

Carers Advisory Council Compliance Report 2017-18

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Acknowledgement

This report has been compiled by members of the Carers Advisory Council. The interpretation, analysis and findings recorded in this report have been endorsed by the reporting organisations.

Executive Summary

The *Carers Recognition Act 2004* requires the Council to undertake an assessment of reporting organisations' performance and compliance with the Act and Carers Charter. The 2017-18 Compliance Report represents the Council's assessment of reporting organisations rating of performance against the four criteria for the period 1 July 2017 to 30 June 2018.

Assessment of compliance for 2017-18

The Council would like to note the efforts of the reporting organisations for submitting reports during what was a particularly busy period. Notable events that impacted reporting organisations during the 2017-18 reporting period included ongoing Machinery of Government changes, WA's continued transition to the NDIS and the reallocation of Child Adolescent Health Services from Princess Margaret Hospital to the new Perth Children's Hospital.

The Council commends the ongoing nature of the self-assessment process and is encouraged to see the level of continuous improvement demonstrated by reporting organisations in their compliance with the Act and the Carers Charter. The Council notes however the varied levels of evidence and detail from some reporting organisations. Individual 2017-18 reports, as submitted to the Council, are provided at **Appendix 1**.

The Council is pleased to report that in 2017-18, no reporting organisation recorded a self-assessed rating below Satisfactory progress, while the majority recorded a rating of Well-Developed across most of the four criteria. The Council is pleased to note that most reporting organisations:

- ensure that staff are aware of the Act and Carers Charter, and understand how to treat carers with respect and dignity, with the most common means to achieving this being ongoing staff training and development;
- engage carers in policy, service and treatment planning and delivery, with the most common mechanisms being Consumer Advisory Councils, and carer representation on boards and committees;
- have complaint processes in place, promoted to clients and carers through posters and brochures. Several organisations undertake annual performance surveys and evaluations, to seek carer feedback; and
- have implemented ways to identify a carer's relationship to a client and therefore as a partner in care, for example on patient admissions documents.

The activities reported by each organisation as evidence of their self-assessed rating is presented under the Summary of Findings section.

The Council have reviewed and analysed the compliance reports for 2017-18 and would like to note the following initiatives, relevant to each criterion:

Understanding the Carers Charter

- a Carers Recognition Policy was made available to all staff via WA Health HealthPoint intranet and several sites invited carers into orientation sessions to discuss their lived experiences;
- Neurosciences Units developed a summary carers charter document;
- Joondalup Health Campus conducted carer information sessions at ward level, and made the Caring Matters web-bulletin available via the intranet;
- Carers WA Mental Health Newsletter was available electronically; and
- ongoing distribution of Prepare to Care packs and Carer Information Packs.

Policy input by carers

- WA Country Health Service continued initiatives such as the Patient Experience and Community Engagement Program; Releasing Time to Care forms; regularly meeting with Aboriginal Elders and the Bunbury Multicultural Group; engaging interpreters for Aboriginal clients and carers in the Kimberley; and including carers on the Wheatbelt Aged Care Reference group; and
- Osborne Park Hospital updated the Carer Flowchart with the aim of developing a pathway for social workers to ensure carers are linked to available Carer Support Services.
- NHMS Youth Mental Health reviewed the Carer Consent Process to identify what information can be shared. They also conducted a Carer Engagement Audit to assess performance across the four areas of the Act;
- Disability Services Systemic Disability Advocacy program was run to identify systemic issues. It included one on one sessions with carers and identified three areas for review;
- Information Linkage and Capacity framework. This included funding into: mapping services that have demonstrated positive changes for people from CALD backgrounds. This will help develop a range of technological applications. Another initiative aims to improve the level of knowledge about what and how Assisted Technology can help people with disability achieve their goals;
- More than one organisation discussed the Community of Interest Register which provides the contact details of consumers and carers across regional WA, to allow the sharing of lived experiences in health care.

Carers views and needs considered

- North Metropolitan Health Service, Youth Mental Health revised the “Consent to Service” form; and the NMHS, Mental Health carer representatives now have the same status as staff committee members, and are employed on a casual basis and offered paid employment rather than participation payments. NMHS Mental Health also undertook carers workshops that involved a wide range of medical and community specialists;
- Child and Adolescent Health Service, Mental Health formally identified carers at multiple points of care, plus children and families can identify a nominated person to ensure their rights and interests are upheld. Carers were actively involved in the PCH

changeovers, including being consulted during the planning, moving and adjustment phases of services commencing at the new hospital.

- Joondalup Health Campus Prepare to Care packs were extended to include Sleep Hygiene information and three laminated Care cards about mindfulness; positive affirmation; self-care prompt; and
- Peel Health Campus reception, in partnership with Carers WA and GP Down South, a not for profit organisation, provided resources in both the clinical arena, as well as local GP surgeries.
- Osborne Park Hospital reported on the Adjustment to Change group which provides a series of five sessions designed specifically for the person living with dementia and their carer;
- Sir Charles Gardener Hospital celebrated Carers Week with a morning tea in outpatients where Carers WA presented four awards to staff for their efforts in identifying carers;
- St John of God Hospital Midland restructured their Aboriginal Health Team to provide additional resources to assist and engage with family and carers in their support of Aboriginal patients;
- EMHS introduced a bereavement booklet which provides relevant, accessible information for families and carers regarding end of life patients, along with specific support options for carers.
- Changing Places were expanded. There are now 25 in WA including at Optus Stadium;
- DonateLife produced a booklet about understanding death, the grieving process, support services and the donation process;
- The Rockingham Peel Group chair of the Community Advisory Council was a finalist in the 2018 Health Consumer Award;
- Several agencies mentioned linking with Helping Minds. For example: a pilot project within the Armadale Mental Health Service and the Helping Minds family support counsellor who is on site in both inpatient and outpatient areas;
- Royal Perth Bentley Group implemented a project for Mental Health, which makes assessment of current carers and support services;
- Department of Health Funded Services: the report highlighted a range of social functions being held by local shires. Other initiatives were: Ngaanyatjarra Health Service hosts “Cuppa Tea Meetings” and they provide information in pictures and words that are easy to understand; East Pilbara Independent Support provided material in Martu language; MNDWA offered “Starting the Conversation” sessions; Alzheimer’s WA offered ‘Ask The Expert’ sessions; in Albany the Bill Reside Centre was built to house Carers WA; MSWA conduct annual carers’ camps; At Huntington’s WA carers helped develop and test an app called ImpactHD, a world first in self-directed therapy.

Complaints and listening to carers

- Patient Opinion, an online independently moderated platform that provides feedback on carers experiences with mainstream services was implemented by several WA Health sites;
- South Metropolitan Health Service established a Disability Advisory committee;
- Child and Adolescent Health Service explored the Press Ganey Voice of Families Survey and the Parent and Family Network, as an online platform where parents and carers share views about Community Health services.
- East Metropolitan Health Service prompts were imbedded in forms to ensure the involvement of consumers and carers. As an example, a logo was used to identify printed information that had been through consumer and carer consultation.
- WA Country Health Service finalised implementation of the Call and Respond Early program in 2017-18, which invites consumers and carers to call for assistance when their healthcare team has not fully recognised a patient's changing health condition.
- NHMS CAC ran case studies to consider the tone of letters being sent out about complaints.

Follow up reporting of initiatives outlined future or planned in 2016-17

Each compliance report highlights the future and planned initiatives that reporting organisations use as evidence to support their self-assessed ratings. The Council wishes to acknowledge that there were 22 future or planned initiatives reported in the 2016-17 period, of which 11 have been noted as commenced or completed in the 2017-18 compliance reporting period, as follows:

- Following the 12 recommendations of the North Metropolitan Health Service review of Consumer Advisory Councils, the NMHS has increased carer representation on most of the councils and committees, and established a NMHS Mental Health Facebook page and the FACES newsletter.
- Sir Charles Gardiner Hospital introduced the Focus on the Person process to identify carers at admission and provided new materials and brochures, in multiple languages, to assist carers understand Delirium.
- Bethesda Hospital has revised practices to clearly include carers in the future planning processes.
- The South Metropolitan Health Service has subscribed to Patient Opinion, an online social media platform for health service consumers to register their opinions and experiences in specific services, and remains committed to developing a Community and Consumer Engagement Framework.
- The Armadale Kalamunda Group have improved education for all staff regarding the Carer's Charter, with the inclusion of the Carers Charter in corporate orientation documents and practices.
- Joondalup Health Campus have adapted practices based on the Ramsay Rule to provide carers an opportunity to raise concerns with post-discharge care and rehabilitation of patients.

- The Department of Health funded service, East Pilbara Independent Support provided material in Martu language and acknowledged that adverse weather, cultural events, ceremonies and funerals can disrupt service delivery in the region.
- The WA Country Health Service implemented the Completion of Care and Respond Early (CARE) Call system across all country health regions.

The Council will be encouraging reporting organisations to follow up with business areas on previously reported initiatives to ensure they are reported in the next compliance reporting period.

Future initiatives nominated in 2017-18

The Council would like to acknowledge the following planned initiatives and, in the interest of reporting continuity, encourage organisations to report on the progress of these initiatives in the 2018-19 reporting period.

- Disability Services initiatives that support carers through the WA transition to the National Disability Insurance Scheme.
- North Metropolitan Health Service propose to launch a new Carers Information Booklet and establish a new Carers Support Group at Osborne Park Hospital's mental health unit.
- Women's and Newborn Health Service launch a concierge service, with the aim of improving carer identification.
- Implementation of a Diversity, Access and Inclusion Committee at Joondalup Health Campus, which will focus on carers needs.
- Inclusion of carers in future planning and during recruitment of consumer representatives to committees at Bethesda Hospital.
- South Metropolitan Health Service intend to procure an external service to administer the collection of consumer and carer feedback on experiences, and participate in Carers Week 2019 activities.
- Child and Adolescent Health Services intention to provide a Carers Corner and Prepare to Care packs; add carer education to the Communications Consumer Engagement register; plan for carer specific material to be added to websites; and develop activities to enable greater carer involvement in policy development.
- Implementation of a carer survey to assess the Goldfields Rehabilitation Services compliance.
- Launch of an email-based carer and consumer group forum for WA Health Dental Services.

Where appropriate the Council looks forward to seeing more detailed evidence from reporting organisations for the next compliance period. The Council would welcome additional information about the Mental Health Commission's own compliance with the Carers Charter, and the positive role contract officers play in monitoring and encouraging funded service providers' performance against the Charter. It would also be helpful to know which agencies are implementing specific initiatives.

As the Carers Advisory Council Compliance Report is made public after it has been tabled in Parliament, the Council considers this an opportunity for reporting organisations to promote their good practice in relation to carers.

Comparison of compliance ratings for 2016-17 and 2017-18

The Council's comparison of self-assessed ratings for the 2016-17 and 2017-18 reporting periods show that most reporting organisations were maintaining or improving the self-assessed ratings. However, four organisations reported lower ratings on the criteria. This is outlined in **Table 1**. This table also summarises the following movements.

Disability Services, Department of Communities

Between the 2016-17 and 2017-18 reporting periods, Disability Services maintained a Well-developed rating across all four reporting criteria. The ongoing commitment to the compliance process is noted, particularly in a year where extensive challenges were placed on the capacity of the organisation, including amalgamation into the Department of Communities and WA's transition to the NDIS.

WA Health organisations

WA Health reporting is separated into the four metropolitan Health Service Providers, WA Country Health Service and individual Department of Health funded services. Reporting for the metropolitan Health Service Providers is further separated by individual sites and providers, such as hospitals and mental health services. Between the 2016-2017 and 2017-2018 reporting periods:

- Most of the areas under the North Metropolitan Health Service maintained a Well-developed rating across the criteria. Three areas reported increases from Satisfactory to Well-developed and one reported a decline back to Satisfactory.
- South Metropolitan Health Service combined their self-assessment rating into one overarching rating and maintained a Well-developed rating across all criteria.
- East Metropolitan Health Service improved their rating from Satisfactory progress to Well-developed across all criteria. However there was little evidence provided for this assessment.
- Child and Adolescent Health Service maintained a Well-developed rating for criteria 1 and 4, and improved their rating from Satisfactory progress to Well-developed for criteria 3. A notable decline was reported for criteria 2, reducing from Well-developed to Satisfactory progress.
- WA Country Health Service maintained a Well-developed rating for criteria 1 to 3, while their rating for criteria 4 reduced from Well-developed to Satisfactory progress.
- WA Health funded services maintained Satisfactory progress ratings for criteria 2, 3 and 4, while ratings for criteria 1 improved from Satisfactory progress to Well-developed.

Mental Health Commission

The Mental Health Commission uses a different rating scale to the other reporting organisations, as part of their voluntary reporting process. The Commission and their funded services use five ratings from 'not compliant' to 'fully compliant', as well as 'not applicable'.

The Commissions' report demonstrated that between 2016-2017 and 2017-2018 the organisation and:

- the majority (91.7 per cent) of funded services reported that they were mostly, almost fully or fully compliant against criteria 1;
- three-quarters of funded services reported that they were mostly, almost fully or fully compliant against criteria 2;
- around 80 per cent of funded services reported that they were mostly, almost fully or fully compliant against criteria 3; and
- around 90 per cent of funded services reported that they were mostly, almost fully or fully compliant against criteria 4.

The Council translates compliance reporting responses from the Commissions rating scale to the standard Well-developed, Satisfactory progress and Commenced development ratings for a consistent approach.

Between the 2016-17 and 2017-18 reporting periods the Mental Health Commission and selected funded services maintained a Well-developed rating for criteria 1 and 3; while the rating for criteria 2 reduced from Well-developed to Satisfactory progress. It should however be noted that the rating for criteria 4 improved from Satisfactory progress to Well-developed.

Recommendations for improvements to the self-assessment process

The Council welcomes and commends the efforts of reporting organisations in providing information and examples to substantiate their self-assessed ratings. In the interests of improving the consistency and robustness of future compliance reporting, the Council makes the following recommendations:

- That reporting organisations provided more detailed evidence of the actions, activities and initiatives undertaken and implemented to fulfil the Carers Charter objectives;
- That reporting organisations include examples of carer and client feedback, and survey results where available, that substantiates a self-assessed rating;
- That reporting organisations provide quantitative evidence of carer participation;
- That funded services provide more supporting evidence of compliance with the Act and Carers Charter;
- That reporting organisations ensure continuity across reporting periods by evidencing progress of activities identified for future implementation;
- That reporting organisations ensure that opportunities for carer involvement are considered in conjunction with carers resource and time constraints; and
- That the Mental Health Commission consider using the standard reporting template, to self-assess and report on compliance with the Act and Carers Charter, and specify the related funded service evidenced for each criterion.

Table 1 - Analysis of compliance reporting data from 2016-2017 to 2017-2018

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

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. The rating displayed as n/a accounts for changes in the WAHealth reporting structure since the 2016-17 reporting period. The ratings highlighted in **yellow** denotes a change from previous reported ratings.

Key: C = Commenced development; S = Satisfactory progress; W = Well-developed

Reporting bodies		Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
		2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
Disability Services, Department of Communities		W	W	W	W	W	W	W	W
WA Health organisations:									
North Metropolitan Health Service	Mental Health, Public Health and Ambulatory Care	S	W	S	W	W	W	W	W
	Osborne Park Hospital	W	W	W	W	W	W	W	W
	Sir Charles Gairdner Hospital	S	S	S	W	S	S	S	S
	Women and Newborn Health Service	S	S	W	W	S	S	W	W
	Joondalup Health Campus	W	W	S	S	S	S	W	S
	Bethesda Hospital	W	W	W	W	S	S	W	W
	Cancer Support WA	W	W	W	W	W	W	W	W
	Midland Dialysis Clinic	S	S	S	S	S	S	S	S
South Metropolitan Health Service		W	W	W	W	W	W	W	W
	Fiona Stanley Fremantle Hospitals Group	S	n/a	S	n/a	S	n/a	S	n/a
	Rockingham Peel Group	W	n/a	W	n/a	W	n/a	W	n/a

Reporting bodies	Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
East Metropolitan Health Service	n/a	W	n/a	W	n/a	W	n/a	W
Armada Kalamunda Group	S	n/a	S	n/a	S	n/a	W	n/a
Royal Perth Bentley Group	S	n/a	S	n/a	S	n/a	W	n/a
St John of God Midland Public Hospital	n/a	S	n/a	S	n/a	C	n/a	W
Child and Adolescent Health Service	W	W	W	S	S	W	W	W
WA Country Health Service	W	W	W	W	W	W	W	S
Department of Health Funded Organisations	S	W	S	S	S	S	S	S
Mental Health Commission	W	W	W	S	W	W	S	W

KEY: C = Commenced development; S = Satisfactory progress; W = Well-developed

Chairperson's statement

Changing landscape for carers

Reforms occurring in both the aged care and disability sectors are leading changes in the funding application, approval and reporting processes. This brings additional challenges to the everyday lives of carers as they adapt to the framework, language, technology, pricing and navigation of new and complex systems when supporting and advocating for the people they care for and love. However, with these changes also comes the opportunity to listen, learn and plan for better individual control over care and lifestyle choices, and improve the journey for carers.

The reporting by applicable organisations on compliance with the Carers Charter provides a strong foundation for the voice of carers to be heard and considered in the planning and delivery of services that impact them as carers. This requirement is unique to Western Australia and demonstrates the State's recognition and commitment to carers.

In a regional consultation in May 2018, the Council listened to the concerns of regional carers specifically about being heard, access to services and respite, social isolation, health and well-being. It is well known and often documented that those who care for someone with a terminal or chronic illness, who are frail and aged, have disability, mental illness or an addiction, also need support to sustain their own health and well-being due to the demands of their caring role. Carers are a large community across a broad landscape, they come from diverse backgrounds and family and language groups, all with individual journeys. The intent and the implementation of the *Carers Recognition Act 2004*, is to recognise and listen to carers and provide a mechanism for them to be involved in services that impact their caring and their lives. The success of the Act is reliant on a focus of attention and inclusion of carers across the breadth of the health and disability community.

Carers Advisory Council role in assessment of compliance

This year the members of the Council undertook the review and analysis of the compliance reports submitted. The Council elected champions to lead the process, I would like to acknowledge their guidance and hard work in this process, and recognise their valuable contribution to this process, the champions are:

- Glennys Marsdon, Deputy Chair;
- Kay Lunt, (retired February 2019).

Who provided leadership and support to:

- Amanda Corkill (retired May 2019)
- New members: Stan Chirenda, Adam Desira, Luke Garswood, Emily Hardbottle, Gloria Moyle and Ros Thomas, who all joined the Council in July 2018;

The Council has comparatively reviewed the self-assessed ratings of compliance by reporting organisations presented for the 2016-17 and 2017-18 compliance periods.

The evidence of the continuous effort and changes in self-assessed compliance ratings of

reporting organisations is outlined in **Table 1**.

For the 2017-18 reporting period, individual reports, as submitted to the Council, are provided at **Appendix 1**. The Council continued to deliver a summary of findings and encourage reporting organisations to use this as a resource to promote their efforts and best practice in consideration of carers, or to consider in their own workforce to identifying carers.

Compliance with the Carers Recognition Act 2004

The 2017-2018 compliance reports provided, highlight the ongoing commitment and support by the State Government reporting organisations in providing carers with a voice in the design and delivery of services and programs. The individual organisation's reports also demonstrate commitment to ensuring staff understand the Carers Charter, listen to and respect carers and provide them with avenues for complaint.

As Chair, I wish to acknowledge the efforts of the sectors that are reflected in the reports, noting the reporting organisations are working solidly to provide evidence of continuous improvement of compliance with the Act and Carers Charter. It has been rewarding to see the systems of accountability intended to support the needs of carers develop further within reporting organisations structures.

I am heartened to read the evidence of carers specifically involved in the policy discussion and decision-making processes that improve assessment, planning and delivery of services that impact the role of carers; and demonstration of wonderful and amazing initiatives that commit to the identification and inclusion of carers.

As each organisation is responsible for the submission of individual reports, the Council has identified that there is considerable variation in the level of information submitted. As Chair, I suggest in future, some reporting organisations concentrate evidence to substantiate the self-assessed rating and to promote the range of initiatives that impact and improve the lives of carers within the delivered services. I encourage reporting organisations to continue embedding practices that support and involve carers and requests evidence is included on future initiatives proposed during this reporting period, in following reports.

I wish to extend thanks from the Council, to all carers and staff who have been actively involved in the development of, and participation in delivery of projects and events that support and enhance the role of carers, and therefore the health of carers across WA.

On behalf of the Carers Advisory Council members and carers across Western Australia in metropolitan, rural, regional and remote areas - thank you to the staff and proactive carers involved in making the journey for all carers - for identity and recognition, as partners in care, in getting support, in being heard, and in participating in a life outside of caring - just a touch easier.



Chair, Carers Advisory Council to the Minister

Introduction

This is the thirteenth 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 Act, with membership comprising persons with knowledge of, and experience in, matters relevant to carers.

The Council advises the Minister responsible for the Act, currently the Hon Simone McGurk MLA, Minister for Community Services on relevant issues for carers in Western Australia (WA). The Council provides the Minister with an annual report on reporting organisations specified in the Act, on their compliance against the outcomes of the Carers Charter.

Purpose of the annual Compliance Report

Section 7 of the *Carers Recognition Act 2004* requires reporting organisations to submit a report on their performance and compliance with the Carers Charter for the period 1 July to 30 June each year.

The Carers Charter states:

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

The Act states that reporting organisations are considered any person or body prescribed under the *Health Services Act 2016* and the *Disability Services Act 1993*.

For the 2017-18 reporting period, the following organisations reported on their compliance with the Carers Charter:

- Department of Communities; Disability Services.
- WA Health organisations, 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 community service organisations

The Mental Health Commission voluntarily reports on compliance with the Carers Charter. Following the introduction of the Health Service Act 2016, WA Health now consists of the Department of Health; five Health service providers, designated in the metropolitan areas as North, South and East; along with Child and Adolescent and Country; and funded Health Support services, as compliance reporting organisations. Changes were also made to the coordinated reporting for WA Health, with individual WA Health services given responsibility for compiling their own reports and submitting them to the Council. Following the Machinery of Government changes implemented across the WA Public Sector in 2017, the Disability Services Commission was amalgamated into the Department of Communities. However, a report has been provided by Disability Services as a specified reporting organisation for the period, and will continue to do so until WA's transition to the National Disability Insurance Scheme (NDIS) and reforms to the delivery of State disability services are completed.

Method of Reporting

For each reporting period the Council provides a template to reporting organisations, which is used to self-assess performance and compliance with the Carers Charter and provide evidence to support their self-assessment.

The Council reviews and analyses the reports provided by required organisations; and provides a summary of the findings and presents the annual Compliance Report to the Minister for Communities Services. The Act requires the Minister to table the report in Parliament.

Individual reporting organisations' 2017-18 reports, as submitted to the Council, are provided at **Appendix 1**.

Measures of Compliance

Reporting organisations use a three-point rating scale of **Commenced development**, **Satisfactory progress** or **Well-developed** to self-assess performance and compliance against the following four criteria in the Act:

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

Analysis of Compliance

Each reporting period the Council reviews and analyses the reports provided by required organisations, noting changes in compliance across reporting periods, and highlighting examples of best practice and innovative projects implemented in support of the organisation's responsibilities under the Carers Charter.

The Council undertakes a comparison of the previous year's compliance reporting self-assessed rating with the current reporting period ratings, to determine and highlight areas of improvement or decline in the required organisations self-assessed ratings.

The Council also identifies and outlines opportunities to refine reporting, and provides recommendations for improvement of the self-assessment rating process as part of the findings of the report for 2017-18.

Summary of findings for 2017-18

The Council have reviewed, analysed and summarised the reporting organisations' compliance reports for the period 1 July 2017 to 30 June 2018.

Individual reporting organisations reports, as submitted to the Council, are provided at **Appendix 1**.

Disability Services, Department of Communities

The detailed account of the accomplishments for 2017-18 is extremely encouraging, of note is the fact that Disability Services maintained a 'Well-developed' rating across all four criteria.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure staff were aware of and understood the Carers Charter, and had the capacity to treat carers with dignity and respect, included:

- the inclusion of information on the Act in mandatory online staff induction;
- engagement with people living with disability and their carers in staff orientation; and
- Local Area Coordinator training included content on involving carers in assessment, planning and care delivery;
- requirement that all service agreements ensure funded services comply with all relevant legislation including the *Carers Recognition Act 2004*; and
- The Council would like to commend the reporting of valuable feedback from participants, for example, that the inclusion of carers "provided a lot of insight into how people navigate the disability services sector".

Criteria 2: Policy input by carers

Actions undertaken to include, and facilitate the inclusion of, carers and representative bodies in policy development and planning, included:

- the Disability Services Systemic Disability Advocacy program, operating to identify systemic issues and extensive public consultation to inform the scoping of this program;
- providing Information, Linkages and Capacity grants to community organisations to enable them to engage people with disability and carers in localised service and activity planning and delivery;
- an online resource that provides feedback on carers experiences of accessing mainstream services;
- information and one-on-one support to assist carers trying to navigate educational needs for students with disability;
- a mapping of services that have demonstrated positive changes for people from cultural and linguistically diverse backgrounds, which will help develop a range of technological applications; and
- an initiative to improve the level of knowledge about what and how Assisted

Technology can help people with disability achieve their goals.

