



Carers Advisory Council
Appointed by the Minister for Community Services

Carers Advisory Council

Compliance Report 2018-19

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Letter to the Minister from the Chair

Dear Minister McGurk

It gives me great pleasure to present the 2018-19 Carers Advisory Council's (the Council) Annual Compliance Report for your consideration and tabling in Parliament, as required by Section 10 of the *Carers Recognition Act 2004* (the Act).

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

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

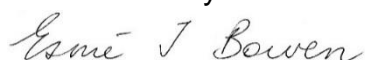
In 2017-18, the Council worked with reporting organisations to develop a new compliance measurement tool. This was in response to changes that have taken place in reporting organisations and the broader community, since the Act was first introduced in 2004. The changes have provided the Council with the opportunity to begin making sector wide comparisons of organisations' carer recognition activities, initiatives and their compliance with the Western Australian Carers Charter. Importantly it also supports the Council to undertake interpretation, analysis and make future recommendations for sector wide improvement. These can be found in the Executive Summary.

The Council will continue working with reporting organisations over the 2019-20 Compliance period to refine the tool and ensure ease of use both for the reporting organisations and for the Council to review.

It pleases the Council to see continued improvements across reporting organisations in providing carers with a voice in the design and delivery of services and programs. Increasingly, the valuable role played by carers in our society is becoming more publicly recognised and better supported by organisations, which will lead to better outcomes for carers.

The review of the *Carers Recognition Act 2004* was a commitment of the State Government to assess whether the Act remains fit for purpose. The review is in the final stages and Council looks forward to seeing recommended amendments being progressed.

Yours faithfully



Esme Bowen

Chair, Carers Advisory Council

22/01/2020

Council Members: Gloria Moyle (Deputy Chair/ Regional), Ros Thomas (Deputy Chair), Luke Garswood, Adam Desira, Stan Chirenda, Emily Hardbottle

Executive Summary

Background

The Carers Advisory Council (the Council) was established in 2005 under Section 8 of the *Carer Recognition Act 2004* (the Act), with membership comprising persons with knowledge of, and experience in, matters relevant to carers. This is the fourteenth compliance report presented to the Minister for Community Services and the Parliament of Western Australia since the enactment of the Act in 2004. The compliance report reviews the submitted progress and compliance reports of the individual organisations required to uphold the Western Australian Carers Charter (the Charter) established under the Act.

The Charter is made up of four pillars:

- Carers must be treated with respect and dignity.
- The role of carers must be recognised by including carers in the assessment, planning, delivery and reviews of services that impact on them and the role of carers.
- 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.
- Complaints made by carers concerning services that impact on them and the role of carers must be given due attention and consideration.

Reporting against the Act looks at four important areas of activity and progress required to see the Charter upheld:

- Understanding the Carers Charter
- Policy input by carers
- Carers views and needs considered
- Complaints and listening to carers.

Report Highlights

Thanks to changes in the compliance reporting structure this year's report has been able to, for the first time, begin sector wide comparisons of activities under each of the progress areas listed above. Carers reading this report can readily see the kinds of activities and areas of focus in each report. This will assist them to be informed of progress and importantly, be able to make suggestions for sector wide improvement.

In its review of the provided reports the Council highlighted a number of pleasing developments, such as the continual growth of carer participation in decision-making, continued increases in staff awareness and understanding of the Charter, along with growing support for National Carers Week.

Further, there are some challenges requiring focus in the future, including carer identification by reporting organisations, and improvement of the quality and consistency in measurement and reporting across organisations.

Introduction

This is the fourteenth compliance report presented to the Minister for Community Services and the Parliament of Western Australia since the enactment of the Act.

Carers Advisory Council

The Carers Advisory 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 who are prescribed in the Act under schedule 2, Division 1 and their compliance against the outcomes of the Western Australian Carers Charter (the Charter).

The Charter and Purpose of the Compliance Report

The Act defines a carer as “... a person who provides ongoing care, support and assistance to a person with a disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide.¹”

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*. Further, part 2 s.7 (d) of the Act, requires any person or body providing a service under contract with a health or disability service to comply with the Charter.

The Charter is made up of four pillars:

- Carers must be treated with respect and dignity.
- 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.
- 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.
- Complaints made by carers concerning services that impact on them and the role of carers must be given due attention and consideration.

The Act also sets out the scope and responsibilities of the Carers Advisory Council, namely that the Council:

- promotes relevant service providers' compliance with the Charter through an annual compliance report
- provides general advice to the Minister on carer-related matters.

The spirit of the Charter, as captured in its wording, is clear - treating carers with respect and dignity is a "must", as is recognising them in crucial processes, taking into account their views, and giving due attention to carers complaints. Supporting the WA community and organisations that serve them to fulfil the spirit of the Charter is, therefore, an ongoing endeavour. As such, the Council sees its role in promoting compliance with the Charter as fostering continuous improvement.

¹ See more at:

https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_114_homepage.html

With each reporting period, the Council has the opportunity to learn from previous years, reflect on the relative strengths in reporting and the challenges that different reporting organisations face, using that knowledge to guide continual improvements across the sector. The Council does not seek to arbitrarily 'shift the goalposts' with regards to what constitutes adequate progress to compliance. Rather, the Council is looking to support the sector on a journey of continued progress towards complete realisation of the Charter. The Council approached the assessment of this year's reporting with an eye to ongoing future improvements, including:

- identifying comparative discrepancies in the quality of evidence provided by respective reporting organisations and establishing expectations for future reports
- identifying those ideal examples of compliance and reporting, and establishing them as expected benchmarks moving forward
- reviewing which activities qualified as examples of 'developing' or 'well developed'
- reviewing the distinction between reported thresholds for 'developing' and 'well developed' to establish more explicit gateways and minimum requirements for assessment as 'well developed'.

For the 2018-19 reporting period, the following organisations reported against their compliance requirements with the Carers Charter:

- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- East Metropolitan Health Service (EMHS)
- Disability Services (DS)
- Child and Adolescent Health Service (CAHS)
- WA Country Health Service (WACHS)
- Department of Health (DoH) — funded community service organisations
- Mental Health Commission (MHS) — voluntary.

Analysis of this year's compliance reporting sought to achieve four key objectives:

- Establish current levels of compliance.
- Capture examples of implementation and compliance of the Charter.
- Establish benchmarks for future reporting and assessments.
- Continue the work of the Council in improving the reporting and assessment process.

This year's reporting templates allowed for improved comparison across the four Charter criteria. Therefore, this year's report includes the following sections:

- Criteria Compliance — Collating responses against each of the criterion factors and suggested actions.
- Planned Activities — Reviewed previous year's planned activities against this year's reports.
- Organisation summaries — Highlights and commentary for each of the individual reports.

Description of reporting organisations

This section provides additional information about the scale of each reporting organisation.

East Metropolitan Health Service (EMHS) consists of:

- Armadale Health Service (AHS)
- Bentley Health Service (BHS)
- Kalamunda Hospital (KH)
- Royal Perth Hospital (RPH)
- St John of God Midland Public Hospital (SJGMPH).

South Metropolitan Health Service (SMHS) consists of:

- Fiona Stanley Hospital (FSH)
- Rockingham General Hospital (RGH)
- Fremantle Hospital (FH)
- Murray District Hospital (MDH)
- Peel Health Campus, delivered as a public private partnership with Ramsay Health Care (PHC)
- Sir Charles Gairdner Hospital (SCGH).

North Metro Health Service (NMHS) consists of:

- King Edward Memorial Hospital (KEMH)
- Osborne Park Hospital (OPH)
- NMHS Mental Health Public Health Dental Service (MHPHDS)
- Joondalup Health Campus (JHC).

Child and Adolescent Health Service (CAHS)

The CAHS provides a comprehensive service supporting the health, wellbeing and development of young Western Australians. CAHS aims to ensure that children and young people get the best start in life through health promotion; early identification and intervention; and patient-centred, family-focused care. CAHS comprises:

- Community Health
- Mental Health
- Perth Children's Hospital.

West Australian Country Health Service (WACHS) consists of:

- Kimberley Health
- Pilbara Health
- Midwest Health
- Goldfields Health

- Wheatbelt Health
- South West Health
- Great Southern Health.

Mental Health Commission (MHC)

The Commission was established on 8 March 2010 to lead mental health reform throughout the State and work towards a modern effective mental health system that places the individual and their recovery at the centre of its focus. The Commission was created initially by transferring existing resources of the Mental Health Division of the Department of Health.

Disability Services (DS)

The Department provides a range of direct services and supports and funds non-government agencies to provide services to people with disability, their families and carers. The Department also partners and collaborates with disability sector organisations, business and government, and other stakeholders to improve participation, inclusion and access for people with disability across the community.

Reporting and Compliance Framework

Method of Reporting

For each reporting period, the Council provides a template to reporting organisations. Reporting organisations use this as a blueprint to self-assess their performance and compliance with the Charter. The templates cover the following:

- Each of the four criteria outlined below under Measures of Compliance.
- Reporting on any activities planned for the following year.
- Update on previously planned activities.
- Examples and evidence of activities or processes aimed at achieving compliance with the Charter.

The Council reviews and analyses the reports provided by reporting organisations, develops 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.

Measures of Compliance

In previous years, reporting organisations used a three-point rating scale of 'Commenced development', 'Satisfactory progress' or 'Well-developed' to self-assess performance and compliance against the following four criteria:

1. 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).
2. 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).
3. 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.
4. 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).

In 2016, the Council reviewed the compliance reporting format to make it easier for service providers to identify service standards. This review analysed reports from the past five years to identify commonalities; and an updated reporting tool was introduced in 2018.

Reporting organisations were asked (as in previous years) to rate their organisation across three levels for each of the four criteria. However, in this period, the ratings were:

1. Not yet Developed (not compliant).
2. Developing.
3. Well Developed.

Each criterion contains identified factors that need to be addressed to achieve the criterion. A set of actions supports each of these factors. Actions are categorised into Developing (D) or Well Developed (WD). Reporting organisations complete the self-assessment in terms of which of these activities they have completed or are undertaking, which in turn indicates whether they are rated as Developing or Well Developed for each factor and criterion.

Assessment and Analysis of Compliance

Within each reporting period, the Council reviews and analyses the reports provided by reporting organisations. The Council notes changes in compliance across reporting periods, and highlights examples of best practice and innovative projects by organisations in meeting their responsibilities under the Charter. Further the Council undertakes a comparison of the previous year's self-assessed rating with the current reporting period ratings, to highlight areas of improvement or decline in the required organisations' self-assessed ratings.

Analysis of reporting framework

The review and comparison of the reports provided for the 2018-19 compliance report also focused on the reporting tools themselves.

Working with an independent consultant, the Council considered:

- The design of the templates, considering ease of use both for the reporting organisation, and for the Council in review.
- The appropriateness of indicators and examples provided in the templates.
- Appropriate thresholds for gaining a well-developed ranking.
- The allocation of examples and indicators as illustrative of either developing or well developed.

Overall Observations for 2018-19

The Council would first like to acknowledge and celebrate the gains that have been made since the Charter came into effect fourteen years ago. Throughout this report some of these gains are evident:

- Participation in National Carers Week continues to be embraced as an opportunity to celebrate, educate and support the work of carers across Western Australia.
- Participation of carers in key decision-making bodies continues to grow. Ensuring the lived experience of carers is reflected in the design, implementation and governance of organisations and initiatives servicing the community is vital to realising the spirit of the Charter.
- Staff understanding, and awareness of the Charter continues to increase.

