

To the Hon Robyn McSweeney MLC, Minister for Seniors and Volunteering

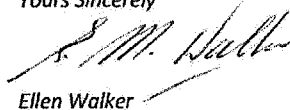
Dear Minister

It gives me great pleasure to present the Carers Advisory Council's Annual Report for 2010/2011 for your consideration and tabling in Parliament, as required under Section 10 of the Carers Recognition Act (2004).

The Council is pleased to inform you that the reports this year continued to illustrate compliance with the Act and a growing level of performance as shown by the many examples of good practice by the Reporting Organisations presented.

The report provides the opportunity for carers and carers' representative bodies to review the developments being undertaken to recognise the role of carers in the community; and the ways carers are being involved in the provision of services that impact on them and the role of carers.

Yours Sincerely



Ellen Walker

Chair

Carers Advisory Council

Carers Advisory Council Report to Parliament 2011

Carers Advisory Council 1 July 2010 - 30 June 2011

Ellen Walker (Chair)

Mary Deschamp (Deputy Chair)

Charlie Rook (Member)

Melissa Webb (Member)

Raynar Foldesí (Member)

Elaine McCormack (Member)

Rachel McMurray (Member)

Greg Mahney (Member)

Kristine McConnell (Member)

Lydia Gallant (Member)

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Introduction

Purpose

The Carers Advisory Council (the Council) is required to report to Parliament on the compliance of the Department of Health (DoH) and the Disability Services Commission (DSC) and their funded agencies with the *Carers Recognition Act* (2004) (the Act). The Act, which includes the Carers Charter, requires carers to be included in the assessment, planning, delivery and review of services, and that their views and needs must be taken into account when making decisions on services.

This report is for the period 1 July 2010 until 30 June 2011. It summarises the results of compliance self-reports and provides recommendations for the future.

Background

About Western Australian Family Carers ¹

- There are more than 300 000 carers in Western Australia - about 1 in 8 Western Australians.
- Almost 50 000 carers live in outer regional, remote, and very remote areas of WA.
- Almost 45% of carers in very remote areas are Indigenous.
- Over 73% of primary carers are women.
- More than 20 000 carers in Western Australia are under 18 years of age.
- More than 40 000 carers in Western Australia are over 65 years of age.
- In Western Australia, the estimated cost to replace the unpaid caring undertaken by carers is \$4.1 billion dollars.

¹ Carers WA Pre-Budget Submission 2011 - 2012; www.carerswa.asn.au/resources/Carers-WA-Pre-Budget-Submission-2011-12-FINAL.pdf; accessed 18 October 2011.

Carers play an integral role in the social fabric of Western Australian society. Carers make a significant contribution to the economic security of the State through the provision of ongoing and unpaid support or assistance to people with a disability, chronic illness, or mental illness or because of frailty. The caring role is often undertaken out of a natural desire to care for, and about, loved ones.

Care is provided by family and friends as needed and for many this is 24 hours a day, seven days a week. Understandably, the caring role can be detrimental to the carer's health and wellbeing.² The family network is the primary social support system in our society. Formal 'outside' help is an adjunct for matters beyond the capacity or scope of the family. Formal services would be unable to meet the needs of people who require care without family support.³

The Act guides relevant service providers in the health and disability fields as to how to work with carers and realise the benefits of working together as partners in care.

This report continues the trend established in previous years showing that key services in Western Australia are keen to be part of a community where caring is a shared responsibility by recognising carers and including carers and their role in all aspects of service provision.

Year in Review

Key activities are shown below.

Carers Advisory Council

- A project to raise awareness of the Act amongst Aboriginal health workers was undertaken.⁴
- Collaboration with stakeholders to assist in the implementation of the Act was completed.
- The interests of carers were put forward at numerous consultations.

² The Wellbeing of Australians - Carer Health and Wellbeing, 2007; www.deakin.edu.au/research/acqol/auwbi/survey-reports/survey-017-1-report.pdf; accessed 18 October 2011.

³ Access Economics - The Economic Value of Informal Care in 2010; http://carersaustralia.com.au/uploads/Carers%20Australia/CA%20Research/Economic_Value_Informal_Care_Oct_2010.pdf; accessed 18 October 2011.

