children with disability.
Carers found that visuals were helpful for their child

- Carers would like visuals to be used before and during visits to a health professional if their child is distressed, anxious or doesn’t understand what will happen.
- Many have a mobile device e.g. iPad or smart phone to access visuals.
- Not every child will need visuals when they see a health professional.

What carers told us:
- “It would be a great resource for children who can be very anxious about hospital visits.”
- “My child would love to share ‘a story’ with her nurse/doctor.”
- “Thank you for helping make him understand the process. Very happy!”
- “Great for the children to see the procedure of what will happen to them especially when they ask what is going on. Easy language and easy for them to follow.”

Health professionals found that visuals can be helpful

- Training health professionals to use visuals can help them understand more about the needs of children. “Makes you more aware of the needs of children with disabilities and how we can help them with their hospitalisation experience.”
- Health professionals find that it is easy to learn to use visuals.
- Visuals helped a variety of children, including those with disability or who were distressed or anxious.
  - “We cannulated a child presenting with behavioural issues who was stressed about procedure... (sedation) had been planned and was not used due to effectiveness of tool.”
  - “Parents didn’t speak English and thus I read booklet to the child. I think it helped to further establish a good therapeutic relationship between myself and the child, however, the child was still upset during the examination.”
- Visuals can be useful in many different clinical contexts.