The Council would also like to highlight some ongoing challenges and areas for focus moving forward:

- Despite the gains made, carer identification continues to be an area requiring continual improvement. This is the most fundamental component in achieving the spirit and goals of the Charter.
- Moving from passive interventions such as information provision, to a focus on activation is critical.
- It is important to ensure credible progress through credible measurement. The Council is concerned about some of the responses across the sector with regards to measurement under each of the four Charter criteria.
- There is a noticeable disparity in the level and quality of evidence provided by the different organisations.

Analysis of compliance reporting data from 2017-2018 to 2018-19

Figure 1 outlines the self-assessed ratings against the four reporting criteria across the 2017-18 and 2018-19 reporting periods. The Council notes that there may be variations between years resulting from a variety of factors, including organisational change, particularly within service delivery and reporting structures. Ratings displayed as n/a denotes organisations which did not include self-assessment ratings in their reporting.

Key:

2017-18: C = Commenced development; S = Satisfactory progress; W = Well-developed

2018-19 D = Developing; WD Well-developed

		Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
		2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
Disability Services, Department of Communities		W	WD	W	WD	W	WD	W	WD
WA Health organisations									
North Metropolitan Health Service			WD		D		D		WD
	Mental Health, Public Health and Ambulatory Care	W		W		W		W	
	Osborne Park Hospital	W		W		W		W	
	Sir Charles Gairdner Hospital	S		W		S		S	
	Women and Newborn Health Service	S		W		S		W	

		Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
		2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
	Joondalup Health Campus	W		S		S		S	
	Bethesda Hospital	W		W		S		W	
	Cancer Support WA	W		W		W		W	
	Midland Dialysis Clinic	S		S		S		S	
South Metropolitan Health Service		W	WD	W	WD	W	WD	W	WD
	Fiona Stanley Fremantle Hospitals Group	N/A	WD	N/A	WD	N/A	WD	N/A	WD
	Rockingham Peel Group	N/A	WD	N/A	WD	N/A	WD	N/A	WD
	Perth Children's Hospital		WD		WD		WD		WD
East Metropolitan Health Service		W	WD	W		W	WD	W	WD
	Armadale Kalamunda Group	N/A		N/A		N/A		N/A	
	Royal Perth Bentley Group	N/A		N/A		N/A		N/A	

		Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
		2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
	St John of God Midland Public Hospital	S		S		C		W	
Child and Adolescent Health Service		W	WD	S	WD	W	WD	W	WD
WA Country Health Service		W	D	W	D	W	D	S	D
Department of Health funded organisations		W	N/A	S	N/A	S	N/A	S	N/A
Mental Health Commission		W	N/A	S	N/A	W	N/A	W	N/A

Figure 1: Analysis of compliance reporting data from 2017-2018 to 2018-19

Compliance with Criteria – Report Structure

Overview

This section looks at each of the four criteria and their factors holistically. Reporting on each criterion has been broken up into individual factors. For example, the criterion “Understanding the Carers Charter” is divided into five contributing factors:

1. Awareness about the Charter
2. Education during induction
3. Education through training resources
4. Education by other training methods
5. Measures/Reporting

The following section of this report breaks down the various reporting against each criteria for comparison, and presents the *self-assessed* ratings for each. All reporting organisations except for Department of Health and the Mental Health Commission, use the provided reporting template in Figure 2.

Figure 2 provides an excerpt of the format of the reporting templates for 2018-19.

STAFF UNDERSTAND THE CHARTER / CARERS TREATED WITH RESPECT AND DIGNITY	
A. Carers must be treated with respect and dignity (<i>Carers Recognition Act 2004</i> Schedule 1 WA Carers Charter).	
Please tick the answers that apply to you and provide further information where appropriate	
FACTORS	DEVELOPING
Awareness about the Charter	<input checked="" type="checkbox"/> Information about the Charter is readily available throughout the site. The Charter is displayed across the site in one or two of the following formats (if more than two formats it would be deemed Well Developed). Please tick which are applicable. <input checked="" type="checkbox"/> Carers Charter & <i>Carers Recognition Act 2004</i> brochures available throughout the site <input checked="" type="checkbox"/> 'Know Your Rights' poster or other informative posters are displayed <input checked="" type="checkbox"/> Audio-visual formats <input checked="" type="checkbox"/> The website has links to the Charter
Education during induction	<input checked="" type="checkbox"/> All new staff receive information about the Act during induction <input checked="" type="checkbox"/> All new staff receive a copy of the Charter during induction <input checked="" type="checkbox"/> The Act and Charter are discussed with staff during induction <input checked="" type="checkbox"/> Practical examples of applying the Charter are discussed with staff during induction <input checked="" type="checkbox"/> Information about key carer organisations and their roles is provided during induction

Figure 2: Excerpt from 2018-19 Reporting Template

The reporting templates provided for organisations break down each criterion and their factors into actions as illustrated in Figure 2. These actions are ordered by those that indicate whether a reporting organisation is Developing or is Well Developed. Organisations mark off the actions that they have fulfilled in the reporting period, and cumulatively this demonstrates whether the organisation is Developing or Well Developed across the factors within each criterion.

Specifically, the 'level' column refers to whether the activity was designated within the reporting template as either Developing (D) or Well Developed (WD). Boxes filled dark grey indicate those activities marked as fulfilled by each organisation as per the example provided in Figure 3.

Level	Actions for Criterion: Awareness about the Charter	SMHS	NMHS	EMHS	DS	WACHS	CAHS
D	Information about the Charter is readily available throughout the site.						

Figure 3: Example of ranking across reporting organisations for one action for one criterion

In this example, all reporting organisations except for DS and CAHS believe they have fulfilled the requirements for providing information about the Charter readily throughout the site, which means they would be ranked as Developing for that particular action.

Council comments and observations throughout the report are provided in blue font and bordered.

It must be noted that the Mental Health Commission (MHC) and the Department of Health (DoH) use different templates for reporting, based on the different requirements of the services they deliver, and the varied reporting of their funded agencies. This affects comparability – given the reporting template is customised for different organisations, not all organisations report to all indicators. These are marked where required.

Department of Health

From DoH report:

Non-Government organisations that have a service agreement with the DoH to provide community services are required, depending on the nature of their services, to comply with the Carers Charter. For those services to which this applies, a relevant clause is included in their Service Agreement requiring them to report their carers compliance activity annually to the DoH.

In 2018–19, [these] organisations contracted by the DoH to provide community health services reported on their compliance with the Carers Charter using a prescribed template [provided by DoH]. However, their service agreements do not include a requirement to conduct a self-assessment as part of their reporting with the templates they have been provided. As such, in this report, DoH does not include ratings against 'developing' or well developed' (see Appendix 2 for more information).

Contracted service providers include:

- Australasian Asian Association T/A Triple A Care
- Advocare
- Albany Community Care Centre (WA) Inc
- Amana Living Inc
- Australian Red Cross Telecross / Carer Support
- Astley Care Inc
- Avivo: Live Life

- Brightwater Care Group
- Carers Association of Western Australia Inc
- Eastern Goldfields Community Centre for the City of Kalgoorlie Boulder
- City of Stirling
- Enrich Living Services
- Harold Hawthorne Community Centre
- Identity WA
- Uniting Church Homes – Juniper Community
- Mercycare
- Nindilingarri Cultural Health Services Inc (NCHS)
- Shire of Manjimup Home & Community Care
- Shire of Narrogin, Narrogin Regional Homecare
- Uniting Care West (UCW)
- Kidsafe Western Australia Inc
- Health Consumer Support Service.

Mental Health Commission

From the MHC report:

The MHC commenced reporting on the compliance of funded services [2013-14]. 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 Report were unique to the MHC and were based on an understanding and interpretation of the Charter.

Survey data from MHC and DoH has been included in tables under each of the Charter Criteria as applicable and relevant.

DoH and MHC reporting measurements

Both organisations mapped their measurement questions against the criteria, outlined in the table below.

Criteria	DoH Measurements	MHC Measurements
1. Staff understand the Charter / Carers treated with respect and dignity.	1. Include training on the Carers Charter and the role of carers in staff induction and ongoing staff training. 2. Acknowledge the role of the carers in all relevant organisational publications. 3. Inform carers of the Carers Charter and relevant organisational policies and protocols.	Overall Compliance: Carers must be treated with respect and dignity Actions: Do organisations... ...Acknowledge the role of carers in all relevant organisational policies and protocols? ...Acknowledge the role of carers in all relevant organisational publications? ...Include training on the Carers Charter and the role of carers in staff inductions and going staff training?
2. Policy input from carers.	4. Acknowledge the role of carers in all relevant organisational policies and protocols. 5. Include carers in the organisation's strategic planning process. 6. Include carers on the organisation's Board / Management Committee.	Actions: Do organisations... ...Inform carers of the Carers Charter and relevant organisational policies and protocols? ...Include carers in the organisation's strategic planning process?
3. Carers views and needs are considered.	7. Include carers in the assessment and planning processes for direct services. 8. Include carers in the ongoing monitoring of direct services. 9. Ensure carers have the opportunity to provide feedback on their experience of the organisation. 10. Provide avenues for carers to access peer support.	Overall Compliance: 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. Actions: Do organisations... ...Include carers on the Board/Management Committee of the organisation? ...Include carers in the assessment process for direct services? ...Include carers in the ongoing monitoring of direct services?
4. Complaints and listening to carers	11. Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld e.g. rights and responsibilities.	Overall Compliance: 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. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration. Actions: Do organisations... ...Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld? ...Ensure carers have the opportunity to provide feedback on their experience of the organisation?

Figure 4: DoH and MHC reporting as mapped against criteria

MHC reporting asked respondents assess each action as either:

- not compliant
- partially compliant
- mostly compliant
- almost fully compliant
- fully compliant
- not applicable.

DoH asked respondents to assess as:

- yes
- no
- not applicable.

Criterion 1: 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) (Carers Recognition Act 2004, Schedule 1 WA Carers Charter).

Self-assessment results overall

Figure 5 provides an overview of how reporting agencies complied with Criterion 1: Understanding the Carers Charter.

Rating	SMHS*	NMHS	EMHS	DS	WACHS	CAHS
Developing						
Well developed						

Figure 5: Overall self-assessment results for Criterion 1

*SMHS: Well developed across Fiona Stanley Fremantle Hospitals Group (FSFHG), Rockingham Peel Group (RkPG), and Perth Children's Hospital (PHC)

Criterion Factors

The five factors that demonstrate compliance with this criterion are:

1. Awareness about the Charter.
2. Education during induction.
3. Education through training resources.
4. Education by other training methods.
5. Measures/Reporting.

