



Government of **Western Australia**
Carers Advisory Council

Carers Advisory Council

Annual Compliance Report 2015-16

The Carers Advisory Council Annual Compliance Report 2015-16 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.

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Letter to the Minister from the Chair

Dear Minister

I am pleased to present the Carers Advisory Council's Annual Compliance Report 2015-16 for your consideration and tabling in Parliament, as required by Section 10 of the Carers Recognition Act 2004 (the Act).

The Compliance Report details the activities undertaken to ensure compliance with, and performance of, obligations as prescribed in the Act by the:

- Disability Services Commission (DSC);
- Department of Health:
 - WA Country Health Service;
 - North Metropolitan Health Service;
 - South Metropolitan Health Service;
 - Child and Adolescent Health Service; and
 - Department of Health funded organisations (Not-for-Profit Community Service Organisations); and
- Mental Health Commission (submitted on a voluntary basis).

The Compliance Report underscores the importance of continued and sustained efforts to raise awareness and recognition of the important role that carers play in providing personal care and support to family and friends who require assistance with daily living. The contributions that carers make to our community including through unpaid care are immeasurable. While there remains much to be achieved in the pursuit of excellence, the agencies have shown genuine efforts in meeting the needs of the requirements of Carers.

Yours faithfully

Esme Bowen

Chair; Carers Advisory Council

January 2017

Carers Advisory Council Members 1 July 2015 - 30 June 2016

Ms Esme Bowen - Chairperson

Ms Kay Lunt – Deputy Chairperson

Ms Glennys Marsdon

Ms Julie Roberts

Ms Mandy Corkill

Ms Fadzi Whande

Mr Daymon Joseph

Ms Glenice Batchelor

Mrs Karena Sherriff (resigned 31 January 2016)

Ms Suzanne Paust (resigned 31 January 2016)

1. Introduction

1.1 Purpose of the Carers Advisory Council

The Carers Advisory Council (the Council) was established in 2005 under section 8 of the Carers Recognition Act 2004 (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.

1.2 Purpose of 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 2015-16 reporting period, reports were submitted by the:

- Disability Services Commission (DSC).
- Department of Health:
 - WA Country Health Service;
 - North Metropolitan Health Service;
 - South Metropolitan Health Service;
 - Child and Adolescent Health Service; and
 - Department of Health Not-for-Profit Community Service Organisations (funded services).
- Mental Health Commission.

1.3 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.

1.4 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 2015-16

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

In line with recent years, the 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

In 2015-16, the Disability Services Commission:

- continued to implement trials of the Western Australian National Disability Insurance Scheme (WA NDIS) with evidence collected to date indicating that people with a disability, families and carers are experiencing positive results;
- provided opportunities for 70 new Local Coordinators to attend 'The CaLD perspective – valuing diversity' course to foster greater understanding of techniques to engage with CaLD communities;
- through Local Coordinators, within the WA NDIS, implemented:
 - an early intervention trial aimed at engaging with families and carers who are providing care for children aged up to eight years old and diagnosed with Autism Spectrum Disorder; and

- tailored solutions to meet individual circumstances such as facilitating a funding application for the installation of a ceiling hoist in a family home to reduce the physical need for two people to conduct patient transfers.
- implemented the Changing Places project, with the City of Greater Geraldton becoming the first local government in WA to open a Changing Place which includes a hoist, adult change table, automatic door and space for two carers. A further seven local governments have committed to build Changing Places facilities.
- completed two new Remote Area Strategy (RAS) projects that provide support and advocacy services to individuals, families and carers in the Goldfields and Mullewa regions adding to the existing RAS projects in the Pilbara, Kimberley and Midwest.
- planned the construction of a purpose built, out-of-home facility in Port Hedland to provide support to people with disability and carers with respite opportunities.
- adopted the 2016-2018 Reconciliation Action Plan aimed at improving the inclusion of Aboriginal people with disability, their families and carers in community life.
- continued delivery of the CATCH (Children dependent on technology and cared for by their families at home) program that enables specialist support to parents and carers of young children being cared for at home and who are dependent on technology.

Criteria 1: Staff understanding of the charter

Staff awareness, understanding and capacity was ensured by:

- training for Local Coordinators including the important role of carers and inviting carers to share their perspectives on planning;
- inclusion of the Carers WA 'Caring Together' resource within staff training;
- emphasising the Carers Recognition Act and support material provided on the Carers WA website as part of Local Coordinator training;
- partnering with Uniting Care West to strengthen cultural awareness and cultural security in the provision of services to Aboriginal people with disability, their families and carers; and
- offering staff 'Values in Action' information sessions to help them understand the experiences of people with disability, their families and carers.

Criteria 2: Policy input from carers

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

- engaging with carers through councils, advisory and decision making bodies, and the board;
- engaging with carers through committees overseeing the trial and roll-out of the WA NDIS; and
- publishing a guide to Planning in WA NDIS for people with disabilities, their families and carers, to understand the type of discussions they can have with their Local Coordinator regarding the individual planning process.

Criteria 3: Carers' views and needs considered

Carers' views and needs were considered in assessing, planning, delivering and reviewing services that impact them and their caring role, by:

- consulting carers regarding the individual planning processes in the WA NDIS trial sites;
- holding a Family and Carers Conference designed for families to share experiences and to support carers;
- implementing a family mentoring program called 'Side by Side' that addresses isolation and loss of resilience of families and carers;
- implementing a Positive Behaviour Support Service, which provides:
 - support for families to respond to challenging behaviours and complex needs; and
 - learning opportunities for families through the 'Is There a Better Way' program in responding to challenging behaviour.
- funding a carer and consumer network to ensure carers are kept informed of developments relating to the WA NDIS;
- involving carers in priority setting, policy development and service design of health services through the Disability Health Network;
- requiring carers to be consulted in the planning and delivery of services; and
- preparing the 'Conversations that Matter' workshops to enable carers to develop new ways of supporting people with disabilities.

Criteria 4: Carer complaint processes

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

- In 2015-16, the Disability Services Commission's electronic complaints management system was fully implemented;
- In the event that issues cannot be resolved at a local level, carers have the option to escalate issues to the Commission's Consumer Liaison Officer. The Consumer Liaison Officer's role is to listen and resolve matters in the best interests of the patient and carers.
- Those unsatisfied with the management or outcome of their complaint are advised of their right to have their concerns reviewed through the Health and Disability Services Complaints Office (HaDSCO); and
- Information on the complaints process is available on the Commission's website as well as through brochures and other printed material.

c. Funded Services

Services funded and provided by the Commission are:

- required to comply with the National Standards for Disability Services;
- required to annually provide self-assessment reports on their policies and procedures including their progress in implementing the standards and continuously improving services; and
- independently evaluated against national standards every three years.

Carers WA is contracted to deliver up to 10 workshops each financial year to service providers on their responsibilities under the Act and Charter.

Consumer Survey

The 2015-16 annual Consumer Survey received 549 responses from carers of people with disability. The findings related to the Carers Charter are provided in Table 2.

Table 2: Disability Services Commission Consumer Survey Results

Measure	2013-2014	2014-2015	2015-2016
Treated with respect by staff	94%	95%	96%

Included in service delivery	88%	91%	92%
Included in assessments	92%	92%	92%
Included in the planning or review sessions	91%	93%	93%
Sensitive to carers' views	89%	89%	91%
Sensitive to carers' needs	86%	87%	89%

d. Future initiatives

The DSC plans to develop a customer satisfaction survey targeting parents and carers of individuals who have undergone a diagnostic assessment for Autism Spectrum Disorder.

e. Carers Advisory Council comments

Overall, the evidence provided by the Disability Services Commission in its submission demonstrates a strong commitment to the inclusion of families and carers when working with people with disability.

The examples provided to the Carers Advisory Council by the Disability Services Commission demonstrate the involvement of carers in all areas of service planning, delivery and assessment, and in a range of advisory and governance levels within the Commission. The important role of carers is recognised and promoted in staff orientation and training.