Criteria 3: Carers views and needs considered

Actions undertaken to include, and respond to, the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included:

- executive support to the Ministerial Advisory Council on Disability, which provides a direct voice to the State Government for carers and people living with disability;
- funding 25 Changing Places facilities in WA, to accommodate a person with disability and two carers, and include equipment and aids to assist the user and carers;
- continued operation of the Systemic Disability Advocacy program to identify consumer concerns. The program included one on one sessions with carers, which resulted in the identification of three areas of concern; and
- “Having a Break” which recognises the importance of a break for eligible people with a disability and ensures that carers are looking after themselves.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers and have their complaints heard, included:

- results from the Disability Services Consumer and Carer Survey showed over the past three years, on average 94 per cent of carers felt they were treated with respect; satisfaction with service delivery, inclusion and sensitivity rated consistently high at between 80 and 90 per cent; and the results clearly show the ongoing acknowledgement of carers and their value in the lives of people with disability. It was pleasing to see the results shown separately for carers;
- implementing the NDIS Appeals Panel, an independent panel to investigate client and carer concerns; and separate reporting of carer and consumer feedback provided through the WA NDIS Consumer and Carer Survey;
- the results shown in the WA NDIS Consumer and Carer Survey for 2017-18, where 77 per cent of respondents were aware of their right to complain and 61 per cent noted they had received information about making a complaint, meanwhile only 7 per cent had actively made a complaint, and that 14 per cent felt unable to lodge a complaint; and
- providing the Consumer Liaison Service, an impartial avenue for complaints about Disability Services, specifically noting that there were 30 complaints received, down from 67 last year; of which 22 were from a family member or guardian, with 53 per cent satisfied with how the complaint was managed and 60 per cent satisfied with the outcome.

Concluding comments

This year saw the continued integration of Disability Services into the Department of Communities, along with WA’s transition to the National Disability Insurance Scheme (NDIS). Given these major events, the Council would like to thank Disability Services for this timely report.

Overall the 2017-18 compliance report demonstrates that Disability Services has an excellent knowledge of their consumers, the Council acknowledges that they have taken advantage of many opportunities for consultation with stakeholders and community state-wide, to identify the issues and provide solutions for people with disabilities, their families and carers. The Council notes that although the organisation had challenges with the transition to the NDIS, the ongoing emphasis on providing opportunities for individuals to have a choice for safe quality service, is refreshing.

The Council greatly appreciates being able to read quantifiable measurements of carer satisfaction and commends the ongoing positive results.

The Council will be interested to hear the outcomes of potential synergies and further initiatives, especially those that help identify and support carers, principally future reporting that indicates more participants in the WA NDIS transition process receive information about making a complaint, and that future measurements indicate that fewer clients wanted to complaint but feel unable to do so.

WA Health organisations

The compliance report compiled by WA Health has undergone extensive changes in the 2017-18 reporting period, following the introduction of the *Health Services Act 2016* which established the following individual organisations:

- **North Metropolitan Health Service**, that includes: Mental Health, Public Health and Ambulatory Care, Osborne Park Hospital, Sir Charles Gardiner Hospital, Women and Newborn Health Service, and the funded services of Joondalup Health Campus, Bethesda Hospital, Cancer Support WA, and Midland Dialysis Clinic.
- **South Metropolitan Health Service**, that includes: Fiona Stanley Fremantle Hospitals Group, Rockingham Peel Group, Peel Health Campus and selected funded services.
- **East Metropolitan Health Service**, that includes: Armadale Kalamunda Group, Royal Perth Bentley Group and St John of God Midland Public Hospital.
- **Child and Adolescent Health Service**, that includes: Princess Margaret Hospital, Perth Children's Hospital, Child and Adolescent Health, Child and Adolescent Mental Health WA.
- **WA Country Health Service**, servicing the Kimberley, Pilbara, Mid-West, Wheatbelt, South West, and Great Southern regions.
- Department of Health **funded service** organisations.

North Metropolitan Health Service

The Council would like to thank the North Metropolitan Health Service (NMHS) for their report and particularly the comprehensive account of the accomplishments for 2017-18. It is encouraging that all sites across the NMHS were rated as Satisfactory or above, with increased self-assessed ratings provided for Mental Health, Public Health and Ambulatory Care and Sir Charles Gardiner Hospital on criteria two (Policy input). Mental Health, Public Health and Ambulatory Care also recorded a higher rating on criteria one (Understanding the Charter). Joondalup Health Campus reported a lower rating for criteria four (Complaints). Women and Newborn Health Services (WNHS), Bethesda Hospital, Midland Dialysis and Cancer Support WA maintained their level of compliance.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1. Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Charter, and had the capacity to treat carers with dignity and respect, included:

- Mental Health, Public Health and Ambulatory Care updating the Clinical Documentation policy, requiring carers' details to be recorded; Youth Mental Health and the Youth Hospital in Home services revised Consent to Service forms to nominate a carer on admission and to include a support person nomination; Dental Services clinical records identify if the patient has a carer; Bethesda Hospital identify the next of kin and preferred substitute decision maker on admission;
- Youth Mental Health reviewing the Carer Consent Process (e.g. what information can be shared);
- Youth Hospital in Home implementing a Carer Support Service;
- Sir Charles Gairdner Hospital inviting Carers WA to present four awards recognising staff efforts in carer identification, during Carers Week;
- Prepare to Care packs distribution increasing by 64 per cent by Women and Newborn Health Service. Joondalup Health Campus distributed 668 packs and 727 information packs. The packs were extended to include a range of other useful information including key brochures, Sleep Hygiene information sheets, Care cards (mindfulness, self-care, positive affirmation) and a feedback form. They included a tick box for the provision of the pack when a carer is identified through the admission process;
- Joondalup Health Campus holding carer information sessions at ward level, and making the Caring Matters web-bulletin available to all staff via the intranet; and
- Availability of the Carers Charter on the Bethesda Hospital website and Patient Information Directory.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included:

- at NMHS Mental Health case manager liaising with the Children of Parents with Mental Illness service to offer respite or support and co-facilitated a carer engagement project with Helping Minds which led to an initiative to improve carer engagement;
- the paid employment of carers on NMHS Mental Health committees; carer representatives have the same status as staff committee members; carer representation on all NMHS Mental Health governance committees (a 50 per cent increase on last year) and on 70 per cent of NMHS Mental Health Safety, Quality and Risk Management Committees; across all active committees 83 per cent have carer involvement and representation; a Carer focus group project;
- the updating of the Osborne Park Hospital Carer Flowchart, with the aim of developing a pathway for social workers to ensure carers are linked to available Carer Support Services;
- carers were included on the Graylands Hospital collaborative care planning project; conducted a practice review into Children and Aged persons as carers;
- at SCGH a Focus on the Person form was developed in collaboration with carers of

people living with cognitive impairment, and a research project into a supportive intervention for family caregivers of older people with delirium was conducted to engage in the planning, delivery of care along with education and support for themselves as carers; and

- participation of Bethesda Palliative Care Services inpatient and ambulatory areas in a National Collaboration project looking at carers needs.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included:

- NMHS Youth Mental Health conducted a Carer Engagement Audit to assess performance across the four areas of the Carers Charter;
- NMHS Mental Health implementing the C4 (Clinician, Consumer, Carer and Community) Engagement Framework, toolkit and training; subscribing to Patient Opinion, an online platform for patient and carer experiences of health services; and providing the FACES newsletter in e-format and paper formats in waiting areas;
- NMHS Mental Health Consumer Advisory Council have diverse membership including members from culturally and linguistical diverse backgrounds, and representation from the LGBTQIA, Aboriginal, Forensic and Alcohol and other Drugs sectors;
- the Dental Services area developed an email-based carer/consumer group forum;
- the Osborne Park Hospital 'Getting to Know You' program was launched in the Ward 5 Rehabilitation and Aged Care service in July 2017, and then expanded to Ward 4 in March 2018, to provide a tool for patients and carers to offer information they would like clinicians to know about them or their family; the stroke team developed a carer training checklist for staff to use as a prompt to ensure the inclusion of all carers for complex discharge planning of stroke survivors; Delirium and carers knowledge/education resources developed and are in use on RAC wards;
- NMHS is launching a new Carers Information Booklet and a new Carers Support Group at the Osborne Park Hospital mental health unit; and
- Bethesda Hospital recruiting consumer representatives for a variety of committees.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included:

- NMHS Mental Health updated the 'Speak Up' posters that encourage carers to speak up and the Consumer Advisory Council's ran case studies considering the tone of letters sent out about complaints and provided guidance on, and examples of, appropriate responses; 25 per cent of complaints were made by carers;
- NMHS Mental Health conducted a Carer Engagement Audit to assess performance across the four areas of the Act. The best performance related to carers being identified (94 per cent), with improvement required on carer involvement and discharge planning. The audit will be added to the annual quality audit schedule;
- the Osborne Park Hospital, prioritise response to complaints with initial contact within 48 hours; the Stroke Unit reported average consumer satisfaction at 90.4 per cent, in

addition, the Aged Care Assessment Team commenced a Client Survey to assess client satisfaction with regards to the service they received at the time of assessment;

- Bethesda Hospital, Family Evaluation of Palliative Care (FEPC) conducted an annual post-death survey designed to yield actionable information about service delivery from the family caregiver, noting the number of complaints per bed per day and response times for complaints, are well within industry benchmarks; Palliative Care Program has substantial input from carers;
- Joondalup Health Campus consumer liaison officers adapted work practices to allow for home visiting of patients and carers to allow for face to face communication post-discharge, particularly where a complaint has been raised and access issues are identified. JHC have also introduced the Ramsay Rule which states that partners in care have the ability to raise concerns about the patients' clinical deterioration and be heard. Information about the Ramsay Rule is available in many formats including a video link visible in all wards, reception and the website;
- Women and Newborn Health Service's use of the complaints management system to identify and separate carer and consumer feedback; and
- Goldfields Rehabilitation Services are undertaking a carer survey to ascertain compliance.

Additional evidence was provided by North Metropolitan Health Service about:

- the establishment of an Adjusting to Change Group at the Osborne Park Hospital, which provides a series of sessions designed specifically for a person living with dementia and their carer; the benefit of extending the Memory Clinic to both the client and support person;
- at WNHS new contracts will include a clause ensuring compliance with the Charter;
- at Youth Hospital in Home, a 12-month evaluation reported, 94 per cent of carers were satisfied with the care and 100 per cent with the convenience;
- Bethesda Hospital intends strengthening the feedback loop, and including more carer/consumer involvement in the future planning of palliative care services; and
- Joondalup Health Campus will be implementing a Diversity, Access and Inclusion committee focusing on the needs of carers with evidence being captured through direct carer input and a number of National Safety and Quality Health Service actions.

Concluding comments

Once again, the North Metropolitan Health Service has delivered a fascinating report outlining a wide range of interesting initiatives being undertaken. The Council particularly appreciated reading:

- the various survey results, noting the high levels of carer satisfaction and the increasing ability to report carers results in isolation;
- Joondalup Health Campus's refining of the Prepare to Care pack and the subsequent positive feedback; this additional information is something that could be applied across other areas;
- At NMHS the high level of carer involvement at a committee and policy development level; the diversity of carers on CAC committees; carer representatives receiving the

same status as staff when on committees; and the employment of carers on a casual basis;

- Inclusion of a clause ensuring compliance with the Carers Charter in new contracts with the Women and Newborn Health Service;
- the carer training checklist developed by Osbourne Park Hospital stroke team;
- the development of an email-based carer/consumer group forum at Dental Services;
- the intended strengthening of the feedback loop at Bethesda Hospital; and
- Joondalup Health Campus will be implementing a Diversity, Access and Inclusion Committee to focus on the needs of carers.

The Council was disappointed with the lack of evidence supplied for the self-assessed ratings provided for Cancer Support WA and Midland Dialysis Clinic and therefore cannot comment on their level of compliance and noncompliance this year. The Council also looks forward to receiving more detailed reports next year from the Goldfields Rehabilitation Services to ascertain compliance.

The Council committed to follow up the progress on the initiatives outlined in the 2016-17 report. It was disappointing not to receive evidence of completed initiatives, reported in 2016-17 for some sites.

However, the Council noted in the previous year the Sir Charles Gardiner Hospital work on reinstating a process to identify carers at admission; implementing the “Further Enabling Care at Home” project; and developing new brochures, in multiple languages, to assist carers understand Delirium. The 2017-18 report notes that Sir Charles Gardiner Hospital introduced “Focus on the Person” forms to identify carers at the point of admission. Added to this, a research project was completed to identify supportive intervention for family caregivers of older people with delirium.

The Council looks forward to the ongoing reporting of current and planned initiatives across the sites.

South Metropolitan Health Service

The Council is appreciative of the report provided and notes the change from the 2016-17 reporting period, that provided individual ratings for the Fiona Stanley Fremantle Hospital Group and Rockingham Peel Group, compared to the 2017-18 reporting period, that notes a single self-assessed rating for all entities. The consolidation of the report across the services within South Metropolitan Health Service (SHMS) made it difficult to determine if the ratings were met at the same level across all sites.

The Council notes that South Metropolitan Health Service reports progress made against the four identified criteria and provided a self-assessed rating of Well-developed across all areas.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Charter, and had the capacity to treat carers with dignity and respect, included relevant content in

staff training, workshops and inductions across all sites; and the Total Open Patient Administration System has the capacity to identify carers as partners in care. Carers Week celebrations are planned for the next report.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included the establishment of a Disability Advisory Committee and carer representation on a range of Consumer Advisory Councils across the SMHS to provide both strategic and operational content.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included:

- carer representation on Consumer Advisory Councils, governance committees and community boards across the SMHS;
- input from community liaison and support workers to resources external to the traditional hospital environment;
- ongoing commitment to the Consumer and Carer Engagement Strategy, identified as an initiative to recognise consistent consumer and carer feedback and the essential partnership between these groups, community and health care delivery;
- the 2017-18 report notes that the SMHS initiative to explore the social media based consumer platform 'Patient Opinion' as outlined in the 2016-17 report, has been actioned, with SMHS subscribing to the service; and
- Peel Health Campus report of additional education to all clinical areas in identifying carers early and providing appropriate intervention.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included:

- the use of posters, brochures, signage to promote complaint processes;
- information is available on how to lodge a complaint and is provided in different formats and languages;
- establishment of a Disability Advisory Committee;
- the inclusion of carers in the Total Open Patient Administration System (TOPAS); and
- SMHS will procure the services of an external agency to administer the collection of patient experience from consumers and carers in the next reporting period, noting that whilst taking a phased approach to implementation, it is intended that the data will be used for health improvement initiatives and to enhance care.

Funded services

SMHS reported that all contracted services report on compliance for the reporting period advising they are compliant. St John of God Community Hospice advised that carers are involved in the care process from admission to discharge; carer distress is monitored and measured daily, with intervention provided as appropriate; and the needs of the carer are given equal weight when planning for discharge and appropriate referrals are made to

other support agencies.

Concluding comments

The Council notes the progress made against the four identified criteria. The Council acknowledges the involvement of carers on councils and community boards is positive, particularly from community and support workers and notes that carers have limited resources and time to contribute to councils and community boards, and that without specific activities to seek their views, they are unlikely to be received.

The Council is encouraged to note several strong and well-established initiatives that meet the aims of the Carers Charter, particularly the ongoing refinement of the Consumer and Carer Engagement Strategy, the employment of an external agency to collect patient/carer experiences and the inclusion of carers in TOPAS. The Council feel this is an admirable activity and continues to highlight that SMHS understand the importance of carers in Health Service systems.

The Council noted the nomination and finalist status by the Rockingham Peel Group chair of the Community Advisory Council in the 2018 Health Consumer Award.

However, the Council feel that relatively limited evidence has been provided to substantiate the increased rating, and the consolidation of the report across the services made it difficult to determine if the ratings were met at the same level across all sites.

The Council requests that the South Metropolitan Health Service take the opportunity in future compliance reports to provide:

- individual self-assessed ratings as in previous years;
- examples to support monitoring of the staff training education sessions and workshops at each site;
- quantitative evidence of carer participation in policies and planning to ensure a satisfactory level of carer participation is maintained, and for future reports this may also be useful to help the Council better understand the activity and efforts that are being undertaken to achieve a Well-developed rating;
- confirmation of initiatives to celebrate “Carers week” that are planned for the next report;
- additional information and progress about how the external service provider sought out complaints and feedback from carers; and
- some supporting information is a requirement from funded services of the South Metropolitan Health Service and that this is included in the report to Council.

East Metropolitan Health Service

The Council thanks the East Metropolitan Health Service (EMHS) for the provision of the 2017-2018 Compliance Report. This is the second report produced since the establishment of the EMHS.

In the 2016-17 compliance reporting period the East Metropolitan Health Service provided individual ratings for the Armadale Kalamunda Group and Royal Perth Bentley Group, while in the 2017-18 reporting period the self-assessed ratings for all entities of EMHS have been aggregated into the above rating.

The Council notes the overall improvement in the self-assessed rating for the four identified criteria, which is an improvement from the Satisfactory reported in the 2016-2017 against three of the four criteria. However, the consolidation of the self-assessment and reported evidence, across the range of services within EMHS, makes it difficult to determine if the rating is the same across all sites. Additionally, the Council felt that relatively limited evidence was provided to substantiate the increased self-assessed rating from Satisfactory to Well-developed across all criteria.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Carers Charter, and had the capacity to treat carers with dignity and respect, included:

- the delivery of the Prepare to Care program in partnership with Carers WA across all EMHS sites indicates an understanding of both the intent of this criteria and the importance of ongoing staff training to comply with the Carers Charter;
- recording and identifying carers at the point of admission through the Patient Administration System and use of posters to prompt the proactive identification of carers by staff;
- providing Carers Corners at Royal Perth and Bentley Hospitals, where carers can access Carers WA resources;
- inviting Carers WA to present to the Armadale Kalamunda Group Grand Round; and
- Carers Corners operating at both sites in the Royal Perth Bentley Group.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included:

- carer representation on Consumer Advisory Committees at all hospitals, on the Royal Perth Bentley Group Standard 2 Committee and the Armadale Kalamunda Group Falls and Cognitive Impairment Committee;
- the identification of carer needs in EMHS Strategic Intent 2017-2020, with specific actions for carer engagement and support identified in EMHS's Operational Plan 2017-2020; and
- the inclusion of a summary of innovations to improve engagement and involvement of carers in the EMHS Annual Report for 2016-17.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their role as carers, included:

- restructuring St John of God Hospital Midland's Aboriginal Health Team to provide additional resources to, and better engage with, Aboriginal consumers, their family and carers;
- embedding prompts for carer involvement in a range of forms, such as Falls Risk Assessment and Management Plan, Mental Health Admission and Discharge checklists, and Skin and Pressure Injury Assessment form;

- placement of an identifying logo on information developed in consultation with carers;
- support of culturally and linguistically diverse and Aboriginal consumers and carers through printed information provided in different languages;
- implementation of the Patient Opinion Program for patients and carers across the EMHS network;
- the Press Ganey Patient Experience Survey measured the effectiveness of including family, friends and carers in care planning and service delivery within EMHS, with information reported to EMHS Executive and Board; and
- the recognition that 'care is consumer and carer centred' in EMHS' Clinical Governance Framework.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included:

- the results of the Press Ganey Patient Experience Survey to assess performance, the results of which are reported to the Executive Board, wards and departments, noting Royal Perth Hospital Emergency department demonstrated excellent ratings for the inclusion of family/friends/carers in decision making;
- Complaints are addressed in accordance with EMHS policy, used as staff education examples, data is reported to relevant committees, executive and boards, Mental health complaints are reported separately for each service; and
- the promotion of complaints procedures through posters, feedback forms and brochures inviting consumers and carers to share their opinions verbally and in written format.

Funded services

St John of God Midland (SJGM) Public Hospital, opened in November 2015, is reported as a funded service of EMHS and for the 2017-18 report. The Council is appreciative of the separate report and self-assessment rating supplied by SJGM, as:

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Satisfactory progress	Satisfactory progress	Commenced development	Well-developed

The report from SJGM provided information on several initiatives, of note:

- Introduction of Net Promoter Score and Patient Opinion Platforms as a means of receiving feedback from carers;
- Restructure of the Hospital's Aboriginal Health Team providing additional resources to assist and engage with family and carers in their support of Aboriginal patients;
- Facilitated education sessions to equip and support carers in their role including Aphasia Communication Partner Training workshops and Parkinson's' Disease Support Group; and

- Development of a bereavement booklet, which provides relevant, easy and accessible information for families and carers regarding end of life patients and includes specific support options for carers.

Concluding comments

Overall the East Metropolitan Health Service (EMHS) report is comparatively short in length and contains only a limited number of examples of carer related initiatives.

Additionally, the consolidation of the self-assessment and reported evidence, across the range of services within EMHS, makes it difficult to determine if the rating is the same across all sites.

The Council did note the well-established complaints management system that EMHS has in place and felt that the Well-developed self-assessed rating is well justified.

The Council is encouraged to note several initiatives that meet the aims of the Carers Charter, these include:

- the implementation on the Helping Minds Helping Hand project for Mental Health across the Royal Perth Bentley Group, which is used to make assessments of carers and the support services they may be accessing;
- a project within the Armadale Mental Health Service pilots the use of a Helping Minds family support counsellor, on site in both inpatient and outpatient areas;
- a report titled "Implementation of A Practical Guide for Working with Carers of People with a Mental Health Illness" helping the organisation increase staff awareness of the importance of engaging with carers and families;
- introduction of a 'Bereavement booklet' to provide relevant, accessible information for families and carers regarding end of life patients and support options for carers; and the 'DonateLife' booklet about understanding death, the grieving process, support services and organ donation processes.

The Council reviewed the evidence supplied and noted no evidence regarding the "Walk a Day in my Shoes" and "Did we tell you" programs, cited as planned initiatives in the 2016-2017 was reported. The practice of ensuring the continuance of information in each reporting period is recommended.

The Council requests that the East Metropolitan Health Service take the opportunity in future compliance reports to:

- individual self-assessed ratings for Royal Perth Bentley Group, Armadale Kalamunda Group and St John of God Midland Hospital in the next reporting period;
- provide more examples of programs, policies and initiatives that impact or involve carers to provide evidence to substantiate the self-assessed rating of Well-developed; and
- evidence on the summary of innovations to improve engagement and involvement of carers. Inclusion of this information would provide evidence to substantiate the Well-developed self-assessed rating.

Child and Adolescent Health Services

The Council acknowledges that the CAHS relocated in May 2018 from Princess Margaret Hospital to the new Perth Children's Hospital, and as of 1 July 2018 CAHS services at Perth Children's Hospital and the programmes at Community Health and Mental Health combined into a single service.

Council notes that no area across the CAHS was assessed below Satisfactory, and criteria three (Carers views and needs considered) received a higher rating this year. However, Council also noted the backward movement for criteria two (Policy input).

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Carers Charter, and had the capacity to treat carers with dignity and respect, included a comprehensive staff training program that includes content on the Carers Charter.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included the:

- active engagement of carers in the Perth Children's Hospital changeover, including consultation on planning, moving and the phases of service commencement; and
- involvement of Youth Advisory and Consumer Advisory Council members in weekly Hospital Senior Executive Committee meetings.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included CAHS Mental Health formally identifying carers at multiple points of care; and allowing children and families to nominate an advocate.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included the:

- continued use of the Press Ganey Voice of Families Survey, and the use of this method to survey CAHS performance in discharge planning; and
- provision of the Parent and Family Network, an online platform where parents and carers can share views about community health services.

Concluding comments

The Carers Advisory Council is pleased to see that the Child and Adolescent Health Service (CAHS) has specifically addressed the four compliance criteria in the 2017-18 reporting period.

Overall, the Child and Adolescent Health Service (CAHS) demonstrates a firm

commitment to the involvement of carers in service delivery. The Council notes that CAHS has provided a self-assessed rating of Satisfactory or above across all sites, and highlights the increased self-assessed rating applied for Criteria 3: Carers views and needs considered. The Council was also pleased to see that Criteria 4 is being adequately addressed and monitored and hopes for further improvement during 2019.

The Council notes that the move to the new Perth Children Hospital campus brought some upheaval to services and the number of contacts with families on the wards during the changeover period was lower than previously reported. The Council commends the maintenance across most areas during the move to the new hospital, particularly the inclusion of carers views during the planning and moving phase, and the variety of avenues available for carers to express their views. The Council also notes that since 30 June 2018, the number of ward visits has returned to previously reported levels, and therefore annual targets should be met into the future reporting periods.

The Council looks forward to the next reporting period including evidence of 'Prepare to Care' and 'Carers Corners' material and education on the CAHS Communications Consumer Engagement register, and the inclusion of carer specific material included on the websites of CAHS on-line.

