

LETTER OF TRANSMISSION (CHAIRPERSON'S COMMENTS)

To Hon Robyn McSweeney MLC, Minister for Seniors and Volunteering

Dear Minister

It gives me great pleasure to present the Carers Advisory Council's Annual Report for 2009/2010 for your consideration and tabling in Parliament, as required under Section 10 of the Carers Recognition Act 2004.

The Council is pleased to inform you of the progress made in this important area, and the good-will and cooperation demonstrated by all concerned to the principles of the Carers Recognition Act 2004 including the Carers Charter.

Thank you for your support during the year.

Yours Sincerely

Ellen Walker

Chair

Carers Advisory Council

CARERS ADVISORY COUNCIL REPORT TO PARLIAMENT 2010

CARERS ADVISORY COUNCIL

Mrs Ellen Walker (Chairperson)

Mrs Mary Deschamp (Deputy Chairperson)

Mr Charlie Rook (Member)

Ms Melissa Webb (Member)

Miss Raynar Foldesi (Member)

Ms Elaine McCormack (Member)

Ms Rachel McMurray (Member)

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EXECUTIVE SUMMARY

PURPOSE

The Carers Advisory Council (Council) is required to report to Parliament on the compliance with the *Carers Recognition Act 2004* (the Act) by the Department of Health (DoH) and Disability Services Commission (DSC) and their funded agencies. The Act, which includes the Carers Charter, directs that carers are to be included in assessment, planning, delivery and review of services and that their views and needs must be taken into account when making decisions on services. This year, the Council report is in the form of an overview and summary of the complete reports as received from the Reporting Organisations.

BACKGROUND

Carers play an integral role in the social fabric of Western Australian society. The caring role is often undertaken out of a natural desire to care for, and about, loved ones. The caring role is often detrimental to the carer's health and wellbeing. This report goes a step further to showing that key services in Western Australia are keen to be part of a community where caring is a shared responsibility by recognizing carers and their role, and by including carers in all aspects of service provision.

About one in eight Western Australians are carers. That is, they provide unpaid support or assistance to someone with a disability, chronic illness including mental illness, or because of frailty. The estimated economic value of this care is \$4.1 billion dollars¹.

The family network is the primary social support system in our society. Formal 'outside' help is an adjunct for matters beyond the capacity or scope of the family. Family care is provided as needed and for many this is 24 hours a day, 7 days a week. Formal services would be unable to cope without family support.

The ability of families to provide the full extent of care required by family members with care needs has diminished. Smaller family sizes, increased single and blended family units, internal migration, and increased workforce participation has affected the availability of family members to share in the carer role. These factors have contributed to gender inequities, and poor health and financial wellbeing.

The *Carers Recognition Act 2004* guides relevant service providers in the health and disability fields on how to work with families; to acknowledge carers' expertise in the situation at hand; to realize the benefits of working together as partners in care; and, that carers have a life outside of the caring role.

YEAR IN REVIEW

Carers have had a higher profile across local, State, and Federal jurisdictions this year. Regular briefings were given to the Minister.

¹ Access Economics (2010) The economic value of informal care in 2010: Report for Carers Australia, October. Canberra (pages i and 11)

The high number of newly appointed Council members has required a greater emphasis being placed on professional development this year, so that all members are well informed and able to comfortably perform their role.

Key activities at a State level (the purview of the Carers Advisory Council) included:-

- A Mental Health Commission (MHC) was established, and a draft Strategic Direction for mental health distributed for public debate.
- The compliance assessment and reporting process used by the Carers Advisory Council has been revised and streamlined. This was facilitated by the Department for Communities in consultation with Carers WA, the Department of Health, the Disability Services Commission, and the Carers Advisory Council.
- The inaugural Chairman, Lois Gatley, completed her term of appointment, as did five other Council members.

At a Commonwealth level:-

- The Carers Recognition Bill (2010) passed through both houses of Federal Parliament and awaits Royal Assent.
- A draft National Carers Strategy has been distributed for public debate.

COMPLIANCE REPORTING

What a pleasure to read of the progress being made in recognising carers in Western Australia. The reports by applicable agencies this year show continuing development of understanding as to what is required by the Act. The reports also illustrate that benefits such as better overall outcomes are being achieved by including carers as key partners, alongside the patient, or person receiving services.