The Disability Services Commission appears to value and promote the importance of a complaints management system that is readily available, through a range of formats, and supports and enables complaints to be managed with openness and transparency.

The Disability Services Commission is commended for its 2015-16 implementation of several initiatives that were highlighted in their 2014-15 submission to the Carers Advisory Council.

The Carers Advisory Council notes that the consumer satisfaction survey for carers following an assessment for Autism Spectrum Disorder outlined in the Disability Services Commission's 2014-15 submission is yet to occur. The Carers Advisory Council believes that this initiative is an important initiative and would welcome its completion in 2016-17.

2.2 WA Health (Department of Health)

WA Health's submission to the Carers Advisory Council details its compliance with the Act and Charter across the functional areas of the:

- WA Country Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- Child and Adolescent Health Service; and
- Department of Health Not-for-Profit Community Service Organisations (funded services).

As a result of a functional realignment of WA Health, the services provided by the Aged and Continuing Care Directorate were reported through the Department of Health Report on Not-for-Profit Community Service Organisations.

2.2.1 WA Country Health Service

a. Self-assessment

Table 3: WACHS self-assessment 2015/16

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

WACHS reported staff understanding of the charter, the level of carer input into policies and consideration of carers' views as well-developed for the previous three years, and this has been maintained in 2015-16. This year saw an improvement from satisfactory to well-developed for carer complaints processes.

b. Summary of evidence presented

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

In 2015-16, the WA Country Health Service (WACHS):

- created opportunities for carers respite, events, workshops and activities for carers across regional Western Australia. These events included the Midwest Commonwealth Respite and Carelink Centre ‘blokes on a boat’ event for male carers;
- introduced the Geraldton Hospital User Group (GHUG) which consists of consumers and carers, and aims to provide information and feedback on ways to improve care and services. The GHUG has already implemented improvements including a refreshment voucher scheme for the hospital café for carers of long term patients, and a carers kitchen with complimentary tea and coffee for visitors;
- engaged carers and consumers in all major WACHS infrastructure and service redevelopment initiatives through Community Reference Groups;
- implemented ‘Patient Opinion’, an online and independently moderated feedback platform in three regions to provide consumers and carers with a more responsive and accessible avenue for feedback;
- surveyed all WACHS regions (except South West which is planned for September) through the Australian Council on Healthcare Standards accreditation process. Compliance was achieved for all regions surveyed;
- incorporated carers’ perspectives in the Goldfield’s ACAT (National Screening and Assessment Form) assessment; and
- invited carers to participate in the WACHS Kimberley Aged and Community Services staff annual planning meeting. In 2015-16, carers were encouraged to attend planning meetings held in each of the 12 remote communities of the Kimberley.

Criteria 1: Staff understanding of the charter

Staff awareness, understanding and capacity was ensured by:

- staff gaining an understanding of the Act and the charter during mandatory induction training at the commencement of employment;
- online training being made available to all staff containing references and links to the Act;
- ongoing mandatory training for all Mental Health Staff; and
- manuals used by WACHS staff mandating the consideration of carer needs and views, and facilitating referrals for carers in need of support.

Criteria 2: Policy input from carers

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

- conducting a review of the WACHS Carers Recognition Act Guideline which included consultation with District Health Advisory Councils and Carers WA. The policy was promoted to staff and made readily available;
- ongoing implementation of EQUIP accreditation for all health services, particularly requiring partnerships with consumers and carers, providing them with information on performance as well as allowing for their active participation in patient care improvements and monitoring, measuring and evaluating the performance of the health service organisation;
- promoting the requirement of engaging consumers and carers in health service design and planning through standards and guidelines;
- consumers, carers and communities engaging and partnering with WACHS for planning and policy purposes through the Consumer Engagement Network which includes 21 District Health Advisory Councils, Chairpersons Network, reference and advisory groups, workshops and forums, including Aboriginal health planning forums and regional safety and quality committees.

Criteria 3: Carers' views and needs considered

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

- requiring carers and families to be involved in care planning in accordance with the WACHS Residential Aged Care Policy;
- engaging carers in the care planning process and bedside handover process through the organisation; and
- carers being represented on, and providing input to, District Health Advisory Councils; and
- carers and consumers being able to participate in the design and redesign of health services including service planning, infrastructure projects, audits and work plans, and forums. As of July 2016, 67 consumer stories have been received with 48 percent from carers.

Criteria 4: Carer complaint processes

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

- a complaint management system that is aligned with the WA Health Complaints Management Policy 2015;
- regular reviews of indicators, including timeliness and accessibility, and reports to the Office of Safety and Quality;
- a range of mechanisms for carers to provide feedback including paper forms, online, over the phone and in person. SMS feedback is being trialled in some remote areas; and
- the implementation of Patient Opinion, an online and independently moderated feedback platform in three regions (Kimberly, Midwest and Great Southern).

c. Funded services

All funded organisations who provide direct health services on behalf of WACHS have reported compliance with the Carers Recognition Act and Charter.

d. Future initiatives

WACHS plans to implement a range of initiatives that will ensure compliance with the charter, including:

- Patient Opinion implementation continuing to include additional regions;
- WACHS South West implementing a REACH project across all hospital and aged care wards/units for carers to raise any concerns about the care being received by the person they are caring for; and
- maintaining and improving mechanisms for the involvement of carers in service provision, including:
 - involving carers in the development of policies;
 - involving carer representatives in committees and strategic planning;
 - providing staff training in regards to the Act; and
 - working with non-government partners in relation to their compliance with the Act.

e. Carers Advisory Council comments

The Carers Advisory Council recognises the ongoing challenges faced by services and staff operating in regional, rural and remote locations. Despite these challenges, WACHS continues to improve the inclusion of carers by engaging with carers to inform the development of policies, organisational plans, assessment, planning, delivery and review of services, with a suite of support groups to assist carers.

The Carers Advisory Council is pleased to note WACHS has reported it is well developed in all areas for the first time, with carers complaints processes improving from satisfactory to well-developed in 2015-16. The Carers Advisory Council commends WACHS for its implementation of a Patient Opinion survey in the Kimberley, Midwest and Great Southern regions.

The introduction of this survey provides an effective means to share their experiences, to improve service delivery, and improve support and recognition of carers. The Carers Advisory Council recommends that WACHS considers implementation of the survey in additional locations in 2016-17.

2.2.2 North Metropolitan Health Service

a. Self-assessment

Table 4: NMHS individual service self-assessment 2015-16

	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
Sir Charles Gairdner Hospital	S	S	S	S
Public Health & Ambulatory Care	W	S	W	W
Women & Newborn Health Service	W	W	W	W

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

Swan Districts Hospital was decommissioned in November 2015 following the opening of St John of God Midland Public Hospital. As Kalamunda District Community Hospital (KDCH) was part of the Swan Kalamunda Health Service, for the remainder of 2015-16, the Hospital's function was under the governance of the Sir Charles Gairdner Osbourne Park Group. KDCH has since transferred governance to the Armadale Health Service as part of the East Metropolitan Health Service.

North Metropolitan Health Service (NMHS) has maintained positive self-assessment ratings, with the majority of services reporting themselves well-developed across all criteria.

PHAC has also reported an improved rating from satisfactory to well-developed on two criteria: Staff understanding of the charter, and Carers' views and needs considered. PHAC maintained its satisfactory position on Policy input. SCGH has,

however downgraded its carer complaints processes to satisfactory, after rating it well-developed in 2014-15.

a. Summary of evidence presented

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

The North Metropolitan Health Service (NMHS) includes:

- the NMHS Mental Health Service;
- Osborne Park Hospital;
- Public Health and Ambulatory Care;
- Sir Charles Gairdner Hospital; and
- the Women and Newborn Health Services.

