



Government of **Western Australia**  
Carers Advisory Council

# Carers Advisory Council

## Annual Compliance Report 2014-15

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The Carers Advisory Council Annual Compliance Report 2014–15 will be available for viewing and download from the Department of Local Government and Communities website in a variety of formats, including this Word version.

# Letter to the Minister from the Chair

Hon Tony Simpson MLA  
Minister for Community Services  
8<sup>th</sup> Floor, Dumas House  
2 Havelock Street  
WEST PERTH WA 6005

Dear Minister

It gives me great pleasure to present the Carers Advisory Council's Annual Compliance Report 2014–15 for your consideration and tabling in Parliament, as required by Section 10 of the *Carers Recognition Act 2004* (the Act).

The legislation requires public health and disability service agencies to report to the Carers Advisory Council each year on their compliance with, and performance of, obligations as prescribed in the Act.

This report provides a summary of:

- information and supporting evidence provided by the organisations required to demonstrate their compliance with the Act; and
- information provided by the Mental Health Commission which is not subject to the Act and deserves particular commendation for voluntarily reporting its compliance.

This is the 10th report submitted by the Carers Advisory Council and over that period of time it has been encouraging to see the role of carers increasingly recognised, acknowledged and supported by the organisations with whom they come into contact.

Yours faithfully



Esme Bowen

Chair, Carers Advisory Council

22 March 2016

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# Carers Advisory Council Members Contributing to the Report

Ms Esme Bowen – Chairperson

Ms Karena Sherriff – Deputy Chairperson

Ms Glenice Batchelor

Ms Lyneve Cannon

Mr Daymon Joseph

Ms Kay Lunt

Ms Glennys Marsdon

Ms Suzanne Paust

Ms Fadzi Whande

# 1. Introduction

## Carers

A carer is a person who provides ongoing care or assistance to another person who has a disability, a chronic or mental illness, or who is frail. This definition excludes persons paid to provide care services and those working as volunteers. It is estimated that up to 320,000 Western Australians are carers.

The meaning of 'carer' is prescribed under section 5 of the *Carers Recognition Act 2004*.

## The Carers Recognition Act 2004

The *Carers Recognition Act 2004* (the Act) recognises the role of carers in the community and provides a mechanism for their involvement in the provision of services that impact on them and their role.

The Act established the Western Australian Carers Charter (the Charter), which requires that:

1. Carers must be treated with respect and dignity.
2. The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.
3. The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.
4. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

The Act requires that services provided or funded by the Disability Services Commission (DSC), and WA Health comply with the Charter. DSC and WA Health are also required to involve carers in policy and program development, and strategic and operational planning that might affect carers.

The Mental Health Commission (MHC) reports voluntarily.

## The Carers Advisory Council

The Carers Advisory Council (the Council) was established in 2005 under section 8 of the Act. Its membership comprises persons with knowledge of, and experience in, matters relevant to carers.

The Council advises the Minister responsible for the Act, currently the Minister for Community Services, on relevant issues for carers in Western Australia, and provides Parliament with an annual report on reporting organisations' compliance with the Act and Charter.

## The Annual Compliance Report

Section 7 of the Act requires reporting organisations to annually submit self-assessed reports of their compliance to the Council. Council members are required to identify potential conflicts of interest prior to analysing these reports.

The Council analyses the reports, summarises the findings and presents a report to the Minister. The Act requires the Minister to table the report in Parliament. For the 2014-15 reporting period, reports were submitted by:

- Disability Services Commission (DSC).
- WA Health:
  - WA Country Health Service;
  - North Metropolitan Health Service;
  - South Metropolitan Health Service;
  - Child and Adolescent Health Service;
  - Aged and Continuing Care Directorate; and
  - WA Health funded organisations.
- Mental Health Commission.

## Method of Reporting

All services funded or provided by the DSC and WA Health that interact with carers must provide an annual report to the Council using a reporting template in which they self-rate levels of specified compliance measures. Information such as sample policies, procedures, complaints and responses are provided as supporting evidence.

## Measures of Compliance

Using a three point rating scale of commenced development, satisfactory or well-developed, services self-assess their compliance against the following four criteria:

- **Understanding the Carers Charter** – Implement activities and strategies to ensure staff are aware of and understand the Charter, and have the capacity to treat carers with dignity and respect (e.g. staff training and awareness-raising).
- **Policy input by carers** – Demonstrate the inclusion of carers/ representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies and relevant initiatives with carers).
- **Carers views and needs considered** – Demonstrate inclusion of the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring role.
- **Complaints and listening to carers** – Enable carers to make complaints about services that affect them and their role as carers and have their complaints heard (e.g. overview of process).

An accurate comparison of compliance across reporting organisations is not currently possible due to the use of self-rating, and the differences in purpose, scope and model of services, and funding models. However, the Council seeks to track and assess an organisation's progress across reporting periods to identify developments or trends.

## 2. Agency Analysis

### 2.1 Disability Services Commission

#### a. Self-assessment

**Table 1: DSC self-assessment 2014–15**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

For the past three years, including 2014–15, DSC has self-assessed its performance across all criteria as well-developed.

#### b. Summary of evidence presented

##### **Key initiatives and achievements supporting understanding, input, staff awareness and capacity building**

- Funded projects to increase awareness of, and access to, the WA National Insurance Disability Scheme (NDIS) My Way trial for carers and other key stakeholders.
- Local Area Coordinators (LACs) across WA:
  - o implemented innovative family engagement strategies, including for Noongar families in the South-West;
  - o participated in early childhood intervention forums;
  - o nominated a young person for the Young Carer of the Year Awards, who was a subsequent finalist; and
  - o received positive feedback about the value of their work.
- Carers are encouraged to visit and to assist in the programming at the Bennett Brook Disability Justice Centre, which opened in August 2014.
- Funded the purchase of an accessible house in the Pilbara to provide a hub for community programs, including carer respite.
- Side by Side is:

- o developing an ongoing training calendar and e-resources for remote families, and a Practice Guidebook;
- o supporting the development of a Family Leadership Conference. A resource is being finalised so the model can be replicated in other areas;
- o working with the Ethnic Disability Advocacy Centre.
- Hosted the 'Is There a Better Way' workshop to bring together families and service providers.
- The 2015 Disability Services Expo attracted more than 500 participants, including carers and representatives from 80 organisations.

### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured by:

- using the Carers WA's 'Caring Together' training resource;
- carer participation in staff induction training to share personal experiences;
- providing training on the *Carers Recognition Act 2004* to LACs and My Way Coordinators;
- assuring the quality of training materials through Core Training Coordinator consultation with Carers WA;
- supporting staff to develop their cultural competency for working with carers and consumers from Aboriginal and / or Torres Strait Islander, and culturally and linguistically diverse backgrounds;
- promoting the requirements of the *Carers Recognition Act 2004* through the Carers Recognition Act Reference Group; and
- providing regular information through the online quarterly DisAbility Update.

### **Criteria 2: Policy input from carers**

Carers and representative bodies were included in the development of policies and organisational plans through:

- representation on and / or participation in the DSC Board, Ministerial Advisory Council on Disability (MACD) and metropolitan and regional Reference Network Meetings;
- representation on and participation in WA NDIS My Way governance and advisory groups, and the Carer and Consumer Network;
- collaboration on the development of the LAC and My Way frameworks and the My Way Planning Guide;

- the chairing of the Positive Behaviour Framework Guiding Committee;
- the inclusion of the following directions in the DSC Strategic Plan 2011-2015:
- people with disability, their families and carers are at the centre of decision-making and being supported in leadership and decision-making roles; and
- fostering communities which embrace people with disability, their families and carers.
- state-wide consultation to re-write the Code of Practice for the Elimination of Restrictive Practices.

### **Criteria 3: Carers views and needs considered**

Carers views and needs were considered in assessing, planning, delivering and reviewing services by:

- involving them in:
  - o the Disability Health Network;
  - o lifestyle planning processes across all services involved in individual planning;
  - o Annual Individual Lifestyle Plan reviews for people living in DSC managed accommodation;
  - o reviews of Eligibility Assessments and Autism Spectrum Disorder Assessments;
  - o Positive Partnerships workshops held in Broome in August 2014;
  - o 'Futures Planning Workshops' run by the North East Metropolitan LAC
  - o WA NDIS My Way workshops; and
  - o the Carers Recognition Act Reference Group.
- making Carers WA a member of the Executive Advisory Group;
- advocacy on behalf of carers, such as:
  - o Westminster LAC partnering with parents and carers attending the Child and Parent Centre at Westminster Primary School;
  - o Bassendean LAC's presentation to the Eastern States Autism Network; and
  - o Fremantle LAC workshops during Disability Awareness Week.
- requiring each jurisdiction to develop its own 'Count Me In' strategy as part of the National Disability Strategy (2010-2020); and
- providing 'Count Me In' grants for consultation with carers.

#### **Criteria 4: Complaints and listening to carers**

Carers' rights to make complaints and have their complaints heard were supported by:

- quality systems that ensure the application of the National Standards for Disability on complaint resolution;
- reporting compliance with DSC's Quality System Standards, and monitoring improvement measures;
- reviewing DSC's Complaints Management and Procedures Policy;
- providing access to a Consumer Liaison Officer who:
  - o provides information about DSC's complaints process to ensure that it is accessible and well-understood;
  - o addresses carers concerns about DSC employees conduct; and
  - o makes presentations on DSC complaints management to funded providers.
- reviewing and republishing the 'How to Have Your Say' booklet';
- participating in the Consumer and Carers Reference Group which aims to raise consumer awareness of the right to complain and to improve complaint process accessibility;
- providing information about the complaints process on the DSC website;
- providing a range of ways to make complaints, including online, in person, by phone, using TTY, and providing access to interpreters; and
- publishing complaint articles in the DSC newsletter and DisAbility Update.

