

Carers Advisory Council Compliance Report 2016-17

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Introduction

This is the twelfth compliance report presented to the Minister for Community Services and the Western Australia Parliament since the enactment of the *Carers Recognition Act 2004*.

Carers Advisory Council

The Carers Advisory Council (the Council) was established in 2005 under Section 8 of the *Carers Recognition Act 2004*, with membership comprising persons with knowledge of and experience in, matters relevant to carers.

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

Purpose of the Annual Compliance Report

Section 7 of the *Carers Recognition Act 2004* requires reporting organisations to annually submit self-assessed reports of their compliance to the Carers Advisory Council (the Council). The Act requires the Minister to table the report in Parliament.

For the 2016-17 reporting period, reports were submitted by:

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

There have been substantial changes to the reporting bodies with the introduction of the *Health Services Act 2016* and the Machinery of Government changes implemented in the WA Public Sector in 2017.

WA Health now has designated metropolitan based services, comprising of North, South and East and include their funded services. Changes were also made to the coordinated reporting of WA Health in this reporting period and individual WA Health services are now responsible for reporting to the Council.

Under the changes to the WA Public Sector, the Disability Services Commission is now a function of the new Department of Communities.

Method of Reporting

The Carers Advisory Council (the Council) provide a reporting template in which reporting bodies self-assess their level of compliance and provide evidence to support their claims.

All services funded or provided by the Disability Services Commission and Department of Health that interact with carers must provide an annual compliance report as outlined in the *Carers Recognition Act 2004*.

The Mental Health Commission voluntarily report their compliance with the Act.

The Council analyses the submissions, summarises the findings and presents a report to the Minister.

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 Carers 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).

The Carers Advisory Council seeks to track and measure progress across reporting periods, to identify developments and new initiatives or assess where reporting bodies may need improvements.

Executive Summary

The *Carers Recognition Act 2004* requires the Carers Advisory Council to undertake an assessment of reporting bodies' compliance with the Carers Charter.

The compliance of reporting bodies is measured against four criteria for their support, recognition and inclusion of carers.

A carer is someone who provides unpaid care and support for family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or drug issue, or who are frail aged.

Findings of the 2016-17 Compliance Report

The Carers Advisory Council (the Council) have reviewed, analysed and summarised the reporting bodies' reports of compliance for 2016-17.

The Council considers the level of comprehensive reporting for the 2016-17 period by the required reporting bodies as a great achievement.

The compliance reports received varied in depth of information, with some reporting bodies presenting statistical evidence and detailed examples, and with most bodies following the designated format.

It is encouraging to note that following on from the 2015-16 Compliance Report, not one of the reporting bodies provided an assessment rating below satisfactory, with the majority assessing compliance with the Carers Charter as well-developed across most criteria. See table Analysis of Compliance Reporting data, page 8.

Several initiatives highlight the level of innovation and continuous improvement by reporting bodies in compliance with the Carers Charter criteria.

Across the network it was heartening to read about:

- The increasing number of Prepare to Care packs and Carer Information Packs being distributed.
- The ongoing expansion of Carers Corners/Prepare to Care areas.
- The number of Carers Week initiatives.
- The number of customer surveys in place that measure carer satisfaction and the high level of satisfaction reported.
- The ongoing use and development of carer identification initiatives e.g. file stickers
- The visual presence of 'Know Your Rights' posters.
- The number of carer workshops being held.
- Recruitment strategies to increase carer participation at committee level.
- A focus on Aboriginal representation and initiatives within some services.
- The breadth of creative initiatives in country Western Australia that meet the needs of local communities.

The reports also highlighted several initiatives of note, for example:

- Initiatives to improve carer identification e.g. WNSH (Women and Newborn Health Services) new Gynaecology Patient Health Questionnaire requests information on whether a patient has a carer.
- Initiatives that educate staff about the charter e.g. Carers Recognition Policy being available to all staff via HealthPoint (Intranet); Neurosciences Units development of a summary charter document; Joondalup Health Campus (JHC) carer information sessions conducted at ward level; Carers WA Mental Health Newsletter available electronically; JHC Caring Matters web-bulletin available via the intranet.
- Moves that increase opportunities for carers views to be heard e.g. NMHS MH (North Metropolitan Health Services-Mental Health) carers workshops involving a wide range of medical and community specialists.
- Opportunities to include carers on committees e.g. NMHS MH Carer Focus Group and carer inclusion on Lived Experience Advisory Groups and community reference groups in town based services in regional areas.
- Initiatives that ensure carers know how to make a complaint e.g. Osbourne Park (OPH) website has downloadable forms and information on how to make a formal complaint; WNHS ongoing identification of specific carer feedback separate from 'consumers' and systemic trends.
- Initiatives in remote areas based on partnerships such as the WA Country Health Service Kimberley / Alzheimer's WA Dementia Partnership Project.
- The comprehensive data collection process undertaken by the Mental Health Commission to assess compliance by funded organisations.

Other initiatives included in the report that are of interest are:

- Cancer Support WA delivered programs including the Carers Remembrance Circle; Sing for Joy groups and Creative Therapy workshops. They also co-hosted the Carers Course at Sir Charles Gairdner Hospital where a multi-disciplinary team focus on psychoeducation and practical support for carers.
- Osborne Park Hospital providing resources for carers, including the safe transportation of people seated in wheelchairs, the Medicine Information section on their website and the "PhysioTools" exercise programme to help improve quality and accuracy of the physiotherapists exercise prescription.

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

- The North Metropolitan Health Service Strategic Plan.
- The North Metropolitan Health Service review of Consumer Advisory Councils, which resulted in 12 recommendations.
- The Sir Charles Gardiner Hospital work on reinstating a process to identify carers at admission; implementing the "Further Enabling Care at Home" project. Publication of new brochures, in multiple languages, to assist carers understand Delirium.

Chairperson statement

The level of compliance reporting highlights the ongoing commitment and support by the Western Australian State Government reporting bodies to providing carers with a voice in the design and delivery of services and programs.

Carers are a large community across a broad landscape, all with individual journeys. Implementation of the *Carers Recognition Act 2004*, is reliant on a shift in attention and inclusion of carers across the breadth of all the health and disability community.


The Carers Advisory Council (the Council) wishes to acknowledge the efforts within the sectors that are reflected in this year's reporting. It has been encouraging to see agencies working solidly to provide evidence of continuous improvement towards compliance with the Act and Carers Charter.

The Council is encouraged by examples, where carers are specifically involved in the policy discussion and decision-making processes that improves assessment, planning and delivery of services that impact the role of carers; and demonstrate wonderful and amazing initiatives that commit to the identification and inclusion of carers.

It has been rewarding to see the systems of accountability intended to support the needs of carers develop further within reporting bodies. The Council extends their thanks to all carers who have been active throughout the reporting body networks and to the staff of the agencies who have initiated and participated in projects and events that support and enhance the role, and therefore the health of carers across Western Australia.

The Council has prepared a table indicating the level of compliance of reporting bodies presented in the 2015-16 and 2016-17 years. The table shows the continuous effort and compliance of reporting bodies. It is encouraging to note that not one assessment has fallen below satisfactory over the two reporting periods.

The Council encourages reporting bodies to continue embedding practices that support and involve carers, and looks forward to the inclusion of updates on previously proposed and reported projects in next year's report.



Chair, Carers Advisory Council to the Minister

Analysis of compliance reporting data from 2015-2016 to 2016-2017

The *Carers Recognition Act 2004* seeks to drive continued improvements in carer recognition by reporting bodies, this table outlines the ratings reported across the two periods.

Reporting bodies		Staff Understanding		Policy Input		Service Input		Complaints	
S = Satisfactory W = Well developed		2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
Disability Services Commission		W	W	W	W	W	W	W	W
Mental Health Commission		W	W	W	W	W	W	W	S
WA Health Organisations:									
North Metropolitan Health Service	NMHS Mental Health Service	W	W	W	W	W	W	W	W
	Mental Health, Public Health and Ambulatory Care	W	S	W	S	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	S	S
	Women and Newborn Health Service	W	S	W	W	W	S	W	W
North Metropolitan Health Service	Joondalup Hospital	N/A	W	N/A	S	N/A	S	N/A	W
	Bethesda Hospital	N/A	W	N/A	W	N/A	S	N/A	W
Funded Services	Cancer Support WA	N/A	W	N/A	W	N/A	W	N/A	W
	Midland Dialysis Clinic	N/A	S	N/A	S	N/A	S	N/A	S

Reporting bodies		Staff Understanding		Policy Input		Service Input		Complaints	
S = Satisfactory W = Well developed		2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
South Metropolitan Health Service		W	W	W	W	W	W	W	W
	Fiona Stanley Fremantle Hospitals Group	N/A	S	N/A	S	N/A	S	N/A	S
	Rockingham Peel Group	N/A	W	N/A	W	N/A	W	N/A	W
East Metropolitan Health Service	Armadale Kalamunda Group	N/A	S	N/A	S	N/A	S	N/A	W
	Royal Perth Bentley Group	N/A	S	N/A	S	N/A	S	N/A	W
Child and Adolescent Health Service		W	W	S	W	S	S	W	W
WA Country Health Service		W	W	W	W	W	W	W	W
Department of Health Funded Organisations		W	W	W	S	W	S	W	W

The table shows the self-assessment ratings of reporting bodies across the two periods of 2015-16 and 2016-17. The rating displayed as N/A denotes a change in reporting structure from the 2015-16 period.

The Carers Advisory Council notes that there may be variations between years resulting from a variety of factors, including organisational change particularly to service delivery and reporting structures.

Assessment of Compliance

Disability Services Commission

As part of the 2017 machinery of government changes, the Department of Communities was formed through the amalgamation of the Disabilities Services Commission, the Departments for Housing, Child Protection and Family Support and relevant community portfolios of Local Government and Communities.

The Disability Services Commission (the Commission), now incorporated into the Department of Communities provides a range of direct services and supports, as well as funding to non-government agencies to provide services to people with disability, their families and carers.

As shown below, the Disability Services Commission self-assessed all four criteria as well-developed, which is comparable to the self-assessment rating in 2015-16.

Self-assessment for 2016-17

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

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

Summary of evidence presented

In the changing policy environment of 2016-17, the Commission continued to promote the active involvement of carers across all levels of service planning, delivery and review, as well as in decision making and policy development.

National Disability Insurance Scheme in WA

The incoming State Government made a commitment during the election campaign to assess the decision by the previous Government to pursue a State administered National Disability Insurance Scheme (NDIS).

A primary focus for 2016-17 was on preparing the organisation and the sector for a State-wide roll-out of the NDIS, while ensuring minimal disruption to ongoing services. This required a significant investment in systems development, workforce expansion and infrastructure, particularly:

- The establishment of a Project Management Office.
- Local Coordinators and other staff operating in the expansion areas focused on the key tasks required to enable people with disability to enter the Scheme. These included determining eligibility, planning with people with disability their families and carers, and linking people to services.
- Ensuring carers were provided with information and the opportunity to effectively navigate through the NDIS system.
- The Commission implemented communication and engagement activities with people with disability, families and carers to build understanding and capacity that will support them to actively articulate their goals and aspirations as they transition to the NDIS system.
- A series of approximately 74 community information sessions were held across local government areas where the WA NDIS is rolling out and in existing WA NDIS trial sites.

- Stakeholders were also informed about NDIS implementation and expansion through community events and stalls, telephone conversations, email, the internet and social media.
- A targeted advertising campaign using newspaper, billboard, posters and digital platforms promoted the expansion of the WA NDIS trial into the local government areas of this expansion, as well as the expansion of Cockburn–Kwinana and the Lower South West areas.
- The Commission launched the WA NDIS expansion with individuals, families and carers in Armadale, Serpentine-Jarrahdale and Murray, where participants had the opportunity to network with potential service providers and meet Local Coordinators.
- An Operational Plan was developed to support the implementation of the Bilateral Agreement signed by the Commonwealth and State Government on 30 June 2017.
- A key outcome area and goal of the National Disability Strategy WA Plan 2017-18 includes economic security; helping carers plan for their future, exercise choice and control over their lives. Other areas are improving employment opportunities for people with disability and raising employer awareness of the benefits of employing people with disability.
- The delivery of Changing Places, which include a hoist, adult change table and two parking bays in 2015-16 at several sites including Elizabeth Quay, Greater Geraldton, the privately funded BP, the Lakes, service station, Cockburn Bibra Lake regional playground and in Toodyay. Further rollouts are planned in 19 other areas.

Criteria 1: Staff understanding of the charter

- Training and orientation activities were used to ensure that staff were aware of and understood the Carers Charter.
- Direct support staff participated in induction processes that provide information about the Carers Charter. Social Trainers attended induction for a full week, during which time various aspects of the Carers Charter are covered.
- Mandatory online induction for all Commission staff includes information about the complaints process that carers can access.
- Staff orientation includes a panel of people with disability, family and/or carers who are invited to sit alongside trainers. Feedback about having carers' input has been positive, noting comments such as "very grateful for hearing a parent perspective" and "provided a lot of insight into how people navigate the disability services sector".
- The Commission's planning frameworks provide guidance for staff in direct support roles and local coordination, to include carers in the assessment, planning, delivery and review of services that impact on them and their role as carers.
- Local Coordinators attend a three-day training course about the importance of individualised planning. All training aligns to National Disability Standards which meet quality indicators for service delivery.
- Continued inclusion of the Carers WA 'Caring Together' resource within staff training
- Partnership 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.
- Continued 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

- In 2016-17 the Commission contributed to the funding of the Carer and Consumer Network which includes Carers WA, consumers of Mental Health WA services and Helping Minds Mental Health carers. This network is designed to keep carers informed of NDIS developments, and encourages collaboration, education and advocacy between consumers, carers and service providers participating in NDIS.

- The Commission consulted with stakeholders, including Carers WA, on the final State Information, Linkages and Capacity Commissioning Framework in response to the nationally agreed Information Linkages and Capacity Policy Framework.
- Information Linkages and Capacity is the second funding pillar of the NDIS, to build the capacity of people with disability, their families and carers by providing information and the support they need to access community and mainstream services.
- The first round of tenders for Information Linkages and Capacity Building grants were conducted, with 13 organisations receiving approximately \$2.6 million to provide tailored resources and supports to help people with disability, their families and carers to plan and prepare for the NDIS.
- Grants for this period were offered under the Information and advice on the NDIS; Preparation for the formal NDIS planning process; and Self-Management categories to ensure carers are well positioned to navigate the NDIS system.
- Information Linkages and Capacity projects include:
 - **Caring for Carers grant** to build community capacity through the coordination and support of volunteers, development of service delivery networks, identification of community inclusion opportunities, and promotion of established respite models.
 - **Information Resources for Carers grant** to support families and carers of children with disability who are eligible for the NDIS to have access to comprehensive, current information about support available to them. The project will develop a printed and digital resource for parents of children with disability to assist them to navigate the WA health and disability sectors.
 - **Information and Advice about the WA NDIS grant** targets carers and family members who require knowledge about the NDIS and who are seeking to connect with the system. The project includes workshops, printed and digital media covering: eligibility, how to apply, planning; supported decision making and appeals. The project focusses on the following geographical locations; South Metro, North Metro, South East Metro, the South West, Goldfields, Mid-West Gascoyne, Great Southern and Broome.
 - **Information for Families, Carers and People with Disability WA NDIS Planning grant** targets people with disability, their carers and families to ensure they have a well-developed understanding of and can better engage with the NDIS individualised planning process.
 - **WA NDIS Self-Management Advice and Support with a Focus on Families and Carers Grant** targets people with disability, their families and carers who are looking to self-manage the funded supports in their plan. The initiative provides guidance and information about self-management, setting out the responsibilities of individuals (or their carers). Some aspects of the project are state-wide via printed and digital media, while workshops will be implemented in the South Metro, North Metro, South West, Goldfields, South East metro, Mid-West Gascoyne, and Great Southern and Broome.
 - **WA NDIS and Me: Steps to Plan Grant** involves the development of print and online resources and information sessions about self-management, co-designed with people with disability, their families and carers based on lived experience. The project includes workshops and telephone support for carers who are considering the self-management option.
 - **NDIS in the Pilbara Grant** intends to improve and increase access to current/relevant information/advice about WA NDIS in the Pilbara.
 - **WA NDIS: Respecting Aboriginal and Torres Strait Islander (ATSI) People's Culture Part 1** intends to provide culturally appropriate WA NDIS packages in written and audio formats.
 - covering eligibility, the role of Local Coordinators and ways that the WA NDIS may be able to assist people to achieve their goals.

- **WA NDIS: Respecting Aboriginal and Torres Strait Islander Peoples Culture**, supports ATSI people in the Kimberley to engage with individual planning within the WA NDIS in a culturally secure manner. The initiative targets people with a disability, their families and carers.
- **Me, My Plan, My Future Grant** initiative will deliver strategies for people with disability, their families and carers to prepare them for their individual planning and engagement with a Local Coordinator. The project will increase understanding about individual plans, the process involved in developing goals and strategies for achieving them. The project will operate in Cockburn-Kwinana and Rockingham-Mandurah regions.
- **Me, Managing my Future Grant** aims to ensure that people with disability, their families and carers who are connected with the WA NDIS have the information they need to make an informed choice about self-management of individual funds and clearly understand the requirements and responsibilities of the process.
- The Commission supports the **Ministerial Advisory Council on Disability (MACD)** who provide people with disability, their families and carers the opportunity to put forward concerns about disability issues. The MACD is an independent body appointed by the Minister for Disability Services. The MACD directly advises the Minister for Disability Services and indirectly advises the Commonwealth Minister for Social Services via the National Advisory Council on Disability and Carer Issues. The MACD comprises 14 members.
- The Commission hosted the **NDIS in WA Conversation** on 9 and 10 June 2017, where approximately 380 people with disability, their families and carers from around the State came together in Perth for two days to discuss the NDIS. The event was planned and delivered in partnership with the Disability Coalition.
- The Commission consulted carers on the **Policy and Pricing Framework on Self-Management of Funded Supports**. The consultation was conducted by WA Individualised Services in partnership with People with Disabilities WA Inc, on behalf of the Commission.
- Published online “A Guide to NDIS Planning in WA”-for people with disabilities, their families and carers in July 2016.