In respect to its overall response to carers, in 2015-16, the North Metropolitan Health Service (NMHS):

- reviewed the Carers Recognition Policy and distributed the policy to all staff;
- delivered services under the accreditation of the National Safety and Quality Health Service Standards (NSQHSS); and
- progressed the development of the Open Disclosure e-Learning package. Implementation of the package is anticipated to occur in late 2016.

In 2015-16, NMHS Mental Health:

- delivered 34 carer workshops as part of the Mental Health Older Adult program. The workshops dealt with matters specifically identified by carers;
- offered carers the opportunity to attend two educational workshops by the Centre of Clinical Interventions, with the aim of easing carer stress and gaining information about bipolar disorder;
- continued to support Consumer and Carer Working Groups in the State Forensic Mental Health Service and Neurosciences Unit;
- recruited carers to attend governance committees through a partnership with Carers WA; and
- appointed carers consultant roles in the Mental Health Adult program.

In 2015-16, Osborne Park Hospital (OPH):

- implemented an initiative whereby volunteer staff promote information contained in the bedside Inpatient Information files to patients and carers. Feedback to date indicates that the initiative has been well received;
- established a Carers Corner in the Day Therapies Unit;
- updated the 'Taking time out for yourself' booklet which outlines respite strategies;
- made the Joint Replacement Education (JRED) available online for consumers who cannot attend education sessions on site;
- continued to deliver Pastoral Care and Chaplaincy Services;
- implemented the "Know your Nurse" project at Rehabilitation and Aged Care Ward 5;
- implemented a two-week timetable at the Stroke Unit on Ward 5 to simplify the scheduling of appointments for carers; and
- refurbished the Osborne Park Clinic waiting room to create a welcoming space for carers.

In 2015-16, Public Health and Ambulatory Care (PHAC):

- via the State Head Injury Unit, held forums to improve carer participation in its clinical services. At the forums, participants were surveyed about the adequacy of the services they received in the unit;
- continued to provide information to carers on brain injury and rehabilitation; and
- between April and June 2016, through the Dental Health Service, conducted an adult satisfaction survey of patients and carers about their experience and levels of satisfaction.

In 2015-16, Sir Charles Gairdner Hospital (SCGH):

- established Carers Corners in all patient care areas;
- distributed 2 941 carer information packs, an 86.61 per cent increase on the previous year;
- undertook research to inform the implementation of an outreach support program for family carers of older people discharged from an acute medical assessment unit. The research evaluates the effectiveness of a nursing

outreach focussed on carer led support needs and guidance to access existing services;

- distributed 1 293 Prepare to Care (PTC) Resource Packs, installed two PTC displays and held a PTC Study Day; and
- delivered 567 education sessions to hospital staff.

In 2015-16, the Women and Newborn Health Services (WNHS):

- worked with Carers WA to develop strategies to increase consumer and carer participation such as making carers aware of the availability of the WA Prepare to Care package;
- updated forms and questionnaires including the Patient Registration Form KE107 and Gynaecology Patient Health Questionnaire to include a question on whether patients have a carer;
- implemented Carers Corners in each out-patient clinic;
- added the Consumer Partnership Framework to WNHS website;
- provided guidance to managers on best practices related to the recruitment of carer representatives;
- installed a Carers Week display in the King Edward Memorial Hospital for Women foyer;
- continued to provide all WNHS contractors with copies of the Act, charter and the WNHS Compliance Report. In addition, new contracts specify that contractors must comply with the charter; and
- provided 27 carers with a 'Prepare to Care Pack'.

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 orientations and provision of customer service and communication training by the Stakeholder Liaison Officer.
- OPH by:
 - providing all new staff with information on the Act as part of induction, as well as a presentation from Carers WA;
 - having Carers WA-trained representatives at Rehabilitation and Aged Care wards to promote the rights of carers and provide support;

- ensuring that the Consumer Centred Care Representatives were available for every ward;
 - three Rehabilitation and Age Care (RAC) wards having nursing representatives who were trained by Carers WA to provide an understanding of carers rights to staff and carers; and
 - providing 64 carers with 'Prepare to Care' information packs.
- PHAC by:
 - providing staff with information on the Carers Charter upon induction;
 - including the NMHS Carers Recognition Policy at the induction for Donate Life WA staff;
 - displaying promotional material across the facility;
 - displaying the Carers Charter at the Dental Health Service sites state-wide; and providing annual education on the Act through Carers WA.
- SCGH by:
 - educating staff on the Carers Charter at orientation, study days and education forums; and
 - partnering with Carers WA in the delivery of the Prepare to Care Program. Over the reporting period 305 in service sessions were complete by Carers WA.
- WNHS by:
 - educating all staff about the Act at induction (including examples of the gains of using the Prepare to Care Program);
 - providing carers with information through the Customer Service Unit's presentations, workshops and training;
 - using pink stickers on patient notes to identify patients with carers;
 - delivering carers-related training in the Emergency, Mother and Baby Unit and Ward 3;
 - providing 27 carers with 'Prepare to Care Packs'; and
 - surveying staff about their knowledge of the need to identify and include carers that can be used a benchmark in future years.

Criteria 2: Policy input from carers

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

- NHMS by:
 - including consumer representatives in the Executive Group to ensure consumer/carers input into health service and strategy planning;
 - including carers in the development and revision of governance policies through a consumer representative in the Policy Coordination Committee; and
 - publishing the Carers Recognition Policy which was developed in consultation with representatives on the NMHS Policy Coordination Committee and NMHS Consumer Advisory Council.
- NMHS Mental Health by:
 - ongoing consultation with carers in regards to policies and service planning; and
 - facilitating regular carer 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 consultation during the creation of carer groups.
- OPH by
 - ensuring its Community Advisory Council has carer representatives and reviews all consumer / carer related documents; and
 - displaying posters in the main areas and wards and inviting feedback from carers.
- PHAC by
 - mandating the inclusion of carers in the consultation and development of care plans for new patients;
 - participating in national engagement with CaLD and ATSI communities to develop resources about organ donation;
 - working with peak community bodies to facilitate linkages between carers and community supports; and
 - including a community representative on the Dental Executive Committee.

- SCGH by:
 - engaging with carers through representation on the Community Advisory Council from Carers WA, Health Consumers Council and individual carers, which reviews patient/carer information and comments on carer facilities and levels of engagement; and
 - implementing the Carer Link Person program, which has resulted in increased uptake of carer information and inclusion of carers in care planning; and
 - raising awareness of the Prepare To Care Hospital Program team.
- WNHS by:
 - engaging with carers through representation at the Community Advisory Council;
 - reviewing the WNHS Carers Recognition Policy;
 - reviewing consumer and carer representation on committees and forums;
 - reviewing the role of WNHS Consumer and Community Advisory Councils to enable a greater number of consumers to be engaged; and
 - publishing a policy on consumer and carer representation on committees and forums and updating it to align with national standards and the Act.

Criteria 3: Carers views and needs considered

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

- NMHS by
 - continuing to facilitate the implementation of initiatives across sites and services through the NHMS Open Disclosure Working Group; and
 - continuing to collaborate with other health services to develop a state-wide Open Disclosure eLearning package that supports the education and staff in conducting consumer and carers focused disclosure conversations and processes.
- NMHS Mental Health by:
 - engaging with carers through consumer and carer representation in mental health advocacy services including the service's Community Advisory Council, Service Consumer Advisory Groups, NMHS Open

Disclosure Working Group and Service Management and Safety and Quality meetings;

- participation by carers in Mental Health Week;
- implemented a program to ensure culturally competent engagement with Aboriginal families and carers from CaLD backgrounds; and
- implementation of annual carer and consumer surveys of all Mental Health Adult units to ascertain the effectiveness, and strengthen and improve services.