The Council is encouraged to note a specific example reported, about the services provided by the Kalparrin Family Resource Centre at Perth Children's Hospital. The organisation specialises in supporting families caring for chronically unwell children with disability and/or additional needs.

The Council notes that Kalparrin continues to demonstrate a commitment to unpaid family carers of children and adolescents with special needs by exceeding the 2017 target of 1000 referrals to disability, community or mainstream supports to nearly triple, in the 2017-18 reporting period. Over 320 new members joined the organisation in the reporting period and the latest analytics from the Kalparrin Families Peer Support Group shows 1,600 active members accessing websites or social media groups on any given day.

The Council was interested to learn that more than 90 per cent of respondents of the Kalparrin client satisfaction survey were mothers, and that 30 per cent of respondents were caring for more than one child with special needs. The Council also notes that Kalparrin undertook a major organisational review in 2017 ahead of the implementation of services to incorporate the NDIS transition in WA in 2018.

WA Country Health Service

Overall the WA Country Health Service (WACHS) continues to demonstrate both initiative and a commitment to achieving best practice in areas of policy and planning, service delivery, training, consultation and engagement with consumers and carers.

WACHS self-assessed rating of Well-developed across three of the four criteria is consistent with the rating supplied in 2016-17. The self-assessed rating for criteria 4 (Complaints and listening to carers), has been reduced to Satisfactory from the rating supplied in 2016-17.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Carers Charter, and had the capacity to treat carers with dignity and respect, included ongoing staff training and carer awareness practices; combined with implementation of the National Evaluation and Quality Improvement Program (EQuIP) accreditation standards, which requires compliance with the National Safety and Quality Health Service Standards, including Standard Two – Partnering with Consumers.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included:

- residential and community care involving carers in care planning;
- engagement with carers as part of health care assessment and planning for children in the child protection system;
- assessment and the development of the Releasing Time to Care forms;
- the continuation of Patient Experience and Community Engagement Program key strategies including; consumer and carer participation in service design, planning and improvement, employee and consumer capacity and capability;
- carer representation on the Consumer Advisory Groups in several regions, including the South West “My Care Boards” and the Wheatbelt Aged Care Reference which includes consumer participants and carers in aged care planning; and
- the implementation of the Alzheimer's Australia (WA) Dementia Partnership Project in the remote Aboriginal community of Bidyadanga over the past 18 months, which has been successful in providing education to carers, clients and other community members about dementia, and has included extensive consultation with carers throughout development of the project.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included:

- continued use of Patient Opinion, an online independently moderated consumer feedback platform;
- implementation of the Call and Respond Early (CARE-Call) program, providing consumers and carers an opportunity to call for assistance when they feel that their healthcare team has not fully recognised a patient's changing health condition;
- regular engagement with Aboriginal Elders and the Bunbury Multicultural Group and providing interpreters for Aboriginal clients and carers in the Kimberley; and
- carer representation on South West “My Care Boards” which provide opportunities for carers to communicate with clinical staff, engaging carers in the development of Regional Service Plans for the Great Southern;
- Wheatbelt Aged Care Reference group includes consumer participants and carers;
- Great Southern development of regional Service Plans involved forums with carer attendance (e.g. Cancer, Seniors, Caring for Kids, and Patient Experience and Consumer Engagement Plans);
- Community Health nurses adhere to WACHS Child in Carer Assessment Policy which

requires direct carer consultation about the health and wellbeing of children in care; and

- a Community of Interest Register, to provide contact details of consumers and carers across rural and regional WA, to allow sharing of lived experiences in healthcare and input into improving health services.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included:

- implementation of the Call and Respond Early (CARE-Call) program;
- complaints procedures available from WACHS Goldfield services, with consumer feedback forms available at all sites; staff education on how to take a concern or complaint and assist the client or carer to write this; and

WACHS Midwest has a multi-stream feedback mechanism for compliments and complaints from carers with recorded evidence of compliments, issues and complaints. WACHS is currently reviewing the complaints processes, with a view to improvements to achieve greater consistency with the WA Complaints Management Policy.

Concluding comments

The Council congratulates the WA Country Health Service (WACHS) on the wide range of initiatives and services that are being progressed in the regions, and notes the ongoing commitment to the inclusion of carers in the development of policies and organisational plans are evidenced in the regional overview.

The Council was particularly interested in the Community of Interest Register, the Patient Experience and Community Engagement Program, Patient Opinion and the CARE-Call program.

The lack of evidence in relation to Criteria 4 is concerning to the Council, considering WACHS and the regional areas covered are well-established health services and there is no clear indication as to why this rating has been reduced. However, WACHS has noted a review of the formal complaints processes is being undertaken with consideration of the WA Complaints Management Policy. The Council will be interested to see the results of the WACHS review of the formal complaints processes and looks forward to a rating of Well-developed in the next year.

Department of Health funded services

The Department of Health includes a clause in selected community service organisations' funding agreements, requiring compliance with the Act and Carers Charter and annual reporting. Self-assessed ratings for individual funded services are provided in a single rating.

The Council note that Department of Health funded organisations maintained a Satisfactory self-assessed rating from the 2016-17 period to the current period for three criteria, with an increase in the self-assessed rating for criteria 1 (Understanding the

Charter), to Well-developed.

Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure that staff were aware of and understood the Carers Charter, and had the capacity to treat carers with dignity and respect, included the delivery of tailored education sessions to staff by Alzheimer's WA, Parkinson's WA, the Motor Neurone Disease Association of WA and Ngaanyatjarra Health Service (who provide "Cuppa Tea Meetings" and information in pictures and words that are easy to understand). Huntington's WA is in the process of making the Charter available via their website.

Criteria 2: Policy input by carers

Actions undertaken to include carers and representative bodies in policy development and service planning, included:

- carer representation on various boards, including Parkinson's WA, MSWA, Huntington's WA and Motor Neurone Disease Association of WA;
- the involvement of carers in the development of a Community of Practice Framework and the ImpactHD app - a world first in self-directed therapy, at Huntington's WA; and
- Silver Chain's implementation of a Consumer Partnership Strategy as part of the Clinical Governance.

Criteria 3: Carers views and needs considered

Actions undertaken to include the views and needs of carers in assessing, planning, delivering and reviewing services that impact on them and their caring, included a range of respite, social and peer support initiatives, such as:

- regular opportunities for carers, clients and their partners to participate in events, including the Shire of Esperance's monthly couple's dinners, the City of Kalgoorlie Boulder's lunches and morning teas, the Shire of Manjimup's bi-monthly support groups, the Shire of Dowerin's annual service delivery community meeting, a free luncheon for carers delivered by the City of Swan and Carers WA, MNDWA Starting the Conversation sessions and carer luncheons, Alzheimer's WA Ask the Expert sessions, Memory cafes and welcome committee, MSWA respite camps and dedicated peer to peer support, Capecare bimonthly support group, Huntington's WA support meetings, and Ngangganawili Aboriginal Health Service's carer respite camp;
- engagement of a Peer Carer Consultant, by Avivo Live Life to offer dedicated support for carers during the transition from HACC or State disability services to the NDIS;
- identification of respite for carers, following the Dementia Partnership Project Report 2017 workshop; and
- East Pilbara Independent Support provided material in Martu language.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers, and have their complaints heard, included:

- Albany Senior Citizens' use of Tell Us What You Think feedback forms;

- Huntington's WA's Grievance Policy and annual client survey;
- MSHA operating as an approved Disability complaints manager; and
- Parkinson's WA annual service evaluation, which includes specific questions on and for carers.

Concluding comments

Council is always delighted to read the wide range of carer-related initiatives being undertaken across the state by Department of Health funded services. Of particular note are the tailored education sessions about the Charter, the growing inclusion of carers views at policy level and the work being undertaken in regional and remote areas.

The Council is encouraged to note several initiatives that meet the aims of the Carers Charter, these include:

- completion of the purpose-built Bill Reside Centre in Albany, to provide office space for Carers WA, to hold monthly meetings for carers and weekly support and respite events including training and yoga;
- the 18 April 2018 opening of the Manjimup wellness and respite community centre and purpose-built eight bed respite facility;
- inclusion of a wheelchair friendly building at Yaandina Family Centre and space to host day respite.

The Council look forward to hearing how the following initiatives progress:

- Albany Community Care Centre carer focus groups to assist in strategic planning;
- Bayswater Extended Community Help Organisation (ECHO) proposal to offer overnight respite services;
- Huntington's WA will be undertaking a strategic review, which will invite carer input; and
- SHINE Community Services will be engaging carers in an upcoming review of service development, policies and procedures and they aim to have carer representation on the steering committee.

Mental Health Commission

The Mental Health Commission voluntarily reports on compliance with the Carers Charter, using a different rating scale to the other reporting organisations, as part of their voluntary reporting process. The Commission and their funded services use five ratings from 'not compliant' to 'fully compliant', as well as 'not applicable'.

The Council translates compliance reporting responses from the Commission's rating scale to the standard Well-developed, Satisfactory progress and Commenced development ratings for a consistent approach.

The Commission report highlights compliance with criteria one is Well-developed (91.7 per cent, an improvement), criteria two Satisfactory (75 per cent), criteria three Well-developed (80 per cent, an improvement) and criteria four Well-developed (90 per cent). Key initiatives of interest for the 2017-18 reporting period are:

Criteria 1: Understanding the Carers Charter

Actions undertaken to ensure staff were aware of and understood the Charter, and had the capacity to treat carers with dignity and respect, included:

- the provision of carers support groups, a Carer Peer role, recognition of carer strain and the importance of ongoing, positive communication and support; and
- funded services use of compliance reporting data for this criterion in quality evaluations against the 2010 National Standards for Mental Health Services.

Between 70 per cent and 85 per cent of service providers reported they are mostly, almost fully or fully compliant in acknowledging the role of carers in relevant organisational policies, inclusion of content on the Carers Charter and carers role in staff inductions and training.

Criteria 2: Policy input by carers

Actions undertaken include carers and representative bodies in policy development and planning, included carer involvement in strategic planning processes, carer representation on boards and management committees. A small number of service providers stated they ensure carers are specifically involved in their customer engagement strategy and or regular customer surveys. Between 52 percent and 70 per cent of service providers reported they are mostly, almost fully or fully compliant with this criterion.

Criteria 3: Carers views and needs considered

Actions undertaken to consider and meet carers needs, included developing and delivering 'whole-of-family' support plans and adhering to the National Standards for Mental Health Services relevant to carers. Some service providers have outlined how clients can invite carers to attend peer support meetings or recreational activities.

Between 75 per cent and 78 per cent of service providers reported they include carers in the assessment of process, in ongoing monitoring of direct services and provide avenues for carers to access peer support.

Criteria 4: Complaints and listening to carers

Actions undertaken to enable carers to make complaints about services that affect them and their role as carers and have their complaints heard, included advising carers of their right to make a complaint if services do not meet the Carers Charter, bi-annual consumer and carer surveys, feedback forms, and the involvement of carers in quarterly care plan reviews. Between 83 per cent and 87 per cent of service providers reported that carers are provided feedback opportunities and that they inform carers of their complaints policy.

Concluding comments

The Carers Advisory Council welcomes the report by the Mental Health Commission outlining the performance and compliance of funded service providers, and acknowledgement of the important role carers play in supporting people with mental illness.

The Council consider that the *Carers Recognition Act in 2004* preceded the establishment of the Mental Health Commission and that mental health services were previously included as a component of the WA Health report. Therefore, while the Commission is not

mandated to report, the voluntary report helps to ensure that the Carers Charter is recognised and applied to carers of people with mental illness, as clearly intended by the Act.

The amount of data and the level of analysis provided by the Commission, is an indication of the importance placed on this work. The Commission achieved 100 per cent reporting from the 60 to 70 funded non-government service providers required to report. The Council notes the self-assessed reports from the funded services of the Commission indicate a high level of compliance across all four criteria of the Carers Charter.

The Commission's report provides significant quantitative data, from their electronic collection system for community managed organisations. These organisations are also given the opportunity to respond with text to explain the quantitative responses. This information is non-identifying in terms of the service providers submitting the evidence. The Council notes that while this is informative and the many initiatives are commendable, it would be helpful to have more information on where and by what agencies the initiatives that are implemented.

The Council saw encouraging indications that carers are included in a significant way in organisational decision making.

The Council notes the limited number of statements provided in relation to complaints management processes. More information would be appreciated in future to allow a fuller assessment against this criterion.

While the consistency of compliance reporting data from the Commission over the years is helpful to gauge the ongoing compliance, in future the Council would encourage the Commission to use the standard reporting template. The Council would also welcome additional information about the Commission's own compliance with the Carers Charter. The Commission has a distinct role in developing mental health, alcohol and drug systems and the identification of carers as a key stakeholder in the implementation of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 - 2025 validates this role. The Plan makes note of the Commission's interface with carers across the mental health and drug and alcohol functions and therefore reporting compliance with the Carers Charter will be important.

Glossary

Terms	Meaning
ACAT	Aged Care Assessment Team
Advocare	An independent community based not-for-profit organisation that supports and protects the rights of older people and people with disabilities.
AKG	Armada Kelmscott Group
AMHS	Armada Mental Health Service
AOD	Alcohol and Other Drug use disorders
ALWAYS	Address patients by their preferred name; Listen and learn; Welcome and respect the role of carers and families; Advocate for patient, carer and family involvement in decision making; Yourself – introduce yourself, your role and wear your name badge and Show compassion and respect
ACHS	Australian Council of Healthcare Standards
Bethesda Hospital	Bethesda Hospital is a private surgical and specialist palliative care hospital.
C4	Clinician, Consumer, Carer, Community
The Council	Carers Advisory Council
CACs	Consumer Advisory Councils
CaLD	Culturally and Linguistically Diverse
CAHS	Child Adolescent Health Services
CARE-Call	Call and Respond Early Program implemented by WACHS, which invites consumers and carers to call for assistance when they feel their healthcare team has not fully recognised a patient's changing health condition.
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.

Terms	Meaning
Changing Places	A Disability Services' initiative to provide a secure, clean environment for people with disability who need space and specialised equipment to use the bathroom when out and about in
Community of Interest Register	A register of consumers and carers across rural and regional WA, who wish to share their lived experiences in healthcare to improve health services.
DAC	Disability Advisory Committee
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.
DonateLife WA	DonateLife Western Australia coordinates all organ and tissue donor activities across the state.
DSC	The former Disability Services Commission.
ECCWA	Ethnic Communities' Council of Western Australia
EDAC	Ethnic Disability Advocacy Centre
EMHS	East Metropolitan Health Services
EQulPNational	A four-year accreditation program for health services that will ensure a continued focus on quality across the health care
ESQ	Experience of Service Questionnaire
FACES	Family and Carer Engagement Strategy program.
FECCA	Federation of Ethnic Communities' Councils of Australia
FEPC	Family Evaluation of Palliative Care
GP	General Practitioner
GP Down South	A non-for-profit that provides health and wellbeing services in the South West and Peel regions of WA.
HACC	Home and Community Care program, which provides basic support services to help people to continue living independently at
HiTH	Youth Hospital in Home
ImpactHD app	ImpactHD is a health and wellbeing app for people impacted by Huntington's disease
Is there a better way	A program exploring positive behaviour support in response to challenging behaviour.

Terms	Meaning
JHC	Joondalup Health Campus, includes Joondalup Hospital.
LAC	Local Area Coordinator in Disability Services.
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
LINC	Liaising Informing Network for Carers.
Machinery of Government changes	Changes to the Western Australia Public Sector in 2017. The Department of Communities was established at this time.
MSCWA	Multicultural Service Centre of Western Australia
MH	Mental Health
MSWA	MSWA, formerly known as The Multiple Sclerosis Society of Western Australia.
MNDWA	Motor Neurone Disease Association of WA
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.
NDIS	National Disability Insurance Scheme
NDIS Appeal Panel	An Independent panel to investigate consumer concerns.
NMHS	North Metropolitan Health Services
NSQHS	National Safety and Quality Health Service
OPH	Osborne Park Hospital
OT	Occupational Therapy
Parent and family network	An online platform where parents and carers share views about Community Health Services.
PCH	Perth Children's Hospital
PEaCE	Patient Experience and Community Engagement Program
PHAC	Public Health and Ambulatory Care
PMH	Princess Margaret Hospital

Terms	Meaning
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.
PO	Patient Opinion is an online independently moderated platform that provides feedback on carers experience with mainstream services.
Press Ganey Patient Experience Survey	A survey that measures the effectiveness of including family, friends and carers in care planning and service delivery within East Metropolitan Health Services.
RAC	Rehabilitation and Aged Care
RAP	Reconciliation Action Plan
RAS	Regional Assessment Service
Ramsay Rule	<p>A principle introduced by Joondalup Health Campus, which states that patients, their families and carers are 'Partners in Care' and should have the ability to raise concerns about the patient's clinical deterioration.</p> <p>The Ramsay Rule information is available to patients and their carers in many formats, including the attached video link which is visible on the wards, in reception and via the Joondalup Health Campus website.</p> <p>https://www.youtube.com/watch?v=5W65XWRxbHI&feature=youtu.be</p>
REACH	Roaming Education and Community Health
RPBG	Royal Perth Bentley Group
SCGH	Sir Charles Gardiner Hospital
Side by Side	A co-designed model of family support for challenging behaviours, which was developed by Developmental Disability WA and families and carers.
SMHS	South Metropolitan Health Services
SQRM	Safety Quality and Risk Management
TOPAS	Total Open Patient Administration System
WACHS	Western Australia Country Health Services
WA NDIS	Western Australian National Insurance Disability Scheme

Terms	Meaning
WAAF	WA Assessment Framework
WNHS	Women and Newborn Health Services
Youniverse	Formerly known as Vela Microboards Australia - a grass roots approach to developing new models of support where existing services haven't been able to provide solutions.

The 2017-18 Carers Advisory Council Annual Compliance Report is available for viewing and download from the Department of Communities website: www.communities.wa.gov.au
For more information, please contact the Department of Communities at carers@communities.wa.gov.au

Appendix 1 – Individual Compliance Reports for 2017-18

Purpose of this Appendix

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 Act states that reporting organisations are considered any person or body prescribed under the *Health Services Act 2016* and the *Disability Services Act 1993*.

For the reporting period 1 July 2017 to 30 June 2018, the following organisations reported on their compliance with the Carers Charter:

- Disability Services, Department of Communities.
- WA Health organisations, 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 community service organisations
- The Mental Health Commission voluntarily reports on compliance with the Carers Charter.

The individual 2017-18 compliance reports, as submitted to the Council, are provided in this Appendix. The individual reports provide further evidence to support the self-assessed ratings of compliances and information about the initiatives undertaken.

The 2017-18 Carers Advisory Council Annual Compliance Report is available for viewing and download from the Department of Communities website: www.communities.wa.gov.au

For more information, please contact the Department of Communities at carers@communities.wa.gov.au

Disability Services, Department of Communities

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation:	Disability Services Commission
Address:	146-160 Colin Street West Perth
Contact officer name:	Rachel Nilon
Service area and address (if different from above):	State-wide
Contact officer telephone:	6104 9514
Contact officer email address:	Rachel.nilon@dsc.wa.gov.au
Name of authorising officer:	Marion Hailes-MacDonald Assistant Director General

Self-assessment of compliance for 2017-18

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

The 2017-18 year has been a landmark one for the Disability Services Commission (Disability Services), now part of the broader Department of Communities.

On 12 December 2017, the Commonwealth and Western Australian governments agreed that Western Australia will join the Australia-wide National Disability Insurance Scheme (NDIS).

From 1 April 2018, an estimated 8,711 individuals with WA NDIS plans commenced transferring to the NDIA and are expected to have transferred by 31 December 2018.

On 1 July 2018, the National Disability Insurance Agency (NDIA) assumed responsibility for the NDIS in WA, with the State providing continuity of support until such time people are given the opportunity to transfer or transition to the NDIS.

It is estimated that over 39,000 people will transition to the NDIS, with the total exceeding 48,000 by 2023.

The Board of the Disability Services Commission has utilised the opportunities presented by the Australia-wide NDIS to connect with the community through reference network meetings, peak body forums and information sessions. Board members have also strengthened their ties with members of the Ministerial Advisory Council for Disability to more effectively identify and offer solutions on disability issues for people with disability, their families and carers.

This partnership approach is reflected in established arrangements between the State Government, the disability sector, people with disability, families and carers that are supporting the development and transition to full scheme implementation of the NDIS in Western Australia. These connections play a pivotal role in providing people with choice and control and localised decision making. This includes ensuring that safe, quality services are being delivered to meet increased demand across metropolitan, regional and remote areas.

Whilst the challenges of transitioning to the Australia-wide NDIS are great, so too are the opportunities. Meeting the individual needs of people with disability, their families and carers and supporting people with disability to achieve their goals continues to be at the heart of Disability Services' business. We understand that each person has unique needs and aspirations. Disability Services will continue to work tirelessly to create better outcomes for people with disability, their families and carers in the year to come.

Machinery of Government changes

The Machinery of Government changes announced in April 2017 by the incoming State Government foreshadowed the creation of a new Department of Communities which will incorporate the roles and functions of the Disability Services Commission.

The subsequent integration of the disability services, housing, child protection, youth justice and local government portfolios has since provided increased opportunities for collaboration across the divisions. This has resulted in a number of positive outcomes for people with disability, families, carers and the Western Australian community as a whole both from an individual and systemic perspective.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect

Training and orientation activities are promoted with Disability Services to ensure that staff are aware of and understand the Carers Charter, and that carers are treated with dignity and respect.

Mandatory online induction for all Disability Services staff includes information about the complaints process that carers can access. New staff to Disability Services participate in an orientation session which includes the perspectives of a panel of people with disability, family and/or carers who are invited to sit in the orientation alongside trainers. Members of the panel take questions from staff and provide answers from their own perspectives. They share lived experiences and what they believe will be helpful so that new employees understand the importance of the work they do, and the benefits it has for people with disability.

The value of carers' input into training is reflected in the feedback we received from new employees who attended training. Previous participants feedback is shown in the quotes below:

- "Very grateful for hearing a parent perspective"

- “Provided a lot of insight into how people navigate the disability services sector”
- “Very positive message bringing into perspective the wider environment and DSC’s (Disability Services) purpose”
- “Insightful and interesting”.

Disability Services provides specific information to support staff that work in direct support roles such as in accommodation and local coordination, to include carers in the assessment, planning, delivery and review of services that impact on them and their role as carers. All Local Coordinators attend a three-day training course about the importance of individualised planning and role of families and carers in the planning process.

All training aligns to National Disability Standards which meet quality indicators for service delivery.

Disability Services Social Trainers attend induction for a full week, during which time various aspects of the Carers Charter are covered. This content is delivered as part of specialist training connected to their particular role.

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role

Systemic disability advocacy

In late 2017, Disability Services investigated the feasibility of funding a new, robust Systemic Disability Advocacy program. The objective was to evaluate the introduction of a vigorous and effective Systemic Disability Advocacy approach within Western Australia to ensure systemic issues faced by people with disability, their families and carers could be identified and addressed.

The National Disability Advocacy Framework defines Systemic Disability Advocacy as working to introduce and influence longer term change to ensure the rights of people with disability are attained and upheld to positively affect the quality of their lives.

Advocacy is a key element of the National Disability Strategy (NDS) 2010-2020 under the policy area of ‘Rights Protection, Justice and Legislation’ and features in the State’s NDS WA Plan 2017-18. It assists people to engage with the National Disability Insurance Scheme (NDIS) and obtain appropriate supports. In addition to direct benefits for people with disability, advocacy brings benefits for government, as it contributes to the early identification of systemic issues that impact on the outcomes and efficiency of publicly funded services.

To inform a thorough consideration of such an important matter, Disability Services undertook extensive research to learn what other jurisdictions were doing in the systemic advocacy area. Having completed desktop research, the importance of consulting extensively with key stakeholders who were actively participating in the disability advocacy space, was recognised.

Such consultation initially entailed holding a public forum, facilitated by an external consultant, in which advocacy organisations, carer stakeholders and people with disability were invited to participate. Further, in-depth consultation was undertaken to fully inform the

direction forward. This took the form of meeting one-on-one with 32 carer stakeholders or representatives of advocacy organisations. The discussion process was intensive and enabled greater community input while managing stakeholder concerns. The feedback received was positive and provided a greater insight into the thinking of the various stakeholders interviewed. An extensive report has been assembled to address three key areas.

The State Government has announced \$1.2 million funding for systemic disability advocacy over the next two years to bring about long-term change that will safeguard the rights of people with disability, their families and carers and improve the quality of their lives.

Information, Linkages and Capacity Commissioning Framework and grants

The Information, Linkages and Capacity (ILC) Commissioning Framework is a high-level plan for the implementation of the nationally agreed ILC Policy Framework. Disability Services consulted with stakeholders, including Carers WA, when developing the final State framework.

ILC is the second funding pillar of the NDIS, building the capacity of people with disability, their families and carers by providing information and the support they need to access community and mainstream services. ILC also aims to build the capacity of community and mainstream services to support and include people with disability.

