



Government of **Western Australia**
Department of **Communities**

Carers Advisory Council

Carers Recognition Act 2004 Compliance Report 2021-2022



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Letter to the Minister from the Chair

Hon Sabine Winton MLA
Minister for Early Childhood Education; Child Protection; Prevention of Family and Domestic Violence; Community Services

Dumas House
2 Havelock Street
WEST PERTH WA 6005

Dear Minister Winton

It gives me great pleasure to present the 2021-22 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 Communities
- Department of Health and their funded organisations (Non-government Organisations)
- WA Country Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service; and the
- Mental Health Commission (submitted on a voluntary basis).

The 2021-22 Report is the second Compliance Report since the outbreak of the COVID-19 pandemic, as the 2019-20 Compliance Report was appropriately suspended in our State of Emergency to allow reporting agencies to focus on their response to the pandemic.

The past two years have presented unprecedented challenges and changes to the Western Australian healthcare system. 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.

Council is pleased to note there are so many exciting projects that have emerged post pandemic in many of the reporting organisations in order to continue to support carers, the patients they care for, in the best way possible through this everchanging 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 2020-21.

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. However, more advocacy is required to improve outcomes for carers, especially in the prevention of and recovery from carer burnout, respite availability, and further recognition of the carer role.

Since 2017-18, the Council has worked with reporting organisations to continually improve the compliance measurement tool. In 2023, the Council looks forward to further improvements to 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 continues working with Department of Communities on implementing the recommendations in collaboration with many other organisations such as Carers WA, 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.

In the 2022/23 reporting period, the Council is looking forward to continued progress from reporting organisations across the nine suggested areas of improvement highlighted in the following pages, especially with respect to separation of carers as a data subset within service providers' reporting incoming complaints.

Yours faithfully



Esme Bowen

Chair, Carers Advisory Council to the Minister
with Council Members:

Gloria Moyle, Regional Deputy Chair

Ros Thomas, Metropolitan Deputy Chair

Tony Vis, Jenni Perkins, Carrie Clark, Kim Hudson, Beatitude Chirongoma, Andrew Sinclair,
and Stan Chirenda

Executive Summary

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.

Under the Act, the Council must prepare and deliver to the Minister an annual report on the performance and compliance or non-compliance by reporting organisations with the Carers Charter. The Council's report is based upon performance reports received from reporting organisations.

This is the sixteenth compliance report presented to the Minister for Community Services and the Parliament of Western Australia since the enactment of the Act in 2004. It is also the second report since the Minister's suspension of reporting obligations in 2020 as the health and disability sectors operated in a State of Emergency during the COVID-19 pandemic.

The Carers 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.

In order to assist with compliance assessment and reporting, the Council uses a Reporting and Compliance Framework that is made up of four criteria based upon the Charter, related criterion factors and action indicators. The criteria are:

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

Key findings and observations

1. Overall, the Council is encouraged by the breadth and depth of initiatives being undertaken which support the Carers Charter. There appears to be a genuine commitment to ensuring carers are valued and active partners in the consumer/patient care journey; that carers are supported in their role; and that the voice of carers is heard and responded to, at both an individual and system level.
2. Information about the Carers Charter is available across sites in multiple formats. On the whole, staff are receiving information about the Act and carer organisations during induction. However, only one in two agencies are measuring the effectiveness of such education. Training on the Act and Charter is mandatory in 50 per cent of reporting organisations and refresher courses are required in only one third of reporting organisations.

Suggestion for Improvement 1: That all induction, education, and training related to the Carers Charter is evaluated to measure effectiveness.

3. The Council is pleased to see that all reporting organisations consult with carers in developing education modules that relate to carers. There is an increasing utilisation of carers as presenters in staff education and the use of case studies and carer stories.
4. There appears to be an upward trend in having carer representatives on advisory bodies and reference groups at service, program, or site level. For example, the majority of organisations have at least one carer representative on their Consumer and Community Advisory Groups (see Table 12).

It is less clear the extent to which carer representation is present in governance and executive bodies of reporting organisations; and there appears to be a decline in carer representatives on the boards of funded services, as evidenced by the results from the Mental Health Commission's funded services (Table 38).

Having carer representation at the decision-making level of organisations is critical for actioning the Carers Charter and advocating for and supporting carers.

Suggestion for Improvement 2: That reporting organisations are better able to centrally identify, measure and report on carer representation at a governance and executive level.

5. The Council is heartened to see that consumer and carer engagement strategies are providing a framework for building partnerships with carers and carer representative bodies. The apparent increased utilisation of carer representatives, and carer participation in consultations and co-design processes, is an indication of well developing practice.

It is becoming increasingly business as usual to consider and support carer involvement in the design, implementation and evaluation of new initiatives. The Council read many

examples of carers being included in consultation processes and most organisations have a specific carer/consumer engagement policy.

The Council is also pleased to see a growing number of research projects and innovative pilot projects that are directed to or include carers. Many of the examples provided show that services are thinking 'outside the box' and are moving from simply consulting with carers to engaging in genuine co-design.

However, as in previous years, organisations are varied in their ability to measure and report on indicators related to carers, such as the proportion and type of carers on committees; and the proportion and type of carer participation in consultations or policy reviews.

Suggestion for Improvement 3: That reporting organisations are better able to centrally identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews.

6. The majority of reporting organisations are active in improving the identification of carers and providing information on support options. However, carer status assessment at time of admission is only undertaken by two organisations¹ and only half of the reporting organisations made reference to actively promoting carer access to support services, such as the Carer Gateway. One in two reporting organisations have a dedicated carer/consumer liaison position, down from five in six in 2020-21.

Suggestion for Improvement 4: That organisations use multiple means to connect carers to support services.

7. It is with interest and support that the Council notes a growing number of initiatives that are utilising peer workers and building the lived experience workforce. The increased use of system navigators to assist patients/consumers and carers is to be commended.

8. Carer's views are being captured through a range of program or site specific surveys. Plans to develop dashboards from survey data that report on findings are encouraged.

However, carers as a subset of survey respondents are not always being identified. In addition, whilst the number of consumer/carers surveys appears to have increased, there has been a steep decline in the number of forums or workshops used to hear from carers. Whilst this decline may be linked to COVID-19 restrictions, the Council encourages organisations to ensure carers engagement in multiple formats to allow for increased accessibility and depth.

¹ This figure is the same as 2020-21.

Suggestion for Improvement 5: That reporting organisations are better able to identify, measure and report on carer responses as a sub-set of all survey or consultation findings.

Suggestion for Improvement 6: That mixed methods are used to compliment survey methods as a way of enhancing inclusion strategies and capturing the views of diverse carers.

9. There are robust systems in place for receiving, responding to and reporting on complaints. Carers are provided with information on the complaints process in accessible formats and have multiple ways in which they can make a complaint, including being able to speak to someone in person or over the phone.

As with other areas, complaint and feedback systems are not consistently identifying and capturing carers as a sub-set of all respondents, The Council would like to see health services better able to identify, analyse and report on carer complaints - so as to more clearly hear carer voices as part of continuous improvement.

Suggestion for Improvement 7: That reporting organisations are better able to identify, measure and report on carer complaints and feedback as a sub-set of all complaints and feedback.

Suggestion for Improvement 8: That reporting organisations are better able to evidence how carer complaints and feedback inform quality improvements.

10. A significant initiative in responding to patient or carer concerns is that the Aishwarya Care Call has been implemented across sites, including the provision of telephones in Emergency Departments. This initiative has been augmented by a range of other actions that are being implemented across services to better respond to patients, carers or families if they are worried someone is deteriorating.

11. The Council is pleased to see a range of initiatives that focus on carer diversity and cultural safety, with evidence of improved partnerships with community controlled organisations. The Council encourages all services to be mindful of the diversity of carers, many of whom have complex needs and additional challenges to inclusion and engagement. This includes Aboriginal carers, regional carers, young carers and carers from culturally diverse communities.

12. The Council is also pleased to see that carer support services and groups are being reactivated after COVID-19 restrictions, but notes that there are still many services and initiatives that are yet to be re-commenced. Given the additional burden and stress that the pandemic and pandemic response has placed on carers, the Council encourages the return of carers support services as a priority.

A reoccurring theme across the findings is that whilst a range of initiatives to apply the Charter are being undertaken, specific carer related indicator data is sparse. As identified

above, carers are not specifically being identified as a subset of engagement and representation strategies; or complaints and feedback systems.

The lack of carer specific data and reporting is an area that has been identified by the Council in previous reports as requiring attention, and is seen by the Council as a priority area for improvement. Reporting organisations have acknowledged this as an ongoing issue and have indicated commitment to enabling carer specific data collection.

It is important that the initiatives being undertaken to increase awareness and application of the Charter are evaluated and learnings shared, so that the evidence base of good practice can be built upon. It is through sharing good news stories (as well as the initiatives that were less successful) that health and disability services can improve their practices and the best outcomes for carers and their loved ones can be achieved.

Suggestion for Improvement 9: That reporting organisations improve their evaluation of carer initiatives in order to build a strong evidence base and share learnings.

Introduction

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. The Council's functions include advancing the interests of carers and promotion of the Carers Charter; and providing advice and recommendations to the Minister.

The Act establishes the Western Australian Carers Charter (Schedule 1) and requires applicable organisations to ensure compliance with the Charter (Section 6). Applicable organisations include:

- Reporting organisations: prescribed public authorities
- Other organisations: providing a service contract with a reporting organisation.

Under the Act, the Council must prepare and deliver to the Minister an annual report on the performance and compliance or non-compliance by reporting organisations with the Carers Charter. The Council's report is based upon performance reports received from reporting organisations. The Council sees its role in promoting and reporting on compliance with the Charter as fostering continuous learning and improvement.

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

The Western Australian Carers Charter

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

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

Reporting organisations

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.

Reporting organisations for the 2021-22 period are:

- WA Country Health Service (WACHS)
- North Metropolitan Health Service (NMHS)²
- South Metropolitan Health Service (SMHS)
- East Metropolitan Health Service (EMHS)
- Child and Adolescent Health Service (CAHS)
- Disability Services Commission, Department of Communities (DSC)

The Department of Health is responsible for health systemwide planning and in doing so applies the second principle of the Carers Charter: '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 Department of Health also reports to the Council on services provided under contract with the Department.

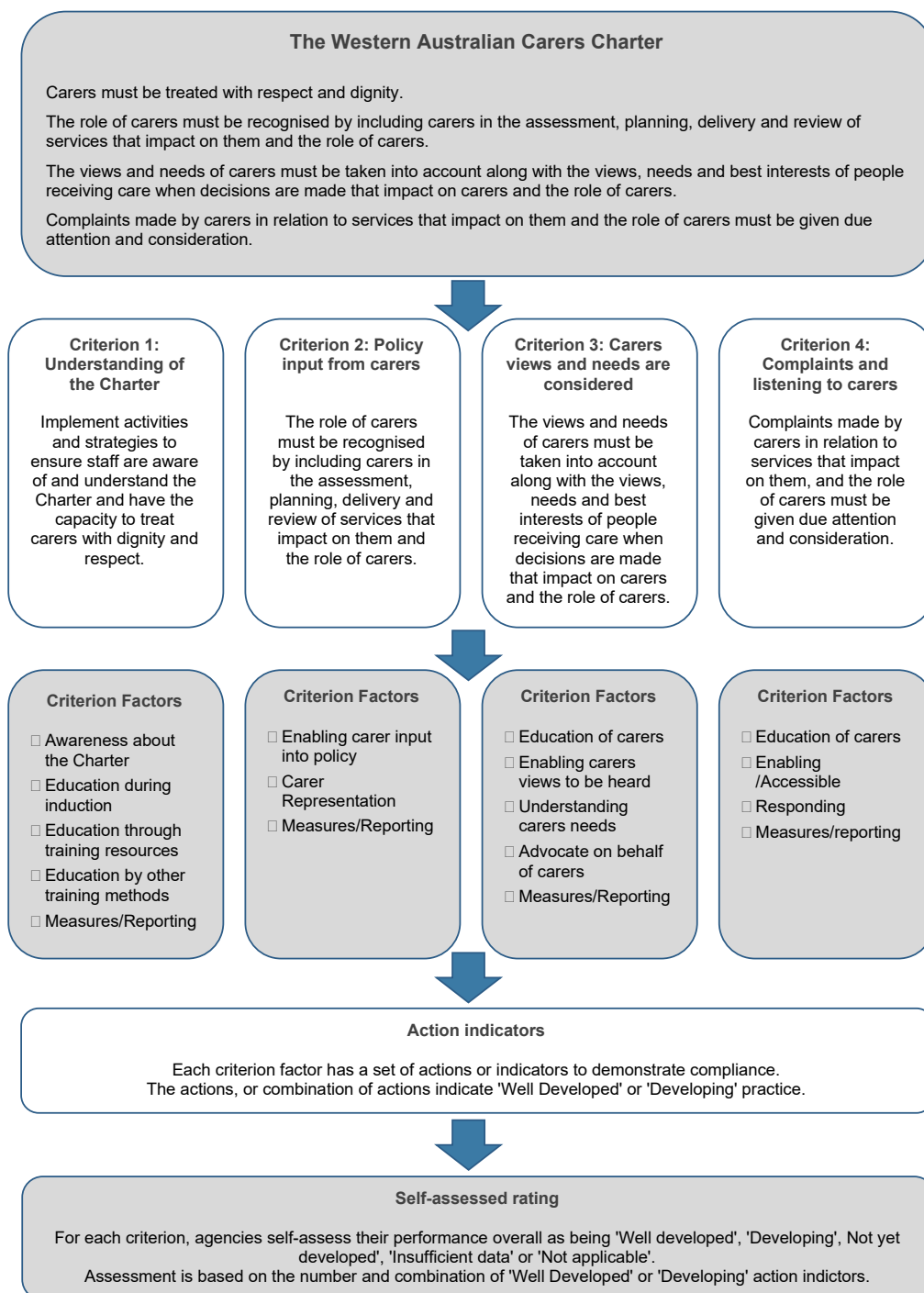
The Mental Health Commission (the Commission) is not required to report to the Council. However, since 2008, in acknowledgement of the important role undertaken by carers in the mental health field, the Commission has chosen to report on compliance with the Carers Charter of Commission-funded non-government mental health organisations. In 2021/22 the Commission funded 59 non-government mental health organisations.

² Due to administrative oversight, the Joondalup Health Campus was not included in NMHS's report for 2021-22.

Reporting and Compliance Framework

In order to assist with compliance assessment by reportable organisations, the Council has developed a Reporting and Compliance Framework that is made up of four criteria based upon the Charter, and related criterion factors and action indicators (Figure 1).

Figure 1: Reporting and Compliance Framework



Method of reporting

The Council provides a template to reporting organisations to use as a blueprint to self-assess performance and compliance with the Charter. The report template covers:

- questions linked to the criteria, criteria factors, and action indicators
- updates on previously planned activities and new initiatives
- initiatives planned for the following year
- self-assessment ratings of compliance.

In order to provide a level of consistency in the self-assessments, the Council has rated actions (or a combination thereof) as demonstrating 'developing' or 'well developed' practice. Overall compliance with each criterion is assessed across three levels:

- Not yet developed (not compliant): none of the required activities are undertaken.
- Developing: some or all of the activities that are ranked as 'developing' are undertaken.
- 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'.

For each criterion, reporting organisations determine their own rating score, based upon the Council's Reporting and Compliance Framework.

Each criterion has a number of criterion factors and related action indicators. To provide a comparative measure, a score has been calculated for each criterion factor, assuming a score of 100 if all actions were undertaken by all applicable reporting organisations.

The Department of Health is responsible for health systemwide planning and in doing so applies the second principle of the Carers Charter: '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'. This principle links to Criterion 2 of the Council's Reporting and Compliance Framework. As the department does not provide direct services to patients or carers, the other three principles of the Carers Charter are considered not applicable and are only reported for funded services.

The Mental Health Commission reports on the compliance of funded non-government mental health services only.

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. The Act requires the Minister to table the report in Parliament.

Funded services reporting

Each reporting organisation is responsible for reporting on compliance with the Carers Charter by funded service providers. This is done through a statement of compliance in their annual reports to the Council. More detailed data on the compliance of funded services is provided by the Department of Health and the Mental Health Commission.

Non-government organisations that have a service agreement with the Department of Health to provide community health services are required, depending on the nature of their services, to comply with the Carers Charter. For those services to which this applies, a relevant clause is included in their service agreement requiring them to report their carers compliance activity annually to the department, using a prescribed template.

The Mental Health Commission introduced electronic reporting for non-government mental health organisations in the 2013-2014 reporting period. To effectively compare and contrast results over time and since implementation, the Commission has retained the same questions and format. In 2021-22, the response rate for funded NGOs requested to report on their compliance with the WA Carers Charter was 100 per cent.

Compliance results from the Department of Health (DoH) and Mental Health Commission of funded services are included in findings under each criterion as applicable and relevant (Table 1).

Table 1: Department of Health and Mental Health Commission measurements for funded services against the Council's Compliance Framework

Council criteria	Department of Health funded services measurements	Mental Health Commission funded service measurements
Understanding of the Charter and carers treated with respect and dignity	<p>Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols e.g. mission statement, rights, and responsibilities.</p> <p>Action 2. Acknowledge the role of the carer in all relevant organisational publications e.g. newsletters or annual reports.</p> <p>Action 3. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training.</p> <p>Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.</p>	<p>Section A: Level of Compliance with the WA Carers Charter</p> <p>Area 1. Carers must be treated with respect and dignity.</p> <p>Section B: Related Actions</p> <p>Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols.</p> <p>Action 2. Acknowledge the role of carers in all relevant organisational publications.</p> <p>Action 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training.</p>

Council criteria	Department of Health funded services measurements	Mental Health Commission funded service measurements
Policy input from carers	<p>Action 5. Include carers in the organisation's strategic planning process.</p> <p>Action 6. Include carers on the organisation's Board/Management Committee.</p>	<p>Section B: Related Actions</p> <p>Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.</p> <p>Action 5. Include carers in the organisation's strategic planning process.</p>
Carers views and needs are considered	<p>Action 7. Include carers in the assessment and planning processes for direct services.</p> <p>Action 8. Include carers in the ongoing monitoring of direct services e.g. surveys.</p> <p>Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation e.g. satisfaction surveys.</p> <p>Action 11. Provide avenues for carers to access peer support.</p>	<p>Section A: Compliance with the WA Carers Charter</p> <p>Area 3. The views and needs of carers must be taken into account along with the views, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers</p> <p>Section B: Related Actions</p> <p>Action 6. Include carers on the Board/Management Committee of the organisation.</p> <p>Action 7. Include carers in the assessment process for direct services.</p> <p>Action 8. Include carers in the ongoing monitoring of direct services.</p> <p>Action 11. Provide avenues for carers to access peer support.</p>
Complaints and listening to carers	<p>Action 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>	<p>Section A: Compliance with the WA Carers Charter</p> <p>Area 2. The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.</p> <p>Area 4. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration</p>

Council criteria	Department of Health funded services measurements	Mental Health Commission funded service measurements
		<p>Section B: Related Actions</p> <p>Action 9. Inform carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld.</p> <p>Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.</p>

Calculating aggregate scores

For each criterion factor, the Council provides a set of actions or indicators to demonstrate compliance. In some cases, there is an option of 'other' to acknowledge that reporting agencies may have actions in place that are not identified by the Council.

An aggregated score has been calculated for each criterion factor, assuming a score of 100 if all relevant organisations undertook all actions, and including the option of 'other'.

Some action items are unclear on the extent to which they are mutually exclusive. Because agencies have responded to items as mutually exclusive, the calculations have been based on this. However, due to a lack of clarity in the assessment tool itself, criterion factor scores should be seen as providing an indicative picture of compliance only.

The Council plans to extensively review its assessment tool in 2023 to improve reliability. As such, the criterion factors and action indicators are likely to change and issues of mutually exclusive items will be resolved going forward.

Continuous improvement of the Framework

In 2021-22, the Council piloted moving the reporting template to an online version. Drawing on the learnings from the pilot and feedback from organisations, the Council plans to review the Reporting and Compliance Framework with the aim of streamlining the reporting process, updating and simplifying action indicators, reviewing the reliability of measures, and considering the best way to track change and trends over time.

Structure of the report

The report is structured around the four criteria that form the basis of the Council's Reporting and Compliance Framework:

1. Understanding of the Charter
2. Policy input from carers
3. Carers views and needs are considered
4. Complaints and listening to carers

Within each criterion section, the following findings of compliance are presented:

- An overall self-assessment rating.
- Council observations.
- Findings from reporting organisations, based on the criteria factors and action indicators.
- Department of Health and Mental Health Commission findings from funded services.
- Examples of compliance provided by reporting organisations.

For each criterion factor and its related action indicators:

- a table presents the results by reporting organisations applicable to that criterion³
- a graph presents the results actions aggregated across organisations and in descending order, showing which action indicators are most commonly practiced
- a criterion factor score is provided, assuming a score of 100 if all actions were undertaken by all applicable reporting organisations.

Action indicators (or a combination of actions) have been classified by the Council as either:

Developing (Blue)

or

Well developed (Green)

The subsequent sections of the report provide:

- Council observations from the information provided on highlighted initiatives from 2021-22 and planned initiatives for 2022-23
- A summation of compliance overall.

Appendix 1 shows the self-assessment rating for reportable organisations over the past three years. Appendix 2 provides details of highlighted initiatives for 2021-22 and planned initiatives for 2022-23. Appendix 3 provides a list of all the acronyms used in the report.

³ As noted, the Department of Health only reports to the Policy Input from Carers criterion 2.

Criterion 1: Understanding of the 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.

Criterion Factors

- 1.1 Awareness about the Charter
- 1.2 Education during induction
- 1.3 Education through training resources
- 1.4 Education by other training methods
- 1.5 Measures/Reporting

Self-assessed ratings

Table 2: Agency self-assessment results for Criterion 1

SMHS	NHMS	EMHS	DSC	WACHS	CAHS
Well developed	Well developed	Well developed	Developing	Well developed	Well developed

Council observations

Information about the Carers Charter is available across sites in multiple formats.

On the whole, staff are receiving information about the Act and carer organisations during induction. However, only one in two agencies are measuring the effectiveness of such education.

Training on the Act and Charter is mandatory in 50 per cent of reporting organisations and refresher courses are required in one third of reporting organisations. Half of the organisations provide the option of online training about the Charter.

All organisations consult with carers in developing education modules that relate to carers. There is an increasing utilisation of carers as presenters in staff education and the use of case studies and carer stories. Carers are generally not being involved in staff recruitment.

There is an increase in service systems being able to identify carers. However, this relies on carers identifying themselves as such. Whilst there are a number of initiatives in place to help carers self-identify, more can be done in this area.

Suggestion for Improvement 1: That all induction, education, and training related to the Carers Charter is evaluated to measure effectiveness.