#### **c. Funded services**

Service agreements require providers to:

- comply with the National Standards for Disability Services. Standard– 'Participation and Inclusion'—refers to carer involvement with service providers. Independent evaluators assess compliance approximately every three years; and
- annually report against their responsibilities under the Act and Charter using a self-assessment tool, which includes consultation with carers.

Carers WA is funded to deliver up to 10 workshops on responsibilities under the Act and Charter per financial year.

Monthly bulletins from Carers WA and other sources are circulated to service provides, most of whom provide these to their contacts.

## 2015 Consumers Survey

DSC surveyed 563 carers as part of its 2015 Consumers Survey. One third (33 per cent) of respondents reported having a disability themselves. They were asked about their experiences and level of satisfaction with regard to:

- being treated with respect;
- inclusion in service assessment, planning and review;
- staff sensitivity to their views and needs;
- provision of information on complaint procedures;
- awareness of their right to complain; and
- satisfaction with how complaints were handled.

Results showed that the majority of carers agreed or strongly agreed that:

- they were treated with respect (95 per cent), which was similar to 2013 and 2014 (both 94 per cent);
- they were included in the planning or review of services (93 per cent), similar to 2013 and 2014 (92 per cent and 91 per cent respectively);
- they were included in assessments (92 per cent), which was similar to 2013 and 2014;
- they were included planning the way services are delivered (91 per cent). This was similar to 2013 (90 per cent) and slightly higher than in 2014 (88 per cent);
- their views on care were acknowledged by staff (89 per cent), which was similar to 2013 and 2014 (90 per cent and 88 per cent respectively);
- staff considered their needs (87 per cent), which was similar to 2013 and 2014 (85 per cent and 86 per cent respectively);
- they were given information about how to complain (64 per cent), which was lower than in 2014 (67 per cent) but higher than in 2013 (61 per cent);
- they are aware of the right to complain (81 per cent), which was similar to 2013 and 2014 (81 per cent and 80 per cent respectively); and
- they did not wish to make a complaint (77 per cent), which was lower than in 2013 and 2014 (both 84 per cent).

In 2015, a larger proportion of carers (15 per cent) wanted to complain 'but felt unable to' than in 2013 and 2014 (both 5 per cent); however, a smaller proportion (8 per cent) actually made a complaint (compared with 10 per cent and 12 per cent respectively).

Of those carers who had made a complaint in 2015:

- a smaller proportion (42 per cent) agreed that a genuine effort was made to find a solution, compared with 2013 and 2014 (43 per cent and 57 per cent respectively);
- a smaller proportion (30 per cent) disagreed that a genuine effort was made to find a solution, compared with 2013 and 2014 (45 per cent and 35 per cent respectively);
- a larger proportion (28 per cent) neither agreed nor disagreed that a genuine effort was made than in 2013 and 2014 (13 per cent and 9 per cent respectively);
- a smaller proportion (28 per cent) was happy with the outcome than in 2013 and 2014 (31 per cent and 44 per cent respectively);
- the proportion who were unhappy with the outcome (42 per cent) was smaller than in 2013 (56 per cent) but larger than in 2014 (36 per cent); and
- a larger proportion was neither happy nor unhappy (31 per cent than in previous years (13 per cent in 2013 and 20 per cent in 2014).

The DSC uses the data collected from the consumers survey to develop and implement corrective actions where necessary.

#### **d. Future initiatives**

The DSC plans to implement a range of initiatives that will ensure compliance with the Charter, including:

- involving carers in the development of its third Reconciliation Action Plan (RAP) through 'RAP conversations' with Board members and the MACD;
- involving carers in the development of a post-Autism Spectrum Disorder (ASD) Assessment satisfaction questionnaire to evaluate experiences and inform improvements;
- involving carers in the development and implementation of the Changing Places project, which will establish a network of places across the state with appropriate facilities for people who need assistance with bathroom needs;
- investing in a project to build cultural competency in the sector in response to the low participation of Aboriginal and / or Torres Strait Islander people in the Consultation for the Elimination of Restrictive Practices; and
- developing strategies to improve engagement with people from Aboriginal and / or Torres Strait Islander or CaLD backgrounds.

## **e. Carers Advisory Council comments**

The Disability Services Commission demonstrates an approach across the whole organisation that highly values and recognises the importance of carers in the lives of people with disability.

Carers are involved in all levels of service assessment, planning, delivery and review; as well as strategic and policy development. The importance and diversity of carers is reinforced with staff at orientation and throughout in-service training.

Services funded by DSC are assessed for compliance with the Act and Charter, with information from the Consumer Satisfaction Survey, adding depth to DSC's understanding of the carer experience.

The ability to identify and respond to systemic trends in the new complaints management system should assist DSC with ongoing quality improvement.

The Carers Advisory Council would like to commend the DSC on the depth of their report and the initiatives they are developing to ensure carers needs do not go unnoticed. The Council concurs with the self-assessment of well-developed across all four criteria.

## 2.2 WA Country Health Service

### a. Self-assessment

**Table 2: WACHS self-assessment 2014-15**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	S

**KEY: W = Well developed S = Satisfactory C = Commenced development**

For the past three years, including 2014-15, the WA Country Health Service (WACHS) has reported staff understanding of the Carers Charter as being well-developed. The improvement from satisfactory to well-developed from 2012–13 to 2013–14, in both the level of carer input into policies and consideration of carers' views, was maintained in 2014–15. Carers complaints processes have remained satisfactory.

### b. Summary of evidence presented

#### **Key initiatives and achievements supporting understanding, carer input, staff awareness and capacity building**

- WACHS Strategic Directions 2015-2018—Direction 2: Valuing Consumers, Staff and Partnerships—affirms engagement with consumers and carers as a strategic priority.
- WACHS Strategic Directions was developed in consultation with Governing Councils and District Health Advisory Councils.
- Carers and consumers continued to be involved in all major infrastructure and service redevelopment initiatives through Community Reference Groups.
- Successful development of culturally appropriate resources by the Kimberley Aged Care Service. A Carers Satisfaction Survey confirmed high levels of satisfaction with the resource.
- Improved carers awareness and capacity in the Midwest through the 2014 Carers Weekend event hosted by the Midwest Commonwealth Respite and Carelink Centre (MWCRCC).
- Supported the wellbeing and capacity of carers in the Midwest through carer wellness days conducted by MWCRCC in Geraldton and Carnarvon.

- Increased opportunities for carers to provide input into service delivery by establishing the Geraldton Hospital User Group (GHUG) in July 2015.
- Provided opportunities for carers to inform the development of a peer workforce by appointing a Consumer Liaison Officer position to the Goldfields Mental Health Service.

### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured through:

- mandatory induction training on the *Carers Recognition Act 2004* and the Carers Charter;
- the inclusion of references and links to the Act in online consumer-centred care training;
- the inclusion of information on the Carers Charter in the Midwest Older Persons Initiative's aged care education for regional staff; and
- the inclusion of carers in South West educational sessions presented by clinicians, such as diabetes sessions and the Healthy Eating and Lifestyle program.

### **Criteria 2: Policy input from carers**

Carers and representative bodies were included in the development of policies and organisational plans through:

- consultations with carer and consumer groups, including Carers WA, in the review of WACHS's Carers Recognition Act Guideline;
- the ongoing implementation of the EQULPNational accreditation process for health services, which requires partnerships with, and the active participation of, consumers and carers, and providing them with information on performance monitoring and evaluation;
- opportunities for consumers, carers and communities to engage and partner with WACHS on planning and policy through the Consumer Engagement Network, which includes two Governing Councils, 21 District Health Advisory Councils, local/district Community Reference Groups, Consumer Advisory Groups (Mental Health) and workshops and forums.

### **Criteria 3: Carers views and needs considered**

Carers' views and needs were considered in assessing, planning, delivering and reviewing services by:

- requiring residential and community services to include carers and family in care planning, in accordance with WACHS Residential Aged Care Manual and service guidelines;
- seeking carer representation and input through District Health Advisory Councils (DHACs);
- regularly contacting carers in the Midwest region through support groups run by the Midwest Commonwealth Respite and Carelink Centre;
- ensuring carers are routinely consulted about post-hospital discharge care requirements (South West Stroke Coordinator);
- implementing a project to facilitate and improve consumer and carer involvement in clinical incident investigations and complaints processes (WACHS Wheatbelt Safety and Quality team).

### **Criteria 4: Complaints and listening to carers**

Carers rights to make complaints and have their complaints heard have been supported through the:

- regular review of complaints indicators, including timeliness and accessibility, and reporting to the Office of Safety and Quality;
- availability of a range of mechanisms to provide feedback, compliments and complaints, including hard-copy and online complaint forms, by phone and in person. SMS feedback options are being trialed in some remote areas; and
- addition of a consumer feedback module to track consumer complaints, compliments and contacts to WA Health's online clinical incident reporting and management system.

### **c. Funded services**

All WACHS service contracts require services to report on compliance with the Act and Charter.