Awareness about the Charter: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Information about the Charter is readily available throughout the site						
	Carers Charter & <i>Carers Recognition Act 2004</i> brochures available throughout the site						
	Know Your Rights' poster or other informative posters are displayed						
	Audio-visual formats						
	The website has links to the Charter						
Well Developed	The Charter is displayed across the site in <u>more than two</u> formats, e.g. posters, brochures, website, audio-visual formats, others. (Tick which in the Developing Awareness section)						

Figure 6: Compliance with factor 'Awareness about the Charter', by action

Education during induction: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	All new staff receive information about the Act during induction						
	All new staff receive a copy of the Charter during induction						
	The Act and Charter are discussed with staff during induction						
	Practical examples of applying the Charter are discussed with staff during induction						
	Information about key carer organisations and their roles is provided during induction						
Well Developed	Staff training on the Act and Charter is <u>mandatory</u>						
	Carers are involved in staff inductions to provide examples of their experiences						
	Carers are involved in staff recruitment						
	Other						

Figure 7: Compliance with factor: 'Education during induction', by action

Council comments and observations

Some reporting organisations indicated that future planning is underway to increase carer involvement in recruitment. The Council strongly encourages organisations to share knowledge and collaborate across the sector to increase the adoption of critical activities such as carer involvement in induction and recruitment. This is critical for ensuring a consistent approach across the state.

Education through training resources: actions

Level	Education through training resources	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Key carer organisations are consulted when developing education modules that relate to carers and the Charter. Please write which organisations are consulted and how						
	The 'Caring Together' video is shown to staff or similar resource – please state						
	Prepare to Care resources are discussed with staff						
	Indicate number of staff in-service sessions that include education on carers	N/A	628	236			
Well developed	Training about the Act and/or Charter is also available online						
	Online Consumer/Patient Centred Care training includes references to carers						
	Online Consumer/Patient Centred Care training is <u>mandatory</u>						
	Other						

Figure 8: Compliance with factor: 'Education through training resources', by action

Education by other training methods: actions

Level	Education by other training methods	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	The Charter is incorporated into additional staff training, as appropriate Please provide examples						
	Refresher courses are undertaken about the Charter and the Carers Recognition Act 2004						
	Values in Action' information sessions undertaken with staff (includes understanding carers)	N/A	N/A			N/A	
Well developed	Carer representatives are invited into staff education sessions to give personal examples, e.g. monthly presentations by the hospital's Carers Advisory Council at staff forums						
	Carer representatives are invited to attend conferences or other educational opportunities that focus on caring, e.g. Carer Council members						
	Staff are supported to develop their cultural competency for working with carers from a diverse range of populations, e.g. regional, Culturally and Linguistically Diverse (CaLD), Indigenous						
	Staff receive training on carer recognition, e.g. how to identify a carer						
	Staff have access to 'Caring Matters' web-bulletin						
	Staff have access to 'Connecting' Carers WA Mental Health Newsletter online						

Figure 9: Compliance with factor: 'Education by other training methods', by action

Council comments and observations

The Council acknowledges the work by most agencies in providing education and support to staff to work positively and collaboratively with carers. The requirement for staff to receive education on carer recognition will, in future, be a minimum requirement for Developing status.

Carer identification is a core tenant of the WA Carers Strategy

"Early identification as a carer is critical to ensuring carers access information, advice, support and intervention for themselves and the person they care for. It gives carers the opportunity to understand what caring for someone means and involves, as well as make informed decisions about care options and managing the life – care balance."

However, some people with caring responsibilities do not readily identify or want to be labelled as a carer. As a result, they may become "hidden"

Given recent progress on the Charter and the launch of the Carers Strategy, the Council envisages staff education in carer recognition to be standard in the future.

Measures/Reporting: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Information about the Charter is included in x% of staff inductions (estimate)	100%*		100%			
	Information about the Charter is included in x% of additional staff training (estimate)	50%					
	A simple measure is in place to assess whether staff understand the Charter, e.g. a tick box after induction.						
	The proportion or percentage of staff aware of the Charter x%	85%					
	The proportion or percentage of staff who understand the Charter x%	85%					
	The percentage of staff who believe carers should be treated with respect and dignity x%	100%					
Well Developed	Primary carers are identified using file stickers						
	Primary carers are identified at a system level						
	A simple measure is in place that indicates a high level of compliance, for example: 90+% of staff have a well-developed understanding of the Charter						
	A simple measure is in place that indicates a high level of compliance, for example: 90+% believe carers need to be treated with dignity and respect						
	A Quality Improvement Plan is in place to increase consumer and carer involvement in training and education						
	Other						

Figure 10: Compliance with factor: 'Measures/Reporting', by action

Council comments and observations

The Council believes the consistent gaps across the Measures/Reporting aspect of this criterion pose a significant risk to the overall credibility of sector-wide compliance. A strong focus of the Council moving forward will be the establishment of minimum thresholds for quality of information and data. Further the Council will encourage those organisations with more advanced systems to share their approach and learnings.

Department of Health Respondents

Figure 11 provides specific data from respondents to the Department of Health as to their compliance with some specific actions in Criterion 1. This illustrates that 81.4% of organisations funded by the Department of Health include training on the Carers Charter in their own training, and 84.5% of them acknowledge the role of carers in relevant organisational publications.

Criterion	Actions	Yes	No	N/A
1. Staff understand the Charter / Carers are treated with respect and dignity	1. Include training on the Carers Charter and the role of carers in staff induction and ongoing staff training	81.4%	17.5%	1.0%
	2. Acknowledge the role of the carers in all relevant organisational publications	84.5%	12.4%	3.1%
	3. Inform carers of the Carers Charter and relevant organisational policies and protocols	78.4%	18.6%	3.1%

Figure 11: Specific data on compliance with Criterion 1 from respondents to Department of Health

Mental Health Commission Respondents

Similarly, Figure 12 provides specific data from respondents to the Mental Health Commission as to their compliance with some specific actions in Criterion 1. Given the different nature of the questions and data it cannot be amalgamated, and so is reported separately here. This illustrates that, for example, 83.1% of MHC funded services are either almost fully compliant, or are fully compliant, in acknowledging the role of carers in all relevant organisational policies and protocols.

Actions	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Acknowledge the role of carers in all relevant organisational policies and protocols?	0.0%	1.7%	8.5%	11.9%	71.2%	6.8%
Acknowledge the role of carers in all relevant organisational publications?	0.0%	3.4%	15.3%	8.5%	55.9%	16.9%
Include training on the Carers Charter and the role of carers in staff inductions and going staff training?	3.4%	10.2%	10.2%	22.0%	44.1%	10.2%

Figure 12: Specific data on compliance with Criterion 1 from respondents to Mental Health Commission

Criterion 2: Policy input from carers

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 (Carers Recognition Act 2004, Schedule 1 WA Carers Charter).

Self-assessment results overall

Figure 13 provides an overview of how reporting agencies complied with Criterion 2: Policy Input from carers.

Rating	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing						
Well developed						

Figure 13: Overall self-assessment results for Criterion 2

*SMHS: Well developed across SMHS, FSFHG, PHC, & RkPG

Criteria Factors

Three factors have been identified that support compliance with this criterion:

1. Enabling carer input into policy.
2. Carer Representation.
3. Measures/Reporting.

Enabling carer input into policy: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
D	Consultations are undertaken with key carer groups when reviewing policies.						
WD	A specific carer engagement policy exists						

Figure 14: Compliance with factor: 'Enabling carer input into policy', by action

Disability Services also reported two additional activities at Developing level:

- The needs of carers are considered when calling for tenders or assessing funding/grant applications for resources and support: and
- The organisation's planning frameworks provide guidance for staff in direct support roles and local coordination, to include carers in assessment, planning, delivery and review of services that impact on them.

Council comments and observations

The Council notes that whilst many of these factors were reported as not applicable for a large proportion of reporting organisations, they are in fact applicable. Council will examine approaches to improve compliance for this factor in the coming year.

Further, the Council notes that a specific carers engagement policy may be a minimum requirement for achievement of a "well developed" rating in the future.

Carer Representation: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Carers are represented on one committee						
	A specific consumer reference group is in place e.g. Consumer and Community Advisory Council (CCAC) or Lived Experience Advisory Group						
	At least one carer representative is included on the CCAC						
	If carers are not represented on committees, recruitment strategies are in place to increase carer participation at committee level	N/A					
Well Developed	Carers are represented on more than <u>one</u> committee						
	Carers are represented in decision-making bodies						
	Carer diversity is considered when appointing committees or board representatives						

Figure 15: Compliance with factor: 'Carer Representation', by action

Disability Services also reported two additional Developing level activities:

- The organisation contributes to the funding of a carer and consumer network which includes Carers WA, Consumers of Mental Health WA and Helping Minds Mental Health Carers.
- The organisation continues to include carers in the assessment, planning, delivery and review of services which impact on them and their role.

Council comments and observations

The Council acknowledges the significant improvements that have been made in the area of carer representation over recent years. The Council commends reporting organisations for this, as it has made a real contribution to for carers across Western Australia.

Measures/Reporting: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	A simple measure is in place to track carer input.						
	Proportion of providers who have a Community/ Consumer Advisory Council or equivalent __%	100%	100%		50*		100%
	Proportion of providers who have carers on their CACC or equivalent __%	100%	100%				100%
	Proportion of times carers have been included in service planning __%	100%					
	Carers' needs are referenced in the Strategic Plan						
Well Developed	Carers' needs are referenced in the Annual Report						
	A more detailed measure is in place.						

Figure 16: Compliance with factor: 'Measures/Reporting', by action

Additional measures/reporting

As described previously, the Department of Health and Mental Health Commission engage with slightly different reporting templates. The information below provides information from their funded services.

Department of Health Respondents

Figure 17 provides specific data from respondents to the Department of Health as to their compliance with some specific actions in Criterion 2. This illustrates that 91.8% of organisations funded by the Department of Health acknowledge the role of carers in all relevant organisational publications; and 78.4% of organisations include carers in the organisation's strategic planning process.

Criterion	Actions	Yes	No	NA
2. Policy input from carers	4. Acknowledge the role of carers in all relevant organisational policies and protocols	91.8%	7.2%	1.0%
	5. Include carers in the organisation's strategic planning process	78.4%	18.6%	3.1%
	6. Include carers on the organisation's Board / Management Committee	63.9%	32.0%	4.1%

Figure 17: Specific data on compliance with Criterion 2 from respondents to Department of Health

Mental Health Commission Respondents

Similarly, Figure 18 provides specific data from respondents to the Mental Health Commission as to their compliance with some specific actions in Criterion 2. Given the different nature of the questions and data it cannot be amalgamated, and so is reported separately here. This illustrates that, for example, 71.2% of MHC funded services are either almost fully complaint, or are fully compliant, in informing carers of the Charter and relevant organisational policies and protocols.

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Inform carers of the Carers Charter and relevant organisational policies and protocols?	3.4%	3.4%	13.6%	13.6%	57.6%	8.5%
Include carers in the organisation's strategic planning process?	8.5%	5.1%	5.1%	6.8%	50.8%	23.7%
Include carers on the Board/ Management Committee of the organisation?	11.9%	6.8%	6.8%	3.4%	44.1%	27.1%

Figure 18: Specific data on compliance with Criterion 2 from respondents to the Mental Health Commission

Council comments and observations

Overall, some reporting organisations are measuring and reporting on compliance with the Carers Act very well, whilst others are noticeably lacking. The Council is concerned that the action “a simple measure is in place” is not standard across the sector, given the length of time that organisations have been reporting against the Charter.

The Council will seek to improve the minimum thresholds for ‘Developing’ and ‘Well Developed’ for this criterion in future reporting. The Council further encourages agencies that did not perform as well on this criterion to reach out and learn from the practice of those who performed well.