Findings

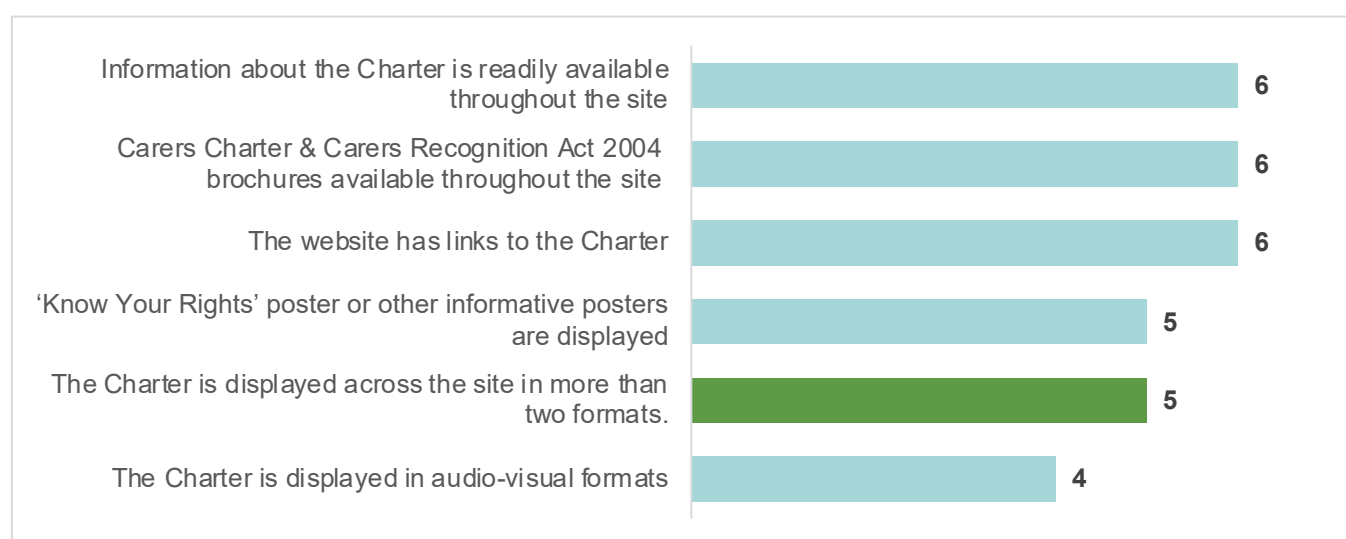
Reporting against actions

1.2 Awareness about the Charter

Table 3: Awareness of the Charter, actions by reporting agencies

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

Figure 2: Awareness of the Charter, actions aggregated across agencies, n=6



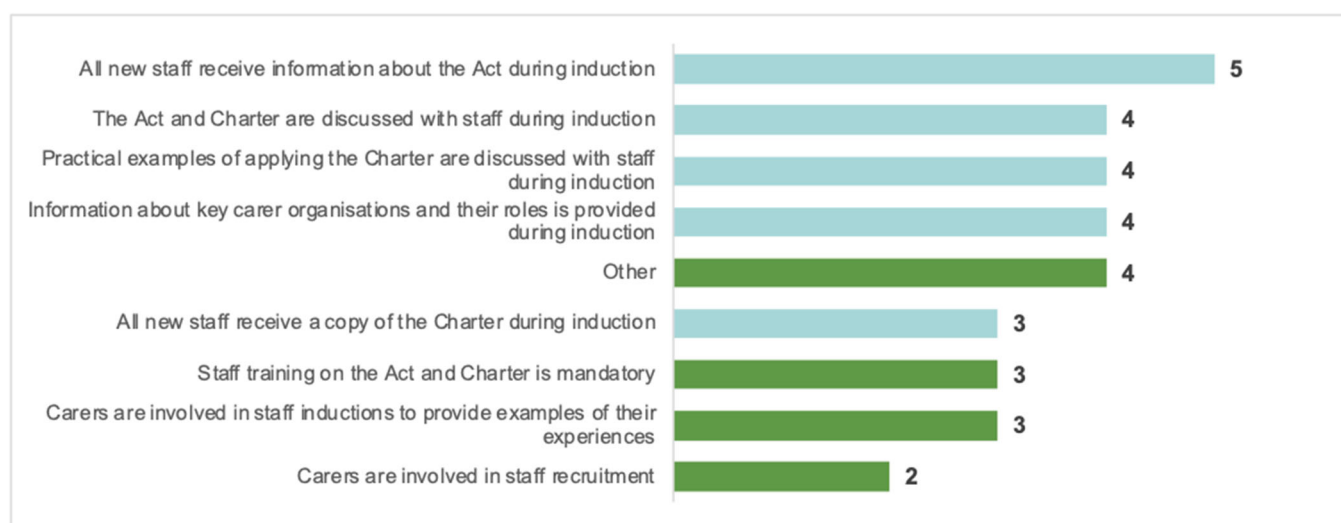
Assuming a score of 100 if all organisations undertook all actions, the aggregated score for Awareness of the Charter is 89 per cent.

1.2 Education during induction

Table 4: Education during induction, actions by agencies

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

Figure 3: Education during induction, actions aggregated across agencies, n=6



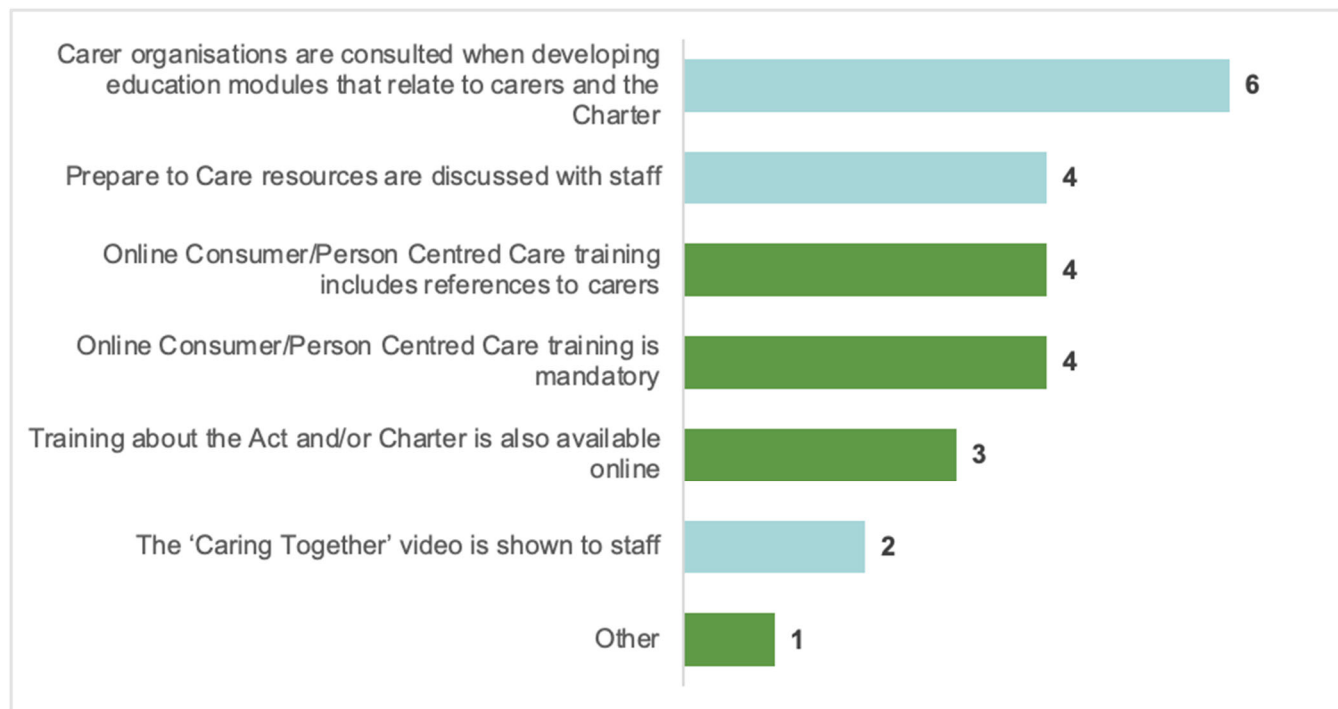
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Education during induction is 59 per cent.

1.3 Education through training resources

Table 5: Education through training resources, actions by reporting agencies

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	Carer organisations are consulted when developing education modules that relate to carers and the Charter.	Yes	Yes	Yes	Yes	Yes	Yes
	The 'Caring Together' video is shown to staff		Yes			Yes	
	Prepare to Care resources are discussed with staff	Yes	Yes	Yes		Yes	
Well developed	Training about the Act and/or Charter is also available online	Yes	Yes			Yes	
	Online Consumer/Patient Centred Care training includes references to carers	Yes	Yes	Yes			Yes
	Online Consumer/Patient Centred Care training is <u>mandatory</u>	Yes	Yes			Yes	Yes
	Other			Yes			

Figure 4: Education through training resources, actions aggregated across agencies, n=6



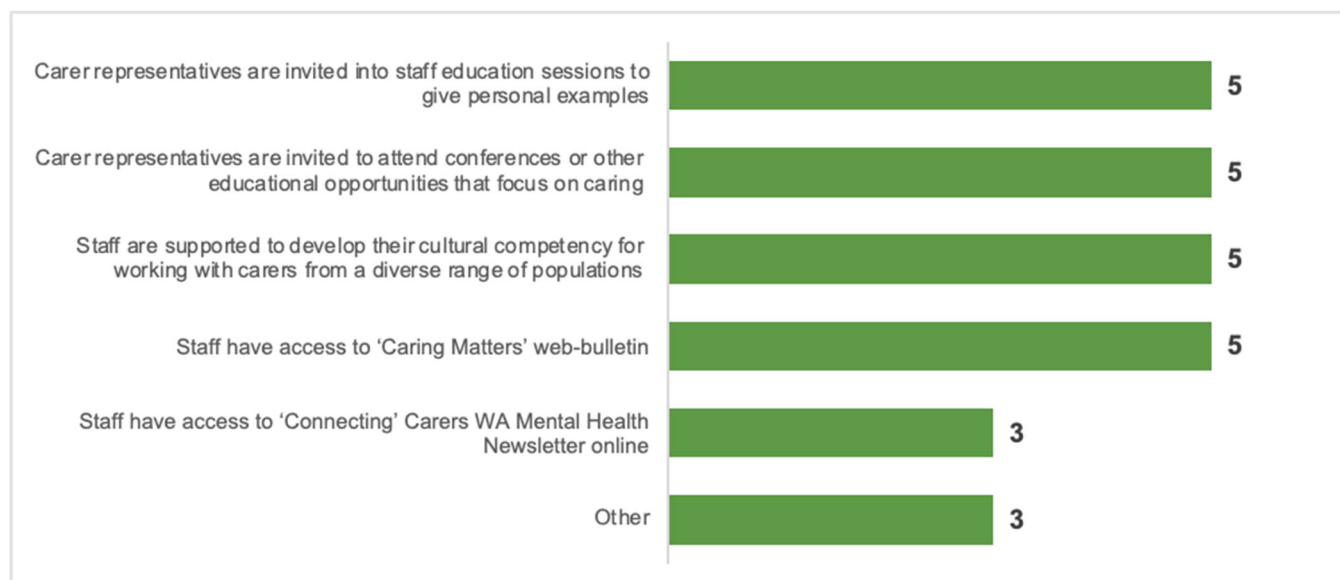
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Education through training resources is 57 per cent.

1.4 Education by other training methods

Table 6: Education by other training methods, actions by reporting agencies

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Well developed	Carer representatives are invited into staff education sessions to give personal examples	Yes		Yes	Yes	Yes	Yes
	Carer representatives are invited to attend conferences or other educational opportunities that focus on caring	Yes	Yes	Yes		Yes	Yes
	Staff are supported to develop their cultural competency for working with carers from a diverse range of populations	Yes	Yes	Yes		Yes	Yes
	Staff have access to 'Caring Matters' web-bulletin	Yes	Yes	Yes		Yes	Yes
	Staff have access to 'Connecting' Carers WA Mental Health Newsletter online		Yes	Yes			Yes
	Other		Yes			Yes	Yes

Figure 5: Education by other training methods, actions aggregated across agencies, n=6



Two out of six agencies (SMHS and WACHS) reported that refresher courses are undertaken about the Charter and the *Carers Recognition Act 2004*.

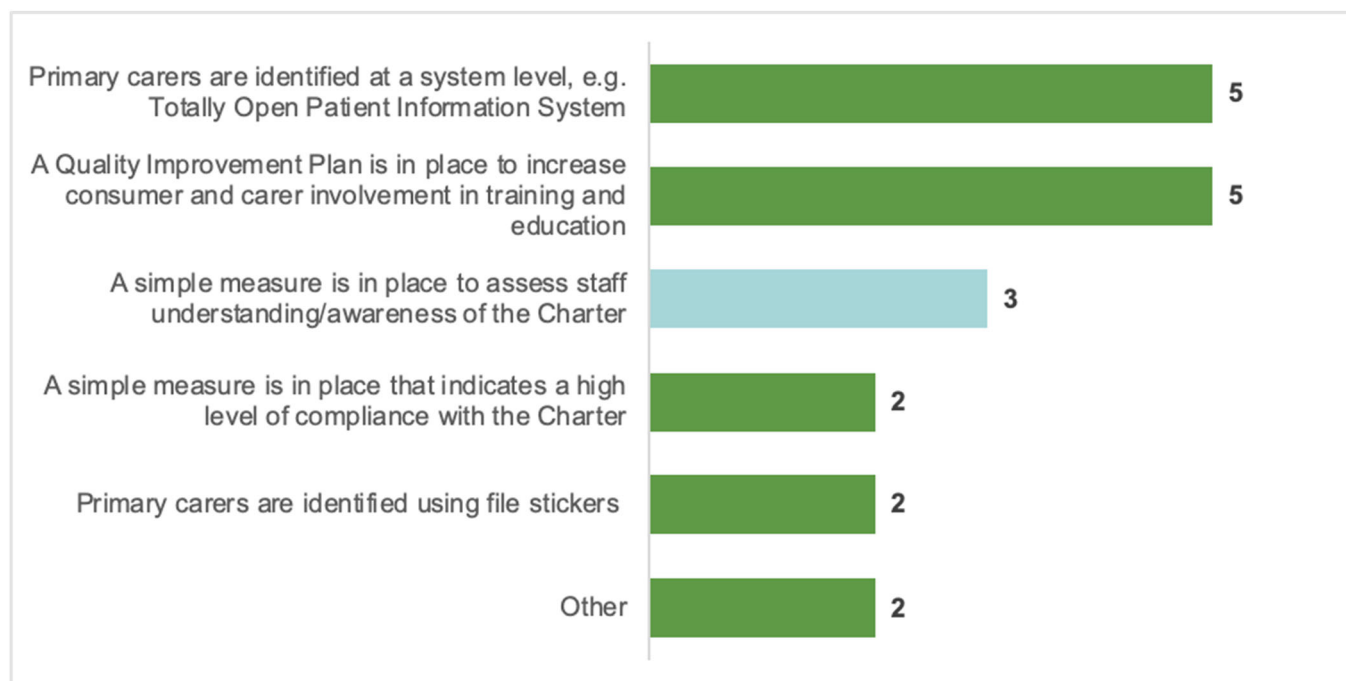
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Education by other training methods is 72 per cent.

1.5 Measures/Reporting

Table 7: Measures and reporting, Criterion 1

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	A simple measure is in place to assess whether staff understand the Charter, e.g., a tick box after induction		Yes	Yes		Yes	
Well Developed	A simple measure is in place that indicates a high level of compliance with the Charter					Yes	Yes
	Primary carers are identified using file stickers		Yes				Yes
	Primary carers are identified at a system level, e.g. Totally Open Patient Information System	Yes	Yes	Yes		Yes	Yes
	A Quality Improvement Plan is in place to increase consumer and carer involvement in training and education	Yes	Yes	Yes		Yes	Yes
	Other		Yes				Yes

Figure 6: Measures and reporting, Criterion 1, actions aggregated across agencies, n=6



Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Measuring/Reporting is 53 per cent.

Funded services

Department of Health funded services

Table 8: Compliance with related actions to Criterion 1 from Department of Health funded service providers

Related actions	Yes	No	N/A
Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols e.g. mission statement, rights, and responsibilities.	94.9%	3.4%	1.7%
Action 2. Acknowledge the role of the carer in all relevant organisational publications e.g. newsletters or annual reports.	93.2%	5.1%	1.7%
Action 3. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training.	88.1%	10.2%	1.7%
Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.	88.1%	10.2%	1.7%

Mental Health Commission funded services

Table 9: Compliance with related actions to Criterion 1 from Mental Health Commission funded service providers

Related actions	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols.	0.0%	0.0%	1.7%	6.8%	83.1%	8.5%
Action 2. Acknowledge the role of carers in all relevant organisational publications.	0.0%	1.7%	3.4%	15.3%	67.8%	11.9%
Action 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training.	1.7%	1.7%	13.6%	8.5%	64.4%	10.2%

Examples of ensuring staff awareness and understanding of the Charter

South Metropolitan Health Service

All new staff receive a copy of the Employee Handbook that includes the Carers Act and Charter. Staff access / ID cards are not issued until the foundation induction has been completed. Nurses and midwives' orientation to the Australian Charter of Healthcare Rights and admission process includes discussion of Carer Rights.

The 'Communication for Patient-centred care' module is delivered to interns at orientation by members of the FSFHG CAC and promotes the importance of involving carers in person centred care.

North Metropolitan Health Service

Women and Newborn Health Services (WNHS) - Previously, ongoing education sessions were provided through Carers WA to all services, including the Multidisciplinary Team for Gynae-oncology. These have been temporarily suspended due to COVID restrictions.

Adult Inpatient Mental Health - Graylands Hospital Occupational Therapy is proposing the development of a hospital wide radio station that will include carer and consumer interviews and experiences as part of the program.

East Metropolitan Health Service

There is specific reference to consumers and carers for each of the components of induction.

A Person Centre Carer 3 Cs (Communication, Connection and Compassion) program has been locally developed and introduced.

Disability Services Commission

The split of DSC functions following the merger into Communities has disrupted previous induction processes, due to the various divisions and business areas that DSC functions are now spread across. Inclusion of this work in the official staff induction will be looked at as a priority in 2023.

The Office of Disability is part of the Strategy and Partnerships division of Communities which also includes the Carers and Grandcarers team. Information is regularly shared at a divisional level of the work of each team to increase the knowledge across many vulnerable cohorts including carers. This supports informal awareness of the Carers Charter in the division.

Information and fact sheets are included on the Carers and Grandcarers website regarding the Carers Charter and the Act. Further work to enhance this information will be undertaken in 2023.

WA Country Health Service

All staff must complete Person Centred Care training on commencement of working in WACHS. This online package includes significant referencing to the *Carer's Recognition Act* and Carers WA. The learning package must be completed every 3 years ongoing.

The Goldfields Multi-Purpose Services Aged Care Orientation guide includes a reference to the Act as well as the Aged Care Charter of Rights. An eLearning program educates staff on the use of language services to ensure consumers/carers are given information related to their health in a format/language that they can understand

In the South West, Barbara's story (a consumer story) is shared at every induction and the South West Induction eLearning includes a module on Consumer Centred Care. All participants are given a copy of the Health Care Rights, Aishwarya's Care Call posters, a link to Carers WA and a Carers WA brochure.

In the Great Southern Standard 2 Champions support staff knowledge and understanding of carers' rights. The Great Southern consumer and carer engagement staff training video, developed by WACHS and Carers WA, is screened to staff at practical skills training sessions.

The Carers Charter is included in the Kimberley staff orientation learning maps.

Child and Adolescent Health Service

CAHS provides information on the principles in the Charter at all staff inductions. The CAC provided feedback on customer service training, which led CAHS Learning and Development to establish a consumer reference group to provide greater input into the development of staff training and to co-deliver training.

In line with an action of the CAHS Consumer Engagement Strategy, the Child and Family Centred Care (CaFCC) Improvement project continues to be implemented in partnership with consumers, including carers, and establishes a set of CAHS-wide principles for CaFCC and implementation across CAHS policy and training. A number of service areas across CAHS already practice CaFCC principles and have online mandatory training in place that includes regular reference to the inclusion of parents and carers.

CAHS works in partnership with Kalparrin, a member organisation that represents parents and carers. Kalparrin's presence at PCH assists in building staff awareness of carer needs and inclusive practice. In the last year Kalparrin has run two education sessions for the Child Development Service staff.

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.

Criterion Factors

2.1 Enabling carer input into policy

2.2 Carer representation

2.3 Measures/Reporting

Self-assessed ratings

Table 10: Agency self-assessment results for Criterion 2

SMHS	NHMS	EMHS	DSC	WACHS	CAHS	DoH
Well developed	Well developed	Developing	Well developed	Well developed	Well developed	Well developed

Council observations

There is a strong upward trend in carers being included in policy-based consultations and most organisations have a specific carer engagement policy. Consumer and carer engagement strategies are becoming a more common initiative, which is helping to drive carer engagement.

There is also a strong upward trend in having carer representatives on advisory bodies and reference groups. One in two of the reporting organisations have strategies in place to increase carer participation at a committee level. It is less clear the extent to which carer representation is present in governance and executive bodies; and carer representation on the boards of funded services appear to be declining. Having carer representation at the decision-making level of organisations is critical for actioning the Carers Charter and advocating for and supporting carers.

As in previous years, organisations are varied in their ability to centrally measure and report on carer input indicators, such as the proportion and type of carers on committees and the proportion and type of carer participation in consultations.

It is encouraging to see that services are increasingly engaging and partnering with representative bodies such as Carers WA and the Health Consumers Council.

A number of organisations reported on work they are undertaking to increase the diversity of carer representatives to ensure specific cohorts are included, such as Aboriginal carers, CaLD carers, regional carers and young carers.

Suggestion for Improvement 2: That reporting organisations are better able to centrally identify, measure and report on carer representation at a governance and executive level.

Suggestion for Improvement 3: That reporting organisations are better able to centrally identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews.

Findings

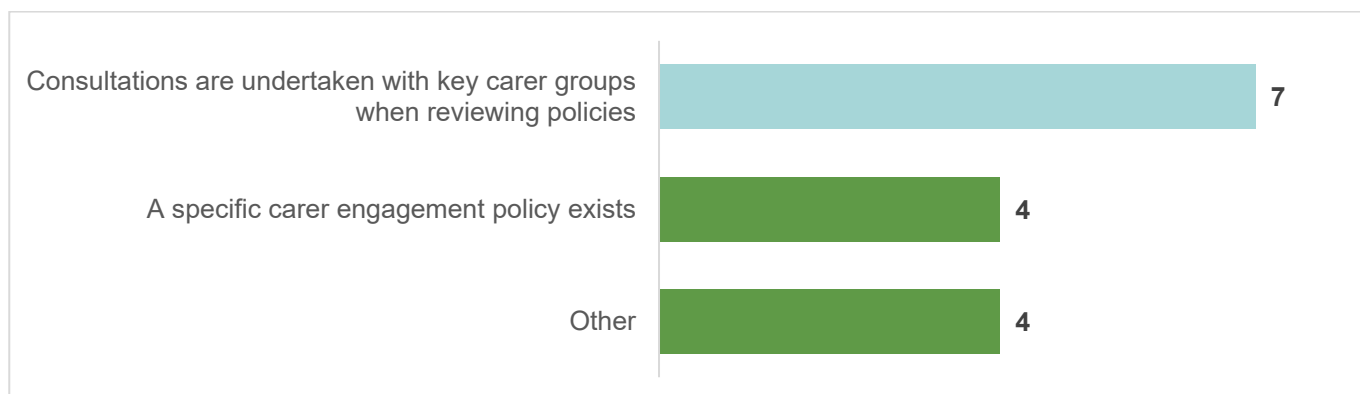
Reporting against actions

2.1 Enabling carer input into policy

Table 11: Enabling carer input into policy, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS	DoH
Developing	Consultations are undertaken with key carer groups when reviewing policies	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Well Developed	A specific carer engagement policy exists	Yes	Yes	Yes		Yes		
	Other	Yes		Yes			Yes	Yes

Figure 7: Enabling carer input into policy, actions aggregated across agencies, n=7



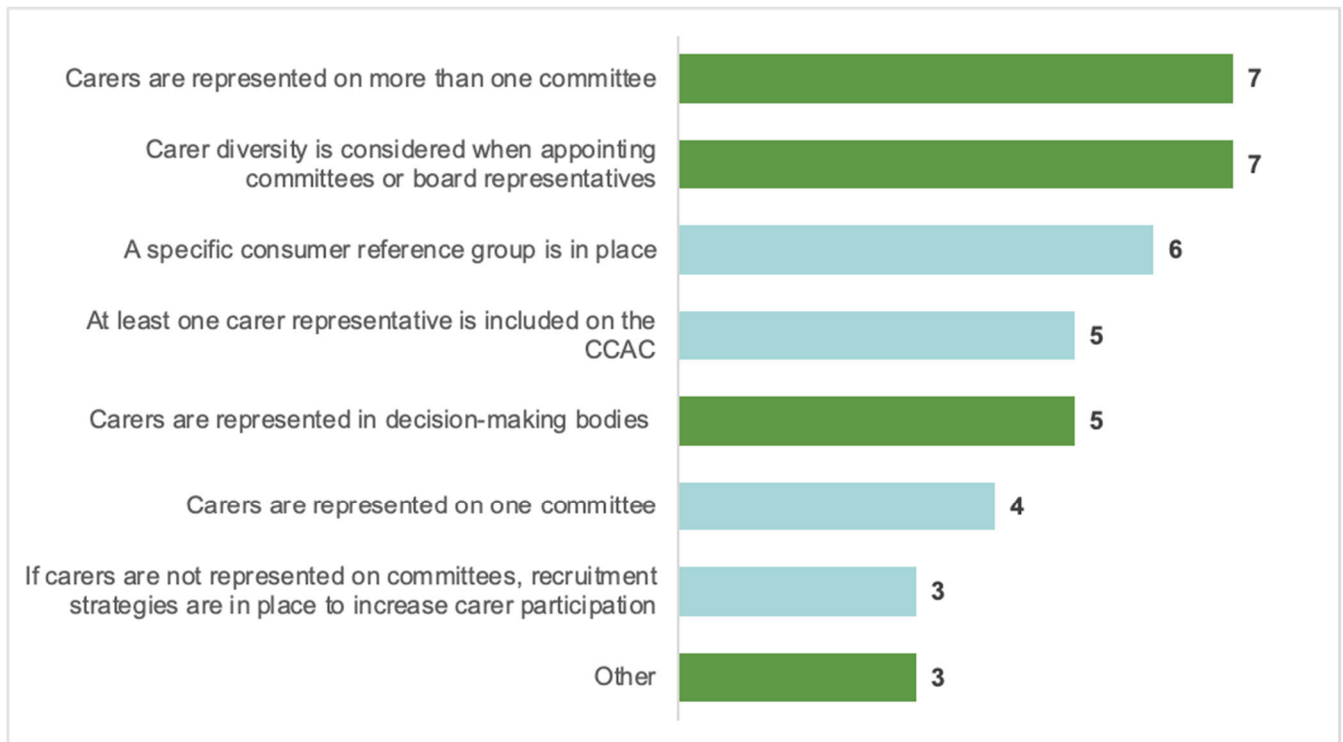
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Enabling carer input into policy is 71 per cent.