#### **d. Future initiatives**

WACHS plans to implement a range of initiatives that will ensure compliance with the Charter, which includes:

- providing information on how to engage carers, obtain their views, and provide information about the Act and Charter, through its Multi-Purpose Service Network Forum involving staff across 30 sites;
- enhancing existing consumer feedback mechanisms by implementing Patient Opinion, an independent online health consumer feedback platform;
- improving and maintaining current mechanisms for carers involvement in service provision, through -
  - continued involvement in the development of relevant policies;
  - continued involvement in committees and strategic planning activities;
  - staff education on compliance with the Act; and
  - working with non-government partners in relation to compliance with the Act.
- launching the Geraldton Hospital User Group as a subgroup of the District Health Advisory Council, as an avenue for carer and consumer input into improved service delivery.

## **e. Carers Advisory Council comments**

The Carers Advisory Council recognises the ongoing challenges faced by service providers operating in remote and rural localities. Despite these challenges, the WA Country Health Service continues to make improvements in the inclusion of carers in a wide range of groups and committees that input into the development of policies and organisational plans.

Carers are included in the assessment, planning, delivery and review of services, and a suite of support groups operate to assist carers.

The WACHS is commended on the inclusion of valuing consumers, carers and partnerships as a key strategic direction and on its initiatives with Aboriginal carers in the Kimberley region.

It is anticipated that the new consumer feedback module in the online management system will provide WACHS with valuable information regarding carers and consumer complaints, compliments and trends.

The Carers Advisory Council concurs with the WA Country Health Service's self-assessment of compliance.

## 2.3 North Metropolitan Health Service

### a. Self-assessment

**Table 3: NMHS individual service self-assessment 2014-15**

	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
Mental Health Service	W	W	W	W
Osborne Park Hospital	W	W	W	W
Public Health and Ambulatory Care	S	S	S	W
Sir Charles Gairdner Hospital	S	S	S	W
Swan Kalamunda Health Service	W	W	W	W
Women and Newborn Health Service	W	W	W	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

For the past three years, including 2014-15, the North Metro Health Service (NMHS) has continued to show improved self-assessment ratings, with most services now reporting a rating of well-developed across all criteria.

## **b. Summary of evidence presented**

### **Key initiatives and achievements supporting understanding, input, staff awareness and capacity building**

- **NMHS:**
  - Ensures all staff are aware of the requirement to directly involve carers and consumers in policy development where applicable, through the NMHS Policy and Procedure Framework which can be accessed by all staff via HealthPoint and the NMHS Intranet. The Framework refers and directly links to the Act.
  - Requires all hospitals to be accredited against the National Safety and Quality Health Service Standards (NSQHSS), which includes providing evidence of achievement against consumer and carer participation and engagement in care. In 2014-15, the Women and Newborn Health Service, Osborne Park Hospital and NMHS Mental Health were successfully accredited.
  - Built staff capacity to conduct consumer and carer focused disclosure conversations and processes by purchasing and implementing a state-wide Open Disclosure e-learning package.
  - Worked to improve staff capacity to engage with consumers and carers by developing a Consumer, Carer and Community Engagement Framework and toolkit.
- NMHS Mental Health built staff capacity to engage with carers by developing the Consumers, Families, Carers and Communities Engagement Framework 2015, which includes six standards for service self-assessment. The framework is currently being reviewed by the Mental Health Community Advisory Council.
- Osborne Park Hospital has improved consumers and carers experiences and access to information by appointing Consumer Centred Care Representatives on every ward/department, and established hospital-wide Consumer Hubs that provide information for carers, including copies of the Charter.
- **Public Health and Ambulatory Care (PHAC):**
  - is developing a toolkit to supplement the NMHS Consumer, Carer and Community Engagement Framework; and
  - has endorsed the Dental Health Service's (DHS) Consumer and Carer Participation Policy and made it available to all staff via the DHS Intranet.
- **Sir Charles Gairdner Hospital (SCGH):**
  - established a Carers Corner in all patient care areas;
  - distributed 1,365 carer packs; and

- o commenced research into an outreach support program for family carers of older people discharged from an acute medical assessment unit.
- Women and Newborns Health Service (WNHS):
  - o worked with Carers WA to develop strategies to increase consumer and carer participation;
  - o engaged the Carers WA Prepare to Care team to present to senior nurses and midwives; and
  - o added a Carer Statement to its Discharge Summary form.

### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured at:

- NMHS Mental Health by including information about the Act in all staff orientation and the provision of customer service and communication training by the Stakeholder Liaison Officer.
- OPH and PHAC by:
  - o familiarising all new staff with the Act by providing a pamphlet about, and presentation on, the Act during induction; and
  - o engaging Carers WA to provide in-service education to clinical staff and students.
- SCGH by:
  - o displaying the Charter across the site, and through staff induction and regular education sessions; and
  - o engaging Carers WA and carer members of the Community Advisory Council to deliver staff training.
- WNHS by:
  - o the Carers Recognition Working Group's activities;
  - o including additional information on carers needs in Customer Service Unit presentations;
  - o including information about the Act, Charter, role of Carers WA and the implementation of the Prepare to Care program in staff inductions; and
  - o introducing compulsory Patient Centred Care online training.

## Criteria 2: Policy input from carers

Carers and representative bodies were included in the development of policies and organisational plans at:

- NMHS by:
  - o appointing a consumer to the NMHS Executive Strategy and Development Committee and to chair the NMHS Community Advisory Council;
  - o including a carer representative on the NMHS Policy Coordination Committee, which has links to Carers WA; and
  - o consulting with carer stakeholders via the NMHS Policy Coordination Committee carer representative to develop a "Carers Recognition Policy" - available to all staff via HealthPoint and the NMHS Intranet.
- NMHS Mental Health:
  - o by facilitating regular carer and consumer feedback and involvement through its Consumer and Carer Experience and Satisfaction Surveys Policy, Consumer and Carer Participation Policy and the Consumer and Carer Publications Policy; and
  - o which was evidenced in feedback from:
    - the Australian Council on Healthcare Standards about the Family and Carer Engagement Strategy (FACES) program which said that it was "impressed with the advances the services had made in truly engaging consumers and carers at all levels"; and
    - consumers and carers that the service values and seeks out their views and expertise on service planning, operational and policy activities, and that it should be promoted to mental health services in other states.
- OPH by ensuring its Community Advisory Committee reviewed all documents.
- PHAC by including a consumer representative on the DHS Executive Committee and Quality and Risk Management Committee.
- SCGH by including carers on the Community Advisory Council, which reviews all patient/carers information and comments on carer facilities and levels of engagement.
- WNHS by:
  - o appointing a carer representative to the Community Advisory Council; and
  - o seeking Council and Carers WA feedback on policies that affect consumer groups, including carers.

### **Criteria 3: Carers views and needs considered**

Carers views and needs were considered in assessing, planning, delivering and reviewing services across:

- NMHS by involving them in staff education and training.
- NMHS Mental Health by:
  - o including consumers and carers on the newly established Community Advisory Council, alongside representatives from Consumers of Mental Health WA, Carers WA and the Office of Mental Health;
  - o regularly surveying carers and other relevant internal and external stakeholders regarding clinicians performance. Surveys showed significant changes in carer-sensitive practice over the past two years;
  - o appointing a Peer Work Coordinator to the Mental Health Older Adult Program to develop a Consumer and Carer Workforce comprising paid carers and persons with lived experience of mental illness; and
  - o promoting the value of carer engagement through the FACES program.
- OPH by:
  - o updating its Joint Replacement Education (JRED) form to enable carers to comment on the most convenient facility for post-surgery follow up treatment;
  - o providing information on pre and post-surgery preparation;
  - o using a range of flexible communication and education methods that meet carers needs, such as emailing information to carers who are unable to attend training;
  - o always involving carers in occupational therapy and team interventions; and
  - o involving carers in and preparing them for patient discharge and fully informing them about medication management.
- PHAC by:
  - o implementing a case management policy to include carers and family in treatment for the WA Tuberculosis Control Program;
  - o including them in diabetic consultations with patients; and
  - o identifying them on clinical records so that they can be consulted at all stages of treatment.

- SCGH by:
  - o trialling a Carer Link Person to:
    - liaise with the Carers WA Prepare to Care Hospital Program team;
    - raise awareness of carer issues; and
    - promote, participate in and/or attend carer related events.
  - o facilitating carer-staff discussion through a Carers Week morning tea.
- WNHS by:
  - o involving carer representatives in the development and implementation of its strategic plan; and
  - o involving Carers WA and its Community Advisory Council in the development of the WNHS Strategy 2014–16.

#### **Criteria 4: Complaints and listening to carers**

Carers rights to make complaints and have their complaints heard were supported at:

- NMHS by:
  - o encouraging all consumers and carers to provide feedback, express concerns and complaints;
  - o ensuring staff can action complaints in an open, receptive and transparent manner;
  - o implementing the Datix Consumer Feedback Module (CFM) to ensure the accurate collection of complaints management activity data; and
  - o the regular monitoring of each site/services complaints by the NMHS Executive Group (monthly), and at NMHS Board’s bi-monthly meetings with the Director General.
- NMHS Mental Health by:
  - o training staff to receive and respond to feedback, including complaints; and
  - o auditing sites to ensure feedback brochures, flyers and posters are displayed and included in consumer packs. In the past two years, the FACES survey has shown improvements in carers experiences.
- OPH by:
  - o promoting the feedback and complaints process using posters; and
  - o encouraging staff to resolve concerns as they occur, wherever possible.

- PHAC by ensuring that:
  - o all staff are aware of and can access the PHAC Complaints and Compliments Policy and use this to direct carers; and
  - o the process is clearly defined and monitored.
- SCGH through universal Patient Liaison Officers (carer complaints data cannot be isolated using the complaints management system).
- WNHS by:
  - o linking complaint management policy to key performance indicators;
  - o recording and monitoring system changes arising from complaints and feedback by the Customer Service Unit;
  - o quarterly reporting on feedback, complaints and outstanding system actions to the Executive, which is tabled at Community Advisory Council meetings; and
  - o participating in the 2015 Health and Disability Services Complaints Office Service Provider forum to discuss complaints management best practice.

