



**Carers Advisory Council**  
Appointed by the Minister for Community Services

# **Carers Advisory Council**

## **Compliance Report 2020-21**

# Table of contents

<b>Letter to the Minister from the Chair</b> .....	<b>1</b>
<b>Executive Summary</b> .....	<b>1</b>
Background.....	1
Report Highlights .....	1
Report Overview .....	2
<b>Introduction</b> .....	<b>5</b>
Carers Advisory Council .....	5
The Charter and Purpose of the Compliance Report.....	5
Transition statement .....	6
Structure of the report.....	6
Description of reporting organisations.....	7
<b>Reporting and Compliance Framework</b> .....	<b>10</b>
Method of Reporting .....	10
Measures of Compliance .....	10
Assessment and Analysis of Compliance .....	11
<b>Overall Observations for 2020-21</b> .....	<b>11</b>
Analysis of compliance reporting data from 2018-19 to 2020-21 .....	12
<b>Compliance with Criteria – Report Structure</b> .....	<b>14</b>
Overview.....	14
<b>Criterion 1: Understanding the Carers Charter</b> .....	<b>18</b>
<b>Criterion 2: Policy input from carers</b> .....	<b>26</b>
Criteria Factors .....	26
<b>Criterion 3: Carers Views and Needs Are Considered</b> .....	<b>30</b>
<i>Criteria Factors</i> .....	30
<b>Criterion 4: Complaints and Listening to Carers</b> .....	<b>36</b>
<b>Planned activities</b> .....	<b>41</b>
<b>Update on Previous Report’s Key Initiatives</b> .....	<b>41</b>
<b>2020-21 Planned Activities</b> .....	<b>50</b>
Criterion 1: Staff Understand the Charter/Carers Treated with Respect and Dignity .....	50
Criterion 2: Policy Input from Carers .....	55
Criterion 3: Carers Views and Needs are Considered .....	62
Criterion 4: Complaints and Listening to Carers .....	68
<b>Reporting Summaries</b> .....	<b>73</b>
<b>Appendix 1: Glossary</b> .....	<b>80</b>

**Appendix 2: List of Figures.....84**

## Letter to the Minister from the Chair

Dear Minister McGurk

It gives me great pleasure to present the 2020-21 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 and their funded organisations (Not-for-Profit Community Service Organisations);
- WA Country Health Service;
- North Metropolitan Health Service;
- South Metropolitan Health Service;
- East Metropolitan Health Service;
- Child and Adolescent Health Service; and
- Mental Health Commission (submitted on a voluntary basis).

The past two years have presented unprecedented challenges and changes to the Western Australian healthcare system as a result of the outbreak of the COVID-19 pandemic. Western Australia's healthcare system has been required to adapt to establish policies and procedures designed to keep patients and their families and carers and healthcare staff safe in uncertain circumstances, with the best available information of that time.

The 2020-21 Report represents the first Compliance Report since the outbreak of the COVID-19 pandemic, as the 2019-20 Compliance Report was appropriately suspended by yourself in our State of Emergency to allow reporting agencies to focus on their response to the pandemic. This Compliance Report details many of the initiatives that reporting organisations have implemented in response to the pandemic in order to continue to support carers, and the patients they care for, in the best way possible through this tumultuous time.

The Council would like to commend the reporting organisations on their dedication to carers with improvements in providing carers with a voice in the design and delivery of services and programs evident from the last Compliance Report in 2018-19. 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.

Since 2017-18, the Council has worked with reporting organisations to continually improve the compliance measurement tool. In 2022, the Council looks forward to the digitisation of the reporting tool for the ease of reporting organisations and to assist with the interpretation, analysis and understanding of sector wide best practice. This will assist the Council to continue to make further recommendations to enable reporting organisations to progress sector wide improvement.

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 has been completed and Council looks forward to the opportunities in implementing the recommendations, in striving to prevent carer burnout, promote carer wellbeing and support carers in the joys and challenges they face in their critical and diverse roles.

Yours faithfully

*Esme J Bowen*

Esme Bowen

Chair, Carers Advisory Council

01/05/2022

**Council Members:** Anton Vis, Stan Chirenda, Gloria Moyle, Jenni Perkins, Ros Thomas, Carrie Clark, Beatitude Chirongoma, Kim Hudson and Andrew Sinclair

The Carers Council thanks their past members who have concluded their post since the last Compliance Report; Luke Garswood (July 2020), Jennie Milne (December 2020), Adam Desira (January 2021) and Emily Hardbottle (June 2021).

# 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 fifteenth 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 uphold the Charter:

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

## Report Highlights

In undertaking a sector wide comparison of the activities undertaken in each of the four key areas of activities mentioned above, the Council would like to commend reporting organisations on their continued improvement. The Council strongly encourages organisations to share knowledge and collaborate across the sector to increase the adoption of critical activities.

The Council is encouraged by the continued inclusion of carers in decision-making, strategic planning and development of programs by reporting agencies. There appears to be continual improvements being made in ensuring carers and patients have ample opportunity to provide complaints and compliments to the reporting organisations through development and promotion of online feedback systems. Further to this, most reporting organisations are continuing to implement training and information about carers and the Carers Charter in staff inductions and compulsory staff trainings.

As was identified in 2018-19, the same challenges requiring focus in the future are still relevant. These include establishing systems of carer identification by reporting organisations, and improvement of the quality and consistency in measurement and reporting across organisations.

## Report Overview

Reporting organisations are required to complete a reporting survey indicating the initiatives they have undertaken with respect to the four compliance areas and the corresponding activities that are deemed to represent compliance to the Carers Charter.

The following graphs indicate the proportion of the activities under each component of the four compliance areas that the reporting organisations<sup>1</sup> indicate they undertake. For example, for “Awareness about the Charter: actions” it indicates that in aggregate across all of the reporting agencies, they undertake 79 percent of all of the identified compliance activities. This indicates that reporting agencies are on track towards having all areas fulfilled, but there is still room for improvement and development. The detail behind each of these, and the activities undertaken by the reporting agencies, is provided in the body of the report.

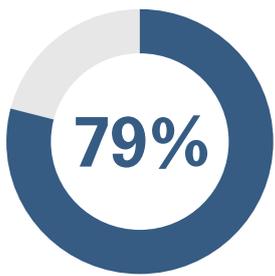
---

<sup>1</sup> With the exception of the Mental Health Commission, who reports separately.

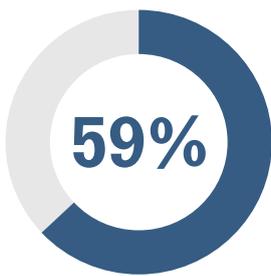
# Criterion 1: Understanding the Carers Charter

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).

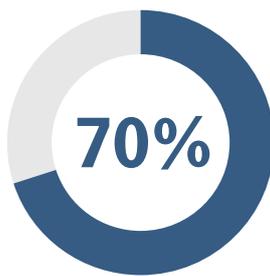
0% No progress  
50% Continual improvement and development  
100% All areas fulfilled



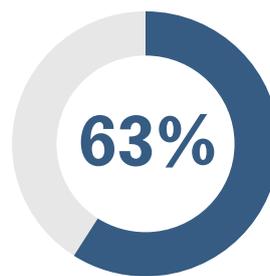
Awareness about the Charter: actions



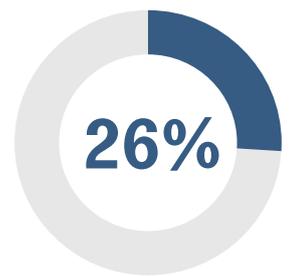
Education during induction: actions



Education by other training methods: actions



Education through training resources: actions

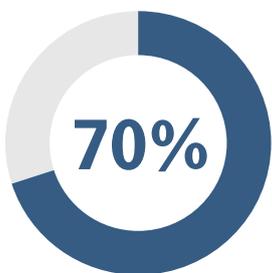


Measures/Reporting: actions

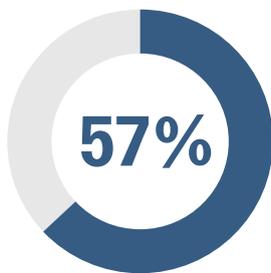
# Criterion 2: Policy input from carers

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.

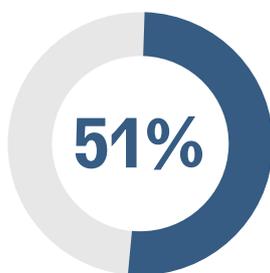
0% No progress  
50% Continual improvement and development  
100% All areas fulfilled



Carer Representation: actions



Enabling carer input into policy: actions



Measures/Reporting: actions

NB: Figures taken from the number of services who reported

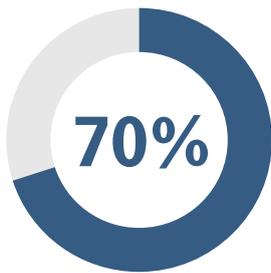
# Criterion 3: Carers views and needs are considered

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.

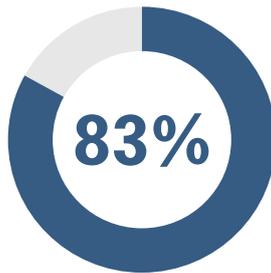
0% No progress  
50% Continual improvement and development  
100% All areas fulfilled



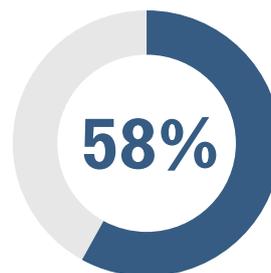
Education of carers: actions



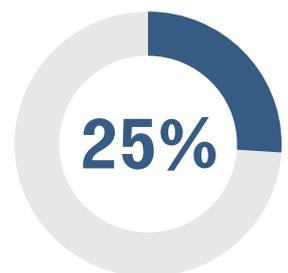
Enabling carers views to be heard: actions



Understanding carers needs: actions



Advocate on behalf of carers: actions

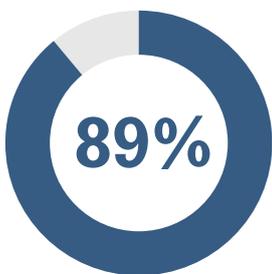


Measures/Reporting: actions

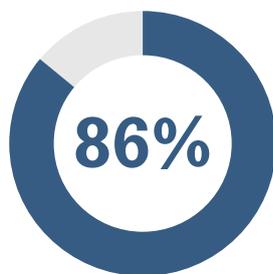
# Criterion 4: Complaints and listening to carers

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

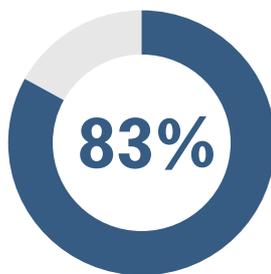
0% No progress  
50% Continual improvement and development  
100% All areas fulfilled



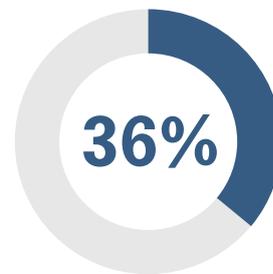
Education of carers: actions



Enabling/Accessible: actions



Responding: actions



Measures/Reporting: actions

NB: Figures taken from the number of services who reported

# Introduction

This is the fifteenth 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.”<sup>2</sup>

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; and
- 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.

---

<sup>2</sup> See more at:

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_114\\_homepage.html](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'.

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.

### **Transition statement**

The past two years have presented unprecedented challenges and changes to the Western Australian healthcare system as a result of the outbreak of the COVID-19 pandemic. Western Australia's healthcare system has been required to adapt to establish policies and procedures designed to keep patients, their families and carers and healthcare staff safe in uncertain circumstances, with the best available information of that time.

Due to the uncertainty caused by the COVID-19 pandemic, the changes and adaptations that the reporting organisations were required to undertake as a result of the pandemic and the resources required to do this, the 2019-20 Compliance Reporting period was suspended. This allowed the reporting agencies to dedicate their resources to the COVID-19 pandemic.

The 2020-21 Report represents the first Compliance Report since the outbreak of the COVID-19 pandemic. This Compliance Report details many of the initiatives that reporting organisations have implemented in response to the pandemic in order to continue to support carers and the people they care for, in the best way possible through this tumultuous time.

The Council commends the reporting organisations on their consistency and dedication to carers. It is evident through the initiatives and activities detailed within this Compliance Report that genuine improvements in the consideration of carers and ability for them to provide input and feedback into the Western Australian healthcare system has continued to improve despite the disruption caused by the COVID-19 pandemic.

### **Structure of the report**

The reporting templates implemented in 2018-19 allow for comparisons across the four Charter criteria. The following Compliance Report is structured to facilitate, analyse and summarise this comparison to establish sector wide compliance and best practice.

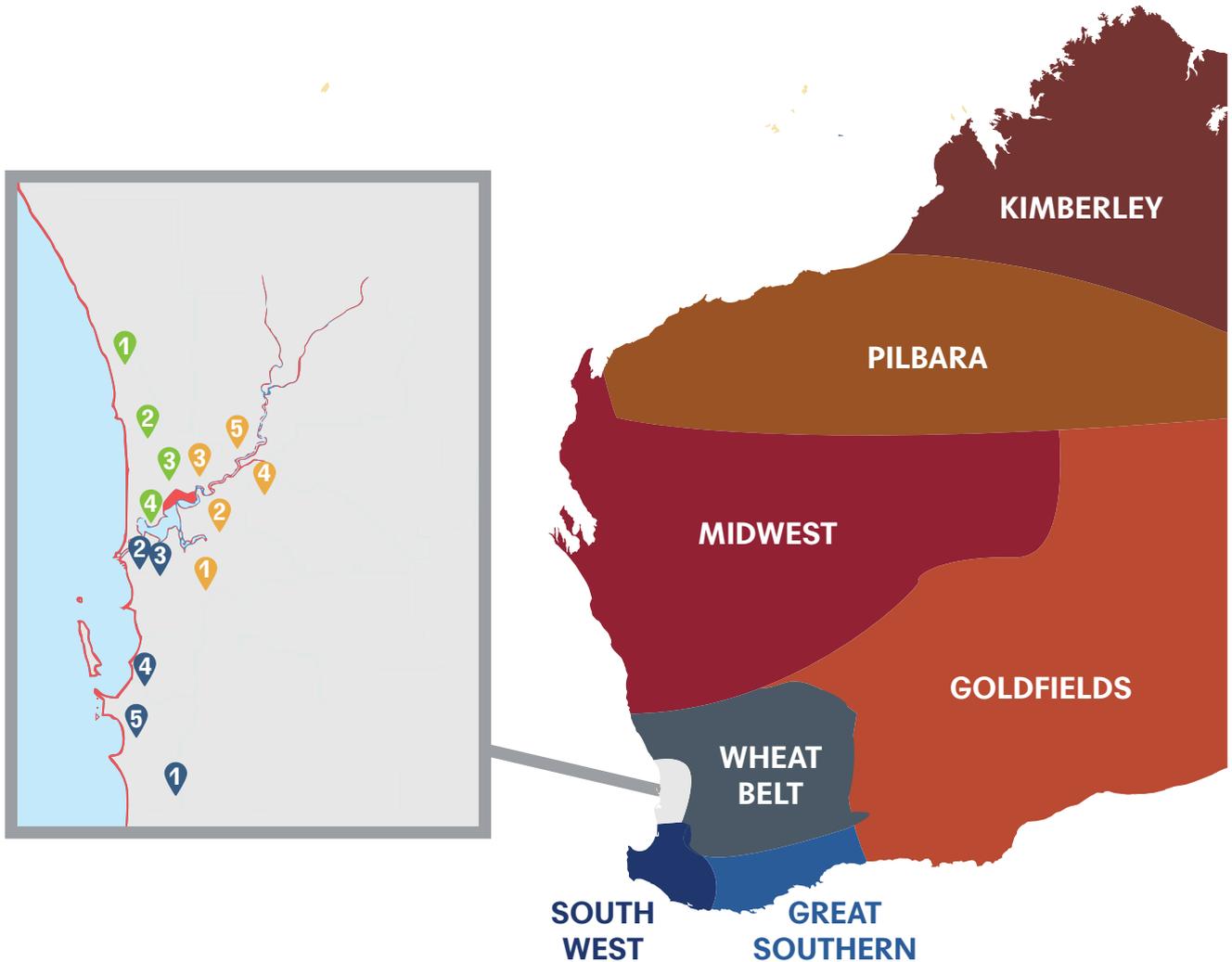
This year's report includes the following sections:

- Criteria Compliance — Collating responses against each of the criterion factors and suggested actions.
- Planned Activities — Reviewing 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**

For the 2020-21 reporting period, the following organisations reported against their compliance requirements with the Carers Charter:

# Department of Health



- North Metro Health Service (NMHS) consists of:**
- 1 Joondalup Health Campus (JHC)
  - 2 Osborne Park Hospital (OPH),
  - 3 King Edward Memorial Hospital (KEMH),
  - 4 Sir Charles Gairdner Hospital (SCGH),
  - N/A NMHS Mental Health Public Health, Dental Service (MHPHDS).

- 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).

- South Metropolitan Health Service (SMHS) consists of:**
- 1 Murray District Hospital (MDH),
  - 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).

## **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.

## **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 introduction of the National Disability Insurance Scheme on 1 July 2018 has universally altered the processes through which the funding and delivery of disability services occurs in Western Australia. The transfer and transition of people with disability previously connected to state-funded services which commenced in March 2018, is now complete.

Disability Services, part of the Department of Communities continues to provide some direct services and supports and funds non-government agencies to provide services to a small number of people with disability, their families and carers who are not eligible for the NDIS.

In response to the changed landscape, on 6 December 2021 the Office of Disability (the Office) officially came into effect. A key focus of the Office will be to provide leadership to implement, monitor and further develop '*A Western Australia for Everyone: State Disability Strategy 2020-2030*'.

# 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 Community Services. The Act requires the Minister to table the report in Parliament.