- OPH by:

- Involving and informing carers about medication management and processes associated with patient discharge;
- involving carers in occupational therapy and team interventions;
- conducting surveys to gauge satisfaction and encourage feedback. These surveys demonstrate a commitment to involving carers, for example, 88 per cent of knee and hip replacement patients surveyed agreed that their carer was involved;
- providing information sources available for carers including Consumer Hubs in reception areas, online information and promotional material on display;
- implementing a nursing referral system for complex care patients, which included requirements that the Complex Care Plan be discussed with carers;
- amended processes with admission and discharge to better meet the needs of carers;
- organising Webster Pack Services with the patient's community pharmacy to relieve carer burden;
- providing information tailored for carers on the OPH website;
- surveying carers;
- educating staff about the involvement of carers in clinical handovers; and
- updated the patients and carers information sheet provided on admission.

- PHAC by:

- inviting WA donor families to participate in or comment on the annual donor memorial service;
- including carers in clinical consultations to identify carer needs and assist in prioritisation of health care goals;

- surveying users of the Donate Life WA service;
 - making Interpreter services available for Donate Life WA users;
 - recording carer contact details and consultations as part of State Head Injury Unit patient records;
 - liaising with carers directly and independently, as appropriate;
 - recording carer details and any carer involvement as part of Dental Health Services clinical records; and
 - conducting a satisfaction survey which requested specific carer feedback on the quality of services received.
 - SCGH by engaging carers, Carers WA and the Health Consumers Council on relevant committees, ensuring policies and plans take into consideration the needs of carers.
- WNHS by:
 - seeking Carers WA feedback on policies that affect carers; and
 - involving carers in Consumer and Community Advisory Councils.

Criteria 4: Carer complaint processes

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

- NMHS by:
 - encouraging all consumers and carers to provide feedback, express concerns and complaints;
 - ensuring staff can action complaints in an open, receptive and transparent manner in line with WA Health Complaints Management Policy;
 - implementing the web-based Datix Consumer Feedback Module (CFM) to ensure the accurate collection of complaints management activity data;
 - reporting complaints data to the Health and Disability Services Complaints Office on an annual basis; and
 - reporting annual complaints data to HaDSCO on behalf of NMHS.
- NMHS Mental Health by:
 - training staff to receive and respond to consumer feedback, including complaints; and

- auditing sites to ensuring feedback brochures, flyers and posters are displayed and included in consumer packs.
- OPH by:
 - displaying promotional material across the hospital inviting feedback from patients and carers; and
 - encouraging staff and managers to resolve concerns as soon as they occur, wherever possible.
- PHAC by:
 - Conducting a consumer feedback and satisfaction survey which includes provision for carer input; and
 - promoting the formal complaints process in the State Head Injury Unit through display posters, handouts and brochures; and
 - ensuring that complaints involving Donate Life WA are handled in line with PHAC Consumer Feedback Procedure.
- SCGH by:
 - providing carers access to the Patient Liaison Officers.
 - purchasing additional fold-a-way beds allowing carers to stay in the patients' room overnight if deemed appropriate. WNHS by:
 - recording and monitoring system changes arising from complaints and feedback by the Customer Service unit;
 - identifying and separating carer feedback from 'consumers' and systematic trends through improved complaint management systems;
 - reporting quarterly on feedback and complaints provided to the Executive and tabled at its Community Advisory Council meetings;
 - participating in state complaints management meetings; and
 - participating in the Clinical Senate Meeting where complaints, and carers and consumer issues are discussed; and
 - engaging with Carers WA and other health services at state complaints management meetings.

c. Funded services

The NMHS reported that 22 of its contracted services complied with the charter, while two are working towards compliance. Some initiatives from contracted services include:

- The Joondalup Health Campus (JHC):
 - introduced a new online admissions process, which includes collecting information on carers. The admissions documentation at wards allows further follow up on supports provided to carers by ward staff;
 - provides support for carers through direct counselling, referrals to community services and the Carer Group;
 - reviewed the Carer Status Assessment Tool;
 - surveyed carers through the Point of Care and Press Ganey surveys;
 - partnered with Carers WA to deliver training on the charter and the Act; and
 - engaged carers through carer representation on several working groups.
- The Bethesda Hospital Palliative Care Unit:
 - continued to use the 'unit of care' approach which involves the patient and their family assistance in the planning of care. Carers have access to a registered nurse 24-hours a day via phone and are always involved in discharge planning.
- The Cancer Support Association of WA Inc. (CSAWA):
 - engaged carers by including former carers on its board;
 - provided counselling sessions and support groups to carers; and
 - expanded carer support groups to include more peer-to-peer social opportunities for venting, discussion, stimulation and relaxation.

d. Future initiatives

NMHS will:

- finalise and implement a robust consumer, carer, community and clinician framework;
- continue to develop the Datix Consumer Feedback Module;
- continue to work towards building staff capacity to conduct consumer and carer focused disclosure conversations and processes through the development of the Open Disclosure e-Learning package (expected to be implemented in late 2016); and
- implement a carers toolkit with NMHS Public Health and Ambulatory Care.

NMHS Mental Health will:

- enhance consumer engagement by:
 - holding carer support workshops;

- distributing Family and Carer Engagement Strategy (FACES) electronic newsletters;
- increasing engagement of carers online via an improved website and social media;
- establish a carer database and circulation list to promote carer involvement;
- address gaps in the Adult Program through development of a communication plan specifically for carers;
- engage carers by involving carers in organisational consultation meetings; and
- review carers information packs.

OPH will:

- develop information handouts on common stroke deficits through the Occupational Therapy Department;
- implement a carers satisfaction survey through the Physiotherapy Department; and
- update the information sheet provided at admission (Ward 5 Rehabilitation and Aged Care) in consultation with carers.

PHAC will

- engage carers by having a second consumer representative attend the DHS Policy Committee and DHS Publications Committee; and
- review results of the Dental Health Service adult patient satisfaction state-wide survey.

WNHS will:

- include quarterly complaints and compliments data as a standing agenda item for the Consumer Advisory Committee;
- review the Consumer Partnership Framework to ensure consultation with consumers and carers is central;
- develop an easy to read CSU pamphlet in consultation of carers and community groups; and
- introduce a new DAIP Implementation Plan in consultation with carers.

e. Carers Advisory Council comments

The NMHS continues to show a solid commitment to the inclusion of carers in both service planning and strategic policy development. The Carers Advisory Council would like to commend the NMHS on recognizing the importance of carers.

It was heartening to see the increasing number of carer packs being distributed across the network. Similarly, it was pleasing to see the increased rating for PHAC on 'staff understanding the charter' and 'enabling carers' views to be heard'.

Meanwhile, the lower rating reported for SCGH's complaints process signified that they have identified the issue (that the system doesn't currently separate out carers views) and will be working towards a solution.

The Carers Advisory Council looks forward to the further development of a complaints process that readily identifies carers.

The Carers Advisory Council notes that WA Health completed activities committed to in 2014-15 including compiling a centralised list of all consumer and carer representatives, provided education and guidance to managers on the recruitment and support of consumer and carer representatives, including processes for consumer payments and finalised and endorsed a Consumer Partnership Framework.

NMHS Mental Health has identified the challenge of participation uptake when seeking representation and participation of carers in its committees and meetings. It is interesting to note that WNHS are also considering how to better engage carers in these processes. We look forward to hearing their ideas on how this can be resolved as the solutions could be applied across the network.