### **c. Funded services**

The NMHS reported that all contracted services complied with the Charter, through initiatives such as:

- Ongoing promotion of the Act to all departments and wards of the Joondalup Health Campus (JHC) and employment of a Carers Champion to assist with the coordination of a support group for carers of current and recently discharged patients. Prepare to Care Packs are available on all wards, and hospitals admission paperwork includes a carer question.
- The "unit of care" approach used by the Bethesda Hospital Palliative Care Unit involving the patient and their family to assist in the planning of care. Carers have access to a registered nurse 24-hours a day via phone and are involved in discharge planning.
- The operation of a Carers WA counselling service once a fortnight through the Fremantle Women's Health Centre.

## **d. Future initiatives**

NMHS MHS:

- ongoing implementation of the Consumers, Families, Carers and Communities Engagement Framework 2015, with a particular focus on:
  - training staff to work collaboratively with consumers and carers;
  - the ongoing development of the consumer and carer workforce; and
  - implementing improvements identified through the FACES evaluation including:
    - implementing and monitoring carer-sensitive practice; and
    - culturally competent engagement with Aboriginal families and carers from culturally and linguistically diverse (CaLD) backgrounds.

OPH plans to:

- implement a pilot project enlisting volunteers to sit with patients and/or carers to promote the range of information available in bedside inpatient files, which include information on carers rights; and
- consulting with carers to update the patients/carers/families information sheet provided on admission.

SCGH plans to implement the NMHS Consumer, Carer, Community and Clinician Framework and Toolkit and improve communication with families of mental health patients.

WNHS will:

- continue to implement the requirements of its consumer and carer representation policy by compiling a centralised list of all consumer and carer representatives;
- provide education and guidance to managers on the recruitment and support of consumer and carer representatives, including processes for consumer payments; and
- finalise and endorse a Consumer Partnership Framework.

NMHS will implement the state-wide Open Disclosure e-learning package to improve disclosure conversations and processes across the health service, with the aim of increasing consumer and carer focused Open Disclosure.

## **e. Carers Advisory Council comments**

The NMHS demonstrates commitment to the inclusion of carers in both service planning and strategic policy development. Over the past three years, service areas have continued to increase opportunities for carers to be represented and a range of policies and frameworks ensure carer rights and participation.

The Council noted the development and introduction of initiatives that were considered to be especially helpful and supportive for carers, these included the:

- creation of Carer Hubs at Osborne Park Hospital;
- Carer Champion role at Joondalup Health Campus;
- Carer Link Person role and Carers Corners at Sir Charles Gardner Hospital;
- ongoing development of a consumer and carer workforce;
- progression of peer support;
- introduction of rolling messages with carer information on televisions in waiting rooms'
- implementation of FACES; and
- continued partnership with Carers WA in many initiatives and the distribution of Prepare to Care packs.

Improved complaint management systems that can identify specific carer feedback separated from 'consumers and carers' and systemic trends is commended. The overall assessment of the Carers Advisory Council is one of positive appreciation of the work of the NMHS in demonstrating the inclusion of carer representatives and increasing staff awareness of the Act and Charter.

## 2.4 South Metropolitan Health Service

### a. Self-assessment

**Table: 4 SMHS individual service self-assessment 2014–15**

	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
Armadale Health Service	W	W	W	W
Bentley Health Service	W	W	W	W
Fiona Stanley Hospital	S	C	C	C
Fremantle Hospital and Health Service	W	W	W	W
Rockingham Peel Group	S	S	S	S
Royal Perth Hospital	W	S	W	S

**KEY: W = Well developed S = Satisfactory C = Commenced development**

For the past three years, including 2014/15, most South Metropolitan Health Services (SMHS) have maintained a self-rating of well-developed across all criteria. The exceptions to this are the Rockingham Peel Group, which has revised its self-rating from well-developed to satisfactory across all criteria, and Royal Perth Hospital, which has revised its self-rating from well-developed to satisfactory in the areas of policy input and complaints processes. As a new service, Fiona Stanley Hospital rates itself largely as commenced development.

## **b. Summary of evidence presented**

### **Key initiatives and achievements supporting understanding, input, staff awareness and capacity building**

- South Metropolitan Health Service (SMHS) has:
  - o enhanced its Totally Open Patient Information System (TOPAS) to record carer information, which supports improved carer identification at a system level and allows staff to identify a patient's primary carer; and
  - o introduced a carer and a consumer representative on the SMHS Mental Health Policy and Work Instruction Working Group, who are involved in developing strategic directions and advising on policy content.
- Armadale Health Service (AHS) successfully completed the Australian Council on Healthcare Standards (ACHS) accreditation review against the 10 Australian National Standards, and was awarded four 'met-with-merit' ratings against Standard 2, Partnering with Consumers.
- Bentley Health Service (BHS) held an inaugural Carers Forum attended by 15 carers including representatives from Richmond Wellbeing and Carers WA, the Chair of BHS's Mental Health Consumer Advisory Group, and key mental health staff.
- Bentley Older Adult Mental Health Service (BOAMHS) set a target of meeting with all families/carers within the first week of a patient's admission and providing them with "Welcome to Ward 10" information booklet.
- Since opening in October 2014, Fiona Stanley Hospital (FHS) has:
  - o introduced Carer WA's Prepare to Care program within the State Rehabilitation Service; and
  - o developed a Carer, Consumer and Community Partnership Framework.
- Fremantle Hospital Health Service (FHHS) established Carers Corners in all wards, where patients, families and carers can interact with staff and access carer relevant resources.
- Rockingham Peel Group (RkPG) introduced a dedicated officer to liaise with the Carers WA Hospital Program Advisor, which has improved the promotion of the Prepare to Care program.

- Royal Perth Hospital (RPH):
  - o appointed a Director of Consumer Engagement dedicated to improving consumer and carer engagement across the hospital; and
  - o was awarded an ACHS 'met-with-merit' rating for the involvement of consumers and/or carers in governance.

### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured at:

- AHS through Carers WA, who:
  - o conducted presentations about the Act during ward orientations; and
  - o facilitated prepare to Care workshops.
- BHS through mandatory orientation training on the Act and patient-centred care presentations by its Consumer Advisory Council.
- FSH through:
  - o its collaboration with Carers WA to develop a staff education program with modules about carers and the Act;
  - o the appointment of Carer Champions across the hospital;
  - o induction and ongoing training about the Charter and the inclusion of carers in treatment; and
  - o person-centred care training across all staff disciplines, which includes carer recognition and advocacy.
- RkPG through the:
  - o inclusion of information on the Act and the Prepare to Care program in its Corporate Induction and Mandatory Safety Skills program;
  - o provision of education on the Charter and translation to practice by the Carers WA Hospital Program Advisor; and
  - o implementation of a Quality Improvement Plan—consistent with Standard 2 of the ACHS—to increase consumer and carer involvement in training and education.
- RPH through:
  - o monthly presentations by the Consumer Advisory Committee at staff forums and medical inductions; and
  - o the public availability of the Charter in printed and audio-visual formats.

## **Criteria 2: Policy input from carers**

Carers and representative bodies were included in the development of policies and organisational plans across the:

- SMHS through the:
  - carer representative on the Mental Health Policy and Work Instruction Working Group; and
  - ongoing referral of SMHS policies and plans to service-wide Community Advisory Councils.
- AHS through its Community Advisory Council (CAC):
  - review of all policies, information brochures and organisational developments; and
  - representation on the Clinical Policy Review Committee.
- BHS through:
  - the review of all policies by its CAC;
  - feedback on all patient information by its Mental Health Consumer Advisory Group and CAC; and
  - the pilot of a Carer's Assessment Tool by the John Milne Centre and Community Supported Residential Program.
- FSH through its Consumer and Community Advisory Council's (CCAC):
  - review of policies, brochures and organisational service plans;
  - representation on the Executive and future involvement with other committees; and
  - inclusion in service level acceptance testing prior to services opening.
- FHHS through:
  - Carers WA representation on its CAC, CAC Mental Health Sub Group, Consumer Partnership Governance Committee and the Partnering with Consumers in Person-Centred Care Training and Education Working Group; and
  - the involvement of its CAC in reviewing organisational plans, policies and initiatives.

- RPH through:
  - o the involvement of Carers WA and consumer and carer representatives in policy development;
  - o regular meetings between the Director of Consumer Engagement, Director of Nursing and the Nursing Director Corporate Nursing Services, with Carers WA to discuss policy, and public and internal education campaigns; and
  - o the implementation of a Consumer Engagement Strategy.
- RkPG through:
  - o carer membership on the Consumer Advisory Council, which is involved in reviewing organisational policies and documents, hospital committee meetings, and the development of clinical forms and documents.

### **Criteria 3: Carers views and needs considered**

Carers views and needs were considered in assessing, planning, delivering and reviewing services at:

- AHS by:
  - o reviewing and renaming its Mental Health Consumer Advisory Group as the Community and Carers Advisory Group;
  - o including consumer representatives in planning the review of care;
  - o recognising carer involvement in patient discharge information; and
  - o providing carers information in a range of languages.
- BHS through:
  - o carer representation on its Individual Placement Support steering committee;
  - o carer inclusion on steering committee selection and interview panels;
  - o routine meetings with families and the provision of Prepare to Care packs; and
  - o a carers survey by the Bentley Older Adult Mental Health Service.
- FSH through:
  - o the inclusion of consumer and carer representatives in planning and care reviews;
  - o carer involvement in the commissioning of FSH; and
  - o the provision of information about patient's and carers rights at admission.
- FHHS through the:
  - o involvement of the Carers WA Hospital Program Advisor in service development; and
  - o inclusion of Prepare to Care survey feedback in reporting processes.