2.2 Carer representation

Table 12: Carer representation, actions by agency

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

Figure 8: Carer representation, actions aggregated by agency, n=7



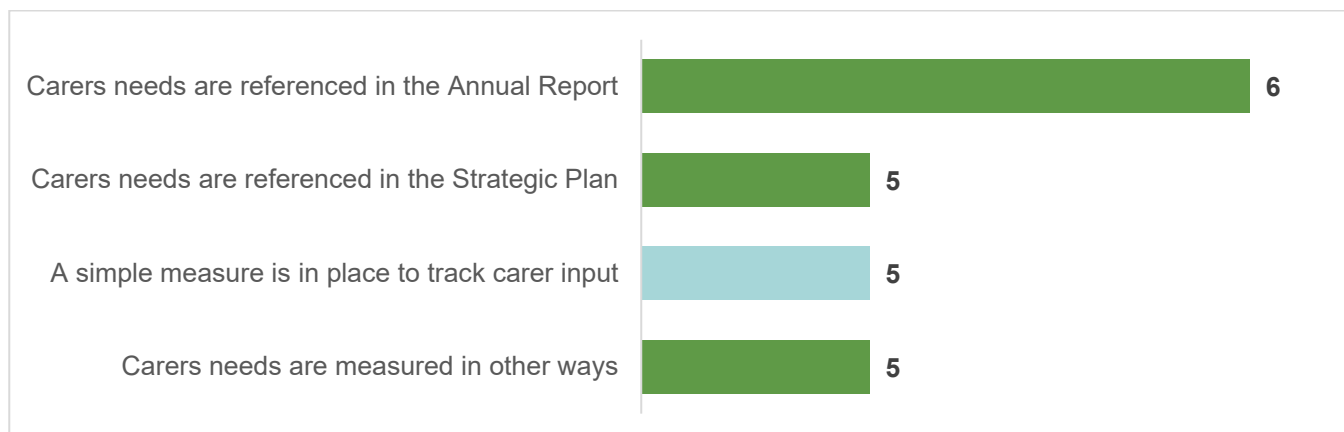
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Carer representation is 71 per cent.

2.3 Measures/Reporting

Table 13: Measures and reporting, Criterion 2

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS	DoH
Developing	A simple measure is in place to track carer input	Yes	Yes			Yes	Yes	Yes
Well Developed	Carers' needs are referenced in the Strategic Plan	Yes	Yes	Yes		Yes	Yes	
	Carers' needs are referenced in the Annual Report	Yes	Yes	Yes	Yes		Yes	Yes
	Carers needs are measured in other ways		Yes	Yes	Yes		Yes	Yes

Figure 9: Measures and reporting, Criterion 2, actions aggregated across agencies, n=7



Assuming a score of 100 if all organisations undertook all actions, the aggregated score for Measures/Reporting is 75 per cent.

Funded services

Department of Health funded services

Table 14: Compliance with related actions to Criterion 2 from Department of Health funded service providers

Related actions	Yes	No	N/A
Action 5. Include carers in the organisation's strategic planning process.	74.6%	23.7%	1.7%
Action 6. Include carers on the organisation's Board/Management Committee.	66.1%	25.4%	8.5%

Mental Health Commission funded services

Table 15: Compliance with related actions to Criterion 2 from Mental Health Commission funded service providers

Related actions	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.	1.7%	0.0%	5.1%	10.2%	72.9%	10.2%
Action 5. Include carers in the organisation's strategic planning process.	5.1%	3.4%	3.4%	10.2%	61.0%	16.9%

Examples of policy input from carers

South Metropolitan Health Service

Examples of groups consulted include Carers WA, mental health advisory groups, Community/Consumer Advisory Group members, carers on the FSFHG Partnering with Consumers Committee, and community networks. All hospital sites have a Community/Consumer Advisory Council or equivalent.

North Metropolitan Health Service

All site Community Advisory Councils Terms of Reference include membership for a carer representative. The North Executive Team Safety, Quality, Governance and Consumer Engagement Subcommittee Terms of Reference include membership for a carer representative.

Carers input into policy also includes the following mechanisms: MHS SCGH and Older Adult Wanneroo has a carer representative from Carer's WA; SFMHS Consumer Partnership Advisory Group; King Edward Memorial Hospital Community Advisory Council and other committee groups; SCGOPHCG Community Advisory Council and other committee groups.

WA Country Health Service

The 'Recognising the Importance of Carers Policy' outlines that carers and or representative bodies of carers must be included when policy or programs that might impact carers or their roles are developed. All significant WACHS committees have consumer/carer representatives and there are a number of consumer-led advisory groups/committees to key service areas such as Aboriginal health, mental health, CaLD communities and the two health districts. A Consumer Community of Interest Register identifies consumers/carers wishing to participate in ad hoc activities.

Child and Adolescent Health Service

An action from the Consumer Engagement Strategy details that a consistent process for consumers to provide input into the development and review of policies is established.

A number of key carer groups have been consulted when policies are being reviewed/developed. Recent examples include review of CAHS Comprehensive Care Policy and the Sharing of Information Policy.

The CAHS Consumer Engagement Team provides a link between carers and the organisation. The Consumer Engagement Team has established the Consumer Engagement Activity Record to support centralised reporting of activities and initiatives where consumers and carers have been involved.

The CAHS CAC, CAHS Disability Access and Inclusion Committee (DAIC) and CAHS Lived Experience Group (CAMHS LEG) all have members who are carers.

Department of Health

Consultations are undertaken with key carer groups when reviewing or developing policies. Carer representatives, Carers WA and the Health Consumers' Council are included in the development/review of policies, service delivery models of care, and all aspects of health care reform.

Engagement activities, such as workshops and surveys, allow for participants to identify themselves as carers.

Carers are represented on consumer reference groups, including but not limited to the Lived Experience Advisory Group, the WA Health ICT Consumer Reference Group, Systemwide Mental Health Clinical Policy Group, Advance Care Planning (ACP) Education for Health Professionals and the Community Reference Group.

Carers needs are specifically referenced in the:

- WA Health Promotion Strategic Framework 2017-2021
- Department of Health Annual Report 2020-21
- Department of Health 2020-22 Corporate Plan, with several key deliverables for achievement in 2021-22 involving activities with carers. Carer activity was generally reported within the quarterly progress report to department executive denoting achievement or progress toward completion.

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.

Criterion Factors

- 3.1 Education of carers
- 3.2 Enabling carers views to be heard
- 3.3 Understanding carers needs
- 3.4 Advocate on behalf of carers
- 3.5 Measure/Reporting

Self-assessed ratings

Table 16: Agency self-assessment results for Criterion 3

SMHS	NHMS	EMHS	DSC	WACHS	CAHS
Well developed	Well developed	Well developed	Developing	Well developed	Well developed

Council observations

Carers are being provided with information at admission with printed materials available in different languages. Carers are also being provided with information at discharge and being included in discharge planning and review. All reporting organisations bar one have dedicated information areas for carers.

The majority of reporting organisations are active in improving the identification of carers and providing information on support options. However, some form of carer status assessment at time of admission is only undertaken by two organisations⁴ and only half of the reporting organisations made reference to supporting carers to access the Carer Gateway.

The majority of organisations have a specific carer reference group in place. One in two have a dedicated carer/consumer liaison position, down from five in six in 2020-21.

Carer's views are being captured through a range of program or site-specific surveys. However, carers as a subset of consumer survey respondents are not always being identified, so their specific views and needs cannot be properly identified.

⁴ This figure is the same as 2020-21.

There has been a steep decline in the number of forums or workshops used to hear from carers (from 5 out of 6 in 2020-21 to 2 out of 6 in 2021-21). This may be linked to COVID-19 restrictions.

There has been increased participation in National Carers Week and advocating on behalf of carers.

There is emerging evidence that the needs of specific groups of carers are being considered, such as Aboriginal carers, CaLD carers, regional carers and young carers.

Suggestion for Improvement 4: That organisations use multiple means to connect carers to support services.

Suggestion for Improvement 5: That reporting organisations are better able to identify, measure and report on carer responses as a sub-set of all survey or consultation findings.

Suggestion for Improvement 6: That mixed methods are used to compliment survey methods as a way of enhancing inclusion strategies and capturing the views of diverse carers.

Findings

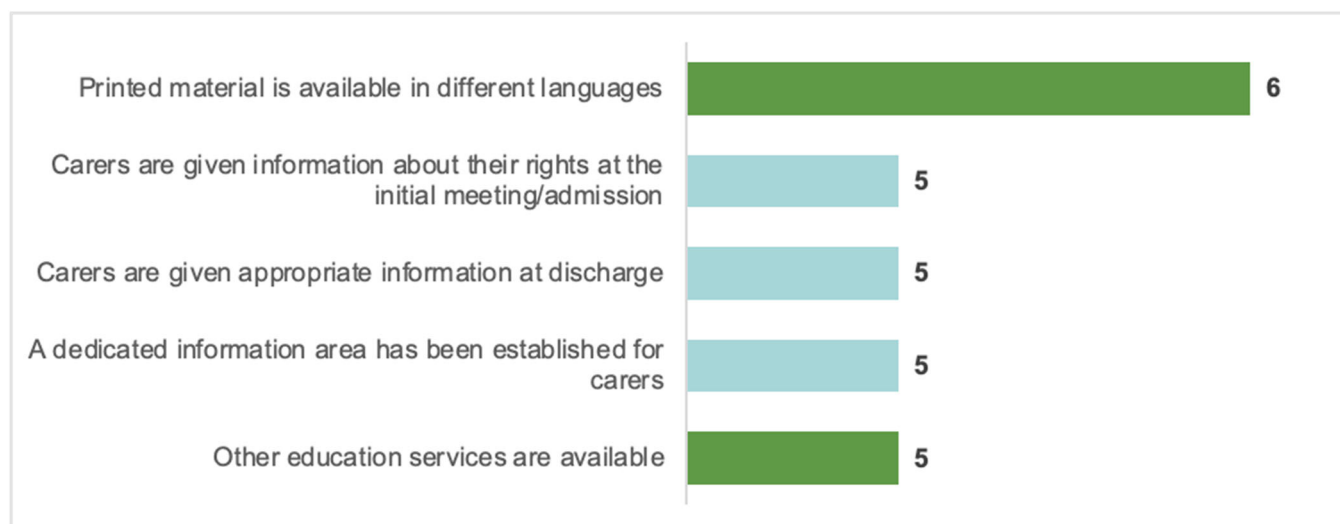
Reporting against actions

3.1 Education of carers

Table 17: Education of carers, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	Carers are given information about their rights at the initial meeting/admission	Yes	Yes	Yes		Yes	Yes
	Carers are given appropriate information at discharge	Yes	Yes	Yes		Yes	Yes
	Dedicated information area for carers	Yes	Yes	Yes		Yes	Yes
Well Developed	Printed material is available in different languages	Yes	Yes	Yes	Yes	Yes	Yes
	Other	Yes	Yes	Yes		Yes	Yes

Figure 10: Education of carers, actions aggregated across agencies, n=6



SMHS, NMHS and EMHS distributed 2,044 Prepare to Care Packs, 5,097 carer information packs and 275 Welcome to Ward packs.

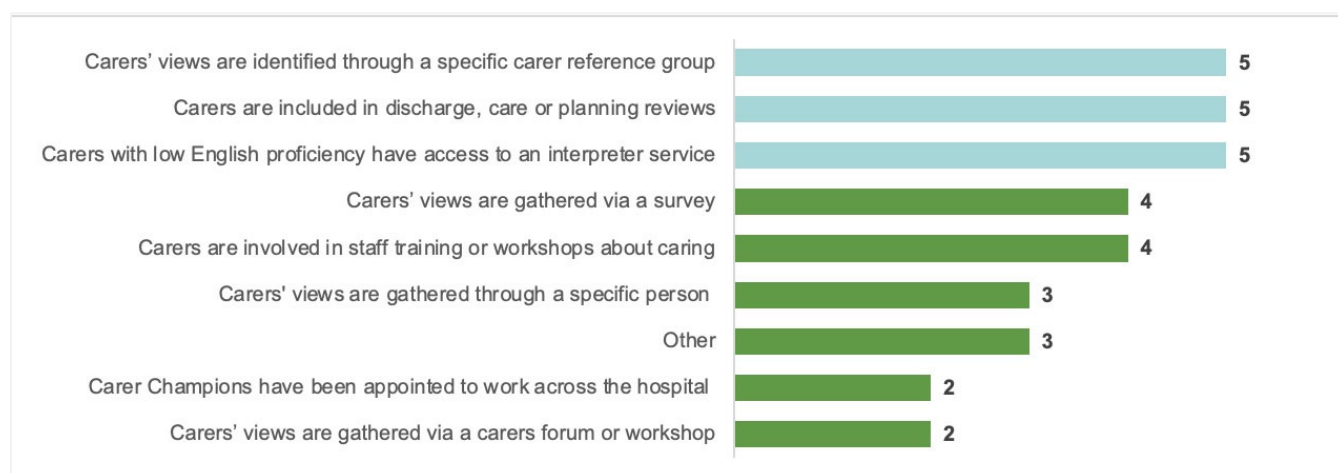
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Education of carers is 72 per cent.

3.2 Enabling carers views to be heard

Table 18: Enabling carers views to be heard, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	Carers' views are identified through a specific carer reference group	Yes	Yes	Yes		Yes	Yes
	Carers are included in discharge, care or planning reviews	Yes	Yes	Yes		Yes	Yes
	Carers with low English proficiency have access to an interpreter	Yes	Yes	Yes		Yes	Yes
Well Developed	Carer views are gathered through a specific person, e.g., a Peer Support, Customer Liaison Officer			Yes		Yes	Yes
	Carer Champions have been appointed to work across the hospital					Yes	Yes
	Carers' views are gathered via a carer's forum or workshop					Yes	Yes
	Carers' views are gathered via a survey	Yes	Yes			Yes	Yes
	Carers are involved in staff training or workshops about caring	Yes		Yes		Yes	Yes
	Other		Yes			Yes	Yes

Figure 11: Enabling carers views to be heard, actions aggregated across agencies, n=6



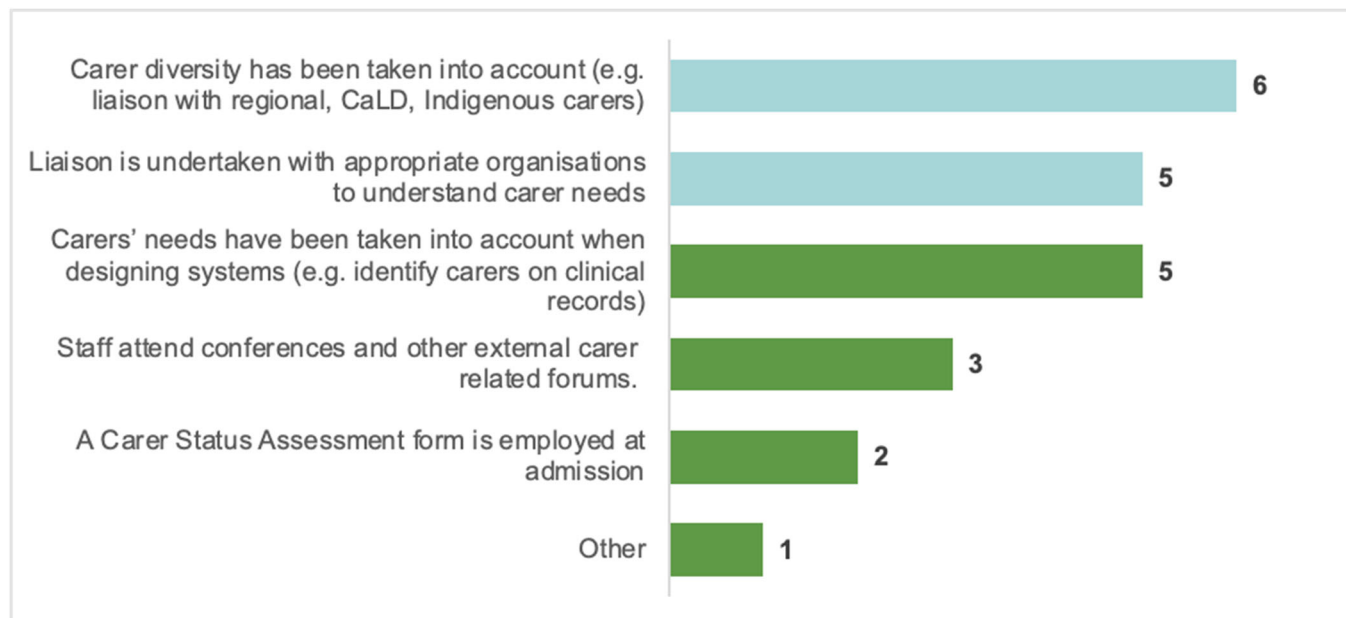
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Enabling carers views to be heard is 61 per cent.

3.3 Understanding carers needs

Table 19: Understanding carers needs, actions by agency

Level	Action	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	Liaison is undertaken with appropriate organisations to understand carer needs		Yes	Yes	Yes	Yes	Yes
	Carer diversity has been taken into account, e.g. liaison with regional, CaLD, Indigenous carers	Yes	Yes	Yes	Yes	Yes	Yes
Well Developed	A Carer Status Assessment form is employed at admission	Yes		Yes			
	Staff attend conferences and other external carer related forums		Yes			Yes	Yes
	Carers' needs have been taken into account when designing systems, e.g. identify carers on clinical records	Yes	Yes	Yes		Yes	Yes
	Other						Yes

Figure 12: Understanding carers needs, actions aggregated across agencies, n=6



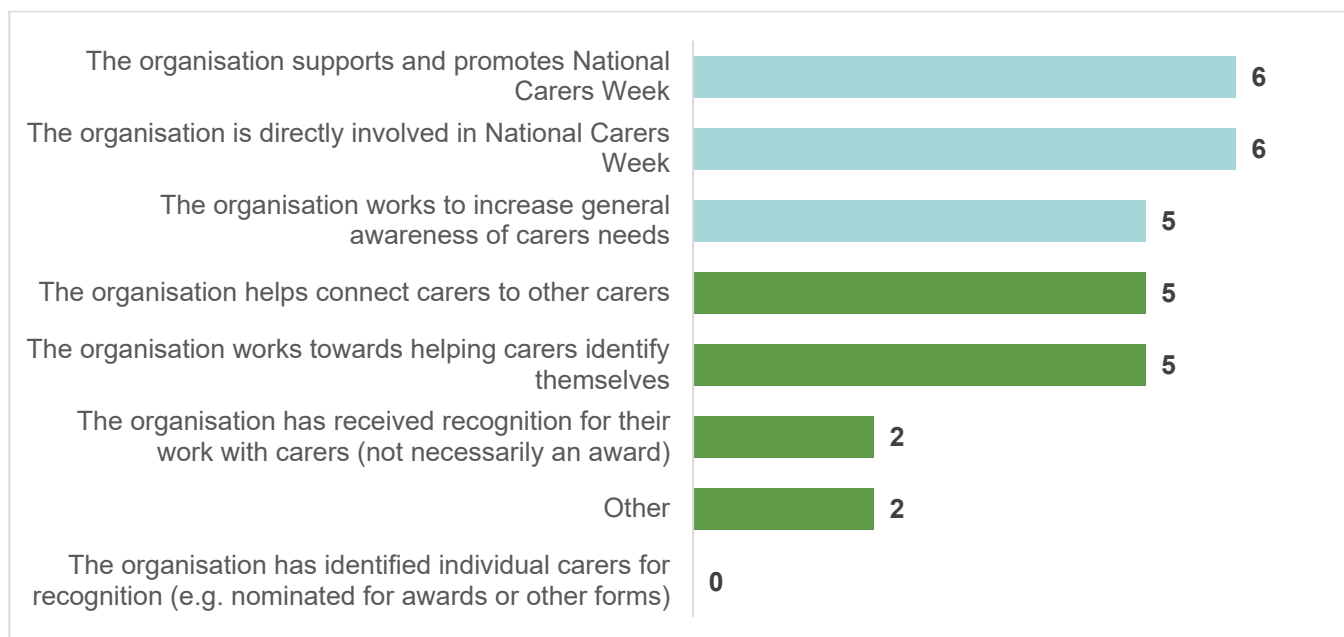
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Understanding Carers needs is 61 per cent.