Criteria 3: Carers’ views and needs considered

- **Transition to individualised funding.** In 2016-17 the Commission continued to include carers in the assessment, planning, delivery and review of services which impact on them and their role. While the NDIS focuses on individualised funding packages for people with a disability, it also recognises the essential role of carers in providing natural supports, and the importance of supports to maintain their resilience.
- The **Local Coordinator assessment tool** includes a section on carers’ needs, and is used during the development of funding for plans and approval processes.
- The Commission continues to embed strategies that foster an understanding of the Carers Charter via the WA NDIS Support Clusters and Price Framework. Under this purchasing tool, the **‘Having a Break’** cluster specifically provides recognition of the importance of having a break. Breaks can be provided through a wide range of activities and services offered to eligible people with disability.
- The Commission has worked closely in consultation with local stakeholders to design and construct a purpose built out-of-home support facility in Port Hedland, to enable individuals with a disability and their families to have a break in a respite house with a ‘holiday feel’. In partnership with the Housing Authority, the Commission is establishing the **Pilbara Respite House**. Design of the facility included significant consultation with a Local Community Liaison Group. The building contract was awarded in December 2016, a sod-turning event took place in January 2017 and construction commenced soon after. Building is now well under way with an expected practical completion in late 2017. The Housing Authority provided the land for the project and the Commission

contributed towards construction and fit out of the facility. When completed the Pilbara respite house will be managed by an external service provider. It is expected that the facility will be well used by the people of the Pilbara, but will also be attractive to those travelling from further afield. Pilbara Respite House is likely to be used for a range of disability support and community-based activities.

- Delivery of a family mentoring program called '**Side by Side**' that addresses isolation and loss of resilience of families and carers.
- The **Positive Behaviour Support Service**. '**Conversations that Matter**' workshops to enable carers to develop innovative ways of supporting people with disabilities.

Criteria 4: Complaints and listening to carers

- In 2015-16, the Disability Services Commission's electronic complaints management system was fully implemented. Information on the complaints process is available on the Commission's website as well as through brochures and other printed material. The Commission's Complaints Management process allows carers to make a complaint if they feel that their needs have not been considered, if they have not been consulted, if they have not been treated with respect and dignity or if they did not have access to a satisfactory complaint handling process. The Commission accepts complaints through a wide range of formats (via telephone, letter, email, in person or via advocate, family member or guardian) to ensure accessibility, openness and transparency.
- While the Commission continues to encourage the effective management of issues at the local level, carers are advised that they may escalate their concern to the **Consumer Liaison Service**, an impartial and confidential avenue. The service operates in accordance with the *Disability Services Act 1993* and the National Standards for Disability Services.
- All individuals not satisfied with the management or outcome of their complaint are able to have their concerns reviewed via the **Health and Disability Services Complaints Office**. This independent statutory authority provides a free and impartial complaints resolution service, and is available to all users (including carers) and providers of health and disability services.

Compliance by Disability Services Commission Funded Services

All the Commission's service agreements note a requirement for providers to comply with all relevant legislation including the *Carers Recognition Act 2004* and the National Standards for Disability Services, a foundation for quality of supports and safeguards for people with disability, their family and carers.

Services funded and provided by the Commission are also:

- Independently evaluated against national standards every three years.
- Required to annually provide self-assessment reports on their policies and procedures, including their progress implementing the Standards and continuously improving services.

Additional Supporting Information

- The Commission's **Parent/Carer Experience of Autism Spectrum Disorder Assessment Survey** was developed during 2016-17. Carers have been asked to provide input into our eligibility assessment processes through the survey initiative. Once enough participants provide submissions, the insights gained will be used to inform improvements in our internal assessment operations in the future.
- The **Commission's 2016-2017 Annual Report** demonstrates the strong commitment to families and carers of people with a disability, particularly the inclusion of the findings of the WA NDIS Consumer and Carer Survey, relating to carers of people with disability. Of

note is the sample of 629 respondents, of whom about 62 per cent were carers who provided feedback.

- During the 2015 inaugural period, the survey was confined to the South West trial site. In 2016 the survey included the Cockburn-Kwinana trial site. The survey results offer insights on the overall rates of satisfaction with individualised service planning and delivery.

WA NDIS Consumer Survey Summary Response			
<i>Item</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>
Overall Satisfaction WA NDIS planning	80%	74%	79%
Satisfied Local Coordinator listening to client during planning process	85%	89%	90%
Satisfaction with being able to involve people who the client wanted to be involved in the planning process	Not asked	82%	88%
Satisfaction that the strategies in the plan will help the client to achieve their goals	Not asked	80%	83%
General satisfaction with the services that the client received as part of their WA NDIS plan	79%	80%	81%
Satisfaction with the Local Coordinator treating the carers with respect	94%	94%	94%
Satisfaction with the way that the carers are included in the WA NDIS planning process	94%	91%	91%
Satisfaction with the Local Coordinator considering the needs of the carers	90%	85%	85%

- For the **WA 2017 Non-NDIS Consumer and Carer Survey** external consultants undertook a random sample of 735 people. The sample was representative across all age groups of people with disability and their carers drawn from across all service areas, namely Planning and Coordination, Community Living Support and Residential Services, Independent Living Support, Therapy and Specialist Care, and Community Participation shows 78 per cent were carers on behalf of a person with disability that they care for. The response relating to consumer and carer experiences is summarised below:

Main Consumer Survey (Non-NDIS 2017)			
<i>Item</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>
Overall Satisfaction with help	82%	80%	83%
Overall satisfaction by specific service areas had statistically significant positive scores	N/A	N/A	87% median
In control over things you do every day and the choice about service received	77%	82%	80%

- Implementing the Carers Charter.** The table below presents findings from the survey which reflect a continuing trend of high satisfaction levels with respects to the Carers Charter.

Responses from carers on questions relating to the Carers Charter			
Measure	2014–15	2015–16	2016–17
Treated with respect by staff	95%	96%	93%
Included in service delivery	91%	92%	89%
Included in assessments	92%	92%	91%
Included in planning on review sessions	93%	93%	91%
Sensitive to carers' views	89%	91%	88%
Sensitive to carers' needs	87%	89%	82%

Future initiatives of the Disability Services Commission

In 2017-18 there will continue to be a significant, complex and evolving policy context within which disability services will be delivered. Future work will include:

- Bringing together a range of functions and assessing potential synergies within the Department of Communities which now includes the Disability Services Commission.
- Disability Services at the Department of Communities, will continue to work with all stakeholders including carers and carer groups, to ensure a smooth transition to the NDIS. It is expected that approximately 39,000 Western Australians with disability will be eligible for individualised supports under the NDIS by the end of the transition phase in 2020.
- The online delivery of the Parent /Carer Experience of Autism Spectrum Disorder Assessment Survey is currently under development for implementation in 2017-18.

Carers Advisory Council comments

The information provided by the Disability Services Commission (the Commission) echoes reporting seen in previous years and reiterates their strong commitment to acknowledging the importance of carers, the need to listen to and give them a voice.

The Carers Advisory Council (the Council) commends the Commission for maintaining its well-developed assessment rating over what has clearly been a challenging period given the changes in Government, the implementation of the NDIS and creation of the new Department of Communities.

The various survey results suggest they are on track to reach their aim of creating minimal disruption to ongoing services, while rolling out the NDIS. It was extremely pleasing to see the positive results from surveys and it will be interesting to see the results provided for carers in the future.

The Council greatly appreciates the work that went into submitting such a detailed Compliance Report, and would like to commend the Commission on:

- The range of surveys conducted that provide a powerful unbiased base of evidence about life in the carer space.
- Completing key initiatives outlined in the 2015-16 report, such as the Pilbara Respite House, and the Parent/Carer Autism Spectrum Disorder survey.
- Acknowledging the need for carers to have time out through the 'Having a Break' initiative.
- Contributing to the Carer and Consumer network.
- Developing the Information, Linkages and Capacity Commissioning Framework.
- Continued partnering with Uniting Care West to strengthen cultural awareness and services to Aboriginal people with disability, their families and carers.

- The delivery of Changing Places.

The Council looks forward to the continued commitment of the Disability Services Commission to include the views and needs of carers in the delivery of services.

The Carers Advisory Council thanks Disability Services for the continued strong communication through the outgoing Ministerial Advisory Council on Disabilities, Chair and key staff.

Mental Health Commission

The Mental Health Commission (MHC) commenced reporting on the compliance of MHC funded non-government organisations with the WA Carers Charter in 2008. Although not a mandatory requirement under the *Western Australian Carers Recognition Act 2004* (the Act), the MHC has chosen to report voluntarily in acknowledgement of the significant role undertaken by carers in the mental health sector.

Self-assessment for 2016-17

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

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

Summary of evidence presented

To complete the collection of data for this report the Mental Health Commission (MHC) introduced electronic reporting for MHC funded non-government and Community Managed Organisations (CMOs) in the 2013-2014 reporting period. The electronic templates that were created for the Compliance Report are unique to the MHC and were based on an understanding and interpretation of the Carers Charter.

To compare results over the last four years, the MHC has retained the same questions and the same format as in the previous four years.

The MHC provided statistical responses using the ratings of: Not compliant, working towards compliance, achieved compliance and not applicable. To provide some consistency in reporting the Carers Advisory Council has interpreted the MHC's data as follows:

- Achieved compliance = Well developed
- Working towards compliance = Satisfactory.

The data in Section A shows less than 2 per cent "non-compliant" in two of the four criteria which the Carers Advisory Council considers negligible. Section A of the Mental Health Commission (MHC) report reflects the questions related directly to the Carers Charter.

Brief overview of responses

In 2016-17 the response rate for the Mental Health Commission (MHC) funded Community Managed Organisations (CMOs) requested to report on their compliance with the Act was 100%. A total of 61 out of 74 MHC funded organisations were required to report on the Carers Charter during the reporting period, which is five less than in 2015-16.

The MHC reports that it is reviewing the organisations required to report on their level of compliance with the WA Carers Charter for the 2017-18 reporting period which may result in an increased sample size in future. The MHC has a panel of independent evaluators who evaluate the CMOs against the 2010 National Standards for Mental Health Services (National Standards). The MHC initiated approximately 20 CMO Quality Evaluations during the 2016-17 reporting period.

In Section A, there is an overall shift away from 'Achieved compliance,' down by an average of 4.25% compared to 2015-16, (with the lowest percentage reported to be 73% in this category) with a corresponding shift towards the 'Working towards compliance' (average +0.95%) and 'Not applicable' (average +2.1%) option. (Please refer to the table below).

However, in subsequent tables contrary to the trends in Section A, the data shows an increase in overall 'Achieved Compliance' to the previous years' figures by an average of 2.2%. There remains a portion of the responses (at times as high as 32.8%) indicating a 'not applicable' response. The MHC contract officers will follow up to check if this is a reasonable response from the organisations that they monitor.

In general, the information provided showed a plateau in CMOs reporting compliance and adherence to the Act compared to 2015-16, however there were notable improvements in the amount of training provided to staff regarding the carers charter (+10.2%) and the avenues of support available to carers (+5.7%).

Section A: Level of Compliance to the WA Carers Charter

Although the 2016-17 figures below report a slight decrease in overall 'Achieved Compliance' to the previous years' figures, the Mental Health Commission (MHC) reports that overall close to 75%, and above, of organisations reported 'Achieving Compliance' in all four areas related to the WA Carers Charter.

WA Carers Charter	Not compliant	Working towards compliance	Achieved compliance	Not Applicable
<i>Carers must be treated with respect and dignity</i>				
2016/17	1.6%	4.8%	85.7%	7.9%
2015/16	0.0%	4.7%	89.1%	6.3%
2014/15	0.0%	4.5%	86.6%	9.0%
2013/14	3.3%	10.0%	86.7%	
Variation: 2015/16 to 2016/17	1.6%	0.1%	-3.4%	1.6%
<i>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</i>				
2016/17	0.0%	14.3%	74.6%	11.1%
2015/16	0.0%	12.5%	78.1%	9.4%
2014/15	0.0%	11.9%	73.1%	14.9%
2013/14	5.0%	20.0%	75.0%	
Variation: 2015/16 to 2016/17	0.0%	1.8%	-3.5%	1.7%

<i>The views and needs of carers must be taken into account along with the views, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers</i>				
2016/17	1.6%	14.3%	73.0%	11.1%
2015/16	0.0%	10.9%	79.7%	9.4%
2014/15	0.0%	10.4%	74.6%	14.9%
2013/14	3.3%	20.0%	76.7%	
Variation: 2015/16 to 2016/17	1.6%	3.4%	-6.7%	1.7%
<i>Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration</i>				
2016/17	1.6%	3.2%	84.1%	11.1%
2015/16	0.0%	4.7%	87.5%	7.8%
2014/15	0.0%	7.5%	82.1%	10.4%
2013/14	3.3%	10.0%	86.7%	
Variation: 2015/16 to 2016/17	1.6%	-1.5%	-3.4%	3.3%

Additional information

In addition to the quantitative data the Mental Health Commission (MHC) sought qualitative, written information from the Community Managed Organisations (CMOs). This provided a greater insight into what is working well and how initiatives are benefiting carers. Examples of such responses are categorised by the four criteria. It should be noted that the evidence provided by organisations has been de-identified and is represented by [ORG].

Overall the written information represents a commitment to including carers in all aspects of service delivery, planning and review, with a few responses indicating that this is not relevant to their service. Responses show recognition of the importance of carers in the recovery of their loved ones. Additionally, there was a strong acknowledgement that, where possible, the inclusion of carers is the best practice to provide high quality supports for all people who use their service.

The Carers Advisory Council has reviewed the additional evidence provided by Mental Health agencies against the WA Carers Charter and linked some examples to the four criteria of the compliance reporting process.

Criteria 1. Staff understanding the charter

- At [ORG] we will continue to provide Carers with a safe, secure environment to receive the support and advocacy required; with dignity, respect, empathy and understanding
- We can frequently understand our client and their recovery better through the lens of experience of their supportive family/friends.
- We support carers in the region by providing access to counselling for carers at our premises on a fortnightly basis.

- To us, carers are the supportive family/friends of the persons we are supporting in the community. Our approach is to include these family/friends also as our 'partners in recovery' as we see them as vital to the journey of recovery of our client.
- For us family and community are the foundation on which healthy individuals grow, so connection and support of them is paramount.

Criteria 2. Policy input from carers

- [ORG] ensures staff and all our services in WA are aware of and meet obligations related to the WA Carer Recognition legislation.
- Our mental health team encourages carers/ family members where identified by the client (usually identified during the assessment phase) to actively engage in the service planning and delivery for the client.
- In March last year, we were successful in forming an advisory committee comprising of mental health consumers and carers to provide them with an opportunity to voice their opinions and be heard. The committee meets once every quarter to discuss the service delivery and strategies for the next quarter.
- Carers are identified in the planning stage and engaged throughout the provision of services.
- [ORG] has also conducted a series of workshops for carers/family members of people experiencing mental illness with a focus on self-care and peer support. These are planned to continue and we will be offering workshops for carers to develop Wellness Recovery Action Plans (WRAP) in the metropolitan and regional areas during the first half of the financial year.
- Our target group are persons who are single and the majority do not have carers or family supports. Our service delivery model therefore, does not specifically offer any services for carers. Should any carers attend sessions with the consumers, they will be counted and treated the same as any of the consumer participants.
- Carers are engaged as individuals and representatives in consultative approaches to the development, implementation and review of [ORG] Health programs and services
- All policies and protocols are regularly reviewed and updated to ensure compliance with the Carers Recognition Act. Opportunity is given to Carers to make recommendations for improvements.
- We have in place a Carers Recognition Plan and a Carers & Disability Action & Inclusion Plan committee which meet regularly to review our plan and implement new initiatives.

Criteria 3. Carers views and needs are considered

- The organisation demonstrates its commitment to carer and family involvement through the consumer and family reference group, acting in an advisory capacity for [ORG]. Additionally [ORG] provides carers with a carer/ family information pack which aims to inform their rights and responsibilities, and avenues for feedback, advocacy and support.
- We offer a holistic person-centred approach; where carers can identify their individual needs. Peer support workers and counsellors will assist them to identify the type of support they are seeking either within our [ORG] or other community organisations in their area.
- Currently we have three out of the nine board members are carers and two board members have a general interest in mental health not-for-profit sector. These people assess the ongoing direct services and the monitoring of it.
- We have been running a monthly carers meeting now for the past 12 months although we try hard to get people there we are finding it difficult to get the numbers. We intend to try more options to assist us in encouraging participation in the following 12 months.

- We are currently in the process of inviting both young people and/or their carers to be participants within the [ORG] Steering Committee, this will ensure that both have a positive impact and say about the service that they are receiving.

Criteria 4. Complaints and listening to carers

- Carers provide us with feedback (positive/ negative) such that we are enabled to better meet their needs.
- Carers are provided with the opportunity to provide feedback via customer satisfaction survey processes and this feedback assists in changes to service delivery.
- [ORG] continues to seek feedback from carers about what we are doing well and areas we can improve.
- We strongly encourage carers to provide feedback on their concerns through the feedback and complaint forms. This is considered and actioned as appropriate throughout the year, not just at review time.
- As indicated in the last reporting period, [ORG] had recognised that improvements were required around the service and carer relationship. This was highlighted in the Quality Evaluation undertaken by the Commission and identified as a required action.
- [ORG] formed the Consumer, Carer and Family Reference Group in January 2015. Areas that the group have provided feedback on include:
 - A review of the [ORG] in Reach Model of work;
 - A review of brochures and the [ORG] website to ensure that wording is clear and sensitive; and
 - Policies and procedures exploring better ways of working.
- In the past year carers/family/personal supports have been involved in providing feedback via several methods:
 - Annual carer survey;
 - MHC Quality Evaluation; and
 - Independent Consultant review of service.