- RkPG through:
  - o carers involvement in its Consumer Advisory Council, Mental Health Clinical Governance Committee, Disability Access and Inclusion Program Committee, and Falls Action Group;
  - o carer participation in the promotion of the annual flu vaccination campaign
- RPH through:
  - o carers involvement in planning the reconfiguration of services following the opening of FSH; and
  - o the involvement of its Consumer Advisory Council in reviewing clinical incident data, complaints data, patient satisfaction data and determining areas for improvement.

#### **Criteria 4: Complaints and listening to carers**

Carers rights to make complaints and have their complaints heard were supported at:

- SMHS through reporting and monitoring by its Clinical Safety, Quality and Risk Committee.
- AHS through:
  - o monthly reporting on compliments and complaints by its Customer Liaison Officer to governance committees, including the Management Team and Consumer Advisory Council; and
  - o bi-monthly auditing of complaints management compliance by its Consumer Advisory Council, which is reported to the Executive Management Team.
- BHS through:
  - o the monthly review of Datix customer feedback module data on compliments and complaints by the Executive, Consumer Advisory Council and Mental Health Consumer Advisory Group; and
  - o regular auditing of complaint responses by the Consumer Advisory Council.
- FSH through the:
  - o development of compliments and complaints reports by its Customer Liaison Service to provide to various governance committees; and
  - o inclusion of a complaints audit action in the Consumer and Community Advisory Council's Strategic and Operational Plan.
- FHHS through:

- o regular meetings between the Carers WA Hospital Program Advisor, Patient Liaison Department and the Standard Two Project Lead to share carers' feedback and address their concerns; and
- o carer identification on all Patient Liaison complaint documentation.
- RkPG through:
  - o the inclusion of complaints and compliments data as a standing agenda item for the Consumer Advisory Committee's monthly meetings.
- RPH by:
  - o requiring complaints to be answered within six weeks, allowing detailed investigations to take place;
  - o escalating complaints that require rapid resolution to the Director Consumer Engagement for action; and
  - o monitoring complaint trends and reporting these to the Consumer Advisory Council.

### **c. Funded services**

The SMHS reported that its funded community service organisations have achieved compliance with the Act and Charter.

### **d. Future initiatives**

- The SMHS will involve a carer representative in the implementation of the Press Ganey patient feedback strategy.
- The BHS Community Advisory Council will bi-annually spot audit quality boards across the site.
- BMHS community redesign includes the implementation of a Care Coordination model for mental health patients.
- The FSH CCAC recruitment process will consider the appointment of additional carer representatives. Similar consideration will inform the establishment of the Mental Health Consumer Advisory Group.
- FSH:
  - o is partnering with Carers WA to develop a site-specific education program;
  - o will appoint Carer Champions across the hospital; and
  - o plans to build eight carer information displays across the hospital.
- The FHHS plans to involve carers in the review of carer training programs,

and the delivery of person-centred care training.

- RPH plans to engage more carers and consumers who have had recent involvement in its services.

#### **e. Carers Advisory Council comments**

The SMHS demonstrates commitment to the inclusion of carers in both service planning and strategic policy development. Over the past three years, service areas have increased opportunities for carers to be represented and a range of policies and frameworks enshrine carer rights and participation. This has been reflected in the positive accreditation of many services against the Australian Council on Healthcare Standards, Standard 2, Partnering with Consumers.

Initiatives of particular interest include continued, strong support for Carers WA's Prepare to Care program, the creation of consumer and carer hubs in hospitals and the appointment of a Director of Consumer Engagement at RPH.

Improved complaint management systems that can identify specific carer feedback and systemic trends are commended.

The overall assessment of the Carers Advisory Council is one of positive appreciation of the work of the SMHS in the inclusion of carer representatives and increasing staff awareness of the Act and Charter. The work being commenced by FSH in this regard is most encouraging.

## 2.5 Child and Adolescent Health Service

### a. Self-assessment

**Table 5: CAHS self-assessment 2014-15**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	S	S	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

From 2012–13 to 2013-14, the Child and Adolescent Health Service (CAHS) provided a self-rating of well-developed across all criteria. In 2014–15, the self-rating for policy input and the consideration of carers views changed to satisfactory.

### b. Summary of evidence presented

#### **Key initiatives and achievements supporting understanding, input, staff awareness and capacity building**

- Provided a broad range of information sessions hosted by various agencies during Carers Week 2014, culminating in the 5th Annual Carers Day celebration.
- Collaborated with the NMHS and St John of God Health Care to stage two performances of the health promotion play, 'Hear Me', which explores the consequences of the failure to recognise family and carers knowledge of the patient. This was followed by a discussion forum on clinical incident disclosure, team communication and patient-centred care, and ways to change hospital culture and systems regarding engagement with patients and their families and carers.
- A CAHS Consumer Advisory Council member attended the inaugural Child Health Australasia 'Consumer Participation and Family Centred Care Day' in Adelaide. The conference provided education and training to develop the knowledge base of consumer representatives.
- Incorporated components of the LINC carer support and information program within the CAHS Customer Liaison Service roles.

#### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured across the CAHS by:

- raising staff awareness through organisation wide orientation days and education sessions/programs managed by the Paediatric Education team;
- providing information brochures and posters across all sites; and.
- inviting consumers and carers to co-present on the importance of patient and family centred care at staff education forums.

### **Criteria 2: Policy input from carers**

Carers and representative bodies were included in the development of policies and organisational plans, such as the:

- transition from PMH to the Perth Children's Hospital (PCH); and
- appointment of the Consumer Advisory Council (CAC) and Youth Advisory Committee (YAC) Chairs to the CAHS Health Services Executive Committee and the PMH Safety and Quality Governance Committee.

### **Criteria 3: Carers views and needs considered**

Carers views and needs were considered in assessing, planning, delivering and reviewing services through the:

- quarterly Consumer Forum program which provides an opportunity for parents, families and carers to engage with key staff, and recommend actions and initiatives;
- Consumer Advisory Councils' meeting with the Minister for Health to express their concerns about PCH, and highlight their role and function in health decision making; and
- LINC Coordinator's participation in a panel discussion at the 2014 'Keeping Carers Connected' conference, which provided input into national issues.

### **Criteria 4: Complaints and listening to carers**

Carers rights to make complaints and have their complaints heard were supported through the:

- implementation of an online clinical incident reporting and management system and the addition of the Datix consumer feedback module to track complaints, compliments and contacts;
- review of its complaint management policy to ensure that staff are aware of their roles and responsibilities, and that patients and their families and carers receive timely and effective responses;

- commencement of a new formal complaint response monitoring process by the CAHS Customer Liaison Service (CLS);
- quarterly review of a sample of original complaint, investigation response and final approved response by the CAC and YAC; and
- development of a formalised protocol for greater CAC and YAC involvement in complaints auditing.

### **c. Funded services**

CAHS reported compliance with the Carers Charter by all funded organisations.

### **d. Future initiatives**

The CAHS will hold a PCH Consumer Engagement Framework Workshop in September 2015. Existing consumer engagement strategies/initiatives and how to establish effective and meaningful consumer engagement in the transition to PCH will be discussed. Attendees will include CAC and YAC members, and key CAHS staff.

The Manager of the CAHS Customer Liaison Service is continuing to seek further opportunities to engage patients and their families and carers in staff education programs.

## **e. Carers Advisory Council comments**

The Carers Advisory Council recognises that the Child and Adolescent Health Service has continued its commitment to carer recognition and participation, as demonstrated through the engagement of carers in establishing the new Perth Children's Hospital.

Initiatives of particular interest include continued involvement in Carers Week across sites and active support in helping consumer and carer representatives link with other consumer and carer representatives, both in Western Australia and through national forums.

It is unfortunate that the Apache LINC program—a program highlight of the 2013–14 report—has ceased operations and the Council hopes that the benefits of the program can be maintained in some other form.

The overall assessment of the Carer Advisory Council is one of positive appreciation of the work of CAHS in the inclusion of carer representatives and increasing staff awareness of the Act and Charter.

## 2.6 Aged and Continuing Care Directorate

### a. Self-assessment

**Table 6: ACCD self-assessment 2014-15**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

For the past three years, including 2014-15, the Aged and Continuing Care Directorate (ACCD) has provided a self-assessment rating of well-developed across all four criteria.

### b. Summary of evidence presented

#### **Key initiatives and achievements supporting understanding, input, staff awareness and capacity building.**

In 2015, the WA Home and Community Care (HACC) Program:

- undertook community consultations in all HACC planning regions to identify unmet need which will inform future program planning;
- funded Carers WA to provide the Carers Wellness at Home program, which supports carer wellbeing by increasing their knowledge of available services and supports; and
- partnered with ACCD and Alzheimer's Australia WA to progress the Dementia Partnership Project. Carers are key stakeholders involved in the development of strategies that support improved engagement by community service providers with carers of people with dementia.

#### **Criteria 1: Staff understanding of the charter**

Staff awareness, understanding and capacity was ensured by funding Carers WA to provide training on the role and rights of carers to HACC providers. A total of 107 HACC staff attended.

Compliance data suggests that almost all (99%) HACC staff have a well-developed understanding of the Charter, and the need to treat carers with dignity and respect.