The Disability Services Commission (DSC) continues to show that it is well-developed in measures to comply with the Act. It is noted that, compared with the Department of Health, DSC is a relatively small organisation, and it has the benefit of originating from a family based initiative. This said, the report showcases many instances of carer involvement that could be transferred to other organisations, across government, to achieve better outcomes where carers are involved.

The Department of Health is to be particularly commended for its work to highlight the benefits of carer involvement within the Area Health Services, and funded organisations. A huge organisation, the Department of Health is faced with seemingly simultaneous challenges of increasing demand for services and scarcity of resources. As such, partnering with carers to deliver excellent wellbeing, through health and social care, is imperative. Imperative also, is that the spirit of the Act be upheld noting that carers are not health employees, and their views and needs (as in choice and capacity) must be considered.

The new compliance reporting requirements are based on self assessment with supporting evidence of carer involvement in the four areas of staff awareness, policy and planning, service delivery, and complaints procedures. Each of these is assessed on a three-point scale of commenced development, satisfactory progress, and well developed.

This year, the Council report is in the form of an overview and summary of the complete reports as received from the Reporting Organisations. This is part of the

reviewed process. The results are summarised below. Individual health services are included where a report showing the self assessment was included.

ASSESSMENT OF REPORTS MATRIX

Reporting Organisation		Staff Awareness	Policy and Planning	Service Delivery	Complaints Procedures
DSC		Well Developed	Well Developed	Well Developed	Well Developed
NMAHS		Units Reported Separately – Overall Compliant			
	<i>NMAHS MH</i>	<i>Satisfactory Progress</i>	<i>Commenced Development</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>OPH</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>SCGH</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>PHAC</i>	<i>Commenced Development</i>	<i>Commenced Development</i>	<i>Commenced Development</i>	<i>Satisfactory Progress</i>
	<i>SKHS</i>	<i>Well Developed</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Well Developed</i>
	<i>KEMH</i>	<i>Well Developed</i>	<i>Well Developed</i>	<i>Well Developed</i>	<i>Well Developed</i>
SMAHS	Overall	Satisfactory Progress	Satisfactory Progress	Satisfactory Progress	Satisfactory Progress
	<i>AHS</i>	<i>Well developed</i>	<i>Satisfactory Progress</i>	<i>Well developed</i>	<i>Satisfactory Progress</i>
	<i>BHS</i>	<i>Commenced Development</i>	<i>Well Developed</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>RKPG</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>FHHS</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
	<i>SMAMHS</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>	<i>Satisfactory Progress</i>
ACCD		Well Developed	Well Developed	Satisfactory Progress	Satisfactory Progress
CAHS		Satisfactory Progress	Satisfactory Progress	Satisfactory Progress	Satisfactory Progress
WACHS		Satisfactory Progress	Satisfactory Progress	Satisfactory Progress	Satisfactory Progress

ACCD	Aged and Continuing Care Directorate	OPH	Osborne Park Hospital
AHS	Armadale Health Service	PHAC	Population Health & Ambulatory Care
BHS	Bentley Health Service	RKPG	Rockingham Peel Group
CAHS	Child and Adolescent Health Service	SCGH	Sir Charles Gairdner Hospital
DSC	Disability Services Commission	SKHS	Swan Kalamunda Health Service
FHHS	Fremantle Hospital Health Service	SMAHS	South Metro Area Health Service
KEMH	King Edward Memorial Hospital	SMAMHS	South Metro Area Mental Health Service
NMAHS	North Metro Area Health Service	WACHS	Western Australian Country Health Service
NMAHS MH	North Metro Area Health Service - Mental Health		

FUTURE DIRECTIONS

The future augurs well for carers. Governments at all levels are acknowledging the important role carers play through their day to day activities, and also their contribution to Australia being a caring and compassionate society which values all its citizens.

The Carers Advisory Council will continue to advance the interests of carers, and in so doing the interests of those they provide care for, at every opportunity through the government of the day and by working cooperatively with all stakeholders.

Carers Advisory Council

November 2010

REPORTS

INTRODUCTION – OVERVIEW OF REPORTS

Revised and streamlined reporting requirements were implemented this year. These were developed with the reporting agencies in light of the experience of the last five years.