3.4 Advocate on behalf of carers

Table 20: Advocate on behalf of carers, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	The organisation supports and promotes National Carers Week	Yes	Yes	Yes	Yes	Yes	Yes
	The organisation is directly involved in National Carers Week	Yes	Yes	Yes	Yes	Yes	Yes
	The organisation works to increase general awareness of carers needs	Yes	Yes	Yes	Yes	Yes	
Well Developed	The organisation has identified individual carers for recognition (e.g. nominated for awards or other forms)						
	The organisation helps connect carers to other carers	Yes	Yes	Yes		Yes	Yes
	The organisation works towards helping carers identify themselves	Yes	Yes	Yes		Yes	Yes
	The organisation has received recognition for their work with carers (not necessarily an award)		Yes				Yes
	Other			Yes	Yes		

Figure 13: Advocate on behalf of carers, actions aggregated across agencies, n=6



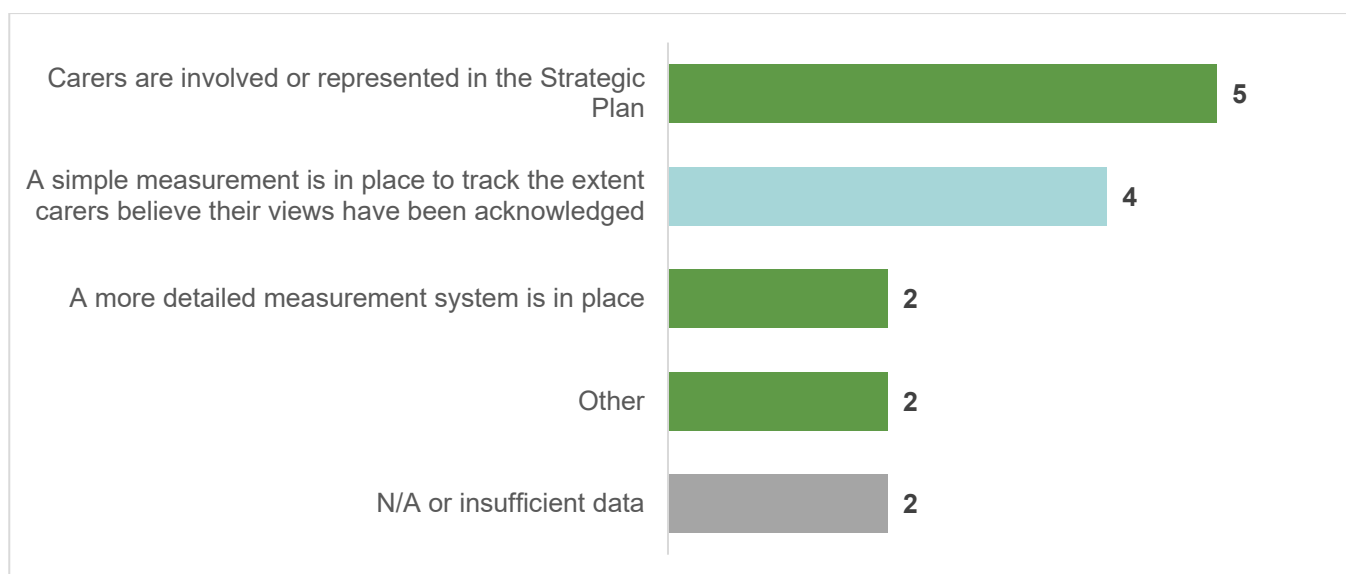
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Advocate on behalf of carers is 65 per cent.

3.5 Measure/Reporting

Table 21: Measures and reporting, Criterion 3, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	A simple measurement is in place to track the extent to which carers believe their views have been acknowledged		Yes	Yes		Yes	Yes
Well Developed	A more detailed measurement system is in place			Yes			Yes
	Carers are involved or represented in the Strategic Plan	Yes	Yes	Yes		Yes	Yes
	Other					Yes	Yes

Figure 14: Measures and reporting, Criterion 3, actions aggregated across agencies, n=6



Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Measure/Reporting is 54 per cent.

Funded services

Department of Health funded services

Table 22: Compliance with related actions to Criterion 3 from Department of Health funded service providers

Related actions	Yes	No	N/A
7. Include carers in the assessment and planning processes for direct services.	88.1%	10.2%	1.7%
8. Include carers in the ongoing monitoring of direct services e.g. surveys.	93.2%	5.1%	1.7%
10. Ensure carers have the opportunity to provide feedback on their experience of the organisation e.g. satisfaction surveys.	98.3%	0.0%	1.7%
11. Provide avenues for carers to access peer support.	86.4%	8.5%	5.1%

Mental Health Commission funded services

Table 23: Compliance with related actions to Criterion 3 from Mental Health Commission funded service providers

Related actions	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Action 6. Include carers on the Board/Management Committee of the organisation.	6.8%	1.7%	5.1%	5.1%	42.4%	39.0%
Action 7. Include carers in the assessment process for direct services.	1.7%	3.4%	3.4%	1.7%	76.3%	13.6%
Action 8. Include carers in the ongoing monitoring of direct services.	0.0%	5.1%	5.1%	8.5%	69.5%	11.9%
Action 11. Provide avenues for carers to access peer support?	0.0%	5.1%	1.7%	6.8%	71.2%	15.3%

Examples of considering the views and needs of carers

South Metropolitan Health Service

The Fiona Stanley Fremantle Hospitals Group (FSFHG) and the Rockingham Peel Group (RkPG) introduced Weekly Engagement of Consumers in an Audit of National Standards in September 2021. The online inpatient audit tool measures compliance against the National Safety and Quality Health Service Standards and includes a consumer engagement section. The patient's carer/family is encouraged to be included where appropriate, and questions can be answered by the carer on behalf of the patient.

PHC utilise the internal 'Voice of the Patient' survey, which includes the Australian Hospital Patient Experience Question Set. The survey tool and responses are reviewed by the Consumer Board of Advice and member feedback has been included in the survey tool following their review.

On the third Tuesday of every month, Fremantle Hospital hosts a “forget me not memory cafe”. The cafe provides a place for carers and loved ones with dementia to meet other people who are affected by the illness.

Carer status is checked upon admission and updated in WebPAS. The FSFHG 'Ward Walks' program includes the following question: Do you consider yourself as a carer or support person for the patient? A 'yes' response is followed up with information about Carers Corners on the ward, and the availability of resources and information on Carers WA and The Carers Gateway website.

North Metropolitan Health Service

The NMHS Consumer Engagement will work with site teams to scope the development of quantifiable measures and evaluation tools to assess engagement and input of Carers across the organisation.

In the Women and Newborn Health Services (WNHS) and Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) carers are invited to complete the MySay Healthcare Survey (state-wide patient experience survey) two days after discharge, an outpatient appointment or emergency department visit. Online dashboard in development which will enable filtering to view carer respondent results.

SCGOPHCG is undertaking a multisite research project to identify and address family carers support needs in collaboration with SCGOPHCG Clinical Nurse Research. Other examples from SCGOPHCG include:

- Pharmacy staff contact family carers via telephone to ensure information/ education is provided to assist with medication management.
- In Rehabilitation and Aged Care Wards the Stroke Team are trailing a patient 'case management system' so that patient/carers/families have one point of contact regarding their stroke journey.

- 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.
- Occupational Therapists involve carers as standard practice in most aspects of OT intervention, such as initial interviews, home visits, patient equipment education and training.

East Metropolitan Health Service

EMHS encourages carers to identify themselves and be involved in patient journey and support discharge. Identified carers are connected to the Carers WA carers network and Wellness at Home Program. Direct referrals are made to Alzheimer's WA and Parkinson's Association for carer support.

All carers and family members are engaged where appropriate with assessments and interventions that are provided through Community Rehabilitation. In particular home-based programs that may require extra levels of engagement from carers in order for the programs to be completed by the patient.

The Patient Experience team is available to discuss and review any concerns that patients, their families, and carers may have about their care. EMHS conducts annual consumer and carer participation surveys, however data is not split between the two roles. The Your Experience of Service Survey is in pilot for carers in mental health.

Disability Services Commission

Carers are considered a key stakeholder for consultation on policy and strategy development and are engaged as appropriate. Consultation and engagement with carers is considered a standard operating procedure for the relevant areas. Opportunities to measure and report on carer's view and needs will be investigated in the future.

Department of Communities is responsible for the State Government's National Carers Week campaign. This involved all-staff activities and awareness raising leading up to and the week of National Carers Week.

WA Country Health Service

Carers are invited to attend regular community care meetings on the remote communities which Kimberley Aged and Community Services work in.

Wheatbelt Mental Health Service and Aged Care Services undertake annual experience of service surveys with patients, parents and carers. Consumer and or carer satisfaction surveys are conducted by Aged Care Services in the Goldfields and reported on quarterly. Carers specific surveys undertaken by Midwest programs including Palliative Care, Mental Health and Community Alcohol and Drug Service, Aged and Community Care directorate.

Consumers /DHAC members are involved in conducting the '15 Step Challenge' in areas of the hospital, allowing them to give feedback that is then used as training opportunities for staff to improve service delivery.

Carers and next of kin are identified on admission paperwork and are included in assessment, service delivery and discharge planning with the client's consent. Midwest Mental Health services have a Carer tick box or consent area with their intake paperwork and online data systems to ensure carers are identified on presentation or admission to health service. In the Goldfields an information global was sent out to staff to advise them of the process of how a carer can register as a formal carer, including young carers.

Child and Adolescent Health Service

CAHS uses various consumer experience surveys to establish carer views. Some examples are: the Perth Children's Hospital (PCH) Inpatient MySay Survey and Emergency Department Survey; the Child and Adolescent Mental Health Service (CAMHS) Carer Experience of Service Survey; the Community Health Nursing Consumer Experience Survey; and the Child Development Consumer Experience Survey. The CAHS Consumer Engagement Strategy included consultation with over 1,000 consumers and included a survey where 149 WA regional parents/carers responded.

The online *Engage* consumer network has over 800 members and provides opportunities for carers to give their views into service planning, design and evaluation through surveys, polls and focus groups.

CAMHS employs Carer/Peer Support Coordinators who share their knowledge and experience with other carers and facilitate support groups at PCH.

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.

Criterion Factors

- 4.1 Education of carers
- 4.2 Enabling /Accessible
- 4.3 Responding
- 4.4 Measure/reporting

Self-assessed ratings

Table 24: Agency self-assessment results for Criterion 4

SMHS	NHMS	EMHS	DSC	WACHS	CAHS
Well developed	Well developed	Well developed	Developing	Well developed	Well developed

Council observations

There are robust systems in place for receiving, responding to and reporting on complaints.

Carers are provided with information on the complaints process in accessible formats and have multiple ways in which they can make a complaint, including being able to speak to someone in person or over the phone.

A significant initiative is that the Aishwarya Care Call has been implemented across all WA public hospitals, including the provision of telephones in Emergency Departments for calls if carers, patients, or families feel their concerns need escalation.

The national, online platform Carer Opinion is being promoted by the majority of services and used as a mechanism of feedback and quality improvement, as is the MySay Healthcare Survey. Initiatives to develop dashboards that report on feedback from carers, such as through the MySay results, are an indication of developing good practice..

A significant area for improvement is that complaint and feedback systems are not consistently identifying and capturing carers as a sub-set of all respondents, so there is little way to identify their specific concerns and complaints within the reports. This is an area that has been identified by the Council in previous reports as requiring improvement.

Suggestion for Improvement 7: That reporting organisations are better able to identify, measure and report on carer complaints and feedback as a sub-set of all complaints and feedback.

Suggestion for Improvement 8: That reporting organisations are better able to evidence how carer complaints and feedback inform quality improvements.

Findings

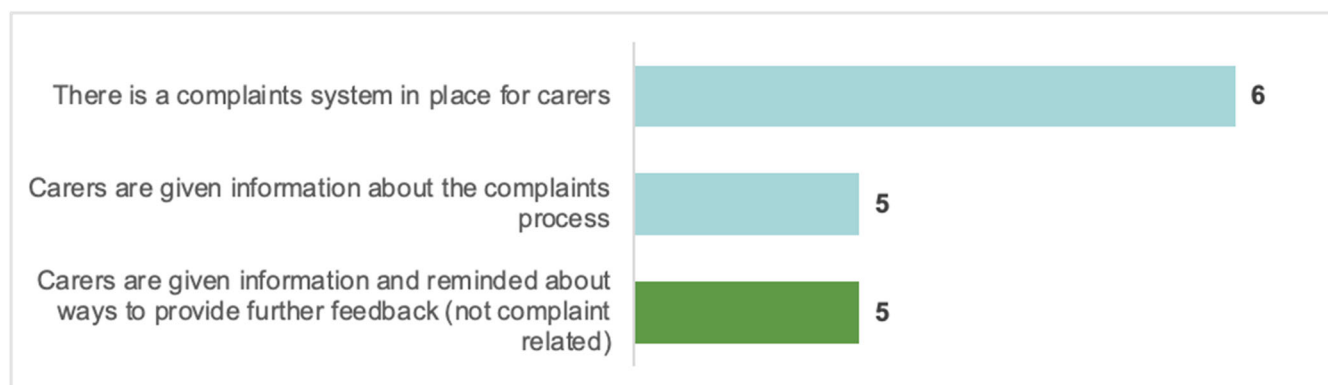
Reporting against actions

4.1 Education of carers

Table 25: Education of carers, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	There is a complaints system in place for carers	Yes	Yes	Yes	Yes	Yes	Yes
	Carers are given information about the complaints process	Yes	Yes	Yes		Yes	Yes
Well developed	Carers are given information and reminded about ways to provide further feedback (not complaint related)	Yes	Yes	Yes		Yes	Yes

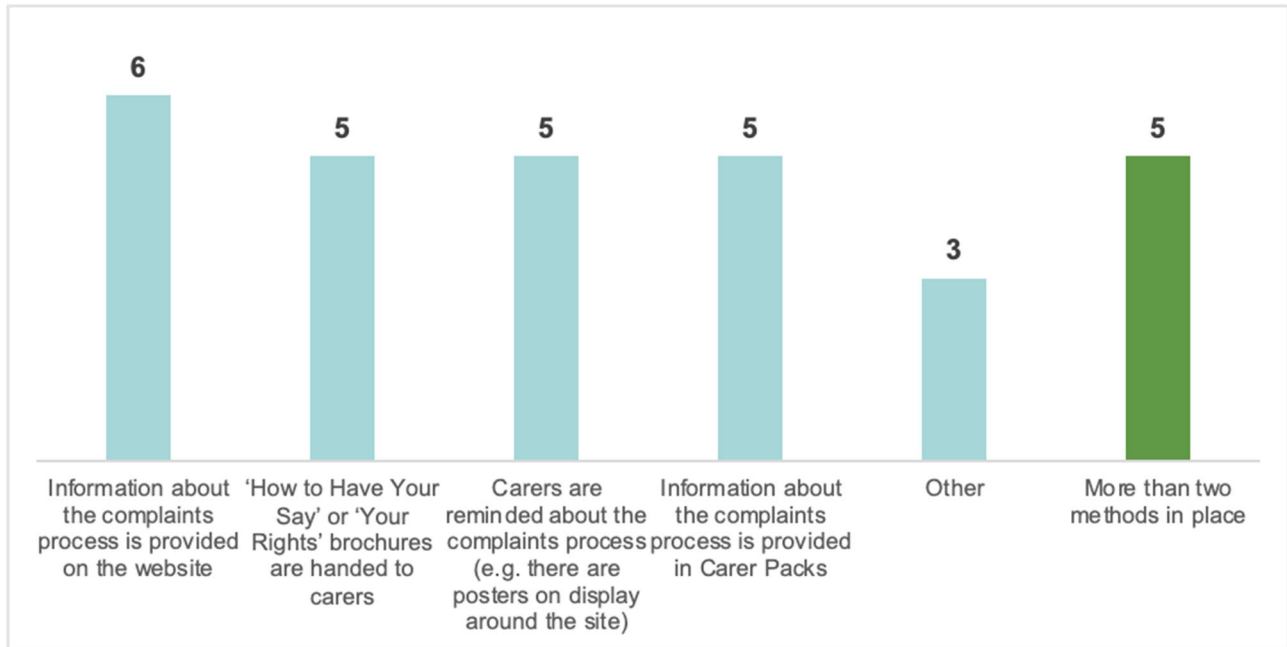
Figure 15: Education of carers, actions aggregated across agencies, n=6



Assuming a score of 100 if all organisations undertook all actions, the aggregated score for Education of carers is 89 per cent.

Further information in Figure 16 shows ways in which information is provided about the complaints process.

Figure 16: How information is provided about complaints process, n=6

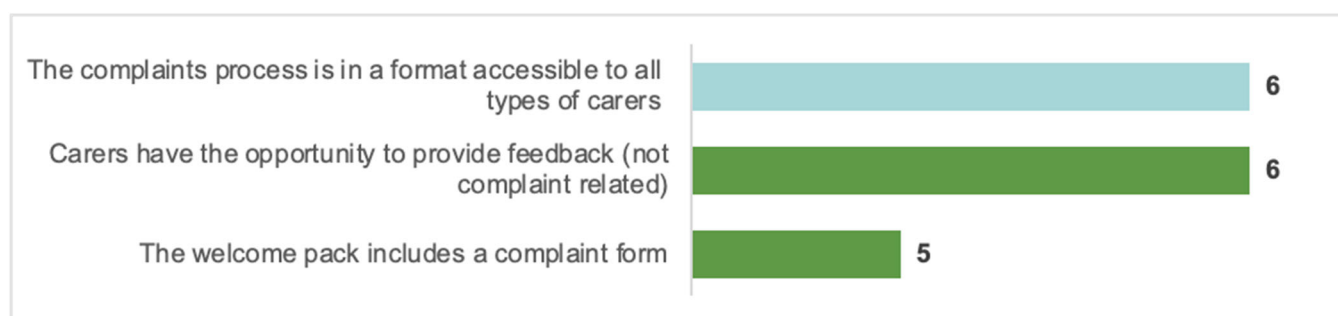


4.2 Enabling /Accessible

Table 26: Enabling/Accessible, actions by agency

Level	Actions	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	The complaints process is in a format accessible to all types of carers	Yes	Yes	Yes	Yes	Yes	Yes
Well Developed	The welcome pack includes a complaint form	Yes	Yes	Yes		Yes	Yes
	Carers have the opportunity to provide feedback (not complaint related)	Yes	Yes	Yes	Yes	Yes	Yes

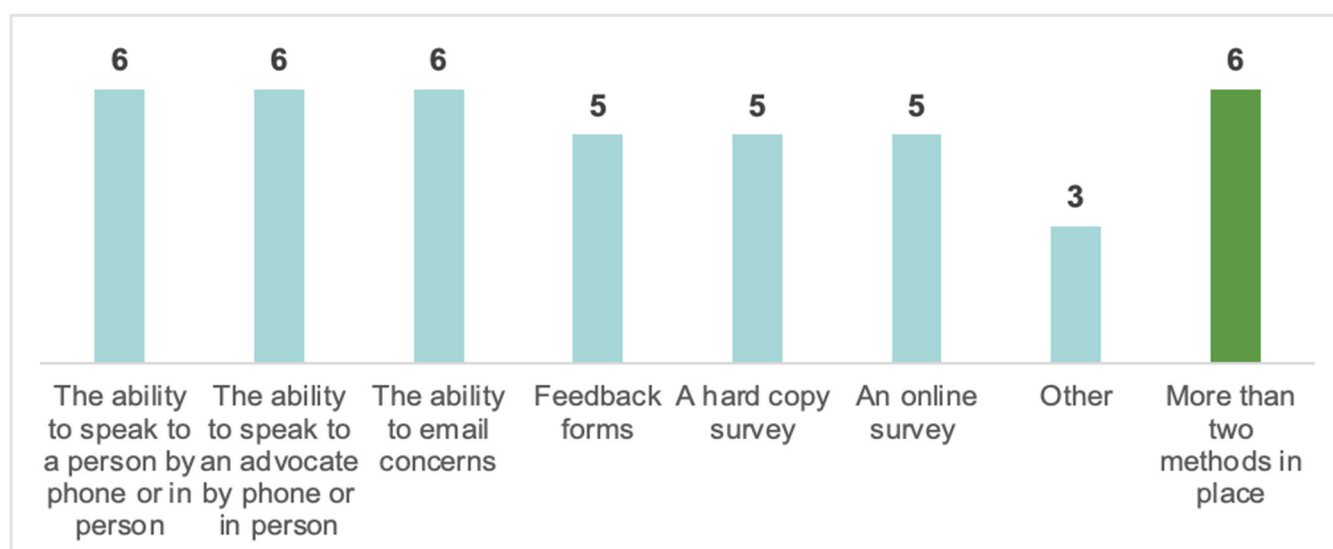
Figure 17: Enabling/Accessible, actions aggregated across agencies, n=6



Assuming a score of 100 if all organisations undertook all actions, the aggregated score for Enabling/Accessible is 94 per cent.

Further information in Figure 18 shows ways in which carers can make a complaint.

Figure 18: Ways in which carers can make a complaint, n=6

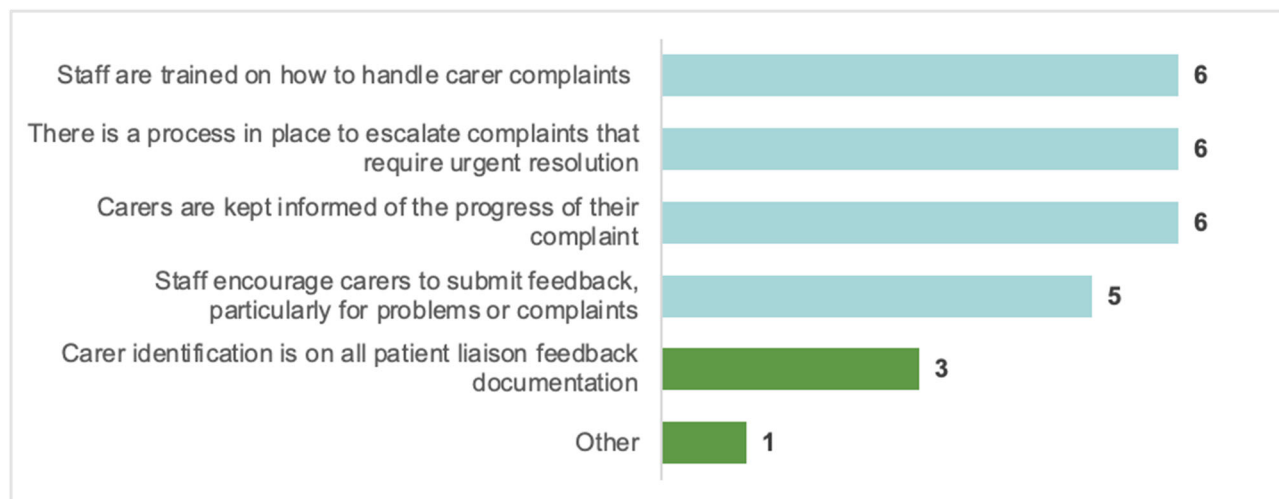


4.3 Responding

Table 27: Responding, actions by agency

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

Figure 19: Responding, actions aggregated across agencies, n=6



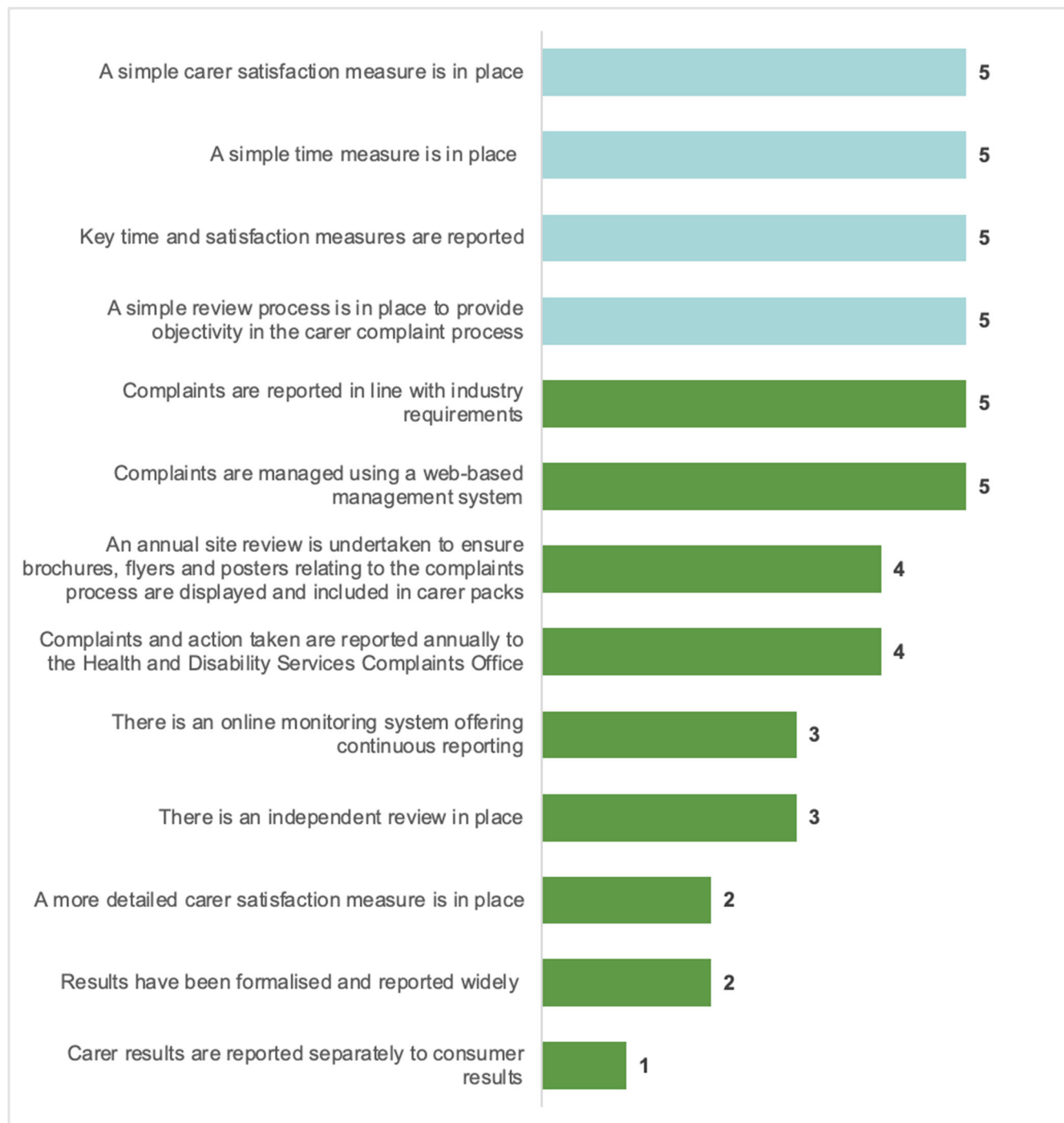
Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Responding is 75 per cent.