## **Criteria 2: Policy input from carers**

Carers and representative bodies were included in the development of policies and organisational plans through:

- Carers WA representation on the WA Community Care Reform Advisory Group and the WA Aged Care Advisory Council, which provide opportunities to contribute to the development of ACCD priorities, policies and protocols;
- processes for carer input into organisational policies and plans across nearly all (99%) HACC providers; and
- the inclusion of carer representatives on the management boards of the majority (89%) of WA HACC providers.

## **Criteria 3: Carers views and needs considered**

Carers views and needs were considered in assessing, planning, delivering and reviewing services by:

- using the Complex Needs Coordination Teams across the metropolitan area. The program consists of multidisciplinary teams working with clients and their carers with identified complex needs;
- HACC providers incorporating carers views in service delivery and design (99%);
- being actively involved in the Alzheimer's Australia WA led Young Onset Dementia Reference Group, working with WA hospitals and patients with cognitive impairment to develop a strategy underpinned by the WA Models of Care for Delirium and for Dementia;
- implementing the Australian Commission on Safety and Quality in Health Care's, 'A Better Way to Care: safety and quality of patients with cognitive impairment (dementia and delirium)' in hospital, including resources for consumers, as part of the WA strategy;
- implementing the WA Assessment Framework which recognises that carers needs and goals could be better addressed; and
- ensuring carers goals and needs are captured in carer assessments.

## **Criteria 4: Complaints and listening to carers**

Carers rights to make complaints and have their complaints heard were supported by:

- funding Advocare to support carers to make complaints about HACC service providers; and

- ensuring carers are aware of their right to complain for themselves and on behalf of a care recipient through the 'Your Rights and Responsibilities' brochure.

Survey results show that 99% of WA HACC service providers have complaint processes and policies in place for carers, suggesting that they have well-developed understanding of carers rights and service provider responsibilities.

### **c. Funded services**

HACC service providers continue to improve their compliance with the WA HACC Program Carers Charter reporting requirements. In 2015, a larger proportion (99%) of service providers reported their compliance than in 2014 (94%) and 2013 (96%).

The WA HACC Program has its own reporting forms and assessment criteria of 'met' and 'not met', which comply with the National Home Care Standards.

The evaluation data shows that the majority of service providers have complied with the requirement to:

- acknowledge the role of carers in all relevant organisational policies, protocols and publications (97%);
- inform carers of the Carers Charter and relevant organisational policies and protocols (97%);
- include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training (96%);
- include carers in the organisation's strategic planning process (93%);
- include carers on their Board/Management Committee (89%);
- include carers in the assessment, planning and monitoring of direct services (98%);
- inform carers of the organisation's complaints policy and their right to make a formal complaint if the Carers Charter is not upheld (99%);
- ensure carers have the opportunity to provide feedback about the organisation (98%); and
- provide avenues for carers to access peer support (96%).

The WA HACC Program conducted its annual Quality of Life Client Survey Report 2015. Twelve percent of the 1055 respondents identified themselves as carers. Of these:

- 82% confirmed that they had been included in discussions on service planning and delivery; and
- 83% agreed that the services provided supported them in their role as a carer.

#### **d. Future initiatives**

An independent evaluation has been commissioned by ACCD as part of the WA Assessment Framework's continuous improvement program to assess and inform the program if the needs of carers are being supported. Carers input will be sought on issues such as referral to support services and whether these services have helped them to maintain or improve their wellbeing.

Carers feedback will inform the development of a concise quality assessment tool to capture carers expectations on their perceived outcomes; their level of satisfaction with these outcomes and processes; and their access to services, service delivery and the assessment process.

#### **e. Carers Advisory Council comments**

The Aged and Continuing Care Directorate is commended on its approach to educating staff, engaging carers in policy and service delivery processes and managing an effective complaints process. Worthy of note is the self-assessment rating of well-developed across all four criteria for the past three years. Initiatives of particular interest include the new Carers Wellness at Home program, HACC community consultations across the state and collaborations and partnerships being developed.

The self-assessment from WA HACC funded services continues to be positive, with a high level of representation of carers on boards and committees. The introduction of an independent evaluation and additional questions specific to carers in the WA Assessment process has strengthened their commitment to the Charter and reporting process.

The Carers Advisory Council concurs with the ACCD self-assessment of well-developed across all four criteria.

## 2.7 WA Health Funded Organisations

In 2014-15, the reporting process for not-for-profit organisations changed, and now applies only to services contracted directly by WA Health divisions: Area Health Services report directly on the organisations they contract. Reporting for WA Health contracted services was coordinated by the Subacute, Community and Aged Care Directorate (SCACD).

Compliance reporting is a requirement of all community service agreements, where applicable, and WA Health provides its own reporting template. For the year ending 30 June 2015, a smaller number of contracted organisations (33) responded than in 2014 (50), which is attributed to the change in reporting methodology.

### a. Self-assessment

**Table 7: Self-assessment by Health Funded Organisations 2014-15**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	S	W	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

The responses in WA Health's report are to its own survey, which uses different compliance standards than those identified above. To ensure consistency in reporting, the Carers Advisory Council has interpreted the Department of Health's standards as follows: not compliant = commenced development, working towards compliance = satisfactory, and achieved compliance = well developed.

### b. Summary of evidence presented

Community service organisations were asked to self-rate their compliance against the four requirements of the Carers Charter (Chart 1). With regard to these:

- 89% reported they had regarded the carers role and attended to complaints;
- 67% reported they had included carers in service planning, a 16% increase since the 2013-14 period; and
- 85% reported they had treated carers with respect and dignity: a 13% decrease from 2013-14, which is attributed to the change and mix of reporting.

**Chart 1: Summary of Health funded service provider's self-evaluation**

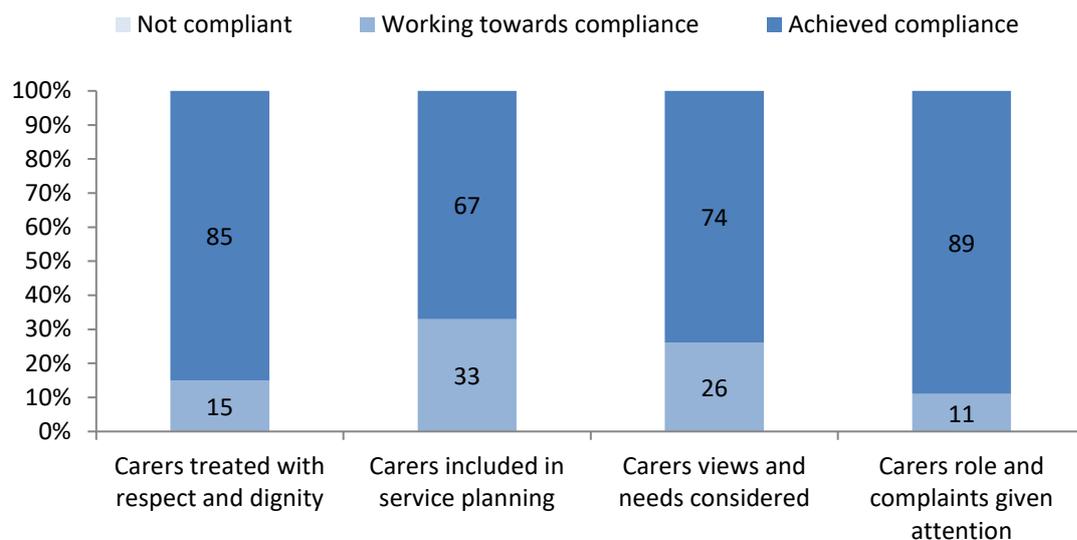
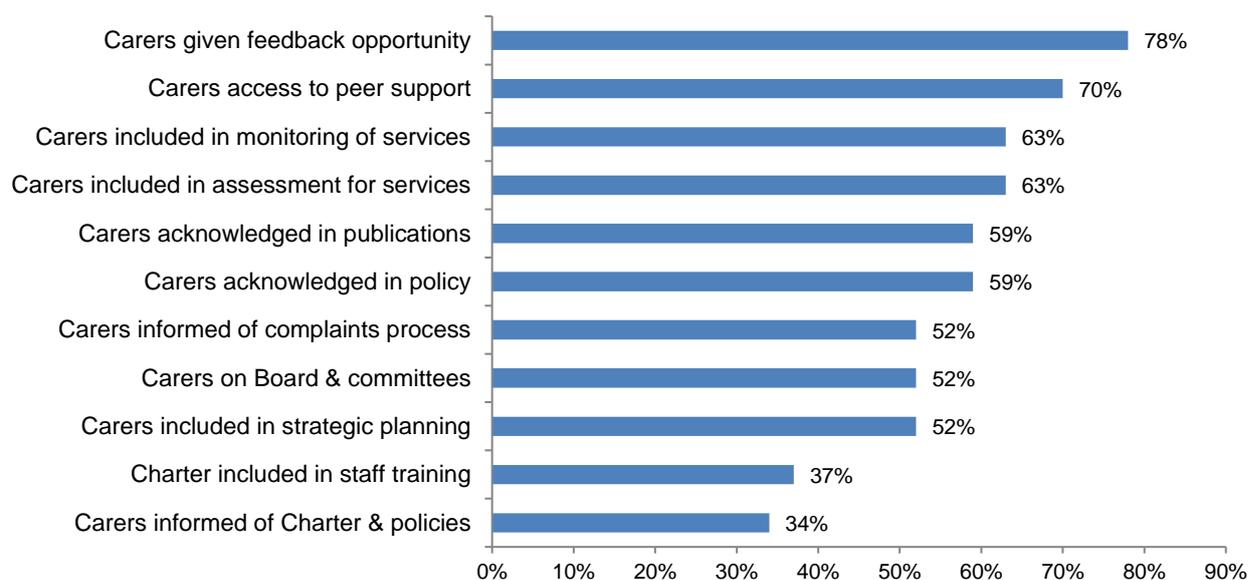


Chart 2 shows providers responses to questions that were supplementary to the Council's compliance requirements. The responses show that agencies reported full or almost full compliance with the stated criteria.