Carers Advisory Council comments

The Mental Health Commission (MHC) commenced compliance reporting in 2008 and this year had a 100% response rate from providers that were required to report. There is some variation in the number of community organisations reporting which although not clear, may be due to funding changes or amalgamation of agencies however this is not considered significant in the overall reporting.

The MHC points out that although the data suggests a plateau in compliance and adherence to the Act overall, the 2015-16 reporting period data was notably higher compared to previous reporting periods, hence 2016-17 data was comparable or greater than 2014-15 and 2013-14 reporting periods. The MHC is reviewing the organisations required to report on compliance to the WA Carers Charter in the 2017-18 reporting period, which may result in an increased sample size in future years.

There were notable improvements in training provided to staff regarding the Carers Charter (+10.2%). Avenues of support available to carers also increased (+5.7%) and was indicated in the additional data provided.

The Carers Advisory Council (the Council) commends the MHC for its rigor in the collection and compilation of data.

Additional tables were provided by MHC which included data on the actions and activities that CMOs should be undertaking to reflect compliance under the Act. This additional data explored the four elements of the Carers Charter in greater depth. They reflected the MHC's commitment to encouraging and ensuring a focus on carers.

The Council noted that the additional text information in relation to the Carers Charter on "Complaints made by carers in relation to service that impact on them and the role of carers must be given due attention and consideration" was mostly focused on aspects of carer and consumer feedback. There was less reporting related to complaints processes or outcomes. However, as Section A and the additional data sets show 59% full compliance, the Council considers this indicates an overall adherence to this.

As in the two previous reports, the MHC notes the weakest responses generally indicate a lack of involvement of carers in the strategic planning and board roles within an organisation. And further a weakness in informing carers of the Carers Charter and relevant organisational policies and protocols.

The Carers Charter focuses on policies and procedures to include carers in the planning and delivery of services and to ensure that carers are well informed of their rights. Although the appointment of carers to boards and management committees is not a requirement under the Act, it is commendable that agencies aspire to include carers in decision making processes. As noted in previous reports carers are often time and energy poor and the Council encourages organisations to offer flexibility and support and consider the availability of carers to serve in this regard.

The Carers Advisory Council concurs with the MHC's assessment of all four criteria, and commends the MHC for its rigorous approach to data collection and reporting and continued commitment to voluntarily provide this report to Council.

WA Health Organisations

The reporting compiled by the WA Health organisation has undergone extensive changes in the current reporting period.

There have been substantial changes to the reporting bodies with the introduction of the *Health Services Act 2016* and the Machinery of Government changes implemented in the WA Public Sector in 2017.

WA Health now has designated metropolitan based services, comprising of North, South and East and their funded services. Changes were also made to the coordinated reporting of WA Health in this reporting period. Each WA Health organisation is now responsible for reporting individually to the Compliance Report.

The *Health Services Act 2016* established the following individual Health organisations:

- North Metropolitan Health Service (NMHS) including: NMHS Mental Health Service, Public Health and Ambulatory Care, Osborne Park Hospital, Sir Charles Gardiner Hospital, Women and Newborn Health Service, Bethesda Hospital, Cancer Support WA, Midland Dialysis Clinic and the funded services of Joondalup Hospital.
- South Metropolitan Health Service (SMHS) including: Fiona Stanley Fremantle Hospitals Group, Rockingham Peel Group and their funded services.
- East Metropolitan Health Service (SMHS) including: Armadale Kalamunda Group and Royal Perth Bentley Group.
- Child and Adolescent Health Service (CAHS) including: Princess Margaret Hospital (PMH), Perth Children's Hospital (PCH) Project, Child and Adolescent Health (CAH), Child and Adolescent Mental Health (CAMH) WA.
- Country Health Service (CHS) including: the Kimberley, Pilbara, Mid-West, Wheatbelt, South West, and Great Southern regions.
- Department of Health funded service organisations.

North Metropolitan Health Service

The North Metropolitan Health Service (NMHS) has undergone significant reform over the last 18 months including new governance arrangements because of the implementation of the *Health Services Act 2016*. On 1 July 2016, NMHS was established as a statutory authority that is governed by the North Metropolitan Health Service Board.

As shown in the overall self-assessment below, the North Metropolitan Health Service has maintained positive self-assessment ratings, with most areas reporting as well-developed across all criteria.

Mental Health, Public Health and Ambulatory Care results for understanding the charter and policy input returned to their previous satisfactory position.

Women and Newborn Health Services self-assessment for criteria 1 and 3 have shifted from well-developed in 2015-16 to satisfactory in 2016-17.

Sir Charles Gardiner Hospital maintained the satisfactory reporting again this period for the complaints process.

Self-assessment for 2016-17

North Metropolitan Health Service	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
NMHS Mental Health	W	W	W	W
Mental Health, Public Health & Ambulatory Care	S W (2015-16)	S W (2015-16)	W	W
Osborne Park Hospital	W	W	W	W
Sir Charles Gairdner Hospital	S	S	S	S
Women & Newborn Health Service	S W (2015-16)	W	S W (2015-16)	W

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

Summary of evidence presented

Key initiatives of the North Metropolitan Health Service (NMHS) include:

- NMHS hospitals and services continue to be accredited against the National Safety and Quality Health Service Standards (NSQHSS).
- The NMHS Carers Recognition Policy was reviewed in November 2015 and available to all NMHS staff via HealthPoint (Intranet).
- The NMHS Strategic Plan, will be finalised in late 2017 after consultation with stakeholders. Strengthening engagement and partnerships with patients, carers, staff and their community is a key priority.
- The NMHS Board endorsed the NMHS C4 Engagement Framework, which is designed to guide the planning and delivery of C4 engagement activities of NMHS hospitals and health services. It has been developed in consultation with carers.
- In November 2016, a review of Consumer Advisory Councils (CACs) was undertaken to consider their effectiveness. The Review made 12 recommendations including establishing a new NMHS Board Community, Clinician and Stakeholder Engagement Working Party, and to strengthen the role and function of Consumer Advisory Councils.
- NMHS is currently working with Patient Opinion, an online social media platform for patients and carers across all public health services in Western Australia, to be operational later 2017.
- Complaints continue to be reported in line with the WA Health Complaints Management Policy and managed using a web based complaints management system (Datix CFM). The *Health and Disability Services Complaints Act 1995* and *Regulations 2010* legislate for the annual provision of information to the Health and Disability Services Complaints Office.
- The Department of Health via the Patient Safety Surveillance Unit continues to report complaints data on behalf of NMHS using the complaints management system.

The North Metropolitan Health Service (NMHS) Mental Health Organisation

Adult Program

- The Mental Health Adult Program Partnering with Consumers and Carers Committee (PCCC) was established with engagement from carers of NMHS Mental Health services and community carer organisations.
- The Consumer Advisory Council review will see a change in how carers participate in service improvements and delivery feedback and audits.
- Progression towards re-establishing the newsletter FACES for carers is on hold. Proposal to create a Facebook page is awaiting endorsement.

Older Adult Program

- All carers referred to the Older Adult Mental Health Service are provided with a comprehensive assessment that focuses on their needs and issues.
- 34 carer workshops were held throughout the year in the following areas: Clarkson, Merriwa, and Osborne Park. The topics for all workshops were identified by carers and presented by the following people: Clinical Psychologist, Consultant Psychiatrist, Palliative Care Team, Community Police, Senior Occupational Therapist and Centrelink. Topics covered were: Understanding the Diagnosis, Carer Burnout, Loss & Grief, Financial and Legal matters, Person Centred Care and Keeping Safe.
- Two social functions were held each year during Carer's Week and Christmas.

The North Metropolitan Health Service Mental Health Neurosciences Unit

- The Unit has recruited two carer representatives to the Consumer and Carer Working Group (CAG equivalent).
- The Unit has worked with carer representatives to develop a presentation for staff about the *Carers Recognition Act 2004* and an Act summary document that outlines the most important aspects of the act (as advised by our carer representatives) and the WA Carers Charter. A process was also developed to aid clinicians when they are required to support persons, who may be loved ones who have taken on the role of a carer.
- The Unit has also developed and displayed a poster in the waiting area "Do you know your rights as a carer?" to promote the *Carers Recognition Act 2004* and the Carers Charter.
- The State Head Injury Unit encourages carers to attend their monthly seminars "living well with acquired brain injury."

The Osborne Park Hospital (OPH)

- The Occupational Therapy Department have implemented handouts providing information to patients and/or carers on deficits that may be experienced following a stroke. Implementation of a handout aimed at wheelchair users and their carers with regards to safe transportation of people seated in wheelchairs.
- Development of a Medicine Information section on the OPH website with links to information and resources.
- The Physiotherapy Department have introduced a "PhysioTools" exercise program, with photos on the exercise sheet provided to patients to be gender and age specific. Patients and their carers can purchase and implement the "PhysioTools" exercise programme to help improve quality and accuracy of the physiotherapists exercise prescription.
- Rehabilitation and Aged Care Ward 5 Stroke Clinical Nurse won the 2017 WA Nursing and Midwifery Excellence award for Consumer Appreciation.
- Joint Replacement Education continued as part of the pre-admission process. Annual consumer feedback confirms it is of value. A presentation is available for consumers on the OPH website.
- Implemented the "Know your Nurse" project at Rehabilitation and Aged Care Ward 5 with the name of the nurse written on the Estimated Day of Discharge Board above the patient's bed.

- After receiving positive feedback, OPH continued with the two-week timetable at the Stroke Unit on Ward 5 to simplify the scheduling of appointments for carers.

The Sir Charles Gairdner Hospital (SCGH)

- SCGH continues its strong and sustaining relationship with Carers WA, including partnering to deliver “Carers Corners” across the hospital, providing open access to carer information and contact information for the Patient Liaison Service.
- The Community Advisory Council have appointed a Carer Representative.
- Is working on reinstating a process to identify carers of patients at the time of admission and those who fulfil a carer role.
- Distributed 3,667 carer information packs, up from 2,941 last year.
- Distributed 1,358 Prepare to Care Resource Packs up from 1,293 last year.
- Delivered 526 staff in-service education sessions, down from 567 last year.
- Delivered monthly 15-minute corporate inductions with a brief overview of Carers WA; the *Carers Recognition Act 2004*; the Prepare to Care program and hospital policies and procedures for carer engagement.

The Women and Newborn Health Services (WNHS)

- Ongoing staff induction and training to ensure awareness of the requirement to directly involve carers in policy development; service delivery and care planning. Cultivate staff knowledge of the Carers WA Prepare to Care package.
- Introduction of further ‘Carers Corners’ to provide spaces for carers to sit and obtain information.
- Provided 42 carers with a ‘Prepare to Care Pack’ up from 27 last year.
- Providing education and guidance to managers on the recruitment and support of consumer and carer representatives, including processes for consumer payment.
- Continued to have a Carers Week’s display in the King Edward Memorial Hospital foyer, operated by volunteers and Carers WA staff.

Criteria 1: Staff understanding of the charter

The North Metropolitan Health Service (NMHS) Mental Health Organisation

- Carer Consultants continue to be employed within NMHS Mental Health Adult Program and there are planned future recruitment strategies to increase participation of Carers. The Adult Program partners with Consumers and Carers Committee (CCC) and engages with Carer organisations within the community.
- As part of the orientation process in the Older Adult Program all new and existing staff are made aware and have an understanding of the *Carers Recognition Act 2004* and the implication of the Act and how staff integrate these processes in clinical practice to maintain privacy and integrity in their clinical practice.

The North Metropolitan Health Service Mental Health Neurosciences Unit

- The Unit promoted the Carers Charter to staff and continued to educate them about the importance of promoting carer rights. The Unit also scheduled a presentation by a carer representative on the *Carers Recognition Act 2004* and the Charter to the General Staff meeting which included open discussion with staff. A process was developed to ensure carers receive a copy of the Carers Charter with the Act summary document.
- The State Head Injury Unit held a presentation by Carers Australia who in turn established a system where they re-stock, monitor and audit the distribution of carers brochures.

The Osborne Park Hospital (OPH)

- All new staff receive a pamphlet on the *Carers Recognition Act 2004* at induction. Carers WA present to new employees as part of the induction program. The Safety and Quality Co-ordinator provides information at staff induction on the Act and carer rights.

- 832 staff had interactions with Carers WA including 171 participating in in-service education sessions.
- Consumer Centred Care Representatives for every ward/ department support services and improvements relating to consumers/carers.
- As stated last year, the three Rehabilitation and Aged Care (RAC) wards have nursing representatives trained by Carers WA. This is of particular importance on Ward 5 as many stroke patients have a relatively high proportion of carers.
- Carers WA provide regular education sessions across the RAC Wards. Sessions also provided to the Occupational therapy and Physiotherapy departments on how to engage and further support carers.
- OPH participates in Carers Week by hosting information stalls across the hospital.
- The Pastoral Care and Chaplaincy Service provides support to carers during healthcare provision and before and after death.
- 589 Carer Information Packs were made available for distribution to carers; and 35 carers were identified and supported with a 'Prepare to Care' information pack.
- The data in the table below, obtained from Carers WA, shows Osborne Park Hospital's commitment to carers each year through interaction with Carers WA and the provision of education/ and support to carers.

<i>Osborne Park Hospital - provision of education and support</i>	<i>15/16</i>	<i>16/17</i>
Number of Carers Identified and Supported with a Prepare to Care Pack resource pack/booklet	64	35
Number of Carer Info Packs made available for distribution to carers	438	589
All Staff interactions (including In-service education by Carers WA)	151	171
All interactions with Carers WA	659	832

The Sir Charles Gairdner Hospital (SCGH)

- Delivered 365 in-service sessions offered through a partnership with Carers WA to Assistants in Nursing (AINs) (3); Allied Health (23); Students (2); Clinicians (239); Support Staff (47); Clinical Students (42). This is an increase from 2015-16 delivery of 305 sessions. Also 420 in-service sessions were provided at ward level by staff development nurses and through the self-directed learning pack.
- Prepare to Care areas around the hospital are now visible, including all clinical areas; and self-referral/self-nomination resources are now in public areas.

The Women and Newborn Health Services (WNHS)

- The Customer Service Unit induction presentation includes a detailed explanation and examples of the gains of using the Prepare to Care package, and why this is important.
- Presentations, workshops and in-service training is provided for ward clerks, midwives, nurses and medical staff to ensure that they are aware that it is everyone's responsibility to ensure carers are identified and included in service delivery.
- Delivering carers related training in the Emergency, Mother and Baby Unit and Ward 3.
- Repeat survey carried out to ascertain staff knowledge of the requirement to include carers in the patient journey and the Prepare to Care program. Due to the education carried out this showed a 200% increase of awareness. Department Heads are provided with reminders to identify patients' carers as part of the Prepare to Care program.
- 42 Prepare to Care resource packs were utilised, which is nearly twice as many as last year (27).
- Carers WA undertook 44 training sessions for staff across the site.
- 218 information packs were provided to the public.

- All WNHS contractors have been provided with copies of the *Carers Recognition Act* 2004 and reminded to display the Carers Charter in public areas.
- WNHS funded services are required to report annually to the Customer Service Unit on their compliance with the Carers Charter.

Criteria 2: Policy input from carers

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

The North Metropolitan Health Service (NMHS) Mental Health Organisation
Adult Program

- Adult Program Carer survey has been run however there was minimal uptake with only 12 surveys being returned program wide from carers. The *Mental Health Act 2014* requires services to receive input from carers in relation to involuntary admissions.
- Carer Consultants are listed on all Adult Program Management and Safety Quality and Risk Management meetings, plus invited to participate in other meetings such as Individual Placement Services Collaboration and Alcohol and other Drugs Collaboration meetings.

Older Adult Program

- A North Metropolitan Older Adult Program Carer Focus Group has been established and its participants (Carer Representatives) will provide a carers perspective.

The North Metropolitan Health Service Mental Health Neurosciences Unit

- The Unit established a Consumer and Carer Working Group with two carer representatives and one consumer representative. The unit tables relevant policies and procedures at the meetings for discussion with representatives. The Unit is constantly looking at ways they can meaningfully engage with carer representatives and improve how they get beneficial feedback on their processes, systems, policies and procedures.

The Osborne Park Hospital (OPH)

- The Community Advisory Council has members who are representatives of carers to provide the carer perspective. Council members also attend key committee meetings at OPH. All consumer and carer related policies, procedures, and written information is submitted to the Council for review and input.
- Posters are displayed in main areas and wards across the hospital site, inviting feedback from patients and carers.

Sir Charles Gairdner Hospital (SCGH)

- Nursing Research Medical Division research project called "Further Enabling Care at Home" (FECH). The study aims to determine how implementing the FECH program immediately after the older patient's discharge from an acute hospital's medical assessment unit, influenced outcomes for patients' carers, the patients themselves, and the healthcare system.
- New brochures were developed to assist carers understanding the patient's experience with Delirium, currently more are being developed in multiple languages and work is underway to make this information suitable for Aboriginal community members.
- In 2015-16 a communication tool (I AM Form) was developed to help family carers inform hospital staff about a person living with dementia. This is now referred to as the Focus on the Person form and available online.
- Completed a research project to look at supportive models of care for family carers of patients with Delirium.
- For all projects undertaken, carers were engaged with to ensure the outcomes met their needs and were provided in an acceptable manner.
- Continued engaging with carers through representation on the Community Advisory Council from Carers WA, Health Consumers Council and individual carers.