Criterion 3: Carers Views and Needs Are Considered

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. (Carers Recognition Act 2004, Schedule 1 WA Carers Charter).

Self-assessment results overall

Figure 19 provides an overview of how reporting agencies complied with Criterion 3: Carers views and needs are considered.

Rating	SMHS*	NMHS	EMHS	DS	WACHS	CAHS
Developing						
Well developed						

Figure 19: Overall self-assessment results for Criterion 3

*SMHS: Well developed across SMHS, FSFHG, PHC, & RkPG

Criteria Factors

Five factors have been identified that support compliance with this criterion:

1. Education of carers.
2. Enabling carers views to be heard.
3. Understanding carers needs.
4. Advocate on behalf of carers.
5. Measure/Reporting.

Education of carers: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Carers are given information about their rights at the initial meeting/admission						
	Carers are given appropriate information at discharge						
	Inclusion of a dedicated information area for carers						
	Reported Prepare to Care pack distribution	421	3,017 *	1,034			
	Reported carer information pack distribution	1,484	5,251*	3,649			
	Reported number of Welcome to Ward packs given to carers						
Well Developed	Printed material is available in different languages, e.g. CaLD/ Indigenous.						
	Other						

Figure 20: Compliance with factor: 'Education of carers', by action

*This number has been aggregated from numbers provided for individual service areas.

Disability Services also reported the following additional Developing level activities:

- The Local Coordinator assessment tool includes a section on carer needs, and is used during the development of funding for plans and approval processes.

Council comments and observations

Overall, the education of carers is strong across the sector. The Council believes this is a sign of improvements being implemented over previous years and appreciates the effort of reporting agencies in this regard. Reporting templates will be improved to better capture the circumstances for organisations such as Disability Services in future.

Enabling carers views to be heard: actions

Level	Enabling carers views to be heard	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	'Recognition' Working or Reference Group; CACC in hospitals				See below		
	Carers are included in discharge, care or planning reviews						
	Carers with low English proficiency have access to an interpreter service						
Well Developed	Carer views are gathered through a specific person, e.g. a Peer Support Customer Liaison Officer						
	Carer Champions have been appointed to work across the hospital <i>Note: carers champions may be a NMHS specific strategy. See note below.</i>						
	Carers' views are gathered via a carer's forum or workshop						
	Carers' views are gathered via a survey.						
	Carers are involved in staff training or workshops about caring.						
	Other						

Figure 21: Compliance with factor: 'Enabling carers views to be heard', by action

Council comments and observations

The Council acknowledges the work of agencies in ensuring carers views are heard within their organisations. Overall, the sector performs well on this element.

Carers Champions may be a specific NMHS innovation; however, Council commends this strategy and encourages other reporting agencies to consider implementing something similar.

In future, for the purpose of encouraging continuous improvement, some 'Well Developed' currently denoting "well developed" compliance will be categorised as denoting "developing compliance".

Understanding carers needs: actions

Level	Action	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Liaison is undertaken with appropriate organisations to understand carer needs.				See below		
	Carer diversity has been taken into account, e.g. liaison with regional, CaLD, Indigenous carers. Please provide examples.						
Well Developed	A Carer Status Assessment form is employed at admission						
	Staff attend conferences and other external carer related forums. Please provide an estimate of how many events were attended by staff						
	Carers' needs have been taken into account when designing systems, e.g. identify carers on clinical records or modify forms for most convenient facility for post-surgery follow up						

Figure 22: Compliance with factor: 'Understanding carers needs', by action

Advocate on behalf of carers: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	The organisation supports and promotes National Carers Week.						
	The organisation is directly involved in National Carers Week.						
	The organisation works to increase general awareness of carers needs.						
Well Developed	The organisation has identified individual carers for recognition, e.g. nominated for awards or other forms of recognition.						
	The organisation helps connect carers to other carers.						
	The organisation works towards helping carers identify themselves.						

	The organisation has received recognition for their work with carers (not necessarily an award)						
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Figure 23: Compliance with factor: 'Advocate on behalf of carers', by action

Measures/Reporting: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	A simple measurement is in place to track the extent to which carers believe their views have been acknowledged.						
	Proportion of carers satisfied their views have been heard ____%						
Well Developed	Carers are involved or represented in the Strategic Plan						
	A more detailed measurement system is in place.						
	Percentage of carers satisfied their views have been acknowledged ____%						
	Percentage of carers who believe they have been treated with respect ____%						
	Percentage of carers who believe they have been included in service planning/review/ discharge ____%						
	Percentage of carers acknowledged in publications ____%						

Figure 24: Compliance with factor: 'Measures/Reporting, by action

Department of Health - Respondents

Figure 25 provides specific data from respondents to the Department of Health as to their compliance with some specific actions in Criterion 3. This illustrates that 82.5% of organisations funded by the Department of Health include carers in the assessment and planning processes for direct services; and 89.7% of organisations include carers in the ongoing monitoring of direct services.

Criterion	Actions	Yes	No	NA
3. Carers views and needs are considered	7. Include carers in the assessment and planning processes for direct services	82.5%	14.4%	3.1%
	8. Include carers in the ongoing monitoring of direct services	89.7%	9.3%	1.0%
	9. Ensure carers have the opportunity to provide feedback on their experience of the organisation	94.8%	4.1%	1.0%
	10. Provide avenues for carers to access peer support	87.6%	11.3%	1.0%

Figure 25: Specific data on compliance with Criterion 3 from respondents to Department of Health

Mental Health Commission Respondents

Similarly, Figure 26 provides specific data from respondents to the Mental Health Commission as to their compliance with some specific actions in Criterion 3. Given the different nature of the questions and data it cannot be amalgamated, and so is reported separately here. This illustrates that, for example, 91.5% of MHC funded services are either almost fully compliant, or are fully compliant in ensuring 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
Include carers in the assessment process for direct services?	1.7%	6.8%	5.1%	10.2%	67.8%	8.5%
Include carers in the ongoing monitoring of direct services?	5.1%	6.8%	5.1%	8.5%	66.1%	8.5%
Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld?	0.0%	1.7%	5.1%	10.2%	76.3%	6.8%
Ensure carers have the opportunity to provide feedback on their experience of the organisation?	0.0%	1.7%	3.4%	5.1%	86.4%	3.4%
Provide avenues for carers to access peer support?	0.0%	3.4%	8.5%	6.8%	71.2%	10.2%

Figure 26: Specific data on compliance with Criterion 3 from respondents to the Mental Health Commission

Council comments and observations

The Council acknowledges the comparatively strong performance in understanding carers needs; however, the performance of reporting agencies in terms of advocacy on behalf of carers and the measurement and reporting of this factor is of concern.

The widespread gap in measuring key aspects of this criterion overall calls into question the credibility of some of the reported compliance. The clear disparity in reporting performance has emerged this period as a result of organisations using the new template. This, in turn, provides an opportunity for Council and reporting organisations to work toward more consistency in measurement and reporting of advocacy on behalf of carers.

The Council strongly encourages agencies to collaboratively develop a consistent, robust framework to measure and report on this criterion. The Department of Health and the Mental Health Commission in particular have frameworks and practices in place that other reporting organisations may find useful in the future.

Criterion 4: Complaints and Listening to Carers

Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration. (Carers Recognition Act 2004, Schedule 1 WA Carers Charter)

Self-assessment results overall

Figure 27 provides an overview of how reporting agencies complied with Criterion 4: Complaints and Listening to Carers.

Rating	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing						
Well developed						

Figure 27: Overall self-assessment results for Criterion 4

*SMHS: Well developed across SMHS, FSFHG, PHC, & RkPG

Criterion Factors

Four factors have been identified that support compliance with this criterion:

- education of carers
- enabling /Accessible
- responding
- measure/reporting.

Education of carers: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	There is a complaints system in place for carers						
	Carers are given information about the complaints process. For example, one or two of the following are in place (more than two would be 'Well-Developed'). Please tick those that are provided.						
	'How to Have Your Say' or 'Your Rights' brochures are handed to carers						
	Carers are reminded about the complaints process, e.g. there are posters on display around the site						
	Information about the complaints process is provided in Carer Packs						
	Information about the complaint process is provided on the website						

Well developed	There are more than two approaches used to <u>remind</u> carers about the complaints process						
	Carers are given information and reminded about ways to provide further feedback (not complaint related)						

Figure 28: Compliance with factor: 'Education of carers', by action

Council comments and observations

Overall, the level of compliance and implementation of measures taken to ensure carers are aware of complaints processes is very strong across reporting organisations. The Council commends reporting organisations for their work in this area. Given the strong performance in this area, and in the spirit of continuous improvement, the Council will look to improve the threshold for achieving Well Developed in future.

Enabling/Accessible: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Carers are provided with one or two ways they can make a complaint (more than two would be 'Well Developed').						
	Feedback forms						
	A hard copy survey						
	An online survey						
	The ability to speak to a person by phone or in person						
	The ability to speak to an advocate by phone or in person						
	The ability to email concerns						
	The complaints process is in a format accessible to all types of carers, e.g. young carers; regional carers; CaLD/Indigenous carers (access to Translating and Interpreting Service)						
Well Developed	The complaints process offers carers <u>more than two</u> avenues to submit a complaint, e.g. a hard copy (tick in the 'Developing' section above)						
	The welcome pack includes a compliment/complaint form				N/A		
	Carers have the opportunity to provide feedback (other than complaints)						

Figure 29: Compliance with factor: 'Enabling/Accessible', by action

Responding: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Staff are trained on how to handle carer complaints, e.g. with confidentiality, objectively						
	Staff encourage carers to submit feedback, particularly for problems or complaints						
	There is a process in place to escalate complaints that require urgent resolution						
	Carers are kept informed of the progress of their complaint						
Well Developed	Carer identification is on <u>all</u> patient liaison feedback documentation						

Figure 30: Compliance with factor: 'Responding', by action

Measures/Reporting: actions

Level	Measure/Reporting	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Please write the number of complaints reported by carers this reporting period _____ and any key issues of interest.		69			18	805
	A simple carer satisfaction measure is in place.						
	Percentage of carers satisfied that their complaint has been heard ____%						
	Percentage of carers satisfied that their complaint is being addressed ____%						
	A simple time measure is in place, e.g. response times for the initial carer complaint and response times for subsequent follow ups with the carer						
	Key time and satisfaction measures are reported						
	A simple review process is in place to provide objectivity in the carer complaint process						
Well Developed	An annual site review is undertaken to ensure brochures, flyers and posters relating to the complaints process are displayed and included in carer packs				N/A		
	A more detailed carer complaint measurement system is in place.						
	Percentage of carers aware of the complaints process ____%						
	Percentage satisfied their views have been included in service delivery planning ____%						
	Percentage of carers satisfied that their complaints that have been resolved ____%						
	Percentage of carers satisfied with the outcome ____%						
	Results have been formalised and reported widely						
	Complaints are reported in line with industry requirements, e.g. WA Complaints Management Policy						
	Complaints are managed using a web based management system, i.e. Datix CFM						
	Complaints and action taken are reported annually to the Health and Disability Services Complaints Office (HaDSCO)						
	Carer results are reported separately to consumer results						

Figure 31: Compliance with factor: 'Measures/Reporting', by action

Council comments and observations

Once again, though the performance across this criterion is generally good, the measurement and reporting requires attention from reporting organisations. The Council would like to see improved and standardised measurement of carer satisfaction and carer awareness of complaints processes across the network of reporting organisations in next year's report. In future, references to complaints systems will be moved to Developing.