The first round of tenders for the 2017-18 ILC grant round was conducted in March 2018. Grants were awarded for initiatives across four priority areas, these focus on:

- Improving links for people with disability, their families and carers to relevant mainstream and community services;
- Increased knowledge and capability within mainstream services to meet the needs of people with disability, their families and carers;
- Private enterprises and community based organisations have the knowledge and capability to successfully engage with people with disability, their families and carers in their enterprises and activities, and
- Supporting people with disability, their families and carers to engage with and navigate the NDIS.

Approximately \$3.6 million in funding was shared among 27 organisations for activities conducted through-out the metropolitan area and in a variety of regional and remote communities.

ILC projects funded in round one, include:

- People with intellectual disability, their families and carers will have access to an online resource that will be developed from feedback from the lived experiences of people with disability, their families and carers accessing mainstream services.
- Students with disability, their families and carers will be provided with information to assist them to access education that meets the student's learning and development needs. The project will include one-to-one support to assist individuals, their families and carers access mainstream school.

- A program will be developed for parents and carers of children with disability to link with mainstream services. The program will help parents and carers of children with a recent diagnosis of disability, or who are experiencing a transition in their child's support needs, i.e. transition from school or other life event.

The second round of tenders for the 2017-18 ILC grant round was conducted in June 2018. Grants were awarded for initiatives across the same four priority areas as round one.

Approximately \$5.2 million in funding was shared among 38 organisations for activities conducted through-out the metropolitan area and in a variety of regional and remote communities.

ILC projects funded in round two, include:

- Mapping of services for people with disability from Culturally and Linguistically Diverse backgrounds. Mapping will identify services where there is demonstrable evidence of change which positively impacts individuals and communities. This information will be used to develop a technological application which will assist people with disabilities and their communities in making informed decisions regarding the services and programmes they can access that genuinely meet their individual needs.
- People with disability and their families/carers knowledge and skills will be improved to effectively access a range of health services and health advocacy. This will be achieved through training opportunities, creation of a co-design group, and development and delivery of a seminar for mainstream services. An online network will be established for people with disability to facilitate sharing of experiences with health professionals.
- A peer led, and co-designed initiative which will support people with disability, their carers and families to have improved knowledge on how and what Assistive Technology (AT) can enable them to achieve their goals. Participants will be empowered by building their capacity to make decisions around their AT needs resulting in genuine choice and control. Project activities will be co-designed and will provide further employment opportunities for people with disability.

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

'Having a Break'

Disability Services 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 break provides positive experiences for the individual with disability while strengthening and maintaining the capacity of families and carers to provide support and care.

Ministerial Advisory Council on Disability

People with disability, their families and carers have the opportunity to put forward concerns about disability issues to the Ministerial Advisory Council on Disability (the Council), an independent body appointed by the Minister for Disability Services.

The Council consults the community and key stakeholders, including the Commission's Board Chair and Director General, and then provides advice to Government about major issues affecting people with disability, their families and carers. The Council 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 Council comprises 14 members with skills, experience or knowledge associated with disability. They include people with disability, their families and carers, service providers and advocates. The Chair of the Council sits on the Commission's Board. We provide the Council with administrative staff and resourcing.

Changing Places

Disability Services continues to promote the growing network of Changing Places across Western Australia.

A Changing Place is a customised, public bathroom facility that includes a hoist, adult changing table, secure automatic door and space for two support people.

There are currently about 200,000 Australians with a disability who require assistance to meet their bathroom and personal hygiene needs. Without appropriate public facilities, their options are limited and their opportunities to actively participate in community life restricted. Changing Places address this need by providing a network of safe and hygienic public facilities situated in convenient locations across the State.

There are now 25 Changing Places throughout Western Australia, a further two Changing Places are due for completion in 2018-19. The new Perth Stadium includes several Changing Places to enable people with disability, their families and carers to enjoy sporting matches, concerts and all events the stadium will have to offer.

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

Consumer Liaison Service

The Consumer Liaison Service is an impartial and confidential means of raising and addressing concerns and complaints about disability services. People with disability, their families and carers can access this service which is guided by the principles of impartiality, timeliness, confidentiality and transparency. The service operates in accordance with the Disability Services Act 1993 and the National Standards for Disability Services.

The Disability Services Commission accepts complaints via a wide range of avenues including by telephone, letter, email, via its website and in person. It encourages concerns to be raised at the local level first. Unresolved concerns can be escalated and handled

under the complaints management process. People have the opportunity to respond and provide feedback on the way their complaint was managed and its outcome.

People 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 and providers of health and disability services.

Complaints received

The Disability Services Commission has a strong focus on resolving enquiries and concerns as soon as they are identified, in many cases preventing them from escalating to complaints.

There were 30 complaints received in 2017-18 compared to 67 in the previous year. Of the 30 complaints received, 22 were made by family members/guardians on behalf of a person with disability. Of these, 10 were on behalf of an adult with a disability and 12 were on behalf a child with a disability (17 years and under). Six complaints were made by a person with a disability. One was made by an advocate and one by a service provider, both on behalf of a person with a disability.

Fifty-three per cent of complainants were satisfied with how the complaint was managed, seven per cent were undecided, and 10 per cent not satisfied. Thirty per cent did not respond, or the complaint was not finalised.

Sixty per cent of complainants were satisfied with the outcome of the complaint, three per cent undecided, and seven per cent not satisfied. Thirty per cent did not respond, or the complaint was not finalised.

WA NDIS Appeals Panel

In 2017-18, people participating in the WA NDIS had access to an independent WA NDIS Appeals Panel. Where people were dissatisfied with certain decisions they could appeal them and have their case heard by the Panel. People could appeal decisions related to a number of areas, including eligibility, reasonable and necessary supports, self-management of funds, extension of grace periods and the application of Compensation Reduction Amounts.

The Panel is chaired by an independent person who drew on a pool of appointed panel members also external to the Disability Services Commission. For each appeal, panel members were selected based on their expertise and experience relevant to the matter under consideration. The identity of panel members hearing appeals remained confidential to prevent potential lobbying from stakeholders.

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

Disability Services is committed to ensuring the highest quality of supports and services is provided to people with disability, their families and carers. Its Quality System measures compliance with the National Standards for Disability Services and enforces any required actions by service providers. The Disability Services Commission's Quality System is underpinned by the Standards and includes a range of coordinated activities aimed at

enhancing and safeguarding the quality of service users' interactions with disability services.

Supports delivered by service providers are evaluated to ensure they make a positive difference to the lives of users, support their goals and comply with the Standards. The system focuses on quality individual planning processes, contemporary person-centred approaches, safeguarding and support for people's decision-making and choice, as well as human rights and individual outcomes.

Services are evaluated in two ways. The first component is self-assessment, which enables organisations to review their policies and procedures and report on their progress toward implementing the Standards. The second component is independent evaluation, which involves review of an organisation's compliance with the Standards as well as individual outcomes and service improvement initiatives.

All of Disability Services' service/head agreements contain a requirement for service providers to comply with all relevant legislation including the Carers Recognition Act 2004.

Please provide any additional supporting information you consider relevant

The Disability Services Commission's 2017-2018 Annual Report is available via www.disability.wa.gov.au

The Annual Report demonstrates Disability Services strong commitment to families and carers of people with a disability, particularly during the transfer and transition to the Australia-wide NDIS.

The following findings relating specifically to carers of people with disability are reproduced from the Annual Report.

WA NDIS Consumer and Carer Survey

External consultants Patterson Research Group conducted Disability Services' 2018 Consumer and Carer Survey. The survey collected data from a random sample of 634 people with disability and their carers using an approach that ensured different service types and age groups were adequately represented. Consumers and carers were asked about their service experience and satisfaction, as well as their awareness of the complaints process.

Consumer satisfaction of complaints process and awareness about their right to complain			
Item	2015-16	2016-17	2017-18
Consumer reported awareness of the right to complain	84%	85%	86%
Consumer didn't wish to complain	83%	78%	80%
Consumer reported making at least one complaint	10%	13%	13%
Consumer reported a cause to complain but felt unable to do so	7%	9%	7%
Carer reported receiving information about complaints	62%	62%	61%
Awareness of their right to complain	78%	79%	77%
Carer reported making at least one complaint	6%	7%	7%
Carer reported a cause to complain but felt unable to do so	4%	10%	14%
Carer satisfaction that every effort was made to find a solution	62%	44%	52%
Carer satisfaction with complaint outcome	48%	44%	43%

Implementing the Carers Charter

Carers are highly valued community members and sector stakeholders who play a vital role in the lives of people with disability and in the sector. We work together with carers and ensure ongoing compliance with the Carers Charter as mandated under Section 6 of the Carers Recognition Act 2004. This includes taking practical measures to ensure our staff comply with the Charter.

The Carers Charter specifically requires that carers are treated with respect and dignity and that they are included in the assessment, planning, delivery and review of services that impact them and their role. These values align with our own visions and values. Carers' views, needs and interests are taken into account in decision-making that affects their role. Carers can make complaints about services that affect them.

The table below presents findings from the 2018 Consumer and Carer Survey which reflect a continuing trend of high satisfaction levels with respect to the Carers Charter.

Responses from carers on questions relating to the Carers Charter			
Measure	2015-16	2016-17	2017-18
Treated with respect by staff	96%	93%	95%
Included in service delivery	92%	89%	90%
Included in assessments	92%	91%	91%
Included in planning on review sessions	93%	91%	93%
Sensitive to carers' views	91%	88%	88%
Sensitive to carers' needs	89%	82%	82%

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

In 2018-19 there will continue to be a significant, complex and evolving policy context within which disability services in WA will be delivered. Future areas of focus will include bringing together a range of functions and assessing potential synergies between the division that comprise the Department of Communities. Disability Services will continue to work with all stakeholders including carers and carer groups, to ensure a smooth transition to the Australia-wide NDIS.

North Metropolitan Health Service

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation: North Metropolitan Health Service

Address: 2 Verdun St, Queen Elizabeth II Medical Centre,
Nedlands WA 6009

Contact officer name: Kristen Taylor

Service area and address (if different from above): North Metropolitan Health Service (NMHS)
Women and Newborn Health Service (WNHS)
King Edward Memorial Hospital (KEMH)
North Metropolitan Health Service Mental Health (MH)
Sir Charles Gairdner Hospital (SCGH)
Mental Health, Public Health and Dental Service (MHPHDS)

Contact officer telephone: 08 64577927

Contact officer email address: Kristen.taylor@health.wa.gov.au

Name of authorising officer:

Self-assessment of compliance for 2017-18

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

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

- At WNHS education is ongoing to staff through induction and training to ensure awareness of the requirement to directly involve carers and consumers in service delivery and care planning. Guidance is provided to managers on the recruitment and support of consumer and carer representatives on committees and the like, including processes for consumer payment.
- WNHS continues to cultivate the staff knowledge of the Carers WA Prepare to Care package with scheduled training and emailed information. 68 carers have been provided a 'Prepare to Care Pack' by WNHS which an increase of 62% from last year and 294 information packs were provided to the public.
- The Carers Corners are specific areas for carers to sit and read information that are in use in KEMH East Wing Clinic and Centenary Clinic. There was a Carers Week display in the KEMH foyer manned by staff and Carers WA.
- MH co-facilitated a carer engagement project with Helping Minds at Graylands Hospital and Mirrabooka Community Mental Health Service which has led to initiatives to improve carer engagement across the catchment and wider service.

- MH has developed improved posters and pamphlets for carers and implemented a number of quality initiatives to identify carers more effectively and to explore better consent processes for sharing information with carers. MH has undertaken reviews of carers who are young people or older adults.
- A brief, two-session psycho-educational program for carers has been updated by the Centre for Clinical Interventions. The aim of this program is to ease caregiver burden and distress, and increase eating disorder knowledge, coping and self-efficacy.
- The Family and Carer Engagement Strategies (FACES) Newsletter was relaunched by NMHS MH. The FACES Newsletter is edited by Carer Consultants and aims to inform carers of support services available and other information relevant to carers. It is also aimed at encouraging carers to participate in sharing information about their experiences and coping strategies.
- MH has recruited and trained four new Carer Consultants who are now working in the service. In July 2018, 100% of MH Governance committees have a recruited carer on the committee membership. This is an increase from 50% in 2017.
- SCGH has distributed 1,578 Prepare to Care resource packs and 2,814 Information packs. It has registered almost 4,500 separate interactions with carers over the past 12 months. Carers WA provided 70 direct interactions with carers throughout the 2017/2018 period at SCGH.
- NMHS introduced the C4 (Clinician, Consumer, Carers and Community) Engagement Framework, toolkit and training program to guide staff planning and implementing engagement activities with those for whom service related decisions will affect their life and work, such as carers.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect

- The WNHS Customer Service Unit carried out 24 induction presentations and in-service training for ward clerks, midwives, nurses, medical staff and volunteers to raise awareness that it is everyone's responsibility to ensure carers are identified and included in the service delivery of a patient.
- A meeting is planned to discuss the enhancement of education about the Prepare to Care program and the use of the pink sticker. The pink sticker is added to patient notes to identify a patient with a carer and has room to write the name and contact details of the carer.
- Carers WA undertook training for staff 23 times across the KEMH site including West Wing Clinic, Labour and Birth Suite, Day Surgery Unit, Diagnostic Imaging and Ward 6.
- MH includes information about the Mental Health Act 2014, including the rights of support persons, in staff induction and orientation. The Carers Charter has been circulated to staff and posters are available in clinical areas. This provides staff with an understanding of the Carers Charter and promotes positive communication when liaising with patients' families and/or carers. The MH carer engagement project co-facilitated with Helping Minds led to training for clinical staff regarding carer needs. The

project has also resulted in some quality initiatives around providing improved information about the carers' charter within clinical areas. Local Community Development Officers have also organised staff development sessions in local clinics and services.

- 247 SCGH staff attended the 30-minute in-service training provided by Carers WA and 252 participated in orientation sessions at induction for new staff members covering the Act. Nursing research undertaken within the Medical Division has seen an increased focus on the burden of caring especially in the context of people with cognitive impairment.

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role

- WNHS Consumer Advisory Committee (CAC) membership includes a carer representative. An audit was undertaken with the WNHS CAC carer representative of the KEMH foyer signage and Agnus Walsh House with necessary changes implemented.
- KEMH introduced its Disability Access and Inclusion Plan Implementation in consultation with carers.
- MHPHDS is committed to actively involving consumers, carers and family members in the development of policies and organisational plans that affect carers and their caring role. The MH Committee Guidelines, the MH Consumer and Carer Participation policy, the MH Consumers, Families, Carers and Communities Engagement Framework and the Good Practice Guidelines for Engaging with Families and Carers in Adult Mental Health Services outline staff responsibilities and procedures in facilitating this. The Good Practice Guidelines are applicable to other programs and age groups with appropriate amendments. Carers sit on all Governance committees for MHPHDS and advisory groups where appropriate. These carers participate in the decision making that takes place within these meetings and all policy review that is progressed through governance committees and carer representatives on these committees review the policies and provide input.
- Auditing of MH Safety, Quality and Risk Management (SQRM) committees has shown progressive improvement over recent years with 70% of all SQRM committees having carer representation in 2018. Overall, across all active committees (excluding temporary project working groups), 83% have carer involvement. There is also significant evidence that carers are routinely included on the membership of short-term project groups and working parties for quality improvement initiatives.
- DonateLife WA has resources including a booklet about understanding death, to assist in understanding the donation process and support decision making about family members becoming organ and tissue donor; a booklet about the grieving process and available support services inclusive of DonateLife Donor Family Support services.
- SCGH maintain ongoing engagement with carers through representation on the CAC from Carers WA, the Health Consumers Council and individual carers in relation to their experience whilst attending the hospital. SCGH has developed a "Focus on the Person" form in collaboration with carers of people living with cognitive impairment

which aligns with the new National Standards and enables carers to provide valuable information about the person they are caring for and facilitates staff to engage with them at an individual and personal level, improving rapport and the care delivered.

- A consumer representative continues to attend the MHPHDS Dental Services Executive Committee and Quality and Risk Management Committee meetings. Dental Services continues to engage consumers/ carers via survey, complaints and compliments monitoring, and asking consumers/ carers to review patient information in the form of pamphlets and brochures. Major carer/ consumer surveys of services provided at General Dental Clinics and School Dental Services are conducted on a bi-annual basis. As part of the Dental Service ongoing engagement with consumers/ carers, a forum was conducted in July 2017 for both the General Dental Clinic (adult service) and the School Dental Service (child service) in the Bunbury area. The session was advertised through the clinics and ten people registered to participate. However, on the day only one consumer with children in the School Dental Service attended. As such, a less formal structure was adopted with the consumer asked for their view on:
 - clinic accessibility,
 - treatment experience,
 - review of some DS publications,
 - potential change to configuration of services and
 - ongoing engagement of consumers.
- A report, on the outcomes of the forum was tabled at the Dental Service August 2017 Quality and Risk meeting and highlighted a positive response to school services, location of services, publications and a keenness for ongoing consumer engagement

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

- WNHS CAC review and assist in the development of policies, brochures and organisational service plans, and members represent the CAC on the Executive and other committees and groups.
- The annual Documentation and Clinical Pathway Audit conducted within MH reviews evidence of consumer and carer involvement in individualised patient-centred care planning and discharge planning. As well as the strategies outlined in response to criteria 2, carers and carer representatives are included in Quality Improvement projects undertaken within MH. Carer representatives also sit on the committees that oversee all Quality Improvement projects. Examples of inclusion of the views and needs of carers when using Quality Improvement projects to assess, plan, deliver and review services in this reporting period include:
 - A Carer Focus Group project within MH to assist, support, inform and develop mental health service, practices and delivery.
 - The 12-month evaluation of the Youth Hospital in the Home (HITH) service, established in March 2017, found that carers reported 94.4% satisfaction with care, and 100% satisfaction about convenience (n = 12). The impact of the service on carer burden was also assessed. Contrary to the notion that the Youth HITH could be burdensome, carers reported a preference for their

son/daughters to be cared for in the home. Responses indicated that it provided them with peace of mind knowing the person they care for was looked after in a home environment, and safe.

- Graylands Hospital ran a project to improve collaborative care planning in their acute care wards in January 2018. A carer consultant was involved in the project team and provided training and mentoring to clinicians. Positive improvements in the quality and collaboration of care planning have been evidenced. A project to identify the barriers and enablers to the effectiveness of strategies which have been implemented in MH inpatient units to reduce/eliminate the use of restrictive practices (e.g. seclusion and restraint, coercive practices) sought feedback from multidisciplinary team clinicians and peer workers working in MH inpatient units and from carer and consumer representatives who have knowledge or a lived experience in relation to the current strategies utilised in MH.
- DonateLife WA invite periodical feedback and discussion from carers on aspects of the support services such as donation process, bereavement and counselling support, progress on the health of transplant recipients, and correspondence between donor families and transplant recipients. These contacts relate mostly to providing information and support to carers who wish to receive ongoing contact with DonateLife to further their interest and awareness in the donation and transplant sectors in general. Some carers maintain these contacts over many years as a result of the positive experiences they derive from their decision to uphold their loved one's decision to be an organ and tissue donor. Other carers have contacted DonateLife months and years after the donation to request counselling support.
- SCGH celebrated Carer's Week and held a morning tea for carers in the outpatient department. Celebrations included the presentation by Carers WA of four awards recognising the special efforts of staff to identify carers and provide them with information including the Carers WA 'Prepare to Care Pack'. SCGH nursing staff on the Acute Care of the Elderly and Delirium Care Unit recently undertook a research project that involved the implementation of a supportive intervention for family caregivers of older people with delirium. Engagement of the carers was sought in the planning and delivery of care whilst in hospital as well as access to education and support for themselves as carers through invitation to bedside handover for the patient. On an individual basis education and advice on care of the older person with cognitive impairment, particularly delirium was provided.
- The Carers Charter is displayed in MHPHDS Dental Services sites state-wide. Dental Service clinical records identify if the patient has a carer and when identified, ask for contact details so their views and needs are considered at all levels of the treatment process along with the patient. When carers are included in the clinical consultations, this is documented in the clinical record.

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

- Compliments and complaints are dealt with in a timely fashion, with complaints responded to in accordance with the WA Health Complaints Policy. NMHS actively

promotes feedback avenues which include in-person, by mail, email and phone. Further, NMHS subscribed to Patient Opinion in 2017/2018 which is an online platform for patient and carer experiences of health services. This has also been widely promoted.

- WNHS's Customer Service Unit records and monitors complaints and feedback, and the system changes arising from these. The complaint management systems identify specific carer feedback separate from consumers to allow for identification of trends and all feedback is provided by way of quarterly updated to the Executive and the WNHS Community Advisory Council meetings.
- MH invites carers to meet with senior clinicians/senior staff to discuss their complaint, and the outcome of the investigation. Training offered to staff annually in complaints and feedback management includes information on collaborating with carers / family members and understanding the Carers Recognition Act. Reports on consumer feedback and complaints including trend analysis and service improvements is provided to the MH Community Advisory Council which includes Carer Consultants and a representative from Carers WA.
- In 2017/2018 25% of complaints received within MH were from Carers. A complaint from a carer received in 2017 and resolved via the Health and Disability Services Complaints Office (HaDSCO) formal conciliation process resulted in a positive outcome. The carer agreed to utilise their experience as lessons learnt in which the Head of Clinical Services at Graylands Hospital conducted training of local clinicians on how to work with carers and family members.
- Between July and December 2017, Youth MH used an adapted version of the Experience of Service Questionnaire for Family, Friends and Carers of Youth to measure levels of carer satisfaction with service delivery. The final report, Family, Friends and Carers Experience of Service Questionnaire – Summary of Outcome Data Report (January 2018), provides critical qualitative feedback and recommendations to inform future Youth MH program and service development as it applies to families, friends and carers.
- Within DonateLife WA Donor Families are invited to raise any concerns with their understanding of the donation pathway at the time of donation discussion, with follow up letters and support provided as part of Donor Family Support service. Donor Families are also invited to participate in national study to provide feedback on the family's experience of early interactions with hospital staff and DonateLife staff, from initial conversation through to follow up support provided after a donation decision was made. This insight provides evidence got ongoing review and delivery of care and support provided to families before, during and after donation.
- SCGH identified 64 complaints as having been initiated by carers however these do not necessarily relate to carer issues.

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

All WNHS contractors have been provided with copies of the *Carers Recognition Act 2004* and have been reminded to display the Carers Charter in public areas. Funded services

are required to report annually on their compliance with the Carers Charter, their comments have been included in this report.

New contracts that will be entered into in 2019 (next round) will include a clause that ensures compliance with Carers Charter. Existing contracts to have a clause included when renewed.

Please provide any additional supporting information you consider relevant

NMHS Mental Health completed

- Unmapped National Mental Health Standard #7 - Pre-Survey Assessment Accreditation Report
- Standard 2 - Partnering with Consumers - Pre-Survey Assessment Accreditation Report
- Carer Consent Processes Review - August 2018
- Practice Review Children and Aged Persons as Carers 2018 occurred in May 2018.

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

- WNHS is developing an easy to read pamphlet about the Customer Service Unit in consultation with carers and community groups. WNHS is developing a concierge service for the front foyer to offer help in finding areas. WNHS is reviewing the way carers are identified on the clinical record.
- Goldfields Rehabilitation Services, funded by WNHS, plan to undertake a carer survey to ascertain the compliance of the Carer Charter
- MH is commencing an engagement strategy project in October 2018. The project plan was co-created by carers, consumers and health service staff and will involve carers in the development and writing of this strategy. A new Carers Information Booklet will be launched by MH in October 2018 and a new Carers Support Group will be launched at Osborne Park Hospital's mental health unit in October 2018
- MHPHDS Dental Services is developing an email based carer / consumer group to conduct carer / consumer forums on related topics to service delivery and the provision of care. Dental Services will continue to develop its relationship with the Health Consumers Council and Carers WA to consider and evaluate the effectiveness of its current toolkit for engaging with carers and consumers.
- SCGH has recognised that clear lines of communication with the carer as an integral member of the patient care team requires further development. One such strategy is ensuring that carers are actively invited and feel welcome to attend bed side handovers with staff members to ensure the information being shared is accurate and timely. This will be a focus in the coming year.

South Metropolitan Health Service

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation:	South Metropolitan Health Service
Address:	Locked bag 100, Palmyra DC, WA 6961
Contact officer name:	Jaymie Arthurson
Service area and address (if different from above):	South Metropolitan Health Service (SMHS) Fiona Stanley Fremantle Hospitals Group (FSFHG) Rockingham Peel Group (RPG) Peel Health Campus (PHC)
Contact officer telephone:	08 6152 3455
Contact officer email address:	jaymie.arthurson@health.wa.gov.au
Name of authorising officer:	Mr Rob McDonald Chair South Metropolitan Health Service Board

Self-assessment of compliance for 2017-18

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

As there is significant consistency in the systems and processes in place to ensure compliance with the Carers Charter, the responses in this report reflect all South Metropolitan Health Service (SMHS) sites unless otherwise stated. These sites include:

- Fiona Stanley Fremantle Hospitals Group
- Rockingham Peel Group
- Peel Health Campus

SMHS have implemented a number of key initiatives to improve the recognition and identification of carers and facilitate greater understanding of their needs SMHS. A few select examples are provided below.