The highest levels of compliance related to opportunities to provide feedback about the organisation (78%) and access to peer support (70%). Around one-third (34%) reported full or almost full compliance with carers being informed about the Charter and the Charter being included in staff training.

**Chart 2: Summary of Health funded service providers self-evaluation (additional criteria)**



Almost 20 per cent of organisations reported that they had not complied with the requirement to include carers on their Board/Management Committee. One explained that this was because 'there are currently no dedicated positions on the Board for carers, however there are no barriers to carers applying for Board membership'.

Community organisations were also asked to describe how they support carers:

- Arthritis and Osteoporosis Western Australia's Juvenile Idiopathic Arthritis (JIA) group provides parent carers with information and connects them with other carers;
- the Coeliac Society of Western Australia implemented a Compliments and Complaints Register;
- Cystic Fibrosis Western Australia seeks carers views through processes such as bi-annual feedback on home care services;
- Hepatitis WA has processes to support carers to complain about unfair treatment of them or their loved one; and
- the Motor Neurone Disease Association partnered with Curtin University to pilot a Carers Needs Assessment Tool.

### **c. Carers Advisory Council comments**

Community service organisations funded by the Department of Health demonstrate a strong commitment to receiving feedback from carers, effective complaints processes and providing support to carers with respect and dignity.

The self-assessment from funded services continues to be positive, although carer representation on committees and inclusion in strategic planning and staff training remains at a lower level of achievement, similar to 2013–14 results. It is the Carers Advisory Council's view that carer involvement in boards, committees and strategic planning is important to achieving systemic change and the Council encourages community service organisations to further address these areas.

## 2.8 Mental Health Commission Funded Organisations

The Mental Health Commission (MHC) commenced compliance reporting for funded community service organisations in 2008. Its reporting template has had many iterations and improvements.

In 2013–14, electronic templates were introduced and the option of 'not applicable' was removed. During 2014–15, funded organisations requested that the 'not applicable' option be reinstated because some statements were not applicable to the service provided. The re-introduction of the 'not applicable' option affected responses and makes comparing the 2013–14 and 2014–15 periods difficult. In 2014–15, 99% of organisations responded, compared with 97% in 2013-14.

### a. Self-assessment

**Table 8: Self-assessment by Mental Health Funded Organisations 2013-14**

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	W

**KEY: W = Well developed S = Satisfactory C = Commenced development**

The MHC provided statistical responses, but did not make an assessment according to the above scale. To ensure consistency in reporting, the Carers Advisory Council has interpreted the MHC's standards as follows: not compliant = commenced development, working towards compliance = satisfactory, and achieved compliance = well developed.

### b. Summary of evidence presented

Community service organisations were asked to self-rate their compliance against the four requirements of the Carers Charter (Chart 3). With regard to these:

- 87% said they had treated carers with respect and dignity; and
- 73% said they had included carers in service planning, delivery and review.

The written responses suggested that organisations recognised the role carers play in recovery, and that the inclusion of carers, where possible, is best practice. Service providers have achieved this by:

- implementing a person-centred approach to treatment;

- conducting two yearly satisfaction surveys for all consumers and carers;
- undertaking quarterly mini surveys targeting particular service areas; and
- providing multi-lingual Carer Information Packs.

**Chart 3: Summary of Mental Health funded service providers self-evaluation**

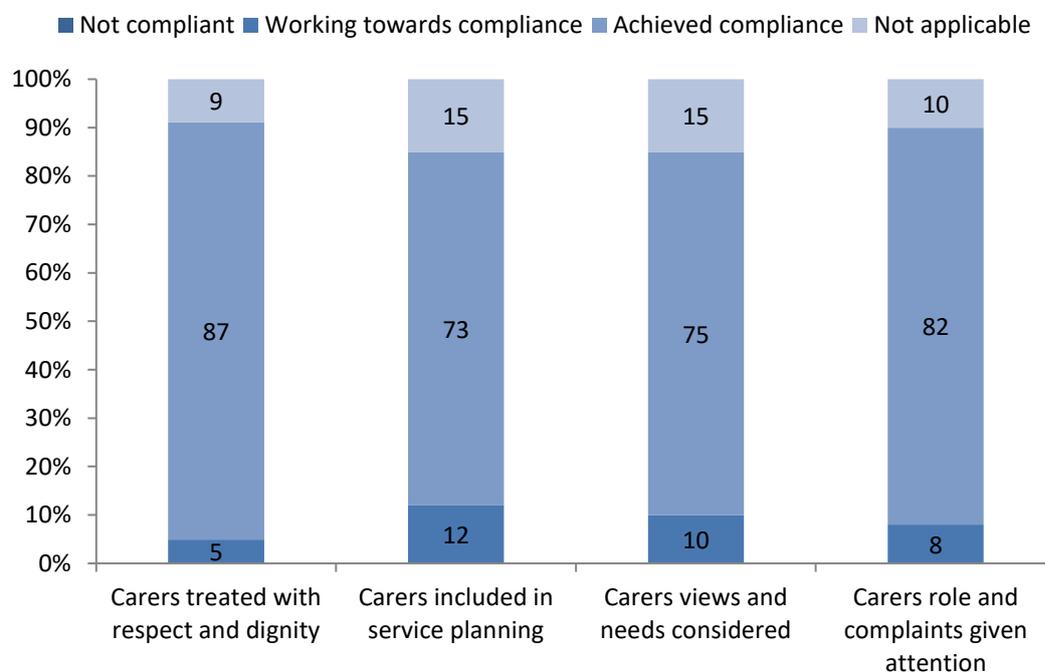
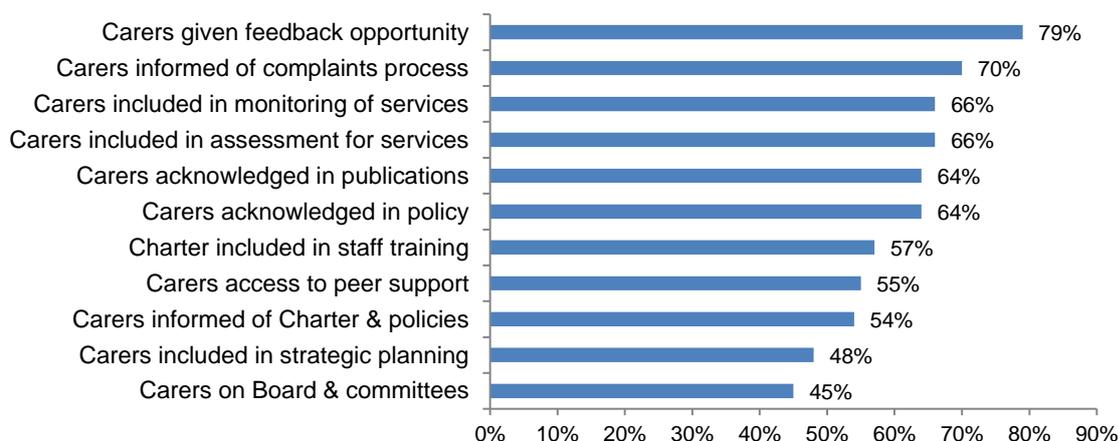


Chart 4 shows providers responses to questions that were supplementary to the Council’s compliance requirements. The responses show that agencies reported full or almost full compliance with the stated criteria.

The highest level related to opportunities to provide feedback about the organisation (79%) and carers being informed about complaints process (70%). The Complaints Policy is included in the Service User Handbook and Consumer Welcome Pack, and is discussed during the initial interview. Less than half of the organisations reported compliance with carers being included in strategic planning (48%), and represented on boards and committees (45%).

Around one-third (34%) reported full or almost full compliance with carers being informed about the Charter, and the Charter being included in staff training.

#### Chart 4: Summary of Mental Health funded service providers self-evaluation (additional criteria)



The MHC contract officers monitor and respond to the compliance surveys and feedback. Contract officers will monitor and follow up with the organisation when significant levels of non-compliance or 'not applicable' responses are observed.

The MHC also uses independent evaluators to assess funded organisations compliance against the 2010 National Standards for Mental Health Services, which includes a Carers Standard. This Standard complements the CAC Compliance standards with regard to the requirement to 'respect, value and support the importance of carers'. The independent evaluators will be provided with organisations responses to compliance with the *Carers Recognition Act 2004*.

### **c. Carers Advisory Council comments**

The Mental Health Commission continues to report on a voluntary basis and it is positive to see a 99% response rate in 2014–15. Whilst it is noted that the re-introduction of a 'not applicable' option makes comparisons with 2013–14 results difficult, the self-assessment from funded services continues to be positive, particularly in regard to treating carers with respect and dignity; complaints processes; and providing carers with opportunities to give feedback.

Carer representation on committees and inclusion in strategic planning remains similar to 2013–14 results. It is acknowledged that carers are frequently 'time and energy poor' and this, together with the requirement that board members be aware of governance procedures, can result in a dearth of carer representation opportunities on Boards of Management and strategic planning. It is the Carers Advisory Council's view that carer involvement on boards, committees and in strategic planning is important to achieving systemic change and encourages community service organisations to further address these areas.