The new reporting requirements are based on self-assessment with supporting evidence, and are seen to be much less onerous and burdensome. This means that fewer resources are required for compliance reporting, and hence more resources are available for client services.

The smooth implementation of the new reporting framework is an indicator of the good-will and cooperation that exists with the reporting agencies, the Department of Health, and the Disability Services Commission. The agencies are to be commended for this.

DISABILITY SERVICES COMMISSION

GENERAL COMMENTS

The Disability Services Commission again demonstrated full and comprehensive compliance with the *Carers Recognition Act 2004* at all levels of operation. This includes carer participation and involvement in policy and program development at the macro level, to individual service planning at the micro level; from Board and Ministerial Advisory Council to local forums; and from training packages to articles in Newsletters and other publications.

This level of compliance with the spirit and intent of the *Carers Recognition Act 2004* demonstrates that this is a fundamental value embedded in the culture of the organisation, and not just a tokenistic or reluctant compliance.

ASSESSMENT

The Disability Services Commission is rated as ***Well Developed***, on all four measures.

GOOD PRACTICE

Examples of good practice abound in the report, and can be found in all areas of operation. Initiatives of particular interest to the Carers Advisory Council include:-

- Survey Results
 - The biennial survey of service users included 6 items specifically relating to carers, all with positive results of around 90% +/- 5 percentage points.
 - Carers' complaints were also included in the survey, again with reasonable results of about two-thirds satisfied with the outcome.
- Use of Technology

Web-page links are used extensively in documents, making detailed information easy to access and explore, especially when combined with the computer-based

accessibility tools. This means that all stakeholders, including carers, can have access to detailed specific information relation to their individual requirements.

- **Involvement**
The level of carer involvement at a systemic as well as individual planning level is to be commended. This includes Board, Minister's Advisory Council, strategic planning (Count Me In: Disability Future Directions), quality management (Quality Management Framework), development of new and/or expanded services, and priority assessment panels.
- **Training**
Staff training on the role and importance of carers is included in the orientation program for new staff, and specific training is conducted for staff and/or contractors with specific roles, such as the Independent Evaluators, and Service Contracting and Development staff who deal with the funded non-government sector.
- **Advocacy training for carers is supported at a local level, including assistance to attend conferences and forums.**

FUTURE DIRECTIONS

The Disability Services Commission in recognizing the importance and benefits of working with carers continues to seek improvement and meet the changing demands of the field. Initiatives in the coming reporting year include:

- A training handbook and DVD are being produced specifically targeted at staff in agencies funded by the Commission.

NORTH METROPOLITAN AREA HEALTH SERVICE (NMAHS)

GENERAL COMMENTS

Given that the North Metropolitan Area Health Service (NAMHS) supports a population of more than 800,000 people, consists of four composite health services and has a workforce of more than 10,000 staff, ensuring compliance across its many campuses must be seen as a highly complex task.

ASSESSMENT

Using the self rating scale provided in the trial reporting template, 4 cases of **Commenced Development**; 13 cases of **Satisfactory Progress**; and, 2 cases of **Well Developed** were reported. The NMAHS is rated as Compliant on all four measures.

GOOD PRACTICE

There are a number of examples of good practice in the NMAHS report which support the concept of the importance of carer recognition within the organisation:

- The ongoing work with Carers WA which has seen the expansion of the "Prepare to Care" hospital program which provides education sessions for staff and which includes the "Prepare to Care pack, Carer self Identification information packs and which monitors the number of staff who attend and the number of Resource packs distributed.
- The updating of the NMAHS Consumer Feedback/Complaints Management Policy in accordance with revised Western Australian Health Complaint Management Policy.

- The revision of the NMAHS Policy and Procedure Framework to ensure that all policies undergo extensive consultation with stakeholders including carers and community representatives where applicable.

FUTURE DIRECTIONS

The NMAHS notes a number of planned initiatives to extend implementation of the *Carers Recognition Act 2004* in the next reporting period. Some of the initiatives mentioned related to:

- Reviewing the process of identifying and recording the current carer which is another very important first step.
- Plans to monitor complaints closely and include the results in the monthly Executive reports,
- A staff survey will be conducted to ascertain the level of understanding of the Carers Charter.