## Measures of Compliance

Reporting organisations are asked to rate their organisation across three levels for each of the four criteria. The four compliance criteria are aligned with the four components of the Charter:

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).

These criteria determine a number of factors that must be met for reporting organisations to be compliant. Reporting organisations complete the self-assessment by indicating which factors, or activities, they have completed or are undertaking. How many, and which, of these activities are selected indicates whether they are rated as Developing or Well Developed for each factor and criterion. The self-assessed ratings and the level of activities to determine them are:

1. Not yet Developed (not compliant): none of the required activities are undertaken.
2. Developing: some or all of the activities that are ranked as 'developing' are undertaken.
3. Well Developed: a majority of all of the 'developing' activities are undertaken in addition to some or all of the activities ranked as 'well developed'.

## 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. Usually, 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. Due to the hiatus in reporting in 2019-20 as a result of the COVID-19 pandemic, where it is possible and appropriate, the Council has compared progress to the 2018-19 reports.

## Overall Observations for 2020-21

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

- Continued inclusion of carers in decision-making, strategic planning and development of programs by reporting organisations. Representation on stakeholder and decision-making committees is continuing 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.
- Many reporting organisations are continuing to implement training and information about carers and the Charter into staff inductions and compulsory staff trainings.
- There are continual improvements being made in ensuring patients and their carers have opportunities to provide complaints and compliments. Reporting organisations are continuing to develop online feedback systems, such as MySay Healthcare, and promoting them extensively online, in person and via posters and brochures.

The Council would also like to highlight some ongoing challenges and areas for focus moving forward. Several of the challenges that applied in 2018-19 are still relevant in 2020-21. These are outlined below:

- 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.
- While the education of carers continues to be strong across the sector, especially in developing information that is accessible to those who are Culturally and Linguistically Diverse, the reported number of Prepare to Care packs and Carer Information packs that were distributed 2020-21 is lower than in 2018-19, with the exception of Prepare to Care packs distributed by SMHS.
- 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. Specifically, the Council notes that reporting organisations comprehensiveness in providing Measures/Reporting with regard to Criterion 2 (Policy Input from Carers) has declined since 2018-19.
- There is a noticeable disparity in the level and quality of evidence provided by the different organisations. The Council would welcome more reporting organisations implementing data collection systems that would allow them to evidence the level of staff understanding of the charter, the level of engagement of carers in decision-making, and the satisfaction of carers that their complaints have been heard.

### Analysis of compliance reporting data from 2018-19 and 2020-21

Figure 1 outlines the self-assessed ratings against the four reporting criteria across the 2018-19 and 2020-21 reporting periods. Due to the COVID-19 pandemic, there was no reporting for the 2019-20 period.

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: ND = Not yet developed; D = Developing; WD Well-developed**

**Table 1 - Analysis of compliance reporting data from 2018-19 to 2020-21**

		Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
		2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21
Disability Services, Department of Communities		WD	D	WD	WD	WD	WD	WD	WD
North Metropolitan Health Service		WD	WD	D	D/WD	D/WD	D	WD	D/WD
South Metropolitan Health Service		WD	WD	WD	WD	WD	WD	WD	WD
	Fiona Stanley Fremantle Hospitals Group	WD	WD	WD	WD	WD	WD	WD	WD
	Rockingham Peel Group	WD	WD	WD	WD	WD	WD	WD	WD
	Peel Health Campus	WD	WD	WD	WD	WD	WD	WD	WD
East Metropolitan Health Service		WD	WD	WD	WD	WD	WD	WD	WD

	Understanding the Carers Charter		Policy input by carers		Carers views and needs considered		Complaints and listening to carers	
	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21	2018-19	2020-21
Child and Adolescent Health Service	WD	WD	WD	WD	WD	WD	WD	WD
WA Country Health Service	D	D	D	D	D	WD	D	WD
Department of Health	N/A		N/A	WD	N/A		N/A	
Mental Health Commission	N/A		N/A		N/A		N/A	

## 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 criterion for comparison and presents the *self-assessed* ratings for each. All reporting organisations except for Department of Health (DoH) and the MHC, use the provided reporting template in Figure 2.

Figure 2 provides an excerpt of the format of the reporting templates for 2020-21.

<b>STAFF UNDERSTAND THE CHARTER / CARERS TREATED WITH RESPECT AND DIGNITY</b>	
<b>A. Carers must be treated with respect and dignity (<i>Carers Recognition Act 2004</i> Schedule 1 WA Carers Charter).</b>	
<b>Please tick the answers that apply to you and provide further information where appropriate</b>	
<b>FACTORS</b>	<b>DEVELOPING</b>
<b>Awareness about the Charter</b>	<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. <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Carers Charter &amp; <i>Carers Recognition Act 2004</i> brochures available throughout the site</li> <li><input checked="" type="checkbox"/> 'Know Your Rights' poster or other informative posters are displayed</li> <li><input checked="" type="checkbox"/> Audio-visual formats</li> <li><input checked="" type="checkbox"/> The website has links to the Charter</li> </ul>
<b>Education during induction</b>	<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 1: 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 2: 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 MHC and the 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 on all indicators. These are marked where required.

### Department of Health (DoH)

The *Carers Recognition Act 2004* (the Act) requires the Director General of the DoH to provide an annual report to the Carers Advisory Council on compliance with the Act and the Carers Charter in the provision of health services to the state, or when arranging for non-government entities to provide health services to the state, pursuant to the *Health Services Act 2016*.

According to the Act, statutory authorities and contracted health entities must comply with the four principles of the WA Carers Charter.

The DoH is responsible for the development and implementation of WA health systemwide planning and in doing so applied the second principle of the Carers Charter (Policy Input of Carers). As the DoH does not provide direct services to patients or carers, the other three principles of the Carers Charter are considered 'not applicable' to DoH. As such, the DoH reported their own compliance against the second principle of the Carers Charter using the provided template by the Carers Council.

As part of DoH's service agreements with contracted non-government organisations, the DoH requires them to report their carers compliance activity annually to the DoH. In 2020-21, all but one organisation contracted by the DoH reported on their compliance with the four components of the Carers Charter using the DoH's prescribed template. In 2020-21, the DoH had 66 contracts with contracted health entities.

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

### Mental Health Commission

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

To complete the collection of data for the report, the MHC introduced electronic reporting for NGOs in the 2013-2014 reporting period. The electronic templates that were initially created for the Carers Advisory Report were unique to the MHC and were based on an understanding and interpretation of the Carers Charter.

MHC continues to utilise these electronic templates to report compliance with the Carers Charter. Survey data from the MHC reports has been included in tables under each of the Charter Criteria as applicable and relevant.

In 2020-21, the response rate for MHC funding NGOs requested to report on their compliance with the WA Carers Charter is 100%.

### Department of Health and Mental Health Commission 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.	2. Acknowledge the role of the carers in all relevant organisational publications. 3. Include training on the Carers Charter and the role of carers in staff induction and ongoing staff training. 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.	<b>Overall Compliance:</b> Carers must be treated with respect and dignity.  <b>Actions:</b> Do organisations... 1. Acknowledge the role of carers in all relevant organisational policies and protocols? 2. Acknowledge the role of carers in all relevant organisational publications? 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training?
2. Policy input from carers.	1. 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.	<b>Overall Compliance</b> Policy input from carers.  <b>Actions:</b> Do organisations... 4. Inform carers of the Carers Charter and relevant organisational policies and protocols? 5. 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. 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation. 11. Provide avenues for carers to access peer support.	<b>Overall Compliance:</b> 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.  <b>Actions:</b> Do organisations... 6. Include carers on the Board/Management Committee of the organisation? 7. Include carers in the assessment process for direct services? 8. Include carers in the ongoing monitoring of direct services?

		11. Provide avenues for carers to access peer support?
4. Complaints and listening to carers	9. 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.	<p><b>Overall Compliance:</b> 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.</p> <p><b>Actions:</b> Do organisations... 9. Inform carers of the organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld? 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation?</p>

**Figure 3: DoH and MHC reporting as mapped against criteria**

DoH asked respondents to assess as:

- yes
- no
- not applicable.

MHC reporting asked respondents assess each action as either:

- not compliant
- partially compliant
- mostly compliant
- almost fully compliant
- fully compliant
- 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 4: Overall self-assessment results for Criterion 1

\*SMHS: Well developed across Fiona Stanley Fremantle Hospitals Group (FSFHG), Rockingham Peel Group (RkPG), and Peel Health Campus (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)						
	Other <sup>3</sup>						

<sup>3</sup> Other provides reporting organisations with the opportunity to provide examples of other initiatives they are undertaking that satisfy that factor in the Charter. These examples are included in the following section that details planned initiatives and provide updates on current initiatives.

Figure 5: 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 mandatory						
	Carers are involved in staff inductions to provide examples of their experiences						
	Carers are involved in staff recruitment						
	Other						

Figure 6: Compliance with factor: 'Education during induction', by action

**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						
	Key industry training resources have been identified and employed.						
	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	405 <sup>4</sup>	167				5
We ll dev	Training about the Act and/or Charter is also available online	<sup>5</sup>					

<sup>4</sup> SMHS reported the following staff in-service sessions across the different health services they are responsible for: FSFHG Nursing and Midwifery Care "Safety Day" saw 2248 staff attend over 61 scheduled events in the reporting period. They conducted 25 in service sessions that included education on carers with mental health clinicians. Carers WA delivered a further 54 staff in-service sessions. RkPG completed 78 corporate inductions with 12 staff in service sessions. Carers WA delivered 12 further sessions. Carers WA delivered 78 Hospital Orientations during the reporting period. PHC completed 11 staff in service sessions that included education on carers. Carers WA delivered 74 Hospital Orientations during the reporting period.

<sup>5</sup> SMHS indicate that these actions are only relevant to PHC.

Online Consumer/Patient Centred Care training includes references to carers	4					
Online Consumer/Patient Centred Care training is <u>mandatory</u>	4					
Other						

Figure 7: 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						
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						
	Other						

Figure 8: 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. They commend the sector wide improvement that has occurred in this area since 2018-19 despite the pandemic. Education of staff to recognise carers is crucial.**

**“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.”<sup>6</sup>**

---

<sup>6</sup> WA Carers Strategy, p.9. The Strategy was developed by the Department of Communities in collaboration with the Carers Advisory Council and Carers WA.

## Measures/Reporting: actions

Level	Actions	SMHS <sup>7, 8</sup>	NMHS <sup>5</sup>	EMHS <sup>5</sup>	DS	WACHS <sup>5</sup>	CAHS <sup>5</sup>
Developing	Information about the Charter is included in x% of staff inductions (estimate)	100%					
	Information about the Charter is included in x% of additional staff training (estimate)						
	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%						
	The proportion or percentage of staff who understand the Charter x%						
	The percentage of staff who believe carers should be treated with respect and dignity x%						
Well Developed	Primary carers are identified using file stickers						
	Primary carers are identified at a system level						

<sup>7</sup> Measures and reporting is applicable, however no or poor data is collected.

- SMHS reports being unable to reliably measure information regarding 'Information about the Charter is included in x% of additional staff training (estimate)' as informal and formal training sessions occur across the organisation and not centralised. Furthermore, there are limitations due to state-wide systems, include the patient administration system (PAS) and Datix Consumer Feedback Model.
- NMHS reports being unable to reliably measure this data as there have been changes to the induction program and reduced intake of new staff during the recent pandemic restrictions. As such, they have not been able to conduct face to face education sessions. They state that this will be addressed in 2022.
- EMHS report that they are considering inclusion of the Carers Act's key requirements in selected education and training sections with a view to include evaluation of the awareness of the Carers Act's requirement pre- and post-education session.
- CAHS provides information on the Principles of the Charter at all staff inductions. Organisational-wide Values Assessment and staff culture surveys have been undertaken previously that cover the relevant domains, however, specific measurement of staff awareness and understanding of the Charter itself is not currently collected routinely through a consistent audit.

<sup>8</sup> Measures and reporting are not applicable. Reasons provided for why it is not applicable include:

- SMHS reports being unable to measure information regarding 'the percentage of staff who understand the Charter', 'the percentage of staff who are aware of the Charter' and 'the percentage of staff who believe carers should be treated with respect and dignity' and due to limitations of state-wide systems, include the Patient Administration System Datix Consumer Feedback Model.

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						9
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 9: Compliance with factor: ‘Measures/Reporting’, by action**

<sup>9</sup> CAHS monitor staff compliance with the Carers Charter through consumer experience surveys that are currently conducted in Perth Children’s Hospital (PCH) and Child and Adolescent Mental Health Service (CAMHS). For example, PCH Impatient MySay Healthcare survey, more than 90% of parents/carers states that mostly or all of the time:

- Their knowledge of their child was respected (94%)
- They were involved as much as they wanted in making decisions about their child’s treatment and care (94%)
- Their views and concerns were listened to (93%)
- They felt supported when their child was in hospital (91%)

Additionally, in CAMHS, more than 90% of carers state that mostly or all of the time:

- Their opinion as a Carer was respected (95%)
- They were involved in planning for the ongoing care, treatment and recovery of their family member, partner or friend (91%)
- Their personal values, beliefs and circumstances were taken into consideration (91%)
- They were identified as a Carer of their family member, partner or friend (90%)

### Council comments and observations:

The Council believes continued consistent gaps across the Measures/Reporting aspect of this criterion pose a significant risk to the overall credibility of sector wide compliance. The addition of a question allowing reporting organisations to clarify why there is no or poor data collected indicates that it is commonly either due to lack of systems to collect the data being in place or due to decentralisation of systems and processes.

The Council would welcome the opportunity to work with reporting organisations to improve reporting and quality of the Measures/Reporting. A strong focus of the Council into the future will be the establishment of minimum thresholds for quality of information and data.

### Department of Health Respondents

Figure 11 provides specific data from respondents to the DoH as to their compliance with some specific actions in Criterion 1. This illustrates that 87.7% of organisations funded by the DoH include training on the Carers Charter in their own training, 89.2% of them acknowledge the role of carers in relevant organisational publications and 90.8% of them inform carers of the Carers Charter and their relevant organisational policies and protocols.

Criterion	Actions	Yes	No	N/A
1. Staff understand the Charter / Carers are treated with respect and dignity	2. Acknowledge the role of the carers in all relevant organisational publications.	89.2%	7.7%	3.1%
	3. Include training on the Carers Charter and the role of carers in staff induction and ongoing staff training.	87.7%	12.3%	0.0%
	4. Inform carers of the Carers Charter and relevant organisational policies and protocols.	90.8%	7.7%	1.5%

Figure 10: Specific data on compliance with Criterion 1 from respondents to DoH

### Mental Health Commission Respondents

Figure 12 provides specific data from respondents to the MHC as to their compliance with some specific actions in Criterion 1.

This illustrates that, for example, 87.8% 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
1. Acknowledge the role of carers in all relevant organisational policies and protocols?	0.0%	3.5%	3.5%	5.3%	82.5%	5.3%
2. Acknowledge the role of carers in all relevant organisational publications?	0.0%	3.5%	3.5%	7.0%	77.2%	8.8%

3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training?	3.5%	5.3%	12.3%	5.3%	64.9%	8.8%
--	------	------	-------	------	-------	------

**Figure 11: Specific data on compliance with Criterion 1 from respondents to MHC**

## 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	DoH
Developing							
Well developed							

Figure 12: 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	DoH
Well Developed	Consultations are undertaken with key carer groups when reviewing policies							
	A specific carer engagement policy exists							
Developing	Other comments							

Figure 13: Compliance with factor: 'Enabling carer input into policy', by action

### Carer Representation: actions

Level	Actions	SMHS	NMHS	EMHS	DS	WACHS	CAHS	DoH
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 (LEAG)							

	At least one carer representative is included on the Consumer and Community Advisory Group							
	If carers are not represented on committees, recruitment strategies are in place to increase carer participation at committee level							
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							
	Other							

Figure 14: Compliance with factor: 'Carer Representation', by action

### Council comments and observations:

The Council commends the reporting organisations for continued strength and improvement in this area. Carers across Western Australia are now being provided with the opportunity to make real contributions to WA healthcare systems through their representation on stakeholder committees.

### Measures/Reporting: actions

Level	Actions	SMHS <sup>10</sup>	NMHS <sup>8</sup>	EMHS	DS	WACHS	CAHS	DoH
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%			100%	
	Proportion of providers who have carers on their Consumer and Community Advisory Council or equivalent __%	100%		100%			100%	

<sup>10</sup> Measures and reporting is applicable, however no or poor data is collected.

- SMHS: SMHS is unable to measure 'Proportion of times carers have been included in service planning.' There are multiple service planning activities/projects undertaken across SMHS at all levels of the organisation. As activities are not centralised, there is currently no mechanism to capture a reliable numerator or denominator.
- NMHS reports that due to the pandemic and recent reconfiguration of services at SCGOPHCG a clear indication of participation by Carers is not available. They report that work will be undertaken over 2022 to better determine participation and increase Carer engagement in policy development.

	Proportion of times carers have been included in service planning - %						100%	
Well Developed	Carers' needs are referenced in the Strategic Plan							
	Carers' needs are referenced in the Annual Report							
	A more detailed measure is in place							

Figure 15: Compliance with factor: 'Measures/Reporting', by action

**Council comments and observations:**

The Council notes that reporting organisations comprehensiveness in providing Measure/Reporting with regard to Criterion 2 has declined since 2018-19. Several reporting organisations previously reported the 'proportion of providers who have Community/Carers Advisory Council or equivalent' and 'proportion of providers who have carers on their Consumer and Community Advisory Council or equivalent' and have not in 2020-21.

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.

However, with regard to referencing carers needs in Strategic Plans and Annual Reports, this has increased from 2018-19.

**Additional measures/reporting**

As described previously, the DoH and MHC engage with slightly different reporting templates. The information below provides information from their funded services.

**Department of Health – Compliance of Contracted Entities**

Figure 17 provides specific data from respondents to the DoH as to their compliance with some specific actions in Criterion 2. This illustrates that 95.4% of organisations funded by the DoH acknowledge the role of carers in all relevant organisational publications; and 78.5% of organisations include carers in the organisation's strategic planning process.