4.4 Measure/Reporting

Table 28: Measures and reporting, Criterion 4, actions by agency

Level	Measure/Reporting	SMHS	NMHS	EMHS	DSC	WACHS	CAHS
Developing	A simple carer satisfaction measure is in place		Yes	Yes	Yes	Yes	Yes
	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	Yes	Yes	Yes		Yes	Yes
	Key time and satisfaction measures are reported	Yes	Yes	Yes		Yes	Yes
	A simple review process is in place to provide objectivity in the carer complaint process	Yes	Yes	Yes		Yes	Yes
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		Yes	Yes		Yes	Yes
	A more detailed carer complaint measurement system is in place			Yes			Yes
	Results have been formalised and reported widely		Yes				Yes
	Complaints are reported in line with industry requirements	Yes	Yes	Yes		Yes	Yes
	Complaints are managed using a web-based management system	Yes	Yes	Yes		Yes	Yes
	Complaints and action taken are reported annually to the Health and Disability Services Complaints Office	Yes	Yes			Yes	Yes
	Carer results are reported separately to consumer results		Yes				
	There is an online monitoring system offering continuous reporting			Yes		Yes	Yes
	There is an independent review in place	Yes	Yes			Yes	

Figure 20: Measures and reporting, Criterion 4, actions aggregated across agencies, n=6



Assuming a score of 100 if all organisations undertook all actions (including 'other'), the aggregated score for Measure/Reporting is 91 per cent.

Funded services

Department of Health funded services

Table 29: Compliance with related actions to Criterion 4 from Department of Health funded service providers

Related actions	Yes	No	N/A
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.	91.5%	6.8%	1.7%

Mental Health Commission funded services

Table 30: Compliance with related actions to Criterion 4 from Mental Health Commission funded service providers

Related actions	Not compliant	Partially compliant	Mostly compliant	Almost fully compliant	Fully compliant	Not applicable
Action 9. Inform carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld.	0.0%	0.0%	5.1%	5.1%	83.1%	6.8%
Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.	0.0%	1.7%	1.7%	1.7%	91.5%	3.4%

Examples of hearing and considering complaints by carers

South Metropolitan Health Service

Care Opinion is national online social media platform that allows consumers to share their story and provide feedback about their experience with the health service. The nation-wide website enables SMHS to engage with patients, their families, and carers in a more accessible way. PHC promoted Care Opinion with newly branded poster material distributed across the campus in 2021.

PHC use the external platform, 'In moment' to evaluate the safety and quality of care delivered from the consumer's perspective, this includes the Net Promoter Score (NPS) which is explained and shared publicly on the PHC webpage.

North Metropolitan Health Service

In 2021 Aishwarya Care was implemented across sites, including a telephone in Emergency Departments. The CARE call allows patients, families, and carers to call for assistance when they feel the health care team has not fully recognised the patient's changing health condition. Posters clearly displayed in all clinical areas; and staff educated on the importance of carer's concerns.

The online MySay Survey dashboards will provide a mechanism to collect and review carer experience feedback, including complaints, should these be provided to the health service via the survey.

In the WNHS, results on the complaints management process are escalated to the Executive on a monthly basis. However, there is currently no method to gather information and identify carers complaints as a subset of all complaints. A consumer/carers satisfaction survey regarding the complaint management process is in place. However, there is no ability to identify the cohort of carers within survey respondents.

East Metropolitan Health Service

Feedback can be provided to the hospital via a number of formats, including via staff, feedback forms, the website, email, and the Patient Opinion web site. The Patient Experience team is available to discuss and review any concerns that patients, their families, and carers may have about their care.

Disability Services Commission

While the Department of Communities does have processes to receive and manage complaints about its delivery of disability services, including complaints by carers, there is no current capacity to specifically measure complaints by carers. This is an area for further consideration and development in the future.

WA Country Health Service

WACHS regions must report on compliments and complaints to WACH. Results are reviewed at multiple levels - ward level, directorate level, regional level and WACHS level. Key performance indicators exist for some of these. Regions also report on results of the ACAT Client Satisfaction Survey and Care Opinion feedback is closely monitored and reported on.

In the Midwest, weekly complaint meetings are held to discuss complaints, actions, and outcomes, with significant accountability for timelines and responses.

In the Datix CFM there is a Carers Charter component that can be utilised to capture when feedback is escalated by a carer.

Child and Adolescent Health Service

Complaints information is provided in a number of ways and consumers (including carers) can access translation services and/or hearing or speech services if they need to.

Links to complaints forms are included in electronic copies of the welcome pack, QR codes in the hard copies. In addition, the information pack provides a link to Care Opinion, an independent site where carers can share their stories about their experience of care.

Various consumer experience surveys are promoted via the TV screens in waiting areas and follow up text messages to carers after accessing services provided by CAHS.

All CAHS staff are available to assist carers to provide feedback, with dedicated Consumer Engagement Service personnel available during office hours. All staff receive education on how to respond directly to feedback received from consumers, in an attempt to try to resolve issues as soon as possible and before they escalate.

Consumer feedback reports are provided quarterly to the CAHS Safe Systems and Practice Executive Committee, the CAHS Executive Committee, the CAHS Board, the CAHS Partnering with Children and Families Committee and the consumer councils. A number of actions and recommendations based on themes and trends are made in the reports and are used to guide strategic and organisational priorities, and service improvement.

Carer satisfaction with the complaints process will be addressed in the Complaint Management Improvement Project currently being undertaken in CAHS by the Consumer Engagement team.

Highlighted initiatives 2021-22 and planned initiatives for 2022-23

Reporting organisations are asked to provide an update on planned initiatives that had been flagged in the 2020-21 report, other highlights of the year, and planned initiatives for the coming year (2022-23). Variation in how initiatives are reported means it is not always possible to distinguish a project update from a highlighted new initiative that had not been identified in 2020-21. Details of the updates, highlights and planned initiatives from each reporting organisation is provided in Appendix 3.

Council observations

The Council is encouraged by the breadth and depth of initiatives being undertaken that support the Carers Charter. There appears to be a genuine commitment to ensuring carers are valued and active partners in the consumer/patient care journey; that carers are supported in their role; and that the voice of carers is heard and responded to, at both an individual and system level.

Only half of the reporting organisations made reference to assisting carers to access the Carer Gateway. As a significant resource for carers, the Council would like to see more effort undertaken in this regard.

Four of the organisations reported on initiatives to increase the identification and recording of carers. These initiatives are not always across all services within the reporting organisation. The Council emphasises the importance of carer identification as a critical step in ensuring compliance with the Charter.

The Council is pleased to see a growing number of research projects and innovative pilot projects. Many of the examples provided show that services are thinking 'outside the box' and are moving from simply consulting with carers to engaging in genuine co-design.

The Council is also pleased to see a range of initiatives that focus on diversity and cultural safety, with evidence of improved partnerships with community-controlled organisations. The Council commends all initiatives that are actively reaching out to a diversity of carers, many of whom have complex needs and additional challenges to inclusion and engagement. It is important that the particular needs of Aboriginal carers, regional carers, young carers and CaLD carers are responded to.

It is with interest that the Council notes a growing number of initiatives that are utilising peer workers and building the lived experience workforce. The increased use of system navigators to assist patients/consumers and carers is to be commended.

Of significance has been the design and implementation of the Aishwarya's CARE Call, which builds on the existing CARE (Call and Respond Early) Call system, allowing people to escalate care where there are concerns that patient's condition is deteriorating in hospital.

Consumer and carer engagement strategies are providing a framework for building partnerships with carers and carer representative bodies, and it is becoming increasingly business as usual to consider and support carer involvement in the design, implementation, and evaluation of new initiatives.

The Council is pleased to see that carer support services and groups are being reactivated after COVID-19 restrictions, but notes that there are still many services and initiatives that are yet to be re-commenced. Given the additional burden and stress that the pandemic and pandemic response has placed on carers, the Council encourages the return of carers support services as a priority.

A reoccurring theme is that whilst a range of initiatives to apply the Charter are being undertaken, carer related data is sparse. The lack of carer specific data and reporting has been identified by the Council in previous reports and is seen as a priority area for improvement, as reflected in this report's recommendations.

It is important that the initiatives being undertaken to increase awareness and application of the Charter are evaluated and learnings shared, so that the evidence base of good practice can be built upon. It is through sharing good news stories (as well as the initiatives that were less successful) that health and disability services can improve their practices and the best outcomes for carers and their loved ones can be achieved.

Suggestion for Improvement 9: That reporting organisations improve their evaluation of carer initiatives in order to build a strong evidence base and share learnings.

Compliance summaries

South Metropolitan Health Service

Table 31: SMHS self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Well developed	Well developed	Well developed	Well developed

The Council would like to commend SMHS on their ongoing commitment to carers and the Carer's Charter. It is pleasing to see that 100 per cent of hospital sites have a Community Consumer Advisory Council (or equivalent) which includes carers.

Multiple activities across the agencies within SMHS are noted to be occurring, the cumulative impacts of which should enhance the contribution of carers and their own sense of being valued. Of the 106 action indicators in the Council's report template, SMHS reported that 66 per cent of suggested actions are undertaken.

In particular the Council acknowledges SMHS' achievement in regard to the following initiatives:

- Launch of the SMHS online community engagement platform designed to make it easier to engage and consult with users of SMHS services.
- Commencement of pilots for a 'What Matters to You? Project' in FSFHG and RkPG, with the goal of encouraging meaningful conversations between patients, carers, and health care providers by putting the patient's voice at the centre of care.
- Commencement of Fiona Stanley Hospital's (FSH) Carers WA Prepare to Care Programs in July 2021.
- The commencement of the Peel and Rockingham Mental Health Carer Support Work Services Group.
- FSFHG Ward Walks questions were amended to include 'do you consider yourself a carer or support person for the patient?'.
- A 'Support for carers' page was added to the SMHS, FSFHG and RkPG internet sites with information, links and how to provide feedback.
- PHC use the external platform, 'In moment' to evaluate the safety and quality of care delivered from the consumer's perspective, this includes the Net Promoter Score, which is explained and shared publicly on the PHC webpage.
- SMHS is one of the two agencies (along with WACHS) that reported staff refresher courses are undertaken about the Charter and the *Carers Recognition Act 2004*.

- Development of an education program to enable Emergency Department (ED) clinicians to implement standards of care of vulnerable patients. The program was designed with input from carers, has an online program of six modules (including two carer modules) and includes delivery of on floor presentations involving carers.

‘I found the focus on carers and valuing their input and including them in decision-making extremely useful. We can often lose sight of how valuable carers are in a patient’s journey’.

Participant feedback from education program for ED clinicians

The Council notes that there is potential room for improvement in being able to identify carers in customer feedback documentation and including practical examples of applying the Charter across all staff inductions.

Figure 21: FSFHG Consumer Advisory Council supporting National Carers Week 2021



Funded services

Funded services are required to provide an annual report to SMHS against the four elements of the Charter and provide examples where appropriate. Changes to the 2021-2022 reporting template came too late for SMHS to request information from funded services in a manner that would allow a statement relating to the level of compliance to be determined. Internal reporting and endorsement deadlines necessitate circulation of the template to sites in March.

The following examples of good practice are highlighted:

St John of God Hospice Murdoch

- Footprints Day Centre is a unique service which exists to provide support for patients and carers. The service operates four days per week and provides complimentary therapies and a space for carers to just have a chat or a coffee with staff.
- A validated tool exists to survey carers' experience. All carers receive a hard copy survey tool six weeks post discharge. Results are collated monthly and reviewed. Participation is voluntary and de-identified. Carers are invited to provide contact details should they wish to provide further feedback or require clarification on the episode of care. Results are reported every six months and data is reviewed annually by an independent organisation.

Genesis Cancer Care WA Pty Ltd

The GenesisCare website has a dedicated section for carers, providing support and advice on personal wellbeing, accessing support networks, and linking with other carers through partners such as the Cancer Council and Carers WA.

North Metropolitan Health Service

Table 32: NMHS self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Well developed	Well developed	Well developed	Well developed

Council is delighted to see that carers with relevant experience are invited to participate in reviews of hospital policies alongside subject matter experts, and that there are carer representatives on sixteen NMHS working groups, Executive Teams, and committees, including the Pandemic Response Committee.

Congratulations to Osborne Park Hospital's Memory Clinic for being nominated for a 2022 WA Health Excellence Award in the category of 'Engaging with Consumers, Carers and the Community'.

NMHS has demonstrated commitment to the Charter through a range of initiatives across multiple sites. Of the 106 action indicators in the Council's report template, NMHS reported that 79 per cent of suggested actions are undertaken.

In particular the Council commends NMHS' achievement in regard to the following initiatives:

- NMHS updated Carer's Policy and plans to review the NMHS Consumer and Carer Remuneration Policy.
- The Women and Newborn Health Service updated patient admission questionnaire to include discharge planning information relevant to patients with carers.
- The proposal by the Occupational Therapy at Adult Inpatient Mental Health team at Graylands Hospital's to develop a hospital wide radio station that will include carer and consumer interviews and experiences.
- Education sessions for carers of Parkinson's patients and a group program for carers of people with moderate cognitive impairment.
- All SCGH ACAT assessors are required to complete an online module on carers, with Osborne Park Hospital soon to follow suit.
- The rollout by the Social Welfare Department at Graylands Hospital of phase one of the 'Carer Engagement' Quality Improvement activity.
- Trialing a case management system for stroke patients, carers and family in Rehabilitation and Aged Care wards.
- Mental Health Public Health Dental Service Graylands' Carer Engagement Quality Improvement project, which will involve every patient having a family meeting with their family member/s and carer/s.

- Inclusion of two carer representatives on the NMHS' working group establishing a MySay Visit Survey, which will be given to all outpatient and ED patients on discharge to assess their hospital experience. This project follows the work undertaken by NMHS to pilot and implement the MySay Healthcare Survey, which is now being used across WA Hospitals.
- Combined project across SCGH Mental Health Unit and Graylands Hospital to quantitatively assess carer engagement in services.

Council looks forward to hearing how the NMHS's 'Partnership Model' engages with carers.

The Council supports the planned work of NMHS to scope the development of quantifiable measures and evaluation tools to assess engagement and input of carers across the organisation. The Council hopes that the NMHS can continue to make improvements to its complaint and feedback management process, in particular amending the current collection methodology to allow the identification of carers as a subset of all incoming complaints and feedback. The Council would like to be informed when SCGH is planning to re-initiate its Staff Survey (delayed due to COVID-19 restrictions) to identify gaps in knowledge pertaining to carers.

Funded services

NMHS' overall compliance rating for funded services is 'Developing'. This level of compliance has been assessed through the annual Carers Compliance reporting process. Most funded services are assessed against the National Safety and Quality in Healthcare Service (NSQHS) Standards plus others, which have requirements for services to meet the needs of Carers. Actions demonstrating compliance with the Carers Charter that were reported by funded service include:

- Including carers in the assessment and encouraging them to actively participate in treatment planning, where appropriate, and providing them with a written explanation of their rights and responsibilities.
- Offering support to carers in coping with the impacts of client's presenting issues on themselves and other family members and providing carers with access to other services for additional supports.
- Encouraging carers to regularly provide feedback on services and identify areas for service improvement via ongoing stakeholder consultation, consumer perception/satisfaction surveys, post-treatment surveys.
- Informing carers on the process for raising concerns or making complaints about the service they have received and ensuring this information is readily available at receptions/waiting room areas.
- Including training and education materials on the *Carers Recognition Act 2004* for all staff via service inductions and policy manuals.

East Metropolitan Health Service

Table 33: EMHS self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Well developed	Developing	Well developed	Well developed

The Council notes the significant work undertaken by EMHS to increase the involvement of carers in governance committees and reference groups, with the Patient Experience Governance Committee 'Deliver What Matters Most' as one example. EMHS continues to assist carers to identify themselves, connect with other carers and engage in planning and evaluating health services. Of the 106 action indicators in the Council's report template, EMHS reported that 75 per cent of suggested actions are undertaken.

In particular the Council commends EMHS' on the following initiatives:

- Launching the new 'Patient and Carer Welcome Pack' (1,034 carer information packs were distributed during the current reporting period).
- Promoting the Prepare to Care program and strengthening relationships with Carers WA.
- Involvement of carer views in the development of the Mental Health Patient Information booklet, patient journey and discharge planning.
- Completion of a recruitment drive for members for the Consumer and Carers Advisory Committee, with a focus on being inclusive of carers, CaLD people, Aboriginal people, those with lived experience, LGBTI people and young people.
- RPBG re-accreditation as a carer-friendly organisation. RPBG also launched a new Patient Experience Strategy to increase partnerships with consumers and carers.
- 144 staff in-service sessions that include education on carers and the Charter; and inviting carers to share their stories as part of staff training.
- Implementation of strategies as outlined in the new Patient Experience Strategy.
- Plans to increase monitoring and understanding of carer presence and involvement in care through What Matters Most Record and Comprehensive Care auditing.
- Comprehensive Care auditing to allow for the identification of unmet needs.

The reported challenges associated with COVID-19 resulting in education groups being put on hold is noted. EMHS indicates there are plans for education groups to resume. Such education groups are encouraged to facilitate carers accessing information and knowledge to assist in their caring roles.

The Council notes that there is potential room for improvement in including the Carers Charter during staff induction; engaging carers in policy input; and consideration of ways in which carers can self-identify as part of giving feedback to allow better analysis of data relating specifically to carers and separate from consumers. Council also recommends improved collection of data related to carer initiatives and engagement.

Funded services

EMHS' report to Council states that within contracts funded services provide a self-assessment against the Carers Charter requirements. A statement on the level of compliance as a result of these assessments was not provided to the Council.

Disability Services Commission

Table 34: DSC self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Developing	Well developed	Developing	Developing

The last six years have seen significant functional and organisational change in the disability services environment in Western Australia. In 2017, the Machinery of Government changes saw the Disability Services Commission (DSC) move within the new Department of Communities.

Further, following the introduction of the Australian Government-administered National Disability Insurance Scheme (NDIS) in Western Australia in 2018, people with disability who had been accessing State-funded disability supports (through the DSC) commenced transitioning to the NDIS. This transition was completed in 2022, leaving only a small number of people still receiving State-funded disability supports.

While the DSC continues to exist and operate as a statutory body, its functions and remaining services are now spread across the Department of Communities. This changed operating environment for the DSC, particularly the significant reduction in service provision and direct engagement with carers, means that it is not able to report on its obligations under the Carers Act in the same manner that it has done previously. However, the DSC's strong focus on engagement for strategic and policy matters has continued.

As a result of these changes and disruption to organisational practices, the DSC was only able to report action on one quarter of the action indicators in the Council's report template.

Currently, members of the board of the Disability Services Commission and Ministerial Advisory Council on Disability continue to include carers.

The Council is encouraged that input from carers was included in consultations to establish the Office of Disability, however more detail regarding these consultations and final structure would be useful. It is also encouraging that there was funding provided for disability advocacy and NDIS transition funding for people with disability and their carers, however, again, more detail on carer involvement would be appreciated.

Key achievements in 2021-22 include:

- Consultation for the State Disability Strategy Action Plan 2.
- Consultation on Authorisation of Restrictive Practices legislation.
- Input to the statutory review of the *Carers Recognition Act 2004* developed by the Department of Communities.
- Department of Communities' Disability Access Inclusion Plan.

From the information provided in the 2021-22 compliance report, it is not clear how, and the extent to which, information about the Carers Charter is distributed and included in staff training and induction. The disruption to organisational functions meant that most the of developing and well-developed criteria were not self-reported as in place.

While the Department of Communities has processes in place to receive and manage complaints and feedback about its delivery of disability services, there is no current capacity to identify and specifically measure complaints by carers. This is an area for further consideration and development in the future.

The Council would welcome the opportunity to discuss how compliance reporting might be adapted to better capture the functions and activities of the DSC in the changed disability services environment in WA.

WA Country Health Service

Table 35: WACHS self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Well developed	Well developed	Well developed	Well developed

The Council would like to commend and thank the WACHS for providing a detailed report with considerable information across all of WA's regions. Of the 106 action indicators in the Council's report template, WACHS reported that 83 per cent of suggested actions are undertaken.

Congratulations to Bunbury Hospital for being named the country's most outstanding regional hospital in the 2022 Australian Patients Association National Awards.