- Continued implementing the Carer Link Person program, which has resulted in increased uptake of carer information and inclusion of carers in care planning.
- Allied Health staff have biannual education sessions on the *Carers Recognition Act 2004*. It is also included in the orientation program. Nurses continue to run ward based and orientation education sessions on the *Carers Recognition Act 2004*.

Women and Newborn Health Services (WNHS)

- A review was undertaken of the Consumer and Community Advisory Council Terms of Reference and strategic plan to enable a greater number of consumers to be engaged.
- Continue engaging with carers through representation at the Community Advisory Council.
- Reviewed the WNHS Carers Recognition Policy and reviewing the policy on consumer and carer representation on committees and forums to align with national standards and the Act.

Criteria 3: Carers views and needs considered

North Metropolitan Health Service (NMHS) Mental Health Organisation

Adult Program

- While there are processes in place to receive feedback on the Adult Program from carers (surveys, suggestion boxes, family meetings) there is minimal engagement from carers. There has been an opportunity for carers to meet with the Chief Psychiatrist to raise their concerns and receive feedback about the standards and the future development of policies affecting carers. Additionally, regular opportunities have been provided for carers to meet with the Community Development Officer in their catchment area, to provide feedback on their experiences and to receive support.
- Carers are members of the Lived Experience Advisory Groups in Stirling and Lower West catchments, where they can bring their voice to the table and provide feedback and input into service improvements and service delivery.

Older Adult Program

- The Older Adult Mental Health Program annually conduct a carer/consumer survey of all the service units to ascertain the effectiveness of services provided to carers. Clients selected are carers/family members of those people who are currently receiving a service and those who had been discharged from a Service during a three-month period. The survey has been designed to provide a carer /family member's perception of services provided by the in-patient units and community teams of Lower West, Osborne Park and Joondalup facilities.

North Metropolitan Health Service Mental Health Neurosciences Unit

- The unit encourages staff to allow carers the opportunity to provide feedback on service delivery by way of carer surveys, feedback forms, and feedback direct to the clinician. There are plans to explore effective methods of seeking feedback with the Consumer and Carer Working Group as the group becomes more established.

Osborne Park Hospital (OPH)

- The 2016 consumer engagement survey of patients and carers about their satisfaction with Surgical Services at OPH, showed that 100% of next of kin carers felt engaged in their loved ones' care and 100% of both clients and their next of kin carers would recommend the service.
- OPH website includes information specifically for carers, and links to other organisations.
- OPH Stroke Unit has expanded the stroke volunteer group from two to eight volunteers, including two carers. The vision of the program is to have a pool of trained stroke

volunteers who were stroke survivors and carers themselves and to provide experiential support to inpatients and their carer.

- The Stroke Clinical Nurse provides education to stroke patients on the Rehabilitation and Aged Care Wards. Each education session is specifically catered according to the patient and carers needs such as information on stroke, diet, lifestyle and support groups.
- The Social Work department have incorporated carers in all aspects of the social work quality action plan including engaging carers in family meetings and Aged Care Assessments. The department conducted a consumer satisfaction survey targeted at patients and carers, with results showing an 89.6%-99.5% satisfaction rate.
- Carers WA continue to maintain resources including the Carers Corner in the Day Therapy Unit and the social work resources area.
- The Physiotherapy department engage in carers training where required to teach safe car transfers, assisted mobility and transfers.
- The Pharmacy Department audit the supply of Consumer Medicines Information for newly prescribed medications and high-risk medications. If carers are involved in a patient's medication management, one on one education is provided to the carer prior to patients' discharge. Webster Pack Services are organised by pharmacy with the patient's community pharmacy whenever appropriate to assist carers.
- Consumer Hubs with information specifically for carers, with Carers WA information and Prepare to Care packs, are in place in the main reception, F Block reception and the Day Therapy Unit.
- As part of a nurse referral system for complex care patients, the Complex Care system and form was implemented on Rehabilitation and Aged Care wards.

Women and Newborn Health Services (WNHS)

- The WNHS Consumer and Community Advisory Council reviewed the development of policies, brochures and organisational service plans; and the representation on the Executive and other committees and groups.
- King Edward Memorial Hospital undertook a hospital wide audit with involvement of two carers and a person who has a disability to identify access which included signage and access for those with a disability.
- Wards 3,4,5, and 6 undertook surveys and informed staff about the Prepare to Care program.
- The new Gynaecology Patient Health Questionnaire requests information on whether a patient has a carer.
- Continued to involve carers in Consumer and Community Advisory Councils and introduced a new Disability Action and Inclusion Implementation Plan in consultation with carers.

Criteria 4: Carer complaint processes

North Metropolitan Health Service (NMHS) Mental Health Organisation

- Across the area-wide Mental Health services, a clear and simple process exists to receive and manage both carer and consumer complaints. These processes are strictly maintained to provide a timely and consumer focused response. Service Coordinators and Heads of Service are available to carers and consumers to respond to verbal complaints and concerns.

- The NMHS Mental Health Area Stakeholder Liaison Officer (SLO) provides communication between the service and carers regarding complaints being addressed in a timely manner with key performance indicators in place. Communication methods are in place in the form of brochures with contact details for the SLO, links on the NMHS Mental Health webpage and directly with staff who know how to progress the complaint through the SLO.

Adult Program

- Within the Adult Program, carer consultants and carer representatives have two lines of Supervision such as Line Managers in the local service area who deal with day-to-day operational issues; and the Peer Work Coordinator, who can provide a peer-to-peer support service, where carers can express their concerns, receive guidance and support.

North Metropolitan Health Service Mental Health Neurosciences Unit

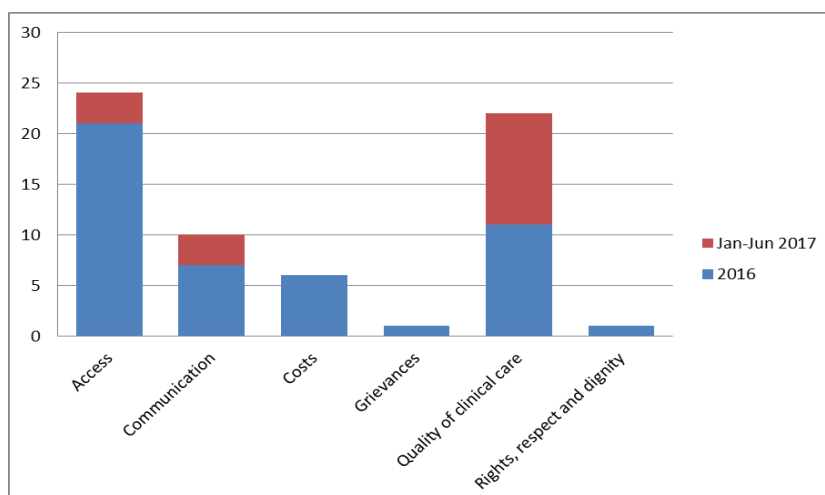
- The Unit includes feedback forms with all closing letters for their assessment-based programs and is in the process of seeking feedback (surveys) from carers of their ongoing case management programs. Clinicians encourage carers to voice their opinions and concerns about the care being provided and the service.

Osborne Park Hospital (OPH)

- Feedback forms are available in main reception and corridor areas. These forms are also available on request and in ward areas. The OPH website has downloadable forms, and provides information on how to make a formal complaint. Complaints and feedback are accepted in all formats. Posters throughout the hospital encourage feedback from carers.
- OPH continues to have a low rate of complaints from carers. Press Ganey satisfaction reports show a positive response around visitor comfort and staff attitudes towards visitors.

Sir Charles Gairdner Hospital (SCGH)

- Sixty-four (64) complaints were made by carers from January 2016 to June 2017 relating to access; communication; costs; grievances; quality of clinical care; and rights, respect and dignity. The data included in the graph below shows the total number of complaints made on behalf of the patient; some may not be related to carers issues.



Women and Newborn Health Services (WNHS)

- Customer Service Unit records and monitors complaints and feedback and the system changes arising from these.
- Ongoing identification of specific carer feedback separate from 'consumers' and systemic trends.
- Quarterly reporting on feedback, complaints and system is provided to the Executive and tabled at WNHS Community Advisory Council meetings.

- Regular input from Carers WA through the Prepare to Care Program and implementation of regular discussions on 'best working practice' with other health services.
- Participating in the Carers WA workshops and state complaints management.

Additional supporting information

The North Metropolitan Health Service (NMHS) Open Disclosure e-Learning package has been implemented across NMHS. The package helps build staff capacity to conduct consumer and carer focused disclosure conversations and processes.

The Osborne Park Hospital conducted a Consumer and Carer satisfaction survey related to the Joint Replacement Education program in 2016 that indicated:

- 100% of respondents felt the written information provided (at Anaesthetic Clinic) was helpful;
- 100% reported that information provided at JRE program reflected the reality of the operation; and
- 100% of carers felt engaged in their loved ones care.

Compliance of North Metropolitan Health Services Funded Services

Services contracted to North Metropolitan Health Service (NMHS) recognise the importance of carers in the delivery of their services and are committed to comply with the WA Carers Charter. Each of the services contracted to NMHS undertake a self-assessment annually.

Self-assessment for 2016-17:

NMHS Funded Services	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
Joondalup Health Campus	W	S	S	W
Cancer Support WA	W	W	W	W
Midland Dialysis Clinic	S	S	S	S
Bethesda Hospital	W	W	S	W

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

This year the funded services of Joondalup Health Campus, Cancer Support WA, Midland Dialysis Clinic and Bethesda Hospital provided an individual rating score against the criteria.

Summary of evidence presented by Funded Services

Joondalup Health Campus (JHC)

- JHC continues to prioritise carer support strategies, including the provision of carer packs, a focus on carers through a Disability Access and Inclusion Plan as well as carer information sessions at ward level.
- Extended carer identification and needs assessment through the Carer Status Assessment form, pre-admission forms, nursing admission paperwork and Care Coordination Team assessment. "Prepare to Care" education sessions continue to be run regularly for staff members.
- JHC's Consumer Engagement Framework ensures that carers are included in all feedback opportunities such as Point of Care surveys, consumer input into patient and carer information and Community Board of Advice representation.
- A representative from Carers WA is a member of the JHC Patient and Consumer Centred Care working party and the JHC Quality Action Group meeting.
- Introduction of a formal protocol for carer and family communication and involvement within the Mental Health Unit, which incorporates the use of a sticker to assist with timely communication.
- "Caring Matters" web-bulletin is available via the JHC intranet for improved staff knowledge on upcoming carer events, education sessions and support services.
- "Connecting" Carers WA Mental Health Newsletter now available for staff electronically.
- Creation of a Carers Pack as an extension of the "Prepare to Care" information provided by Carers WA.
- Formalised carer reviews of patient and carer information via the Consumer Endorsement process.
- A review of carer input for rehabilitation patients commenced in 2016/17-this will be audited this year.
- A recent survey of nursing handovers included both patient, family and carer input.
- The new online admissions process, which includes collecting information on carers, was achieved. The admissions documentation at wards allows further follow up on supports provided to carers by ward staff.

Cancer Support WA

- Ongoing support for carers in the community, offering two weekly support groups, one specific to women, the other open to all, where carers seek professional and peer support.
- Several new initiatives have been implemented including a 6-week bereavement course; a monthly grief/loss support group; hosted carers at a Remembrance Circle, an opportunity to celebrate lives lost.
- Carers commonly attend their nutrition and cooking workshops throughout the year, (facilitator is an Accredited Practicing Dietitian).
- Carers attend weekly wellness activities such as yoga, exercise, meditation.
- A new initiative in 2017 has been the singing group, and creative expressive therapies such as art and poetry are also available.
- In 2017, co-hosted the Carers Course one-day seminar at Sir Charles Gairdner Hospital where a multi-disciplinary team focus on psychoeducation and practical support for carers.
- Client Satisfaction Survey results showed:
 - 99% were satisfied with the responsiveness of the services and believe they are carried out in a safe, caring environment.
 - 100% believe they are respectful and treat information in a confidential manner.

Midland Dialysis Clinic

- Carers and significant others attend three times a week with patients for dialysis sessions. Carers provide valuable information about how the patient has responded between treatments with staff willing to make decisions based on this advice and other aspects of care.

The Bethesda Hospital

- Carers are consulted with throughout the discharge planning process; this is evidenced in the discharge planning policy and family meeting records.
- Displays the Carers Charter as appropriate.
- Bethesda Palliative Care Service (inpatient and ambulatory) have participated in a National Collaboration project looking at carers needs.
- The patient and the family as the "unit of care" are embedded in the philosophy of service delivery. Volunteers and clinical staff receive this education as part of their induction to Bethesda's Palliative Care Program.

Criteria 1: Staff understanding of the charter

Joondalup Health Campus

- Carers WA provide regular training to staff on the Carers Charter. Information on the Carers Charter is available throughout the hospital within wards and in elevators.

Cancer Support WA

- Staff are aware of the Carers Charter, and those who have direct interactions with carers are actively engaged in implementing communication and recognition strategies.

Midland Dialysis Clinic

- Staff receive training on Patient centred care, information on the *Carers Recognition Act 2004* has been added to their Quality Calendar training schedule.
- There is information for carers in the welcome pack informing patients and their carers about kidney clubs support groups, through Kidney Health Australia.

Bethesda Hospital

- The Carers Charter, carers and their role are acknowledged in prominent places including the hospital website and Bethesda's Patient Information Directory. Staff are inducted to this at orientation.

Criteria 2: Policy input from carers

Joondalup Health Campus

- The Consumer Engagement Framework input is sourced from carers for updates to relevant JHC documents. A carer representative occupies a position on the Standard 2 Patient Centred Care Subcommittee and Community Board of Advice.

Cancer Support WA

- All services on offer include carers, and the role of the carer is identified, valued and respected throughout the organisation.
- Intake forms ask people to self-identify as carers, and feedback forms are the main source of evaluation of whether carer needs are met by the services.
- An anonymous suggestions box is also available for people to submit feedback.

Bethesda Hospital

- All policies recognise the role of the carer in the assessment and planning of ongoing care. The framework is very well developed with many examples of feedback from carers evident over an extended period.

Criteria 3: Carers views and needs considered

Joondalup Health Campus

- Patient Centred Care and Consumer Engagement are central focus areas when assessing planning, delivering and reviewing services to ensure the inclusion of carers' views.
- Carers are engaged via an updated consumer endorsement process, as well as in the provision of input and feedback on initiatives that are being developed, and in audit processes.

Cancer Support WA

- Undertake informal and formal assessments of all services provided. Carers who participate in support groups, counselling, wellness activities, and educational courses are asked for their input verbally and in written form. The annual survey is done electronically, and phone contact is used whenever relevant.

Midland Dialysis Clinic

- Carers are advised of their ability to feedback both informally or through the online complaints form in the welcome pack when they commence. This information is also in the newsletter.

Bethesda Hospital

- Although Bethesda has some sound frameworks in place to ensure carer feedback is acted upon, there is still further work required in clearly including carers in the future planning of the service.
- A consumer representative is on the Hospital's Safety and Quality committee and this individual meets with the Board of Directors annually.

Criteria 4: Carer complaints processes

Joondalup Health Campus

- Feedback forms and online compliment and complaints processes are available to all carers in varying formats to assist carers with a disability or those from a non-English speaking background.
- Complaint training for staff, both face to face and online has a focus on the carer. Informal complaints management has improved via these pathways.

Cancer Support WA

- Welcome feedback and give serious consideration to constructive criticism. Along with feedback mechanisms, senior management have open door policies and welcome meetings with carers. When carers have any issues with accessibility or processes, they can speak directly to the CEO or senior staff they feel comfortable with.

Midland Dialysis Clinic

- Complaints are managed and responded to. A Complaints Form is provided in the Welcome Pack.

Bethesda Hospital

- Information in compendium and on the website and in other prominent places on how to make a complaint. Complaints are analysed and responded to separately and trended and reported to management and the Board. Bethesda has adopted an open disclosure policy/approach.

Compliance by services funded by your organisation

Joondalup Health Campus (JHC) strives to include carers in service planning, assessments, audits and feedback. This is achieved through multiple pathways, but underpinning this is the inclusion of carers in a partnership role through all phases of service delivery. JHC recently participated in a review of the Interim Hospital Package (IHP) service. This service review included consumer feedback on the JHC IHP process and quality of care. No carer concerns were identified. JHC IHP coordination includes regular contact with carers following discharge - ensuring a rapid response to developing concerns, as well as an opportunity to provide feedback on discharge processes.

Cancer Support WA believe they maintain high levels of compliance with the Carers Charter and continue to treat all clients and carers with the utmost respect and dignity. In recognition that carers experience varying levels of distress and have diverse needs, they aim to meet those needs within the programming offered and actively engage in seeking feedback from carers (annual survey).

The Bethesda Hospital achieves a high level of compliance with the Carers Recognition Act 2004 within contractual obligations and the Palliative Care Program, which have substantial involvement from carers.

Future initiatives of the North Metropolitan Health Service (NMHS)

The North Metropolitan Health Service (NMHS) Board, through its Community, Clinician and Stakeholder Engagement Working Party will be closely monitoring the service to ensure that the engaging stakeholder priorities as outlined in the NMHS Strategic Plan 2017-2021 are implemented. The NMHS Strategic Plan will be finalised late 2017.

Following the launch of the NMHS C4 Engagement Strategy, a number of strategies and action plans will be developed to specifically target and improve engagement. It is anticipated that a Carers Engagement Strategy will be developed in early 2018. NMHS C4 Engagement Framework Training and tools to support better engagement will be available in September 2017.

The McGowan Government made an election commitment to implement Patient Opinion, an online social media platform for patients and carers, across all public health services in Western Australia. NMHS is currently working with Patient Opinion for the system to be operational later in 2017.