Additional measures/reporting

Department of Health Respondents

Figure 32 provides specific data from respondents to the Department of Health as to their compliance with some specific actions in Criterion 4. This illustrates that 86.6% of organisations funded by the Department of Health inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld e.g. rights and responsibilities.

Criterion	Actions	Yes	No	N/A
4. Complaints and listening to carers	11. Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld e.g. rights and responsibilities	86.6%	12.4%	1.0%

Figure 32: Specific data on compliance with Criterion 3 from respondents to Department of Health

Mental Health Commission Respondents

Similarly, Figure 33 provides specific data from respondents to the Mental Health Commission as to their compliance with some specific actions in Criterion 4. Given the different nature of the questions and data it cannot be amalgamated, and so is reported separately here. This illustrates that 86.5% of MHC funded services are either almost fully compliant, or are fully compliant, in informing carers of the organisation's complaints policy and their ability to make a formal complaint if the Charter is not upheld.

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld?	0.0%	1.7%	5.1%	10.2%	76.3%	6.8%

Figure 33: Specific data on compliance with Criterion 4 from respondents to the Mental Health Commission

Planned activities

Each year reporting organisations are asked to report on relevant activities they plan to undertake in the upcoming twelve-month period, as well as provide updates on planned activities they had identified in the previous reporting period.

2017/18 Reporting

This section examines the reported planned activities from 2017/18.

Though it is possible that some activities reported on in this period may align to those that were planned in the previous period, a *'no specific reference'* comment is provided where the title of a planned activity or initiative could not be sourced in this year's report.

North Metropolitan Health Service (NMHS)

Activity/Event planned from 17/18 report	Update provided in 18/19 report and/or Council notes
The Women and Newborn Health Service (WNHS) at King Edward Memorial Hospital (KEMH) 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.	Information regarding pamphlet development was not provided. Concierge development ongoing, not yet completed. <i>"WNHS CSU will review the way carers are identified on the clinical record".</i>
Goldfields Rehabilitation Services, funded by WNHS, plan to undertake a carer survey to ascertain the compliance of the Carer Charter.	It appears that this is planned for Q1 2019/20.
Mental Health (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.	Carer's information booklet is waiting finalisation.
NMHS Mental Health Public Health Dental Service (MHPHDS) 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.	<i>"Major care/consumer surveys of DHS services are conducted on a bi-annual basis in the Adult General Dental Clinics and School Dental Services."</i> <i>Also, "Carers' views are gathered via a carers forum or workshop" was reported as achieved in the self-assessment form under Carers views Criterion.</i>
Sir Charles Gardiner Hospital (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.	A number of activities for SCGH have been planned for 2019/20: <ul style="list-style-type: none"> • SCGH aims to include education in induction sessions for 2020, • Quality Improvement activity to undertake survey of carers at SCGH across the hospital setting, • Research activity to proceed to gain insight into family/carer experience in waiting room for SCGH Intensive Care Unit,

	<ul style="list-style-type: none"> Encourage greater input from Carers in relevant policy and guideline development at SCGH.
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South Metropolitan Health Service (SMHS)

Activity/Event planned from 17/18 report	Update provided in 18/19 report and/or Council notes
<ul style="list-style-type: none"> 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. 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. 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. 	<p>All these activities appear to have been implemented or are in process of implementation.</p>

East Metropolitan Health Service (EMHS)

Activity/Event planned from 17/18 report	Update provided in 18/19 report and/or Council notes
<ul style="list-style-type: none"> 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 (Call and Respond Early): Family/Carer Escalation of concerns regarding the patients worsening condition. 	<p>Specific reference was not made to the consumer experience and engagement framework initiative.</p>
<ul style="list-style-type: none"> Customer Service Training across clinical and non-clinical staff and raising awareness of Moments of Truth for patients, carers and families. 	<p>Specific reference was not made to Moments of Truth in EMHS report.</p>
<ul style="list-style-type: none"> Customer Service Training across clinical and non-clinical staff and raising awareness of Moments of Truth for patients, carers and families. 	<p>Specific reference was not made to Moments of Truth in EMHS report.</p>
<ul style="list-style-type: none"> Development of an EMHS video of patients and staff encouraging empathy and compassion and showing context to concerns patients have. 	<p>Specific reference was not made to this initiative.</p>

<ul style="list-style-type: none"> 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. Royal Perth Bentley Group (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. 	Specific reference was not made to these initiatives.
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Child and Adolescent Health Service (CAHS)

Activity/Event planned from 17/18 report	Update provided in 18/19 report and/or Council notes
Review of Standard 2 Committee, Carers Advisory Council (CAC) full name and Youth Advisory Council (YAC) full name membership for representation from Carers WA and Kalparrin.	Implemented.
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.	Currently being implemented.
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.	Prepare to care materials distributed by Kalparrin.
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.	This has been delayed and will be achieved in the coming year 2019-2020.

WA Country Health Service (WACHS)

Activity/Event planned from 17/18 report	Update provided in 18/19 report and/or Council notes
WACHS is conducting a facilitated workshop in November 2018 to finalise the WACHS Consumer Engagement Strategy (the Strategy). The workshop will be attended by Patient Experience and Community Engagement Program (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.	<i>"WACHS conducted two facilitated workshops in November 2018 and February 2019 to obtain feedback from consumers, carers and staff to provide content for the WACHS Consumer Engagement Strategy (the Strategy). This Strategy, which is the final development stage, 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."</i>

<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The Carers Charter is included in the WACHS Kimberley staff orientation learning maps. The Kimberley are currently initiating the inclusion of the Carers Charter in the existing e-learning 'Induction to WACHS' orientation package. • Training appears to mandatory in the Goldfields • WACHS continues to advance the use of Patient Opinion (PO). This online and independently moderated, consumer feedback platform provides consumers and carers with a more accessible and responsive avenue to provide feedback to WACHS on the care and services they receive • Patient Experience focus is strong throughout WACHS's report • The Patient Experience Week theme was 'Kindness, connection, community: see the whole person' and focused on the health and wellbeing from Aboriginal perspectives. Highlights of the day, which was held by the river at Pelican Point, included a Whispering Wall, where people were encouraged to share their aspirations for Aboriginal health and the sharing of stories of healing from community members, carers and health professionals. In partnership with the Health Consumers Council (HCC), WACHS provided the opportunity for a number of consumers and carers from regional WA to attend the event.
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Mental Health Commission

An explicit 'Planned Activities' section was not included in MHC's report for the period. The Council notes that MHC is not obliged to report. However, the Council would like to work with MHC to include and publish their planned activities and processes for supporting carers, as this will help many in the community to understand where they may be able to support or participate.

Disability Services

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 National Disability Insurance Scheme (NDIS).

Department of Health (DoH)

An explicit 'Planned Activities' section was not included in DoH's report for the period. It is important that reporting organisations include and publish their planned activities and processes for supporting carers as this will help many in the community to understand where they may be able to support or participate.

2018-19 Planned Activities

This year's reporting template provided sections to break down the activities by Charter Criteria. This section has been divided into Criterion to support the Council in identifying opportunities where activities might overlap, to add value to reporting organisations, and to support them to align or collaborate on activities.

Criterion 1: Staff Understand the Charter/Carers Treated with Respect and Dignity

Reporting organisation	Activity	Council notes
WACHS	Great Southern: Promotion of Carers Week throughout WACHS GS - 13-19 October 19.	The Council supports WACHS regarding the findings of the Report and key points for implementation.
	Pilbara: The 2019-20 Work Plan to be developed against key identified deficits and actioned during this reporting period.	
	South West: Mental Health is developing a training plan for staff, which will include the Carers Act and Carers Charter.	The Council encourages WACHS to look at other reporting organisations who have previously developed education plans.
	Wheatbelt: Increase staff awareness and education of the Carers Recognition Act 2004. Annual updating of admission and non-acute documentation pertaining to carers.	
NMHS	SCGH aims to include education in induction sessions for 2020.	The Council encourages NMHS and other organisations to build measurement of carer participation into these and similar events from the outset.
	What matters to you? - carer survey with 360-degree feedback with outcomes related to their comments/concerns.	
	New carer information booklet for NMHS MH.	
	Goldfields Women's Health Care Centre hoped to secure funds to provide a Carers self-care session in conjunction with local providers.	
	Desert Blue will provide community event/ activity to raise awareness during Carers Week in October 2019.	
	Commencing 2019 at OPH, the Consumer Centred Care Representative from Health Information Management Service will attend the monthly meetings to provide education related to the Carers Charter.	
EMHS	Development of a Take 5 staff education package is underway for the next reporting period.	The Council would like more information on the carer-specific aspects of Take 5 in next year's report.
SMHS	<p>Carers Week celebrations:</p> <p>SMHS intends to extend Carers Week celebrations for 2019. Members from the various Consumer Advisory Councils across the organisation have expressed their enthusiasm to be actively involved in this year's celebrations with suggestions put forward from preliminary discussions include:</p> <ul style="list-style-type: none"> • promotional displays in public areas manned by carer representatives • forums with carers sharing their stories and experience with staff and other carers to facilitate identification, promote understanding of the role and difficulties encountered and the need for self-care. 	The Council is interested in the carer's forum concept. Sharing stories across reporting organisations is a key aspiration for the Council.

Criterion 2: Policy Input from Carers

Reporting organisation	Activity	Council notes
WACHS	Midwest: Increased focus on carers as consumer representatives. Carers Charter to be recommended as standard agenda item on Patient Experience and Community Engagement (PEACE) committee, allowing development of local gap analysis and action plans, as ongoing standard business for region.	The Council hopes this recommendation is implemented and ongoing learnings are captured. Carer identification, in particular, should be an ongoing focus for improvement.
	South West: The service will continue to embed consumer and carer input into decision making processes. The current WACHS-SW Consumer and Carer Engagement Strategy (draft) references a shift from consulting with consumers and carers to co-design process.	The Council welcomes the focus on co-design and looks forward to the implementation of this strategy. Learnings from this should be shared with the wider sector.
	Wheatbelt: Carer representation is present on the Falls Network, Wheatbelt Aged Care Reference Group, Mental Health, Local and District Health Advisory Groups and Palliative Care.	The Council is encouraged by this proposed activity.
Disability Services	Ongoing development of the State Disability Plan will include consultation with a variety of advocates and stakeholders, including carers. Communities is currently developing a whole-of-agency approach to payment for engagement and participation by community members with lived experience with disability, including carers. A Paid Community Participation Policy will aim to recognise the value that people with lived experience bring to shaping Communities' policies, strategies and services, and to remove barriers to participation in engagement activities and encourage diversity of community input. The policy will enable Communities to pay community members for their active participation, and/or reimburse reasonable costs, in relation to approved, time-limited engagement activities with specified outcomes.	The Council looks forward to the implementation of the broader Communities whole-of-agency approach and seeing that within the DS report for the next year.
NMHS	Encourage greater input from carers in relevant policy and guideline development at SCGH.	The Council is encouraged by this proposed activity.
SMHS	The Patient Experience Framework (the Framework) was developed to provide direction for the ongoing improvement in patient experience and the delivery of compassionate care. In order to ensure success of the Framework, stakeholders from the community (including carers) and within the organisation will be engaged to participate in the development of an implementation plan. This plan will focus on strategies to improve service delivery and health outcomes for patients, carers and their families.	The Council is encouraged by this proposed activity; and hopes that lessons learnt will be recorded and shared with the rest of the sector.
CAHS	Consumer Representative Recruitment and Management Policy to be developed in consultation with carers. Consumer Policy Review solution being developed to include carers in all policies of relevance to consumers. Input from carers on consent policies.	The Council requests detail as to how these are developed, their content, and their implementation in next year's reporting.