Intentions by the MHC to follow up with those organisations that showed a higher 'non-compliance' or 'not applicable' rate is noted. The Carers Advisory Council concurs with the assessment of well-developed across all four criteria and commends the MHC on its continued voluntary reporting.

### 3. Conclusion

This is the tenth compliance report presented to the Minister and Western Australian Parliament since the enactment of the *Carers Recognition Act 2004*.

The Carers Advisory Council is pleased to report continued recognition and inclusion of carers from all reporting agencies. The Council is encouraged to see increased evidence of consultation with carers, both in terms of service delivery and policy development.

A large number of advisory and decision making bodies now have community, consumer and/or carer representatives, with a number of these bodies beginning to distinguish between consumer and carer representation, and specific membership provisions being made for the latter.

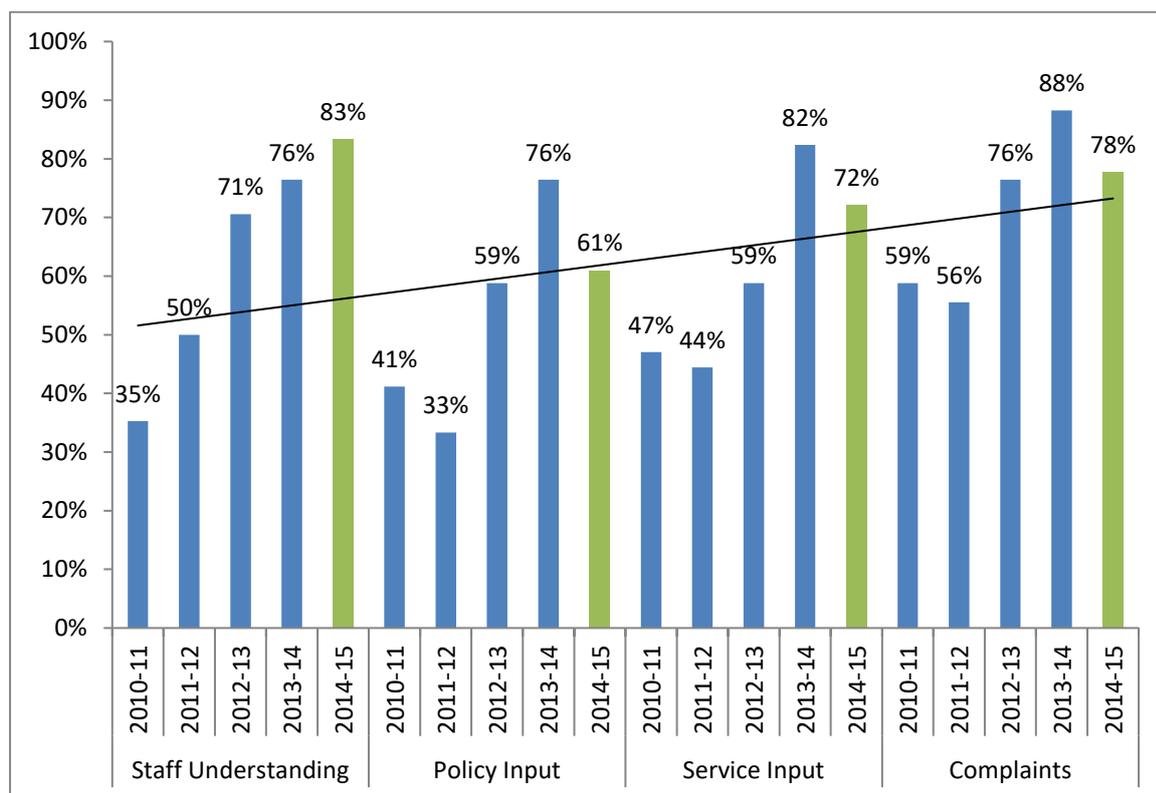
This year has shown increased examples of carers being surveyed to provide an evidence base for understanding carer needs and experiences, with survey results being incorporated into quality improvements. Such survey results can also provide a benchmark from which to assess change over time.

All reporting organisations provided evidence of improved complaints data tracking systems to better identify and report on trends and systemic issues.

As the compliance ratings are self-assessed, it is problematic to compare organisations against each other, due to sizable differences in functions and scope. Caution must also be exercised in comparing from one year's rating to another year within the same organisation, due to potential variance in how a self-assessment is made. However, in analysing self-assessed ratings over the past five years (Chart 5), the Council can see a definite trend in increased compliance with the Act and Charter across all organisations. This trend is encouraging.

Chart 5 shows a slight drop in aggregated ratings of 'well-developed' from last year to this year, largely because Fiona Stanley Hospital has come on board as a new service, with many of their self-ratings in the 'commenced development' category. Across all reporting organisations, the most well developed ratings are in the area of staff understanding of the Act and Charter, with lower aggregated ratings in the area of including carers in policy development and strategic, organisation wide planning.

**Chart 5: Five year trends of well-developed self-assessments against compliance criteria**



The areas of greatest improvement over the past five years have been in regard to staff understanding of the Act and Charter, with 83% of all agencies reporting a well-developed self-rating in 2014–15 from a base of 35% in 2010-11. Least improvement has occurred in relation to complaints, however this criterion started from a higher baseline, with 59% of self-ratings being well-developed in 2010-11. Aggregated across all agencies, in 2014-15, the criterion with most room for improvement was carer input into policy development and organisational planning (61% well-developed).

The Carers Advisory Council finds these trends encouraging and commends WA Health, the Disability Services Commission, the Mental Health Commission and services funded by these organisations for their continued efforts in this area.

The Council also has a commitment to continuous improvement and will review minor changes to future reporting tools to provide greater guidance in the self-assessment process and improved mechanisms for understanding changes in self-ratings within an agency from year to year.

## 4. Appendices

### 4.1 Compliance data from 2013-2014 to 2014-2015

The provision of this information reflects that the Act seeks to drive iterative improvements in carer recognition.

The Council notes that there may be variations between years resulting from a variety of factors.

**Table 9: Comparison between years 2013–14 and 2014–15 of self-rated compliance with the *Carers Recognition Act 2004***

Reporting Organisation		Staff Understanding		Policy Input		Service Input		Complaints	
		2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Disability Services Commission		W	W	W	W	W	W	W	W
WA Health									
WA Country Health Service		W	W	W	W	W	W	S	S
North Metropolitan Health Service	NMHS Mental Health Service	W	W	S	W	S	W	W	W
	Osborne Park Hospital	W	W	W	W	W	W	W	W
	Sir Charles Gairdner Hospital	S	S	S	S	S	S	W	W
	Public Health and Ambulatory Care	S	S	S	S	S	S	S	W
	Swan Kalamunda Health Service	S	W	S	W	W	W	W	W

	Women and Newborn Health Service	S	W	W	W	W	W	W	W
South Metropolitan Health Service	Armadale Health Service	W	W	W	W	W	W	W	W
	Bentley Health Service	W	W	W	W	W	W	W	W
	Fiona Stanley Hospital	-	S	-	C	-	C	-	C
	Rockingham Peel Group	W	S	W	S	W	S	W	S
	Fremantle Hospital and Health Service	W	W	W	W	W	W	W	W
	Royal Perth Hospital	W	W	W	S	W	W	W	S
Child and Adolescent Health Service	W	W	W	S	W	S	W	W	
Aged and Continuing Care Directorate	W	W	W	W	W	W	W	W	
Department of Health Funded Organisations	W	W	W	S	W	W	W	W	
Mental Health Commission	W	W	W	W	W	W	W	W	

**KEY:      W = Well-developed          S = Satisfactory Progress          C = Commenced Development**

## 4.2 Glossary of terms

**ACHS:** Australian Council of Healthcare Standards.

**CaLD:** Culturally and Linguistically Diverse.

**Carers WA:** The peak body for carers in Western Australia.

**Changing places project (DSC):** Changing Places provide a secure, clean environment for people with disability who need space and specialised equipment to use the bathroom when out and about in the community.

**Developmental Disability WA:** A not-for-profit community organisation in the disability sector that supports people with intellectual and other developmental disabilities, their families and the organisations that work for them.

**EQulPNational:** A four-year accreditation program for health services that will ensure a continued focus on quality across the health care organisation.

**FACES:** Family and Carer Engagement Strategy program.

**HACC:** The Home and Community Care program, which provides basic support services to help people to continue living independently at home. Carers of HACC service users are also able to access HACC support.

**LAC (DSC):** Local Area Coordinator.

**LINC:** Liaising Informing Network for Carers.

**My Way:** The Western Australian model of the NDIS.

**National Standards for Disability Services:** Promotes and drives a nationally consistent approach to improving the quality of services.

**Prepare to Care Program:** A Hospital Program developed by Carers WA, which provides information and support to those family members and friends who will be providing ongoing care to patients both during a hospital admission and following being discharged from hospital.

**WA NDIS:** Western Australian National Insurance Disability Scheme.

**RAP:** Reconciliation Action Plan.

**Side by Side (DSC):** A co-designed model of family support for challenging behaviours, which was developed by Developmental Disability WA and families and carers.

**TTY (teletypewriter):** An electronic device for text communication over a telephone line, which is designed for use by persons with hearing or speech difficulties.

**Youniverse:** Formerly known as Vela Microboards Australia - a grass roots approach to developing new models of support where existing services haven't been able to provide solutions.

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Carers Advisory Council Annual Compliance Report 2014-15 will be available for viewing and download from the Department of Local Government and Communities website after it has been tabled at Parliament: [www.dlgc.wa.gov.au](http://www.dlgc.wa.gov.au)

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