The North Metropolitan Health Service (NMHS) Mental Health Organisation

- Has commenced planning for a greater involvement of carer consultants in focus groups for 2017-2018, with a focus on gathering anecdotal information on service performance and review, with Quality Improvement projects submitted.
- A QI project established for post community discharge follow up phone calls for 2017-2018, to gather feedback on service performance from recently discharged consumers. Is planning a recruitment drive for August 2017, with a focus on diversity and increased participation of Carer Consultants and Representatives in service performance review and improvements.
- Will also provide a copy of the *Carers Recognition Act 2004* summary document developed by Consumer and Carer Working Group with all carer surveys that are sent out as a way of capturing those carers who may not have received a copy yet. NMHS Mental Health will continue to work with clinicians, particularly the social work team, to continue to promote carer rights to carers/support persons, consumers and staff.

The Neurosciences Unit has started to modify the survey content for NMHS Mental Health programs and are directing the following questions to carers/support persons:

- Have you heard of the Carers Recognition Act 2004?
- Have you heard of the WA Carers Charter?
- Were you given a copy of the Carers Recognition Act 2004 or WA Carers Charter?

The Osborne Park Hospital

- Occupational Therapist (OT) department has commenced a project to develop a "Welcome to Occupational Therapy" video for viewing by patients and/or carers. The aim of this video is to increase patients' and/or carers' knowledge of the role of the inpatient OT. The video will be available for viewing on OT Department iPads. A script has been devised and reviewed by the Consumer Advisory Council. The project aims to be completed later in 2017. The Occupational Therapy Department is also planning to conduct a consumer engagement survey across Surgical Services.
- During 2017-2018 the Social Work Department aims to address a gap identified by a consumer satisfaction survey regarding better links to other carers. The aim is to develop a pathway for social workers to ensure carers are linked to available Carer Support Services.
- The Pharmacy Department are in the process of developing a guideline on pharmacy services available for aboriginal patients post discharge to make supply of medications easier for patients and their carers.

The Sir Charles Gardiner Hospital

- The Delirium Care project is being undertaken in Delirium Care and Acute Care of the Elderly Unit to include suitable strategies to ensure family carers can engage in the patient's care planning and if desired, aspects of that care.
- A review and the reintroduction of the Carer's Questionnaire to provide carers with the opportunity to inform staff of the needs and preferences of the patient and carer.

The Women and Newborn Health Services (WNHS)

- Conduct a review on the way the hospital engages with consumers and carers and builds consumer engagement with the Consumer Advisory Committee members and continue to seek further opportunities to engage patients and their families and carers. Include quarterly complaints and compliments data as a standing agenda item for the Consumer Advisory Committee.

- Develop an easy to read pamphlet for Customer Service Unit information; will be facilitated ensuring consultation with carers and community groups.
- Review the resources that identify carers to the staff.
- Developing a concierge service for the front foyer to offer help in finding areas.
- Review the system of using a pink sticker on patient's notes to alert staff that a carer is present.
- WNHS new contracts that will be entered into in 2019 (next round) will include a clause that ensures compliance with Carers Charter and existing contracts to have a clause included when renewed.
- Introduce a new DAIP Implementation Plan in consultation with carers.

North Metropolitan Health Services Funded Services

- The Joondalup Health Campus Carer questionnaire is currently in final draft form due for completion in 2017-18. Focus areas will be on improved service delivery for carers as well as feedback on inclusiveness and recognition. The Carer Status Assessment Tool was reviewed and is scheduled for review again in 2018.
- Cancer Support WA aims to expand the reach of the Carers Course via online technology so that more people can access the supportive care and psychoeducational content offered. The Bereavement course will also be expanded to meet demand, with more frequent scheduling and accessibility to the ongoing support group, based on carer feedback. And to foster community support, a higher priority will be given to the social and peer support carers provide each other, by actively inviting carers to participate in events.
- The Bethesda Hospital, has more work planned to ensure that carers continue to be recognised as an important part of the care of the patient. This includes strengthening the feedback loop to ensure Bethesda has the most relevant and reliable type of feedback from carers upon which to act. Longer range plans will include more carer involvement in the future planning of palliative care services.

Carers Advisory Council comments

The Carers Advisory Council (the Council) would like to thank the North Metropolitan Health Service (NMHS) for presenting such a comprehensive report during a period of intense change, especially the inclusion of individual funded services assessments.

It was pleasing to note that most agencies provided an assessment of well-developed across all criteria, and no criteria was rated below satisfactory.

The Council acknowledges that during this period the North Metropolitan Health Service Mental Health, Public Health and Ambulatory Care maintained a well-developed rating for criteria 3 and 4 and note the reduction from the 2015-16 rating of criteria 1 and 2 to satisfactory.

A similar assessment has been reported for the Women and Newborn Health Service, who have reported a reduction of the 2015-16 rating of criteria 1 and 3 to satisfactory. It is of interest to note that Sir Charles Gardiner Hospital maintained the position of satisfactory across the four criteria.

It was encouraging to read that the NMHS and its funded services remain committed to delivering information to carers and staff, being receptive to receiving feedback, with particular emphasis on:

- Carers Corners areas are being expanded.
- Prepare to Care packs distribution is being increased.
- The 'Know Your Rights' posters are being displayed.
- The number of Customer surveys in place that reported high levels of carer satisfaction.
- The ongoing use of stickers to identify carers (Women and Newborn Health Services).
- Engaging with carers through carer workshops and Carers Week initiatives.

- Recruitment strategies to increase carer participation.

The reports also highlighted several initiatives of note, including:

- The North Metropolitan Health Service Carers Recognition Policy which is being made available to all staff via HealthPoint (Intranet).
- NMHS reviewed to strengthen the role of the Consumer Advisory Councils plus the establishment of a new NMHS Board Community, Clinician and Stakeholder Engagement Working Party. The Council would be interested to read the 12 recommendations identified.
- Initiatives to improve carer identification within the Women and Newborn Health Services, such as the new Gynaecology Patient Health Questionnaire which requests information on whether a patient has a carer. Also, the Joondalup Health Campus carer identification sticker; and extended carer identification and needs assessment through the Carer Status Assessment form, pre-admission forms, nursing admission paperwork and Care Coordination Team assessment.
- Initiatives by the Neurosciences Unit that educate staff about the *Carers Recognition Act 2004* including the Carers Charter with the development of a summary document.
- The ongoing distribution of carer related information, including the Joondalup Health Campus Caring Matters web-bulletin via the intranet and the Carers WA Mental Health Newsletter. The Osborne Park Hospital handout about safe transportation of people seated in wheelchairs; the Medicine Information section on their website; “PhysioTools” exercise programme and the Physiotherapy departments training in safe car transfers.
- Increased opportunities for carers views to be heard like that at the Osborne Park Hospital Social Work department that incorporate carers in all aspects of the social work quality action plan, including engaging carers in family meetings and Aged Care Assessments. The North Metropolitan Health Service Mental Health has established the Partnering with Consumers and Carers Committee and provides carers workshops involving a wide range of medical and community specialists.
- Opportunities to include carers on committees as shown by the Neurosciences Unit’s recruitment of two carer representatives to the Consumer and Carer Working Group. Along with the NMHS Mental Health Carer Focus Group and carer inclusion on Lived Experience Advisory Groups and the Osborne Park Hospital Stroke Unit stroke volunteer group, including two carers.
- Initiatives that ensure carers know how to make a complaint as shown on the Osborne Park Hospital website which has downloadable forms and provides information on how to make a formal complaint. The Women and Newborn Health Services ongoing identification of specific carer feedback separate from ‘consumers’ and systemic trends is also a good initiative.
- WNHS – King Edward Memorial Hospital wide audit to identify access, which included signage and access for those with a disability.
- Cancer Support WA outlined their new initiatives including the 6-week bereavement course; a monthly grief/loss support group; the carers Remembrance Circle; a new singing group; new creative expressive therapies; and one-day seminar at Sir Charles Gairdner Hospital where a multi-disciplinary team focus on psychoeducation and practical support for carers.

The Carers Advisory Council also acknowledges the continued effort of the North Metropolitan Health Service and looks forward to hearing the outcomes of:

- The North Metropolitan Health Service Strategic Plan.
- Establishment of the North Metropolitan Health Service Mental Health Facebook page and the FACES newsletter.
- The Neurosciences Unit’s survey into Mental Health programs.
- The process to identify carers on admission at Sir Charles Gardiner Hospital, and the outcomes of the Nursing Research Medical Division research project called “Further

Enabling Care at Home.” The Sir Charles Gardiner Hospital brochures to assist carers understand Delirium.

- Bethesda Hospital’s work to clearly include carer’s in the future planning of the service.
- Joondalup Health Campus’ review of carer input for rehabilitation patients.
- Cancer Support WA’s expansion of the online Carers Course.
- Further insights from the Midland Dialysis Clinic in 2017-18.

South Metropolitan Health Service

The South Metropolitan Health Service (SMHS) includes:

- Fiona Stanley Fremantle Hospitals Group, which includes the Fremantle Hospital and Health Service
- Rockingham Peel Group

Self-assessment for 2016-17

Health Organisation	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
Fiona Stanley Fremantle Hospitals Group	S	S	S	W
Rockingham Peel Group	W	W	W	W

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

Summary of evidence presented

Key initiatives of the South Metropolitan Health Service (SMHS) Area Wide Services

- SMHS operates a peak Clinical Governance Committee and the Clinical Safety and Quality Committee.
- SMHS has collaborated with Carers WA to implement carer identification in the patient information systems TOPAS/WEBPAS and a communication strategy to support the initiative has been developed and implemented.
- SMHS Aboriginal Health Strategy Unit developed an Aboriginal Community and Consumer Engagement Framework (ACCEF) to engage with Aboriginal consumers, carers and communities.

Fiona Stanley Fremantle Hospitals Group (FSFHG)

- The Call and Respond Early (CARE) Program has been implemented across all clinical wards and departments.
- Introduction of a Mental Health Service – Information for Carers booklet, which includes sections on carer rights and carer organisations, discharge from hospital and developing a carers plan.
- Established a Parkinson's Carer Education Program and Carer Support Group. This group acknowledges that disability and Parkinson's disease severity have an impact on a carers mental and physical health, affecting their quality of life and caring ability. The group meets monthly and membership has grown from seven to twenty members. Evaluation of the Parkinson's Carer Education program identified 100% of carers who attended each session were "highly satisfied" with all four educational sessions.

Rockingham Peel Group (RkPG)

- The Carers WA program "Prepare to Care" has been in place at Rockingham Peel Group since 2011. The Education, Safety, Quality and Risk Unit (ESQ&R) has a nominated team member who holds the portfolio of engaging with Carers WA Hospital Program Coordinator for RkPG to increase collaboration.
- The current chairs of the RkPG Community Advisory Council and the Mental Health Guidance Group identify as carers and have both worked on projects with the WA Department of Health to develop resources for recruitment and sharing their experience. RkPG is committed to supporting carers and the SMHS report included detailed

information on strategies and initiatives in their report to the Community Advisory Council.

Criteria 1: Staff understanding of the charter

The Patient Charter of Rights is promoted across all public areas of the health service and is evident in policy, procedure, admission processes and supported by workforce education. The Carers Charter information is available across the organisation and at the point of care and the admission process has provision to assist in identifying consumers and carers who may require further assistance.

Fiona Stanley Fremantle Hospitals Group (FSFHG)

- The Fiona Stanley Hospital assumed governance over Fremantle Hospital in January 2016, which led to changes in organisational structures and leadership positions. Fremantle Staff Development also changed in January 2016 to be incorporated in Fiona Stanley Hospital Nursing and Midwifery education.
- The current education programmes in place at Fremantle Hospital related to carers include:
 - Patient Centred Care, Carers Charter and Partnering with consumers continued in the Fremantle Hospital Safety Skills Day (nursing).
 - Carers WA provide a one-hour education session to new Fremantle graduate nurses (48 staff).
 - Fremantle Hospital facilitated in 2015 and 2016, one-hour ward based in-service education sessions across all Fremantle Hospital wards in collaboration with Carers WA, utilising the Prepare to Care Program.
 - Displays of Carers WA resources at all sites and made available to new staff.
 - Development of patient centred scenarios into simulation training to increase Fiona Stanley Fremantle Hospital Group staff awareness of carers roles and staff interaction with carers.
 - Information on the Carers Recognition Act 2004 is presented at orientation.
 - “Prepare to Care” program posters are displayed and clearly visible in high activity areas and “Carer Information Corners”.
 - A Customer Service Charter referencing the Western Australian Public Patients’ Hospital Charter, which is consistent with and references the Australian Charter of Health Care Rights. The Customer Service Charter incorporates information concerning the options available for providing feedback. The Charter contains recognition of carers, specifically recognition of the WA Carers Charter principles involving the inclusion of carers in decision making processes.
- Fiona Stanley Hospital conducted an audit in 2016 regarding the distribution of the Patient Information Booklet (which includes information on how to provide feedback, complaints or compliments to patients.) At least 85% of patients and/or their families and carers received the booklet. Ongoing monitoring of this will occur through an annual repeat audit.

Rockingham Peel Group (RkPG)

- The Rockingham Peel Group training on the Carers Charter and the role of carers is included in corporate and Clinical inductions.

Criteria 2: Policy input from carers

- The Fiona Stanley Fremantle Hospitals Group (FSFHG) have Consumer and Community Advisory Councils and a Consumer Advisory Council, that support and promote the role of carers. Relevant policies, information brochures and organisational service plans are reviewed by the Consumer and Community Advisory Councils and Consumer Advisory Council. A Consumer and Community Advisory

Council representative attends the Hospital Executive and there are CCAC representatives on over 20 FSFHG Governance Committees.

- The Rockingham Peel Group (RkPG) Community Advisory Council includes carer representation. The Community Advisory Council participates in the review of relevant organisational documents including policies, patient information brochures and leaflets, forms and templates. Carer input is provided for the development of clinical forms and documentation. There are consumer/carers representatives on organisational governance committees. Representatives report back to the Community Advisory Council on the various committees' activities, ensuring broad consumer and carer input on a wide range of issues affecting the organisation.

Criteria 3: Carers views and needs considered

- The Fiona Stanley Fremantle Hospitals Group (FSFHG) Consumer and Community Advisory Councils, Fremantle Hospital and Health Service Consumer Advisory Council and Mental Health Consumer and Carer Advisory Councils have carer representation. The functions and responsibilities of the Consumer and Community Advisory Council include review of safety, quality and performance data, including feedback, patient experience survey results and complaints information and make recommendations for change or improvement as necessary.
- Fiona Stanley Hospital also has an Emergency Consumer and Community Advisory Council. These committees provide input directly to the Hospital Executive Committee and ensure the effective engagement of people with lived experience as carers or consumers in decision making processes.
- The Rockingham Peel Group (RkPG) excelled in meeting the National Safety and Quality Health Service Standards in the periodic review conducted in May 2017. Of note RkPG achieved "Met with Merit" for the following actions:
 - Consumers and/or carers participate in the analysis of organisational safety and quality performance.
 - Consumers and/or carers participate in the planning and implementation of quality improvements.

Criteria 4: Complaints and listening to carers

- South Metropolitan Health Service (SMHS) Area Wide Services hospitals and health services actively promote consumers and carers rights through posters and brochures and websites.
- Hospital Patient/Consumer Liaison Services/Offices provide advocacy and support to all consumers, families and carers and assist with resolution of concerns and monitor the management of all consumer and carer complaints and feedback.
- Information brochures and website information is available to access Health and Disability Services Complaints Office (HaDSCO), the Health Consumers' Council WA, Mental Health Advocacy and the Ombudsman WA.
- Carers can access several processes to provide feedback and an annual complaints report is submitted to the Health and Disability Services Complaint Office.
- SMHS conducts continuous patient experience surveys through an external agency circulated to randomly selected patients, families and carers and used to address key issues through quality improvement.
- SMHS require contracted and funded services to conduct and provide a self-assessment of their compliance with the Carers Charter annually. All contracted services have advised they are compliant with the Carers Charter for the 2016/17 reporting period.
- The Fiona Stanley Fremantle Hospitals Group (FSFHG) has a Consumer, Carer and Community Partnership Framework and a variety of mechanisms are in place to encourage consumers to provide feedback. These include but are not limited to:

- Customer feedback pamphlets and boxes are available throughout the hospital and an external agency conducts continuous Patient Experience surveys.
- Patient/carer/relative/consumer contacts with Patient and Family Liaison Service through letters, face to face and phone calls (compliments and complaints) and facility Management, Internet and staff.
- The Rockingham Peel Group communicates its commitment to complaints management to consumers and carers accessing services supported by policy framework, education, training, flow charts, posters and brochures.
- Feedback forms are available and feedback and complaints are maintained on the central database. De-identified data is reported, analysed and considered by appropriate committees including the Consumer Advisory Council and the Mental Health Guidance Group.

Future initiatives

The SMHS acknowledges the importance of connection to country, culture, spirituality, family and community to Aboriginal people including open air spaces allocated across SMHS hospitals for Aboriginal patients, their families and carers.

SMHS is developing a Community and Consumer Engagement Framework with a focus on vulnerable and disadvantaged groups for the engagement of consumers, carers and communities including carers.

SMHS has subscribed to "Patient Opinion", an online social media platform for health service consumers to register their opinions and experiences in specific services.

Carers Advisory Council comments

Due to re-structuring within the Western Australia Department for Health a new area Health Services Provider has been established in the Eastern Region. This has meant that some services and hospitals are no longer included in the South Metropolitan Health Services report.

Overall the South Metropolitan Health Services report to the Council provides evidence of initiatives and achievements under the four Carers Charter criteria and the Carers Advisory Council acknowledges the efforts South Metropolitan Health Service has undertaken. This includes developing community and carer engagement initiatives and a demonstrated commitment to ensuring carers and consumers are included in decision-making processes with well-established feedback, complaints and responses in place.

Reporting agencies self-rate and report on activities and strategies for ensuring staff are aware of and understand the Carers Charter and that carers are treated with dignity and respect.