Criterion	Actions	Yes	No	NA
2. Policy input from carers	1. Acknowledge the role of carers in all relevant organisational policies and protocols.	95.4%	4.6%	0.0%
	5. Include carers in the organisation's strategic planning process.	78.5%	16.9%	4.6%
	6. Include carers on the organisation's Board/Management Committee.	67.7%	23.1%	9.2%

Figure 16: Specific data on compliance with Criterion 2 from respondents to DoH

### ***Mental Health Commission Respondents***

Figure 18 provides specific data from respondents to the MHC as to their compliance with some specific actions in Criterion 2. This illustrates that, for example, 84.2% of MHC funded services are either almost fully compliant, 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
4. Inform carers of the Carers Charter and relevant organisational policies and protocols?	0.0%	1.8%	7.0%	10.5%	73.7%	7.0%
5. Include carers in the organisation's strategic planning process?	3.5%	7.0%	5.3%	8.8%	59.6%	15.8%

**Figure 17: Specific data on compliance with Criterion 2 from respondents to the MHC**

## 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 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 18: 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	772		241			11
	Reported carer information pack distribution	1,871		1,220			
	Reported number of Welcome to Ward packs given to carers						
Well Developed	Printed material is available in different languages, e.g., Culturally and Linguistically Diverse/ Indigenous						
	Other						

Figure 19: Compliance with factor: 'Education of carers', by action

<sup>11</sup> CAHS do not use the Prepare to Care packs as they were not designed for a paediatric setting. Instead, a booklet specific to child and adolescent populations called "First Steps" is provided.

**Council comments and observations:**

Overall, the education of carers continues to be strong across the sector, especially in developing information that is accessible to those who are Culturally and Linguistically Diverse.

However, the reported number of Prepare to Care packs and Carer Information packs that were distributed in 2020-21 is lower than in 2018-19, with the exception of Prepare to Care packs distributed by SMHS.

**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; Consumer and Community Advisory Council in hospitals						
	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						
	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 20: Compliance with factor: 'Enabling carers views to be heard', by action

**Council comments and observations**

The Council commends the work of the reporting organisations in ensuring the views of carers are heard. Overall, the sector performs well in this area.

It should be noted that in 2018-19, more organisations reported gathering the views of carers via survey, where in 2020-21, far fewer indicate this is an action they take. However, many organisations reported implementing MySay Healthcare Surveys and other surveys for feedback from carers, which while may serve a slightly different purpose of allowing complaints to be heard, still allow carers to express their views.

## Understanding carers needs: actions

Level	Action	SMHS	NMHS	EMHS	DS	WACHS	CAHS
Developing	Liaison is undertaken with appropriate organisations to understand carer needs						
	Carer diversity has been taken into account, e.g., liaison with regional, Culturally and Linguistically Diverse, 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 21: Compliance with factor: 'Understanding carers needs', by action

### Council comments and observations

The Council commends the reporting organisations for the sector wide improvement in this area since 2018-19. Notably, all organisations now report taking carer diversity into account through various initiatives such as Aboriginal representative positions, reviews of diversity of the Carers Advisory Council membership, and Cultural Awareness training.

Further to this, staff are now on a sector wide basis attending conferences and other forums related to carers and taking into account the needs of carers when designing systems, both great improvements on 2018-19.

## 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)						
	Other						

Figure 22: Compliance with factor: 'Advocate on behalf of carers', by action

### Measures/Reporting: actions

Level	Actions	SMHS <sup>12</sup>	NMHS <sup>10</sup>	EMHS <sup>10</sup>	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 ____%						92-95% <sup>13</sup>
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 ____%						91-93% <sup>11</sup>
	Percentage of carers who believe they have been treated with respect ____%						94-95% <sup>11</sup>
	Percentage of carers who believe they have been included in service planning/review/ discharge ____%						62%
	Percentage of carers acknowledged in publications ____%						

Figure 23: Compliance with factor: 'Measures/Reporting, by action

<sup>12</sup> Measures and reporting is applicable, however no or poor data is collected.

- SMHS is currently unable to collect the proportion of carers satisfied their views have been heard as there is currently no mechanism to reliably capture the proportion of carers satisfied their views have been heard using current processes and data sources.
- SCGOPHCG will carry out surveys over 2022 to understand the concerns of carers and to monitor their success in addressing them.
- EMHS acknowledges all the feedback and is attempting to implement more measures. However, Carer Specific feedback is not currently segregated by way of data capture. They are proposing to alter their existing MySay Healthcare Survey format to include Carer specific questions as a basic metric to understand Carer experienced during their interactions with EMHS.

<sup>13</sup> The range represents the range in responses across PCH and CAMHS carers.

## Department of Health

Figure 25 provides specific data from respondents to the DoH as to their compliance with some specific actions in Criterion 3. This illustrates that 84.6% of organisations funded by the DoH include carers in the assessment and planning processes for direct services; and 92.3% of organisations include carers in the ongoing monitoring of direct services. Further to this, 98.5% ensure carers have the opportunity to provide feedback on their experience and 88.9% provide avenues for carers to access peer support.

Criterion	Actions	Yes	No	NA
3. Carers views and needs are considered	7. Include carers in the assessment and planning processes for direct services.	84.6%	13.8%	1.5%
	8. Include carers in the ongoing monitoring of direct services.	92.3%	7.7%	0.0%
	10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.	98.5%	1.5%	0.0%
	11. Provide avenues for carers to access peer support.	88.9%	9.5%	1.6%

Figure 24: Specific data on compliance with Criterion 3 from respondents to DoH

## Mental Health Commission

Figure 26 provides specific data from respondents to the MHC as to their compliance with some specific actions in Criterion 3. This illustrates that, for example, 79% of MHC funded services are either almost fully compliant or are fully compliant in including carers in the assessment process for direct services.

	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
6. Include carers on the Board/ Management Committee of the organisation?	8.8%	7.0%	3.5%	1.8%	47.4%	31.6%
7. Include carers in the assessment process for direct services?	0.0%	7.0%	5.3%	5.3%	73.7%	8.8%
8. Include carers in the ongoing monitoring of direct services?	0.0%	8.8%	3.5%	3.5%	75.4%	8.8%
11. Provide avenues for carers to access peer support?	1.8%	3.5%	5.3%	7.0%	71.9%	10.5%

Figure 25: Specific data on compliance with Criterion 3 from respondents to the MHC

**Council comments and observations:**

The widespread gap in measuring key aspects of this criterion continues from 2018-19 and is consistent with the other criterion. Overall, the Council feels this calls into question the credibility of some of the reported compliance by reporting organisations.

The Council strongly encourages agencies to collaboratively develop a consistent, robust framework to measure and report on this criterion. The DoH and the MHC 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 26: 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).						
	Other comments.						

Figure 27: 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.

**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; Culturally and Linguistically Diverse/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						
	Carers have the opportunity to provide feedback (other than complaints)						
	Other						

Figure 28: 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 29: Compliance with factor: 'Responding', by action

## Measures/Reporting: actions

Level	Measure/Reporting	SMHS <sup>14</sup>	NMHS	EMHS <sup>12</sup>	DS	WACHS	CAHS
Developing	Please write the number of complaints reported by carers this reporting period _____ and any key issues of interest		22				340
	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						

<sup>14</sup> Measures and reporting is applicable, however no or poor data is collected.

- SMHS notes that they are unable to collect the percentage of carers satisfied that their complaint has been heard and percentage of carers satisfied that their complaint is being addressed. Additionally, Peel Health Campus (PHC) does not specifically report on carers as initiators of complaints.
- EMHS notes that Carer-initiated complaints are not specifically identifiable out of the complaint management system, however, there is a mandated reporting of timeframes for closing of complaints. Additionally, there is a Consumer Liaison Coordinator who provides an objective lens over complaint responses and sits within the Safety Quality Education and Innovation directorate separate from clinical service delivery streams.

A more detailed carer complaint measurement system is in place							
Percentage of carers aware of the complaints process ____%							60%-87% <sup>15</sup>
Percentage satisfied their views have been included in service delivery planning ____%							62%
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							
There is an online monitoring system offering continuous reporting							
There is an independent review in place							

**Figure 30: Compliance with factor: ‘Measures/Reporting’, by action**

**Council comments and observations:**

Once again, 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.

**Additional measures/reporting**

**Department of Health Respondents**

Figure 32 provides specific data from respondents to the DoH as to their compliance with some specific actions in Criterion 4. This illustrates that 93.8% of organisations funded by the DoH 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.

<sup>15</sup> the range represents the range in responses across various demographics of PCH and CAMHS carers.

Criterion	Actions	Yes	No	N/A
4. Complaints and listening to carers	9. 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.	93.8%	6.2%	0.0%

**Figure 31: Specific data on compliance with Criterion 3 from respondents to DoH**

### ***Mental Health Commission***

Similarly, Figure 33 provides specific data from respondents to the MHC as to their compliance with some specific actions in Criterion 4. This illustrates that 96.5% 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
9. 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%	0.0%	0.0%	7.0%	89.5%	3.5%
10. Ensure carers have the opportunity to provide feedback on their experience of the organisation?	0.0%	1.8%	0.0%	0.0%	98.2%	0.0%

**Figure 32: Specific data on compliance with Criterion 4 from respondents to the MHC**

## 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.

### Update on Previous Report's Key Initiatives

Given the exemption given in the 2019-20 reporting period and disruption to organisation's planned activities due to the COVID-19 pandemic this section examines the reported planned activities that the reporting organisations note themselves as activities they commenced in 2018-19 or 2019-20.

#### **North Metropolitan Health Service (NMHS)**

Previously planned activity	Update provided in 2020/21 report and/or Council notes
<b>Staff Understand the Charter/Carers Treated with Respect and Dignity</b>	
Implementation of Aboriginal Liaison Officers	Now employed and getting referrals across inpatient units. These officers will liaise with families and carers of Aboriginal patients to assist in their journey through the inpatient unit and into other services on discharge
WA Aboriginal Health and Wellbeing Framework 2015-2030	The Framework provides the overarching vision for Aboriginal people living long, well and healthy lives.
NMHS Our Strategic Plan 2020-2025	This strategic plan is centred on people-centred care. As such NMHS will place consumers' and their carers' best interests and experience at the core of their operations.
Mental Illness Fellowship of Western Australia (MIFWA) Carer Peer Worker co-located in Stirling and Joondalup	Funding from MIFWA has been ceased and the role of the Carer Peer Worker has been significantly missed.
Mental health of carers	Carer Consultants are employed via a Memorandum of Understanding with MIFWA to facilitate support for carers by running groups and providing support services.
Carer Engagement Training – Helping Minds	A three-part education series has been delivered across community clinics and been well attended and received. It resulted in an increase in understanding of the Carers Charter and Carers Recognition Act for clinicians.
Carers Support Group co-facilitated with MIFWA and Osborne Clinic	The group continues to meet monthly and is successful in its outcomes of providing support and education for carers, including several education sessions and a nature therapy bushwalk outing.
Carers Support Group at Mirrabooka Clinic	The group continues to meet regularly and is facilitated by the social work staff at Mirrabooka Community Mental Health clinic. It is a long-standing group that has provided support for regular members for many years.
Mental Health	<ul style="list-style-type: none"> <li>• Peer Support Workers are also mindful of the impact of Carers often being part of the ageing population cohort</li> <li>• Helping Minds provided training opportunities to staff for Carer Engagement</li> <li>• 'Speak Up' posters displayed across services</li> </ul>

Carers Corner's identified in clinical areas	This has been continued and remains an active resource.
Women and Newborn Health Services (WNHS) Updated Pink stickers	An updated version of the pink sticker to identify carers and determine whether written resources provided, was printed and implemented in mid-2020.
<b>Policy Input from Carers</b>	
Carer Consultant	Continues to be employed within the clinic and provides input to all policy updates as discussed within the clinic and Community Adult Safety, Quality, Risk and Management meeting.
Carer Consultant representation at management and Safety Quality and Risk Management (SQRM) Committee Meetings	The Carer Consultant is an active member of the Management and SQRM Committee, and consistently provides a carers perspective regarding policy and procedures, and management, quality and risk issues.
Consumer and Carer Participation Policy is currently under review.	
Carers WA involvement and connections is ongoing.	
Update of current NMHS Carers Recognition policy.	Carer's feedback has been incorporated. A draft policy is currently under review by the Carers Advisory Council.
<b>Carer's Views and Needs are Considered</b>	
Video assessments and interpreting	Video capability is available to engage with Aboriginal and Torres Strait Islander carers in remote WA.
Accommodation for carers	A family duplex is available for remote carers of patients.
Lived Experience Advisory Group (LEAG)	Continues to meet on a monthly basis and has an active input into clinic operations and providing carer/consumer point of view.
Consumer/Carer Feedback Box in reception/waiting room	Service Coordinator regularly reviews any feedback and contacts carer directly to discuss feedback and actions (if required).
Carer Consultant liaise with Chief Dental Officer (CDO) about new initiatives. For example, the GP After Care initiative that is being piloted as a new program by Mental Illness Fellowship of Western Australia.	
Ongoing research project to inform the implementation of an outreach support program for family carers of older adults discharged from an acute assessment unit continues.	Ongoing carer interviews to determine the effectiveness of a nursing outreach focussed on carer led support needs and guidance to access existing services continues.
"What Matters to Me" survey	Undertaken at Annual Carers morning tea to ascertain individual carers views and needs. This is used to inform future strategies broadly within the healthcare group and more specifically in areas of need.
<b>Complaints and Listening to Carers</b>	
Consumer/Carer Feedback Box in reception/waiting room	Service Coordinator regular reviews any feedback and contacts carer directly to discuss feedback and actions (if required).
Feedback processes	Feedback to Carer Consultant and Liaison Officers.
Feedback processes	SQRM Reports and meetings as well as discussion during SQRM meetings regarding trends in complaints or contacts issues.

Complaints and compliments processes	Care Opinion, Your Experience of Service (YES) Survey and suggestions boxes all available along with opportunities to speak with clinicians about concerns or complaints.
Ongoing monitoring of complaints and contact feedback from carers	Ongoing monitoring of all consumer feedback received from carers/others (excluding compliments). NMHS provide monthly feedback reports which include reporting on the carers charter and enables us to benchmark against other organisations across NMHS.

### **South Metropolitan Health Service (SMHS)**

<b>Previously planned activity</b>	<b>Update provided in 20/21 report and/or Council notes</b>
<b>Staff Understand the Charter/Carers Treated with Respect and Dignity</b>	
Carers' Week 2020	<p>Carer's Week activities to support carers and raising staff and public awareness included:</p> <ul style="list-style-type: none"> <li>• Display areas set up for patients and visitors within the public areas</li> <li>• Educational and informational brochures displayed to provide information to patients, carers, consumers and staff on the roll of carers and support services available</li> <li>• eBulletins in 'South Metro talk', and via Facebook posts</li> <li>• News articles on the SMHS news hub page</li> </ul> <p>Due to COVID-19, the morning tea and information sessions were cancelled.</p>
<b>Policy Input from Carers</b>	
SMHS Carers Plan 2021-2023	<p>The SMHS Carers Plan 2021-2023 has been developed following endorsement of the SMHS Consumer and Carer Participation Policy and the SMHS Carers Policy.</p> <p>The plan outlines the path to be taken to improve how we identify, work with and include carers across SMHS sites. It identifies initiatives that will be implemented to advance the goal of becoming a health service that respects the knowledge and experience of carers and ensures they are included as key partners in care. Implementation of the plan will be in collaboration with carers and consumers.</p>
<b>Carers' Views and Needs are Considered</b>	
Rockingham Peel Group (RkPG) Patient Centred Care Action Plan 2020-23	<p>RkPG Carers Advisory Council members (including those who identify as carers) conducted a person-centred organisation self-assessment using the Australian Commission Safety and Quality in Health Care (ACSQHC) Person-Centred Care assessment tool. The aim of the assessment was to produce a person-centred care action plan.</p> <p>Actions in the 2020-2023 plan include:</p> <ul style="list-style-type: none"> <li>• Create and maintain a buddy system in the form of a clinical or corporate staff member to act as support for Carers Advisory Council members on committees.</li> </ul>

	<ul style="list-style-type: none"> <li>• Create an information pack for new Carers Advisory Council starters, including the provision of opportunities for further education.</li> <li>• Invite Carers Advisory Council participation in the review of the organisational audit and reporting schedule.</li> </ul>
<b>Complaints and Listening to Carers</b>	
Caring for patients with autism spectrum education sessions	<p>RkPG introduced education sessions to enable greater awareness and understanding in caring for patients with autism. These sessions were in response to feedback received from carers on two separate occasions.</p> <p>Initially the training was delivered to clinical staff in the Emergency Department (ED) and is now embedded as part of the formal education schedule.</p>

### ***Child and Adolescent Health Service (CAHS)***

<b>Previously planned activity</b>	<b>Update provided in 20/21 report and/or Council notes</b>
<b>Policy Input from Carers</b>	
Consumer Representative Recruitment and Management Policy developed in consultation with Carers	<p>In 2020, a review of the CAHS Consumer Recruitment Management Policy was undertaken. This aims to assist staff in recruiting consumer representatives who are being remunerated for their involvement with CAHS, including those with membership of councils, committees and working groups.</p> <p>Consumer consultation was held during the development phase of the policy and associated processes. Parents/carers of children with chronic conditions attended and were asked questions in relation to:</p> <ul style="list-style-type: none"> <li>• The process of recruiting consumers (e.g., where to advertise roles)</li> <li>• The requirements to become a consumer</li> <li>• Training and support – what do consumers need to enable them to provide input</li> <li>• The documents provided to consumers</li> </ul> <p>Once completed, the policy was circulated to all CAHS staff and is available on the CAHS intranet.</p>
Consumer Policy Review solution being developed to include carers in all policies of relevance to consumers.	<p>CAHS has a general approach to policy development and review that includes input from carers via three consumer committees that include carers in membership:</p> <ul style="list-style-type: none"> <li>• Carers Advisory Council (Carers)</li> <li>• Lived Experience Group</li> <li>• Disability Access and Inclusion Committee (DAIC)</li> </ul> <p>This includes review of policies related to consent, information sharing and child and family centred care (CAFCC).</p>
Input from carers on consent policies	See below in 'Policy Input from Carers: 2020-21 Planned Activities'
<b>Carers' Views and Needs are Considered</b>	