SOUTH METRO AREA HEALTH SERVICE (SMAHS)

GENERAL COMMENTS

It appears that the SMAHS includes 80,000 carers in its target population and provided 174,000 occasions of service in 2009/2010. The SMAHS includes the following services: Royal Perth Hospital, Fremantle Hospital and Health Service, Armadale Health Service, Bentley Health Service, and the Rockingham Peel Kwinana group.

ASSESSMENT

The South Metro Area Health Service is rated as ***Satisfactory Progress*** on all four measures.

GOOD PRACTICE

Examples of good practice include:-

- Carers are involved in patient family meetings throughout Wards/Departments including care planning and discharge planning.
- Members of the Community Advisory Council undertook an audit of the health service compliance with the *Carers Recognition Act 2004* and were impressed with the level of inclusion of carers in patient care.
- Review of the Community Advisory Council terms of reference to increase the capacity of CAC members including the carer representatives to participate more actively in hospital strategic planning, policy and service review.
- The Director of Nursing and Nursing Director Informatics has worked with the Project Officer to implement a Carer's icon on the internal system for patient and bed management. This icon reminds staff to ensure that they include the carer in the patient's care.

FUTURE DIRECTIONS

The SMAHS notes a number of planned initiatives to extend implementation of the *Carers Recognition Act 2004* in the next reporting period. Some of the initiatives mentioned related to:-

- The Community Advisory Council members are to conduct an education session about the *Carers Recognition Act 2004* for nurses aspiring to be managers.
- Some Health Services have noted auditing initiatives to be undertaken in the next reporting year. These will be evaluated in the coming 2010 – 2011 year, with any gaps being rectified.

AGED AND CONTINUING CARE DIRECTORATE (ACCD)

GENERAL COMMENTS

The Aged and Continuing Care Directorate (ACCD) sits within the Department of Health and is concerned with the considerable number of programs covered by Home and Community Care (HACC) funding.

ASSESSMENT

Using the self rating scale provided in the trial reporting template 2 cases of **Satisfactory Progress** and 2 case of **Well Developed** were reported. The ACCD is rated as compliant on all four measures.

GOOD PRACTICE

There are a number of examples of good practice in the ACCD report which support the importance of carer recognition and implementation of the concept within the organisation:-

- One third of service providers have been assessed by a contracted quality assurance team for compliance with the Carers Charter.
- A template that acts as an awareness raising and compliance assessment tool was developed for funded organisations and has proved to be useful.
- Carer representation on three key advisory bodies within the Directorate

FUTURE DIRECTIONS

ACCD notes there are a number of planned initiatives to extend implementation of the *Carers Recognition Act 2004* in the next reporting period. Some of the initiatives mentioned related to:-

- Improved compliance through a dual process of self-reporting and the continuation of quality monitoring.
- Feedback is to be sought from carers to evaluate carer screening and assessment

CHILD AND ADOLESCENT HEALTH SERVICE (CAHS)

GENERAL COMMENTS

The Child and Adolescent Health Service (CAHS) treats close to 300,000 patients a year, many of whom have carers.

ASSESSMENT

Using the self rating scale provided in the trial reporting template 3 cases of **Commenced development**, 4 cases of **satisfactory progress** and 1 case of **Well developed** were reported. The CAHS is rated as compliant on all four measures.

GOOD PRACTICE

There are a number of examples of good practice in the CAHS report which support the importance of carer recognition and implementation of the concept within the organisation:-

- The introduction of the Liaising, Informing and Networking for Carers (LINC) unit which has been introduced at PMH to support the families and carers of children with complex needs. In addition the program assists carers to build strong networks of sustainable support for themselves and their families.
- The revitalising of the CAHS Community Advisory Council including a strong carer representation.
- The updating of the Health Complaint Management Policy so as to include the Carers Charter in the 'Complaint Categorisation'

FUTURE DIRECTIONS

CAHS notes there are a number of planned initiatives to extend implementation of the *Carers Recognition Act 2004* in the next reporting period. Some of the initiatives mentioned related to:-

- The seeking of additional funding in order to expand the LINC program with the intention of supporting carers (who will often be the parents) who live in rural and remote areas.
- Holding a Carers' Day as part of National Carers Week to celebrate the work done by carers and to educate staff on how to recognise and support carers.