The reports also highlighted several initiatives being developed to ensure carers needs do not go unnoticed, for example:

- Processes that identify carers at admission. These are important initiatives which could be of relevance to other health settings (e.g. at OPH the question is asked 'does someone help you with medication'. At WNHS pink slips are employed);
- Processes that require carers to be contacted and engaged in discharge planning. These ensure the carer knows and understands what is needed post discharge (e.g. such as medication management as at OPA);
- The continuing introduction of Carers Corners and / or Carer Hubs across the network;

- Other initiatives which showed merit and could be applied across all areas of WA Health, if not already in place, were:
 - Fold-a-way beds (SJGH);
 - A Care Link Person program which has shown successful outcomes (SJGH);
 - Volunteer staff sitting with carers (OPH);
 - 'Taking time out for yourself' handouts (OPH);
 - 'Know your Nurse' initiative (OPH);
 - Having Care Representatives on every ward (OPH);
 - Working with CaLD and ATSI communities, and offering interpreter services (PHAC);
 - All contractors are given a copy of the Act, charter and compliance report. New contracts will include a clause that ensures compliance with the charter (WNHS);
 - Dental Health Services clinical records identifying carers and any carer involvement being documented in the records;
 - JHC online admissions which collects information on carers (funded services);
 - Improvements to the Carers Status Assessment Tool (funded services); and
 - Using information technology for those who use it.

The Carers Advisory Council also acknowledges and looks forward to hearing the learnings and outcomes of:

- WNHS 'Best Practice for Complaints', and their survey results. Similarly, the review of the Carers Recognition Policy, and carer representation on committees and forums (e.g. Consumer Community Advisory Council, Terms of Reference and Strategic Plan);
- What SJGH does in Carers Week, plus more about their Carer Award and the outcome of the research they're undertaking into outreach support for carers;
- The outcome of the Funded Services Carer Group review plus the summary of carer comments identified in the Point of Care surveys; and
- The results from the PHAC surveys from a carers' perspective.

2.2.3 South Metropolitan Health Service

a. Self-assessment

Table: 5 Self-assessment by SMHS 2015-16

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 South Metropolitan Health Service (SMHS) has provided a self-rating of well-developed across all four criteria. In 2015-16, the SMHS provided an overall assessment across its services.

b. Summary of evidence presented

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

In 2015-16, the Armadale Health Service's (AHS) Disability Access and Carers Recognition Committee (DA&CRC) and its Advisory Council monitored and guided carer involvement in management.

In 2015-16, the Fiona Stanley Hospital (FSH):

- focused on embedding their systems, policies, processes and education programs to align against the 10 National Safety and Quality Healthcare standards (ACHS) accreditation;
- implemented Carers Corner in eight clinical areas;
- collaborated with Carers WA to build a six module education program with five modules focusing on carers and the Act and an additional module designed to assist carers self-identify, manage grief and access services;
- developed a Carer, Consumer and Community Partnership Framework;
- established a Carer Champion register;
- established a Mental Health Consumer Advisory Group; and
- established groups that focus on the education and support of rehabilitation.

In 2015-16, the Fremantle Hospital and Health Service (FHHS):

- developed the FHHS Consumer Participation and Engagement framework to ensure consumer and carer participation is embedded within the organisations business and culture;
- integrated the Carer Champion Program into each ward/department and provides ongoing education to staff on the Carers WA Program; and
- completed hospital wide staff training on Person Centred Care and the ALWAYS program.

In 2015-16, the Rockingham Peel Group (RkPG):

- surveyed patients regarding CARE (Call and Respond Early) process which supports consumer initiated escalation of care.

In 2015-16, the Royal Perth Bentley Group (RPBG):

- engaged carers and consumers through a Consumer Advisory Committee and working groups. Carers and consumers are represented through all major committees, including the Hospital's Executive Committee.

Criteria 1: Staff understanding of the charter

Staff awareness, understanding and capacity was ensured at:

- AHS by:
 - informing staff on the Act at orientation;
 - presenting planned in-service sessions and conducting Prepare to Care workshops through Carers WA; and
 - providing information for carers in languages other than English.
- FSH by:
 - informing staff on the Act at orientation;
 - conducting the Prepare to Care program through Carers WA;
 - ensuring carers' rights information is readily available throughout hospital and online; and
 - including Carers WA modules for Carer Champions training procured with education planned for late 2016.
- FHHS by :
 - the inclusion of Person Centred Care and ALWAYS training programs;
 - displaying promotional material which illustrates ways staff can support carers and partner with them; and
 - educating staff by hosting two presentations during Carers Week on the role of carers and resources available to support carers.
- RkPG by:
 - including information on the Act and Prepare to Care program in its Corporate and Clinical Induction and Mandatory Safety Skills program; and

- implementing a quality improvement plan which includes ways of increasing consumer/carer involvement in training and education of staff.
- RPH by:
 - regularly inviting members of the Consumer Advisory Council to staff information sessions and forums to educate staff, patients and carers on the Act and the charter;
 - implementing the 'Involvement of Other Patient Care' policy which recognises the importance of patient's family, significant others or nominated persons in patient care;
 - implementing the Call and Respond Early (CARE) program and advertising it throughout the hospital; and
 - promoting information on the charter.

Criteria 2: Policy input from carers

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

- AHS by employing the Community Advisory Council to:
 - ensure all new and updated policies have carers recognition embedded in documentation;
 - review policies with the various committees and meetings they attend; and
 - review all brochures and handouts for patients and carers.
- FSH by employing the Consumer and Community Advisory Council to::
 - review policies, brochures and organisational service plans;
 - review policies with the various committees and meetings they attend;
 - represent consumers and carers at Executive and Governance Committees; and
 - participate in service testing prior to services opening.
- FHHS by:
 - engaging with carers through the Community Advisory Council (Mental Health Sub Group, Consumer Partnership Governance Committee and the Partnering with Consumers in Person-Centred Care/Training & Education Working Group; and
 - involving the Community Advisory Council in the review of organisational plans and policies.

- RkPG by :
 - engaging with carers on the Community Advisory Council which participates in the review of policies, brochures, forms and templates;
 - engaging with consumers and carers via 20 organisational committees.
- RPBG by:
 - engaging with carers through the Consumers Committee and Consumer Advisory Committee; and
 - implementing the Consumer Engagement Strategy which enhances the role of carers throughout the organisation.

Criteria 3: Carers views and needs considered

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

- AHS by:
 - engaging with consumer representatives in the review of care and planning; and
 - recognising aspects of carer involvement in patient discharge education material.
- FSH by:
 - establishing a Mental Health Consumer Advisory Group which has carer representation;
 - establishing an Emergency Department Consumer Advisory Group for late 2016;
 - including consumers and carers in the review of care and planning; and
 - launching training modules developed by Carers WA as part of Carers Recognition Week.
- FHHS by:
 - involving the Carers WA Hospital Program Coordinator to ensure views and feedback of carers are considered;
 - including Carers WA Prepare to Care survey feedback in reporting processes; and
 - implementing patient, consumer and carer led education to staff on the importance of consumer and carer voices in services delivery.
- RkPG by :
 - engaging carers through participation in the Consumer Advisory Council, Mental Health Clinical Governance Committee, Disability Access and Inclusion Program Committee and Falls Prevention Action Group.

- RPH by:
 - engaging with carer representatives to provide feedback on hospital publications through the Consumer Advisory Committee; and
 - engaging with carers through the Consumer Advisory Committee to review clinical incident data, complaints data, patient satisfaction data and determining areas of improvement.

Criteria 4: Carer complaint processes

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

- AHS by:
 - engaging with carers using feedback obtained from feedback pamphlets, letters of complaint, the internet consumer feedback process and surveys;
 - engaging with carers through the Consumer Advisory Committee and members meeting with patients and carers on a monthly basis regarding any issues or complaints that need to be addressed;
 - reporting monthly on compliments and complaints by its Customer Liaison Officer to governance committees, including the Management Team and Consumer Advisory Committee; and
 - auditing the complaints received.
- FSH by:
 - engaging with carers using feedback obtained from customer feedback pamphlets, letters and phone calls to the Patient and Family Liaison Service, internet feedback process, surveys and via staff who receive compliments or complaints, compliments and complaints reports by the Patient and Family Liaison Service; and
 - including complaints audit actions in the Consumer and Carers Advisory Committee's Strategic and Operation Plan.
- FHHS by :
 - engaging with carers through regular meetings between the Carers WA Hospital Program Advisor, Patient Liaison Department and the Standard 2 Project Lead to share carers' feedback and address their concerns; and
 - including carer identification on all Patient Liaison complaint documentation.