Criterion 3: Carers Views and Needs are Considered

Reporting organisation	Activity	Council notes
WACHS	Wheatbelt Consumer/carers surveys organisational wide. Recognition of the carer in service delivery and strategic planning.	The Council is encouraged by this proposed activity and highlights the importance of these being embedded in consumer engagement policy as a priority.
DS	Development of the new, integrated Communities internet site has recently commenced. The project coordinator has been provided with a list of stakeholders, including carers, to consult with during the development of the site.	The Council is encouraged by this proposed activity and looks forward to an update in next year's report.
NMHS	<p>Quality Improvement activity to undertake survey of carers at SCGH across the hospital setting,</p> <p>Research activity to proceed to gain insight into family/carers experience in waiting room for SCGH Intensive Care Unit,</p> <p>Development of a Carers consent form for NMHS MH,</p> <p>Engagement Strategy project at NMHS MH,</p> <p>Consultation is in progress for a Lived Experience Advisory Group (LEAG) at Graylands Hospital,</p> <p>KEMH Midwifery, Nursing and Patient Support Services Director will continue discussions with the Women and Infant Research Foundation regarding the development and implementation of a concierge service for the site,</p> <p>WNHS CSU will review the way carers are identified on the clinical record,</p> <p>OPH ward 3 – Rehabilitation and Aged Care has started placing 'Prepare to Care' information in the admission packs.</p>	The Council welcomes the detail and focus of the planned activities. The Council looks forward to seeing specific reference to these and their progress in next year's report.
EMHS	<p>Carers Week to be celebrated in main hospital foyer October 2018 with support from Carers WA.</p> <p>Opportunity for Carers to connect:</p> <ul style="list-style-type: none"> • Carers Education Group – monthly education group with keynote speakers for the carers of CR patients with a confirmed dementia diagnosis • Falls Prevention Education – carers are invited to attend with the patient for falls prevention education • Cognitive Changes Group – carers are invited to attend with the patient with early cognitive change (no confirmed dementia diagnosis) • Parkinson's Strategies Education – carers are invited to attend with the patient for a once off education group regarding movement strategies for Parkinson's Disease • Armadale Stroke Connect Education Group –monthly for patients and their carers. 	Many of the listed activities appear to be current and ongoing. The Council may seek further information in the future as to whether there are any metrics and opportunities to measure rates of carer participation as well as detail regarding efforts to increase them.
SMHS	Carers policy: A formal launch of the SMHS Carers policy is planned to coincide with Carers Week 2019.	The Council looks forward to an update on how this launch

	The launch will reinforce with staff and members of the public, the vital role carers play in the lives of the people they care for and also the boarder community. It will also emphasize the importance of early identification of carers, active involvement and respectful treatment of carers and ensuring they are supported in their role.	has supported progress across key indicators.
CAHS	Strategies being developed to ensure carer and consumer involvement in all publications being developed.	The Council requests further as to these 'strategies' and encourages CAHS to reach out to agencies that have developed strong strategies for this.

Criterion 4: Complaints and Listening to Carers

Reporting organisation	Activity	Council Notes
WACHS	Midwest: Carers Charter to be recommended as standard agenda item on Patient Experience and Community Engagement (PEACE) committee, to ensure all aspects of carer feedback are considered and reviewed.	The Council hopes this recommendation is implemented and ongoing learnings are captured. Carer identification should be an ongoing focus for improvement
	Southwest: Increasing Community Cafés over the next 12 month period, with a focus on services model (based on outcomes and feedback from the planned Bunbury Children's Café).	The Council requests further detail specifically related to carers regarding the community cafes in next year's report.
	Wheatbelt: <ul style="list-style-type: none"> • Patient Opinion promotion, • CARE call, • Dashboard analysis of carer-related complaints. 	The Council requests further detail regarding this strategy and encourages WACHS to learn from MHC or Department of Health systems of collecting, measuring and reporting data.
	Kimberley: In 2020, the various carer respite services currently provided by Kimberley Aged and Community Services will be ceasing. The new Commonwealth Integrated Carers Support Program will be commencing on 1st April 2020.	It is important to the Council to ensure that important aspects of the Charter do not 'fall through the cracks' during the transition between and across government agencies. The Council requests a focus on mitigating this and addressing risks or gaps in next year's report.
NMHS	Survey of complaints/concerns expressed by carers to ensure we have addressed them and feedback the outcomes/changes.	The Council is encouraged by these proposed activities and looks forward to an update.
	Midland Women's Health Care Place will set up a carers group, in particular women supporting partners with early onset of dementia	
	NMHS MH Carer Group for the Lower West Community Mental Health Service	
	OPH is developing a 'This is Me' form allowing input from the carer in relation to the patient's likes, dislikes, behaviour triggers, communication and calming strategies.	The Council is encouraged by this proposed activity and encourages NMHS to share this resource more broadly with the sector.

EMHS	A request will be made to the State Datix committee to improve the reporting functions to enable reports to be produced isolating feedback from carers.	The Council is encouraged by this proposed activity, and further encourages EMHS to engage with this strategy collaboratively with other reporting organisations given the overall requirement to improve in this area.
CAHS	<ul style="list-style-type: none"> Complaints policy review and toolkit development being undertaken with carer consultation of all documents. Complaints satisfaction tool being developed with input from carers 	The Council encourages CAHS to reach out to agencies that have developed strong strategies for this.

Department of Health (DoH)

A key project completed in mid-2018 that relied heavily on input from families and carers was the development of the WA Youth Health Policy 2018–2023. This policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA.

In 2019–20, consumer and carer representatives will also be involved in an Older Person's Health Network that will guide health services in the provision of best practice in the delivery of care to older people in the health system.

The DoH also continues to encourage the engagement of carers through the guidance of WA Health Service Providers. The [You Matter Guideline](#) was developed to support WA Health Services Providers in their engagement with consumers, carers, communities and clinicians to improve health services.

Council comments and observations

The Council is keen to work with the Department of Health to see future reporting further broken down into the four criteria in order to aid carers who are interested in activities across the sector.

Reporting Summaries

This section outlines summary reports for each reporting organisation for the 2018-19 period, along with reflections and feedback from the Council.

East Metropolitan Health Service (EMHS)

The Council was encouraged by the levels of information provided for carers by EMHS in this reporting period. The level of staff education also appears to be strong, including the consideration of diversity among carers. Some particular examples the Council noted included:

- Training by Carers WA as well as induction and information sessions for staff about carers and the Carers Charter.
- First recognised dementia friendly health service.
- A Clinical Governance Framework Capability Consultation is currently underway to identify further integration of Carer representation.
- Helping Minds Service at the Armadale Health Service campus to support carers of patients with a mental health diagnosis.
- Carer Hubs, as well as information boards around the hospitals.
- Wards with patients of complex needs have discharge coordinators available to assist with the assessment and inclusion of carers needs.
- Carers Corner in RPH and BHS.
- Development of a Consumer Partnership Framework which includes information on engaging carers within the hospital.
- The Consumer and Community Advisory Committee was expanded in 2017-18, with carers on the committee.
- The Aboriginal Health Team have continued to extend their services to better support patients and their carers.

The Council noted that the EMHS reporting seemed to reflect less emphasis on face to face interaction, which is vital for carers. The Council encourages EMHS to ensure that the good work being done in developing and delivering education, resources and processes practically translates to in person support for carers whilst in hospital. The Council would like to see staff's continued participation in education on assisting carers get the support they need.

South Metropolitan Health Service (SMHS)

The Council notes the considerable improvement from last year's report and commends SMHS on their efforts in this reporting period. This is reflected in the implementation of a broad carers policy across the regions' hospitals, contractors and all associated staff. The re-worked approach was based on the Carers WA strategy and SMHS welcomed significant input from consumers and carers from within the region. Full endorsement by the SMHS area executive group was provided in June 2019. The Council particularly noted the following activities:

- Major additions included recognition for underage Boarders and Non-boarders (external to the hospital environment).
- Raising the awareness of different carer groups.

- Cultural and inclusiveness sensitivity issues education and insight and shared equality, through guest speakers.
- Instillation of a Community Link Booth at FSH providing a one stop shop for patients and carers leaving the hospital environment. Manned by Volunteers this resource provides practical connection to external services as required.
- Aboriginal Health Champions (AHC) established late 2018. Cultural awareness training with stakeholders easily identifiable by Badges. Currently over 100 staff and volunteers have completed this program.
- Implementation of Consumer and Carer Engagement Strategy, phase one implement development into the future, to be completed by May 2020.
- Murdoch Community Hospice providing support to carers, including activities and interaction between carers and resources within the hospital environment. The patient and carer are considered as “one unit” and are provided with physical and emotional support as needed.

The Council was particularly enthusiastic about the Aboriginal Health Champions and commends SMHS on this strategy. Areas for improvement for next year include measuring carers complaints and providing more specific information regarding the consumer engagement strategy.

North Metro Health Service (NMHS)

The Council thanks the NMHS for their comprehensive report. The Council would like to make a particular note regarding NMHS’s own self-assessment. In many areas of reporting, the NMHS considers its commitment to carers as ‘developing’ or ‘mostly developed.’

However, the breadth of information and evidence provided, and the demonstrated depth of engagement indicates to the Council that NMHS is on par with or exceeding the examples provided by other reporting organisations which self-assessed as Well Developed. The commitment by NMHS to continuous improvement through recognising scope for further development is heartening and has assisted the Council to reflect on benchmarking for 2019-20.

Particular points of note from the NMHS report are:

- The Council looks forward to seeing the results of the NMHS Carer Survey to be undertaken in 2019/20.
- The Council is encouraged by the commitment by NMHS to including carers in policy discussion and decision making processes, and congratulates NMHS Mental Health for actively seeking feedback from carers in its community clinics and inpatient units.
- The Council notes staff education on the Carers Act and Charter is mandatory in NMHS MH.
- The Council would specifically like to thank Osborne Park Hospital (OPH) for its comprehensive commentary in this year’s report. OPH’s recent initiatives include a survey of hip and knee replacement patients and carers which provided valuable feedback on the role of carers during pre/post-surgery clinics and appointments; and the 2018/19 inclusion of ‘Prepare to Care’ packs in all admission folders for Rehabilitation and Aged Care patients. The Council encourages other reporting agencies to consider and learn from these strategies.

Whilst acknowledging the size and scope of NMHS's reporting bodies, the Council would like to see greater balance of evidence provided by the different bodies in future reporting

Mental Health Commission (MHC)

The Council notes that the MHC report provides significant quantitative data demonstrating compliance and engagement. With such strong systems in place, the Council can see how the MHC can be fully compliant in the next reporting period, with only a couple of areas highlighted as opportunities for development.