Strategies being developed to ensure carer and consumer involvement in all publications being developed.	CAHS has standardised processes for ensuring consumer input into publications and consumer information resources. This includes a Consumer evaluation form that allows carers to provide feedback during the development process. This is mandated through the CAHS publications policy and once obtained, a 'consumer tick' is then displayed on the document.
<b>Complaints and Listening to Carers</b>	
Complaints policy review and toolkit development being undertaken with carer consultation of all documents.	<p>The CAHS Consumer Feedback Management Policy has been reviewed and updated with specific reference to the active promotion of the feedback process to consumers, including carers, and the management of complaints made by Aboriginal families and consumers with non-English speaking backgrounds. The Consumer Feedback Management toolkit was developed and made available on a Consumer Engagement intranet page to support staff with consumer feedback processes, for example, the toolkit staff are provided with:</p> <ul style="list-style-type: none"> <li>• A quick reference guide on how complaints are managed in CAHS</li> <li>• A feedback management form</li> <li>• Tips for written complaint response, and</li> <li>• Guidance on resolving complaints or concerns</li> </ul> <p>Carers on the Carers Advisory Council were directly involved in the review of the policy in addition to all the template letters and consumers facing documents for the complaints policy and toolkit.</p>
Complaints satisfaction tool being developed with input from carers.	<p>CAHS is exploring the opportunity to provide carers with the option to complete a satisfaction survey following the completion of a complaints process.</p> <p>The Consumer Engagement team have reached out to a number of other health service providers to determine how this is undertaken in their services and a plan is being developed to determine the best way for this to be undertaken in the CAHS setting.</p> <p>CAHS will likely ask carers (and other consumers) to complete a simple follow up survey (sent via SMS 2-3 days after the complaint response is received) with questions that will help CAHS to identify how satisfied consumers were with the complaints process (e.g., the outcome, the response timeframe and quality).</p>

### **WA Country Health Service (WACHS)**

<b>Previously planned activity</b>	<b>Update provided in 20/21 report and/or Council notes</b>
<b>Staff Understand the Charter/Carers Treated with Respect and Dignity</b>	
<p><b>South West:</b></p> <p>Carer Training Package for Mental Health Services</p>	<p>Developed and sessions were run but limited due to workforce and activity pressures. Consumer And Carer Advisory Group (CCAG) membership has changed over this time, so this initiative needs to be redeveloped.</p>
<p><b>Wheatbelt:</b></p> <p>WACHS Wheatbelt provides carers with information on respite options, upcoming carer workshops/events, and other supports and services available within the region.</p>	<p>This initiative is ongoing and continues to improve understanding of carers/clients/residents of services available to support them remain safely in their local communities.</p>

<b>Kimberley:</b> Onsite Aboriginal Interpreting Service	Interpreter Services continue to be provided across all sites.
<b>Kimberley:</b> Broome Hospital Food services for visitors, patients and staff	This service was unavailable during the peak Covid-19 period due to changes in patient flow and facility entry points.
<b>Goldfields:</b> Promotion and awareness of the Carers Recognition Act	Carers Recognition Act posters are located around the health service New Aged Care Orientation folder for the Multi-purpose Service (MPS) sites links information to educate staff on the Act.
<b>Midwest:</b>	Continued support of ongoing initiatives; promotion and utilisation of the new Carers Charter and new Aged Care Standards.
<b>Policy Input from Carers</b>	
<b>Southwest:</b> Involvement of carers in health service delivery	The South West continues to engage with consumers and carers in our community to be involved in the design, planning, delivery evaluation and monitoring of our health service by being involved in many of our committees and working groups and supporting the Consumer And Carer Advisory Groups and District Health Advisory groups.
<b>Wheatbelt:</b> The Wheatbelt Regional Implementation Group (RIG) set up to manage regionally the transition from the State HACC program to the Commonwealth Home Support Program membership	The RIG includes three consumer members from the three Wheatbelt District Health Advisory Groups (Eastern, Western & Southern).
<b>Midwest:</b> A gap analysis was undertaken with Aged Care Standards and National Safety and Quality Healthcare Standard Two, ' <i>Partnering with Consumers</i> '	A clear understanding of how our health services meet the minimum standard for partnering with consumers. Identifying gaps and opportunities for improvement to ensure our consumers and carers are involved in ensuring our health service meets the community needs from point of care to redesign.
<b>Carers' Views and Needs are Considered</b>	
<b>South West:</b> Volunteer Meet and Greet service	Since May 2019, Bunbury Hospital has implemented a volunteer 'Meet and Greet' service at the entrance of the hospital to support patients, carers, family and friends visiting the hospital with directions and welcoming them to the health service. This has now been expanded to the ED. Busselton Health Campus main entrance has also established a volunteer Meet and Greet service.
<b>South West:</b> Positive Birth Program (PBP)	Bunbury Hospital launched the PBP in February 2019. Bunbury currently runs in-person classes as well as telehealth classes for all of WACHS. Bunbury has also supported the launch of the PBP in-person in Geraldton and Albany with plans for Broome and Esperance to be running the classes by 2022. The telehealth classes are being run out of a 'hub' set up by Newman Neighbourhood Centre. Bunbury is running the PBP, Positive C-section Program & Supportive Caregivers Program with plans to launch the Positive Indigenous Program via

	telehealth in 2022 with the support of Aboriginal Medical Services around Country WA.
<b>South West:</b> Consumer and Carer Executive Sub Committee	The Consumer and Carer Executive Sub Committee continues to drive and support the region to embed consumer and carer engagement across the region.
<b>Wheatbelt:</b> The Older person Initiative (OPI) assessment includes the needs of the carer in their initial assessment and any interventions required	This initiative continues to support carers and clients to ensure they have access to required interventions.
<b>Wheatbelt:</b> All Multi-purpose Service sites have regular family/carer resident meetings where any issues of concern are raised	This initiative is ongoing and supports improved communication between carers/residents and staff.
<b>Wheatbelt:</b> Compliance with National Safety and Quality Health Service (NSQHS) Standard Two, ' <i>Partnering with Consumers</i> ' focuses on consultation with consumers and carers	Work on this initiative continues to ensure best outcomes for carers and consumers.
<b>Kimberley:</b> Carer respite programs	Kimberley Aged Care Services is no longer a Carer Respite provider, Carers are now referred to Carers WA and Helping Hands to access these services.
<b>Goldfields:</b> Carers views and needs continue to be a focus in all care and service delivery	Each area of our health service from acute care, outpatients, Multi-purpose Service sites, Aged Care services and Mental health etc. empower and encourage carers to be a part of the patients/client's journey in our health service. This has been a particular focus as we have navigated the COVID-19 pandemic. It has been essential that cares and the clients/patients are kept well informed on any changes to ensure they can still access services and cares required in a timely and appropriate manner. This has included increased use of telehealth services.
<b>Goldfields:</b> Goldfields Consumer And Carer Advisory Group	Regional Consumer and Carer Advisory Group meetings continue to occur regularly.
<b>Midwest:</b> Journey Rooms	Commonwealth Midwest Carelink and Respite Centre ceased July 2020. Carers Gateway commenced which has had challenges. Input into consumer brochure and documentation for journey rooms. This project was undertaken based on consumer and carer feedback around reducing bed moves for our aged care patients.
<b>Complaints and Listening to Carers</b>	

<b>Southwest:</b> Follow Up Phone Call initiative	Commenced in Margaret River in 2020 and has been expanded across the Southwest region.
<b>Southwest:</b> Promotion of feedback mechanisms	Encouragement and support for patients, families, carers and the workforce to report compliments and complaints. We involve workforce, consumers and carers in reviewing and analysis of complaints and the actions taken. Monthly induction sessions are conducted insuring new staff are aware of the complaint avenues and processes.  Campus Carers attend the weekly complaints meeting at Bunbury Hospital to provide comment on the investigation and resolution of complaints and trends.
<b>Southwest:</b> The Multi-purpose Service sites have regular Resident family/carer conferences. Carers are involved in discussing and participating in resident care needs	This initiative is ongoing and supports improved communication between carers/residents and staff, to ensure concerns are heard and addressed.
<b>Kimberley:</b> Consumer Feedback	Kimberley Aged and Community Services did not receive complaints from Carers in 2020-21.  Care Opinion is widely advertised and both patients and carers are encouraged to provide feedback both positive and negative.
<b>Goldfields:</b> Promotion of CARE Call	Promotion of this service has continued and been even more refined over the past year with an on-call roster being developed to ensure an Executive member is on call at all times to speak to anyone that would like to escalate concerns they may have about their care or their family members care.

## **Disability Services**

<b>Previously planned activity</b>	<b>Update provided in 2020/21 report and/or Council notes</b>
<b>Carers' Views and Needs are Considered</b>	
Ministerial Advisory Council on Disability	<p>DS continues to provide executive support to the Ministerial Advisory Council on Disability (the Council) and support its engagement with the Minister for Disability Services.</p> <p>The Council comprises of up to 14 members who either have lived experience of a disability or are a family member or carer of a person with a disability. There is a number of carers on Council.</p> <p>The Council is vital to providing the Western Australian (WA) Government with authentic advice and perspectives on issues relating to disability in Western Australia. It engages and influences debate on fundamental issues such as access and inclusion and the employment of people with disability.</p> <p>Over the past 12 months the Council has been instrumental in the development of the State Disability Strategy and has provided considered feedback to the Department of Communities relating to the establishment of an Office of Disability.</p>

	In January this year, the Council also made a significant contribution to the important work of the Plastic Straws Working Group established by the Department of Environment and Water Regulation and provided valuable input on the actions needed to reduce the use of plastic straws, while considering and adapting to the needs of people with disability.
Introduction of the Community Paid Participation Policy	<p>The Department is committed to meaningful engagement with people with lived experience. The Department's services are more effective and of higher quality when they are the result of extensive consultation and input from members of the community with lived experience, including carers.</p> <p>The Community Paid Participation Policy was introduced in March 2020, it provides a framework for the Department to recognise the expertise and specialist contribution made by people with lived experience through payment for participation and/or reimbursement of associated costs.</p>

### ***Department of Health***

<b>Previously planned activity and update provided in 2020/21 report.</b>
Following extensive engagement with consumers and carers in 2018-19 to inform the Sustainable Health Review (SHR), the SHR Implementation Program is now underway. Key achievements relevant to carers in 2020-21 are outlined above.
Carer groups and representatives are engaged throughout the SHR Implementation Program, providing strategic and operational advice to the SHR Recommendation Leads and developing measures of success for partnerships and the program.
A disability health consumer/person with lived experience was nominated by the Chairperson of the Ministerial Advisory Council on Disability to represent carers on the SHR Partnership Group. This group provides feedback on the SHR recommendations via formal and informal governance mechanisms. Of the 30 recommendations from the SHR, 13 have been presented to the SHR Partnership Group for feedback.
Development of the WA Youth Health Policy 2018-2023 relied heavily on input from families and carers. In response to the feedback received the Child and Youth Health Network, in partnership with the projects Youth Advisory Team, launched the My Health in My Hands animation in preparation for Youth Week in April 2021. The animation aims to support young people to become more independent with their healthcare and is also a helpful tool for health professionals, parents and carers.

### ***East Metropolitan Health Service (EMHS)***

EMHS provided no updates on past initiatives in their 2020-21 compliance report.

### ***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.

## 2020-21 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

#### WA Country Health Service:

Region	Activity
<b>Great Southern</b>	<ul style="list-style-type: none"> <li>The 'Carers Corner' at Albany Health Campus (AHC) has been reinstalled after being removed due to COVID-19. This area provides a valuable range of resources and a place to connect for Carers. Work with Carers WA is continuing to promote use of the 'Prepare to Care' resource materials.</li> <li>The AHC is installing a number of digital noticeboards in areas that are accessed by consumers and carers. They include the ED and the Outpatient areas. The digital noticeboards will include information about patient's rights and responsibilities.</li> <li>A number of Charter of the Healthcare Rights information boards have been installed in the ED, selected Wards and the Consumer Hub at AHC.</li> <li>AHC is exploring the concept of establishing a Consumer Hub. This can be a place where patients and carers can access a range of health information. It is planned to be operated by volunteers for part of the day and self-serve for the rest.</li> <li>There is carer involvement in the Mental Health Consumer and Carer Advisory Group, and a mental health peer support worker has commenced at AHC. The Consumer and Carer Advisory Group member and Mental Health Peer Support worker are providing valuable and new insights into the opinions of Carers.</li> <li>A staff education video was developed featuring the Great Southern Carers WA Coordinator, who shares key information about the Carers Recognition Act and how to partner with consumers. This video is shown at all staff essential skills days in Albany.</li> <li>The updated Person-Centred Care e-learning package, which includes information about the Carers Recognition Act and partnering with Carers, was released in 2021. The e-learning package is promoted to staff at regional induction and essential skills training, with staff participation monitored through the regional Standard Two Committee.</li> </ul>
<b>Pilbara</b>	<ul style="list-style-type: none"> <li>WACHS Recognising the Importance of Carers policy was updated in March 2021 and distributed to staff.</li> </ul>
<b>South West</b>	<ul style="list-style-type: none"> <li>Promotion and uptake of the Person-centred Care e-learning package. Active promotion of the Person-Centred Care e-learning package is ongoing and is assigned to all WACHS South West staff at their commencement with the health service. The current completion rate is 88% (2478 employees).</li> <li>Regional induction sessions are conducted monthly and are accessible to all new staff, with approximately 20-25 staff attending each month. The principle of Person-Centred Care is the underlying theme of the day. Patient First resources, Aboriginal cultural awareness, the Charter of Healthcare Rights and Care Call (soon to be Aishwarya's Care Call) are also outlined during induction sessions. From September 2021, the Carers</li> </ul>

	<p>Recognition Act will be available as an electronic document in a resource file for new staff.</p> <ul style="list-style-type: none"> <li>The South West Learning and Development Intranet page has a link to additional education resources including the Carers Recognition Act Brochure, WA Carers Charter and a self-directed learning package called 'Caring Together'.</li> </ul>
<b>Wheatbelt</b>	<ul style="list-style-type: none"> <li>Information is provided to in-home carers from Carers WA, which includes a contact phone number, details about the services provided and information about membership to Carers WA. As a result, Carer's report feeling appreciated and supported by staff and the Carers WA support group.</li> <li>Training on the Carers Charter and the role of carers is conducted in staff inductions and ongoing staff training.</li> <li>Establishment of community information/consultation regarding Aged Care Services was undertaken. This improved the community's understanding of Aged Care Services.</li> <li>A process to identify vulnerable clients and carers in response to COVID-19 was undertaken. An improved process for identifying people at risk resulted.</li> </ul>
<b>Goldfields</b>	<ul style="list-style-type: none"> <li>The COVID-19 Pandemic response kept all staff informed on health directions concerning COVID-19 so they are fully prepared to support consumers/carers promptly and informatively.</li> <li>An Aged Care Specific Orientation Booklet (the Booklet) was created for the multi-purpose sites in the Goldfields. The Booklet references the Carers Recognition Act 2004 to ensure staff are aware of the Carers Recognition Act.</li> </ul>
<b>Midwest</b>	<ul style="list-style-type: none"> <li>The Carers Charter is displayed throughout all Midwest sites and a recent audit was undertaken to gauge compliance with promotion of the Carers Charter. The audit results showed 100% compliance.</li> <li>The My Healthy Midwest Facebook posts are regularly used to raise awareness of the Carers Charter.</li> <li>The Midwest Patient Experience and Consumer Engagement (PEaCE) sub-committee, comprising of senior executive, medical and nursing and consumer representatives, promotes the Carers Charter.</li> <li>A health literacy project was undertaken to ensure that feedback from patients, families and carers received appropriate responses to written feedback.</li> <li>Midwest staff are completing the updated Person-Centred Care e-learning package, which includes information about the Carers Recognition Act and partnering with carers. The e-learning package was released in 2021.</li> <li>Carers Week celebrations help staff understand the Carers Charter, along with raising valuable awareness about the role of carers. Carer's week celebrations took place at the Geraldton Community Care Day Centre and Multi-purpose Service sites and Carers Week was regularly promoted on the 'My Healthy Midwest' Facebook page.</li> </ul>
<b>Kimberley</b>	<ul style="list-style-type: none"> <li>The Carers Charter is included in the WACHS Kimberley staff orientation learning maps. Improvement is in progress to include the Carers Charter in the existing e-learning "Induction to WACHS" orientation package.</li> <li>Care Call (soon to be Aishwaryra's Care Call) information is on display in all Kimberley Hospitals.</li> </ul>

	<ul style="list-style-type: none"> <li>• WA Aboriginal Interpreting Services are available throughout Kimberley sites to assist both patients and carers communicate with hospital staff.</li> </ul>
--	--

### **North Metropolitan Health Service**

<b>Activity</b>
Care, Respect, Excellence, Equity, Integrity, Teamwork and Leadership are values prioritised within the NMHS. It is expected that all staff uphold these values to consumers as well as carers.
NMHS commenced work to form a 'Consumer and Carer Partnerships Group (CCPG)' Consumers, carers and those with lived experience were invited to be representatives on the CCPG through an Expression of Interest. The CCPG aims to create purposeful partnerships with new levels of trust and respect between our Carers, Consumers and clinicians. The CCPG will be working collaboratively over a series of workshops to share experiences, identify key issues and generate solutions to improve partnerships across the organisation.
As part of the orientation process all new staff are made aware of the Carers Recognition Act 2004 and how to integrate processes into clinical practice to maintain privacy and integrity.
The Carers Charter is on display across Mental Health Public Health Dental Service services.
NMHS has created the Carer Support Group which includes Mental Illness Fellowship of Western Australia (MIFWA) – MIFWA provides carer support and are a conduit for ongoing referrals to external carer support groups within the community. NMHS has received Positive feedback from participants around greater understanding of the mental health system and the support they experience while in the group.  There is an intention to embed the Carers Group as part of ongoing services by the clinic (Lower West/Subiaco).
Plan to include the Carers Charter in the updated Mental Health Stirling Catchment Staff Orientation and Checklist. This is for continuity of awareness following the success of Carer Engagement Training with Helping Minds.
Mental Health conduct an annual Carer Engagement Education Session. This is for continuity of awareness following the success of Carer Engagement Training with Helping Minds.
Inclusion of Carers for the Creative Expression Cultural Arts Therapy (CECAT) "End of Year" celebration. Carers / Family members were invited to the end of year Open-Day Celebration and Opening of the 2020 Summer exhibition. They were given the opportunity for a hands-on experience with a range of art and music activities.
The Older Adult Mental Health Service (OAMHS) have a comprehensive participation strategy with all carers involved in their service. All carers referred to the OAMHS Carer Liaison and Education Service are provided with a comprehensive assessment that focuses on their needs and issues. A Carer information pack is also provided to them which includes any relevant information and services they can link in with.  OAMHS have provision for ten carer focused education workshops which are held each month excluding October and December. All topics for workshops are identified by carers and presented by Clinical Psychologists, Consultant Psychiatrists, Palliative Care Teams, Community Police, Senior Occupational Therapists, Centrelink and Carers WA.
OAMHS have two social functions each year during Carer's Week in October and at Christmas time which carers are invited to attend.
Ongoing education of staff despite challenges of current work environment with the COVID-19 pandemic.
The "What Matters to Me" Program run in partnership with Consumers and Carers. This has an increased focus on Carers.
The Patient Experience Stars Nomination process includes Consumers and Carers' nominations. Multiple staff were nominated for the care they provided to Consumers and Carers.

Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) Consumer and Carer Experience Strategy. This highlights the role of the Carer in the overall patient experience.

Ward orientation and consumer information boards include information regarding Carer Representatives. Carers Corners are identified in Clinical Areas.

**Pharmacy Initiatives:**

- Consumer/Carer awareness is discussed at Pharmacy Journal Club
- Carers Charter displayed on our Consumer Board, and this is part of all new pharmacy employee's orientation

**Occupational Therapy (OT) Initiatives:**

- Parkinson's Service OTs from Osborne Park Hospital (OPH) conduct education sessions for people with Parkinson's and their carers, providing support and information on services provided by Parkinson's Clinic.
- OPH Day Therapy Unit (DTU) Occupational Therapist in conjunction with OPH DTU Physiotherapy have developed a group program for clients with moderate cognitive impairment and their carer. This includes an exercise group for the person with cognitive impairment and a welcoming environment for carers which allows the discussion of support strategies and the provision of education.
- Carers are consulted on an ongoing basis and formally via family meetings.
- Development of an education pack for patients and carers who are about to register for the National Disability Insurance Scheme (NDIS). This will assist in preparation for the NDIS pre-planning meeting.
- The OT page on the OPH website has now been updated. This provides information to consumer and carers.
- *Welcome to OPH Occupational Therapy* video has now been finalised for patients and their carers to provide information on the role of the OT during inpatient admissions. This video has been reviewed by the Consumer and Community Advisory Council and is now available for viewing via the patient information website.

**Women and Newborn Services Initiatives:**

- WNHS Communication to staff regarding availability of Carer Gateway.
- WNHS Updated the patient health questionnaire (completed by all patients prior to admission) to include discharge planning relevant to patients with a carer and linking with supports from Carers WA.
- Carer representation of the Women and Newborn Service Relocation Project. Representatives will be involved throughout the planning of the new hospital through many engagement avenues.

**East Metropolitan Health Services**

**Activity**

Initiated joint working with Carers WA to deliver education to staff.

**South Metropolitan Health Services**

**Activity**

**Fiona Stanley Hospital (FSH) Emergency Department Consumer Advisory Group (EDCAG) projects:**

The FSH ED Consumer Advisory Group comprises six consumer members and four senior clinicians. Two members of the group have lived experience as carers. The purpose of the EDCAG is to develop projects aimed at giving patients, family members and carers the best possible experience when they attend the FSH ED.

Terms of Reference guide the EDCAG's work and the following initiatives are examples of projects underway:

Development of a suite of education modules for all staff in the ED, including two modules focusing on the Carers Charter, carer rights, carer identification and carer involvement in care for patients.

The group also continued work on a project that will enhance the triage experience for both patients and carers presenting to the ED, with a focus on supporting vulnerable patients.

**Prepare to Care program:**

SMHS has partnered with Carers WA to provide clinically based education sessions for nursing and midwifery staff across all sites. The hospital based 'Prepare to Care' program is facilitated by Carers WA and is provided at toolbox nursing education sessions across the organisation. The aim of the program is to promote the identification, inclusion and support of carers accessing the health system. The program also provides resources to support carers when the person they care for is admitted to hospital.

**SMHS Patient Experience Week 2021:**

Patient Experience Week is an internationally recognised annual event to celebrate healthcare staff and all they do that positively impacts the patient experience. The week is a time to reflect on how staff work together to provide respectful, professional and compassionate care to patients.

The week included various activities that allowed patients, carers and families to join in the celebration. Photo booths were set up in central areas across all SMHS sites, staff and visitors were encouraged to have fun, dress up and have their photo taken as a memento of the event. Displays were also set up in public areas, manned by Carers Advisory Council members and SMHS staff.

**Program for Care of Dementia and Delirium at Rockingham Peel Group (RkPG):**

Several members of the RkPG Carers Advisory Council identify as carers.

Through their participation in the Volunteer Care of Dementia program, one Carers Advisory Council member is actively involved in a RkPG project that is creating a safe outside space for patients, families and carers to enjoy on the Aged Care Rehabilitation Unit.

**Child and Adolescent Services****Activity**

Availability and promotion of the Carers Charter and information and resources related to Carers:

- The Carers Charter and links to supporting resources are available to staff and consumers on the CAHS website and Perth Children's Hospital (PCH) website.
- Information and resources relating to Carers, including information about the Carers Charter and external support services have been added to various intranet hub pages for staff to access. This includes the CAHS Diversity and Inclusion and Consumer Engagement intranet pages, CAMHS information and support for parents and carers intranet page, Consumer Resources intranet page and the Kids Rehab WA – consumers intranet page.

Notably, the CAHS developed the Diversity and Inclusion intranet hub page for staff to access information on creating an inclusive environment for all consumers including carers. The page has been actively promoted via staff communication channels such as internal e-Newsletters.

The *Carers Charter and Recognition Act 2004* brochure is available in the waiting areas of the Kalparrin office based in the PCH Ronald McDonald Family Resources Centre.

CAHS implements the Australian Charter of Healthcare Rights which describes the rights that consumers, or someone they care for, can expect when receiving healthcare. In late 2020, this charter was adapted for a paediatric setting to ensure the needs of parents/carers and families are addressed. This Charter employed by CAHS directly relates to the four rights outlines in the Carers Charter, particularly the *Rights of Access, Respect, Partnership and to Give Feedback*.

A staff guide to the modified Australian Charter of Healthcare Rights was developed by the Consumer Engagement Team to support staff with their understanding of the Charter and how they can discuss it with parents/carers of children/young people from a practical perspective.

The modified Australian Charter of Healthcare Rights is available to all staff and consumers via several mediums both printed and digital.

During the CAHS corporate induction, all new staff are advised of the importance of engaging with our consumers, including Carers, who have accessed, are accessing, or are eligible to access CAHS services. Staff are informed that, at CAHS, engaging with our consumers involves:

- Partnering with consumers in clinical care
- Responding to consumer feedback
- Actively consulting with consumers to guide service development and improvement

This presentation, delivered by the Consumer Engagement Team, also focuses on child and family centred care and consumer's healthcare rights, and gives practical examples of how these are applied in practice. The CAHS child and family centred care principles directly align with the principles of the Carers Charter.

A new disability access and inclusion e-learning package for staff is in the process of being developed, with input from consumers, carers and staff on the Disability and Inclusion Committee. This will become available on the CAHS intranet. Inclusion of the Carers Recognition Act and Carers Charter is being considered.

PCH provides a National Disability Insurance Scheme (NDIS) Coordinator to support children and carers to access the NDIS. The NDIS coordinator is an Allied Health clinician who assists carers to navigate the NDIS processes and liaises with NDIS and clinical teams to ensure that appropriate supporting information is available. Clinicians and case coordinators employed by CAHS actively work with carers to assist them with NDIS access, supporting them through the assessment and planning processes to ensure they receive appropriate funding and support packages.

## Criterion 2: Policy Input from Carers

### WA Country Health Services

Region	Activity
Midwest	<ul style="list-style-type: none"> <li>• Consumer representatives on the Midwest Patient Experience and Consumer Engagement (PeaCE) sub-committee – representing views of consumers and carers. Consumers have participated in health literacy initiatives and have been involved in reviewing and, if required, modifying responses to consumers and carers.</li> <li>• WACHS Midwest Palliative Care – post bereavement survey. This is an anonymous survey for carers to provide feedback on the service, which is compiled in monthly report and tabled at the Advisory Committee.</li> <li>• Discharge Planning Coordinators and the Social Work team ensure the provision of 'Prepare to Care' resources to carers.</li> </ul>

	<ul style="list-style-type: none"> <li>• Consumers and carers were involved in the gap analysis of National Safety and Quality Health Service Standard Two, 'Partnering with Consumers.' The assessment took place in March 2021 and all Standards were assessed as having been met.</li> <li>• A review of the Midwest Complaints process took place at the end of 2019 by two consumers. An improved response process to the complaints management has been implemented as a result of the review.</li> </ul>
South West	<ul style="list-style-type: none"> <li>• Consumer and carer representatives on the WACHS-SW Consumer and Carer Engagement and Participation Executive Sub-Committee have had significant input on processes, guidelines and plans for consumer and carer engagement.</li> <li>• WACHS-SW has five District Health Advisory Councils (DHACs) for each health district in the South West. Mental Health and Aged Care have a Consumer and Consumer And Carer Advisory Group, with multiple working groups and committees involved in the planning, design, delivery, monitoring and evaluation of our health services to ensure consumers and carers are a central member of the healthcare team.</li> </ul>
Wheatbelt	<ul style="list-style-type: none"> <li>• Acknowledgement the role of carers in all relevant organisational policies and protocols. Carers were involved in developing the Patient Safety and Clinical Excellence Framework and Care Planning and Decision-Making policy.</li> </ul>
Great Southern	<ul style="list-style-type: none"> <li>• Carers who are members on consumer groups, such as the District Health Advisory Councils, are consistently invited to provide feedback into policy development.</li> <li>• As a result of feedback from the carer of a mental health client, improvements were made to the inpatient ward. Improvements included: daily patient meetings; daily walks; group or individualised education/skills based; and increased involvement with patients/carers.</li> <li>• Formal consumer committees have several current or former members that are carers, including the Lower Great Southern (LGS) District Health Advisory Councils and LGS and Central Great Southern Mental Health Consumers and Carers Group (CAG). These committees provide feedback and guidance to our health service planning implementation and evaluation. The Central Great Southern Mental Health Consumer Advisory Group was established in 2021.</li> </ul>
Goldfields	<ul style="list-style-type: none"> <li>• Increased consumer/carers participation in WACHS Goldfields Committees and District Health Advisory Councils. Staff are more aware of the importance of consumers/carers being part of the ongoing service delivery reviews with increased evidence of consumer/carers engagement on committees and groups. It is notes that it can be challenging to find consumers willing to participate on working group committees.</li> <li>• WACHS involves carers in policy development at a state-wide level.</li> </ul>

## **Disability Services**

<b>Activity</b>
<p>Consultation to inform establishing an Office of Disability involved:</p> <p><i>Face to face engagement with a broad group of stakeholders.</i></p> <p><i>Release of a discussion paper in accessible formats and easy read, social media and traditional paid advertising were implemented to reach the target audience.</i></p>

Fifty-nine (59) engagement sessions took place between 27 July 2020 and 10 September 2020. These included community forums across Western Australia, from Albany to Derby, together with interviews with key stakeholders either one to one or in groups. Stakeholders consulted include:

- People with disability, their families and carers
- DS Commission's Board
- Ministerial Advisory Council on Disability
- Representative and advocacy groups, including People With disability WA (PwdWA), Developmental Disability WA, Western Australian Association for Mental Health, Ethnic Disability Advocacy Centre, and First Nations Disability Network
- DS Organisations
- Carers WA
- Peak bodies in DS sector, including National Disability Services (NDS) and WA Individualised Services (WaiS)
- Other State Government Agencies
- Aboriginal Cultural Council, ACCOs and Aboriginal Medical Services

Development of the Department's Disability Access and Inclusion Plan. In mid-2020, the Department commenced a review of its Disability Access and Inclusion Plan which included the development of a range of communication mechanisms to gather information from external parties including people with disability, their families and carers. Staff workshop sessions were held, and an internal working group was established.

### **North Metropolitan Health Services**

<b>Activity</b>
NMHS Carer's Policy: The Working Group 2021 is undertaking ongoing review and amendments to the 'Carer's Recognition Policy'. NMHS anticipate significant improvements from the suggestions of the Working Group, which includes a Carer Representative (organised via Carers WA).
NMHS has the Consumer and Carer Remuneration Policy which guide and support the involvement of carers in the planning, delivery, improvement and evaluation of our health services. This includes review of some policies.
Mental Health National Disability Insurance Scheme (NDIS) Planning and Reviews. Case managers have been advocating for carers to be involved in NDIS meetings to have their opinions and needs considered as part of the clients plans.
Mental Health – Carer Sticker in Clinical Notes. The sticker allows for clinicians to identify carer contact and for their views and needs to be more easily identified and referred to by team members, prior to appointments and for overall treatment consideration.
Mental Health Carers Information Pack includes reference to the Carers Recognition Act.
The Falls Working Group has a Consumer Representative who is an identified Carer. They have a high level of engagement and contribution.
There is a Carer representation on the Cognitive Impairment Working Group to inform the development of the Cognitive Impairment Carers Partnership Group. They have a high level of engagement and contribution.

Carers have provided input on the following WNHS/NMHS policies:

- NMHS Chaperone policy
- Clinical Guideline – Presentation in labour for no or minimal antenatal care
- Review of Imaging Pregnant Patients Policy

### ***East Metropolitan Health Services***

#### **Activity**

Development of the 'Consumer and Carer Representative Toolkit' to support onboarding of consumer and carer representatives to the organisation. EMHS has received input from both local Carer representatives and Carers WA to review content of the toolkit for Carers.

Commenced a Carers representative pool with Carers WA Carer representatives. This gives EMHS the ability to flexibly gain Carer input within short periods of time.

### ***South Metropolitan Health Services***

#### **Activity**

##### **SMHS Consumer and Carer Participation Policy:**

The Consumer and Carer Participation Policy demonstrates SMHS commitment to maximising the participation of consumers, carers and members of the community to better define and design the health service. The policy outlines how consumers and carers can be supported to participate in the planning, delivery and evaluation of care and services.

The endorsed policy is based on the WA Health Consumers Council policy and was developed with significant consumer and carer input.

##### **SMHS Patient Experience Strategy:**

The SMHS Patient Experience Strategy (the Strategy) has been developed to provide the structure for SMHS to achieve consistent improvement in the patient experience and the delivery of compassionate care. Extensive stakeholder engagement was conducted during the development of the Strategy to ensure that the focus areas were reflective of the patient priorities and needs in the delivery of care.

### ***Child and Adolescent Services***

#### **Activity**

The CAHS Carers Advisory Council and a number of other committees and working groups with carer representatives are actively involved in developing, reviewing and advising on services at all service providers by CAHS.

Some of the recent policies that have been reviewed/developed in consultation with the Carers Advisory Council include:

- CAHS Safe Infant Sleeping Policy
- CAHS Consumer Representative Recruitment and Management Policy
- CAHS Use of Medicines for other than Manufacturers Approved Indications Policy

- CAHS Sharing Patient Information Policy
- WA Health Consent Policy

In 2020, the Carers Advisory Council reviewed its membership and ToR to demonstrate further commitment to Carer representation. There are currently nine Carers Advisory Council members (with further recruitment underway), all of whom are Carers of children with disability, chronic illness or mental health illnesses.

The Disability and Inclusion Committee includes four carers. This group has reviewed and provided feedback on several of the aforementioned policies.

Within the CAMHS, there is one carer who regularly attends CAMHS Policy and Procedures Steering Groups to provide a lived experience perspective.

In addition, the CAMHS Lived Experience Group includes five Carers. This group reviewed and provided feedback on a number of policies and guidelines including, but not limited to:

- CAMHS Emerging Unstable Personality Disorder Guidelines
- CAMHS Provision of second opinion guidelines
- CAMHS Searching Mental Health Inpatients and their Belongings Interim Policy

Education resources and Consumer Induction training package have been created to guide and inform consumers considering participation in service improvement at CAHS. Further information about becoming a Consumer Representative are now also available on the CAHS website.

## **Department of Health**

### **Activity**

As of July 1<sup>st</sup>, 2021, voluntary assisted dying became a choice for eligible people under the *Voluntary Assisted Dying Act 2019*, following an 18-month implementation period. Carers WA participated in the consultations during the Implementation Project and the feedback provided was incorporated into key resources, including the Care Navigator model, and information resources for carers and the community.

The Outpatient Reform Program responds to the Sustainable Health Review recommendation to improve timely access to outpatient services. In 2021, a series of community conversations were held to confirm patient/consumer priorities and needs along the outpatient care pathway and carers were represented at each session. Findings from the consultative process are expected to be released in late 2021. As part of the Digital Outpatients project, partnerships with consumers, carers, health professionals and providers will be developed to expand the take-up and development of telehealth and virtual care outpatient services across all specialty health streams.