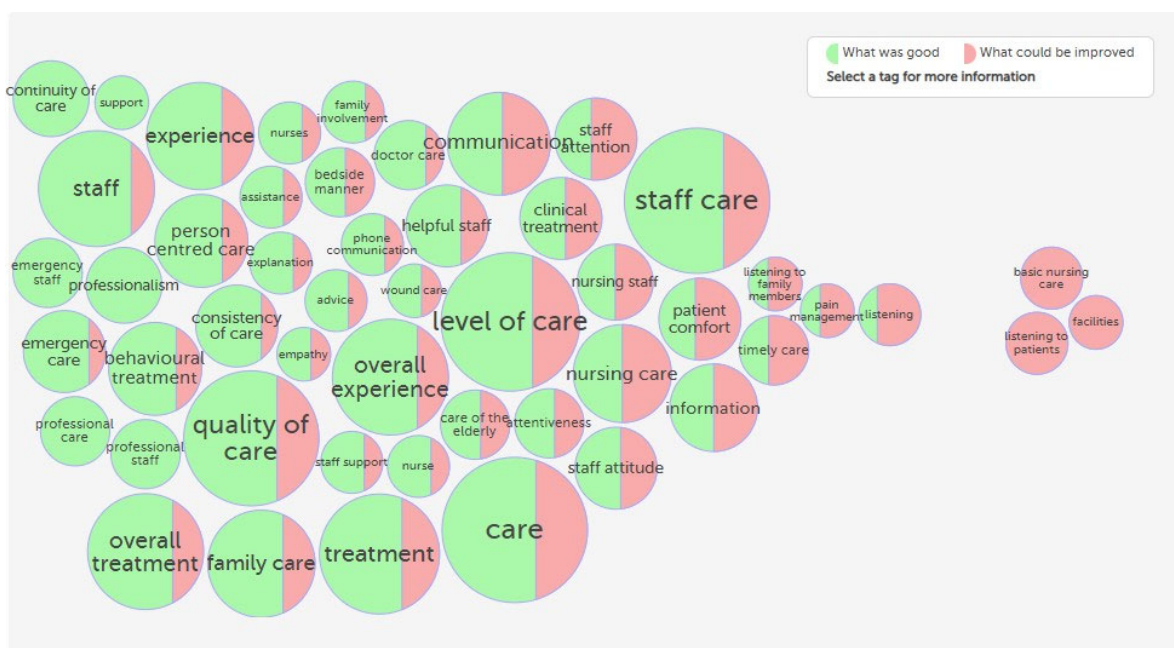
WACHS demonstrates that they are developing local initiatives to meet local needs in consultation with local people. Key initiatives the Council wishes to highlight include:

- WACHS consumer and community engagement strategy has started to be implemented and has led to the creation of seven new regional engagement positions. These positions drive consultation and engagement.
- A Consumer Community of Interest Register identifies consumers/carers wishing to participate in ad hoc activities.
- The Patient Experience and Community Engagement (PEaCE) team and their subcommittees in the various regions are a strong mechanism for carer involvement in the co-design, planning, implementation, and evaluation of services. 'Patients and Families in Healthcare' workshops, led by the PEaCE team, have commenced, which include how to meaningfully engage with carers.
- WACHS is one of the two agencies (along with SMHS) that reported staff refresher courses are undertaken about the Charter and the *Carers Recognition Act 2004*. Person Centred Care training is mandatory for all WACHS staff (including references to the Act) and must be completed by staff every three years.
- Regional specific initiatives include:
 - The utilisation of peer workers, such as the plan to provide mental health peer support workers in the Wheatbelt.
 - The 'Top 5' program in the South West which helps people with disability and cognitive decline and works with carers to explain the program.
 - Kimberley Aged Care and Community Services has produced a DVD specifically for Aboriginal people on the role of the carer.
 - A Carers WA rep and DHAC member participates at staff regional induction training in the Great Southern.

- Strengthened liaison with local Aboriginal Services, Aboriginal Liaison Officers, and Aboriginal Mental Health Workers to initiate and maintain contact with carers for care and discharge planning, with appropriate consents from consumers.
- Carers/consumer are members of a number of consumer-led advisory groups/committees. There is less evidence of the specific representation of carers on governance bodies/boards.
- WACHS has adopted a policy called 'Recognising the Importance of Carers'. The policy outlines that carer representatives must be included when policies are developed that might impact carers or their roles.

WACHS utilises the independent platform Care Opinion to capture consumer and carer experiences and to drive improvements. Care Opinion is also utilised by other reporting organisations. WACHS provided evidence of how the consumer stories have been actively analysed to demonstrate themes and trends (Figure 21). This is a commendable example of using carer feedback to drive continuous improvement.

Figure 22: WACHS analysis of Care Opinion carer stories 2021-2022



Child and Adolescent Health Service

Table 36: CAHS self-assessed ratings across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
Well developed	Well developed	Well developed	Well developed

The Council is pleased to see that Child Adolescent Health Services remains committed to continuous improvement in the delivery of care and engagement with family and carers. This includes enhanced opportunities for families and carers to provide feedback on the development and review of policies; a commitment to strengthen complaint management and feedback systems; and multiple examples where recommendations and feedback from the Consumer Advisory Council, consumer working groups and consultations have been actively responded to resulting in new or enhanced programs and practices. Of the 106 action indicators in the Council's report template, CAHS reported that 84 per cent of suggested actions are undertaken.

Council notes that a new consumer engagement strategy is being developed and is pleased that this will include further strategies to better engage with Aboriginal carers and those from culturally and diverse backgrounds.

Key achievements the Council wishes to highlight include:

- The Consumer Engagement Team has established the Consumer Engagement Activity Record to support centralised reporting of activities and initiatives where consumers and carers have been involved.
- Development of CAHS bereavement support service in response to advocacy from the Consumer Advisory Council. CAC members were involved in the recruitment of staff for the service.
- Opening of the Perth Children Hospital's 24-hour Changing Places facility following concerns expressed by the Disability Access and Inclusion Committee.
- Convening of a Patient Safety Consumer Panel during Patient Safety Week which advised staff on how to increase consumer involvement in safety processes.
- Involvement of CAC in the review of Consumer Experience Moments, reported monthly to the CAHS Board to help inform lessons to be learnt from the consumer experience.
- Creation of the Welcome to Perth Children's Hospital Emergency Department webpage link which is sent to families within 20 mins of arriving at the Emergency Department.
- A strengthened effort to increase carer engagement in service design, planning and evaluation, following the Independent Inquiry into Perth Children's Hospital. This includes incorporating new 'consumer participation' sections into project management and policy templates to prompt meaningful consumer engagement at every opportunity.

- Development of the 'Are You Worried' poster, along with Aishwarya's CARE Call, to help parents/carers to monitor their child's condition and raise concerns to clinical staff.
- Establishment of a new Service Lead role on the Complaints Customer Liaison team with responsibility to advocate to the Executive and Board.
- Completion of two internal audits on complaints management, leading to further recommendations to strengthen complaints mechanisms and responses across CAHS.
- Establishment of a CAHS consumer based cultural security working group to oversee development of a validated measure of cultural security in health settings.
- Establishment of the Rare Care Centre to support families and consumers with rare conditions, with the model of care co-designed with a consumer reference group.
- Appointment of an NDIS coordinator within the CAMHS, which, along with the previous appointment of a NDIS Coordinator at the PCH, supports families and carers.
- The increased co-delivery of staff training and education with carers.
- Recruitment of CAMHS peer support workers to increase the lived experience workforce.
- Development of the 'What Matters to Me' poster at Perth Children's Hospital for families to communicate what is important to them and their family members – this is a part of the Child and Family Centred Care Improvement Project, which is underpinned by principles largely reflective of the Carers Charter.

"It was great to individualise my child to all the staff who looked after him. Thanks to his poster, anyone who cared for him knew he likes to be swaddled, loves his bee toy, and wanted a little bit of fun in the midst of his treatment."

Carer feedback on 'What Matters to Me' posters

The Council notes that the CAHS website has been updated to include resources for families and carers on 'Being Involved in Your Child's Care'. This includes links to the Australian Charter of Healthcare Rights and the Charter of Mental Health Care Principles. While these Charters largely mirror the Western Australian Carers Charter, the Council believes that explicit reference to the *Carers Recognition Act 2004* and WA Carers Charter would reinforce recognition of carers as key partners in the delivery of care, and their involvement in decision-making.

Funded services

Applicable community service contractors that receive funding from CAHS are required to comply with the principles of the Carers Charter, depending on the nature of their service. For those which this applies, this may be included as a clause in their service agreement. On a per annum basis, community service contractors may be required to develop a Carers Compliance report, on a supplied template, and provide this to CAHS. On completion and submission of the Carer's Charter compliance report a provider is considered compliant. A statement on the level of compliance by funded services as a result of these assessments was not provided to the Council.

Department of Health

Table 37: DoH self-assessed rating across all criteria

Understanding the Carers Charter	Policy input by carers	Carers views and needs considered	Complaints and listening to carers
N/A	Well developed	N/A	N/A

The Council thanks the Department of Health for their comprehensive compliance report, noting that due to the department's role as the entity responsible for WA health system-wide planning, only the second principle of the Carers Charter is applicable. The Council also commends the way the department has sought to ensure compliance with the Charter in funded services and the detail of reporting provided. Key achievements the Council wishes to highlight include:

- Establishment of the state-wide Voluntary Assisted Dying Care Navigator Service, which included consultations with carers.
- State-wide roll out of the Manage My Care outpatient appointment app for patients and carers.
- The progression of three proof of concept pilots to support virtual outpatient services.
- Inclusion of carers as co-designers in the Ready to Go Home project, across the three trial sites.
- The Health Electronic Medical Record Consumer Charter is now available online and was developed in consultation with patients and carers.

The Council is encouraged by the examples provided by the department on their use of consumer/carer panels, community conversations, workshops, and face to face discussions to provide a deeper level of engagement than the limitations of surveys alone. The Council notes that such methods (and a variety of consultation methods) are particularly important when trying to engage vulnerable or disadvantaged carers.

Funded services

In 2021-22, 61 organisations contracted by the department reported on their compliance with the Carers Charter. Compared to 2020-21, there were 16 new service providers, 10 contracts had ceased, a compliance report was deemed not applicable for 5 contracts, and 7 service providers did not provide the required compliance report.

As identified by the Department of Health, in 2021-22 contracted community health services:

- Ensured their staff and carers understood the Carers Charter through acknowledging the role of carers in relevant policies and protocols (95 per cent) and/or in organisational publications (93 per cent), provision of relevant staff training (88 per cent) and providing

information to carers regarding the Carers Charter and relevant organisational policies and procedures (88 per cent).

- Sought policy input from carers by including carers in strategic planning processes (75 per cent) and on Board and management committees (66 per cent).
- Considered carers views and needs via carer involvement in direct service assessment and planning processes (88 per cent), and ongoing monitoring of service provision (93 per cent).
- Gave due care and attention to complaints by carers through informing carers of their complaints policy (92 per cent), ensuring carers had opportunities to provide feedback (98 per cent), and providing avenues for carers to access peers support (86 per cent).

Of the 44 organisations contracted to provide community health services in 2020-21 and 2021-22, there was a slight decrease in adherence to the principles of the Carers Charter, with 88 per cent compliance reported overall compared to 90 per cent in 2020-21. In 2021-22, 11 contracted services reported the introduction of a combined total of 22 new actions across 9 of the 11 compliance categories compared to 2020-21. However, 8 contracted services reported the reduction of a total of 28 activities across 10 of the 11 compliance categories over the reporting period.

The challenges identified by funded services included:

- COVID-19 has resulted in reduced support to carers, with cancellation or postponements of services and groups. Many are yet to re-commence despite cessation of COVID-19 restrictions.
- Staff shortages have hampered the ability of services to support carers.
- Lack of engagement and participation by carers in decision-making and providing feedback due to competing demands on carers time.
- Resource limitations to facilitate initiatives to engage or support carers.

Mental Health Commission

The Council thanks the Mental Health Commission for their comprehensive report. It is noted that the Commission offers this report voluntarily in acknowledgement of the importance of carers in the mental health field and as such utilises its own report format. The Council also commends the way the Commission has sought to ensure compliance with the Charter in funded services and the detail of reporting provided.

The Commission reports a strong continued commitment to supporting carers with high level of compliance achieved across all four pillars of the Charter ranging from 88.1 per cent - 96.6 per cent. This has slightly decreased from the previous report (94.7 per cent - 100 per cent) in particular for Area 3 (views and needs of carers taken into account, -6.6 per cent) and Area 2 (carer complaints, -5.0 per cent), with a corresponding increase in the selection of 'not applicable' from some NGOs. It was pleasing to see that this was duly noted with a planned follow up to determine the reason for this change.

The related actions reported by NGOs for compliance shows the majority to be almost fully compliant to fully compliant. Some areas however, show slight to significant decreases in full compliance from the 20/21 reporting period (Table 38).

Table 38: Mental Health Commission action areas with significant decreases in full compliance in funded services

Action area	Fully compliant 2020/21	Fully compliant 2021/22	2020/21 to 2021/22 difference
Action 2: Acknowledge the role of the carers in all organisational publications	77.20%	67.80%	-9.40%
Action 6: Include carers on the Board/management Committee of the organisation	47.40%	42.40%	-5.00%
Action 8: Include carers in the ongoing monitoring of direct services	75.40%	69.50%	-5.90%
Action 9: Inform carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld	89.50%	83.10%	-6.40%
Action 10: Ensure carers have the opportunity to provide feedback on their experience of the organisation	98.20%	91.50%	-6.70%

The Council notes a decrease in full compliance in the areas above. In particular, the rates of compliance for Action 6, an action area that has been consistently low in previous reports. Coupled with this is a significant increase in the selection of 'not applicable' responses in Action 6 from 31.6 per cent to 39 per cent. Council recognises that the Commission cannot require funded organisation to have a carer representative on their Boards.

The qualitative feedback shows the majority of NGOs understanding the importance of carers and strong recognition that carers must be treated with respect and dignity. There were some positive approaches to involving carers in planning and delivery with NGOs reporting strategies to harness carer views and needs ranging from ranging from advisory boards to support groups and long-term approaches relationship building.

Appendix 1: Compliance reporting self-assessments 2018-19 to 2021-22

D - Developing practice WD - Well developed practice N/A - not applicable

	Understanding the Carers Charter			Policy input by carers			Carers views and needs considered			Complaints and listening to carers		
	2018-19	2020-21	2021-22	2018-19	2020-21	2021-22	2018-19	2020-21	2021-22	2018-19	2020-21	2021-22
Disability Services Commission	WD	D	D	WD	WD	WD	WD	WD	D	WD	WD	D
North Metropolitan Health Service	WD	WD	WD	D	WD	WD	WD	D	WD	WD	WD	WD
South Metropolitan Health Service	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD
FSFHG	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD
RkPG	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD
PHC	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD
East Metropolitan Health Service	WD	WD	WD	WD	WD	D	WD	WD	WD	WD	WD	WD
Child and Adolescent Health Service	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD
WA Country Health Service	D	D	WD	D	D	WD	D	WD	WD	D	WD	WD
Department of Health's funded NGO service providers	N/A	N/A	N/A	N/A	WD	WD	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health Commission's funded NGO service providers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix 2: Highlighted and planned initiatives by reporting organisation

Highlighted initiatives 2021-22

South Metropolitan Health Service

As part of the scheduled review, consumers and carers were consulted to review and comment on the SMHS Carers Policy and SMHS Patient Experience Framework in their role as key stakeholders.

A 'Support for carers' page was added to the SMHS, FSFHG and RkPG internet sites in September 2021 and includes links to the Western Australian Carers Charter. The purpose of the page is to help people identify if they are a carer, provide links to carer organisations and outline how SMHS supports carers. The page includes information about how to provide feedback related to healthcare services provided by SMHS.

FSFHG and RkPG introduced Weekly Engagement of Consumers in an Audit of National Standards in September 2021. The audit tool measures compliance against the NSQHSS and includes a consumer engagement section.

Aishwarya's CARE Call builds on the existing CARE (Call and Respond Early) Call system, which allows people to escalate care for themselves or their loved one whose condition is deteriorating in hospital. People can make an Aishwarya's CARE Call from their mobile phone. In ED, clearly sign-posted phones are also available. The use of Aishwarya's CARE call is monitored across SMHS. Patients, carers, and their families are also asked if Aishwarya's CARE call has been explained to them and if they would be comfortable to escalate care if they were worried about their loved one. This information is used to drive improvement initiatives as required

Review of the State Rehabilitation Service Education Videos involved the engagement of patients and carers. The evaluation process invited patients and carers to share their experience of using the videos, including if they felt that the videos were of value to them when compared to paper-based education.

Following extensive consultation and engagement with consumers, carers, and the community, the SMHS Disability Access and Inclusion Plan (DAIP) 2022-2027 was endorsed in May 2022. Both RkPG and FSFHG have Disability Access and Inclusion Committees that are responsible for implementation of the DAIP in their respective sites. The FSFHG Disability Access and Inclusion Committee includes a carer representative. The Committee has commenced work to develop an implementation plan and a representative from Carers WA is actively involved in this work. The RkPG Committee will establish an action group to implement the plan and has identified carers who will participate in this group.

Fiona Stanley Fremantle Hospital Group

As part of the implementation of the Standards for the Care of Vulnerable Patients in the Emergency Department (ED) at FSH, the Fiona Stanley Fremantle Hospitals Group (FSFHG) ED Consumer Advisory Group (CAG) developed an education program to enable ED clinicians to implement the standards. The program includes two carer modules designed with input from carers: the role of carers and identifying and involving carers in the ED. The online program was rolled out during 2021, with six modules developed and uploaded onto a dedicated channel.

Endorsement of the Carers WA Prepare to Care education program for implementation at Fiona Stanley Hospital (FSH) was achieved in 2020. Implementation commenced in July 2021.

In October 2021, the FSFHG Consumer Advisory Council (CAC) delivered a Communication for Person-Centred Care Workshop, which was planned and presented by six CAC members, including two carers. The workshop was an opportunity for the CAC to influence how junior doctors engage with patients, family members and carers by promoting person-centred care.

Before or after each CAC meeting, available members conduct 'Ward Walks' to meet current patients and ask questions about their hospital experience. A 2021 review of Ward Walk questions resulted in an additional question directed to family members who may be present, 'Do you consider yourself as a carer or support person for the patient?'. A 'yes' response is followed up with information about Carers Corners on the ward, and the availability of resources and information on Carers WA and The Carers Gateway website. Ward Walks have been limited during this reporting period due to COVID restrictions.

Rockingham Peel Group

The Peel and Rockingham Mental Health Carer Support Work Services is now operational. A carer support booklet has been created and plans are in progress for printing and distribution.

In response to requests from carers, additional seating has been installed at the front of Rockingham General Hospital.

The RkPG Safe Space project is working to create a safe space for patients, families, and carers outside the Aged Care Rehabilitation Unit. The project was suspended due to COVID restrictions on volunteers attending the hospital and inaccessibility of the area due to recladding. This project will recommence now that the cladding program has been completed and volunteers can attend the hospital.

Peel Health campus

The Peel Health Campus (PHC) CBoA continues to provide a forum for carer input into policy with membership including consumers who have previous and/or current carer role experience. Strengthening the consultation process, a carer and member of CBoA has been invited to participate in the Clinical Standards Committee which provides final endorsement of PHCs policies, procedures, and guidelines.

North Metropolitan Health Service

NMHS published the updated Carers Policy, having made significant changes to the existing policy after extensive stakeholder consultation. The Policy better serves carers accessing the health service by providing staff with a more detailed policy to refer to when caring for patients who are, or who have a carer.

NMHS is continuing its work to develop a Partnership Model for the health service. The Partnership Model seeks to improve the way the health system works for people who use it by improving how we design, deliver, and evaluate health services. The purpose of the Partnership Model is to build consistent practice for how NHMS, Consumers and Carers design, deliver and evaluate health services together.

NMHS developed a MySay Visit Survey working group, with two carer representatives, to develop an outpatient / Emergency Department experience survey. This project followed the launch of the inpatient MySay Healthcare Survey across WA Hospitals. NMHS led the development, pilot, and implementation of this survey across WA Health. As a result of the success of this initiative, the other WA Health Service Providers have launched the survey across their services. In late 2022, an online dashboard will be developed which will enable clinicians and frontline staff to directly access feedback from patients and carers and use this to inform service improvements.

NMHS has been working with consumers, carers, and staff to develop the new Disability Access and Inclusion Plan (DAIP) 2022-2027. Carer representatives have been included in the planning and review of the new DAIP and community consultation has been undertaken with carers invited to provide feedback on areas of improvement.

Adult Inpatient Mental Health - Graylands Hospital

Continuation of carer representatives at various management meetings. Due to COVID restrictions the meetings were arranged via Teams.

The Social Welfare Department are in the initial phase of undertaking a 'Carer Engagement' Quality Improvement activity. This QI will include SCGH MHU and HITH. The concept is to provide a formal family meeting for every patient on the Acute Stream and collect data pre and post the meeting to assess the effectiveness and importance of carer inclusion in the consumer's care. The pre and post questionnaire will be available for completion on a mobile phone, which makes data collection quick and easy. Data will be collected at the 3-month mark initially, then 6 months and 12 months.

MHPHDS 'Patient Safety Monday' emails are circulated to all staff. In adherence to NSQHSS 2, a Carer Engagement email was circulated and included information on the *Carers Recognition Act 2004*, the Carers Charter, and the Mental Health Act 2014. It also included information on strategies to involve carers, the use of the orange 'Carers' sticker in the patient's file and information on Carer Engagement training.

Applied for and received funding for the refurbishment of the family area in front of medical records in Fitzroy House. This has been placed on hold for the time being until COVID restrictions are eased and the space is able to be used again by carers/family members. It is proposed that monthly or bi-monthly family and patient gathering is held in Anderson Hall to promote social interaction away from the ward.

Mental Health Service, Sir Charles Gairdner Hospital

Enabling carers and families to attend meetings with the treating team via Telehealth/MS Teams if there are COVID or other restrictions limiting the physical attendance of the carer.

Combined project across SCGH Mental Health Unit and GH to quantitatively assess carer engagement in services. This is being setup as a GEKO activity and the objectives are to audit documentation of carer engagement in the medical record, including providing pre and post family meeting questionnaires to carers.

Specialities - Older Adult - Wanneroo, G Block Osborne Park, Selby Lodge Shenton Park

Carers Charter is displayed across Older Adult - Wanneroo, G Block Osborne Park, Selby Lodge Shenton Park.

Older Adult Program Carer Focus Group has been established and its participants (carer representatives) provide carers perspective. The group contributes to the carer experience by supporting improved service delivery and initiatives, providing information about any relevant issues, and supporting carer involvement in training and education for staff.

Women and Newborn Health Services

Communication to staff regarding availability of Carer Gateway continues via the WHNS intranet page. Promotional material available for staff and patients throughout clinical areas and in Consumer Liaison Service.

Update of 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 - patient health questionnaire now includes questions on patients with carers to prompt a response from staff to manage any additional needs.

Carers representatives continue to be an integral part of the WNHS Relocation Project and development of the new WNHS services.

Link to Carers Gateway has been added to King Edward memorial website via the Consumer Liaison Service.

Addition of QR scan code to outpatient appointment letter linking patients with carers (or carers themselves) to Carer Gateway – this initiative is being developed to ensure all carers, or those currently in the capacity of carers, have access to support prior to appointments and future admissions.

Sir Charles Gairdner Osborne Park Health Care Group

'What Matters to Me' program run in partnership with consumers and carers. Staffing constraints and visitor restrictions have reduced staff participation in this program over the past 12 months.

Patient Experience Stars Nomination process which includes Consumers and Carers. Multiple staff nominated for the care they provided to consumers and carers. Unable to arrange this in 2021 due to restrictions for visitors/gatherings. Alternate options being explored for 2022.

The Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) Consumer and Carer Experience Strategy was developed, highlighting the role of the carer in the overall patient experience.

Ward orientation and consumer information boards include information regarding carer representatives. Carers Corners identified in Clinical Areas. Difficulty maintaining Carers Corners due to visitor restrictions to site.

Development of education pack for patients and carers who are about to register for the National Disability Insurance Scheme (NDIS) to assist in preparation for the NDIS pre-planning meeting.

The Occupational Therapy 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 Community Advisory Council and is now available.

Occupational Therapist in conjunction with OPH DTU Physiotherapy have developed a group program for clients with moderate cognitive impairment and their carer.

Occupational Therapy have developed and use an OT Home Visits (HV) Action Plan that details concern and agreed actions from HV that is provided to carers. Occupational Therapy department have completed an update of guidelines for carers for non-contact HVs to give them further detail of how carers can provide measurements/photos to assist with home assessments.

Joint SCGOPHCG Occupational Therapy carer handouts for carer training with patients going home on how carers can safely complete transfers.

OPH Stroke Unit are currently in the progress of completing a video for patients and carers on the OPH stroke unit providing information to carers and patients on the unit, what to

expect and team members role. This is a multidisciplinary project and part of a larger research project with Flinders University.

The Focus on the Person Project is developing a tool to enable carers to provide relevant and person-centred information about patients likes and preferences to assist staff to engage with patients with delirium or communication difficulties.