East Metropolitan Health Service

East Metropolitan Health Service (EMHS) was established as a new Health Service Provider under the *Health Services Act 2016* on 1 July 2016.

Hospitals and services within the EMHS have previously been included in the South Metropolitan Health Service annual report to the Carers Advisory Council.

The hospitals and services within the EMHS are the Armadale Kalamunda Group and the Royal Perth Bentley Group. Funded services that fall within the EMHS Directorate include St John of God Midland Public Hospital and Population and Community Health programs.

Self-assessment for 2016-17

East Metropolitan Health Service	Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
Armadale Kalamunda Group	S	S	S	W
Royal Perth Bentley Group	S	S	S	W

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

Summary of evidence presented

Key initiatives for the East Metropolitan Health Service (EMHS):

- Implementation of the Patient Opinion Program, which provides health services the opportunity to respond in a timely and approachable manner to feedback from patients, carers and members of the public utilising a live, social media platform.
- Improvements to the EMHS and respective hospitals' websites.
- Receipt and use of 'Patient Experience' data, utilising the survey methodology of an independent agency, including specific questions related to carers, to inform opportunities for service improvement.
- Maintaining key practices for informing staff of the importance of the Carers Charter and including carers in decision making processes.

Criteria 1: Staff understanding of the charter

The Armadale Kalamunda Group (AKG) in partnership with Carers WA

- Continue planned in-service sessions presented by Carers WA.
- Deliver the Prepare to Care program that targets carers.
- Carers Recognition Week displays are in the foyer and are monitored by Carers WA. These enhance staff knowledge and awareness of the role of carers.
- Carers information is available in other languages. Carers WA presented at Grand Rounds attended by AKG clinical staff in June 2017.

The Royal Perth Bentley Group (RPBG) in partnership with Carers WA

- Has representation on the Royal Perth Hospital (RPH) Consumer Advisory Council.
- Provide material for placement at both RPH and BHS and manage the "Carers Corners" at both sites and engage regularly with RPBG staff to discuss the information provided in the "Prepare to Care" plans and other materials.
- Provide education sessions to nursing and social work staff.

- RPBG has integrated carers into the structure and function of decision making committees with Consumer Advisory Council representatives on a number of committees.
- RPBG Standard 2, Partnering with Consumers Committee meets monthly and has a Carer and Carers WA representative. At least once every six months the Carers WA employee provides an education and update session with feedback on areas of interest and potential improvement.
- The Prepare to Care program is embedded in hospital services, and the information for carers is available and contained within “purple packs/envelopes” on wards and clinical areas.

Criteria 2: Policy input from carers

The Armadale Kalamunda Group (AKG)

- Ensures all new and updated policies are reviewed to include carers recognition into both corporate and clinical. The AKG Consumer Advisory Council contribute to these reviews.
- All new and updated brochures and handouts for patients/carers are reviewed by Consumer Advisory Council representatives using a ‘feedback sheet’ to ensure the documents readability, relevance and the language used. Written feedback is provided to Armadale Health Service and managed by the Safety & Quality team. Consumer Advisory Council members provide feedback regarding service development, including new signage.

The Royal Perth Bentley Group

- Has ongoing carer participation in the review of policies and publications by the Consumer Advisory Committee, which includes carer representation.
- Tier two committees report directly to the most senior committee within the hospital which has carer representation.

Criteria 3: Carers views and needs are considered

The Armadale Kalamunda Group (AKG)

- Has consumer and carer representatives included in planning the review of care as part of their participation in committee meetings. Patient discharge education material now recognises aspects of carer involvement.
- Goals of Care – carers are involved in decision pathways, as per the *Mental Health Act 2014*, Charter of Mental Health Care Principles.
- The Mental Health admission checklist includes ‘designated contact personal support person’, and serves as a reminder to contact carers/designated contact person prior to discharge.
- When patient consent is provided, carers and/or a designated personal support person is/are invited to contribute to family meetings, including treatment support and discharge plans as well as three monthly reviews for community mental health patients/consumers.

The Royal Perth Bentley Group (RPBG)

- Carer Consultation forms were audited and re-introduced in patient areas with improved compliance.
- Patient Evaluation of Health Services (PEHS) report received for RPBG and East Metro Health Services (EMHS) includes opinions of carers regarding publications, service re-design, Wayfinding and other patient/carers centric programs such as the Forget Me Not program.
- The "Helping Hand Project for Mental Health" is currently underway with a specific six-month trial to assess support and engagement with current carers and provide staff with information, resources and training in identified areas.

- Past and present RPBG Mental Health clients were invited to attend a consumer and carer workshop at Bentley Hospital Service providing an opportunity to learn about consumer and carer engagement in the mental health service.
- The "CARE" (Call and Respond Early) scheme was implemented at Royal Perth Hospital in 2015 as part of an area-wide initiative, however a recent online survey indicated that despite hard copy brochures and internal television campaigns, many patients still did not understand the CARE programme. Frontline staff are now encouraged to speak to patients directly about the program. A subsequent survey is planned for early 2018 to assess the success of this new format.

Criteria 4: Complaints and listening to carers

The East Metropolitan Health Service (EMHS) Safety, Quality & Consumer Engagement

- Complaints information is reported to the EMHS Executive and the EMHS Board through the Consultation and Engagement Board Subcommittee. This includes Patient/Carer/Family Stories and Patient/Carer Experience trend data.
- A new pamphlet has been developed to encapsulate all of the ways that consumers can provide feedback on their health care experience.
- Information on making a complaint to other agencies is available on the EMHS site intranet and feedback factsheets provided.

The Armadale Kalamunda Group (AKG)

- Has a policy regarding complaint management that requires a response within 30 days and is sought via several formats including formal customer feedback pamphlet and new, more visible, boxes located throughout services that has resulted in an increase in feedback from carers.
- Monthly ward visits by Consumer Advisory Committee members to meet with patients and carers regarding any issues/complaints they wish to have addressed. Consumer Advisory Committee representatives audit complaints received and the AHS compliance of internal management (investigation and resolution) of complaints.
- AHS Corporate Operations Officer provides regular monthly reports on compliments and complaints. These reports are tabled at various governance committees including: AHS Management Team, Disability Access, Consumer Advisory Committee trends and displayed on public notice boards.

The Royal Perth Bentley Group (RPBG)

- Manages complaints received by the organisation from carers at senior levels and education provided to staff.
- The patient experience external survey (conducted independently on behalf of RPBG) asks the question *'During my hospital stay staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left'*. In October 2016, the RPH Website was reviewed to improve access for patients and carers.
- Patient Opinion invites patients and carers to share their experiences and improvements made in response.
- Inclusion of family and carers in discharge planning is routinely monitored within the external agency's patient experience survey. Bentley Hospital Service (BHS), mental health and day procedure patients are all included.
- Past and present RPBG Mental health clients were invited to attend a consumer and carer workshop at the BHS.

Additional Evidence

The East Metropolitan Health Service provided a statement relating to the level of compliance with the Carers Charter by services funded for the St John of God (SJoG) Midland Public Hospital. The self-assessment by SJoG Midland was that the service

achieved compliance with all four criteria. Further comment is made on this in the summary at the end of this section.

Planned initiatives

East Metropolitan Health Service provided the following information on planned initiatives in the 2017-2017 reporting period:

- East Metropolitan Health Service Safety, Quality & Consumer Engagement planned a new initiative to improve patient experience – ‘Walk a Day in my Shoes’ is designed to improve communication between staff, patients, family and carers. The paper is currently out for wider community consultation and feedback will be incorporated into the final implementation plan.
- The Armadale Kalamunda Group propose to improve education for all staff regarding the Carer’s Charter, including the inclusion of the Carers Charter in Corporate orientation.
- The Royal Perth Bentley Group are progressing the Patient Experience Improvement Plan developed by the Director, Consumer Engagement which details actions:
 - Development of the “going home” pack and “patient passport” for patients and/or carers.
 - Develop a “Did We Tell You” campaign for nurses and doctors.

Carers Advisory Council comments

The East Metropolitan Health Service (EMHS) is reporting to the Carers Advisory Council (the Council) for the first time. Previously, the reporting from hospitals and services incorporated into this report were included in the South Metropolitan Health Services report.

The Council acknowledges the many challenges that the newly commissioned EMHS face, including the requirement to comply with the four elements of the Carers Charter (*Carer’s Recognition Act 2004*) and the provision of the first compliance report to the Council.

With regard to specific criteria the Council has chosen to comment on Criteria 1 *“Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect”*.

The focus of this criterion is on staff understanding of the Carers Charter and their obligations to carers.

The EMHS report demonstrates that the Armadale Kalamunda Group and Royal Perth Bentley Group work closely with Carers WA to ensure provision of information to staff, consumers and carers. However, the evidence to this criterion is quite heavily focused on information provision to carers, and carers representation at the consumer advisory level.

References to grant rounds provides some evidence of training and awareness as does how the complaints process informs staff education.

The establishment of “carers corners” at both Royal Perth and Bentley sites is acknowledged as an important initiative in supporting carers. Overall, the Council considered that more focus needs to be placed on staff development in understanding the Carers Charter and ensuring carers’ rights.

In relation to funded services, EMHS provided evidence in the form of a standard reporting template completed by St John of God (SJoG) Midland Public Hospital, provision of this evidentiary documentation is appreciated.

The template included eleven questions which expand upon the four Carers Charter related criteria, with a rating scale of 1 - 5 (1 = not compliant to 5 = fully compliant).

The Council noted that six of the eleven questions were rated fully compliant which is commendable. However, it is noted that *Staff training and induction* was rated 3 and *Included carers on the Board / Management Committee of the organisation* received a rating of 2.

The inclusion or input from carers at the organisational management level is important to ensure services both understand carer needs and meet their obligations to carers. Overall Western Australian Public hospitals meet these requirements at a very high level and independent service providers contracted to the WA Health Department should aspire to meet the same standard.

The Carers Advisory Council looks forward to the 2017-2018 report on the outcomes of initiatives cited, particularly in relation to the "Did We Tell You" campaign and the "Walk a Day in My Shoes" initiative.

Child and Adolescent Health Service

The report provided by the Child and Adolescent Health Services (CAHS) did not address the four criteria as set out in the standard template. Therefore, in preparing the compliance report, information has been collated by the Carers Advisory Council, to respond to the four criteria as accurately as possible to ensure consistency within this report.

Many of the initiatives and activities cited are considered to have met more than one criterion, for example 'carers views' often lead to the development of policies. The specific Child and Adolescent Mental Health (CAMH) initiatives were not reported under the four criteria, these have been summarised and kept as a separate section.

The information in the CAHS report refers to the following health services or hospitals within the Directorate:

- Princess Margaret Hospital (PMH)
- Perth Children's Hospital (Project) (PCH)
- Child and Adolescent Health (CAH)
- Child and Adolescent Mental Health (CAMH)

Self-assessment 2016/17

Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
W	W (S 2016)	S	W

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

Summary of evidence presented

The Child and Adolescent Health Services (CAHS) Consumer Engagement Framework is focused across paediatric areas; the development includes consultations with carers. This will provide guidance on how to involve patients and families/carers in changes to organisational processes and policy and decision making and considers 'real world' impact on those people most affected. The framework was scheduled for completion by 31 December 2017.

A contemporary model of volunteer recruitment, management and service that will improve patient family/carers experience and assist them in both inpatient and outpatient areas of the Perth Children's Hospital (PCH) is in development. Volunteer recruitment has resulted in an increase from approximately 200 to 440 volunteers in 2017.

A focus on skill development and training will enable volunteers to better meet the changing needs of patients, families and carers.

In the last 12 months, carers and families have been involved in the following Child and Adolescent Health Services committees:

- Consumer Advisory Council
- Disability Advisory Committee
- Youth Advisory Committee
- Board PMH Review Committee
- Health Service Executive Committee
- Safety and Quality Committee

- WA Health Child Safety Organisational Strategy Working Group
- CDS Therapeutic Playgroup Working Group
- Patient Opinion Working Group
- PMH Root Cause Analysis (RCA) Panels
- Perth Children's Hospital Patient Entertainment System (PES) User Testing Group
- Princess Margaret Hospital Discharge Summary Workshop
- Perth Children's Hospital Wayfinding User Testing Group
- Perth Children's Hospital Home Consumables Working Group
- Perth Children's Hospital Patient Passport Working Group
- Ward 3B / ED Patient Pathway Working Group and Focus Groups.

In the past 12 months, carers and families have been involved in the development of policies and organisational plans at Child and Adolescent Health Services and those specific to Perth Children's Hospital, these include:

- Child and Adolescent Health Services (CAHS) Strategic Plan 2016-2018
- Disability Access and Inclusion Plan
- Consumer Partnership Strategy and Implementation Plan
- Perth Children's Hospital (PCH) Concessional Parking Policy
- Policy for the employment of a private carer / nurse / therapist
- Inpatient Movement and Supervision Policy
- Chaperones for Intimate Procedures Policy
- Internet Access Policy
- Family Resource Centre and Kulunga Moirt Mia Policy and Guidelines
- Language Service Policy
- Parent Lounges and Respite Areas Policy
- Parent Accommodation Policy
- Social Media Framework
- Cystic Fibrosis Infection Prevention and Control Policy
- Provision of Clinical Consumables Policy
- Deed of Engagement and Agreed Care and Treatment Plan Policy
- Open Disclosure; Medical forms
- PMH/CACH/CAMHS publications.

Criteria 1: Staff understanding of the charter

- The Child and Family Engagement Service regularly presents at staff education forums on the importance of adopting a patient and family/carers centred care philosophy. This provides an opportunity for staff to hear the powerful and often emotional stories of patients and their families and carers.
- Child and Adolescent Health Services (CAHS) have facilitated or are in the process of facilitating involvement of carers in the Australian Institute of Management, 'Running Productive Meetings' workshop and Root Cause Analysis training.
- CAHS has brochures and posters relating to the Carers Charter across the health service, which includes Princess Margaret Hospital (PMH), Child and Adolescent Health (CAH) and Child and Adolescent Mental Health (CAMH)
- New and existing staff are made aware of the Carers Charter at organisation-wide orientation days and during a number of education sessions/programs managed by the Child and Adolescent Health (CAH) Paediatric Education team.
- Carers who are actively involved within CAMH through committees or other means, are invited to join staff members in attending the CAMH Employee Orientation Training.
- A CAMH training framework has been developed which involves a combination of consumers and carers attending participation focused training (such as Health

Consumers Council training) while also attending parts of the staff training calendar and receiving one-to-one support to fulfil their partnership role.

- CAMH Orientation Training continues to include the module 'Attitudes and Values', designed and delivered by a CAMH Carer Representative.
- The module Peer Work at CAMH is developed and delivered by Carer Peer Workers; this is a person with a lived experience talking about the development of the CAMH Recovery Plan within a video during the Recovery Orientated Care module. In addition, this quarter a Consumer Representative was supported to solely present the 'Consumer and Carer Engagement' module in July 2017.

Criteria 2: Policy input from carers

- In strategic and operational/services planning the Child and Family Engagement Service, Consumer Advisory Council and the Child and Adolescent Community Health (CACH) and Parent and Family Network (PFN) provide advice and recommendations regarding the way that care is designed to meet the needs of patients and their families/carers. The Consumer Advisory Council are provided with up to date information in relation to strategic and operational/services planning at monthly committee meetings and are kept informed during non-sitting periods via email or telephone.
- Consumer Advisory Council receive and analyse the Child and Adolescent Health Services (CAHS) safety and quality performance by a number of measures including Risk Management data, Complaint data and Hand Hygiene data and review 3 de-identified complaints a quarter which includes the complaint investigation and outcome.
- The CACH Staff and Consumer Engagement Team was developed at CACH to coordinate consumer engagement across the organisation. The team works to implement the CACH Consumer Partnership Strategy and Implementation Plan, a strategy that was developed in consultation with consumers.
- The CACH Consumer Network, promoted as the 'Parent and Family Network', is a pool of parents and carers who provide ongoing input and feedback into the design, delivery and evaluation of CACH services. The Network supports CACH staff to connect with parents and carers for consumer engagement purposes, and enables CACH to provide feedback to consumers on the outcome of consumer participation.
- CACH has partnered with consumers across a wide range of service re-design projects. These have included: a photo voice evaluation involving Aboriginal children aged 2-4 years, a Family-Centred Practice Scale iPad survey across Refugee Health and Aboriginal Health clients, the School Health Student Experience Survey, the creation and display of Aboriginal art at facilities and piloting the co-location of child health services with child care centres.

Criteria 3: Carers' views and needs considered

- Consumer Advisory Council members participated in a planning day on 21 August 2017. They identified their purpose as being to ensure the consumer voice is 'heard, acknowledged and valued' and their aspiration is for a culture of patient centred care at Child and Adolescent Health Services (CAHS). Three key priorities were identified:
 - Influence increased staff empathy and improved communication
 - Promote the Consumer Advisory Council's role and relevance to staff and families/consumers
 - Influence the growth of the Consumer Advisory Council.
- The 'Voice of Family' survey: through the services of an independent agency, asked families/carers about their experience at Princess Margaret Hospital (PMH) and Bentley Adolescent Unit. Participants were selected randomly from patient records.

- A Solutions Fair was held at PMH during May 2017, where families and staff helped come up with solutions to improve the overall experience. Surveys are ongoing and patients and families can provide feedback on changes and where services still need improvement.
- Patient Entertainment System (PES) controller is in development; in consultation with the Consumer Advisory Council, with the goal of meeting the needs of patients with a disability. It is currently in concept and design phase, which is to be reviewed prior to production.
- Adolescent transition to adult services: Carers of patients at Princess Margaret Hospital, as well as members of the hospital's Consumer Advisory Council and Youth Advisory Committee were consulted to gain an understanding of the key issues relating to adolescent transition to adult services. Feedback was sought in relation to their transition experiences and opportunities to improve transition preparation and the transfer pathway. The information received will assist the development and implementation of tools and resources to assist patients and their families prepare for transition to adult services.