SMHS Consumer and Carer Engagement Strategy

Recognising the importance of genuine and consistent consumer and carer feedback on the quality of the patient experience and the ability to meet the health care needs of the community, the SMHS Consumer and Carer Engagement Strategy was developed to guide and ultimately embed engagement of consumers and carers as essential partners in health care delivery.

The goals of the Consumer and Carer Engagement Strategy are:

- Further improve the quality, accessibility and inclusiveness of services necessary to meet health care needs of all the community
- Embed the involvement of consumers and carers in the planning, delivery and evaluation of services
- Increase the consistency in the application of engagement strategies across SMHS.

Acknowledging the barriers and difficulties vulnerable patient groups experience in accessing quality health services, the strategy focuses on the following consumers with a view to improving health equity:

- Aboriginal consumers
- Consumers with disability
- Culturally and linguistically diverse consumers
- Mental health consumers

A phased approach will be adopted for the implementation of the strategy, with work already in progress on initiatives for Aboriginal consumers and people with disability.

SMHS Disability Advisory Committee

A SMHS Disability Advisory Committee (DAC) has been established with the purpose of overseeing and promoting the implementation of the WA Disability Health Network and the SMHS Disability Access and Inclusion Plan. The overarching objective of the DAC is to provide greater accessibility and inclusiveness to facilities, services and programs for people with disability, their families and carers. Membership includes a consumer with lived experience of caring for a person with disability.

Health Consumer Excellence Awards 2018

Rockingham Peel Group Chair (RkPG) of the Community Advisory Council was selected as a finalist in the Health Consumer Award. Deb Letica is a carer for her younger brother and has actively advocated on behalf of carers in multiple areas and roles. These include representing the views and needs of consumers and carers on committees at RkPG and SMHS and participating in the development and review of several documents facilitating engagement of these key stakeholders in the planning, delivery and evaluation of health services.

Providing the carer perspective at Peel Health Campus

The PHC Nurse Director of Clinical Services met with the husband of a dementia patient who had contacted the hospital after his wife's death to recommend improvements to care for patients with dementia and their families within hospitals. Following this meeting the husband (the patient's carer) and family were invited to a workshop to map out the patient and carer journey through the health care system. An action plan was developed and after consultation with the health teams involved throughout the journey, recommendations were agreed.

The outcomes from the agreed action plan thus far have been:

- Key staff on medical wards have completed dementia training

- Carers WA have provided education to all clinical areas including Emergency Department so that carers can be identified early and provided with information about what support and counselling services are available in the community
- A “care information board” has been created at the front reception, in association with Carers WA to provide brochures on available services
- Information available at GP surgeries, and through GP Down South (a not for profit community organisation providing health and wellbeing services in South West and Peel regions of WA) regarding support for carers was increased
- Customer service education has been delivered to medical staff to improve communication with carers and patients
- Greater carer involvement in education programs which has provided carers an opportunity to tell their story. This has been a powerful driver to increasing staff awareness and developing greater empathy regarding the difficulties the patient, their family and carers maybe experiencing and emphasises the difference compassionate and individualised care can make to patients and their loved ones.
- Discharge planning processes have been reviewed to ensure early communication with carers on the discharge decision and the identification of support required
- Most importantly the husband has joined the PHC community Board of Advice and also delivers education to staff at graduate and dementia/delirium study days. He has conducted staff forums on “the first 15 steps” – the impressions people gain in their first 15 steps into a hospital ward and has an ongoing involvement in key community health promotion days, for example the Dementia Awareness Day.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect.

All corporate and clinical staff receive information regarding the Carers Act and a copy of the Carers Charter on induction. The Charter is displayed across sites in various formats including:

- Carers Charter and Carers Recognition Act 2004 brochures
- Know your rights posters
- Links to the Charter on hospital websites
- “Carer Information Corners”
- Electronically via Patient Entertainment System

The Act, the Charter and Prepare to Care resources are discussed during induction with examples provided of applying the Charter to increase awareness and a working knowledge of the documents. The Charter is also incorporated into other relevant staff training education sessions and workshops across sites.

Key carer organisations are consulted in the development of educational material that relate to carers and the Charter, these include:

- Carers WA

- Carers Australia
- Alzheimer's Association
- Dementia Australia
- Mental Health Commission
- Living Proud

Carer representatives are invited to attend conferences or other educational opportunities that focus on caring. Across SMHS, carer representatives have been invited to attend staff education and specific team meetings to share their personal experience, examples include sessions on living with people with dementia, autism and mental illness.

Staff receive ongoing training on carer recognition ensuring that carers are identified throughout the patient journey and are included in care planning and delivery wherever possible. Primary carers are recorded on the Total Open Patient Administration System (TOPAS).

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role.

Carers are represented on consumer advisory councils (CACs) that promote and support the role of carers across all SMHS hospitals. The CACs participate in the review of organisational documents including policies, patient information brochures and leaflets, forms and templates. Consumer/carer representatives are members on organisational governance committees wherever possible. Representatives report back to the relevant site advisory councils on the various committees' activities, ensuring broad consumer and carer input on a wide range of issues affecting the organisation.

SMHS strategies and service plans have consumer and carer input to ensure that the organisation is delivering quality, accessible and inclusive health care that meets the needs of our diverse community. These include but are not limited to:

- SMHS Strategic Plan 2017-2020
- SMHS Consumer and Carer Engagement Strategy
- SMHS Disability Access and Inclusion Plan 2017-2022
- SMHS Aboriginal Patient Cultural Care Guidelines
- Aboriginal Health Champions program

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

There are a number of consumer advisory councils that have carer representation across SMHS. These committees provide direct input into respective hospital executive committees and ensure the effective engagement of people with lived experience as carers and consumers in decision making processes and include:

- Fiona Stanley Hospital (FSH) Consumer and Community Advisory Council

- FSH Mental Health Consumer and Carer Advisory Council
- FSH Emergency Consumer and Community Advisory Council
- Fremantle Hospital (FH) Consumer Advisory Council
- FH Mental Health Consumer Advisory Council
- Rockingham Peel Group (RkPG) Community Advisory Council
- RkPG Mental Health Guidance Group
- Peel Health Campus Community Board of Advice

Functions and responsibilities of these groups include review of safety, quality and performance data including feedback, patient experience survey results, complaints and compliments information and make recommendations for change and improvement as necessary.

The diverse views and needs of carers are also gathered via the following key roles:

- Patient Family Liaison and Consumer Liaison Officers
- Aboriginal Hospital Liaison Officers
- Peer support workers

Recognising and supporting carers is essential to their health, wellbeing and their ability to continue to care. Early identification and appreciation of their needs, ensures they can access the information and support they require to continue to look after themselves and the person they care for. In order to increase awareness, provide assistance to staff and advocate on behalf of carers, champions have been appointed across SMHS hospitals. Carers Corners have been established at all sites to facilitate self-identification and provide information about key services that can further support them in their role.

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

SMHS widely communicates its commitment to complaints management and the value placed on feedback to improve our health service to consumers and carers accessing services. This is demonstrated by information booklets, brochures, posters and signage instructions provided on SMHS and hospital internet websites. The information is available in different formats and languages to ensure access requirements are met for people with disability and those from Culturally and Linguistically Diverse backgrounds (CaLD). Hospital websites also outline the rights and responsibilities of consumers and carers.

Consumers and carers can provide feedback regarding the services and care delivered by SMHS through a number of different ways including:

- In person
- Telephone
- Completing consumer feedback forms
- Through staff

- Letters and email
- Patient Opinion website

Hospital Patient/Consumer Liaison Services/Offices provide advocacy and support to all consumers, families and carers, through timely and responsive communication and resolution of consumer concerns. These services are the central coordination point to register and monitor the management of all consumer and carer complaints and feedback.

All SMHS sites are required to follow the WA Health Complaints Management Policy and compliance with this policy is measured and reported to the SMHS Area Executive Group and the SMHS Board Safety and Quality Committee on a regular basis. An annual complaints report is also submitted to the Health and Disability Services Complaint Office.

SMHS subscription to Patient Opinion affords another avenue for consumers and carers to provide feedback regarding services. Patient Opinion is a moderated online social media platform for members of the public to anonymously tell their story (positive and negative) regarding their experience in receiving care from specific hospitals/ services. A quarterly report providing an overview of the number and criticality, as well as a summary of the stories received is tabled at SMHS Area Executive Group and SMHS Board Culture and Engagement Committee.

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

SMHS ensures that contracted services conduct and provide a self-assessment of their compliance to Carers Charter annually. All relevant contracted services have advised they are compliant with the Carers Charter for the 2017-2018 reporting period.

Of note, St John of God Murdoch Community Hospice advised that carers are involved in the care process from admission to potential discharge. Every attempt is made to provide education material and psychological support to the Carer. Carers are encouraged to partner in the provision of care and their distress is measured daily throughout their stay using a validated tool (PCOC Problem Severity Score) and interventions are employed as appropriate. The needs of the Carer are given equal weight when planning for discharge and appropriate referrals are made to other support agencies.

Please provide any additional supporting information you consider relevant.

No additional information.

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

Aboriginal Health Champions Program

SMHS officially launched the Aboriginal Health Champions program on 23rd July 2018. The program aims to build a network of non-Aboriginal staff to champion Aboriginal health and increase the cultural competency across the workforce. The goal is to increase

engagement with Aboriginal patients, their families and carers to improve their experience and health outcomes.

Carers week celebrations

This year SMHS plans to celebrate Carers Week to promote and acknowledge the significant contributions carers make to our community. The aim is to raise awareness amongst staff, our patients and their families regarding the important role of carers, facilitate early identification and provide information on the services and support they can access to ensure their health and wellbeing.

Patient/carer feedback

SMHS will procure the services of an external agency to administer the collection of patient experience feedback from consumers and carers. A phased approach will be adopted for the implementation of the various measurement methods. The data collected will be reviewed throughout the health service and improvement initiatives will be identified and implemented to enhance care provided.

East Metropolitan Health Service

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation: East Metropolitan Health Service

Address: Kirkman House, 10 Murray Street, Royal Perth Hospital

Contact officer name: Hayden Smith

Service area and address (if different from above): East Metropolitan Health Service (EMHS)
Armadale Mental Health Service (AMHS)
Royal Perth Bentley Group (RPBG)
St John of God Midland Public Hospital (SJGM)
Armadale Kalamunda Group (AKG)

Contact officer telephone: 08 9224 3772

Contact officer email address: Hayden.smith@health.wa.gov.au

Name of authorising officer:

Self-assessment of compliance for 2017-18

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

Armadale Mental Health Service has been involved in pilot project which commenced in July 2017 and was undertaken by 'Helping Minds' Mental Health Services and carers support. A Helping Minds family support counsellor is on site in the Mental Health Service inpatient and outpatient areas at specific times and days.

'Implementation of A Practical Guide for Working with Carers of People with a Mental Health Illness' report was released in June 2018. This report has helped the organisation to increase staff awareness of the importance of engaging with carers and families; the identification, development and implementation of strategies, processes and resources that support carer inclusion as consistent with standards and legislation; and increased provision of support and advice to carers.

Royal Perth Bentley Group has piloted a Helping Hand Project for Mental Health. The service is currently underway with a specific trial project with Helping Hands to make assessment of our current carers support and engagement. Following this will be a trial on Wards 7 and 10 to provide support to staff with information, resources and training if

required in areas that are needed. This is a 6 month trial with a view to the project being rolled out in all mental health areas.

EMHS has implemented the Patient Opinion Program, with patients and carers invited to share their experiences. 7 (5%) of stories come from individuals who have self-identified as carers. A further 35 (27%) of stories come from individuals who have identified as parents/ guardians or relatives.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect.

Information is provided on the RPBG and AKG intranets on the Carers Charter and links to the Carers WA Website. AKG particularly have a 'For Carers' section on the Armadale Kalamunda Group internet site.

All sites within EMHS have an embedded 'prepare to care' program, including presentations, attendance at in services by Carers WA (128) and individual 'interactions' between Carers WA and EMHS staff (90).

A highlight from AKG was the presentation from Carers WA to the Grand Round attended by doctors, nurses and allied health professionals. RPBG have expanded their carers corner at both sites with information for both staff and carers.

EMHS sites identify carers at the point of admission with details recorded onto the Patient Administration System (WebPAS). Staff awareness posters were disseminated to act as a visual prompt to aid in the proactive identification of carers on presentation. This is now considered embedded within health service staff practice

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role.

Carer needs are referenced in the EMHS Strategic Intent 2017-2020 under the 'consumer-centred' and 'active partnerships' service delivery principles. There is a more detailed breakdown of actions to support engagement and involvement of carers in healthcare service planning and delivery in the EMHS Operational Plan 2017-2020 including building on the relationship with Carers WA and other service providers, NGOs and alternate funding bodies.

Carers were prominently mentioned throughout the EMHS Annual Report 2016-17 including summary of innovations to improve engagement and involvement of carers in all aspects of healthcare service delivery.

There is a carer representative on each hospital's Consumer Advisory Committee (CAC). These committees support organisation-wide policy review when referred to the CAC for consideration and feedback.

There are also carer representatives on a number of other committees across EMHS, including the RPBG Standard 2 Committee and the AKG Falls and Cognitive Impairment Committee. The WA Health You Matter: Consumer, Carer, Community and Clinician Engagement Guideline provides recommended mechanisms for the engagement and involvement of carer representatives in policy consultation processes.

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

The EMHS Clinical Governance Framework includes a section titled 'Care is Consumer and Carer Centred'.

Prompts are embedded in various forms to ensure the involvement of consumers and carers in the decision-making and service provision of healthcare for example, Falls Risk Assessment and Management Plan (FRAMP); Mental Health Admission checklist; Mental Health Discharge checklist; Skin and Pressure Injury Assessment form; OT hoist training of carers.

Introduction to services letters (community and inpatient Mental Health Services) provide information, as well as being used as a way of making contact with carers at the point of admission and recognising Carers Rights.

There are dedicated Carer Hubs in designated areas of all EMHS hospitals. These are supported by a number of information boards available in consumer, carer and staff thoroughfares that outline the role of the carer and act as a visual prompt for both consumers, carers, and the workforce to identify carers during the patient's healthcare journey. These messages are further reinforced during promotional displays, such as Carers Week and Safety September.

Helping Minds Service is available to support carers of patients with a mental health diagnosis. Printed information that has been through the CAC is identified with a specific logo to demonstrate consultation with consumers and carers. Printed material is also available in different languages to support the diverse CaLD and aboriginal groups that utilise EMHS services.

Carer views are sought and received as part of the Patient Opinion Program with 5% of stories from carers and 27% of stories from parents, guardians or other family members. The Press Ganey Patient Experience Survey has also provided an opportunity to measure how well we are including family, friends and carers in care planning and service delivery. This information is collated and reported to the departments/wards, EMHS Executive and Board.

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

Complaints received by the organisation from carers are addressed in accordance with the complaints policy and used at meetings and forums to educate staff. Data about complaints from carers is routinely tabled at relevant committee meetings, including EMHS executive and board meetings.

There are posters on notice boards and feedback forms/brochures and suggestion boxes invite consumers and carers to share their opinions in written and verbal format with the health service.

The EMHS internet has information available to the public regarding the various methodologies to support consumers and carers providing feedback to the organisation. Anyone who lodges a complaint is kept informed on the complaint progress and staff are provided training to encourage anyone to make a complaint on behalf of someone else, should they wish.

The organisation monitors the complaints management system with measures looking at timeframes for initial recognition and response to a complaint and the amount of time taken to close a complaint. Health services must provide to the Patient Safety Surveillance Unit (DoH) a break-down of the following information on a monthly basis within the timeframe advised by the requesting officer:

- total number of new complaints received per month
- complaints classified into subcategories and issues
- total number of complaint issues per month
- number of complaints carried over (received by the hospital, via ministerial or via external agency)
- number of complaints that were resolved within 30 days of receipt (of those received by the hospital, via ministerial or via external agency)
- number of complainants awaiting final responses (of those that lodged complaints to the hospital, a minister or to an external agency)
- number of new complaints referred to an external agency (of those complaints received by the hospital, via ministerial or via external agency)
- number of new compliments and contacts/concerns.

Mental health complaints/complaint issues are reported separately for each health service that provides mental health services.

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

The St John of God Midland Public Hospital, who provide health services on behalf of EMHS, have reported, through self-assessment, their compliance with the Carers Recognition Act and Charter. This is attached in Appendix A.

Please provide any additional supporting information you consider relevant.

Implementation of A Practical Guide for Working with Carers of People with a Mental Illness – Armadale Mental Health Service Pilot: Report June 2018

Cath Stewart, Project Lead for Helping Minds nominated Armadale Mental Health Service for the HCC Consumer Excellence Awards under the Health Organization category for working to improve engagement with Carers through the Helping Minds Carers Guide Project.

Royal Perth Hospital Emergency Department demonstrated excellent ratings for the inclusion of family friends/ carers in decision making from Press Ganey Surveying. See Appendix B

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

EMHS has drafted a consumer experience and engagement framework outlining initiatives for Partnering in Care, and Consumer and Carer Engagement alongside the Walk a Day in My Shoes Consumer Experience Strategy. Relevant initiatives that have been/are being rolled out across the EMHS include:

- CARE – Family/Carer Escalation of concerns regarding the patients worsening condition (CARE stands for Call and Respond Early. See the attached brochure.
- Customer Service Training across clinical and non-clinical staff and raising awareness of Moments of Truth for patients, carers and families.
- Development of an EMHS video of patients and staff encouraging empathy and compassion and showing context to concerns patients have.

Further development of a consumer, carer and community engagement strategy is currently underway for the Armadale Kalamunda Group. This strategy will incorporate actions to support improvements in the involvement and engagement of carers in health care service delivery.

RPBG has developed a Patient Experience Strategy 2018-2020 which identifies key targets to include a range of stakeholders, consumers groups and the community in consultation to ensure RPBG delivers “what matters most” to patient carers and the community. One of the objectives of the strategy will be to ensure carers are involved in the culture of continuous improvement over the next 2 years.

RPBG have a quality improvement project “Amazing Nursing Care” planned, which has a component entitled patient empowered bedside handover. Bedside handover is a process where nurses include patients in the sharing of information once a day at handover and we will be encouraging carers to participate.

Child and Adolescent Health Service

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation: Child and Adolescent Health Service (CAHS)

Address: 1 Hospital Avenue NEDLANDS WA 6008

Contact officer name: Emma Jasper
Manager, Child and Family Engagement Service

Service area and address (if different from above): State-wide
Perth Children Hospital (PCH)

Contact officer telephone: 08 6456 4968

Contact officer email address: cahs.childandfamilyengagementservice@health.wa.gov.au

Name of authorising officer: Aresh Anwar
Chief Executive Officer

Self-assessment of compliance for 2017-18

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

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

Perth Children's Hospital (PCH) opened in June 2018.

Carers actively involved in the PCH project via the Community Advisory Council (CAC) and other project working groups involved in the planning, moving, opening and adjusting to the new hospital. CAC and working groups actively involved in partnering, reviewing and advising on services at the new PCH and across Mental Health and Community Health. YAC and CAC weekly representation on the Hospital Senior Executive Committee. Carers access the WA Health complaints process across CAHS to share their experiences which are addressed in accordance as per the complaints policy and learnings used to drive improvements and at forums to educate staff.

Patient Opinion - Patient and carers are invited to share their experiences.

Inclusion of family and carers in discharge planning is routinely monitored within the Press Ganey Voice of Families survey and is used to measure how well we are doing, including family, friends and carers.

Kalparrin provides support specifically to Carers (of chronically unwell children) and staff to better meet their needs. Actively provides Carers with 'Prepare to Care' and other carers resources.

Carers actively informed / involved in the following:

- CAHS Strategic Plan 2018-23;
- CAHS Disability Access and Inclusion Plan;
- Community Health Consumer Partnership Strategy and Implementation Plan;
- WA School-aged Health Services Review Project;
- PCH Concessional Parking Policy;
- PCH Patient Entertainment System (PES);
- PCH/Community Health/Mental Health publications;
- Nursing Research events and information gathering to inform services.

Community Health involves carers on an ongoing basis through the Parent and Family Network - see https://healthywa.wa.gov.au/Articles/N_R/Parent-and-family-network. The Network is an online group of parents and carers who share their experiences and ideas about Community Health services.

CAHS Mental Health (CAMHS).

Carers formally identified at multiple points of care, treatment planning and development of Safety, Recovery and Action Plans:

- CAMHS Access policy
- CAMHS Clinical Assessment policy
- CAMHS Risk Assessment and Management policy
- CAMHS Consent Policy
- CAMHS Clinical Handbooks

Children and families can identify a nominated person, as per the Mental Health Act 2014, to ensure their rights and interests are upheld. The CAMHS Patient Rights under the Mental Health Act and the CAMHS Mental Health Act Notifications policies guide staff in

ensuring children and families have the right to independently determine who will represent their views. Carers engaged as partners in care and audited:

- Choice and Partnership Approach
- Clinical Documentation Audit
- Office of Chief Psychiatrist audits
- Experience of Service Questionnaire completion and reports

Carer Specific Groups:

- Parent education program at CAHDS
- Carer support group at Gender Diversity Service
- Eating Disorders Father, Mother, Peer Groups; Parent Education Groups
- Bentley Family Clinic and Armadale Groups
- Pathways Parent Program
- Clarkson Carer Group – Emotional Regulation
- Clarkson Perinatal Mental health Carer Group
- CAMHS IPU Pilot Parent Group – TCI

Please provide any additional supporting information you consider relevant.

Kalparrin reports specifically on Carers (of chronically unwell children) and staff to better meet their needs.

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

Current CAHS operational and strategic planning to formally embed Carer activities and systems into service delivery is occurring. This will include:

- Review of Standard 2 Committee, CAC and YAC membership for representation from Carers WA and Kalparrin.
- CAHS Consumer Engagement Framework and Strategy 2018-2023 development currently in progress, in the context of the new Values for the new CAHS - integration of Mental Health, Community Health and Hospital Services, to include Carer specific activities.
- Carers WA “Prepare to Care” and “Carers Corners” material and education to be considered for inclusion on CAHS Communications Consumer Engagement Strategy register, ensuring availability and visibility of material for all staff. Promotion of Carers Week across CAHS. <https://www.carerswa.asn.au/resources/FACTSHEET-4-DRAFT4-low-res.pdf>
- Carer specific material to be readily available at CAHS on-line.
- CAC and YAC reviewing membership and ToR to demonstrate further commitment to carer representation and activities across CAHS.

Country Health Service

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation: WA Country Health Service

Address: 189 Wellington Street, PERTH WA 6000

Contact officer name: Margaret Denton

Service area and address (if different from above): WA Country Health Service (WACHS)

Contact officer telephone: 08 9223 8519

Contact officer email address: margaret.denton@health.wa.gov.au

Name of authorising officer: Margaret Denton
A/Chief Executive

Self-assessment of compliance for 2017-18

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

WA Country Health Service (WACHS)

Throughout the 2017/18 Financial Year, the WACHS has continued to engage with and work with consumers and carers in health service planning, improvement and delivery. Examples include:

WACHS has established the Patient Experience and Community Engagement Program (PEaCE). The newly established PEaCE Program Manager position and the Project Officer position provide coordination and advice in the development, implementation and ongoing review of best practice patient experience and consumer and carer participation and engagement strategies across WACHS. The PEaCE program is responsible for developing and implementing key strategies including consumer and carer participation in service design, planning and improvement, employee and consumer capacity and capability. WACHS has also established the PEaCE sub-committee. Reporting to the WACHS Executive, the sub-committee membership consists of consumers and carers and staff from across regional Western Australia (WA).

WACHS is conducting a facilitated workshop in November 2018 to finalise the WACHS Consumer Engagement Strategy (the Strategy). The workshop will be attended by PEaCE sub-committee members, in addition to key regional staff who have influence and interest in promoting the principles of improving the patient experience and consumer and carer

engagement. The Strategy will provide the foundation for WACHS to undertake continued progress in improving the patient and carer experience and consumer engagement initiatives across rural and regional WA.

WACHS is in the process of embedding a Community of Interest Register (Register), which will contain the names and contact details of consumers and carers across rural and regional WA. The Register will provide consumers and carers who have a lived experience in healthcare the opportunity to provide expert advice and input into improving health services in specific areas of personal interest to them.

The PEaCE Program Manager presented at the Midwest PEaCE workshop on the principles of patient and family centred care, complaints management and consumer engagement. The workshop participants included consumers, carers and staff from across the Midwest. An invite was extended to a carer, Ms Miranda Nikolich, who presented a moving account of her personal experience as a carer for her son.

WACHS continues to advance the use of Patient Opinion (PO), an online independently moderated, consumer feedback platform across all seven (7) regions. PO provides consumers and carers with a more accessible and responsive avenue to provide feedback to WACHS on the care and services they receive. A communications plan is currently underway to re-invigorate the understanding and use of PO to maximise the 'voice' of consumer and carers.