- RkPG by:
 - including complaints and compliments as a standard agenda item for monthly CAC meetings; and
 - providing readily available information at entry and exit points on how to provide feedback.
- RPBG by:
 - monitoring complaint trends and reporting these to the Consumer Advisory Council; and
 - escalating any complaints requiring rapid resolution to the Director Consumer Engagement.

c. Funded services

Contracted organisations are required to provide assessment of their compliance to the Carers Charter.

d. Future initiatives

South Metropolitan Health Services have identified the following future initiatives.

- FHHS will:
 - revise its 2016 staff development program to incorporate carer led staff training; and
 - review Nursing Admission documentation to ensure carers are routinely identified.
- RPBG will recruit additional carers to provide real-time feedback on how services can be improved to engage and accommodate carers and will continue to implement the 2015-2017 Consumer Engagement Strategy supported by its carers representative; and
- RPH will introduce new strategies to strengthen consumer and carer engagement across the organisation.

e. Carers Advisory Council comments

The Carers Advisory Council acknowledges the efforts Southern Metropolitan Health Service has undertaken in developing community and carer engagement initiatives across its services. Even though it has well developed services, it continues to strive to improve and this is evidenced in the feedback and complaints management systems.

2.2.4 Child and Adolescent Health Service

a. Self-assessment

Table 6: CAHS self-assessment 2015/16

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

The Child and Adolescent Health Service (CAHS) provided the same self-rating as 2014-15. The two years prior to 2014-15, CAHS provided a self-rating of well-developed in all criteria.

b. Summary of evidence presented

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

In 2015-16 the Child and Adolescent Health Service:

- established a model of service for volunteer management to improve patient, family and carer experience as part of the transition to the new Perth Children's Hospital (PCH);
- implemented the Consumer Network which has seen parents and carers provide ongoing input and feedback into the design, delivery and evaluation of specific Child and Adolescent Community Health (CACH) services;
- promoted the 'Patient Story' video series to all staff to provide insight into patient and carer experiences with a view towards improving those experiences;
- involved carers, consumers and clinicians in workshops, process mapping events and focus groups to discuss current service delivery, and designing an effective future service for acute inpatient wards in PCH; and
- engaged carers in 11 committees related to strategic and operation planning;
- engaged carers in 15 forums to inform policies and organisation plans in relation to the transition to the PCH.

Criteria 1: Staff understanding of the charter

Staff awareness, understanding and capacity was ensured by:

- promoting the Carers Charter to staff at organisation-wide orientation days and during education programs managed by the CAHS Paediatric Education team;
- promoting the Carers Charter through brochures and posters; inviting carers to present at staff education forums on the importance of adopting a patient and family centred care philosophy; and
- implementing training informed by carers.

Criteria 2: Policy input from carers

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

- involving carers in the development of policies and organisational plans at PMH and in relation to the transition to PCH.
- engaging with carers through the Consumer Advisory Committee (CAC) which:
 - provides advice and recommendations regarding care design to meet the needs of patients and their families;
 - receives updates in relations to strategic and services planning at monthly committee meetings;
- engaging carers in service design and re-design including mode of care reviews, service relocation, transition of patients and interior design of clinics; and
- establishing the Child and Adolescent Mental Health (CAMHS) Carers Advisory Committee to form links between parents and carers who use CAMHS services and to develop innovative ways of gaining meaningful feedback from CAMHS consumers and carers.

Criteria 3: Carers views and needs considered

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

- implementing innovative strategies to engage consumers and carers; working with carers to develop a Consumer Engagement Framework that will include guidance on how to involve patients, families and carers in changes to organisational processes and policies;
- engaging with carers on a number of committees including the CAHS Health Service Executive Committee, the Strategic Policy Committee of both CAHS and PMH, and the PMH Patient Safety Quality Governance Committee;
- inviting carers that are actively involved in CAMHS to join staff in select training sessions; and
- appointing a CAMHS Senior Consumer and Career Engagement Coordinator aimed at increasing consumer and carer participation across CAMHS and embedding a culture of engagement and supporting staff.

Criteria 4: Carer complaint processes

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

- implementing a comprehensive complaints management framework to ensure feedback received is used to identify opportunities to improve the patient and family/carers experience;
- surveying carers through the Experience of Service Questionnaire (ESQ) and promoting results on TV screens at point of service, the public website and posters; and
- providing ESQ data to the Youth Advisory Committee (YAC) and Consumer Advisory Council (CAC), and asking for feedback as to how they would like to receive this information.

c. Funded services

The CAHS did not report on funded services compliance with the Act and charter.

d. Future initiatives

The CAHS intends to implement a framework to improve the quality of consumer and carer engagement.

e. Carers Advisory Council comments

Overall the Department of Health, Child and Adolescent Health Service has provided information that indicates a commitment to service improvement and the involvement of families and carers in the planning, delivery and assessment of services.

The report identifies the involvement of carers in the development of 15 listed policies and plans at PMH and for the transition to the new Perth Children's Hospital. A further 11 committees have included carer representation through the Consumer Advisory Committee. These figures demonstrate commitment to carer and patient participation.

The range of initiatives provided in the CAHS report has revealed the considerable involvement of carers and families in policy development and service design for the new Perth Children's Hospital.

2.2.5 Department of Health Not-for-Profit Community Service Organisations (Funded Services)

A functional realignment within the Department of Health has resulted in the Aged Care and Continuing Care Directorate's compliance reporting being incorporated into the Department of Health Not-for-Profit Community Services Organisations (funded services) report.

a. Self-assessment

Table 7: Self-assessment by Health Funded Organisations 2016-17

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

In previous reports, the responses provided were from WA Health's own survey which used different compliance measures and were interpreted by the Carers Advisory Council to ensure consistency. This reporting period saw WA Health report self-assessment in the above format for the first time. Relative to last year, policy input from carers saw an improvement from satisfactory to well-developed, whilst other measures held constant at well developed.

b. Summary of evidence presented

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

In 2015-16, Department of Health Not-For-Profit Community Service Organisations:

- conducted the 8th *Annual Home and Community Care Quality of Life –Client Survey Report 2016* and 11% of the 1049 survey respondents identified themselves as carers with 80% confirming they had been included in discussions around planning and service delivery and 79% reporting that the services provided under the HACC program supported them in their role as carer;
- implemented a Carer Assessment as part of the WA Assessment Framework (WAAF);
- evaluated the Carers WA 'Carers Wellness at Home' program funded by Home and Community Care. The evaluation indicated improvement in the

health and wellbeing of carers as well as a flow on effect for the care of recipients;

- the WA HACC program responded to community sector feedback on the need for both clients and carers to be included and consulted in service provision by revising the *HACC* 'Eligibility Criteria and Principles for Service Provision Guidelines';
- continued to improve care outcomes for people with dementia through the Dementia in Partnership Project;
- implemented short term respite groups;
- implemented 'Carers Connect; and
- delivered the 'You, Me and MND' Carer Education and Support program to provide carers with support, knowledge, education and tools to confidently undertake their role.

Criteria 1: Staff understanding of the charter

Staff awareness, understanding and capacity was ensured by:

- delivering training to 51 HACC community service employees;
- requiring service providers to comply with the Carers Charter and report their compliance with the Carers Charter using a self-assessment template; and
- including information on the Carers Charter as part of inductions and on-going training.

Criteria 2: Policy input from carers

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

- engaging with Carers WA on each advisory body and giving them the opportunity to contribute on policies, priorities and protocols being reviewed;
- ensuring that carers are involved in Boards of Management (83% compliance was achieved in 2015-16) and encouraging community service providers to provide input to organisational plans and policies (85% in 2015-16);
- engaging with carers in regard to service development by working with the management team;
- implementing a Customer Engagement Strategy which provides carers with the opportunity to inform the strategic direction and operational delivery of services; and
- engaging carers in strategic planning and organising carer forums.