Criteria 4: Complaints and listening to carers

- The Child and Family Engagement Service has developed a comprehensive complaints management framework to ensure that information from complaints and feedback from patients and their families/carers is used to identify opportunities to improve the patient and family/carer experience.
- The Conflict Management Framework was trialled on the oncology ward at Princess Margaret Hospital (PMH) between May-September 2017. This pilot study was a joint initiative between three paediatric hospitals across the UK and Perth. The project focused on the implementation of effective communication strategies to de-escalate conflict with well documented processes and action plans for moderate or severe conflict situations.
- The Partner Project (Calling for Help) empowers parents to escalate concerns if they think their child's condition is deteriorating. Posters are available in each room on every ward at PMH which outline the process for parents to follow. The Consumer Advisory Committee were consulted regarding this initiative.

Funded Services

No information regarding funded organisations was provided.

Additional supporting information

- Keeping Kids in No Distress is a way of working together for both families and Princess Margaret Hospital (PMH) staff, which aims to minimise trauma, anxiety and distress caused by illness, injury and being in hospital. PMH aims to ensure that all patients will receive universal care to help them cope with normal stress and anxiety while they are in hospital or having medical procedures. Some patients may need extra care if their distress levels are very high. Families play an integral part in ensuring that their children's individual needs are being met and are/will be provided with resources and clinical support during their stay. Families are also currently active partners in developing solutions and resources for their children to ensure that their child's experience is a positive one. 'Patient comfort cards' communicate the patient's individual preferences for procedural management, which support a consistent approach to clinical interventions.
- Carer partnerships have developed with several other specific groups including the Autism Association which is working with the University of Western Australia, PMH and Carers of Children with Autism to improve the patient experience. Similarly, families with

children who have Cystic Fibrosis are championing the development of an App which supports the comfort cards.

- Adult change table at Perth Children's Hospital (PCH): The Consumer Advisory Council has been involved in identifying a location for an adult change table at PCH, which will be accessible 24 hours a day without access control.
- Patient Passport: A 'patient passport' is being developed with extensive consumer involvement and will form part of a research project.
- Child and Adolescent Health Services (CAHS) Sustainable Health Review Submission: Comments were invited from staff and consumer groups to prepare the CAHS submission to the State Government's Sustainable Health Review.
- Ward 3B I Emergency Department patient pathway: In 2016, the process for oncology patients at PMH was reviewed with extensive consultation from parents and carers. The new process aligned to other tertiary children's hospitals and was implemented on 29 August 2017. The evaluation of the change at three months was positive, a 12 month evaluation report is due in November 2017.

Specific Child and Adolescent Mental Health (CAMH) initiatives

- CAMH recruited a consumer representative to the CAMHS Policy and Procedures Steering Committee (CAMH PPSG); involvement has included assisting in the development of the CAMH Multi-Disciplinary Team Meeting Guidelines; CAMH Admission Procedure; and CAMH Dealing with Violence and Aggressive Parents/Clients Checklist.
- CAMH provide a variety of mechanisms for children and families to become involved with CAMH, ensuring a diverse range of backgrounds can participate.
- CAMH recruited a Peer Support Worker and Carer Peer Worker to develop a Carer Peer Worker Framework for Ward 5A.
- CAMH Eating Disorders Program (EDP) Carer Peer Mentoring: Recruitment of eight carer mentors, people who have had children receive treatment through the Eating Disorders Program in the past. Mentors have been trained to provide support for parents of current patients by sharing their recovery strategies and stories and encouraging clinicians and carers to work together to help young people feel hopeful about their recovery journey.
- CAMH Gender Diversity Service Parent Peer Support Group: The Gender Diversity Service have begun to run a Parent Peer Support. Group to encourage mutual support and networking between parents, and to provide parents with the opportunity to gain knowledge about gender diversity. Parent feedback regarding service delivery is a standing item on the agenda.
- Carers who are actively involved in CAMH committees are invited to join staff members in attending the CAMH Employee Orientation Training, this involves a combination of consumers and carers attending participation focused training (such as Health Consumers Council training).
- CAMH publications are developed in partnership with consumers and carers.
- Staff are encouraged and supported to involve consumers and carers in the development and delivery of all education modules at CAMH. A CAMH carer participated in the development of the new infant mental health training for the workforce and has co-delivered the training with a clinician.

Future initiatives

No information regarding future initiatives was provided by Child and Adolescent Health Services.

Carers Advisory Council comments

Although the Child and Adolescent Health Services report provides a significant amount of information on services, programs and initiatives that involve or target carers it did not specifically address the four criteria for completion for each annual compliance report. Information or reference was often generic and it was not always easily identifiable as to how they applied to each criterion. In parts, this made it difficult for the Carers Advisory Council (the Council) to assess and analyse the information.

The focus of Criterion 4 is on processes to enable carers to make complaints or compliments that impact them. The Carers Advisory Council considered that this section lacked detail on the wider range of complaints process that CAHS consumers have access to, and accordingly should be provided with information to enable complaints outside CAHS such as the Health Consumer Council or the Health and Disability Services Complaints Office (HADSCO). If these are in place the Carers Advisory Council asks that they be cited in future reports.

Overall, the CAHS demonstrates a commitment to the involvement of carers particularly in relation to the development of policies and information in the form of materials and advisory services and particularly those relating to the Perth Children's Hospital.

WA Country Health Service

Throughout the 2016-17 financial year the WA Country Health Service (WACHS) has continued to engage and work with consumers and carers in health service planning, improvement and delivery.

Self-assessment for 2016-17

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

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

Summary of evidence presented

- The Consumer and Carer Partnership Engagement Program received positive feedback from surveyors undertaking the Corporate Evaluation and Quality Improvement Program Organisational Wide Survey in May/June 2017. The report recognised the use of District Health Advisory Councils as a vehicle for consumer and carer engagement.
- The Patient Opinion implementation was completed. It is an online, independently moderated, consumer feedback platform operating across all seven regions in 2016-17. Patient Opinion provides consumers and carers with a more accessible and responsive avenue to provide feedback on the care and services they receive. Of the Patient Opinion stories received during 2016-17 approximately 39% were received from authors who identified as carer/relative or parent/guardian.
- All clinicians are required to follow the WA Health Clinical Deterioration Policy which states that “clinicians must consider the value of information about potential deterioration from the patient, family or carer.” Information about observations, deterioration and escalation “must be communicated to the patient, family or carer in a timely and ongoing way”.
- The Call and Respond Early (CARE-Call) Program implemented in 2016-17, based on Queensland Ryan’s Rule, is a way for patients, families and carers to call for assistance when they feel their healthcare team has not fully recognised the patient’s changing health condition. The program provides a supported escalation process for patient review.
- The Consumer and Carer Engagement Policy was reviewed and published in April 2017. The policy provides significant scope for carers to influence health service planning and improvement from supporting consumers to manage their own health care and making informed decisions, to listening and learning from carer experiences to improve the safety, quality and efficiency of services.
- The Partnering with Consumer Guidelines was revised and published in April 2017. The Guideline supports the Consumer and Carer Engagement Policy by outlining the engagement and governance processes to be used by all staff to strengthen and improve the ways that staff listen to and work with consumers and carers across WACHS services.
- The Aged Care Assessment Team includes the carer overview as part of the National Screening and Assessment Form including the physical, emotional and social health and wellbeing of the carer and their ability to cope and need for support in the caring role.
- The Older Patient Initiative assessment includes the needs of the carer in their initial assessment and any interventions required.

- Acute Stroke Care for rural patients is provided by WACHS sites where applicable as per the Clinical Guidelines for Stroke Management 2017. The guidelines include carer training and support.

Key initiatives of the Regional WA Country Health Services

Kimberley

- The Kimberley Mental Health and Drug Service continues to host a Carer Reference Group and seeks input through the Broome Community Recovery Centre and is hosting the Mental Health Rural and Remote Conference in Broome October 2017 with Carers presenting in oral and workshop sessions. Funding was secured to financially support carers and consumers to attend the conference.
- The Kimberley Aged and Community Services (KACS) in Kununurra has partnered with Alzheimer's Australia in the Dementia Partnership Project which is a major initiative for the region.
- Many carers may hold English as a second or third language, have limited or no access to a telephone or internet. KACS has been a strong advocate for clients and carers, which has contributed to positive changes to the My Aged system, such as allowing the Aged Care Assessment Team to assist the clients/carers through the process in accessing services. One KACS staff member received a scholarship to undertake the Certificate IV in Dementia Practice.

Pilbara

- Community reference groups are established in Onslow, Karratha and Newman; these include carers.
- District Health Advisory Councils and Aged Care Assessment Team assessments provide consumer, carer and community feedback to the health service.

Midwest

- A Focus Group was held with carers to seek specific feedback on subacute services to ensure a carer friendly service. Carers are identified and involved in care plan reviews and updated regularly on assessments.
- Dementia Education is run bi-monthly for carers and information provided to all attendees of the Moving on From Stroke education groups, run quarterly.
- WACHS Midwest are the auspicing body for Midwest Commonwealth Respite and Carelink Centre.
- The Transition to Care Program conducted separate client and carer focus groups with feedback used to further improve services.
- The Patient Liaison Officer and the Customer Liaison Officer positions provide a range of specific supports for carers.

Goldfields

- The Mental Health Inpatient Unit in Kalgoorlie Hospital promotes the involvement of carers in the development of treatment, support and discharge plans for inpatients.
- The Goldfields Mental Health Service has supported advocacy training for carers in the region.

Wheatbelt

- The Multi-Purpose Service annual resident family/carers conference includes Carer involvement.
- Three District Health Advisory Groups provide feedback on carers needs and expectations.
- The Carers Charter is posted at all sites and the Patient First Booklet is available with some Home and Community Care services provided directly to the carer.

South West

- The South West Consumer Engagement Plan 2016-17 involved consumer and carer representatives.
- The Prepare to Care program delivered by Carers WA is available at Bunbury Hospital.
- The Mental Health Carer Advisory Group provided specialist input into the South West Mental Health Strategic Planning Day 2017. A Mental Health Carer Advisory Group member is on the Discharge Planning Committee – influencing changes to discharge planning to include carer involvement.

Great Southern

- Consumer representatives with a strong carer focus are formal members of the region's two District Health Advisory Committees, Mental Health Consumer Advisory Group, Aboriginal Health Advisory Council, Multicultural Reference Group and Clinical Standards Committees.
- The Mental Health Carer Advisory Group conducts annual audits of the Great Southern Mental Health Service clinics.
- Aged and community care interagency meetings and open days include discussion and referrals in relation to carer support needs.

Criteria 1: Staff understanding of the charter

All WA Country Health Service (WACHS) staff and contractors are required to abide by the WA Health Code of Conduct (MP0031/16), which identifies core values and translates them into principles that guide employee conduct in the workplace, including consumers and carers.

- All staff undertake mandatory staff induction on commencement; this includes the *Carers Recognition Act 2004* and Carers Charter.
- The Learning and Development systems available for all clinical and non-clinical staff to complete includes references to the *Carers Recognition Act 2004*.
- WACHS Mental Health staff have mandatory on line training, which includes several units dedicated to the rights and responsibilities of patients and their carers.
- The Older Patient Initiative and Aged Care Assessment Team manuals used by WACHS staff mandate the consideration of carer needs and views, requiring appropriate referrals for carers in need of support.

Criteria 2: Policy input from carers

The WA Country Health Service (WACHS) has committed to the national Evaluation and Quality Improvement Program (EQulP) accreditation process which requires compliance with the National Safety and Quality Health Service Standards. Of these, Standard 2 requires consumer-centred criteria to be in place; and reference to carers and engagement in health service design, planning and evaluation.

The Consumer and Carer Engagement Network provides many opportunities for consumers, carers and communities to engage and partner with WACHS.

Key initiatives of the Regional WA Country Health Services

Kimberley

- Carers in the Kimberley are invited and actively encouraged to regular planning meetings for each of the 12 remote communities.
- The Kimberley Mental Health & Drug Service Carer Reference Group review documents related to patient care.

Pilbara

- Karlarra House Residential Aged Care in the Pilbara includes consumer and carer engagement.

South West

- Carer representation on the South West Safety and Quality and Business Performance Executive Meetings.
- South West Consumer Engagement Plan 2017-18 included carer representatives.

Great Southern

- Great Southern Mental Health seeks input from the local Carers Advisory Group into development of policies and procedures.

Criteria 3: Carers views and needs are considered

The WA Country Health Service residential and community care services include carers and families in care planning to ensure appropriate care and advocacy.

- WACHS patients, parents and carers are engaged in the care planning process and the bedside handover processes. Engagement with carers occurs as part of health care assessment and planning for children in the child protection system. Patient Opinion has been implemented across WACHS seven regions.
- The implementation of the 'releasing time to care' suite of forms is included within part one of the scope of practice tools. Carers involvement in all aspects of the patient assessment, treatment and planning continues to be encouraged and is evidenced by this.
- Monthly Mental Health Consumer and Carer Advisory Group meetings include carers, who provide input in to service planning and development. Staff education in the role of the carer has been rolled out across all teams with MHCAG members involved in development of the training.

Key initiatives of the Regional WA Country Health Services

Kimberley

- Carers meet regularly with the Kimberley Aged and Community Services Carer Support Staff on an informal basis; the Alzheimer's Australia Dementia Partnership Project has been trialled in Bidyadanga Community and Carers consulted throughout this pilot.
- Carer Support staff in the West Kimberley advocated strongly with Alzheimer's Australia to include an education session for carers when they visited the Kimberley in May 2017 to provide training about dementia to aged care workers. This was successful and attended by carers from all over the region.

Pilbara

- Karlarra House Residential Aged Care in the Pilbara complies with all standards including Outcome 1.4: Comments and complaints. Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms.

Midwest

- Carers of current aged care residents were included in the focus groups for the design development of the new aged care facility in Carnarvon; and community representatives are on Project User Group for redevelopment planning for Dongara and Mullewa Health Centres.
- Routine engagement of carers occurs in care planning for residents and Home and Community Care clients.
- Participation in Carers Retreat program; and the Transition Care Program and Subacute Care focus groups.
- Engagement of carers in aged care clients care planning is routine practice within Aged Care Assessment Team, Subacute Care, Transition Care, Older Patients Initiative, Geraldton Community Care and Respite Services.

- Midwest Palliative Care conduct a post-education evaluation with carers regarding the Medication Safety Training to identify any opportunity for improvement and measure how supported carers feel throughout the process.
- The views and needs of carers are included in all aspects, delivering and reviewing services which impact on them in their caring role; and South West has trialled “My Care Boards” which provide opportunities for carers to communicate. The view of Carers has directly impacted on Bunbury hospital’s decision to relax its Visitor Policy.

Southwest

- South West Mental Health Consumer and Carer Advisory Group included carers views in the: Patient Journey Steering Group; Selection and Recruitment training by WA Country Health Services South West Human Resources; “Consumer and Carer Advocate” training; and during consultation on the model of care development for Youth Mental Health Care.

Criteria 4: Complaints and listening to carers

The WA Country Health Service has a robust complaints management system which aligns with the WA Health Complaint Management Policy 2015; this includes is regular review of indicators.

- Safety and Quality reports which are provided to District Health Advisory Council include consumer and carer feedback.
- WACHS complies with the WA Health Open Disclosure standards; this includes the steps to be taken by staff where a clinical incident becomes known, including acknowledging to the patient, their family, carer or nominated support person.
- Several mechanisms enable carers to provide feedback, compliments and complaints including hard-copy and online complaint forms, over the phone, and verbally in person.
- WACHS reported that all funded organisations that provide direct health services on behalf of WACHS have reported compliance with the *Carers Recognition Act 2004* and Carers Charter through the completion of the Funded Organisation's Compliance with the Western Australian Carers Charter reporting template as part of their annual reporting obligations to WACHS.

Key initiatives of the Regional WA Country Health Services

Kimberley

- Interpreters are engaged for Aboriginal clients and carers in the Kimberley when required. Clients and carers are provided with information specific to their needs, for example from Advocare, Carers WA and Stolen Generation information.

Midwest

- The Midwest Subacute Care and Transition Care Focus Groups allow carers to provide feedback and make complaints in a safe environment.

Future initiatives of the WA Country Health Service (WACHS)

In 2017-18 WACHS will maintain the current initiatives and continue to improve on mechanisms for the involvement of carers in the provision of relevant services. This includes but is not limited to Completion of Care and Respond Early Call implementation in all regions. Evaluation will include number of calls received, includes those from carers, and knowledge of process in 2017-18.

Key initiatives of the Regional WA Country Health Services

Kimberley

- The Dementia Partnership Project will continue and be extended to the Peninsula in the West Kimberley and to Warmun in the East Kimberley.

Pilbara

- Pilbara Mental Health service is discussing establishing a Consumer and Carer Advisory Group in Port Hedland with Mission Australia and Bloodwood Tree.

Midwest

- The Midwest Clinical Risk Team will be disseminating a survey in August/September 2017 to measure the satisfaction of consumers/carers with the complaints process.
- Prepare to Care Education Sessions for Geraldton Hospital are being arranged for late 2017 which focus on teaching staff ways to better identify and engage with carers.
- WACHS Midwest delivered the Mock Coronial Scenario Training including carers and focussed on improving management with plans to deliver region wide and re-create the sessions focusing on different topics.

South West

- South West Mental Health have an “Innovations and Capacity Building” Grant from “Community First International” for Consumer and Carer Advisory Group to scope lower south west regions for awareness and engagement of local consumers and carers with Consumer and Carer Advisory Group with the aim of expanding Consumer and Carer Advisory Group region wide. This is a major activity that has attracted significant funding.
- The South West Consumer and Carer Advisory Group members are currently producing a video exploring the experiences of Mental Health Consumer and Carer Advisory Group carers to be used for community information sessions and Mental Health service training using Influence in Mental Health Services role play they have used in many forums.
- Implementation of the 2017-18 WACHS South West Consumer Engagement Plan.