WACHS finalised implementation of the Call and Respond Early (CARE-Call) Program in 2017/18. The WACHS CARE-Call Program, based on Queensland 'Ryan's Rule', is a way for patients, families and carers to call for assistance when they feel that their healthcare team has not fully recognised a patient's changing health condition. The program provides a supported escalation process for patient review. Information about CARE-call is available for parents and carers at the bedside.

WACHS was involved on the working group that developed and implemented the 'You Matter Guideline' (Guideline). The Guideline supports engagement with consumers, carers, communities and clinicians in healthcare. The Guideline recognises that partnerships at all levels are necessary to ensure the health system achieves the best possible outcomes for all involved and focuses on engagement for consumer/carers and clinicians at the service and organisational level.

WACHS worked with the WA Department of Health in initiating a revision of the Patient First resources. The suite of resources are now available across all WA public hospitals and provide valuable and practical information for patients, their families and carers, on how to:

- better understand their hospital journey;
- understand their rights and responsibilities;
- make informed decisions;
- stay safe in hospital; and
- ask questions.

WACHS is an active member and contributor to the newly established Community of Practice (CoP) for Consumer Engagement. The CoP promotes best practice and builds capability in consumer and carer engagement and participation across the health sector in WA and beyond. The objectives of the CoP include:

- providing online and live forums or activities that add value to the purpose;
- sharing information, data, resources and experiences with other members of the community, to develop understanding and improve practice;
- exploring opportunities for collaborative projects among community members; and
- providing recommendations on ways to improve consumer/carers and clinician engagement within the health system.

The WACHS Consumer and Carer Engagement Policy, which was reviewed and published in April 2017, continues to provide significant scope for consumers and 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 consumer and carer experiences, to improve the safety, quality and efficiency of services.

In collaboration with a range of internal staff and external stakeholders, WACHS is undertaking a scoping exercise to explore opportunities to promote Aboriginal health through a range of arts-based initiatives. The objective of this initiative is to engage and build rapport with Aboriginal communities across rural and regional WA with a view to improving health outcomes for patients and their families and carers.

The Consumer Café concept in the WACHS South West has been a great success in enabling feedback from community members about their experiences. The concept enables community members meet to have coffee and speak with the Regional Director about ways to improve the health service.

WACHS is excited to be partnering with Victorian based movement 'Gathering of Kindness' (GoK), which is dedicated to improving the experience of patients, their families, carers and staff. The GoK explores a concerning culture in healthcare where communication between patients and health professionals is compromising the patient and carer experience and, potentially, health outcomes. The key objective of GoK is to promote the fact that the way staff treat each other has a direct impact on patient safety and on the consumer and carer experience.

WACHS is strengthening its relationship with the Health Consumer's Council in promoting kindness as a cultural change strategy and is conducting an event on World Kindness Day in November 2018. The event aims to promote the importance of a culture of kindness for delivering more equitable healthcare, specifically for vulnerable members of the community who experience many barriers in accessing health services.

All 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 WACHS staff

undertake mandatory staff induction on commencement; this includes the WA Carers Recognition Act 2004 and WA Carers Charter.

The WACHS Learning and Development system, which is available for all clinical and non-clinical staff to complete, includes references to the Carers Recognition Act.

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 (OPI) and Aged Care Assessment Team (ACAT) manuals used by WACHS staff mandate the consideration of carer needs and views, requiring appropriate referrals for carers in need of support.

Regional overview

WACHS Wheatbelt

- Mr Brett Hayes was awarded the 2018 Western Australian Nurse of the Year and also received the award for Excellence in Regional and Remote Nursing for his work on the videoconferencing strategy. This important work helps patients receive their care closer to home and supports families and carers in providing support to those people who wish to die at home.

WACHS South West

- Posters have been displayed to provide more information regarding discharge from the Emergency Department (ED) and a new collection of ED discharge sheets are readily available for patients and their families and carers.
- WACHS South West celebrated Reconciliation Day and NAIDOC week at multiple sites within the region to assist with communication and opportunities to gather and provide feedback about potential improvements to health services.
- Margaret River Hospital has implemented phone call follow up's for surgical patients, which is successfully encouraging feedback from and assistance to patients and their families and carers.
- The Consumer Café concept has been a great success in enabling feedback from community members about their experiences. Community members meet to have coffee and speak with the Regional Director about ways to improve the health service.

WACHS Pilbara

- WACHS Pilbara is following WACHS-wide reforms, such as a focus on carer and consumer engagement in the 'Releasing Time to Care' suite of forms and the CARE-call escalation process.

Goldfields

- The Mental Health Service encourages all clients to nominate a carer or support person and distributes carer packs. Carers are invited to participate in management planning with the client's consent, and the Consumer Liaison Officer sits on the Carers Network Information Group meeting with Goldfields Women's Health, Goldfields

Individual and Family Support Association (GIFSA), Access Care Network Australia (ACNA) and Carers WA.

- The Mental Health Service has a carer's procedure to guide staff, and carers also participate in the Mental Health Consumer Advisory Group.

WACHS Midwest

- The Geraldton Hospital was awarded the 'Most Outstanding Regional Hospital in Australia 2017' by the Australian Patients' Association, based on how they are listening to patients through initiatives such as feedback platform Patient Opinion.
- The CARE-Call Protocol has been implemented across the region and Geraldton Hospital has developed a process where consumer information regarding CARE- Call is included in the bedside information pack so that each inpatient and their carers have access to the information on admission. The CARE-Call protocol is a process that allows carers to escalate care of a patient to the clinicians if they have concerns.
- Geraldton Hospital has implemented a regional audit tool to measure consumer knowledge of CARE-Call. Staff undertake interviews with consumers to gauge their level of understanding, at which point 1:1 education can be provided if required. Staff also ascertain how likely/comfortable consumers would be to use the protocol so that the promotion and education can be adapted as appropriate.
- The Geraldton Hospital User Group (GHUG) now attends the District Health Advisory Council meetings and continues to be involved in environmental and food auditing.
- The Patient Liaison Officer Position continues to support the Incentive Program for Private Patients; one of these incentives includes arranging a support meal for carers of private inpatients. Carers who board overnight with patients are also provided with a meal.
- The Customer Liaison Officer and Aboriginal Liaison Officer positions are still in place. The Customer Liaison Officer position was created as an initiative of the Geraldton District Health Advisory Council. There are many ways that these positions provide support to carers. For example, through the viewing process after a death, assistance with submitting a compliment or complaint or facilitating tours of the facility for patients or carers with disabilities prior to an admission or visit.
- The Geraldton Hospital also has a volunteer chaplain that provides spiritual/ religious support to patients and their families and carers.
- The Midwest Palliative Care Team continues to provide Medication Safety Training to carers in their home; allowing palliative care patients to remain at home as long as possible. This training aligns with the Medical Safety for Carers of Palliative Care Patients at Home Procedure, which was made effective in February 2016. This training is also delivered via video conference (VC) to carers across the region.
- The Geraldton Hospital implemented the Prepare to Care Program across the campus, including education to staff and the installation of three 'Carer's Corners' to provide places around the campus for carers to sit and review the resources and information available. Prepare to Care is a hospital-based program facilitated by Carers WA which provides resources to support carers throughout a hospital stay.
- The Discharge Planners on the Geraldton Hospital General Ward have implemented a process whereby the Prepare to Care booklets are brought to family meetings as this is

a direct point of contact with carers and the resources and information can be provided face to face.

- Protea Lodge (formerly Midwest Cancer Hostel) was opened in May 2018. This new facility provides non-clinical, comfortable accommodation for cancer patients and their carers who live in remote communities across the Midwest region. The facility enables access to specialist cancer services and allows patients to be treated closer to home where they have the support of their carer.
- WACHS Midwest conducted a gap analysis against the National Safety and Quality Health Service Standards Standard Two 'Partnering with Consumers' Standard. An action Plan was created from this which identified areas for improvement regarding engagement strategies with consumers and their families and carers.

WACHS Great Southern

- Roll-out of the WACHS Cognitive Impairment Clinical Practice Standard (CPS) is occurring, which includes a comprehensive section on the role of the family/care partner in assessment and care planning, as well as highlighting the importance of family/carer involvement in discharge planning.
- Staff training associated with the WACHS Cognitive Impairment CPS includes workshops for all clinical staff, as well as a 'Take 5' resource for opportunistic education in staff meetings. The workshops and 'Take 5' resources both include strong messaging about partnering with family and carers in assessment, care planning and discharge planning for people with cognitive impairment.
- The development of the following regional WACHS Great Southern regional plans have involved consumer and carer participation:
 - Cancer Service Plan 2017-2022;
 - Seniors Health Service Plan 2018-2023;
 - Caring for Kids Paediatric Health Service Plan 2018-2022; and
 - Patient Experience and Consumer Engagement Strategic Plan 2018-2022 (PEaCE).
- A delirium patient/family information brochure has been released in conjunction with the CPS.

Evidence of compliance to support self-assessed ratings

1. Staff understanding of the Carers Charter

Activities and strategies that show that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect

WACHS has committed to the national EQulP accreditation process which requires compliance with the National Safety and Quality Health Service (NSQHS) Standards; Standard Two, 'Partnering with Consumers' requires consumer-centred criteria to be in place; and reference to carers and engagement in health service design, planning, monitoring and evaluation.

A team of WACHS staff recently undertook a desktop survey in the Great Southern to measure the health service against the revised NSQHS Standards.

The PEaCE Program Manager was the lead on the Standard Two component of this survey.

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

Regional overview

WACHS Kimberley

- Carers are invited and actively encouraged to regular planning meetings for each of the 12 remote communities.

WACHS South West

- There is continued carer representation on the Southwest Safety and Quality and Business Performance Executive Meetings.
- The finalised and endorsed WACHS South West Consumer Engagement Plan 2017/2018 included significant input from a number of carer representatives.
- All WACHS Southwest staff undertake mandatory staff induction upon commencement of their role, which includes patient experience and consumer engagement training and awareness raising of the WA Carers recognition Act 2004 and WA Carers Charter Carers Charter.
- As part of WA Carer's Week, WACHS South West raised the profile among staff of their responsibilities under the Carer's Charter 2004 through posters and organisational-wide screen savers.

WACHS Wheatbelt

- The Carers Charter is posted at all sites and in the Patient First resources are available for all staff/families and carers to access.

WACHS Pilbara

- The Carers Recognition Act remains as part of the WACHS induction online learning module that staff are required to complete within 3 months of commencing. In addition Scope of Practice tools were introduced in 2015. The WACHS induction module sits within the acute nursing Scope of practice tool 1 as a mandatory training requirement.

WACHS Goldfields

- Aged Care Staff have been orientated to the Carers Charter and day to day business, assessments and care plans recognise the active role carers have in supporting clients, and the need for carers to be supported.
- All WACHS Goldfields staff have mandatory e-learning training in patient and family centred care, which involves acknowledge of the important role of carers.

WACHS Midwest

- The Consumer-Centred Care online training is available via the WACHS Learning and Development system for all WACHS staff to complete, both clinical and non-clinical,

and is included in the Core Essential Training days run by Learning and Development and the Scope of Practice Framework that all nursing staff must attend.

- For medical staff, the Carer's Act applies in cases of informed consent or Open Disclosure. Carers are included as per policies in regard to their involvement in the care of the patients they are caring for. The Carer's Act underpins this and presents no barrier or any difficulty in relation to its application.

WACHS Great Southern

- WACHS Great Southern Seniors Health and Community Rehabilitation (SH&CR) have the Carer's Recognition Act as an item in its orientation package for all new staff and all new employees are provided with a link to (or copy of) the WACHS 'Recognising the Importance of Carers' Policy.
- Great Southern Mental Health seeks input from the Carers Advisory Group into development of policies and procedures.

2. Policy input from carers

Activities demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans that affect carers and their caring role

WACHS residential and community care service provision enables carers and families to be included in care planning to ensure appropriate care and advocacy. WACHS patients, families and carers are engaged in the care planning process and at bedside handover processes.

Engagement with carers occurs as part of health care assessment and planning for children in the child protection system.

The implementation of the 'Releasing Time to Care' suite of forms is included within Part One of the scope of practice tools. Carer involvement in all aspects of the patient assessment, treatment and planning continues to be encouraged and is evidenced by this.

Regional overview

WACHS Wheatbelt

- Population Health services across the region work with family, including parents and carers in the delivery of child health, child development and health promotion services. They partner with families and carers in the delivery of services – in home, community and within health facilities.
- The Multi-purpose Service sites (MPS) have annual Resident family/carers conferences where carers are involved in discussing resident care needs.
- All MPS sites have regular family/carers resident meetings where any issues of concern are raised as noted in the Community West Residential Aged Care reviews conducted in 2017/2018.
- Service providers have regular meetings at Northam and Narrogin (where there are no MPS sites) and discuss concerns of providers and carers and ways to improve service needs.

- The Wheatbelt region has active District Health Advisory Groups x 3 who undertake to feedback to the health service on consumer and carers needs and expectations.
- Mental health services have a consumer/carers group which report on issues and assist with development of procedures.
- Wheatbelt Aboriginal Health has an advisory group consisting of consumers and carers who actively participate in the development and monitoring of aboriginal services for the region.
- Patients/carers are given a falls discharge pack on discharge from the inpatient ward and/or Emergency Department if they are at risk of falls or have had a fall. This pack includes:
 - Falls Discharge Information Package for patients identified as a falls risk
 - Stay On Your Feet® home safety checklist
 - Stay On Your Feet® up off the floor method
 - Medicine - Medicine Bag
 - Move Improve Remove booklet
 - Check Your Medicines brochure

WACHS Goldfields

- The Falls Group is an eight week program managed by the Sub-Acute Care team in the Goldfields. This is an outpatient-based program that aims to educate clients and their nominated carers on falls prevention strategies through education and exercise. Carers are encouraged to attend with their family members/clients throughout this program and are included in all aspects of the program that utilises a multi-disciplinary approach.
- A carer's morning tea is run by the Carers Network Group Goldfields, which has a Commonwealth Home Support Program and ACAT representative at each occasion to encourage open communications and feedback to the Aged Care Resource Unit.
- Client liaison meetings (CLM) are conducted by the Aged Care Resource Unit with the aim of ensuring that support and services are provided to promote streamlined service provision and develop networks between clients and carer, service providers, General Practitioners and other support services.

WACHS Mental Health

- Monthly Consumer Advisory Group (CAG) meetings include carers, who provide input in to service planning and development.
- South West Mental Health CAG included the views of carers in:
 - Patient Journey Steering Group;
 - Selection and Recruitment" training by WACHS SW Human Resources;
 - Participation in "Consumer & Carer Advocate" training; and
 - Consultation on the model of care development for Youth Mental Health Care.
- Staff education continues to be undertaken across all teams with CAG members involved in development of the training.

WACHS Kimberley

- Carers meet regularly with Kimberley Aged Care Services (KACS) Carer Support staff on an informal basis. The Alzheimer's Australia Dementia Partnership Project has been

trialled in Bidyadanga Community and carers have been extensively consulted throughout this pilot project.

- Carers are supported through various Aged, Mental Health and Young Disabled Carer respite programs across the Kimberley. In each area and larger remote communities there are regular Carer Meetings where carers can provide feedback on services and also on the types of service delivery they would prefer. For example, in 2016-17 through these meetings, it was identified that some carers in remote communities would like pampering sessions as having actual carer breaks was not always helpful due to the limited availability of specialised respite accommodation in the region. It was also identified that as carers have very limited access to the internet, that they would need assistance to prepare for the proposed 'Carers Gateway.' 'Respite Pampering Sessions' were subsequently held in several communities. During the pampering sessions, carers also attended education sessions for carers on what it means to be a carer, their Rights and Responsibilities, caring for someone with dementia, preventing dehydration and falls, managing elder abuse, especially financial abuse, and also sessions on how to use the phone/internet so they can access My Aged Care and Carer Gateway. As a result of the positive feedback, more sessions are planned across the region.
- Carers are also able to provide feedback to the annual Carers Survey that is conducted through the respite programs.

WACHS Pilbara

- WACHS Pilbara is committed to continue with the national EQUIP accreditation process which requires compliance with the NSQHS Standards - specifically, NSQHS Standard Two: 'Partnering with Consumers' and the core consumer centred criteria.
- This commitment includes facilitating the District Health Advisory Councils (DHAC), in both East and West Pilbara, with an annual work plan identifying consumer engagement activities throughout the year and the Chairperson participating in the annual DHAC Chairpersons Forum.
- The West Pilbara DHAC (and community members) was provided with opportunities to comment on the development of the new Karratha Health Campus and Onslow Health Service. In particular in Karratha, DHAC was given an overview of the Clinical Services Plan and the reason for services being delivered at the current site, as well as the trigger for transferring patients to other sites for patient safety reasons.
- Karlarra House Residential Aged Care Facility is a Commonwealth Department of Health, fully accredited facility complying with the Australian Aged Care Quality Standards. Specifically AACQA Standard 1: Management systems, staffing and organisational development, which includes 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.

WACHS Midwest

- A consumer/carer representative was involved in the working group set up during the development of the Protea Lodge to ensure that the consumer perspective was considered throughout all stages of construction.

- Within the Aged and Community Care Directorate, the Transition Care Program and Day Therapy Units both conducted consumer and carer focus groups to gain specific feedback about their services. This feedback is used to inform the development of the departments 2018/19 Operational Plans.

WACHS South West

- The views and needs of carers are included in all aspects of delivering and reviewing services which impact carers in their caring role.
- The South West has trialled “My Care Boards” which provide opportunities for carers to communicate with clinical staff.
- The view of Carers has directly impacted on Bunbury hospital’s decision to relax its Visitor Policy.
- Consumer representatives are provided with training and are part of multiple meetings in the South West WACHS, including the South West Regional Consumer and Carer Engagement and Participation Executive Sub-Committee.
- The South West Regional Aged Care Consumer Reference Group held meetings in April and June 2018.
- The Consumer Café has been attended in a number of areas in the South West for feedback and interaction for carers.
- Consumers and carers are involved in the NSQHS monthly surveys.
- There is consumer /carer representation on the South West Safety and Quality and Business Performance Executive Meetings. This representation has impacted on the development of a number of strategic policies. A large number of consumer and carer representatives were involved in WACHS South West Strategic Planning process and have directly influenced the organisation’s strategic direction.
- During the redevelopment of Warren Health Service, the community, including Aboriginal Elders, were engaged with the organisation and implementation of the opening of the new hospital encouraging and increasing consumer engagement and awareness with the new hospital.
- The South West Regional Consumer and Carer Engagement and Participation Executive Sub-Committee explores ways in which consumer and carer’s views and needs are included when planning, delivering and reviewing services
- WACHS South West are raising awareness of the CARE-Call process with education in the form of a pamphlet being developed for patients and their families and carers.

WACHS Great Southern

- In 2017, the Great Southern region developed the ‘Great Southern Seniors Health Service Plan 2018-2023.’ As part of this process a number of stakeholder engagement forums were convened and both consumer and carer representatives were in attendance.
- A consumer/carers representative is included in the WACHS Great Southern Cognitive Impairment Steering Committee. This valuable input has informed the development of the Cognitive Impairment CPS at WACHS level, which includes the importance of carer involvement in assessment, care planning and discharge planning.

3. Carers' views and needs considered

Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.

Consumer evaluation of the Tele-Palliative Care in the Home Service is underway and will be available at accreditation for survey for review. The Older person Initiative (OPI) assessment includes the needs of the carer in their initial assessment and any interventions required (WB). HACC services are designed for carer input and some of services are provided directly to the carer.

The WACHS South West Facebook page highlights new/changes in services or outlines available services for patients and their families and carers. WACHS South West meet regularly with Aboriginal Elders in the area and the Bunbury Multicultural Group to develop improved relationships to assist with giving feedback from clients, carers and families.

The Consumer Café has been a great success to enable feedback from the community and more are planned to take place.

WACHS has a robust complaints management system which aligns with the WA Health Complaint Management Policy 2015, which includes a regular review of key performance indicators. Safety and Quality reports provided to the DHACs 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.

Regional overview

WACHS Kimberley

- Interpreters are engaged for Aboriginal clients and carers when required.
- Patients and carers are provided with information specific to their needs, for example from Advocare, Carers WA and Stolen Generation information.
- Across the Kimberley, carers are members on the hospital DHACs. Carers also participate in the remote Community Care meetings for aged care and also the annual community planning days for aged care services.
- All clients/patients and carers in the Kimberley are encouraged to also use Patient Opinion as a means of providing feedback if they cannot do this directly. In 2017-18 feedback received included family 4%, carer 1% and friend 1%.
- The Dementia Partnership Program between Kimberley Aged and Community Services (KACS), Alzheimer's WA and Bidyadanga community over the past 18 months has been very successful in providing education to carers, clients, and other community members on dementia. This program has resulted in changes in the community care service so that this is now a dementia-friendly environment. A post-pilot trial

commenced in July 2018 in Warmun community to ensure that the resources developed are appropriate to use across all communities.

WACHS Midwest

- The Consumer Publication Process has been re-ignited across the Midwest, ensuring that all locally developed consumer publications are reviewed by the District Health Advisory Council, as advocates for the consumers/carers.
- Carers are encouraged to be involved in all aspects of patient/client assessment and treatment and discharge planning.
- Community Health Nurses adhere to the WACHS Child in Care Assessment Policy and assessment requires consultation directly with carers about the health and wellbeing of children in care. Carer needs are assessed and feedback is provided to the Department of Communities, and carers are referred to internal or external carer organisations, as appropriate.
- Child Development Service Allied Health staff involves parents, partners and other primary carers as primary agent of change in individual family goal setting and care planning. They also provide education/capacity sessions and targeted written information to parents/carers to develop self-management of health issues. Consumer feedback regularly collected and reviewed from parents/carers (e.g. Child Development Service Surveys, group participant feedback).

WACHS Wheatbelt

- The ACAT assessment includes the carer overview as part of the National Screening and Assessment Form (NSAP) 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 Wheatbelt Aged Care Reference group has consumer participants who are directly involved in the development of planning for aged care in the region
- The Aged Care Manager has been actively involved with communities, including carers, throughout the Wheatbelt, attending Shire-led Aged Care forums for future aged care planning in their areas.
- Carer representatives are members of the Wheatbelt Falls Working Group and the Wheatbelt Aged Care Reference Group, who developed a food safety brochure for food brought in by outside sources (i.e. families and carers).
- WACHS Wheatbelt provides all carers with information on respite options, upcoming carer workshops/events, and other support services available within the region.

WACHS Goldfields

- A Telegeriatric Service is managed by the Aged Care Resource Unit in the Goldfields. This is an outpatient-based service that aims to deliver specialist care close to home in a timely manner. The clients' nominated carers are included in all stages of this service delivery from appointment booking to assessment and follow up. Surveys are provided to both the client and the carers after their appointment to give feedback regarding this service and how it may be improved to meet their specific needs.
- ACAT – National Screening Assessment Tool(NSAF) involves and considers the level of assistance provided by the carer and the subsequent care plans and

recommendations for support are with the long term goals and needs of the both the career and the client.

- OPI – Once a patient is identified the client and carer are integrated in the initial assessment. Care plans formulated with both client and carer focus.
- CHSP – Initial and Ongoing consultation with carer to provide services and wellness for the client and others in their support network. This commences with the RAS assessment to the implementation of services and ongoing care in the community.

WACHS Pilbara

- The use of the 'Releasing Time to Care' suite of forms is included within part one of the scope of practice tools. The implementation plan highlights that carers and consumers are to 'involve consumers in clinical communication about consumer-centred care during admission' and 'offer an opportunity for a patient/family/carers to provide feedback on their experience of hospital care received.' Carers involvement in all aspects of the patient assessment, treatment and planning continues to be encouraged and is improving. The suite of forms provides prompts for carer involvement during assessment and discharge planning. The discharge checklist also provides a prompt to seek feedback from the patient/carers about their hospital stay.
- The Section 19(2) Medicare Exemption Committee in Onslow is developing a service delivery model for 2018/19 based on feedback from service providers and carers.

WACHS Great Southern

- In 2017-18, the Great Southern developed a number of regional Service Plans. As part of this process, a number of stakeholder engagement forums were convened and both consumer and carer representatives were in attendance and had the opportunity to contribute to the:
 - Cancer Service Plan 2017-2022
 - Seniors Health Service Plan 2018-2023
 - Caring for Kids Paediatric Health Service Plan 2018-2022
 - Patient Experience and Consumer Engagement Strategic Plan 2018-2022 (PEaCE).

4. Carer complaints processes

Processes available for carers to enable them to make complaints about services that affect them and their role as carers, and have their complaints heard.

WACHS has a robust complaints management system, which aligns with the WA Health Complaint Management Policy 2015. There are regular reviews of indicators, which are reviewed at a management level and shared with the regional DHACs .

The implementation of Patient Opinion (PO) has transformed the way that feedback can be provided and shared across WACHS. A reinvigoration of PO is planned to ensure that all staff are familiar with the platform and encourage its use across the regions.