Evaluation of the Further Enabling Care at Home (FECH) post-discharge program as a way to support carers of older hospital patients. Approximately 565 carers were engaged in the program, with six month and 12 month follow up phone calls to carers.

Community

Carers Group is embedded in the Lower West Catchment Subiaco Clinic. Meetings held monthly and facilitated by Social Work.

Carers Charters is displayed across services and part of the orientation process for all new staff.

Carer engagement training for each Community Mental Health Clinic was provided by Helping Minds during 2021. This included The Carers Recognition Act and the Charter.

Mental Health conduct an annual Carer Engagement Education Session for continuity of awareness following the success of Carer Engagement Training and Helping Minds.

Mental Health NDIS Planning and Reviews. Case managers have been advocating for carers to be involved in NDIS applications and planning meetings.

East Metropolitan Health Service

Royal Perth Bentley Group

Regular engagement from carer representatives across committee and program opportunities. Work continuing to improve on-boarding and management processes to ensure support for carer and consumer representatives.

Launch of new welcome pack that has had both consumer and carer input to ensure the resource meets their needs entrance to the hospital. Contains information about consumer and carers rights.

Strengthened relationship between Carers WA through the respective consumer coordinators, as well as the Patient Experience Manager with the Prepare to Care lead, resulting in stronger opportunities for carer engagement in service improvement as well as increased awareness of the Prepare to Care program.

Working towards establishing carer presence (alongside consumer representatives) on central governance committees and other working groups as appropriate. Through this membership carers will have direct mechanisms to influence policy to ensure consideration of carer needs. This is already established in our Patient Experience Governance Committee.

Plans to increase access and availability to Carers WA education programs.

RPBG has been re-accredited as a Carer-friendly organisation.

RPBG launched a new Patient Experience Strategy which is strategically looking at the partnership with consumers and carers.

Armadale Kalamunda Group

Carers WA Community Engagement Van visits Kalamunda Hospital on a 12-week rotation - the van showcases Carers WA's services and supports.

Aishwarya CARE Call is a process that patients, carers, or families can use if they are worried a patient is deteriorating. The Armadale Health Service Emergency Department has a pink phone that can call the dedicated number direct.

Saint John of God Midland Public Hospital

Carers hold membership positions on the hospital's Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.

Inclusion of Carers Charter in National Safety and Quality in Health Service Standards 2 Partnering with Consumers staff training.

General hospital orientation for all new caregivers and ongoing formation training includes education on the organisation's value of Respect and the requirement to uphold the dignity of patients, family, carers, and community.

Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients.

The organisation's Consumer Partnership Framework is available to carers and acknowledges the role of carers in partnering within the hospital.

Feedback is sought from patients and/or carers regarding their experience of their hospital stay and feedback is incorporated into Patient Experience Action Plan.

Disability Services Commission

Establishing an Office of Disability

The role and structure of the Office of Disability has been shaped by an extensive consultation and engagement process undertaken across the State. Consultations included face to face engagement with a broad group of stakeholders and the release of a discussion paper in accessible formats and easy read, social media, and traditional paid advertising to reach the target audience.

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.

The Office of Disability will provide disability sector stewardship, advice on State and Commonwealth systems, and drive work and innovation to advance inclusion and participation of people with disability in Western Australia. It will also provide leadership to implement, monitor and further develop 'A Western Australia for Everyone: State Disability Strategy 2020-2030'. The Office will support the WA Government to deliver on its long-term commitment to empowering people with disability to participate in all aspects of the community and the economy.

Importantly, the Office will also have a role in informing and advising government on the experiences between Western Australians with disability, their families and carers and the National Disability Insurance Scheme (NDIS).

The Office of Disability was officially established on 9 September 2021 and the first Director was appointed on 19 May 2022.

Disability Access and Inclusion Plans

The Department of Communities' Disability Access and Inclusion Plan (DAIP) 2022-2027 aims to promote the access and inclusion of people with disability via the Department's consultation processes, employment, services and events, buildings and facilities, quality of service, information, and complaints. The DAIP will be strongly aligned to the principles of A Western Australia for Everyone: State Disability Strategy 2020-2030, that aims to work towards a fully inclusive and accessible community.

In developing the DAIP, the Department of Communities focused on consulting with people with lived experience, including people with disability, or family members, carers, or guardians of people with disability, and advocacy or representative groups. The information gained during the internal and external consultations will inform the actions, outcome measures and implementation of the DAIP.

During April and May 2022, the Office of Disability Access and Inclusion Team conducted five one-hour online information sessions for public authorities, covering the history of disability in WA, an introduction to Disability Access and Inclusion Plans (DAIP) and how to complete a DAIP Progress Report. The sessions proved to be popular and effective, with a total of 159 attendees and participant feedback indicating that average DAIP knowledge increased substantially.

Such ongoing engagement with public authorities supports Communities and the Office of Disability Services role in overseeing their compliance to have a DAIP under the *Disability Services Act 1993* and in turn improve accessibility and inclusion for people with a disability, their families, and carers.

State Disability Strategy (SDS) Action Plan 1

The SDS emphasises a whole-of-community approach to achieving measurable change and building inclusive communities that support and empower people with disability, their families, and carers. The 2021 Annual Progress report provided an overview of the completed actions across the State Government. Specific actions for Communities (DSC)

included the inclusion of a new target of 40 per cent of all new builds in WA to meet Liveable Design Standards by 2030 to provide more housing options and choices for people with disability and their carers. The Office of Disability will continue to publish annual progress reports.

Consultation for development of the State Disability Strategy Action Plan 2 have been ongoing throughout 2021-22 and as before, considers input from families and carers of people with disability.

Authorisation of Restrictive Practices legislation

Authorisation of Restrictive Practices legislation consultations included a six-week community consultation on the preferred model for authorising the use of restrictive practices in the disability sector in Western Australia. Consultations comprised of a wide range of workshops and focus groups, as well as surveys, snap polls, feedback forms and written submissions. The consultation included engaging with carers.

To further this work, an Authorisation of Restrictive Practices Deliberative Panel was convened to discuss who, how and under what circumstances the use of restrictive practices. The Deliberative Panel included a number of carers as well as representative organisations and people with lived experience.

To support the implementation of the legislation, the Office of Disability developed a website that includes relevant information for people with disability, their families, and carers, including appropriated avenues to raise complaints.

Funding for disability advocacy

In 2020-21, \$8 million was allocated to advocacy for people with disability, their families, and carers. 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. These projects will be ongoing for the 2023/24 financial year.

NDIS transition funding

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

These projects will be ongoing for the 2023/24 financial year.

WA Country Health Service

Updates on key initiatives that were outlined in the previous report (2020-2021).

Wheatbelt

Update on planned activities from 2020/21

Planned activities from 2020/21	Updates
Carers WA Australia Information (brochures including summary of services and contact details) are provided to Carers	Progressed to business as usual (BAU) Provided as standard in admission pack.
Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training	Role of and link to the Carers Act is provided to all staff at mandatory induction education and training.
Inform carers of the Carers Charter and relevant organisational policies and protocols	Australian Charter of Healthcare rights and the Charter of Aged Care Rights is displayed in prominent areas at all Wheatbelt health sites. Patients referred to the Wheatbelt Mental Health Service receive a Welcome pack, which includes information on their and carers rights and responsibilities.
QI project on Medication Administration	Wyalkatchem project proposal has been submitted through the Regional Quality Improvement process. Project ongoing.
Community Information/Consultation Sessions Aimed at improving community understanding of Aged Care Services	This program has been on hold because of the COVID-19 pandemic and ceasing of face-to-face activities. It is being reinvigorated in 2022/2023.
Identification of Vulnerable Clients and Carers in response pandemic and extreme weather	Vulnerable patients and carers were identified from the Chronic Conditions Dashboard. The Chronic Conditions Coordinator, with support from eleven people across primary health volunteered to support the process, including from the Aboriginal health, nursing, and allied health teams.
Review of Patient/Carer information	District and local community advisory groups, which include carers, continue to review consumer information.

Planned activities from 2020/21	Updates
Updated brochure 'Where Carers Can find Support' in CHSP home files	Wheatbelt staff and sites continue to engage carers to ensure they are aware of available support and know how to access it.
Include carers in the assessment and planning processes for direct services	Family service planning and Aged Care planning and decision-making processes also include engagement with Carers.
Provide avenues for carers to access peer support	Mental Health project is examining opportunities for create peer support workers in conjunction with Central WACHS.
Care Opinion available online which enables anonymous feedback	Care Opinion continues to provide an online feedback option for consumers and carers.
Post complaint consumer feedback survey	Ongoing. Complainants are sent a consumer/carer feedback survey one month after their complaint response is provided.

New key initiatives, achievements, highlights, and challenges during 2021-2022

Wheatbelt has introduced consumer information televisions at Mental Health, Northam, and Merredin. A whole of Wheatbelt project has since been proposed and is currently being scoped. The project, TONIC Health TV, will provide two minutes per hour of localised content, that will change every two months. Consumer televisions are placed in high traffic areas and include targeted content that will assist with community engagement, community information, community education and increase health literacy and health promotion.

Wheatbelt Mental Health Service 2022 Documentation Audit recommendations include improvement to carer engagement in management plan. A working group has been implemented to draft a process for clinicians that will ensure that risk and safety plans are being communicated to consumers at the time of assessment.

Wheatbelt Patient Experience and Community Engagement (PEaCE) sub-committee commenced in November 2021. This committee is responsible for leading, influencing and advancing a person-centred culture. In March 2022 the membership and terms of reference were revised to refocus involvement of patients, their families and carers in the co-design, planning, implementation, and evaluation of services effectively meeting patient, family and carer needs. Several projects have been proposed for the PEaCE sub- committee that will impact carers including review of the Wheatbelt consumer feedback processes, development of community surveys and service evaluations, and development of a consumer hub.

Consultation is underway for the creation of Wheatbelt Mental Health Peer Support Coordinators across the regions. These staff will work closely with mental health consumers and carers to develop trusting and professional relationships that respect worker, consumer and carer boundaries and provide support to consumers and carers throughout the consumer's mental health service journey.

South West

Update on planned activities from 2020/21

Planned activities from 2020/21	Updates
South-West Mental Health carers training for staff	The training was scheduled with no uptake from staff at the time. Then COVID-19 State of Emergency directives were put the project. It will be rescheduled.
Busselton meet and greet role	The meet and greet has had significant changes during COVID, with some of the volunteers leaving due to several reasons.
Positive Birth Program	Presentation in May to the International Congress of Innovations in Nursing Conference. 2020 ACHS Quality Improvement Awards Certificate of Achievement to Bunbury Maternity Unit – A Positive Update to Antenatal Education at Bunbury Maternity Unit. In February Geraldton launched the Positive Birth Program.
4th Trimester, Breastfeeding & Early Parenting Program	Launched onto telehealth in May 2021.
WACHS-SW Consumer and Carer Executive Sub Committee	This committee continues to drive and support the region to embed consumer and carer engagement in the organisation.

New key initiatives, achievements, highlights, and challenges during 2021-2022

From March-August, WACHS was in SAR Red and staff were placed on a COVID Readiness Training Plan that focused on core clinical programs (resuscitation/infection control) but did not include Person Centred Care. The staff who commenced during that time will need to be encouraged to complete the training.

Challenges include ensuring that carers rights and Covid Safety were met during the Covid-19 Pandemic; and a reduction in face-to-face contact for meetings/training with staff/consumers during the pandemic.

Goldfields

Update on planned activities from 2020/2

Goldfields MPS Aged Care-specific Orientation booklet has continued to be utilised and updated regularly, this includes information on the *Carers Recognition Act 2004* to ensure staff remain aware of this Act and what it means for care.

WACHS Goldfields has continued to increase and promote consumer / carer participation in WACHS Goldfields Committees & DHAC. Work on developing consumer groups in the smaller MPS sites has progressed.

Consumers have been included in service delivery reviews. The MPS Site Aged Care Grants that were applied for post-consume /carer input in the previous report has been successful. A consumer/carers will be included in the WACHS Goldfields Working Group for this project.

Care Opinion continues to be utilised to receive feedback from consumers and carers. Each feedback report received is reviewed, learnt from, and responded to by an Executive member.

New key initiatives, achievements, highlights, and challenges during 2021-2022

Including carers and consumers in promotion of health services in the community through partnering with carers and consumers at community market days, special events throughout the year such as NAIDOC week and mental health week etc.

Increasing the involvement of consumers and carers in service planning. For example using consumer/carers groups or community members to review planning related to health service infrastructure developments to ensure the service is building on land that is culturally safe and appropriate, or creating a facility design that would meet community need.

Increasing use of consumer/carers groups for feedback on services. This includes reviewing governance meetings and identifying where consumer /carers should be included in these on a regular basis. Ensuring Care Opinion is promoted and creating consumer /carers groups at smaller sites such as Laverton to obtain valuable feedback on services.

Consumer/carers packs and information is available in areas within the health service such as Carers Packs in Mental Health and bedside compendiums in hospitals, this ensures consumers/carers are kept informed on services.

Midwest

New key initiatives, achievements, highlights, and challenges during 2021-2022

Education sessions on the Charter were delivered to all sites within the Region. This includes discussions at Management Team Meetings.

Charter is displayed in all sites across the Region.

Consumer feedback process includes the consideration of carers.

Kimberley

Update on planned activities from 2020/21

Aishwarya's Care Call information is on display in all Kimberley Hospitals. Broome Hospital also has a phone available for patients in ED with a direct line to the Executive on call. This enables carers to tell staff if they are worried about someone they care for or if they would like more information about what is happening.

New key initiatives, achievements, highlights, and challenges during 2021-2022

The installation of Talking Posters at some sites which provides information for patients and carers displayed in English as well as the predominant Aboriginal languages spoken in that area, so information is readily available and accessible.

Great Southern

Update on planned activities from 2020/21

All strategies referenced in the 2020-2021 were implemented July to December 2021, however some strategies, such as staff training and some meetings, were put on hold January to June 2022 due to the WACHS GS COVID response. Throughout the past twelve months, staff commitment to treating carers with dignity and respect and seeking carer input and feedback continued.

As a progression in support of District Health Advisory Committee and organisational communication, the DHAC e-news was established and is up and running.

2021 WACHS PEaCE team compliments, complaints and consumer engagement training progressed.

There has been work progressed in engaging consumers in Workforce Training guidelines.

WACHS Great Southern consumer and carer engagement staff training video, developed by WACHS GS, LGS DHAC and Carers WA, is screened to staff at practical skills training sessions

AHC Standard 2 staff champions network meetings have been established.

Carers WA staff representative and LGS DHAC member participates at staff regional induction training.

New key initiatives, achievements, highlights, and challenges during 2021-2022

Goals of Patient Care and development of Great Southern consumer information brochure.

MySay Patient Health Care survey.

Staff training on partnerships with consumers and carers at regional induction training days and practical skills training sessions.

WACHS consumer-centred care e-learning.

2021 AHC staff customer service training.

Child and Adolescent Health Service

Update on planned activities from 2020/21

Planned activities from 2020/21	Updates
Web-based information and resources relating to carers, including the Carers Charter and external support services	The CAHS staff intranet hub now includes an information resource 'Finance tips for consumer engagement' so that staff better understand the reimbursement process. Both the CAHS staff intranet hub and external-facing webpages for CAHS have been updated with information and resources on 'Being Involved in Your Child's Care' to support families and carers.
The Carers Charter and Recognition Act 2004 brochure is available in the waiting area of the Kalparrin office based in the PCH Ronald McDonald Family Resource Centre	Due to COVID-19 restrictions, the PCH Ronald McDonald Family Resource Centre has been closed for much of 2022 and the Kalparrin staff have been working from home. The Family Resource Centre recently reopened and is available for use again and the Carers Charter and Recognition Act 2004 brochure is available (in English, Arabic, Chinese, Hindi, Italian and Vietnamese) in the waiting area.
CAHS corporate induction	The CAHS Corporate Induction moved to an online delivery as a result of COVID-19. The Consumer Engagement section of the induction includes a video of a consumer story that depicts the importance of the parent/carers voice.
Disability access and inclusion e-learning package	CAHS developed a new Disability Access and Inclusion Plan and the launched a new disability access and inclusion e-learning package, customised for CAHS. This resource was developed with input from Carers.
National Disability Insurance Scheme (NDIS) Coordinator at Perth Children's Hospital (PCH) to support children and carers to access the NDIS	PCH continues to provide a National Disability Insurance Scheme (NDIS) Coordinator to support families and children to access the NDIS. In addition to this, the Child and Adolescent Mental Health Service (CAMHS) has recently recruited for an additional full time equivalent NDIS Coordinator to enable consumers and families to access disability support; to provide expert knowledge to CAMHS leadership and staff; and to strengthen collaboration.
CAMHS Lived Experience Group (includes five carers)	In August 2022, the LEG reviewed its membership and Terms of Reference, deciding to maintain 14 members but not to differentiate between young people and carers.

Planned activities from 2020/21	Updates
CAHS Consumer Engagement Strategy	<p>Key achievements have included:</p> <p>Educational resources for consumers (including carers) to raise awareness of healthcare rights and facilitate consumers being partners in their care. Available in a range of languages and tailored to meet the needs of Aboriginal consumers.</p> <p>The Chairs of the CAC and Youth Advisory successfully advocated for the formal consideration of consumer perspectives and data when approving projects, policies, and publications through inclusion of new 'consumer participation' sections into key documentation templates and those required for Executive sign-off.</p> <p>Consumer perspectives have been fully integrated into the development of the new CAHS Strategic Plan, with a diverse range of engagement mechanisms employed including inclusion of consumers in the Strategic Planning Day with the Board and Executive.</p> <p>Implementation of consumer experience surveys in the PCH's Emergency Department and Community Health Child Health Nursing and Child Development Service.</p>
Kids Rehab Consumer Reference Group	<p>The group has contributed to the development of Kids Rehab WA's draft consumer engagement strategy and had input into new research initiatives.</p>
PCH Changing Places facility	<p>The opening of the Changing Places facility, accessible 24 hours on level 2 of Perth Children's Hospital. Changing Places facilities provide suitable amenities for people who cannot use standard toilets; a constant-charging ceiling track hoist system; an automatic door; and a privacy screen.</p>
Review of access-related complaints made by CAHS consumers	<p>Following the review of access-related complaints, CAHS has developed a Disability Access and Inclusion Plan which includes several actions to address complaints made by people with disabilities and their carers.</p>

Planned activities from 2020/21	Updates
Child and Family Centred Care Improvement Project	In 2022, PCH launched the 'What Matters to Me' poster, installing one in each child's room to enable a meaningful information exchange between hospital staff and the child or young person and their carers, family members and friends. For carers and family members, it reduces the need to repeat information to each staff member and acts as a clear and engaging 'hospital passport' for their child.

New key initiatives, achievements, highlights, and challenges during 2021-2022

As part of the Independent Inquiry into Perth Children's Hospital, the CAC members attended a focus group on the key decision opportunities for consumers, from which recommendations were developed and are being progressed.

To promote consumer partnerships during Patient Safety Week (13-19 March 2022), a Consumer Panel consisting of three members of CAC and the Chair of Youth Advisory Council was convened. Consumers answered questions from staff on how to increase consumer involvement in safety processes. Consumers were able to share their personal experiences and highlight ways for staff to partner with consumers.

The CAC advocated for creation of a bereavement service at CAHS, which has since been developed and CAC members were involved in the recruitment of staff.

The CAC advocated for improved services for childhood oncology survivors and their families as they face an array of challenges in their survivorship as a result of their lifesaving treatment. As a result, a review of services is now underway to assess staffing and resource requirements and to develop a business case.

The CAHS Board has a standing agenda item at their monthly meetings to discuss a 'consumer experience moment'. The Consumer Experience Moment is an example of a consumer experience at CAHS drawn from consumer feedback, a ministerial or Care Opinion post and reported by the CAHS Consumer Engagement team.

The PCH Communications Team developed a webpage called 'Welcome to PCH Emergency Department (ED)' with important information for consumers, carers and families on the ED triage process, the healthcare team, how to escalate any concerns and how to provide feedback about the experience. A link to this webpage is sent to the family via text message within 20 minutes of arrival to the PCH ED. This information was developed in consultation with consumers, includes infographics to represent key messages, and is written in very simple plain language to ensure it is an accessible resource for all abilities.

The Complex Attention and Hyperactivity Disorders Service (CAHDS) have developed a new book for families and carers to provide them with information about Attention Deficit Hyperactivity Disorder (ADHD). The book complements the parents' information sessions run by CAHDS. The CAHDS team worked together with consumers/carers to develop the resource.

A Statement of Commitment was included in the CAHS Policy template to ensure consumers with disability and/or carers are involved in the review and development of relevant policies. Co-designed consultations will be reported to the DAIP.

The 'Are you worried' poster was developed as part of a trial at CAHS and is planned to be rolled out state-wide. The poster encourages families/carers to raise concerns to clinical staff if their child becomes more unwell and highlights 6 ways to monitor their child's condition. This is in addition to Aishwarya's CARE Call.

CAHS has employed a Service Lead – Complaints for the Customer Liaison team, enhancing the team's focus on consumer feedback, resolving complaints, and identifying root causes of concerns and negative feedback. This new position advocates to CAHS Executive and the CAHS Board when opportunities arise to improve services.

An internal audit into complaints management at CAHS was conducted in early 2022 which aimed to provide an independent and objective assessment of the governance and appropriateness of the CAHS complaints management framework. Recommendations are in progress and will aim to identify changes required to improve the accessibility of the complaints and feedback process for diverse consumers, including those with disability.

A new CaLD Cultural Security Working Group, made up of culturally diverse young people, parents and carers, was established in early 2022 to guide the organisation to develop a validated measure of cultural security for multicultural consumers in health settings. The Working Group also helped to develop a tip sheet for staff for engaging safely with consumers of multicultural backgrounds.

The Clinical Centre of Expertise for Rare and Undiagnosed Diseases (Rare Care Centre) aims to cohesively address the challenges faced by children with Rare and/or Undiagnosed Diseases (RUD) and their families (including carers) across Western Australia. A Consumer Reference Group comprising 10 parent/carers was established shortly after the program's commencement in February 2022 to co-design the Centre's Model of Care.

Department of Health

Following significant work conducted in 2020-21 to support the implementation of the *Voluntary Assisted Dying Act 2019* that included consultation with carers, the state-wide Voluntary Assisted Dying Care Navigator Service was established to support people seeking access to voluntary assisted dying. A forum was also held in 2021-22 to provide information on the first six months of the implementation.

The Outpatient Reform Program continued to deliver initiatives to improve the outpatient experience, building on feedback provided through the consultative process completed in 2021. The team hosted Community Conversations, consisting of three Perth metropolitan in-person sessions, two virtual regional sessions and an online survey, in which carers participated.

The Manage My Care outpatient appointment app, used by patients and carers, originally launched in 2020-21, is now available state-wide. Following the release of the Manage My Care app, a consumer survey inclusive of carers was conducted to better understand the user experience and make improvements.

The Digital Outpatients project partners with consumers, carers, health professionals and service providers to determine the digital maturity of outpatients, identify barriers to virtual care delivery, and opportunities for uplift across the system. This has enabled three proof of concept pilots to support virtual outpatient services to be progressed.

The WA Health Digital Strategy 2020-2030 sets a vision for a digitally enabled public health system for Western Australia. A workshop was held with the WA Health ICT Consumer Reference Group, with a carer representative and Carers WA in attendance, to consider the prioritisation of Digital Strategy Consumer Initiatives.

The Department of Health is partnering with the WA National Disability Service to co-design an update to the Hospital Stay Guideline for Hospitals and Disability Service organisations. The guidelines, first published in 2016, outline best practice in managing the hospital experience of individuals with a disability. The guideline will be expanded to include information and resources for people with disability, their families, and carers. Phase one of the consultation process to inform the update was conducted through an online survey in which carers represented 15 per cent of responses.