WA COUNTRY AREA HEALTH SERVICE (WACHS)

GENERAL COMMENTS

The WACHS is a large, diverse and dispersed service system covering the whole of the State, often with very thinly spread resources at a local level. This means implementation and progress may well differ between locations. WACHS includes approximately 85,000 carers² in its target population and includes the regions of Goldfields, Great Southern, Kimberley, Midwest, Pilbara, Southwest, and Wheatbelt.

ASSESSMENT

The Area Health Service is rated as **Satisfactory Progress** on all four measures.

GOOD PRACTICE

Examples of good practice include:-

- Staff orientation, where policies and requirements in relation to carers is explained

² *Tyranny of Distance Report*

- Adoption of carer self assessment tool to guide carers through support networks
- On-line cultural awareness training for staff, particularly in relation to Aboriginal culture
- Partnership arrangements with Universities and community organisations to harness relevant expertise and share the burden
- Collaboration with the mental health sector for consultation in country areas.

FUTURE DIRECTIONS

The WACHS did not list any future initiatives.

SUMMARY OF SELF-ASSESSED REPORTS FROM FUNDED ORGANISATIONS

GENERAL COMMENTS

The assessments are against 11 actions related to compliance with the Carers Charter by funded organisations to their reporting body – either the Statewide Contracting Department of Health, or the Mental Health Commission.

Related Action	Statewide Contracting ³	Mental Health Commission ⁴⁵
Carers Acknowledged in Policies	Achieved Compliance >70%	Achieved Compliance >60%
Carers acknowledged in publications	Achieved Compliance >60%	Achieved Compliance >60%
Staff trained in Carers Charter	Working towards Compliance	Achieved Compliance >60%
Carers informed of Charter	Achieved compliance >50%	Achieved Compliance >70%
Carers included in strategic planning	Achieved compliance >50%	Achieved Compliance >50%
Carers included on Board/Management of organisation	Achieved Compliance >70%	Achieved Compliance >60%
Carers included in Assessment and Planning	Achieved Compliance >80%	Achieved Compliance >70%
Carers included in ongoing monitoring	Achieved Compliance >70%	Achieved Compliance >60%
Carers informed and able to make complaints related to Carers Charter	Achieved Compliance >80%	Achieved Compliance >70%
Carers can provide feedback	Achieved Compliance >70%	Achieved Compliance >70%
Carers provided avenues to access peer support	Achieved Compliance >60%	Achieved Compliance >60%

³ Summary from page 20 of the DoH, Funded Organisations Report

⁴ Summary from page 5 of Mental Health Commission's Report and relates to 39 of 55 funded agencies.

⁵ Organisations are deemed to have achieved compliance if self-reported 'Almost fully compliant' or 'Fully compliant'

DEPARTMENT OF HEALTH (DoH) FUNDED ORGANISATIONS

GENERAL COMMENTS

The DoH, in compiling the report, notes that *'it is pleasing to observe that almost all organisations are aware of the Act and aware of their responsibilities under the Act to carers and in relation to their contracts with the Department'*⁶. This report shows the DoH is working to ensure the organisations it funds comply with the Carers Charter. It also provides a useful and promising picture of the progress of compliance by those funded organisations.

GOOD PRACTICE

- The active support to enact the Carers Charter by organisations within Aboriginal, ethnic, and rural communities is noted.
- A survey of carers was undertaken to get feedback on services/ carers charter.
- Through their membership of Carers WA, organisations are distributing information to carers.

MENTAL HEALTH COMMISSION

GENERAL COMMENTS

The Mental Health Commission (MHC) was established as a separate entity from the Department of Health during 2010. This has led to ambiguity regarding the reporting requirements of the MHC in relation to the *Carers Recognition Act 2004*. However, it is pleasing to see that the Mental Health Commission supplied a timely, concise, and evidence based overview of the compliance, with the intent of the Act, by 39 of the organisations it funded.

GOOD PRACTICE

- Staff training sessions regarding working with carers.
- Inclusion of carers at a mental health conference held by the service, and existence of a carer program
- Carer involvement in program review group, and represented on the Board. Carers participated in service evaluation, new service planning and strategic processes.
- A carer support officer is available for 1-1 support.

⁶ DoH Funded Organisations Report Page 3