WACHS is currently under taking a review of the formal complaints process against the WA Complaints Management Policy in order to ensure that complaints form part of the quality improvement cycle.

Regional overview

WACHS Goldfields

- The complaints procedure available to all who access WACHS Goldfields with consumer feedback forms available at all sites.
- Staff are all educated that they can all take a concern or complaint and assist the client or carer to write this on the form or take being the consumer/ carer to the attention of the supervisor/ manager.
- Information is freely available in the form of posters and pamphlets to make a complaint or compliment.
- Regular surveys of consumers, families and d families are undertaken on both overall performance of a services and targeted areas of a service (i.e. Meals on Wheels Survey).

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

WACHS Goldfields

- Nominated Carers are involved in the comprehensive ACAT assessments and are included in the Carers Overview section of the assessment and also included in the planning of goals and recommendations for the clients.
- Service providers and the Aged Care Resource Unit continue to conduct the fortnightly client liaison meeting to coordinate services received by clients and their carers in the Goldfields, this ensures that the carers are supported and services are meeting their needs.
- The Older Patient initiative program includes the Carer when appropriate in both the assessment and follow up interventions.
- With the WA HACC Transition to Community Home Support Program (CHSP) having occurred as of the 1 July 2018, both the CHSP clients and their nominated carers were kept well informed as to the transition process by utilising letters and face to face discussions allowing for clear communication and reassurance that services would continue for clients, thus supporting carers.
- Permanent Residents residing in the MPS sites have an annual review meeting where the client and their nominated carer (prior to them going into care) are invited to attend and be involved in their care planning and are also encouraged to give feedback regarding the care that they receive.
- Hospital staff involve carers in the management of patients while they are in hospital and also in the discharge planning processes.

WACHS Midwest

- Geraldton Hospital is an acute care hospital. Carers are consulted for complex discharging via carer meetings to support decision making and discharge planning. Family meetings are documented in the medical record of people who require complex discharge planning.

- Geraldton Hospital has a multi-stream feedback mechanism, Patient Opinion, Patient Evaluation of Health Services, Customer Liaison Officer, Compliments and Complaints process for any compliments issues and complaints from carers. There is recorded evidence of compliment, issues and complaints.
- WACHS staff are guided by the Recognising the Importance of Carers Policy, WACHS Consumer and Carer Engagement Policy and WACHS Partnering with Consumers Guideline.
- Geraldton carers are represented by community members on the District Health Advisory Council.
- Geraldton Community Care involves client carers in service reviews and is updated to any change in status.
- Carer Respite and Carelink Centre (CRCC) services are auspiced by WACHS Midwest, Pilbara and Kimberley, and indicate the recognised value of Carers to the community. All Midwest Carer Respite and Carelink Centre clients are all provided with information pack on first meeting and subsequent visits. CRCC involved in multi-disciplinary service provider and client meetings ensuring carers supported and considered in all care and discharges. CRCC conduct Carer Support Groups throughout the Midwest region. CRCC conducts Carer Wellness and education events throughout the Midwest region which are created in response to Carer requests and gaps in carer knowledge, including specific events for carers from a remote Aboriginal community and Men's only events. CRCC runs Carers Week activities throughout the Midwest including education and carer capacity building events and events that celebrate and recognise the valuable contribution of carers.
- Day Therapy Unit conducts a Carer education program, 'Changes in Memory and Thinking' for carers of people with cognitive impairment.

Please provide any additional supporting information you consider relevant

Accreditation

- In 2018, three WACHS regions have undergone assessment by the Australian Council on Health Care Standards against the National Safety and Quality Health Service Standards. WACHS Pilbara was assessed in May 2018 and has been awarded three years accreditation. WACHS Kimberley was assessed in August and Goldfields region in September and are awaiting final reports from ACHS.

WACHS Pilbara

- The Commonwealth licensed residential aged care facility, Karlarra House, and the seven Hospitals and two nursing posts that comprise the WACHS Pilbara have undergone full assessment against the relevant National Standards in the past year, achieving ongoing accreditation and with all items relating to carers and consumers met.

WACHS Midwest

- [Patient Experience and Consumer Engagement Workshop/Planning Day Agenda](#)
- [CRCC Feedback Evaluation Report](#)

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

Overview of future strategies

- WACHS is conducting a facilitated workshop in November 2018 to finalise the WACHS Consumer Engagement Strategy (the Strategy). The workshop will be attended by PEaCE sub-committee members, in addition to key regional staff who have influence and interest in promoting the principles of improving the patient experience and consumer and carer engagement. The Strategy will provide the foundation for WACHS to undertake continued progress in improving the patient and carer experience and consumer engagement initiatives across rural and regional WA.
- Develop and embed a staff orientation and education program that encapsulates the key principles and benefits of adopting a person-centred approach. This will include patient experience stories that will be accessible in a number of interactive formats.
- Explore the concept of introducing mandatory customer service training for all WACHS staff, particularly front line staff.
- Review and evaluate current promotional activity around Patient Opinion platform, with a focus on staff training and awareness.
- Undertake a review of all consumer engagement information on WACHS intranet to ensure consistent messaging and information sharing across the regions.
- Identify and implement mechanisms for the collection and distribution of patient experience stories to be used for both staff training and service improvement purposes.
- Work with the WACHS Safety and Quality team to develop a suite of training tools to engage staff in the importance and benefits of improving the patient experience, e.g. produce regular editions of 'Patient Experience Matters' for WACHS-wide distribution.
- Establish a mechanism to share good news stories for consumers and carers and staff.
- Establish a mandated procedure for inclusion of consumer participation in service redesign and development.
- In collaboration with Safety and Quality, facilitate Root Cause Analysis (RCA) training for interested consumers so that consumers and carers can take part in the analysis of clinical incidents.
- Develop a guideline on how consumers can provide feedback on patient information publications, which should include how to use the WACHS consumer logo and feedback to those who have provided information/advice.
- Develop and deliver Kindness in Healthcare Workshops (face to face and via VC) to healthcare staff, to instil a culture of kindness throughout the regions in order to improve patient safety.

Regional overview

WACHS South West

- Continuation and expansion of consumer/carers coffee mornings across the region seeking carers views on current service delivery and suggestions for improvement.

- WACHS South West is planning a number communication articles in local papers detailing the services being delivered at local hospitals.

WACHS Kimberley

- The Kimberley Aboriginal Community Service (KACS) has committed funding for staff to roll the Dementia Program out across a further five Aboriginal Community Care Services in 2018- 2019.
- Continued provision of pampering sessions with carer education in at least six more locations in the next 12 months.

WACHS Goldfields

- The Mental Health Consumer Liaison Officer is in the process of updating the Carer's Register in order to invite them to special events and to include them in any upcoming training opportunities that they may benefit from.

WACHS Midwest

- Establishment of the Midwest Patient Experience and Consumer Engagement Committee (PEaCE) as the governing committee overseeing the Partnering with Consumers Standard.
- Patient Experience and Consumer Engagement Workshop/Planning Day was held in late August 2018. The comments and feedback from the planning day will inform the Midwest PEaCE Plan.
- Data analysis of the CARE Call protocol to review any trends and opportunities for improvement.
- Explore opportunities to better use experiences from our consumers and carers to educate our staff.
- CRCC are planning the following for Carers Week in October 2018:
 - Legal Processes and Care Planning for end of life education – Carers Midwest; and
 - Carers Celebration and Recognition of Carer Role.
- Gascoyne community promotion event, inclusive of health and community services.

Department of Health funded community service organisations

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation: Department of Health

Address: 189 Royal Street, EAST PERTH WA 6004

Contact officer name: Nancy Appleby

Service area and address (if different from above): State-wide

Contact officer telephone: 08 9222 4105

Contact officer email address: Nancy.appleby@health.wa.gov.au

Name of authorising officer: Dr David Russell-Weisz
Director General

Self-assessment of compliance for 2017-18

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

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

Provide a brief overview of key initiatives and achievements undertaken during the year, including reference to any highlights and challenges.

Nil

Evidence of compliance to support self-assessed ratings

Nil

If applicable, please provide a statement relating to the level of compliance of services funded by your organisation.

Contracted Providers' Carers Charter Compliance

Currently, applicable community service contractors that receive funding from the Department of Health are required to comply with the Carers Charter, depending on the nature of their service. For those which this applies, this is included as a clause in their service agreement. On a per annum basis, community service contractors develop a carers' compliance report, on a supplied template, and provide this to the Department of Health. On completion and submission of the Carer's Charter compliance report, the provider is considered compliant.

A summary of key activities reported by contracted providers is included at Attachment 1.

It is important to note that not all service providers' information has been included, only those that reported key significant information on Carer's Charter compliance section for this financial year. Information presented is based on what has been reported by the provider.

Advocare

- In 2017-2018 Advocare provided tailored education sessions to HACC carer groups to advise them of their rights and responsibilities, under relevant charters relating to being a carer and in relation to aged and home and community care. Participant feedback was sought from these sessions.

Albany Community Care Centre

- Each month a newsletter was issued to clients and their carers, outlining events happening at the centre and within the community. Upcoming events for both clients and carers were promoted with a suggestions/comments section in the newsletter for feedback from clients or carers.
- Carer focus groups are in the process of being setup to assist in strategic planning.
- In 2017, a purpose built building was completed; the Bills Reside centre to house Carers WA. Carers WA hosted regular monthly meets for carers to support one another; they also hosted a number of weekly events that are being provided in the Bill Reside centre to help support carers such as yoga and training/information sessions and activities.

Albany Seniors Citizens

- Carers thoughts and inputs are essential as they provide a different perspective than that of the client. During 2017-2018 carers were encouraged to provide feedback to services through direct contact with the centre or through 'Tell us what you think' forms.

Alzheimer's Australia (WA)

- Alzheimer's WA held a number of programs and services specifically designed to support carers, outlined below.
- Family and Friends two-day education workshops.
- Monthly Carer Support Groups throughout the metropolitan area.
- 'Ask the expert', information sessions providing carers with knowledge and resources to assist them in their caring role.
- Adjusting to change five week program to support carers and their loved ones adjust to the dementia journey.
- Welcome Committee run by carers at day centres to support new carers as they attend/access services.

Avivo Live Life

- In January 2018 Avivo engaged the services of a Peer Carer Consultant to work alongside our Carer Support Officer, dedicated to supporting Carers and the person

they care for in the transition for HACC or DSC/WANDIS funding to the National Disability Insurance Scheme (NDIS) or other available funding.

Bayswater Extended Community Help Organisation (ECHO)

- Respite services were available through the day care centre alongside individualised support services. ECHO proposes to offer overnight respite services in the near future to carers.

Capecare

- An agreement was established with Red Cross carers support to enable Red Cross to use the Capecare Day Centre for bimonthly carers support group meetings.
- Capecare found it challenging to allocate paid staff time to this area as a result of budget constraints imposed across all programs and lack of Government support financially.
- Carers WA have been exceptional in providing information and updates on programs for Carers within the SW region.

City of Belmont

- Due to funding limitations, the previously run 'Carers Group' ceased in 2017-2018. The City of Belmont ensured all those currently participating were connected with another Peer Support Network and continues to provide carers with relevant support information.

City of Cockburn

- A dementia partnership with Alzheimer's WA included knowledge and strategies for providing support for carers of clients living with dementia.

City of Kalgoorlie/Boulder

- A number of initiatives were undertaken for carers, including lunches for carers and morning teas. Attendance ranged from four to nine carers at events.

City of Swan

- City of Swan Dementia Partnership Project Report 2017 workshop identified the vision to provide community support, future support and respite for carers.
- Following the Disability Service Quality Review, staff reviewed access to NDIS to ensure client and carer needs and expectations could be better met.
- City of Swan applied for and was successful in receiving grant funding from Carers WA to take carers to a free luncheon during 2017. A free luncheon for carers would otherwise not have been possible.

Community Home Care (CHC) Bunbury

- CHC have strong relationships with organisations such as Red Cross, Alzheimer's Australia and Parkinson's Association who provide carer support groups. CHC

supported and referred to these organisations and where possible, provided respite and support for the carer to attend.

- Initiatives undertaken included; working closely with Commonwealth Respite and Carelink Centres to provide support for carers in rural areas to attend support groups, provided venues for support groups and sought carers to be part of their advisory committee.

East Pilbara Independence Support

- Carers participated in the assessment and planning of activities such as respite events, outings and cultural ceremonies such as NAIDOC week, Reconciliation week and NATSI week. Direct service requirements form part of the care plan and involve both the Carer and the care recipient.
- Written material was provided in Martu language to address language barriers.
- Cultural events, ceremonies and funerals at times disrupted service delivery, as did adverse weather conditions in isolated communities.

Halls Creek Community Care

- All clients and carers were included in decision making to ensure safety while in the community and the centre.
- One initiative was to improve access to the centre, levelling the driveway, removal of tall unsteady trees and improve the walk-way/ramp up to the office.
- Respite Care in local Residential Care was not suitable for one client, to walk out of care and go back to family.

Huntington's WA (HWA)

- HWA staff are provided with awareness training on the Carers Charter and the role of carers, to ensure staff are able to provide an appropriate level of service, and are inclusive of the views of carers along with the needs and best interests of people receiving care.
- The role of carers has been considered and included in 'The Community Practice of Framework' which embeds principles of care that support the lifelong enablement of people living with Huntingtons Disease in WA. The framework articulates a practice approach for Huntingtons Disease services that puts the individual living with Huntingtons at the centre, is family led and culturally responsive.
- HWA staff provide all relevant information to carers including details of the Carers Charter. The Carers Charter is made available through Information Packs and HWA are in the process of making the Carers Charter available via the HWA website.
- HWA report that carers are recognised as invaluable contributors to HWA's Strategic Plan. This is reflected in HWA's Organisational Values of; Community and People Centred approaches for people with Huntington's disease and their families and Collaboration with clients and multiple partners.
- Currently HWA has two Board members who are carers with one holding a position on the Executive committee as Secretary. The Board has an integral role to ensure the

organisation delivers on the strategic plan as well as a legal responsibility to review the strategic plan through good governance practices.

- HWA will be undertaking a strategic review in the second part of this year and as such carers will be invited to provide their feedback and input.
- Annual surveys are distributed in multiple formats seeking feedback on the performance and planning of HWA services coupled with the quality of services delivered along with evaluations for specific activities.
- HWA have a Grievance Policy that all clients can access. Carers are given assistance, if needed, to lodge a complaint or to access assistance to do so.
- HWA facilitate annual carer's retreats which provide an opportunity for carers to connect with others and to reflect on their experience of HWA. During these retreats staff are able to engage more closely with carers and gain valuable feedback as a result.
- HWA facilitates avenues for carers to access peer support through the provision of:
 - Annual Carers Retreats
 - South West Carers Group meetings (quarterly)
 - Metro Carers Group meetings (monthly)
 - Northern suburbs Carers Group meetings (monthly)
 - Rockingham Carers Group meetings (bimonthly)
 - One on one support.
- During 2017-2018, HWA developed an easily accessible online (smart phone/tablet) application (app) called 'IMPACTHD' for self-directed therapy for people with HD that is supported by research evidence. This app is a world first and seeks to translate academic research, performed in a clinical environment, into an accessible web based application that can positively impact people experiencing degenerative neurological conditions. Carers have provided invaluable feedback regarding the development of the app and have been included in the user beta testing group. IMPACTHD will provide a sense of hope for carers, that a family member impacted by HD at least has a possibility of influencing the course of their disease along with professionals working with individuals and families impacted by HD will benefit indirectly from this online resource being available to the community.

Injury Matters (Injury Control Council WA)

- Carer recognition forms part of Injury Matters' staff and volunteer induction and training, features in Injury Matters' Employee Handbook and is covered by Injury Matters' Carer Recognition policy. Injury Matters works to ensure that carers are aware of the rights and responsibilities and have good mechanisms available to them for providing feedback on both individual programs and the organisation.
- Injury Matters' Road Trauma Support WA service and Stay on Your Feet® program work with carers. In particular, Stay On Your Feet® provides a peer education program with older adults presenting to organisations and community groups across metropolitan Perth and throughout the state. Many of Injury Matters' volunteers and those who the program engages with are carers. As such, Injury Matters ensures adaptations can be made to Injury Matters' presentation formats, training requirements and events to better suit the needs of the carer and the person being cared for.

Additionally, program staff have prepared presentations to be used at carer support group meetings, taking into consideration the specific challenges carers face in their roles.

- The Injury Matters Board is made up of a diverse group of members, including many that come from a healthcare and carer service provision background.
- Carers are recognised as a stakeholder of Injury Matters and are included in Injury Matters' strategic planning process, endorsed by the Board.
- In all of Injury Matters' assessment and planning processes for the provision of service delivery, Injury Matters aims to ensure that the program service suits the needs of the person being cared for, while also placing importance on the wellbeing of the carer. Injury Matters also involve carers in decision making processes at all levels.
- Surveys and assessments are completed for all training, workshops, presentations and events. Injury Matters' 'Welcoming your feedback' document and Injury Matters' 'Feedback Form' are also available to be completed. Feedback may also be sought directly, face-to-face or over the phone on Injury Matters' service delivery where appropriate.
- Carers regularly attend Stay On Your Feet® peer education presentations and are surveyed at the time of presentation, and then followed up within six months if they choose to participate in the evaluation process.

Melville Cares

- Melville Cares distributed information on the various support bodies events and resources available, including Carers WA and Alzheimer's memory café and their range of specific support groups.

Motor Neurone Disease Association of Western Australia (MNDWA)

- MDAWA provides support groups and education workshops for all carers, outlined below.
- Education workshops including "You, me and MND" programs. A carer workshop designed to empower carers with the knowledge and confidence to care for their loved ones living with MND, whilst ensuring they have a strong emotional foundation to assist them in coming to terms with the changes that are taking place in their life. The program is held three times per year and is a condensed 2 day program.
- Other workshops include; Difficult Conversations; Ask the Experts and MND Information evenings.
- Other less formal opportunities for carers to access peer support are through Carers Luncheons, Global day.
- This support to carers continues for six months post bereavement.
- MNDWA run sessions such as 'Starting the Conversation' where specialist guest speakers provide guidance through the processes involved with developing Advance Health Directives, Advance Care Plans, Enduring Power of Attorney and Guardianship, wills and capacity, financial planning, funeral planning and Centrelink. Carers WA, in partnership with MNDWA, have counsellors available during these sessions.

- The MNDAWA committee of management includes two past carers as well as a published professor who research carers' experiences with MND. The aggressive nature of the MND disease process makes having carers of current clients difficult.
- All carers are informed of the Carers Charter and any relevant organisational policies and protocols at the initial advisor consult as well as through regular "You, Me and MND" programs.
- Carers are included in the assessment and planning process from initial consult and throughout their journey. This is undertaken as part of the broader multidisciplinary team.

MSWA

- Relevant Policy and Procedures include reference to carers and allows for carers of people with MS to join the Board.
- Care plans provide an opportunity for the Carer to participate in planning discussions and acknowledge and sign off the document.
- Carers are included in the organisation's strategic planning process through their involvement in the board and committees. MSWA have two board Directors currently; one is a carer and one is a prior carer, both sit on MSWA's sub-committee called Member Services Committee; one also participates in the Ministers Carers Advisory Council.
- MSWA provides dedicated Carer Peer Support Groups, facilitated by a counsellor, two annual carers' camps and opportunities for accessing 1:1 peer support as required.
- The Bulletin magazine which is produced quarterly provides information relevant to carers, contributions from carers as submitted and information about relevant supports available through MSWA and other organisations.
- MSWA promote Carers Week and celebrate with those carers accessing supports.
- The new staff orientation provides an overview of the Carers Recognition Act and how this applies to MSWA's various programs and interactions.
- MSWA ensures carers are informed of the Carers Charter and relevant organisational policies and protocols. This is done on an individual basis as some Carers don't acknowledge that it is a role versus them providing the support to their loved one.
- MSWA promote self-care and accessing respite and other supports to minimise the burden of care and reduce the risk of burn out.
- MSWA Complaints Brochure is readily available in our in home files, in facilities and on the web page. Staff receive an overview of the Complaints Process at induction
- Complaints Policy reads: "Members, clients, their families, carers and/or advocates, have the right to raise concerns or complaints regarding matters related to services provided by MSWA, without fear of retribution. In accordance with the Carers Recognition Act of 2004, complaints made by carers in relation to services that impact on them and their role as a carer must be given due attention and consideration."
- As an approved Disability Provider, under DSC and NDIS, MSWA report they are compliant with the National Standards that include Complaints Management.
- MSWA have recently refreshed and reprinted their complaints brochure and have a dedicated manager handling complaints.

- MSWA report that at times there is a lack of support/input and feedback from the community around carers. Additionally difficulties coordinating strategies/indicatives arise as they report there is significant compliance requirements placed on the organisation by Disability and Health. MSWA reported “our clients also speak for themselves in most instances and may request that their Carer isn’t always involved in the decision making process”.

Ngaanyatjarra Health Service

- Friendly ‘Cuppa Tea Meetings’ were held with clients and family to enable information sharing and determine ongoing needs.
- Information was available in many formats to clients and carers, including formal forms as provided by WA Health. In addition, information was presented in pictures and words that were easy to understand in Ngaanyatjarra language.

Ngangganawili Aboriginal Health Service (NAHS)

- A carers’ respite camp is provided once a year, funded by Commonwealth Carers (Geraldton). All carers were encouraged to go on the five day respite break to be involved in craft activities, pampering, movie night, fishing, lunch out and sightseeing. A notable change in carers was observed whilst on camp.
- As a remote service provider, it was difficult for NAHS to access carer peer resources as all carers are directly related to each other and already have each other as support.
- Carers are under increasing pressure due to overcrowding issues; carers not only care for clients but also extended family living in the same household and grandchildren.

Parkinson’s WA (PWA)

- The Parkinson’s Nurse Specialist service within PWA employs senior Nurses who have a long history in aged/community care, which demands carer identification and acknowledgement of the needs and stressors specific to the caring role.
- The role of the carer is highlighted in specific carer information and annual training sessions are held for staff addressing the challenges facing carers.
- Carers in the organisation’s strategic planning process:
- PWA board members include carers of people with Parkinson’s.
- The PWA Support Program Coordinator facilitates an annual meeting with all Support Group Team leaders who either have Parkinson’s or are the carer of a family member with Parkinson’s to develop support program content for the next year.
- PWA conducts annual service evaluation and specific questions relate to Carers.
- Carer participation is addressed by involvement of carers in Support Groups, with some groups specifically for Carers. Frequently, Carers are support group leaders.

Shire of Dowerin

- Every 12 months a community meeting is held for clients/carers/family to voice their concerns regarding services and any service gaps.
- Clients and carers were invited to be part of the Dowerin HACC support group which is for a term of 12 months.

Shire of Esperance

- Shire of Esperance provided a number of avenues for carers to receive support from their peers including a Dementia Carers Support Group, monthly couples dinner (clients and partners), Parkinson's Support Group (clients and carers). In addition, they were involved in carer weekly events and are a member of Carers WA.

Shire of Manjimup

- Manjimup wellness and respite community centre opened its doors on 18 April 2018 along with a purpose built eight bed respite facility which is providing much needed respite for carers in the South West region of WA.
- The Shire of Manjimup HACC continues to promote a bimonthly carers get together, held in the new wellness and respite community centre. Carers are treated to morning tea and pampering of their choice and time to chat to other carers. Red Cross partnered with the Shire of Manjimup and provided a speaker at events.

Shire of Northam

- Killara have developed a client advocacy group made up of carers and also information readily available of peer groups within the community.
- During the year, Shire of Northam updated carers' information brochures and client/carers handbook to make information more accessible.

Silver Chain Group Ltd

- The organisation has a Consumer Partnership Strategy as part of its four pillars of Clinical Governance. The Organisational Excellence Team includes dedicated resources in the form of a Clinical Partnership Team Leader and Consumer Liaison Officers.

TAPSS Community Services (Shine)

- Shine is committed to engaging carers in the upcoming review of the organisations service development and review of policies and procedures. They aim to achieve this through establishing a steering committee with carer representation.
- Two Board members are carers, both of which contribute to Shine's strategic planning process.

Town of Cambridge

- Cambridge Senior Services is an ongoing member with Carers WA and worked in partnership to promote information and awareness whilst supporting all carers in the community.

Yaandina Family Centre

- A wheelchair friendly building has been built, which includes a day respite bedroom where clients are able to have a rest if required. It also has a larger activity area and outdoor areas, enabling the centre to provide more contact hours to more clients and

enabling the carer a well-earned break from their caring role for a longer period during the day.

Please provide any additional supporting information you consider relevant.

Nil

Briefly indicate any significant planned initiatives to be undertaken for the next reporting period.

For the next financial year, the Department of Health will develop strategies to improve the Department of Health employees' awareness and knowledge of the Carers Recognition Act 2004.

The Department of Health will consult further with the Carers Advisory Council to explore best practice opportunities to be considered and implemented for our Department of State.