Criteria 3: Carers views and needs considered

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

- As previously noted the WAAF now includes specific questions addressing the needs of the carer;
- incorporating the views of carers in all aspects of service delivery and design (92% compliance in 2015-16; and
- engaging with carers to review documentation and provide input in all stages of service delivery.

Criteria 4: Carer complaint processes

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

- funding Advocare to support carers to address complaints they may have with service providers;
- promoting the '*Your Rights and Responsibilities*' brochure;
- employing complaint processes for carers (94% compliance in 2015-16) and;
- engaging carers through an independent survey and carers meetings.

c. Funded services

Community service providers demonstrated strong reporting compliance, with 97% reporting within the specified timeframe. The service providers reported that:

- 85% acknowledge the role of carers in all relevant organisational policies and protocols;
- 86% acknowledge the role of the carer in all relevant organisational publications;
- 81% include training on the charter and the role of carers in staff induction and training;
- 81% inform carers of the charter and relevant organisational policies and protocols;
- 78% include carers on the organisation's strategic process;
- 83% include carers on the organisation's Board/Management Committee; 85% include carers in the assessment and planning processes of directive services;
- 87% include carers in the ongoing monitoring of direct services;
- 85% inform carers of the organisation's complaints policy and their ability to make a formal complaint if the charter is not upheld;
- 89% ensure carers have the opportunity to provide feedback on their experience of the organisation; and
- 89% provide avenues for carers to access peer support.

d. Future initiatives

WA Health reports that it intends to incorporate outcomes of a pilot study into their standard work practices and implement 'Wellness Recovery Action Plans' for carers in metropolitan and regional areas.

e. Carers Advisory Council comments

The community services funded by the Department of Health and the Aged and Continuing Care Directorate continue to reflect a strong commitment to educating staff, engaging with and supporting carers and a robust complaints process.

The Carers Advisory Council acknowledges and commends this work including the review of the WA Assessment Framework and the success of the *Carers Wellness at Home* program to the improvement of the health and wellbeing of carers and the flow on effect for the person they care for.

Another initiative of particular interest is the revision of the *HACC Criteria and Principles for Service provision Guidelines* on the need for carers as well as the people they care for to be included and consulted in service provisions and planning.

The ongoing partnership with Carers WA to raise staff awareness of carers and their role is an important program. While it is gratifying to know that 51 staff attended this year's training sessions, it is hoped that the smaller numbers of staff attending this training which is down from 107 staff in 2014-15 is not indicative of the program funding or take up by service providers.

It is pleasing to note that service providers, in addition to seeking carers for boards or committee membership, are using other strategies to enlist carers in service planning and development such as directly involving carers to review documents, seeking carers direct feedback on services and enlisting them to work with a management team.

Another strategy of particular interest is a service provider taking particular steps to inform carers from CaLD backgrounds of the Carers Charter.

The well-developed complaint processes, including the funding of the partnership with Advocare, is particularly crucial to support carers of people with decision making disabilities.

The Carers Council concurs with the improved self-assessment to well-developed in each of the four criteria.

2.3 Mental Health Commission Funded Organisations

The Mental Health Commission reports to the CAC on a voluntary basis.

In 2015-16, the response rates for the Mental Health Commissions (MHC) funded community managed organisations (CMOs) was 98%, compared to 99% in 2014-15. MHC contract officers will follow up with organisations that have not responded before the cut-off period. Contract officers continued to monitor and follow up with the organisations when significant levels of non-compliance or 'not applicable' responses were observed.

In 2016-17, the online reporting will be revised and the MHC will be able to reflect any changes in the template and replicate the exact format provided for the Carers Recognition Act Report to the Carers Advisory Council.

a. Self-assessment

Table 8: Self-assessment by Mental Health Funded Organisations 2015-16

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 1 summarises their responses.

Chart 1: Summary of Mental Health Funded Service Providers' Self-Evaluation

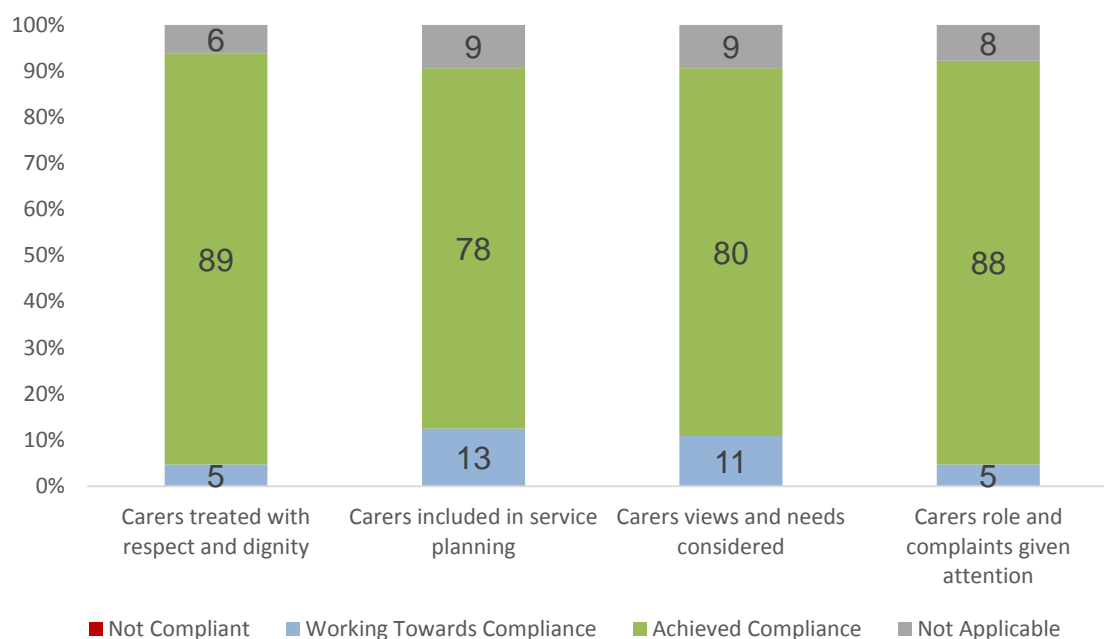
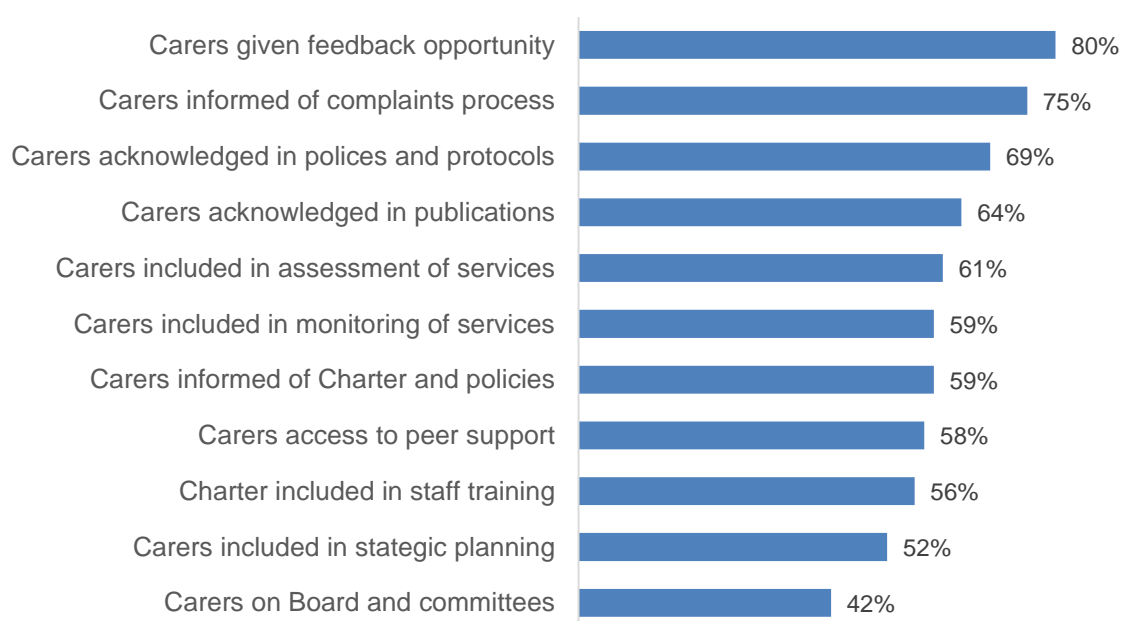


Chart 2 shows providers' responses to questions that were supplementary to the Council's compliance requirements. The results below show the proportion of agencies that reported full or near full compliance with the stated criteria.