The benefit of the data provided by MHC is being able to pinpoint areas for improvement with great accuracy. One particular area of concern for the Council is that training in regard to the Carers Charter and the role of carers within staff inductions and ongoing staff training is at approximately 45%. The other area of development is the inclusion of carers in the strategic planning process.

The Council appreciates the complexity and challenge of servicing and supporting patients in the mental health space. There is a concern however that the impetus to deal with 'the patient in front of them' can create situations where carers are left out to some degree. This has the potential for serious repercussions as we know that carers are more likely to experience poorer mental health than non-carers.

Overall, the Council welcomes the continued developing approach to carers, and believes that the strength of their data gathering should be transferred to the wider hospital community.

Child and Adolescent Health Service (CAHS)

The Carers Advisory Council acknowledges that it is now 18 months since the CAHS moved its services to Perth Children's Hospital and hopes the upheaval of the changeover period has now passed.

The Council considers that the content of the CAHS report was lacking in detail, especially when compared with the reports submitted by the six other reporting organisations. The CAHS report did not provide details about updates to existing initiatives or any new initiatives occurring during the reporting period. A self-assessment without any specific examples makes it difficult for the Council to review ratings, define service standards, develop practice guidelines and share successful initiatives with other service providers and organisations bodies.

The Council has ascertained ***through its own research*** that through the Patient Opinion Australia website linked to Healthy WA, people across WA can share their story as a carer, patient or service user. According to the website there were 6,539 stories told this past year, with 2,596 staff 'listening.' In the past 90 days (as at the time of writing this report), 81% of stories received a response and 95% of those carers said the responses received were 'helpful.' The Council considers this a commendable result.

Of the 10 Australian organisations with the highest number of staff listening, eight of the ten were Western Australian health services. The Council commends CAHS for rating fifth out of the top ten agencies:

1. South Eastern Sydney Local Health District (LHD)
2. WA Country Health Service - Mid West Health (Geraldton)
3. WA CHS – South West
4. North Metro Health Service

5. Child and Adolescent Health Service WA

6. South Metro Health Service

7. WA CHS – Goldfields

8. East Metro Health Service

This suggests to the Council that the quality of the report is more a reflection of a lack of detail and quality of information in the report; rather than it is of CAHS not meeting the requirements of the Charter. Nonetheless, the Council requests that CAHS more carefully consider its reporting obligations, and the content of its reporting, in next year's Compliance Report.

Western Australian Country Health Service (WACHS)

The Council notes that the WACHS report contained a considerable amount of information with details from across the regions. The Council recognises there have been considerable improvements in a range of areas; in particular the continued implementation of the WACHS Patient Experience and Community Engagement Program (PEaCE) is very positive.

Continuing with the theme mentioned earlier in this report regarding the importance of continued focus on carer identification the Council is particularly impressed with the small group workshops on understanding and recognising carer stress: "This has produced positive results for staff who have been provided with a greater understanding of why carers need to be treated with respect and dignity. Staff are aware of the important role that carers have and why their input is essential in terms of improving patient outcomes." This is an important initiative that we hope is continued and replicated elsewhere.

Disability Services (DS)

The Council was initially concerned by a number of gaps in the reporting of DS; but also notes that improvements to the template are required to ensure its appropriateness for each organisation, sometimes on a case-by-case basis. Feedback as to how the templates might better capture the activities of DS is welcomed.

The Council recognises the strength of the DS contribution of funding to Carers WA and its specific carer engagement policy, as well as the inclusion of carers in the DS Strategic Plan and Annual Report. These are all important mechanisms by which carers can have input into policy.

Further, carer representation on the Disability Services Board and the Ministerial Advisory Council on Disability is high, which is commendable.

DS has well documented complaints mechanisms and appeals processes. The Council could not ascertain from the DS report whether it is clearly informing carers that they have the right to complain in their own right (as per the Carers' Charter), as all reported complaints were on behalf of the person with a disability. The Council encourages DS to consider this for future action and reporting.

The Council notes that there are potential improvements to make in terms of raising awareness of the Charter, the inclusion of Carers Charter information in education resources including post staff induction, and the measurement of percentages of staff that have been provided carer-specific education. Further, improvements can be made in terms of the access to interpreter services as per the WA Government Language Services Policy.

Currently the Functional Review of Department of Communities - Disability Services (Functional Review) is considering the State's future role in disability services in the context of the introduction of the National Disability Insurance Scheme (NDIS) and other reforms at state level.

The Council recognises the current transition of State and Federal responsibilities in the area of Disability Services and acknowledges this must contribute to an uncertain environment for DSC. It is important to the Council that this transition and complexity do not create additional cracks that carers will fall through, or barriers they are required to push through. Once the review is complete the Council would welcome the opportunity to discuss the development of a reporting template that reflects that of other reporting agencies to allow analysis and sharing of data and learning across sectors.

Appendix 1: 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 the community.
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 organisation.
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 home.
YHiTH	Youth Hospital in Home
Is there a better way	A program exploring positive behaviour support in response to challenging behaviour.
JHC	Joondalup Health Campus, includes Joondalup Hospital.
LAC	Local Area Coordinator in Disability Services.

Terms	Meaning
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
LINC	Liaising Informing Network for Carers.
KEMH	King Edward Memorial Hospital
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

Terms	Meaning
PMH	Princess Margaret Hospital
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

Terms	Meaning
WACHS	Western Australia Country Health Services
WA NDIS	Western Australian National Insurance Disability Scheme
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.

Appendix 2: Department of Health Letter

Department of Health advising of decision not to include self-assessment ratings in their report. See page 11

Dear

RE: Department of Health (DoH) and Carers Compliance Reporting

In response to your query, under the *Health Services Act 2016*, the Director General of the DoH is the System Manager responsible for the strategic direction, oversight and management of the WA health system. Part of this role includes enabling the provision of health services through service agreements that define and detail the scope of health services and level of activity which the System Manager will purchase from government statutory authorities and non-government entities. The DoH supports the System Manager to enact this responsibility and as such is not directly responsible for the provision of health services.

According to the *Carers Recognition Act 2004* (the *Act*) statutory authorities and contracted non-government health entities must comply with the Carers Charter. The purpose of the Act is to ensure organisations engage with carers in the assessment, planning, delivery and review of services that are provided to the person for whom they care.

The DoH Carers Compliance Report provided on 1st October 2019 outlines compliance to the Act by the DoH as an applicable organisation that contracts non-government entities to provide health services to the WA community.

Non-Government organisations that have a Service Agreement with the DoH to provide community services are required, depending on the nature of their services, to comply with the Carers Charter. For those services to which this applies, a relevant clause is included in their Service Agreement requiring them to report their carers compliance activity annually to the DoH. They do this using prescribed templates based on the Carer Advisory Council reporting template for contracted health services. However, these health services are not required to report self-assessment against the Carers Advisory Council organisational self-rating compliance scale (i.e. ratings that are categorised as *commenced development*, *developing*, and *well developed*).

Without this information the DoH is not sufficiently equipped to allocate the required overarching assessment rating scale based on the 91 services that we contract.

Based on the information the DoH had available in 2018-19 we have for the first time endeavoured to provide quantitative feedback within the report that indicates the per cent level of compliance to the key elements of the Act. Additional initiatives currently being undertaken have also been included that provides evidence of compliance beyond what would be considered 'developing'. We have also incorporated additional information on the role of the System Manager in the support of health service delivery through the development of state-wide plans and policy and the role of engagement of consumers and carers in this process.

We hope the above provides sufficient information as to the reporting process the DoH has taken for 2018-19 and our inability to provide a self-rating element in our report.

Appendix 3: List of Figures

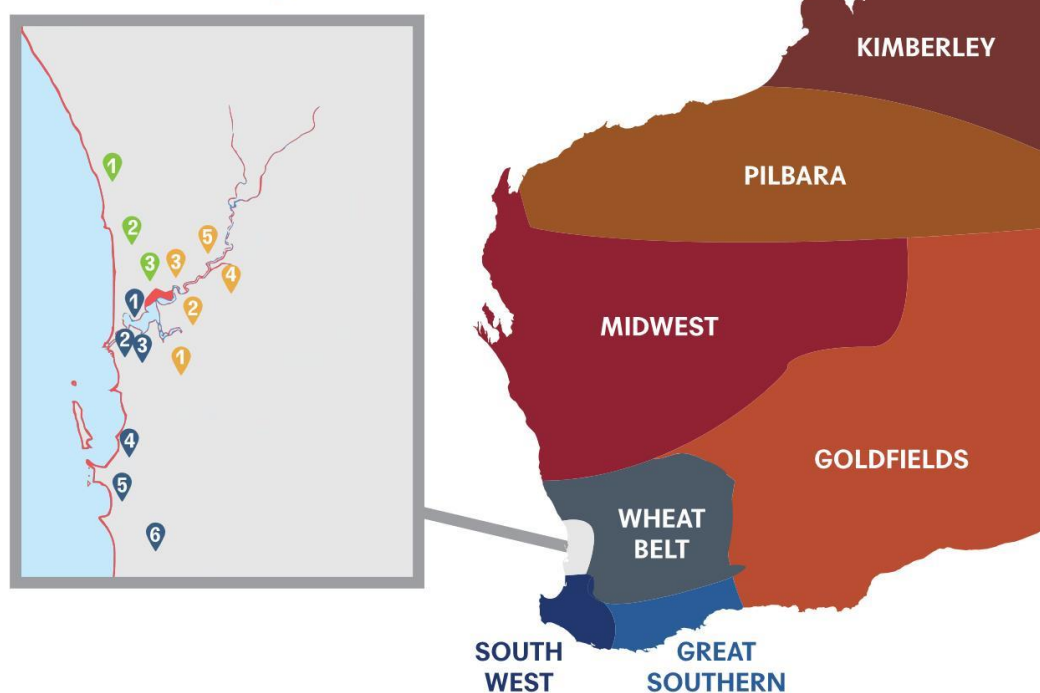
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Appendix 4: Compliance Report Infographic

Location of reporting agencies

The Charter

- Carers must be treated with respect and dignity.
- 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.
- 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.
- Complaints made by carers concerning services that impact on them and the role of carers must be given due attention and consideration.



South Metropolitan Health Service (SMHS) consists of:

- 1 Sir Charles Gairdner Hospital (SCGH)
- 2 Fremantle Hospital (FH)
- 3 Fiona Stanley Hospital (FSH)
- 4 Rockingham General Hospital (RGH)
- 5 Peel Health Campus, delivered as a public private partnership with Ramsay Health Care (PHC)
- 6 Murray District Hospital (MDH).

West Australian Country Health Service (WACHS) consists of:

- Kimberley Health
- Pilbara Health
- Midwest Health
- Goldfields Health
- Wheatbelt Health
- South West Health
- Great Southern Health.

East Metropolitan Health Service (EMHS) consists of:

- 1 Armadale Health Service (AHS)
- 2 Bentley Health Service (BHS)
- 4 Kalamunda Hospital (KH)
- 3 Royal Perth Hospital (RPH)
- 5 St John of God Midland Public Hospital (SJGMPH).

North Metro Health Service (NMHS) consists of:

- 1 Joondalup Health Campus (JHC)
- 2 Osborne Park Hospital (OPH)
- 3 King Edward Memorial Hospital (KEMH)
- N/A NMHS Mental Health Public Health Dental Service (MHPHDS).