Mental Health Commission

Compliance Report to the Carers Advisory Council 2017-18

Reporting organisation:	Mental Health Commission
Address:	GPO Box X2299, Perth Business Centre 6847
Contact officer name:	Tammy Ford
Service area and address (if different from above):	State-wide
Contact officer telephone:	08 6553 0332
Contact officer email address:	tammy.ford@mhc.wa.gov.au
Name of authorising officer:	Tammy Ford Assistant Director Quality, Programs and Strategic Procurement NGO Purchasing and Development

Executive Summary

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, the MHC has chosen to report on the Western Australian Carers Recognition Act 2004 (the Act) in acknowledgement of the important role undertaken by carers in the mental health field.

To complete the collection of data for the report, the MHC introduced electronic reporting for the non-government and community managed organisations (CMOs) in the 2013-2014 reporting period. The electronic templates that were initially created for the Carers Advisory Report were unique to the MHC and were based on an understanding and interpretation of the Carers Charter. Before this, it was a paper based exercise.

This report brings the data to current and reports on the 2017-18 reporting period.

Current situation

As outlined in previous reports, to effectively compare and contrast results over time and since implementation, the MHC has retained the same questions and same format. The additional questions that the MHC already asks of the CMOs cover all aspects of the Carers Charter and the new format of the templates. (Refer to Appendix 1 for explanatory information).

Section A of the MHC Carers Report reflects the questions related directly to the four areas of the Carers Charter.

Section B of the MHC Carers Report outlines the actions that CMOs should be undertaking to reflect compliance with the Carers Charter and thereby Section A.

Overview of responses

In 2017-18 the response rate for the MHC funded CMOs requested to report on their compliance against Act was 100%. There is a trend of a 100% response rate in response to the Carers Charter questions before the cut-off period is achieved.

When averaging across the four areas of the WA Carers Charter, overall the CMOs have reported a plateau in compliance and adherence to the Act in 2017-18 compared to 2016-17 reporting.

In Section A (please refer to the report table for the detailed breakdown), across all four areas, irrespective of increases or decreases a minimum of 75% and a maximum of 91.7% 'Achieving Compliance' is reported for CMOs.

When reviewed by individual area there is an increase in the 'Achieved compliance,' in all areas of the Carers Charter, other than area two which decreased by (-1.7%) compared to 2016-17 results. Across all four areas, irrespective of increases or decreases a minimum of 75% and a maximum of 91.7% 'Achieving Compliance' is reported for CMOs.

In Section B: 'Related Actions' – Similar to the trends in Section A, the Section B 2017-18 figures overall show stable and/or increases in overall 'Achieved Compliance' to the previous years' figures for all areas other than area 5 'Includes carers in organisation's strategic planning process' which decreased by (-1.7%).

Noteworthy increases were reported for 'Include carers in the assessment process for direct services '(13.4%) and for 'Inform carers of the organisation's complaints policy and their ability to make a formal complaint in the Carer's Charter is not upheld' (10%).

Overall across all eleven areas there is around a 1.1% average increase in figures proportion of responses indicating an area is 'not applicable'. While the overall average represents both decreases in the 'not applicable for three areas, and increases in 'not applicable' for eight areas, the MHC contract officers will follow up to check whether individual areas reported as 'not applicable' are reasonable responses from the CMOs they monitor. As result of monitoring it is possible the overall average for 'non applicable' will improve by the final-cut-off period.

An indicative summary of the text responses submitted in the electronic templates is represented in Section C of this report. Similar to 2016-17 the overall the text represents for 2017-18 represent a strong desire amongst CMOs to include carers in all aspects of service delivery, planning and review. There are minimal responses indicating that this is not relevant to their service.

Section A: Level of Compliance to the WA Carers Charter¹

WA Carer's Charter

The 2017-18 figures below, when compared to the previous year, report stable or increased scores for in the 'Achieved Compliance' for all areas other than area two which shows a slight decrease from the previous years' figure.

Across the four areas of WA Carers Charter a minimum of 75% and a maximum of 91.7% organisations report 'Achieving Compliance'. Other than a minor decrease in area two, these represent stable or increased figures from the previous year.

	Not compliant	Working towards compliance	Achieved compliance	Not Applicable
Carers must be treated with respect and dignity				
2017/18	0.0%	3.3%	91.7%	5.0%
2016/17	0.0%	1.7%	91.71%	6.7%
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%	-
2016/17 to 2017/18 diff	0.0%	1.6%	0.0%	-1.7%
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				
2017/18	0.0%	11.7%	75.0%	13.3%
2016/17	0.0%	11.7%	76.7%	11.7%
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%	-
2016/17 to 2017/18 diff	0.0%	0.0%	-1.7%	1.6%
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				
2017/18	0.0%	10.0%	80.0%	10.0%
2016/17	0.0%	15.0%	75.0%	10.0%

¹ Data extracted on 28/08/2018. High compliance does not mean the data is higher quality. Data for 2017/18 should be interpreted with caution as validation had not been completed at the time of extraction. As such variance in Financial Year data from one report to the next may result."

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%	-
2016/17 to 2017/18 diff	0.0%	-5.0%	5.0%	0.0%
Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration				
2017/18	0.0%	1.7%	90.0%	8.3%
2016/17	0.0%	1.7%	90.0%	8.3%
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%	-
016/17 to 2017/18 diff	0.0%	0.0%	0.0%	0.0%

Section B: Related actions to clarify the answers provided in Section A

1: Acknowledge the role of carers in all relevant organisational policies and protocols?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	0.0%	3.3%	15.0%	5.0%	65.0%	11.7%
2016/17	1.7%	5.0%	13.3%	10.5%	60.0%	10.0%
2015/16	1.6%	6.3%	14.1%	14.1%	54.7%	9.4%
2014/15	3.0%	9.0%	14.9%	16.4%	47.8%	9.0%
2013/14	3.0%	9.0%	14.9%	16.4%	47.8%	-
2016/17 to 2017/18 diff	-1.7%	-1.7%	1.7%	-5.0%	5.0%	1.7%

2: Acknowledge the role of carers in all relevant organisational publications?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	0.0%	5.0%	15.0%	8.3%	56.7%	15.0%
2016/17	0.0.6%	8.3%	15.0%	8.3%	55.0%	13.3%
2015/16	1.6%	7.8%	14.1%	10.9%	53.1%	12.5%
2014/15	1.5%	10.4%	11.9%	7.5%	56.7%	11.9%
2013/14	13.3%	10.0%	11.7%	15.0%	50.0%	-

2016/17 to 2017/18 diff	0.0%	-3.3%	0.0%	0.0%	1.7%	1.7%
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3: Include training on the Carers Charter and the role of carers in staff inductions and going staff training?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	1.7%	11.7%	13.3%	8.3%	51.7%	13.3%
2016/17	6.7%	13.3%	11.7%	6.7%	51.7%	10.0%
2015/16	6.3%	10.9%	15.6%	15.6%	40.6%	10.9%
2014/15	13.4%	13.4%	6.0%	19.4%	37.3%	10.4%
2013/14	11.7%	8.3%	20.0%	11.7%	48.3%	-
2016/17 to 2017/18 diff	-5.0%	-1.6%	1.6%	1.6%	0.0%	3.3%

4: Inform carers of the Carers Charter and relevant organisational policies and protocols?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	3.3%	11.7%	6.7%	16.7%	50.0%	11.7%
2016/17	5.0%	8.3%	8.3%	15.0%	50.0%	13.1%
2015/16	4.7%	10.9%	12.5%	9.4%	50.0%	12.5%
2014/15	4.5%	19.4%	13.4%	7.5%	46.3%	9.0%
2013/14	11.7%	8.3%	15.0%	16.7%	48.3%	-
2016/17 to 2017/18 diff	-1.7%	3.4%	-1.6%	1.7%	0.0%	-1.6%

5: Include carers in the organisation's strategic planning process?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	6.7%	11.7%	15.0%	3.3%	43.3%	20.0%
2016/17	6.7%	8.3%	13.3%	5.0%	45.0%	21.7%
2015/16	10.9%	14.1%	7.8%	7.8%	43.8%	15.6%
2014/15	9.0%	16.4%	11.9%	7.5%	40.3%	14.9%
2013/14	20.0%	13.3%	13.3%	15.0%	38.3%	-
2016/17 to 2017/18 diff	0.0%	3.4%	1.7%	-1.7%	-1.7%	-1.7%

6: Include carers on the Board/Management Committee of the organisation?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	13.3%	6.7%	5.0%	6.7%	40.0%	28.3%
2016/17	15.0%	6.7%	3.3%	5.0%	38.3%	31.7%
2015/16	14.1%	12.5%	3.1%	4.7%	37.5%	28.1%
2014/15	17.9%	9.0%	3.0%	3.0%	41.8%	25.4%
2013/14	25.0%	15.0%	8.3%	10.0%	41.7%	-
2016/17 to 2017/18 diff	-1.7%	0.0%	1.7%	1.7%	1.7%	-3.4%

7: Include carers in the assessment process for direct services?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	1.7%	8.3%	8.3%	3.3%	66.7%	11.7%
2016/17	1.7%	11.7%	6.7%	16.7%	53.3%	10.0%
2015/16	1.6%	9.4%	12.5%	10.9%	50.0%	15.6%
2014/15	3.0%	7.5%	13.4%	17.9%	47.8%	10.4%
2013/14	8.3%	5.0%	15.0%	16.7%	55.0%	-
2016/17 to 2017/18 diff	0.0%	-3.4%	1.6%	-13.4%	13.4%	1.7%

8: Include carers in the ongoing monitoring of direct services?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	1.7%	6.7%	8.3%	5.0%	61.7%	16.7%
2016/17	5.0%	5.0%	8.3%	13.3%	55.0%	13.3%
2015/16	1.6%	6.3%	17.2%	14.1%	45.3%	15.6%
2014/15	4.5%	9.0%	10.4%	17.9%	47.8%	10.4%
2013/14	6.7%	5.0%	18.3%	20.0%	50.0%	-
2016/17 to 2017/18 diff	-3.3%	1.7%	0.0%	-8.3%	6.7%	3.4%

9: Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	1.7%	3.3%	6.7%	3.3%	73.3%	11.7%

2016/17	1.7%	1.7%	10.0%	13.3%	63.3%	10.0%
2015/16	0.0%	4.7%	9.4%	14.1%	60.9%	10.9%
2014/15	1.5%	11.9%	7.5%	7.5%	62.7%	9.0%
2013/14	6.7%	5.0%	13.3%	8.3%	66.7%	-
2016/17 to 2017/18 diff	0.0%	1.6%	-3.3%	-10.0%	10.0%	1.7%

10: Ensure carers have the opportunity to provide feedback on their experience of the organisation?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	0.0%	3.3%	6.7%	5.0%	75.0%	10.0%
2016/17	0.0%	3.3%	5.0%	10.0%	75.0%	6.7%
2015/16	0.0%	3.1%	9.4%	17.2%	62.5%	7.8%
2014/15	1.5%	6.0%	7.5%	9.0%	70.1%	6.0%
2013/14	6.7%	8.3%	8.3%	8.3%	68.3%	-
2016/17 to 2017/18 diff	0.0%	0.0%	1.7%	-5.0%	0.0%	3.3%

11: Provide avenues for carers to access peer support?

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
2017/18	3.3%	5.0%	5.0%	11.7%	61.7%	13.3%
2016/17	5.0%	10.0%	6.7%	11.7%	55.0%	11.7%
2015/16	4.7%	15.6%	9.4%	9.4%	48.4%	12.5%
2014/15	6.0%	16.4%	11.9%	10.4%	44.8%	10.4%
2013/14	15.0%	8.3%	15.0%	13.3%	48.3%	-
2016/17 to 2017/18 diff	-1.7%	-5.0%	-1.7%	0.0%	6.7%	1.6%

Section C: Text responses included in the Self-Assessment of the WA Carers Charter

Organisations are also given the opportunity to respond in text to explain and support their quantitative responses to the overall document at the end of the paper. The overall text responses are captured in the following; Section C.

Below is a summary of the written responses that were submitted by organisations in the survey. The responses are duplicated verbatim and grouped thematically grouped under the four headings corresponding to the WA Carers Charter by the author. A proportion of the responses were applicable across multiple categories, an rather than being duplicated have been placed under a single heading only.

TEXT RESPONSES to the WA Carers Charter:

Carers must be treated with respect and dignity

- We have a Mental Health Respite for Carer program here which ties into support for families of those with a mental health challenge. Our support workers provide support daily to Carers and we also promote and refer to other agencies in the Wheatbelt and other areas where required. We work collaboratively with many and refer where consent is provided.
- Carers are invited to play as active a role in the service provision as the clients would like. We have a carers' support group that operates out of WHWS monthly to support carers.
- Carers are invited and do attend a monthly carers support group. Carers are involved in the referral and intake process. Carers are invited and attend family meetings. Carers have access to direct support from staff and management. Inducted carers volunteer through the volunteer section of [Org] and work where their family members live to further encourage connection and skill building. When planning changes carers are informed and invited to have comment. [ORG] provides additional resources to carers such as; external services and referrals where appropriate, mental health & wellbeing education, hearing voices information and internal/external supports.
- We have a Carer Peer role that we have expanded to 0.8 FTE due to the demand on her services since she has been employed. We work very closely with carers and/or family members to ensure inclusion (where appropriate) in the development of any plans. We value the relationship of the carer and/or family members and will assist where we can at nurturing this relationship with both us as an organisation and for the client. The Quality Evaluation we have recently undergone in addition to the Gap Analysis audit conducted in preparation for our Accreditation against the National Mental Health Standards have given us some great indication for areas of improvement to support carers in their caring role.
- Carers' information update is posted on the information board in the front foyer of the Centre.
- Carers, where present, know our clients best and are vital to their ongoing support and recovery. When our Recovery Workers have contacts with the person with the mental health issue, carers benefit from regular timeout during the daytime and occasionally some overnight respite. We welcome feedback about our service and our Recovery Workers regularly seek input from carers. They are consulted in the annual service

feedback survey. We provide information and support to carers and families to assist them to access supports from others with a lived carer experience. We provide carers with emotional support and encouragement to help them manage anxiety and general health needs. Our Recovery Workers share information on mental health and facilitate skills development. We accompany carers on social and leisure outings for regular de-stressing.

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.

- [ORG] has a strong commitment to supporting families and carers of people with serious mental ill-health. [ORG] believes that families and carers are central to a recovery approach to mental health and psychosocial disability. To date [ORG's] focus has been on the development of carer inclusive practice strategies in line with contemporary mental health policy, delivery of funded state and federal carer support services; and increasing carer participation in organisational decision making. These activities largely mirror the expressed needs of carers and families - to be seen and heard, to be included and to be supported in the task of caring.
- An informative Carers Information pack was created and provided to all identified carers within the service. As part of service provision, Carers form part of the holistic support provided to our clients. All documentation is reflective of carer participation and support options to best support the Carer in their role.
- [ORG] recognises that family, carers and other informal supporters play a central role in caring for and supporting people with Mental Health Illness. [ORG] encourages carer involvement from the initial stage of assessment through to occupancy and the ongoing retention of tenancy and supports involved to achieve this.
- [ORG] recognises the importance of carers and ensure they are involved in the planning, assessment and delivery of services in all Mental Health programs. [ORG] staff provide individual support to carers in the Mental Health program including, but not limited to, assistance to access medical appointments, shopping, facilitating socialisation in the community, encouraging engagement in activities of interest and self-care. Through the program, Carers are also assisted to engage in training on a range of topics. Carers are treated with respect and dignity and their views and needs are taken into account when working with clients.
- [ORG] are establishing a Carers Advisory Group in the 2019 Financial Year. This group will support a review of policy process and influence assessment processes across the organisation to ensure that carers are supported throughout the organisation. [ORG] works with carers to establish safety plans, work towards goals and as part of inclusive practice. [ORG] website provides an avenue for complaints and feedback.
- Carers are an intrinsic part of providing positive person centered support work, when involved they are often the point of call for information, knowledge and stability for consumers; financially, housing, support and love and so much more. Carers are treated with dignity and respect at all times, ensuring they are acknowledged and heard in the journey of mental health, included in decisions at committee level, and 'on the ground level, with daily feedback and annual feedback opportunities.

The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.

- [ORG] has a customer engagement strategy that ensures our customers, carers and families have the opportunity to influence governance, strategic direction and operational delivery. We have a number of Carers that form part of our advisory network. In January 2018 [ORG] engaged the services of a Peer Carer Consultant.
- We are compliant with the NSMHS 2010 which clearly outlines a significant number of expectations of service providers in relation to the inclusion and consultation of carers/family members.
- [Org] recognises and addresses the views and needs of carers. During 2017-2018 [ORG] continued engagement with carer advocacy organisations Carers are engaged as individuals and representatives in consultative approaches to the development, implementation and review of [ORG] programs and services.
- There is a Carer representative on [ORG] Board of Management, this person relays any relevant information from the Carer Group back to the board of management. [ORG] include the Carer's charter in the Staff orientation files and discuss the importance of including Carer's in the consumer's recovery, if nominated by the consumer.
- [ORG] recognises that the role of caring places many demands on a carer's financial, psychological, emotional and physical resources. [ORG] works to improve recognition and support for carers.
- The role of carers and significant others is recognised and incorporated into the service delivery model where there is an explicit request by individual consumers to do so. This is supported by documented processes which are compliant with the National Mental Health Service Standards and the Western Australian Carers Charter. The carer will have the same rights of access to the consumer's case worker unless the consumer has specifically and reasonably forbidden such access. Information will be provided to the carer which includes advice to help the carer to identify early signs of relapse, the name and contact number of the consumer's case worker and an after-hours telephone number in cases of emergency.
- [ORG's] Recovery Framework acknowledge the uniqueness of each person and encourages workers to include a person's family, friends and/or significant others in the support. The Guide also details [ORG's] commitment in recognising, valuing and respecting the role of each family member and other significant people in a person's life and including them in the working relationship with [ORG] and promotes that including family members in treatment and support is essential for good mental recovery for clients.
- Members of the [ORG] Board, staff and volunteers do identify as carers. Where appropriate, [ORG] involves members and members support persons in the process of policy review, strategic and operational development and implementation. Members are able to invite their carer to up to three [ORG] meetings, so that carers can develop a good understanding of the peer group support and the [ORG] Program. Carers are able to attend branch social activities and can sign up to receive our national newsletters. [ORG] has a group that is dedicated to the needs of carers.
- We are continually working towards developing Compliance with the Carers Charter. There has been an increase in carer involvement from the last reporting period. There

has been ongoing communication between Carers and our staff, working collaboratively towards achieving desired outcomes for the consumers. The staff have supported the carers by providing additional information and printed materials, to assist them in their Carers role, including various recreational activities available for Carers at the local level.

Complaints and feedback made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

- As standard practice Recovery Support Workers liaise with carers and family members on a daily basis in regards to the recovery of their loved ones and any service information that may be relevant. Staff also receive calls from family members and carers on a regular basis and provide them with a safe space to discuss any concerns, ask questions and share relevant information they would like staff to be aware of.
- We offer multiple supports and services to carers. These can all be accessed including our systemic advocacy work.
- Twice a year the Carer's are given a Carer survey to complete, if anything is identified within the survey. [ORG] work alongside the Carer's to achieve a positive outcome. The Carer group facilitator listens to the needs of the Carer's and then works on accessing what the Carer's are requesting.
- [ORG] has a Carers Policy acknowledging the Carers Recognition Act 2004 and is in compliance with the Western Australian Carers Charter.
- This year we have participated in carer friendly workplaces evaluation by CARERS WA. We also undertook a survey of carers in our workforce.
- We include families and carers in every aspect of support provided to young people through the program. Families are asked to sign off on all documentation to ensure that they are also aware of the support that will be provided to them. Families are also offered to complete a support plan so that they can also receive additional support for the family unit. Evaluations are completed at the commencement of support then every 3 months and again at the completion of support. All feedback is seen by the Program manager and followed up where needed and/or when asked by the family.
- We have invited feedback from carers on our new leaflets.

Summary

A total of 60 out of 70 MHC funded CMOs were required to report on the Carers Charter during the 2017-18 reporting period, which is one (1) less CMO than for the previous year. There was a 100% response rate for the MHC funded CMOs requested to report on their compliance against the Act. It has become a trend in recent years that a 100% response rate to the Carers Charter questions is achieved before the web-based reporting cut-off period.

When averaging across the four areas of the WA Carers Charter, overall the CMOs have reported a plateau in compliance and adherence to the Act in 2017-18 compared to 2016-17 reporting.

In **Section A** there is an increase in the 'Achieved compliance,' in all areas of the Carers Charter, other than area two which decreased by (-1.7%) compared to 2016-17 results.

Across all four areas, irrespective of increases or decreases a minimum of 75% and a maximum of 91.7% 'Achieving Compliance' is reported for CMOs. Other than the above mentioned minor decrease in area two, the figures represent stable or increased figures from the previous year. A 5% increase is reported for area three and is counterbalanced by a 5% decrease in 'Working towards Compliance' for the same area.

In **Section B**: 'Related Actions' – Similar to the trends in Section A, the Section B 2017-18 figures overall show stable and/or increases in overall 'Achieved Compliance' to the previous years' figures for all areas other than area 5 'Includes carers in organisation's strategic planning process' which decreased by (-1.7%).

Noteworthy increases were reported for 'Include carers in the assessment process for direct services' (+13.4%) and for 'Inform carers of the organisation's complaints policy and their ability to make a formal complaint in the Carer's Charter is not upheld' (+10%). Similar to Section A, in Section B reported increases for 'Fully Compliant' are counterbalanced by decreases in figures for 'Partially, Mostly, and Almost Fully Compliant' for the corresponding areas. The only area where these counterbalances are not clearly defined are for area ten, 'Ensure carers have the opportunity to provide feedback on their experience of the organisation' which shows a decrease in figures (-5.0%) for "Almost fully compliant" and an increase (+3.3%) in 'Not applicable'.

Overall across all eleven areas there is a (+1.1%) average increase in figures where responses indicate an area is 'not applicable'. While the overall average represents both decreases in the 'not applicable' for three areas, and increases in 'not applicable' for eight areas, the MHC contract officers routinely follow up to check whether individual areas reported as 'not applicable' are reasonable responses from the CMOs they monitor. The results reported here are not the final validations and it is possible the overall average for 'non applicable' will improve by the final-cut-off.

In general, Section A of the MHC Carers Report shows a plateau in CMOs reporting compliance and adherence to the Act, with notable improvement for area three of the Carers Charter. Section B, when figures are similarly grouped, shows an increase across all eleven areas from an average of 54.7% for 'full compliance' in 2016-17, to an average of 58.6% for 'full compliance' for 2017-18. Across the areas the most notable improvements are for the inclusion of carers in assessment process for direct services (+13.4%), informing carers of the organisation's complaints policy and process for making a formal complaint (+10%), including carers in ongoing monitoring of services (+6.7%) and providing avenues for carers to access peer support (+6.7%).

An indicative summary of the text responses submitted in the electronic templates is represented in Section C of this report. Similar to 2016-17 the overall the text represents for 2017-18 represent a strong desire amongst CMOs to include carers in all aspects of service delivery, planning and review. There are minimal responses indicating that this is not relevant to their service.

The responses and trends that appear in this report will be monitored and followed up with the CMOs as appropriate. All MHC funded organisations have a dedicated contract officer who manages their contract and responds to the electronic surveys and feedback provided annually by these organisations.

The MHC has a panel of independent evaluators which evaluate the CMOs against the 2010 National Standards for Mental Health Services (National Standards). The MHC initiated approximately 17 CMO Quality Evaluations during the 2017-18 reporting period. In total, more than 68 CMO Quality Evaluations have been completed since 2014 (including 9 CMOs that have completed a second round of Quality Evaluation).

These National Standards have a Standard 7 'Carers' - which addresses all of the questions on the Carers Report and denotes the overall ethos to 'respect, value and support the importance of carers'. Standard 3 - 'Consumer and carer participation' - also stipulates that consumers and carers are 'actively involved in the development, planning, delivery and evaluation of services'. The independent evaluators also have access to the CMOs self-report against the Carers Recognition Act.

The resulting Quality Evaluation Reports indicate to the CMOs how they can address these Standards (if they are not already doing so) and thereby encourage the CMO to take responsibility for addressing appropriate expectations around Carers.

As mentioned in previous reports, the template and question format provided by the Carers Advisory Council has had minor changes in the past, making certain comparisons difficult. The MHC has decided to retain its own reporting format as previous years in order to compare and contrast data over the last four years. This has allowed for an easier identification of trends over the reporting periods.

Evidence of compliance to support self-assessed ratings

1. Understanding the Carers Charter

Correlating questions in Section A: Q1

Correlating questions in Section B: Q1, Q2, Q3

2. Policies and plans relating to receiving input from carers

Correlating questions in Section B: Q4, Q5

3. Carers' views

Correlating questions in Section A: Q3

Correlating questions in Section B: Q6, Q7, Q8

4. Complaints and listening to carers

Correlating questions in Section A: Q2, Q4

Correlating questions in Section B: Q9, Q10