To supplement the existing Outpatient Direct telephone service that assists patients and carers to manage outpatient appointment the Manage My Care app was launched in 2020-21. The app enabled patients or their carer, 24/7 visibility of their outpatient appointments and referrals. It is estimated that approximately 14,000 current users of the app are carers.

The Ready to Go Home Project is in partnership between the DoH and the National Disability Services in WA to improve the discharge process for people with disability in hospital who are medically ready for discharge but experience barriers that delay or prevent discharge. A pilot at 2 major hospital sites has commenced, with a project team working on-site with health staff to overcome local barriers to discharge. Carer involvement in this project includes membership on the Steering Committee and co-design team. Feedback was also obtained from one carer through an individual interview on their hospital experience to ensure the experience of carers is considered as part of the project.

The Patient First program is designed to educate health consumers about the healthcare process and potential problems that can occur with their healthcare, so they can be more active, involved and informed participants. All patients have the opportunity to receive a copy, including children. Parents/guardians can use the information to manage their child's healthcare. In 2020-21, the program was piloted for Aboriginal

and Torres Strait Islander groups and community feedback was collected via WA Public Health Alliance Integrated Team Care Coordinators in regional WA.

To support the Sustainable Health Review Enduring Strategy 2: Improve mental health outcomes, an annual mental health, alcohol and other drug engagement forum was convened in October 2020. The aim of the Forum was to discuss mental health service delivery reform in WA and involved clinicians, consumers, carers, executives and representatives from peak bodies.

In May-June 2021 a consultation panel was engaged to inform the mental health components for the Safety and Quality Indicator Set (SquIS). The SquIS brings together data from various sources to provide snapshots of performance over time and permit benchmarking to drive improvements in the quality of care provided by WA health service providers. One carer representative participated in the three-person consumer/carer panel and the collective feedback will be a valued resource as SquIS mental health measures continue to be introduced, reviewed and refined.

Planning for the Electronic Medical Record (EMR) has commenced. The EMR will improve safety, efficiency and patient experience across the WA health system. It will enable clinicians to view information such as patient notes, assessments, medical histories and diagnostic test results in one place. To support the developments of the EMR, input from the Health Consumer Council (HCC) was obtained through 500 hours of consultation. A key achievement was the development of a Consumer Statement which will be published on the DoH and Health Consumer Council websites. The EMR Program has adopted the term 'consumer' as a key term that importantly encompasses patients and their carers.

In response to the Joint Select Committee My Life My Choice 2018 report, the DoH commissioned an independent review into patient preferences on current palliative care service models and how they wish to receive palliative care. The review included a cross sectional consumer survey of patients and carers and involved significant contributions from a reference group which included 4 consumer/carer representatives as well as representatives from Carers WA and Health Consumer Council. Findings from the review are informing a broader End of Life and Palliative Care program of work.

The following initiatives relevant to carers were implemented in response to the Final Report of the Joint Select Committee on Palliative Care in Western Australia released in November 2020:

- The DoH partnered with Silver Chain to deliver a range of initiatives to improve and expand the delivery of palliative care services in the community, including an 18-month pilot of overnight carer respite to alleviate the strain and enhance the experience of informal carers of people with life-limiting illness receiving palliative care.
- In regional areas, significant work was undertaken to identify palliative care patients at risk of hospital or residential aged care admission because of the lack of domiciliary care services, carer stress, patients who are on a rapid trajectory of decline or because of urgent, exceptional, complex or compassionate circumstances. Funding was provided for domiciliary care services to be provided in a responsive timeframe to ensure patients and carers/families were supported to remain at home.
- The DoH established a definition of palliative care and communicated that through the WA End-of-Life and Palliative Care Strategy 2018-2028, Implementation Plan One 2020-2022, and the revised Palliative Care Admissions Policy. The definition aligns with that from the World Health Organisation and recognises the person and the importance and uniqueness of their family/carer.

In 2020-21, the DoH Disability Access and Inclusion Plan was reviewed, and a new plan was developed for 2020-2025. The plan was developed in partnership with a specialist stakeholder group comprising people with disability and people with knowledge of disability and was informed by a community consultation survey. The DoH received 180 responses to the community consultation survey, of which 45 respondents self-identified as a carer or family member of a person with a disability. Carer representatives came from diverse backgrounds.

In 2020-2021, the DoH sought carer input for the development or review of the following policy documents and resources:

- Advance Health Directive template
- Respiratory Health Policy Position

- WA Consent to Treatment Policy
- Use of Physical and/or Mechanical Restraint during Road-based Transportation of Mental Health Patients Policy
- Missing Person Policy
- WA Disability Health Framework and Companion Resource
- End of Life and Palliative Care Dementia Framework
- WA Nurse Practitioner Evaluation Tool and WA Nurse Practitioner Workforce Strategy
- Guidelines for Managing Diabetes in Hospital

A draft Policy and Guidelines for Consumer, Carer and Community Paid Participation in Engagement Activities and Consultation is currently being developed.

A survey of key stakeholders, including carers, is planned to ascertain the progress on the implementation of the WA Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019-2024. The Strategy sets out clear priorities and outcomes for the WA health system, Health Service Providers on policy development and service delivery to achieve optimal health and wellbeing outcomes for the LGBTI community.

**Amana Living:**

Amana Living recently completed a review of its policies and procedure to ensure they are in line with the *Carers Recognition Act 2004*.

**Asthma WA:**

In 2020-21, Asthma WA increased support provided to carers through their COVID-19 Support and Helpline Service.

**Black Swan Health:**

In 2020-21, Black Swan Health successfully completed re-accreditation against the Quality Improvement Council (QIC) Health and Community Services Standards and National Standards for Mental Health Services Accreditation. No required actions were identified. Of specific note was achievement in:

- The QIC Health and Community Services Standards – Standard 3.2 Consumer and Community Involvement and Standard 5.2 Focusing on Positive Outcomes.
- The National Standards for Mental Health Services – Standard 1.12 Carer Inclusion, Standard 3 Consumer and Carer Participation, Standard 6.11 Carer Involvement, Standard 7 Carers.

**Carinya:**

A complete organisational review was launched in 2020 to enhance compliance with the Aged Care Quality Standards which led to the development of new policies and procedures, robust infection prevention and control strategies, redesigned feedback processes, including the new 'Tell us what you think' form, and active feedback monitoring via the consumer experience surveys.

**Cystic Fibrosis:**

A new "Calm Kids, Happy Families" program was initiated in 2020-21. This program supports parents to help their children with emotional regulation, behaviour management and communication.

**Harold Hawthorne Community Centre:**

A number of small groups each with a focused interest have been established and carers are encouraged to be involved. During the COVID-19 lockdown periods, the Harold Hawthorne Community Centre worked with carers, who did not live in the same household as the person receiving care, to assist them with their caring responsibilities in a COVID-19 safe way.

<p><b>Health Consumer Council:</b></p> <p>Health Consumer Council is participating in implementation of the Sustainable Health Review, in particular Recommendation 4 relating to citizen and community partnership and involvement activity. The Recommendation on a Page documentation is a template outlining the scope of the Recommendation. It was updated this past year to specifically use the word 'Carer' throughout. Health Consumer Council also ensured carers were represented on the Working Group.</p>
<p><b>Huntington's WA:</b></p> <p>A new Carers Coordinator position was established in 2020-21 with the aim to improve carer coordination and support while providing a dedicated resource for carers.</p>
<p><b>Parkinson's WA Incorporated:</b></p> <p>In July 2020 a new Counsellor was employed to support carers as well as people with Parkinson's.</p>
<p><b>People Who Care:</b></p> <p>Implemented an External Feedback, Complaints and Compliments Manual for Staff.</p> <p>Streamlined the process for carers to provide feedback.</p> <p>Invited carers of clients living with Dementia to attend an external audit of services conducted by Alzheimer's WA to provide feedback. The outcome of this audit is to recommend actions specifically around social and group activities for people living with dementia.</p>
<p><b>Southcare:</b></p> <p>In 2020-21, a Community Connectedness Project was initiated aimed at addressing social isolation within the community during COVID-19. The main aim was to set up a community initiative to reduce isolation and loneliness, increase community connectedness, belonging and volunteerism within the community. Particular attention was paid to minority, marginalised and disadvantaged groups.</p>

### Criterion 3: Carers Views and Needs are Considered

#### WA Country Health Service

Region	Activity
Great Southern	<ul style="list-style-type: none"> <li>The Lower Great Southern and Central Great Southern Mental Health Consumers and Carers Group and the District Health Advisory Councils have carer representatives and share feedback from carers in the community with the health service.</li> <li>The Great Southern community Facebook page promotes information from Carers WA, such as the Carer Gateway. Feedback from carers is provided via Care Opinion is also shared on the Facebook page, where appropriate, to demonstrate our commitment to receiving and responding to carer feedback.</li> <li>Carers are included in all stages of care planning for patients or clients and their needs are also considered. Carer information resources, e.g., the Carers WA Carer Gateway program, are provided to carers with information on how to access assistance, for example if they are experiencing burnout. Carers are regularly contacted to see if they need support, during which information about in-home or residential respite and access to Day Centres is shared.</li> <li>The Seniors Health Directorate has carer consultation and carer welfare embedded into the processes of each of their programs.</li> <li>Seniors Health hosts Carers Information sessions every 12 weeks and Carers WA is a regular contributor to the day.</li> </ul>

<b>South West</b>	<ul style="list-style-type: none"> <li>• Carers and consideration of carers are included in the 'Quality in Partnership' tools and questions, which is a monthly staff, consumer and environment survey that is conducted across all sites in the South West).</li> <li>• Consumer Cafes continue to be an important initiative to engage with consumers and communities. A total of 13 Consumer Cafes have been held to date, which has enabled the gathering of information and input from 172 consumer and carer participants. Feedback from the Consumer Cafes is reflected in a report with recommendations to action for each health service site.</li> </ul>
<b>Goldfields</b>	<ul style="list-style-type: none"> <li>• Carers of people living in Residential Aged Care were recently involved in the process of applying for a grant to improve the environment in Multi-purpose Service sites. This was vital to ensure that the application would meet the needs and wants of the local communities.</li> <li>• Carers are recognised on the Mental Health database.</li> <li>• A formal carer pathway for young carers has been implemented.</li> </ul>
<b>Wheatbelt</b>	<ul style="list-style-type: none"> <li>• Updated the brochure 'Where Carers Can Find Support' in Commonwealth Home Support Program home files.</li> <li>• Inclusion of carers in the assessment and planning processes for direct services and the ongoing monitoring of direct services via surveys.</li> <li>• Opportunities for carers to access peer support.</li> <li>• Improved access and usage of Tele-Geriatrics.</li> </ul>
<b>Midwest</b>	<ul style="list-style-type: none"> <li>• Over the last 12 months, the Care Call service has been promoted to staff and to consumers and carers via social media and has been advocated for by consumer representatives. As a result, there has been an increase in the use of Care Call in the last 12 months.</li> <li>• Consumer and carer representation on National Standards meetings, District Health Advisory Councils, and other working groups. These consumers and carers have helped to develop publications to ensure they are appropriate.</li> <li>• As part of the Midwest Palliative Care Services, consumer and carers are representative on the Advisory Committee and Clinical Governance Group.</li> <li>• Consumers and carers provided input into National Standard meetings and had direct input into the review of policy considerations.</li> <li>• Introduction and implementation of Consumer Cafes, Carer Expos and Carers WA Visits.</li> <li>• Health Consumer Council provided both consumers and carers and staff with education on opportunities for engagement. As a result, carers and consumers report an increased awareness of how they can be involved. Staff are more informed as to how they can engage with consumers.</li> <li>• Midwest Mental Health (MMH) and Community Alcohol and Drug Service (CADS) Consumer and Carer Advisory Group. Clients and carers were involved in the development of MMH and CADS 'Welcome Brochure', GP Fridge Magnet, Community Alcohol &amp; Drug Service (CADS) brochure.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Day Therapy Unit invites carers to educational workshops. Carers were involved in the review and development of the Transition Care program.</li> <li>• The views of carer and families were included in the redevelopment of the Carnarvon Residential Aged Care facility. Carers are invited to tour and provide feedback about the new facility and are engaged in the transition plan.</li> </ul>
<b>Pilbara</b>	<ul style="list-style-type: none"> <li>• A carer representative is to be included in reference groups established to plan disability, chronic disease, aged or mental health services.</li> </ul>
<b>Kimberley</b>	<ul style="list-style-type: none"> <li>• Carer's views are considered in all care planning for all Kimberley Aged and Community Services Home Care Package clients. Carers are invited to the annual aged care planning meetings held in each of the 12 larger Aboriginal Communities.</li> <li>• Carer assessment is a component of the Aged Care Assessment Team (ACAT) comprehensive assessment for clients requiring Home Care Packages or residential care.</li> <li>• Carer assessment is a component of the annual Kimberley Aged and Community Services review of Home Care Package clients.</li> <li>• Kimberley Mental Health and Drug Service have a Carers Reference Group.</li> <li>• Broome, Derby Fitzroy, Kununurra and Halls Creek Hospitals all have District Health Advisory Council meetings. In Broome Hospital these meetings include representation from Anglicare, Kimberley Disability Advocacy, CentreCare, and Boab Health Services.</li> </ul>

## **Disability Services**

<b>Activity</b>
<p>On 3 December 2020, the 'A Western Australia for Everyone: State Disability Strategy 2020-2030' was released. The Strategy is designed to deliver better outcomes for more than 410,000 people with disability, their families and carers in Western Australia.</p> <p>By partnering with business, industry, government, community and people with disability, the Strategy emphasises a whole-of-community approach to moving further and faster towards achieving measurable change and building inclusive communities that support and empower people with disability, their families and carers.</p> <p>The first Action Plan was launched alongside the Strategy and contains a number of headline commitments including a \$5 million innovation fund.</p> <p>In 2020-21, \$8 million was allocated to advocacy for people with disability, their families and carers.</p> <p>A total of \$4.56 million was directly allocated to existing advocacy providers to continue to achieve outcomes for people with disability, their families and carers requiring independent and specialist advocacy services.</p> <p>The remaining \$3.44 million was allocated to a number of projects including:</p> <ul style="list-style-type: none"> <li>• Better access and rights for Culturally and Linguistically Diverse Western Australians – increase understanding of the rights of people with disability and access to DS within Culturally and Linguistically Diverse communities through the development of workshops and co-designed multimedia resources to increase knowledge of systemic barriers and how to address these.</li> </ul>

- Disability Advocacy in the Community – appoint Community Disability Advocates (CDAs) to implement ‘place-based’ solutions to promote self-determination, choice, and control for people with disability, their families and carers. They will also work to increase the confidence of people with disability, and awareness of disability issues within the communities they reside in.
- Empower – a co-designed project to build the advocacy capacity of people with disability, their families/carers and the wider community through training and mentoring.
- Mawarnkarra Disability Advocacy Service – A face-to-face disability advocacy service to enable Aboriginal people with a disability, family, carers, and community to access support and/or information in a culturally appropriate, nonthreatening, and friendly location.

In 2020-21, a total of \$14 million was invested to ensure a successful transition to the National Disability Insurance Scheme and that participants, their families and carers can maximise the benefits of the scheme. Priorities were identified through extensive consultation.

- Funding was allocated to a number of different areas including:
- Provision of advocacy, information and support
- Independent advocacy waitlist support
- Peer support and self-advocacy for parents and carers
- Peer support employment
- Supporting people with disability their families and carers with State Administrative tribunal applications

### ***North Metropolitan Health Services***

<b>Activity</b>
Mental Health Care planning incorporates carers views when appropriate as well as in discharge planning or transfer of care.
Mental Health Youth Services engage with carers of young people if appropriate and consented to by the young person.
Consumer and carer surveys are conducted on a bi-annual basis in Adult and School Dental Services.
There is Carer representation on the Carers Advisory Council.
There is Carer representation on the Partnering with Consumers Committee.
<b>Medication Safety Initiatives:</b> <ul style="list-style-type: none"> <li>• All medications and any changes are discussed with the patient and carer during inpatient stay, while obtaining outpatient medications and/or at time of discharge.</li> <li>• Education is provided using both verbal and written communication to both patient and carer when patient is started on or continuing a high-risk medication. Pharmacy staff consider the impact that patient’s medication may have on the carer considering medication management, side effects and monitoring that may be required.</li> <li>• When carers need assistance with medication procurement Pharmacy staff assist in setting up medication delivery.</li> </ul>

**Rehabilitation and Aged Care Wards Initiatives:**

- Carers are invited to stay in the Ward 3 Flat to facilitate discharge planning.
- In development Ward 3 – Rehabilitation and Aged Care have started placing 'Prepare to Care' information in the admission packs.
- Pastoral Care and Chaplaincy services are available to carers especially supporting the carers of a dying patient.
- The Stroke Team are trialling patient 'case management system' so that patient/carers/families have one point of contact regarding their stroke journey.

**Surgical Services:**

- Hip and Knee Replacement – Carer Survey. 100% of carers surveyed felt engaged throughout the process of treatment.

**Occupational Therapy Initiatives:**

- Carers WA / Australia brochures are kept in OT main department in brochure trays.
- OTs involve carers as standard practice in most aspects of OT intervention such as initial interviews, home visits, patient equipment education and training such as hoist and wheelchair use etc. and in discharge planning. The OT department will review how to efficiently capture and measure carer involvement in OT intervention.
- Consumer and carer feedback on Osborne Park Hospital (OPH) OT outpatient stroke services is currently being obtained.
- Collaboration between OPH OT, Sir Charles Gairdner Hospital (SCGH) OT and Dementia Training Australia to update Dementia Guide ("*Guiding Occupational Therapy Practice for People Living with Dementia in the Community*") – freely available for OTs and other health professionals to utilise when working with people with dementia. This guide contains advice regarding strategies to educate carers on interacting with the person with dementia.