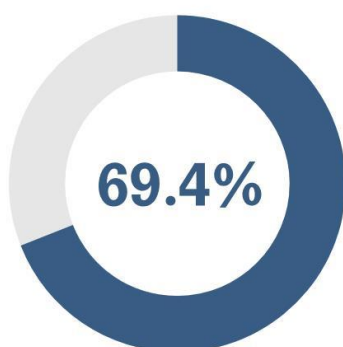
Criterion 1: Understanding the Carers Charter

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).

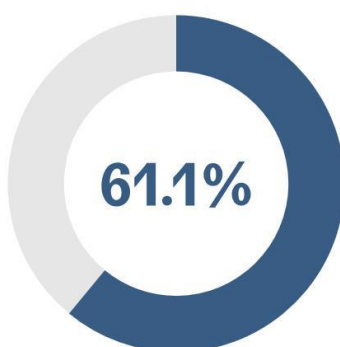
0%	No progress
50%	Continual improvement and development
100%	All areas fulfilled

Percentage of organisations who reported:

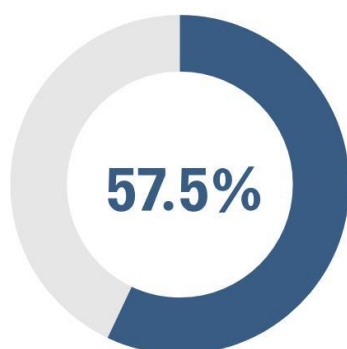
Awareness about the Charter: actions



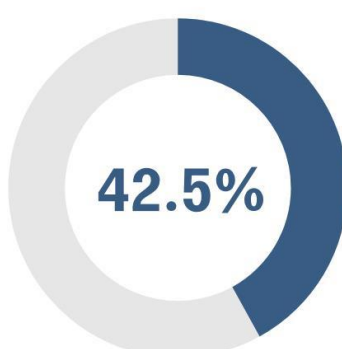
Education during induction: actions



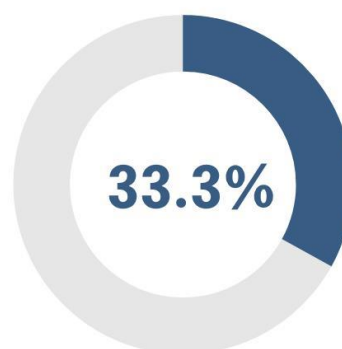
Education by other training methods: actions



Education through training resources: actions



Measures/Reporting: actions



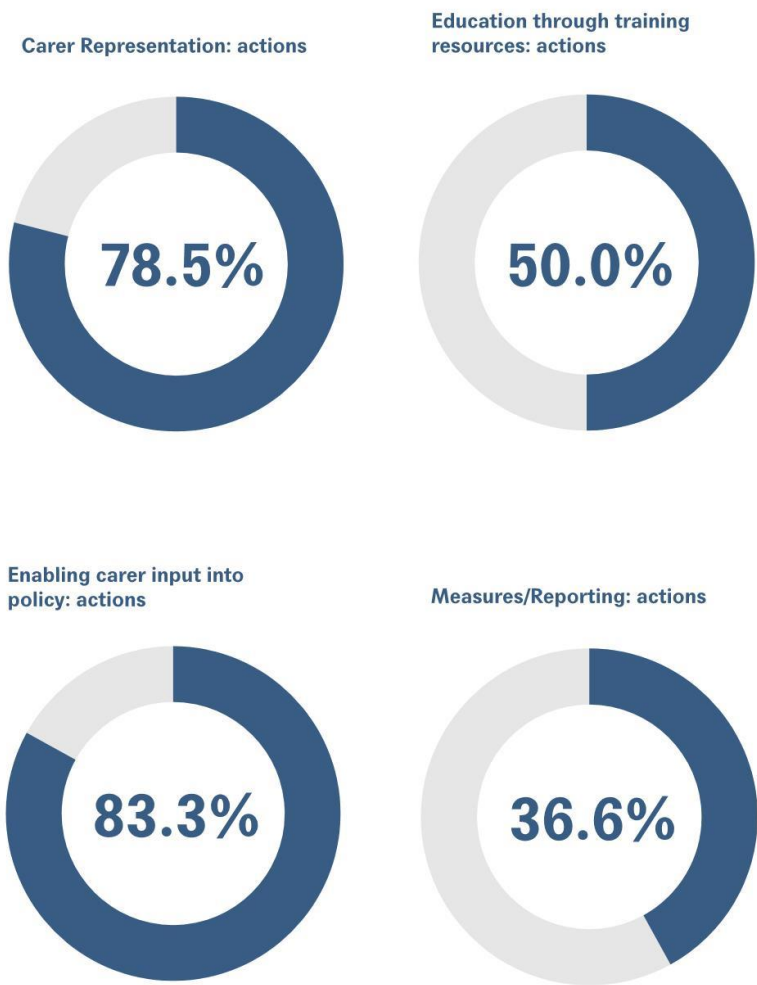
NB: Figures taken from number of services who reported.

Criterion 2: Policy input from carers

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.

0%	No progress
50%	Continual improvement and development
100%	All areas fulfillle

Percentage of organisations who reported:



NB: Figures taken from number of services who reported.

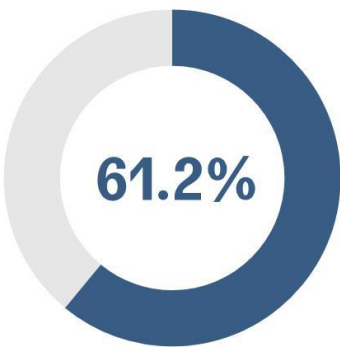
Criterion 3: Carers views and needs are considered

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.

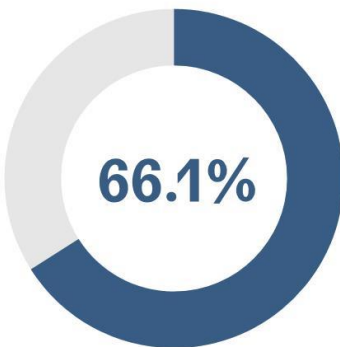
0%	No progress
50%	Continual improvement and development
100%	All areas fulfilled

Percentage of organisations who reported:

Enabling carers views to be heard: actions



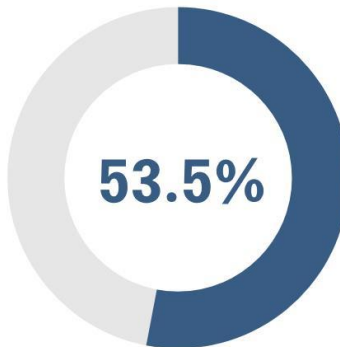
Education of carers: actions



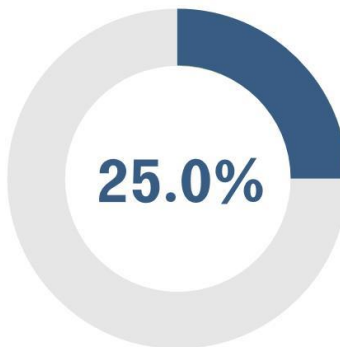
Understanding carers needs: actions



Advocate on behalf of carers: actions



Measures/Reporting: actions



NB: Figures taken from number of services who reported.

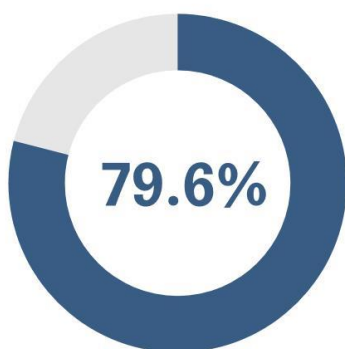
Criterion 4: Complaints and listening to carers

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

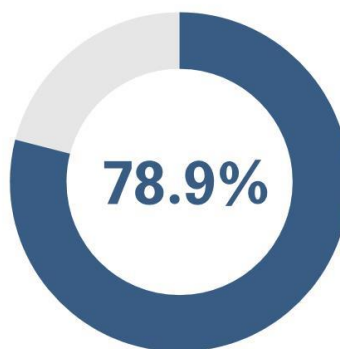
0%	No progress
50%	Continual improvement and development
100%	All areas fulfilled

Percentage of organisations who reported:

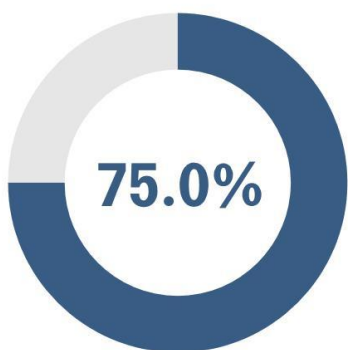
Education of carers: actions



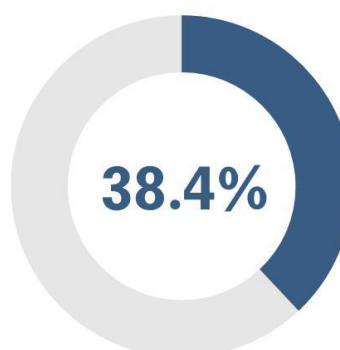
Enabling/Accessible: actions



Responding: actions



Measures/Reporting: actions



NB: Figures taken from number of services who reported.

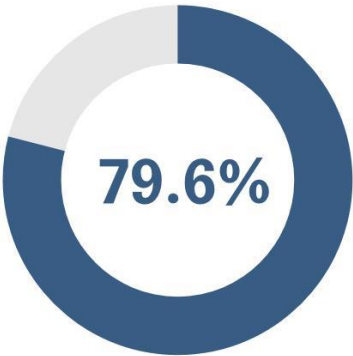
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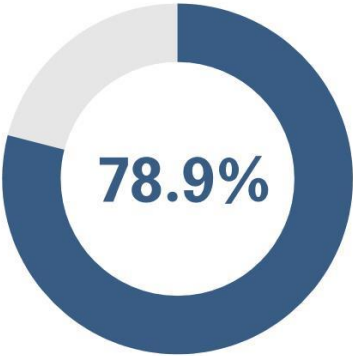
0%	No progress
50%	Continual improvement and development
100%	All areas fulfilled

Percentage of organisations who reported:

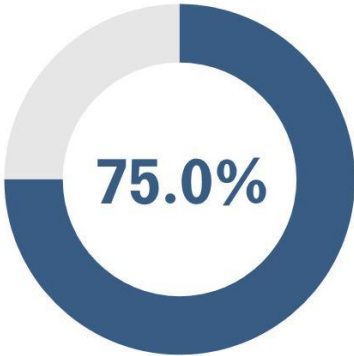
Education of carers: actions



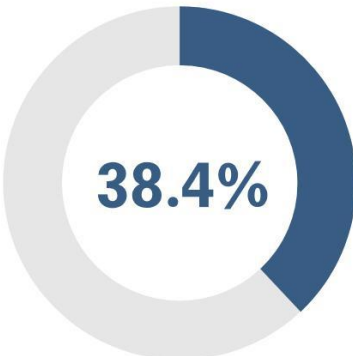
Enabling/Accessible: actions



Responding: actions



Measures/Reporting: actions



NB: Figures taken from number of services who reported.