Chart 2: Summary of Mental Health Funded Service Providers' Self-Evaluation (additional criteria)



Organisations were also able to respond in text to explain and support their quantitative responses. Examples of such responses categorised by the four criteria are below:

Carers must be treated with respect and dignity

MHC funded organisations conducted a series of workshops for carers / family members of people experiencing mental illness with a focus on self-care and peer support.

In addition, they continued to deliver services in line with their Consumer and Carers Policy; Consumer/Carer Reimbursement Form; Consumer and Carer Engagement Framework; and the organisation's code of conduct.

In 2015-16, a training package for carers was prepared. The package provided mental health education and information to better enable carers to navigate mental health systems. Two training sessions were delivered in February 2016.

In 2016-17, MHC funded organisations will draft a wellness recovery action plan, will deliver two training workshops in regional areas and finalise a carers inclusion policy.

Policy input from carers

MHC funded organisations received policy input from carers by:

- implementing a Customer Engagement Strategy that ensures customers, carers and families have the opportunity to influence governance, strategic direction and operational delivery; regularly reviewing and updating all policy and protocols to ensure compliance with the Carers Recognition Act. Opportunity is given to carers to make recommendations for improvements;
- recognising that carers are an intrinsic part of the mental health system.

In 2016-16, MHC funded organisations will encourage further participation by carers in carer's meetings and examine opportunities to implement a carers advisory group where members provide their expertise, feedback and advice on operational and strategic issues.

Carers views and needs considered

In 2015-16, MHC funded organisations continued to provide support through peer support workers and counsellors and considered feedback from carers in the delivery of services.

Peer Support Workers and Counsellors work collaboratively with the carer and mental health staff to achieve better outcomes for the whole family.

MHC funded organisations aim to work in collaboration with carers to achieve outcomes for the consumer, carer and community.

Carer complaint processes

In 2015-16, MHC funded organisations formed an advisory committee featuring consumers and carers to provide greater engagement with carers.

MHC funded organisations also encouraged carers to provide feedback to enable improvements in service delivery.

c. Carers Advisory Council comments

The Mental Health Commission commenced compliance reporting in 2008, and this year had a 98% voluntary response rate from its providers. In 2015-16, there was an increase in compliance across all four requirements of the Carers Charter criteria, with a corresponding decrease in the 'Not Applicable' (NA) option.

The supporting evidence and commentary strongly support the understanding of the importance of carers and a willingness to provide support and include them wherever possible.

Several of the supplementary criteria have increased, but notably carers being included on Boards of Management, committees and inclusion in strategic planning remains unchanged and relatively low. It is acknowledged that carers are frequently time and energy poor, however the Carers Council feel that this is important in achieving a cultural shift and would encourage community service organisations to further address this area for the future.

Of particular interest is the identified concern regarding the transition of carer funded services into the NDIS scheme, being seen as a worry for carers, without inclusion of

carer support currently identified in WA NDIS. Carers Advisory Council look with interest on further concerns or improvements with this item.

The Carers Council concurs on the well-developed assessment of all four criteria, and applauds the continued voluntary reporting process from the Mental Health Commission.

3. Conclusion

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

Due to the nature of self-assessments, it is difficult to quantify trends on the overall level, particularly with changes to reporting such as South Metropolitan Health Service moving away from individual assessments to one overall self-assessment of all sites. Nevertheless, year on year, there appears to be a trend of improving self-assessments towards well-developed, and those at well-developed have largely maintained this level of compliance.

The two criteria most well-developed this year are staff understanding of the Act and charter and carer complaints processes, which have been reported as well-developed for all organisations except Sir Charles Gairdner Hospital. Staff education on the Act and charter during orientation and ongoing training is evident across all sites, and often facilitated by representative bodies such as Carers WA.

A growing number of surveys were seen this year, with more planned for the future, and organisations are increasingly implementing comprehensive complaints management systems. Furthermore, evidence was provided indicating changes being made as a direct result of feedback from carers, and there is provision of further channels for carers to provide feedback.

There were also a number of initiatives across sites to further support carers, provide carers with a voice in planning, policy and strategy, and to highlight the importance of the role of carers.

4. Glossary

ACHS: Australian Council of Healthcare Standards.

Advocare: an independent community based not for profit organisation that supports and protects the rights of older people and people with disabilities.

ALWAYS: Address patients by their preferred name; Listen and learn; Welcome and respect the role of carers and families; Advocate for patient, carer and family involvement in decision making; Yourself – introduce yourself, your role and wear your name badge and Show compassion and respect

CaLD: Culturally and Linguistically Diverse.

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

Caring Together resource: Resolving concerns and understanding your rights and responsibilities. A guide for foster, relative and kinship carers of children and young people in statutory care.

CATCH; Community Access to Coordinated Healthcare - children dependent on technology and cared for by their families at home.

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.

ECCWA - Ethnic Communities' Council of Western Australia

EDAC – Ethnic Disability Advocacy Centre

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

ESQ: Experience of Service Questionnaire

FECCA – Federation of Ethnic Communities' Councils of Australia

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.

Is there a better way: a program exploring positive behaviour support in response to challenging behaviour.

LAC (DSC): Local Area Coordinator.

LINC: Liaising Informing Network for Carers.

MSCWA - Multicultural **Services Centre** of Western Australia

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.

Patient Opinion: Australia's independent non-profit feedback platform for health and social care.

PCH: Perth Children's Hospital

PHAC: Public Health and Ambulatory Care

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.

Press Ganey: Provides patient satisfaction surveys, management reports, and national comparative databases for the integrated health care delivery system.

RAC: Rehabilitation and Aged Care (at Osborne Park Hospital)

RAP: Reconciliation Action Plan.

RAS: Regional Assessment Service

REACH: Roaming Education and Community Health

SCGH: Sir Charles Gardiner Hospital

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.

WAAF: WA Assessment Framework

WA NDIS: Western Australian National Insurance Disability Scheme.

WNHS: Women and Newborn Health Services

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.

5. Appendices

5.1 Compliance data from 2014-2015 to 2015-2016

Table 9: Comparison between years 2014-15 and 2015-16 of self-rated compliance with the *Carers Recognition Act 2004*

Reporting Organisation		Staff Understanding		Policy Input		Service Input		Complaints	
		2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Disability Services Commission		W	W	W	W	W	W	W	W
WA Health									
WA Country Health Service		W	W	W	W	W	W	S	W
North Metropolitan Health Service	NMHS Mental Health Service	W	W	W	W	W	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	S
	Public Health & Ambulatory Care	S	W	S	S	S	W	W	W
	Women and Newborn Health Service	W	W	W	W	W	W	W	W
South Metropolitan Health Service		-	W	-	W	-	W	-	W
Child and Adolescent Health Service		W	W	S	S	S	S	W	W

Department of Health Funded Organisations	W	W	S	W	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

* NB: 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.

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The 2016 Carers Advisory Council Annual Compliance Report will be available for viewing and download from the Department of Local Government and Communities website: www.dlgc.wa.gov.au

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