Carer's Corner with information on resources available to carers is available in the Day Therapy Unit Waiting area. Social workers set this up along with Carers WA and Carers WA regularly visit to ensure all resources are up to date and in stock.

Aged Care Assessment Team/Social work Resources area in F block which is used by all RAC health professionals has a separate Carers section that Carers WA update and re stock on a regular basis. Aged Care Assessment Team Coordinator also adds any other resources for Carers into this section.

Social workers coordinate an Information stand in F block during Carers Week with materials provided by Carers WA.

Resources on the Men's Carer Peer Group via Respite and Carelink Centre have been promoted by Aged Care Assessment Team Assessors.

Social workers worked with OPH Memory Clinic & Alzheimer's WA towards a joint initiative in providing an "Adjusting to Change" program at OPH for Memory clinic patients and their carers/support person. The Adjusting to Change program provides an early intervention approach to people diagnosed with dementia and acknowledges the importance of the carer/support person. 2 Psychologists from Alzheimer's Association run the group for Memory clinic patients at OPH. There have been 2 rounds of groups and it is expected this group will be provided on an ongoing basis. This initiative has been nominated for a WA Health Excellence Award in the category of Engaging with consumers, carers and the community.

The National Screening and Assessment Form (NSAF) that all Aged Care Assessment Team assessors use when assessing older people referred for access to Australian Government funded Aged Care Services has a specific section "Carer Review" which focuses on the Carer perception of the care arrangement.

**Women and Newborn Services Initiatives:**

- Carers Representative on WNHS Consumer and Community Advisory Council.
- Carers Representative on Recognising and Responding to Acute Deterioration Committee at WNHS.
- WNHS Allies Health Management Meetings are reviewing the guidelines and patient education materials to include carers.

**Carers Review of QI Projects**

- Developed a new booklet 'Welcome to King Eddies' provided to all patients. It addresses needs patients with carers and carers themselves.
- Reviewing complaint management forms to determine where the complainant is a carer.

**East Metropolitan Health Services****Activity**

Development of the local 'Delirium Clinical Management Guidelines' to include supporting information for engaging Carers in the care planning for patients with cognitive impairment. This included engagement from Carer representatives.

Planning for quality improvement workshops for the 2022 consumer and Carer Advisory Committee to include a focus on Carer identification, recognition and partnering in comprehensive care planning.

Commenced a Carers representative pool with Carers WA Carer representatives. This gives EMHS the ability to flexibly gain Carer input within short periods of time.

**South Metropolitan Health Services****Activity****FSH Youth Advisory Group:**

The establishment of a FSH Youth Advisory Group (which includes a carer representative) is underway. The group is comprised of members aged between 12 and 20 who use paediatric services including:

- FSH paediatric Emergency Department
- paediatric outpatient services
- external paediatric services

The group will provide advice and recommendations to FSH paediatric services on issues affecting consumers and carers to enhance the quality of care for children and young people through improvement of procedures, policies, and programs.

**Child and Adolescent Services****Activity**

In September 2020, the first CAHS Consumer Engagement Strategy launched and outlined the goals and actions that CAHS will undertake over a two-year period to improve the ways we engage with consumers, including carers. Development of the strategy included consultation with over 1,000 consumers. Carers are

already engaged across many areas of CAHS and this Strategy is designed to build on these existing efforts and expand the scope and approaches used to engage with consumers. The implementation of this Strategy ensures that the views and needs of all consumers at CAHS, including carers, are considered.

As a result of one of the actions of the Strategy, the first online network of consumers, named Engage, was established. This platform allows a diverse range of consumers to have their say on how services are delivered. There are 435 Engagement members who identify as a parent, Carer or guardian. Of the 227 who shared further identifying information, 36% are from Culturally and Linguistically Diverse backgrounds, 17% have a child with a disability and 8% are of First Nations descent.

**Adoption of technology:**

CAHS has actively supported the increased use of technology in order to engage carers in a variety of forums. For example, the option of telehealth consultations has been maintained since the rapid increase that occurred during the COVID-19 lockdown period in WA. This allows flexible access to services for many carers and their children, especially those who may have difficulty attending all appointments face-to-face at CAHS sites.

The Kids Rehab Consumer Reference Group was established in early 2020 to provide a voice to Carers and other consumers who use services provided by the Kids Rehab WA service in CAHS. Members of this consumer reference group provide input into areas such as the departmental strategic plan, service provisions and processes.

**Criterion 4: Complaints and Listening to Carers**

**WA Country Health Services**

Region	Activity
<b>Midwest</b>	<ul style="list-style-type: none"> <li>• Executive Team members engage with carers in investigating their concerns. These are shared and discussed at weekly complaints meetings. Correspondingly, the Midwest has high compliance in meeting the KPIs in complaints management.</li> <li>• Geraldton Community Care provides social support to carers of clients on weekly basis and additional home visits if a carer requires additional support (i.e., dementia support).</li> <li>• The Transition Care Program (TCP) Client Evaluation of Services Questionnaire was reviewed.</li> </ul>
<b>South West</b>	<p>Promotion of the complaints and feedback processes are aimed at all consumers of the health service. All complaints made by carers are investigated in the same way as a complaint made by a patient directly.</p>
<b>Wheatbelt</b>	<ul style="list-style-type: none"> <li>• Care Opinion is available online, enabling anonymous feedback.</li> <li>• Carers were informed of the WACHS complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld e.g., rights and responsibilities.</li> <li>• The Consumer Feedback Survey has been updated with improved feedback mechanisms for consumers, carers and clients.</li> </ul>
<b>Kimberley</b>	<p>Promotion of the complaints and feedback process is aimed at all consumers of the health service. Care Opinion and Care Call are widely advertised throughout all facilities.</p>
<b>Great Southern</b>	<ul style="list-style-type: none"> <li>• The Cancer Strategy Project Officer has the use of iPads to input patient/carer feedback and/or experience.</li> </ul>

	<ul style="list-style-type: none"> <li>• There are multiple consumer and carer feedback processes including feedback forms, Care Opinion, and Patient First resource materials. All complaints are overseen and managed by the Patient Safety and Quality team.</li> <li>• The Great Southern has posters and pamphlets available about the complaints processes and policy in several languages and offers an interpreter service for Culturally and Linguistically Diverse patients and carers.</li> <li>• The Community of Interest Register has a number of carers registered who are interested in providing feedback to the health service at any given time.</li> <li>• The WACHS Patient Experience and Community Engagement Team provided training to WACHS Great Southern staff through a series of workshops in June 2021. These workshops focused on encouraging and responding to consumer and carer feedback with kindness and compassion.</li> </ul>
<b>Goldfields</b>	<ul style="list-style-type: none"> <li>• Care Opinion continues to be utilised successfully.</li> <li>• The Goldfields Consumer and Carer Advisory Group continue to meet regularly.</li> </ul>

### **North Metropolitan Health Services**

<b>Activity</b>
<p>NMHS services have compliments and complaints processes in place in line with the WA Health Complaints Policy and supports and promotes this service for carers. It also offers the opportunity to provide feedback anonymously via the CARE Opinion web platform.</p>
<p>At the request of the Health Service Provider (HSP) Chief Executives a state-wide implementation working group was established in late-2019 to progress the implementation of the MySay Healthcare Survey. The MySay Healthcare Survey went live on 8 July 2020 in NMHS as planned, using the nationally endorsed Australian Hospital Patient Experience Question Set (AHPEQS) and the widely used Net Promoter Score (NPS). Patients now receive an invitation to complete a survey via SMS two days post-discharge.</p>
<p>The NMHS Board People Engagement and Culture Committee have since October 2020 received high-level summary reports from the MySay Healthcare Survey as part of the broader existing Consumer Feedback Reports.</p>
<p>NMHS Safety, Quality, Governance and Consumer Engagement (SQG&amp;CE) have led activities to promote this the MySay Healthcare Survey for patient feedback, in addition to the existing mechanisms such as Care Opinion and the Consumer Liaison Services.</p>
<p>MySay Visit is being launched in September 2021. With the success of the MySay Healthcare Survey implementation for inpatient areas NMHS SQG&amp;CE have commenced the development of a NMHS-wide outpatient/ambulatory care survey (excluding mental health), branded as the MySay Visit Survey. In addition, other HSPs have expressed interest in adapting the YES Survey, a national mental health patient experience survey, currently in a paper point-in-time format, into a similar continuous electronic format also.</p>
<p>Mental Health Public Health Dental Service has a well-developed feedback process in the organisation where complaints are dealt in accordance with the WA Health Complaints Policy. Promotional materials (posters, information cards, feedback forms) describing the various methods of providing feedback are located at services. Training offered to staff annually in complaints and feedback management includes information on collaborating with carers/Family members and understanding the Carers Recognition Act.</p> <p>Carers also have the option to provide feedback either formally or informally to the onsite service via the service coordinator or any team member. The service always responds to this feedback either formally if requested or informally. This may include meeting with the carer, phoning and/or providing a written</p>

response. Complaints and compliments are monitored by the local Safety, Quality and Risk Management Committee to ensure any negative trends are addressed quickly and positive trends celebrated.
Ward 2 in Osborne Park Hospital has a newly opened rehabilitation ward that provides comfortable facilities for Carers to spend time with patients.
Parking Access at Osborne Park Hospital Therapy Hub was identified as an issue by a carer attending for Stroke Rehabilitation. Improved parking access designated for visitors attending the Therapy Hub has been instated.
CaRE Call implemented May 2019 – the CaRE call allows patients, families and carers to call for assistance when they feel the health care team has not fully recognized the patient’s changing health condition. In 2021, Aishwarya Care is being implemented across Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) including Telephone in ED.
The stroke team are continuing to use a carer training checklist for staff to use as a prompt to ensure the inclusion of all carers for complex discharge planning of stroke survivors.
All Aged Care Assessment Team assessors are required to complete an online module on Carers. Aged Care Assessment Team coordinator currently introducing this at Osborne Park Hospital.
The acute services senior Nursing team met with parents - who are the sole carers of a person with profound disabilities and complex needs. The parents identified concerns regarding the care of their child during a recent admission.  The senior nursing team met with the carers face to face rather than responding to the complaint via letter. It was arranged at a time that suited the parents as carers. Following the meeting, they let the Division know how beneficial it was for them to have division meet with them and acknowledge the challenges they face every day as carers. They were appreciative that bringing their adult child to the meeting was important as it allowed insight into the daily challenges they experienced as carers.
Women and Newborn Services Initiatives: <ul style="list-style-type: none"> <li>• WNHS Carer review of complaint responses.</li> <li>• ‘Welcome to King Eddies’ Booklet encouraging carers to provide feedback.</li> </ul>

## **South Metropolitan Health Services**

<b>Activity</b>
<p><b>Patient and Carer Stories Project:</b></p> <p>The Patient and Carer stories project commenced in May 2020. The project aim was to facilitate continuous improvement in patient experience through the ongoing sharing and discussion of positive patient and carer stories with staff across the organization.</p> <p>Patient and carer stories highlight the powerful and at times lasting effect compassionate and respectful care can have on patients, their families and carers.</p> <p>The objectives of the project were:</p> <ul style="list-style-type: none"> <li>• To collect a suite of stories from a diverse group of patients and carers about their experience with SMHS services that illustrate what it is like to be in the patient or carers shoes</li> <li>• Develop a process that leaders in the organization can follow to continue to gather stories to promote the ongoing sharing of stories</li> </ul>

- Develop a communication strategy to outline the ways in which these stories can be accessed and shared by staff to support ongoing improvements in patient experience

#### **Mental Health Services Carer Experience Survey:**

A trial of a Carers' Experience Survey is being conducted by FSFHG Mental Health Services. The survey is based on a validated tool developed by the Australian Mental Health Outcomes and Classification Network (AMHOCN) for the Carer Experiences of Care Project.

The survey includes 37 questions for carers to provide feedback on their experiences in the role of a carer of someone receiving mental health services. The survey can be completed as a hard copy or online via QR codes. The findings of the survey will be used to inform policy review and further development of the Carer Experiences of Care Project.

#### **Carer Peer Support Work Service:**

The Mental Health Unit at Rockingham Peel Group (RkPG) in collaboration with Helping Minds have implemented the Carer Peer Support Work Service.

Carers identified on the patient admission forms are reviewed by social workers and the Carer Peer Support Worker to determine carers who may benefit from the service. Carer Peer Support Workers are people who care for a friend or family member with a mental health issue. Referrals can be made by any staff member to the Carer Peer Support Worker team.

Carers' evenings are run in the RkPG Mental Health Unit and in the community, connecting those who care for people with mental health issues with each other.

### **Child and Adolescent Health Services**

#### **Activity**

In 2019/20 in response to Carer complaints, the Child Development Service (CDS) conducted a review into how it carries out Autism Spectrum Disorder (ASD) diagnostic assessments to identify methods to provide this service in a more timely and efficient way.

Following this review and feedback from carers and staff, CDS has implemented changes to align its practice with the National Guidelines for Assessment and Diagnosis of ASD in Australia.

A resources package is available to inform Carers about the diagnostic process and to provide information about other community-based diagnostic services that may be appropriate and available. These resources are provided to Carers before and after ASD assessment.

The revised pathway has contributed to a significant reduction in waiting times for ASD assessments within CDS.

The Disability and Inclusion Committee carer representatives highlighted the lack of access to Changing Places public facilities after hours, overnight, on weekend and public holidays as a matter of concern. As a result, a 24-hour accessible Changing Places facility has been constructed at Perth Children's Hospital.

The Disability and Inclusion Committee requested a review of access-related complaints made by CAHS consumers from January 2020 to March 2021. An analysis revealed nearly half of access related complaints were made by a carer whose child has a disability and/or developmental disorder. The main issues identified by families included issues with:

- Access to adequate support, long wait times for an appointment/assessment
- Breakdown of communication

Consumers access to services outside of CAHS were also negatively impacted as a result of access-related issues within CAHS. For example, due to long wait times for assessment and diagnosis there was a delay in access to National Disability Insurance Scheme and consequently education support.

These results were reported to the Disability and Inclusion Committee.

### ***Mental Health Commission***

An explicit '2020-21 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.

## Reporting Summaries

*This section outlines summary reports for each reporting organisation for the 2020-21 period, along with reflections and feedback from the Council.*

### **East Metropolitan Health Service (EMHS)**

The Council notes the quality of this year's report as a continuation of the high quality, quantitative report presented in 2018-19. The Council also acknowledges and commends the continuing of the involvement of carers in the services provided to individuals and their families, given the changes brought by the COVID-19 pandemic.

The Council would particularly like to commend EMHS on their achievements with regard to the following initiatives:

- Education through training resources is mandatory and the online facility includes information about the Act, The Carers Charter and patient-centred care training.
- Education and training options include cultural competency which include Culturally and Linguistically Diverse, Indigenous Communities, and includes provision of interpreters during treatment periods.
- EMHS supports and promotes National Carers Week in various locations across multiple sites including ward visits, displays in public areas and more.
- There are many opportunities for carers to connect with one another including through the Carers Education Group, Falls Prevention Education, Parkinson's Strategies Education and Armadale Stroke Connect Education Group.
- There are sufficient complaints processes in place using a revised complaints template; the processes are made readily available to carers and patients and staff are trained to handle the complaints.

The Council notes that there is potential room for improvement in the process of including carers both in decision-making and treatment of individuals and their families. The lack of data presented makes it challenging to understand EMHS's "well developed" self-assessment. Some identified areas for potential improvement are:

- Measurable data of occasions of educational sessions provided to workers during induction, other mere mention of ongoing training sessions for new workers and possibly also periodical refreshers for existing workers.
- Statistics for the carer's involvement in the planning and strategic organisational decision making, so as to provide an accurate representation of carers' participation.
- Outline of contributions made by carers on the impacts of COVID-19 and the possible solutions to manage the ongoing challenges to individuals and their families.
- Indicate the number of carer workshops occurring within the reporting period, as this would be helpful to observe the current efforts of carer participation.

### **South Metropolitan Health Service (SMHS)**

The Council commends SMHS for their comprehensive report and their strong commitment to supporting carers. This commitment has been demonstrated with numerous 'well developed' strategies and programs implemented across all four compliance areas for all

three localities – Fiona Stanley Hospital (FSH), Rockingham Peel Group (RkPG) and Peel Health Campus (PHC). This is a continuation of SMHS’s well developed self-assessment from 2018-19.

SMHS has developed new initiatives and continued to develop existing initiatives as a result of proactive and structurally embedded carer involvement. As a result, the Council would like to commend the following:

- Improvements in policies and practices across multiple areas of SMHS that are a result of established reference groups with carer representation.
- Significant and continued progress towards further embedding carer input at a higher policy and strategic planning level through the SMHS Consumer and Carer Participation Policy and Patient Experience Strategy.
- Development of the new FSH Youth Advisory Group which includes representation from young carers.
- The initiatives for listening to carers implemented were innovative and focused on carers in their own right. Capturing experience stories is a powerful way to elicit both positive and negative feedback that can be used to listen and improve responses to carers.
- The mental health survey capturing the experiences of carers and peer support services program are notably positive and valuable achievements.

The Council notes that there is a lack of measurable data provided for key compliance outcomes in this year’s report. This is particularly notable in the Listening to Carers and Responding to Complaints compliance area. The Council hopes to see an improvement in the collection of measurable data in the future and would welcome the opportunity to work with SMHS in this regard.

The Council would also like to further understand from SMHS if there were any specific COVID-19 initiatives implemented that specifically targeted carers and the challenges they continue to face as part of the pandemic.

Finally, the Council notes that PHC appeared to be absent throughout much of the report and does not record carer-initiated complaints information. The Council looks forward to future increased engagement in the compliance process from PHC with its anticipated shift back to government delivered services.

### ***North Metropolitan Health Service (NMHS)***

The Council thanks the NMHS for their comprehensive report and commitment demonstrated to carers through the detail they provided on their initiatives, especially with regard to the apparent increase in consumer and carer engagement.