As part of the Ready to Go Home project, site-specific solutions are being implemented to improve the hospital and discharge experience for people with disability in trial sites at Rockingham, Albany, and Joondalup hospitals. A co-design working group including people with disability and carers is developing resources including information sheets, tools for collaborative discharge planning meetings and patient-centred communication.

Work continues on the improvement of mental health outcomes in line with Sustainable Health Review Enduring Strategy 2, with the release of the Final Report of the Ministerial Taskforce into Public Mental Health Services for Infant, Children and Adolescents aged 0- 18 years in Western Australia by the Mental Health Commission in 2022.

The taskforce is a 10-member group, including a family/carer lived experience representative. The Taskforce conducted a series of consultation and engagement activities with children, families, carers, clinicians and service providers, and system leaders and policymakers.

Following engagement of a consultation panel from May to June 2021, new mental health indicators for the Safety and Quality Indicator Set (SQUIS) were introduced in October 2021. The consultation included a consumer/carer panel, and the collective feedback formed the SQUIS metrics that brings together information from various sources into a single platform to identify trends, which in turn assist with practice improvement and the prevention of harm.

Development of an Electronic Medical Records system is progressing to provide a foundation for innovative digital technologies and enhance the safety and quality of healthcare. The WA Health Electronic Medical Record Consumer Charter is now available online and was developed in consultation with patients and carers.

To inform the revision of the Advance Health Directive form and subsequent amendment to the Guardianship and Administration Regulations 2005, carers were represented on the Advance Care Planning (ACP) Education for Health Professionals and the Community Reference Group; and the Consumer/ Carer ACP Resources Subgroup.

A range of consultation opportunities were offered as part of the Good Care for Mental Health Consumers in Emergency Departments Project, in which 68 carers participated. The objective of the project was to understand the factors that influence mental health consumers frequent attendance to emergency departments and to consider what constitutes good care for mental health consumers in an emergency department setting. Feedback was obtained through surveys, workshops, online consultation and a dedicated mental health consumer and carer consultation process facilitated by Consumers of Mental Health WA.

The Graylands Reconfiguration and Forensics Taskforce was established to oversee planning and development of replacement services that meet the needs of Western Australians living with mental illness now and into the future. The Taskforce has established the Lived Experience Advisory Group to facilitate engagement with consumers, carers, and clinicians with lived experience to help inform the Taskforce's work.

Additional activities in 2021-22 in which the Department sought carer feedback are provided below:

- An open forum was held to explore citizen and community partnerships as part of the implementation of recommendation 4 of the Sustainable Health Review: Person-centred, equitable, seamless access.
- 10 focus groups were held as part of consumer and carer consultations to undertake media and resource 'concept testing' to guide the End of Life and Palliative Care media campaign.

- The Emergency Access Response (EAR) Program engaged with the Health Consumers' Council whose role was to advocate for consumer and carer involvement and identify ways to reduce pressure on WA emergency departments.
- As part of the review and relaunch of the CARE Call escalation system, which became known as Aishwarya's CARE Call, over 1,000 patients, family members and carers were surveyed. Carer feedback was also sought in the review of new information products to ensure functionality and visibility to carers, families, and patients.

Funded services

Examples are provided below that encapsulate the range and scope of initiatives being undertaken by the various organisations contracted by the Department of Health.

Respondent	Significant initiatives
Albany Community Care Centre WA	A survey of carers was conducted concerning the short-term Cottage Respite facility that is available to accommodate care recipients. Care feedback was also sought concerning the in-home respite services pilot program. Findings will inform continuous improvement processes with a repeat assessment in 6 months' time.
Asthma WA	Establishment of a Consumer Advisory Group that includes a cross section of carers and consumers. This group will consult on policy and service development and review.
Carinya	The Transitional Care Resident Admission Checklist was updated to include an action for staff to ensure that carers are made aware of the feedback and complaints process during admission.
City of Stirling	Carers views and needs were considered during a service review conducted by an external consultant. The Translating and Interpreting Service was involved in the translation of information for carers.
Community Home Care	The strategic plan was updated placing clients and carers at the centre of service design and delivery.
Enrich Living	A post-discharge survey of clients and carers was conducted to collect information on service experience and opportunities for improvement concerning the Transitional Care Service program that delivers home based care. Feedback has been incorporated into the delivery of the program and Continuous Improvement Plans.
Harold Hawthorne Community Centre	A range of improvement activities were undertaken including:

Respondent	Significant initiatives
	<ul style="list-style-type: none"> Review of client in home file and staff handbook to ensure information on the Charter and carers rights are being adequately acknowledged/explained to clients and carers. Internal audit tools created to assess staff knowledge and application of the Charter; informing updates to policies and procedures to improve carer support. The feedback survey for clients and carers was streamlined to enable ease of completion.
Huntington's WA	Carers input was sought to co-design the development of the new Huntington's Disease specific accommodation in Perth's northern suburbs.
Palliative Care WA	<p>The ACP Support Service was established, and carer input was obtained for development of the WA model for ACP.</p> <p>The personal stories of four carers of family members receiving palliative care were profiled in the election ask document.</p>
Palmerston Association	Significant stakeholder engagement occurred including families and carers, to determine needs and expectations to guide the service delivery model of the organisation.
Rise Network	A dedicated complaint and feedback line was implemented to enable client/carers concern/s to be addressed promptly.
Sexual Health Quarters	<p>Significant recruitment was undertaken to refresh the membership of Consumer Engagement Advisory Groups, ensuring carer representation.</p> <p>A new Manager Quality, Safety and Risk was appointed to manage and monitor complaints and feedback processes and identify opportunities for improvement across all areas of the business.</p>
Southcare	<p>A Community Connectedness Project was initiated aimed at addressing social isolation within the community exacerbated by COVID-19.</p> <p>The Ask Nicky campaign, providing education about in-home aged care options has continued to run on Curtin Radio with topics addressing carer support, ACP and respite.</p>
Southern Districts Support Association	<p>Planning was conducted with carers on how best to provide caring duties if affected by an emergency or COVID-19.</p> <p>The Customer Service Feedback procedure was also revised to ensure staff respond within 3 days of receipt of feedback from clients and carers.</p>

Examples of initiatives from services funded by the Mental Health Commission are provided below:⁵

- (NGO) Recovery Workers identify carers that would benefit from becoming 'carer clients' that are seen in their own right for leisure and social outings. (NGO) also provides relief for carers by facilitating activities and overnight holiday respite.
- The role of carers is articulated and supported in the (NGO) Care Governance and Client Journey Frameworks.
- The Family Carer Peer uses their lived experience to support family members and carers. The Family Carer Peer has been an important part of (NGO) programs since 2018.
- (NGO) partners with Carers WA for onsite counselling services for carers in the south metropolitan region.
- (NGO) provides opportunities for carers to provide feedback on existing services at quarterly meetings. These meetings also provide an avenue for social inclusion and collegial support, allowing individuals to network with others who are in similar caring roles.
- (NGO) has developed a Carer's Charter, and include carers from the moment of referral. In 2022/2023 (NGO) hopes to expand their services aimed at carers significantly through both increased one on one and group supports.
- (NGO) has a designated family and friend participant position on their Clinical Governance Committee, this is an externally filled paid position aligned to the consumer participation framework. Each of the mental health support services also has a designated Family and Friend Peer Support Worker role that works alongside the psycho-social recovery workers and peer support workers. (NGO) is currently refreshing their carers framework alongside their Lived Experience Workforce Framework refresh.
- At an organisational governance level, (NGO) has historically encouraged people with experience in a carer role to be a part of the management committee and have input in strategic planning, the structure of the organisation, its goals and services provided.
- (NGO) are currently developing an outcomes measurement process that has carers on the co-design working party. (NGO) has a Board Advisory group that has carers who work with the Board to set the strategic direction of the organisation.
- (NGO) has a Carers Recognition Advisory Group that meets regularly and reports up to the organisation Board Care Committee. All carers are provided the opportunity to provide feedback that is recording in the Care Page system.
- (NGO) uses an annual satisfaction survey to all carers to gain their valuable feedback on their experience of [NGO].

⁵ Note that the information received by the Council is deidentified.

Planned initiatives 2022-2023

This section outlines key initiatives planned by reporting organisations for the 2022-23 reporting period.

South Metropolitan Health Service

SMHS will shortly launch an online platform designed to make it easier to engage and consult with service users. Interested carers can register to join the platform and have access to information and opportunities to share their thoughts on decisions that affect them. The platform will allow engagement in different ways, including:

- Inviting input from the community on issues they'd like to know more about.
- Connecting stakeholder groups to exchange and capture information.
- Supporting collaboration with stakeholders involved in specific communities, cohorts, and groups.
- Closing the loop by sharing how we used received feedback.

SMHS will shortly commence pilots of the What Matters to You? project in FSFHG and RkPG. The What Matters to You? project has the simple goal of encouraging meaningful conversations between patients, carers, and health care providers by putting the patients voice at the centre of care, focusing on what matters to them and their family and carers. It involves three simple steps: asking what matters, listening to what matters, and doing what matters.

North Metropolitan Health Service

NMHS development of Consumer Engagement Policy to guide the health service's approach, principles, and processes to support effective engagement with consumers and carers across the organisation.

Review of the NMHS Consumer and Carer Remuneration Policy which guides and supports the involvement of carers and consumers in the planning, improvement, and evaluation of our health services. A carer representative will be invited to participate in the review of the Policy. Consultation has already occurred through surveys, interviews, and workshops to gather stakeholder information which will be used to inform a Remuneration Resource toolkit to ensure that staff follow consistent procedures to ensure consumers and carers are remunerated for their participation in activities where appropriate.

Implementation and ongoing evaluation of the NMHS Partnership Model toolkit resources and materials. NMHS Consumer Engagement will work with carers to ensure they are provided opportunities to evaluate the level of engagement they experience as part of the new suite of tools developed.

Launch of the MySay Healthcare online dashboards to include a focus on reviewing carer experience of service data and communicating changes/improvements based on this feedback to consumers and carers.

NMHS is working with the existing site Community Advisory Councils to redesign the committees to ensure there is clear purpose, functions, and roles for members of this group. A series of collaborative workshops will be held in late 2022 with consumer and carer representatives to build the foundations of these new committees.

NMHS will work with site consumer liaison service and quality improvement teams to ensure there is a standard process for reporting consumer feedback and gathering carer perspective on complaints/contacts/compliments and carer input into improvement strategies.

Celebrating Carer's Week 2022 across health service.

Adult Inpatient MH - Graylands

Further development of initiatives commenced in 2021/22.

Initiation of a Carers Group.

MHS SCGH

Further development of initiatives commenced in 2021/22.

Specialities Older Adult Wanneroo, G Block Osborne Park and Selby Lodge Shenton Park

Carer Workshops with Guest Speakers.

Women and Newborn Health Services

Recommence education sessions following easing of COVID restrictions.

Continue to seek input from Carers WA representatives.

Raise awareness with use of stand in the hospital foyer during Carers Week.

Adjust Consumer Liaison Service data collection tool to assist in identification of carer status of complainants.

Update intranet and internet with contemporary promotional and training materials

Enhance the current carers references on the King Edward Memorial Hospital website.

Sir Charles Gairdner Osborne Park Health Care Group

Survey to be undertaken to identify gaps in staff knowledge and understanding of the Charter. These will inform ongoing education and practice reform over the next 12 months. Survey delayed due to Covid Restrictions – planned for late 2022.

Policies are reviewed by Consumer/carers reps prior to publication. Business as usual for carer representative to review policy prior to publishing.

Results from 'What Matters to Me' (WMTM) survey will be used to shape service models going forward. 'Easy wins' will be undertaken in the short term while more complex needs will be planned for over the following 12 months. Wards utilise WMTM posters at patients'

bedside to assist in identifying items/issues of importance to patients/carers to assist in the delivery of care.

A careful review of themes related to carers complaints will be undertaken over the next 12 months with changes being recorded to ensure sustainability and effectiveness to address the concern.

East Metropolitan Health Service

Escalate report to Standard 2 of the National Safety and Quality in Health Service Standards Partnering with Consumers for discussion to identify areas of opportunity to:

- Increase access to the new Welcome Pack including in additional languages and formats. Will be delivering an electronic format specifically off the back of feedback provided by carer representatives who indicated that the electronic format could provide further information.
- Increase monitoring and understanding of carer presence and involvement in care through What Matters Most Record and Comprehensive Care auditing.
- Ensure ongoing presence of carers resources on site.
- Increase access and availability to Carers WA education programs.
- Implement strategies as outlined in the new Patient Experience Strategy.
- Improve reporting of feedback (including complaints, compliments, and contacts) through to established governance committees, inclusive of themes as they relate to the Carers Charter.
- Establish Consumer and Carer rounding, where patients and their loved ones are engaged in conversation and encouraged to feedback and/or ask questions.

Disability Services Commission

Given the significant change of operations for the DSC with the NDIS in WA, and following the merger into Communities, consideration is being given to a more appropriate way in which compliance with the *Carers Recognition Act 2004* and Carers Charter can be delivered and measured by the DSC entity within Communities.

Communities is also responsible for the implementation of the recommendations of the *Carers Recognition Act 2004* Review, which will further support greater compliance and awareness across prescribed and non-prescribed reporting agencies. This work is due to be completed by 30 June 2023.

WA Country Health Service

Consider other ways Goldfields can promote carer support services and carers in the health service for staff and consumers. Ideas to be considered are:

- Phone System hold message
- Utilising the My Healthy Goldfields Page on Facebook
- TV messaging in waiting rooms.

Continue to increase consumer/carers involvement in service planning, governance group and formal feedback groups within the Goldfields.

Printed banner of Healthcare Rights and Carers Charter to be displayed at the front of Bunbury Hospital. Afternoon tea for National Carers Week to be held at Bunbury Hospital.

Bi-annual community forums. A Great Southern consumer and carer representative forum held in September 2022 will help guide future carer engagement activity.

Pilbara executive members will conduct a gap analysis using areas identified to improve compliance and increase visibility of the Act and Charter to staff and consumers. This includes staff education, resources for sites and a review of consumer engagement mechanisms.

Midwest will report and monitor at Governance Committee Carer Charter identifiers in DATIX CFM.

Child and Adolescent Health Service

Planning has begun on the development of the CAHS Consumer Engagement Strategy 2023 – 2026, which is expected to build on the foundation set by the inaugural strategy. The new Strategy will incorporate any remaining actions carried over from the current strategy and include a focus on strengthening the CAHS-wide communication approach, increasing resources suitable for consumers and carers with limited English proficiency and enhance mechanisms to consolidate findings from consumer engagement activities for the purpose of shared learning. Consultation will focus on the nuanced needs of population sub-groups (such as people with disability, people from culturally and linguistically diverse backgrounds, Aboriginal people, young people, and people experiencing mental health issues) and incorporate capacity building to embed consumer engagement into business as usual for all staff. This shift in focus recognises the cultural progression made within CAHS since the introduction of the first Consumer Engagement Strategy.

The CAHS Disability Access and Inclusion Plan 2022-2025 was recently endorsed and contains many improvement actions to enhance the inclusion of and delivery of services to those with disability. CAHS will also continue to support staff to have adequate skills, training, and assistance to provide an equitable service to those families with disability including promoting knowledge of the *Carers Recognition Act 2004*, including providing training for staff that is co-facilitated by consumers and carers with disability.

The CAHS Consumer Engagement team will be undertaking a Complaint Management Improvement Project, which will review the consumer feedback process, including improving the process by which people from diverse backgrounds provide feedback.

The CAMHS is developing a Peer and Family Support Worker model of practice. A Peer and Family Support Worker is a specialised, non-clinical position integrated into the multi-disciplinary team to foster a collaborative working relationship between families and the team. Peer and Family Support Workers can play a key role in providing recovery-oriented support to families navigating the mental health system, acting as a positive role model, and inspiring hope for the future. This year CAMHS welcomed their first Peer and Family Support Worker into the mental health inpatient ward, with additional positions across CAMHS being rolled out.

The Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia was released in March 2022. The Final Report provides the framework to transform the mental health system into a contemporary, evidence-informed model of service and models of care that ensures that all children and their families and carers who require mental health care can access timely, high quality care that meets their needs and is available close to where they live. The Government is committed to implementing all 32 recommendations. The scale of the reform is wide ranging and will take several years to achieve. Currently, carers are involved in co-designing models of care, a service guarantee, an evaluation and monitoring framework and a workforce plan.

Department of Health

As part of the National Partnership Agreement for Palliative Care in Aged Care project, both consumers and carers will be invited to participate in focus groups to provide feedback on proposed residential aged care service delivery models of care. This project aims to improve end of life and palliative care provided to residential aged care facility (RACF) residents, their families, and carers.

Implementation of the WA Cancer Plan 2020-2025 continues and includes a focus on providing reliable information to empower consumer decision-making. A series of small community discussions and/or individual discussions with culturally and linguistically diverse cancer consumers and carers are planned.

A Carers WA representative will be included on a panel to develop a new WA Chronic Conditions Outcomes Framework, and carer representatives will also be included in sessions to inform the development of the Mental Health Risk Assessment and Safety Planning Policy.

Building on 2020-21 initiatives, a consumer advisory group for the Outpatient Reform Program will be established to ensure consumer and carer input across the program, including co-design of future activities and evaluation of existing initiatives. Establishment of the group will involve the department working with the Health Consumers' Council and the

Outpatient Reform Program Steering Committee consumer representative to facilitate representation from broad user groups of outpatient services, including carers.

Carer involvement will also be sought for the impending review of Outpatient Direct, WA's telephone service that assists public hospital patients to manage their outpatient appointments. Carers will be represented in consumer research to determine barriers to virtual and in-person outpatient appointments. Review of the Specialist Outpatient Access Policy and Central Referral Service Policy will include consultation with the Outpatient Reform Program consumer advisory group and other carer groups as required.

To ensure continued consumer and carer input into the Emergency Access Response (EAR) program, the department will include a Health Consumers' Council representative on the EAR Program Control Group. In addition, the department will undertake further targeted engagement with RACF and aged care peak bodies on the development of program initiatives.

Following the forum held in 2020-21 to explore citizen and community partnerships, the Partnership Suite will be developed and implemented to support new approaches for partnering with consumers, citizens, clinicians, and other key stakeholders. The department will engage with a working group of key stakeholders inclusive of carer representatives to determine and agree on Partnership Suite resources.

Funded services

Examples are provided below that encapsulate the range and scope of initiatives planned in 2022-23 by the various organisations contracted by the Department of Health. A similar section on 2022-23 planned activities by funded services is not included in the Mental Health Commission reporting template, however examples of initiatives undertaken by Commission funded services have been provided under 'Highlights from 2021-22'.

Respondent	Planned initiatives
Avivo	Avivo's twice yearly 'Pulse' survey is currently being reviewed to ensure that it captures feedback from carers.
Carers Association of WA	Carers WA will continue to strengthen relationships with current networks and stakeholders and actively pursue additional partnerships for accessing further information and resources for carers and streamline referral pathways to ensure carers are treated with respect and dignity.
Carinya	The Employee Handbook will be updated to include additional information to ensure staff understand their roles and responsibilities concerning consultation with carers on service delivery.

Respondent	Planned initiatives
Chung Wah Association	In-depth staff training is planned to focus on carers needs and enhance support. Also, a new carer portal will be uploaded on the Chung Wah Association website.
City of Cockburn	A new client management system with a client/family portal will be purchased to allow carers to readily access information or enquire about services. Cockburn Care is also exploring the feasibility of holding a morning tea for carers every 3 months to obtain feedback on service delivery. In addition, a collaborative working relationship with the City of Cockburn Seniors Centre is being formed to support current carer members and to encourage attendance of carers who are socially isolated.
Community Home Care	The client/carer advisory group will be re-established, and client and carer satisfaction will be measured to inform service delivery.
Harold Hawthorne Community Centre	<p>Policies and procedures that would benefit from additional carer input will be identified to ensure carers are included in review cycles.</p> <p>Carer workshops are planned to identify carers needs, gaps and challenges to drive improvement in program design and development.</p> <p>To ensure carers complaints are resolved, a follow-up interview will be completed with the carer two months post receipt of the complaint.</p>
Homeless Healthcare (Mobile GP)	<p>A carers advisory committee is to be established to enable input on organisational policy and procedures.</p> <p>A feedback form for carers will be developed to aid improved service accessibility.</p>
Oral Health Centre of WA	The patient experience committee terms of reference and representation will be reviewed with input from carers.

Appendix 3: Acronyms used

Term	Meaning
ACAT	Aged Care Assessment Team
ACP	Advance Care Planning
AHC	Albany Health Campus
AHS	Armadale Health Service
ASD	Autism Spectrum Disorder
BHS	Bentley Health Service
CAC	Consumer Advisory Council
CAFCC	Child and Family Centred Care
CAG	Central Great Southern Mental Health Consumers and Carers Group
CAHS	Child and Adolescent Health Service
CaLD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CARE	Call And Respond Early
CCAC	Community Advisory Council
CCAG	Consumer and Carer Advisory Group
CCPG	Consumer and Carer Partnerships Group
CDO	Chief Dental Officer
CDS	Child Development Service
CECAT	Creative Expression Cultural Arts Therapy
CHSP	Commonwealth Home Support Programme
CPG	Carers Partnership Group
DAIC	Disability Access and Inclusion Committee
DAIP	Disability Access and Inclusion Plan
DHAC	District Health Advisory Councils
DoH	Department of Health
DSC	Disability Services Commission
DTU	Day Therapy Unit
EAR	Emergency Access Response
ED	Emergency Department
EDCAG	Emergency Department Consumer Advisory Group
EMHS	East Metropolitan Health Service

Term	Meaning
EMR	Electronic Medical Record
FH	Fremantle Hospital
FSFHG	Fiona Stanley Fremantle Hospitals Group
FSH	Fiona Stanley Hospital
GP	General Practitioner
GS	Great Southern
HaDSCO	Health and Disability Services Complaints Office
HCC	Health Consumer Council
HSP	Health Service Provider
ICT	Information and Communications Technology
JHC	Joondalup Health Campus, includes Joondalup Hospital.
KEMH	King Edward Memorial Hospital
KH	Kalamunda Hospital
LEAG	Lived Experience Advisory Group
LGBTI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
LGS	Lower Great Southern
MDH	Murray District Hospital
MHPHDS	Mental Health Public Health Dental Service
MIFWA	Mental Illness Fellowship of Western Australia
MMH	Midwest Mental Health
MOU	Memorandum of Understanding
MPS	Multi-purpose Service
ND	Not yet developed
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
NGOs	Non-Government Organisations
NMHS	North Metro Health Service
NPS	Net Promoter Score
NSAF	National Screening and Assessment Form
NSQHS	National Safety and Quality Health Service
OAMHS	Older Adult Mental Health Service
OPH	Osborne Park Hospital
OPI	Older person Initiative
OT	Occupational therapy

Term	Meaning
PAS	Patient Administration System
PBP	Positive Birth Program
PCH	Perth Children's Hospital
PEaCE	Patient Experience and Consumer Engagement
PHC	Peel Health Campus
PWdWA	People With Disability WA
QIC	Quality Improvement Council
RACF	Residential Aged Care Facilities
RGH	Rockingham General Hospital
RIG	Regional Implementation Group
RkPG	Rockingham Peel Group
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
SCGOPHCG	Sir Charles Gairdner Osborne Park Health Care Group
SHR	Sustainable Health Review
SJGMPH	St John of God Midland Public Hospital
SMHS	South Metropolitan Health Service
SQG&CE	Safety, Quality, Governance and Consumer Engagement
SQRM	Safety Quality and Risk Management
SQuIS	Safety and Quality Indicator Set
TCP	Transition Care Program
ToR	Terms of Reference
WACHS	West Australian Country Health Service
WaiS	WA Individualised Services
WD	Well developed
WNHS	Women and Newborn Health Services
YES	Your Experience of Service