Carers Advisory Council comments

The WA Country Health Service (WACHS) provided a comprehensive and impressive report on initiatives and services to meet the requirements of the Carers Charter. The Carers Advisory Council (the Council) commends WACHS on the quality of their report and supports the self-rating of "well developed" for all criteria.

WACHS offered many examples of local projects and initiatives, including the Dementia Partnership Project being undertaken in the Kimberley region in partnership with Alzheimer's WA. The Council notes the intention to expand this project to other parts of the Kimberley. Projects such as these demonstrate how the unique needs of carers and other family members in remote communities are being addressed.

The Council recognises that health service providers in regional areas face the additional challenges presented by geographical distance, small dispersed populations and diversity of culture and need. WACHS regional services demonstrate strong commitment to the inclusion of carers in service planning and delivery and are well advanced in establishing mechanisms to ensure the ongoing involvement of carers.

The 2015-16 WACHS Compliance Report included reference to the future initiative implementation of the REACH project across all hospitals and residential aged care units in the South West region. This included plans for Carers WA information to be provided in admission packs for Hospital in the Home and dialysis patients. The Carers Advisory Council looks forward to an update on this project.

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

Last year saw WA Health report self-assessment in the below format for the first time. The Subacute Community and Aged Care Directorate (SCACD) co-ordinated the reporting on behalf of Department of Health (DOH). They distributed information collection templates to Health Services and Not for Profit (NFP) community service organisations for completion.

Overall the self-assessment found that 'staff understanding of the charter' remained constant at the well-developed level, while the other three measures moved to satisfactory. The reason being that the rating was adjusted and considered to be lower than last year as the criteria of what was included in the previous reports was different.

This year the Department's contracted service providers activities weren't included as part of the rating, although discussion around service providers activities compliance monitoring was included.

Self-assessment for 2016-17

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

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

Summary of evidence presented

In 2016-17, Department of Health Not-For-Profit Community Service Organisations commenced a review into the WA Health Consumer, Carer and Community Engagement Framework engagement tool.

The Framework was developed to assist health staff, area health services and WA Health in implementing meaningful and effective consumer, carer and community engagement strategies. The framework is founded on the four levels of consumer, carer and community engagement: individual client or patient interaction; department, program or service level; area health service level and WA Health level.

The Department of Health Not-For-Profit Community Service Organisations implemented:

- Carers Participation and Representation Program (see below)
- Patient First Project training (see below)
- Subacute Community and Aged Care Directorate "Metropolitan Cognitive Impairment Forum for Hospitals" (see below)
- 9th Annual Home and Community Care Quality of Life – Client Survey 2017.

Criteria 1: Staff understanding of the charter

- It is a requirement of service providers to comply with the Carers Charter and report their compliance with the Carers Charter using a self-assessment template.
- New and existing staff are made aware of the Carers Charter during individual orientation and during a number of sessions / programs managed through various Department areas.
- The Department of Health has information relating to the Carers Charter across the Department's facilities.
- Patient First Project. The implementation of training for the updated set of Patient First information resources. Two sessions were held during this period. This training was

targeted at consumers and carers. Patient First is designed to educate health consumers about the health care process and potential problems that can occur with their health care, so that they can be a more active, involved and informed participant. The intent of such education is to reduce medical errors during a patient's care.

Criteria 2: Policy input from carers

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

- An in-depth analysis was not undertaken of the Non-Government Organisation (NGO) sector this year. 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).
- Subacute Community and Aged Care Directorate (SCACD) operates the Aged Care Network which comprises the WA Community Care Reform Advisory Group and the WA Aged Care Advisory Council. Carers WA are represented on each of these advisory bodies and have the opportunity to contribute their views and perspective on priorities, policies and protocols being reviewed by SCACD.
- The Carers Participation and Representation Program was implemented in partnership with Carers WA. The Department has supported carers in their role as carer representatives on various department committees. The aim of the Program is to achieve a high level of carer participation and representation in health policy development and services planning. The following activities have been undertaken in the reporting period:
 - Carer representative orientation training courses were offered and advertised through monthly e-bulletin, Carers Quarterly, Carers WA Facebook page, and Carers WA website.
 - Conferences, meetings or events attended each year where information can be circulated about the Carer Representation Program. This included attendance at 14 conferences, meetings and events.
 - 20 Carer representatives trained with 100% of all participants satisfied or very satisfied with the training provided.
- During this period, the Department of Health (Health Networks) convened four committees with carer representation. A fifth committee required carer representation (Youth Health Policy Group) however due to time constraints were unable to attract a direct carer attendee. Carers WA provided an organisation representative on the steering committee.

Criteria 3: Carers views and needs considered

- Carers WA are represented on advisory bodies.
- The Subacute Community and Aged Care Directorate held the "Metropolitan Cognitive Impairment Forum for Hospitals" in March 2017 with key speakers specialising in the area. The session planned and supported a carer representative to share a lived experience of a partner with a cognitive impairment navigating hospital care.
- An in-depth analysis was not undertaken of the Non-Government Organisations sector this year. Last year it was stated that they were incorporating the views of carers in all aspects of service delivery and design (92% compliance in 2015-16).

Criteria 4: Complaints and listening to carers

- WA Health Complaint Management Policy: The Department of Health continually reviews all policies to ensure they are relevant and appropriate to all parties. All health services must manage complaints lodged by health care consumers (including patients, carers, family) according to the guidelines set out in the WA Health Complaint

Management Policy. All health services must manage complaints lodged by health care consumers (including patients, carers and family) according to the process set out in the Policy. This Policy refers to complaints lodged by a consumer of a public health service in WA, or their carer.

- The WA Home and Community Care Program (WA HACC) provides funding to Advocare to support carers to address complaints that they may have with service providers.
- Promoted the WA HACC Program 'Your Rights and Responsibilities' brochure.
- An in-depth analysis was not undertaken of the Non-Government Organisations sector this year. Employing complaint processes for carers (94% compliance in 2015-16).

Funded services

- The WA Home and Community Care (HACC) program is partially managed through the Subacute Community and Aged Care Directorate (SCACD) for the State. HACC operates within a wellness philosophy that supports clients and their carers to live independently and maintain community connections in the community.
- SCACD operates the Aged Care Network which comprises the WA Community Care Reform Advisory Group and the WA Aged Care Advisory Council. Carers WA are represented on each of these advisory bodies and can contribute their views and perspective on priorities, policies and protocols being reviewed by SCACD. As part of organisation-wide orientation, new and existing staff are made aware of the Carers Charter.
- SCACD coordinates a number of activities relevant to carers, delivered by contracted HACC service providers, including: the annual Home and Community Care Quality of Life-Client Survey Report, which includes a number of questions relating to carers. The Survey is a telephone survey undertaken annually by the University of Western Australia, Aged Care Research and Evaluation Unit. It is aimed at determining the levels of satisfaction with HACC Services among eligible clients and their carers, as well as the perceived impact of the HACC Services against measures of independence, wellbeing and quality of life. Carer specific highlights include:
 - 11.8% of the 1,044 survey respondents identified themselves as carers.
 - Of these, 81.3% believed that HACC services are supporting them specifically in their caring role (compared to 78.8% in 2016).
 - 81.4% of carers reported feeling satisfied with the overall support they received from HACC (compared to 75.9% in 2016).
 - 11.4% of carers were not satisfied with the HACC support they were receiving. Negative comments were around "not enough hours of service available to meet my needs" (26.1%), "service not personalised to meet my needs" (21.7%), "*not flexible enough to meet my needs*" (13.0%) and "*unable to provide service at the times that meet my needs*" (13.0%).
- The HACC website contains a link "support for carers", which provides information for carers and provides external links to the Carers Australia WA branch and the National Respite for Carers Program.
- The SCACD ensures reporting on compliance with the Carers Charter is part of purchased community services contracts and monitors and tracks the submission of these reports. To assist compliance, and to raise awareness amongst the not for profit community service organisations, the Department has:
 - Ensured reporting on compliance with the Carers Charter is part of every purchased community Service Agreement (where applicable); and
 - Distributed an easy to use self-assessment template for NFP community services reporting.

- In the 2016-17 period, 116 service providers were required to report to SCACD on their compliance with the Carers Charter. Of these, 97% of providers submitted their carers compliance report, echoing last year.
- Reports for each purchased service provider were included in the report. A brief snapshot of some of the initiatives have been outlined below. The list does not represent all the services offered by the agencies, nor does it include all the reporting agencies, it is merely recognition of some interesting comments:
 - Albany **Community Care Centre** was proud to open a Carers Support and Training Centre, developed in partnership with Carers WA.
 - **Alzheimer's WA**. Over the past 12 months Alzheimer's WA has increased the number of community based social groups they offer in response to client and carer feedback. This included the creation of several groups specifically for individuals living with younger onset dementia. Based on customer feedback, Alzheimer's WA have begun to explore opportunities to collaboratively work with carers to co-design a new strengths-focussed, wellness and reablement-based counselling model. Other comments of interest were: Family and Friends two-day education workshops; monthly Carer Support Groups throughout the metropolitan area; five-week Carer Support and Information Programs; specialised, 'Ask the Expert'; and free counselling sessions and group workshops on specific topics including Loss and Grief and Transitioning into Residential Care. Carers are also provided with a Service User Handbook. They also sought feedback about the design and content of the new AWA website, ensuring it was relevant and accessible to carers and the people living with dementia that they support.
 - **Arthritis Foundation of WA**. The Juvenile Idiopathic Arthritis (JIA) program caters for young people with juvenile arthritis and their parent carers, offering various events throughout the year, along with telephone support and counselling to parents. The JIA Parent Support Network offers support to parents caring for kids with JIA. Contact is via email, telephone, Facebook and in some instances face-to-face. They provide copies of the booklets:
 - "Manual Tasks Guide for Carers – Tips for Carers on Preventing Musculoskeletal Injuries from performing Manual Tasks."
 - "Caring for Arthritis – practical advice about caring for a person with arthritis" which has been produced by Arthritis Queensland and Home Instead Senior Care.
 - The **Asthma Foundation WA**. In 2017 Asthma WA will be implementing a Consumer Advisory Committee which will have formal Carer representation.
 - **Astley Care**. Will host a Carer Support Group that provides and training and access to an annual carer holiday. They also have a Dementia Champion who provides support for carers of people with dementia and there is a carer on their Board of Management.
 - **Avivo** have a number of carers that are part of their 'Experts by Experience' panel. Three of these carers assist with staff recruitment and others are co-delivering some training for staff. Avivo have recently created a dedicated position-'Carer Support Officer' to support carers and assist with the transition of the person they care for to the NDIS. Avivo have provided a number of Wellness Recovery Action Plans (WRAP) courses for carers within the metropolitan and regional areas.
 - **Brightwater Carer Group**. The elements of the WA Carers Charter are reflected in the Brightwater Carers Recognition Advisory Group, who meet quarterly and has six carer representatives. Several very successful carer support events were conducted in October 2016.
 - **Carers WA**. The WA Home and Community Care (HACC) provides funding to Carers WA to raise awareness of carers and their caring role and requires that the organisation provide staff awareness training to HACC community service

- providers with a minimum of 20 presentations per annum. A total of 75 HACC community service employees attended these presentations during 2016–17.
- **Chung Wah Association** have been actively working in collaboration with respite agencies such as Commonwealth Respite and Carelink Centres to provide additional services and respite for primary carers from CALD backgrounds.
 - **City of Bayswater** has been involved over the last three years in the 'Carers Shortbreak program' and assisted the Assessment Panel for the program. Other initiatives related to HACC include information for carers on the City's website www.bayswater.gov.au. Carers are invited to all information sessions and Service Provider Expos.
 - **City of Canning** Care Services produced a booklet entitled "Resources for the frail aged, people with disabilities and their carers" which is distributed to all current and potential HACC clients where clients'/carers' rights and responsibilities are clearly identified. Other initiatives include: regular carer support group meetings (either weekly or fortnightly); "Client Forums" which are held quarterly; carers are surveyed annually, and comments followed up individually or, where applicable, suggestions may become a Continuous Improvement issue.
 - **City of Gosnells**. Following Regional Assessment Service referral, carers are sent a letter outlining the agreed services the City will provide, a copy of the client's Support Plan for their records and an invitation for them to comment on or change the Support Plan by contacting the Coordinator.
 - **City of Stirling** provides up to date information on national aged care reform which has been provided to carers during 2016-17 through information sessions and our quarterly newsletter.
 - **City of Swan**. Maintains support to carers attending the Carers Support Group by utilising volunteer drivers and bus assistants in place of staff on monthly Carer Support Group outings.
 - **City of Wanneroo** has expanded its Carer Connect activity which gives carers an opportunity to meet. The activity now offers the opportunity for carers to attend holistic therapies delivered by students at North Metropolitan TAFE. Activities include a range of beauty, massage and wellness therapies. The Carers Connect Café continues to offer peer support, opportunities to connect and source information about their caring role and further referral. Community Service Officers and Facilitators at Day Clubs liaise with other agencies to ensure carers are aware of services such as the Aged Care Assessment Team, Carer Respite, Carers WA, and Alzheimer's WA. Community Service Officers also advocate on behalf of carers for referral to other support and access to further information on the City's website.
 - **EPIS**. Most of the clients are Aboriginal as are their carers; their role is critical to enable care recipients to stay living in community and country for as long as possible and to preserve family and extended family relationships. EPIS supports and respects the cultural involvement of carers and works with carers to ensure delivery of culturally appropriate services to support and value add to the carer role.
 - **Haemophilia Foundation WA (HFWA)**. Carers are invited to the Men's and Women's breakfasts held four times each year, as well as the end of year function, the Annual General Meeting and biannual Camp, along with any other events held by HFWA. Several of the foundation's committee members are carers of children or young adults with haemophilia or related bleeding disorders.
 - **Injury Matters: The Injury Control Council WA's** Road Trauma Support WA service and Stay On Your Feet program in particular work closely with carers. Carer support group meetings take into consideration the specific challenges carers face in their roles. Injury Control Council of WA staff attend regular Carers Participation In Health Forums hosted by Carers WA.
 - **Motor Neurone Disease Association (MNDWA)** WA's Committee of Management includes a past carer member, and a published professor who

researches carers' experiences with Motor Neurone Disease. MNDABA report that they would welcome a carer on to the committee and are recruiting more members. Annual satisfaction surveys are sent to family carers and people living with Motor Neurone Disease (two separate surveys). The family carer survey includes opportunities for the carer to provide feedback and suggestions on MNDABA services. Monthly carers lunches; bi-annual Pamper Days; education workshops including 'How to Care for a Loved One Living with Motor Neurone Disease', 'Caring for the Carer' and 'Ask the Experts' and an Motor Neurone Disease Information evening.

- **Parkinson's WA** holds an annual training session for staff. The training session addresses the challenges facing carers. Carer participation is addressed by the involvement of carers in support groups, of note is the frequency of carers being support group leaders. Parkinson's WA has a history of annual carer focused seminars and provides carer respite at these events.
- **Esperance Shire, Esperance Home Care** has funding for a Carer Support role. Carers are recognised through carer events such as Carers Week and service information is made available through the Newsletter and through Facebook in addition to one on one support that is available.

Carers Advisory Council comments

The community services funded by the Subacute Community and Aged Care Directory (SCACD) continue to display a strong commitment towards carers.

As seen last year the SCACD remained focused on helping staff understand the Charter. The Carers Advisory Council (the Council) would like to commend the Department of Health for providing such a detailed report, and with survey results which help provide a clear, unbiased picture of the service being provided.

The Council notes the lower ratings for criteria 2,3 and 4. The Council commends the honesty in reporting and understands the reasoning for the change in the reporting based on the restructure.

The Council also commends the following initiatives:

- The Health Consumer, Carer and Community Engagement Framework; the Carers Participant and Representation Program; Patient First Project training; and the HCC Quality of life Client Survey.
- Conducting and promoting Carer Representation training courses and the high satisfaction scores obtained.
- Involving carer representatives at the metropolitan Cognitive Impairment Forum.
- The high level of compliance regarding carers being involved in Boards of Management and having input into planning/policies.
- The high levels of satisfaction reported in the Home and Community Care (HACC), Quality of Life Client survey. The inclusion of reasons for dissatisfaction were also helpful.
- HACC website link support for carers.
- The continued partnership with Advocare.

The Council acknowledges the interesting projects being undertaken by providers, particularly:

- The new Community Care Centre in Albany.
- Alzheimer's consulting carers on their website design.
- City of Canning's Care Services booklet "Resources for the frail aged, people with disabilities and their carers".
- City of Swan's use of volunteer drivers in place of staff on monthly carer outings.

- City of Wanneroo's link up with TAFE students to offer a range of wellness therapies, the Carers Connect initiative and Carers Café.
- The work of EPIS in indigenous communities.
- The work of the Chung Wah Association in the CALD community.
- MNDA bi-annual Pamper Days and 'Caring for the Carer' workshops.

The Carers Advisory Council looks forward to hearing how the future initiatives progress.

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.

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: Evaluation and Quality Improvement Program. 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?: Program exploring positive behaviour support in response to challenging behaviour.

LAC (DSC): Local Area Coordinator.

LINC: Liaising Informing Network for Carers.

MSCWA: Multicultural Service 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.

[ORG]: De-identified organisation.

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

Queensland Ryan's Rule: is a three-step process to support patients (of any age), their families or carers, to raise concerns if a patient's health condition is getting worse or not improving as expected resulting in a response to concerns.

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

RAP: Reconciliation Action Plan.

REACH: Roaming Education and Community Health

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.

SQRM: Safety Quality and Risk Management

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.

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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