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 between a ‘developing’ or ‘well developed ranking.’ This rating is approximately on par with their self-rating in 2018-19. However, again, 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 Council would like to particularly note the following initiatives implemented by NMHS, especially in relation to the COVID-19 pandemic:

- There is carer representation across a number of stakeholder groups including the Carer's Policy Working Group and hopefully on the newly established Consumer and Carer Partnership Group.
- With regard to the mental health service, the Carer Support Group has received positive feedback around greater understanding of the mental health system, they have hosted an 'end of year' celebration and the Older Adult Mental Health Service has referred older adults to the Carer Liaison Service for a comprehensive assessment focused on their needs and issues.
- The NMHS MySay Healthcare Survey was implemented in July 2020 to provide patients and carers with the opportunity to provide feedback on their experiences. Reports of the feedback received are reported to the NMHS Board and People Engagement & Culture Committee.
- In September 2021, MySay Visit was launched to receive feedback from patients and carers accessing outpatient and ambulatory services.
- WNHS is involving carers and their input in their Relocation Project.
- Sir Charles Gairdner Osborne Park Health Care Group Consumer and Carer Experience Strategy highlights the role of the carer in the overall patient experience.

The Council notes that there is a lack of measurable data provided for key compliance outcomes in this year's report. The Council hopes to see an improvement in the collection of measurable data in the future and would welcome the opportunity to work with NMHS in this regard.

### ***Mental Health Commission***

The Council notes that MHC has provided significant quantitative data demonstrating compliance and engagement with Carers. This is a continuation of the high quality of their reporting from 2018-19. The Council would also like to acknowledge the improvements made by MHC in inclusion of the Carers Charter and the role of carers in staff training and induction as well as inclusion of carers in the strategic planning process, both of which were recommendations identified by the Council in 2018-29.

The Council would like to highlight MHC's engagement with and respect of carers through the following initiatives:

- The introduction of the Friend and Family peer support worker to provide post discharge support to carers, family and friends.
- The provision of indirect support to carers from the Mental Health Program and relief of their caring role through providing activities and overnight respite to the people they care for.
- The Carers Charter is widely accessible online on NGO websites, displayed in reception and service rooms as well as explained to clients as part of the initial assessment and carer's intake package.
- Carers are frequently consulted and engaged in the process of policy submissions to government agencies as well as in the design of services. This is done directly and through evaluation forms and through including carers on various representative

bodies including the Board of Directors and other strategic operational and program planning committees.

- Implementing the Co-Resident Carers Rent Policy in July 2020 which is focused on avoiding the financial burden on carers or tenants so they can maintain the co-resident arrangement. This policy recognises the financial burden that carers may experience.
- Maintaining a register of identified carers and including them in various activities.
- NGO staff receive appropriate training and information about the Carers Charter and new staff induction includes informing staff about their obligations under the Carers Act.

Further to this, the Council is encouraged by MHC's future planned initiatives:

- The NGOs are currently in a process of reviewing and updating programs for children under 18 years who have been directly or indirectly impacted by torture and trauma. It is anticipated that engagement and involvement of carers in this process will be strengthened across 2021 and 2022.
- There is an intention to explore the introduction of a Carers Reference Group.

Finally, the Council would like to extend their congratulations to MHC for their re-accreditation against the Quality Improvement Council (QIC) Health and Community Services Standards and National Standards for Mental Health Services.

### ***Child and Adolescent Health Service (CAHS)***

In 2018-19, the Council considered the CAHS compliance report to be lacking in detail, especially compared to the other reporting organisations. In 2020-21, the Council thanks the CAHS for providing more detail and explicit examples of the work across CAHS that exemplifies the principles outlined in the Carers Charter. These examples include:

- Multiple mechanisms through which policy input from carers is facilitated, including the CAHS Carers Advisory Council which saw a review of their Terms of Reference in 2020 to demonstrate further commitment to carer representation.
- The development of the first CAHS Consumer Engagement Strategy in 2020 and the Establishment of the Engage consumer network.
- The review and development of new strategies and programs in response to consumer complaints and suggestions.
- The review and update of the CAHS Consumer Feedback Management Policy in consultation with the Carers Advisory Council.
- Increased co-delivery of staff induction, training and education with carers including the inclusion of consumer stories in the new Partnering with Consumers induction session for all staff.
- The implementation of the MySay Healthcare Survey by Perth Children's Hospital, and the CAMHS Carer Experience of Service survey, both of which captured important feedback from carers on how well their views and concerns were listened to and respected.

- The Perth Children’s Hospital’s assistance to carers in navigating the National Disability Insurance Scheme process through support from an Allied Health Clinician.
- Notably, CAHS has taken action from receiving carers complaints by reviewing the Autism Spectrum Disorder diagnostic assessment process and developing improved resource materials for carers, resulting in an improved assessment pathway and reduced waiting times.

The CAHS compliance report identifies, as a challenge to CAHS, that most carers are also the parents of patients. Hence, the principles of the Carers Charter are covered through the practice of the child and family-centred care and may not be explicitly identified as the Carers Charter. The Council acknowledges this, however, feels there would still be value added if the Carers Charter was more easily identified as an explicit resource, as it does speak simply and directly to carers.

The Council also notes that CAHS has adopted the Australian Charter of Healthcare Rights. The Australian Charter of Healthcare Rights, as identified by CAHS, is broadly reflective of the principles outlined in the Carers Charter.

The CAHS plans to improve carer involvement in policy review and further improve opportunities for carer involvement in this process. They are also planning to implement the MySay Healthcare Survey for further assessment of the carer experience. Notably, they have planned research titled, “*prevalence of distress in parents/carers of children with acute or long-term conditions.*” The plan for this research may ultimately facilitate the validation of the *Distress Thermometer*. This is a potentially ground-breaking initiative for Australia, which will significantly benefit parents/carers.

### ***Western Australian Country Health Service (WACHS)***

The Council would like to commend and thank the WACHS for providing a detailed report with considerable information across all of WA’s regions. They congratulate the WACHS on their initiatives and systematic approach to embed carer input into service structures.

Key initiatives the Council wishes to highlight include:

- WACHS outstanding use of technologies to embed engagement with carers. Notably the Care Opinion and MySay program and dashboard for staff to access feedback is excellent. Further the links to Curtin University for research and future development of an Artificial Intelligence system to analyse feedback will be useful to identify and evidence areas needed for improvement.
- In planned implementation of Aishwarya’s Care Call. Protocols will be translated into various languages to overcome any language barrier concerns held by carers.
- E-learning and staff inductions in many locations with specific carer information included.
- The community health café in the Great Southern and notion that carers are included in all stages of care planning is to be commended.

Overall, the Council reflect that carers tend to be subsumed in the broader term of ‘consumer’ within WACHS. The Council would like to see carers specified as both are important stakeholder groups and carers need to be supported not just for the individual they are caring for, but also for themselves. It also appears that while WACHS have implemented some outstanding technologies, they are still heavily reliant on printed information and

brochures for carer information. There also appears to be some inconsistency in initiatives and approached across each service area.

### ***Disability Services (DS)***

In April 2018, the roll-out of the National Disability Insurance Scheme (NDIS) commenced in Western Australia and people with a disability connected to State funded services commenced transferring or transitioning to the National scheme. In December 2021, the Office of Disability, which provides support services to people living with a disability, their families and carers who are not eligible for NDIS support, came into effect.

This has been a period of great transition both organisationally and functionally. The Council thanks DS for their compliance report during this time but acknowledges that there are a number of gaps in the reporting of DS, as there was previously in 2018-19. The Council would welcome the opportunity to discuss how the compliance reporting template might be adapted to better capture the activities of the new Office of Disability into the future.

Key initiatives and achievements undertaken by DS in 2020-21 included:

- State-wide consultations to inform the establishment of the new Office of Disability, and the release of the State Disability Strategy for 2020-2030. Those consulted included people with a disability, their families and carers, the DS Commission's Board, Carers WA and the Ministerial Advisory Council on Disability, both of which include family and carer members.
- The commencement of the review of the Disability Access and Inclusion Plan. This review includes people with a disability, their families and carers, however, more detail on this plan would be useful including updates since its establishment in mid-2020.
- Funding for advocacy initiatives. These include training and mentoring to build the advocacy capacity of people with disability, their families and carers, to support Culturally and Linguistically Diverse initiatives, face-to-face advocacy services for Aboriginal people with disability and their family and carers along with additional funding for programs to support the transition to NDIS.
- In March 2020, the Community Paid Participation Policy, which recognises the expertise and specialist contribution by people with lived experience through payment for participation and/or reimbursement of associated costs.
- Establishment of the Disability Taskforce was established in February 2020 to support the disability sector to provide essential services to people with disabilities, families and carers during the COVID-19 pandemic.

The Council note that from the information provided in the 2020-21 compliance report, it is not clear how, and the extent to which, information about the Carers Charter is distributed and included in staff training, other than managers being strongly encouraged to tailor induction of staff to best suit the role and being advised that they can include information on the Act and Charter. The Council would welcome the opportunity to discuss with DS how they might develop initiatives to better promote and educate their staff about the Carers Charter in the future.

## ***Department of Health***

The Council thanks DoH for their comprehensive compliance report, noting that due to the DoH's role as the entity responsible for the development and implementation of WA health system-wide planning, only the second principle of the Carers Charter is applicable to them. However, with regard to policy input of carers, the DoH have numerous initiatives to enable and support carers to provide input and feedback on policy. Representation of carers at opportunities for engagement has improved on 2018-19 and is reflected in a 'well developed' self-assessment in this area. Some notable initiatives include:

- DoH ensured that there were carers at all sessions as part of the community consultations for the Outpatient Reform Program – Sustainable Health Review.
- A new partnership between DoH and National Disability Services WA to improve the discharge process for people with a disability and their carer has been formed. A pilot project was trialled at two major hospital sites and is awaiting feedback.
- The development of the Manage My Care App to provide patients with 24/7 access.
- The Patient First Program was developed to educate consumers about the healthcare process, the consultation was designed to empower consumers and as a pilot for Aboriginal and Torres Strait Islander customers, carers and peak bodies.
- An Electronic Medical Record is under development to improve safety, efficiency and patient experience across the WA health system that has incorporated the role of carers along with the patients.
- Engagement of young carers in the WA Youth Health Policy 2018-2023 via the Child and Youth Health Network. An animation was created to support young people to become more independent with their own healthcare.
- A draft policy on Consumer, Carer and Community Paid Participation in Engagement policy is being drafted.
- The ongoing engagement of carers in the ongoing review of the WA Lesbian, Gay, Bisexual, Transgender and Intersex Health Strategy 2019-2024.

The Council encourages DoH to continue their good work in increased carer representation on all committees and congratulates them on their positive overall trend from the 2018-19 report. The Council would like to recommend that DoH increase capacity building and self-advocacy initiatives that are existing in other community groups. The DoH may like to do this through Carers WA.

## Appendix 1: Glossary

<b>Term</b>	<b>Meaning</b>
<b>ACAT</b>	Aged Care Assessment Team
<b>AHC</b>	Albany Health Campus
<b>AHS</b>	Armadale Health Service
<b>ASD</b>	Autism Spectrum Disorder
<b>BHS</b>	Bentley Health Service
<b>CAC</b>	Consumer Advisory Council
<b>CAFCC</b>	Child and Family Centred Care
<b>CAG</b>	Central Great Southern Mental Health Consumers and Carers Group
<b>CAHS</b>	Child and Adolescent Health Service
<b>CaLD</b>	Culturally and linguistically diverse
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CCAC</b>	Community Advisory Council
<b>CCAG</b>	Consumer and Carer Advisory Group
<b>CCPG</b>	Consumer and Carer Partnerships Group
<b>CDO</b>	Chief Dental Officer
<b>CDS</b>	Child Development Service
<b>CECAT</b>	Creative Expression Cultural Arts Therapy
<b>CHSP</b>	Commonwealth Home Support Programme
<b>CPG</b>	Carers Partnership Group
<b>DAIC</b>	Disability Access and Inclusion Committee
<b>DHAC</b>	District Health Advisory Councils
<b>DoH</b>	Department of Health
<b>DS</b>	Disability Services

<b>DTU</b>	Day Therapy Unit
<b>ED</b>	Emergency Department
<b>EDCAG</b>	Emergency Department Consumer Advisory Group
<b>EMHS</b>	East Metropolitan Health Service
<b>EMR</b>	Electronic Medical Record
<b>FH</b>	Fremantle Hospital
<b>FSFHG</b>	Fiona Stanley Fremantle Hospitals Group
<b>FSH</b>	Fiona Stanley Hospital
<b>GP</b>	General Practitioner
<b>GS</b>	Great Southern
<b>HaDSCO</b>	Health and Disability Services Complaints Office
<b>HCC</b>	Health Consumer Council
<b>HSP</b>	Health Service Provider
<b>JHC</b>	Joondalup Health Campus, includes Joondalup Hospital.
<b>KEMH</b>	King Edward Memorial Hospital
<b>KH</b>	Kalamunda Hospital
<b>LEAG</b>	Lived Experience Advisory Group
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
<b>LGS</b>	Lower Great Southern
<b>MDH</b>	Murray District Hospital
<b>MHPHDS</b>	Mental Health Public Health Dental Service
<b>MIFWA</b>	Mental Illness Fellowship of Western Australia
<b>MMH</b>	Midwest Mental Health
<b>MOU</b>	Memorandum of Understanding
<b>MPS</b>	Multi-purpose Service

<b>ND</b>	Not yet developed
<b>NDIS</b>	National Disability Insurance Scheme
<b>NDS</b>	National Disability Services
<b>NGOs</b>	Non-Government Organisations
<b>NMHS</b>	North Metro Health Service
<b>NPS</b>	Net Promoter Score
<b>NSAF</b>	National Screening and Assessment Form
<b>NSQHS</b>	National Safety and Quality Health Service
<b>OAMHS</b>	Older Adult Mental Health Service
<b>OPH</b>	Osborne Park Hospital
<b>OPI</b>	Older person Initiative
<b>OT</b>	Occupational therapy
<b>PAS</b>	Patient Administration System
<b>PBP</b>	Positive Birth Program
<b>PCH</b>	Perth Children's Hospital
<b>PEaCE</b>	Patient Experience and Consumer Engagement
<b>PHC</b>	Peel Health Campus
<b>PWdWA</b>	People With Disability WA
<b>QIC</b>	Quality Improvement Council
<b>RGH</b>	Rockingham General Hospital
<b>RIG</b>	Regional Implementation Group
<b>RkPG</b>	Rockingham Peel Group
<b>RPH</b>	Royal Perth Hospital
<b>SCGH</b>	Sir Charles Gairdner Hospital
<b>SCGOPHCG</b>	Sir Charles Gairdner Osborne Park Health Care Group

<b>SHR</b>	Sustainable Health Review
<b>SJGMPH</b>	St John of God Midland Public Hospital
<b>SMHS</b>	South Metropolitan Health Service
<b>SQG&amp;CE</b>	Safety, Quality, Governance and Consumer Engagement
<b>SQRM</b>	Safety Quality and Risk Management
<b>SQuIS</b>	Safety and Quality Indicator Set
<b>TCP</b>	Transition Care Program
<b>ToR</b>	Terms of Reference
<b>WACHS</b>	West Australian Country Health Service
<b>WaiS</b>	WA Individualised Services
<b>WD</b>	Well developed
<b>WNHS</b>	Women and Newborn Health Services
<b>YES</b>	Your Experience of Service

## Appendix 2: List of Figures

Figure 2: Excerpt from 2018-19 Reporting Template .....	14
Figure 3: Example of ranking across reporting organisations for one action for one criterion .....	15
Figure 4: DoH and MHC reporting as mapped against criteria .....	17
Figure 5: Overall self-assessment results for Criterion 1 .....	18
Figure 6: Compliance with factor 'Awareness about the Charter', by action .....	19
Figure 7: Compliance with factor: 'Education during induction', by action.....	19
Figure 8: Compliance with factor: 'Education through training resources', by action .....	20
Figure 9: Compliance with factor: 'Education by other training methods', by action .....	20
Figure 10: Compliance with factor: 'Measures/Reporting', by action .....	23
Figure 11: Specific data on compliance with Criterion 1 from respondents to DoH .....	24
Figure 12: Specific data on compliance with Criterion 1 from respondents to MHC .....	25
Figure 13: Overall self-assessment results for Criterion 2 .....	26
Figure 14: Compliance with factor: 'Enabling carer input into policy', by action .....	26
Figure 15: Compliance with factor: 'Carer Representation', by action .....	27
Figure 16: Compliance with factor: 'Measures/Reporting', by action .....	28
Figure 17: Specific data on compliance with Criterion 2 from respondents to DoH .....	28
Figure 18: Specific data on compliance with Criterion 2 from respondents to the MHC ....	29
Figure 19: Overall self-assessment results for Criterion 3 .....	30
Figure 20: Compliance with factor: 'Education of carers', by action .....	30
Figure 21: Compliance with factor: 'Enabling carers views to be heard', by action .....	31
Figure 22: Compliance with factor: 'Understanding carers needs', by action .....	32
Figure 23: Compliance with factor: 'Advocate on behalf of carers', by action .....	33
Figure 24: Compliance with factor: 'Measures/Reporting', by action .....	33
Figure 25: Specific data on compliance with Criterion 3 from respondents to DoH .....	34
Figure 26: Specific data on compliance with Criterion 3 from respondents to the MHC ....	34
Figure 27: Overall self-assessment results for Criterion 4 .....	36
Figure 28: Compliance with factor: 'Education of carers', by action .....	37
Figure 29: Compliance with factor: 'Enabling/Accessible', by action.....	37
Figure 30: Compliance with factor: 'Responding', by action.....	38
Figure 31: Compliance with factor: 'Measures/Reporting', by action .....	39
Figure 32: Specific data on compliance with Criterion 3 from respondents to DoH .....	40
Figure 33: Specific data on compliance with Criterion 4 from respondents to the MHC ....	40