⁴ Gatley McGurk Consultants; 'Aboriginal Carers Awareness raising Project for the Carers Advisory Council of Western Australia'; 2011.

Western Australia

- The pilot compliance assessment and reporting process used by the Carers Advisory Council has been reviewed and with minor modifications was used again this year. The review was facilitated by the Department for Communities (DFC) in consultation with Carers WA, DoH, DSC and the Council. Increased funding of 15 per cent was made available from within the State budget to a range of non-government organisations, many of which provide direct and indirect services to carers.
- The Mental Health Commission (MHC) has been developing the Mental Health 2020 strategy.

Commonwealth

- The national *Carers Recognition Act* (2010) was passed and complements existing state legislation for Commonwealth funded services.
- The Productivity Commission undertook inquiries into caring for older Australians and disability care and support.

Compliance Reporting

The reports by applicable agencies this year show continuing development of a broad understanding as to what is required under the Act. The Council is pleased to see the extent of carer recognition in Western Australia in this sixth year of reporting.

The Council values and recognises that the DSC organisational ethos is closely aligned with the Act and this is conveyed through its compliance report. DoH is again to be commended for its work to highlight the benefits of carer involvement.

Following on from last year, the Council report is in the form of an overview of the reports received from Reporting Organisations. The reported self-assessments are listed below.

Self-Rated Assessments of Compliance with the *Carers Recognition Act (2004)*

C = Commenced Development; S = Satisfactory Progress; W = Well Developed

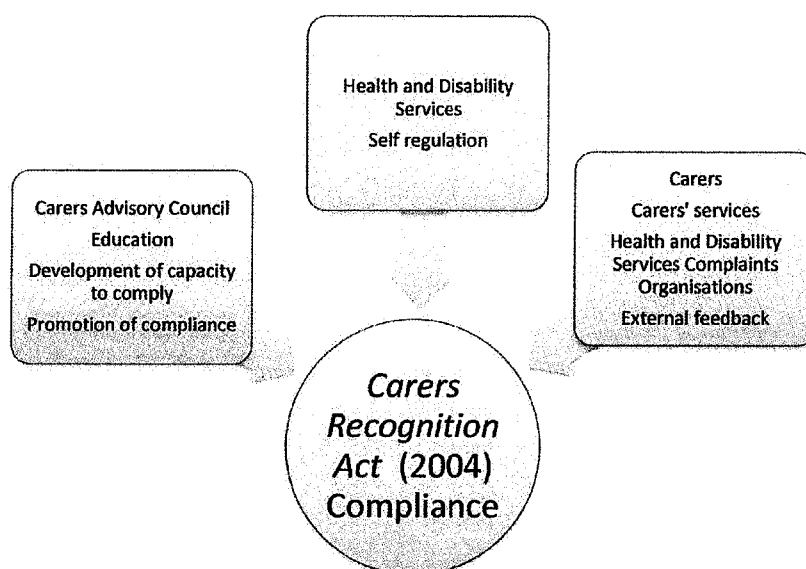
Reporting Organisation		Staff	Policy	Service	Complaints
Disability Services Commission		W	W	W	W
North Metropolitan Area Health Service	North Metropolitan Area Mental Health	S	S	W	W
	Osborne Park Hospital	S	S	S	S
	Sir Charles Gairdner Hospital	S	S	S	S
	Public Health & Ambulatory Care	S	S	S	S
	Swan Kalamunda Health Service	W	W	W	W
	Women's and Newborns Health	W	W	S	W
South Metropolitan Area Health Service	Reported Overall and by Unit	S	S	S	S
	Armada Health Service	W	W	W	W
	Bentley Health Service	S	S	W	W
	Rockingham Peel Group	S	S	S	W
	Fremantle Hospital Health Service	S	S	S	S
	South Metropolitan Area Mental Health	S	S	S	S
	Royal Perth Hospital	S	S	S	S
Aged and Continuing Care Directorate		W	W	W	W
Child and Adolescent Health Service		S	W	W	W
Western Australian Country Health Service		S	S	S	S

Future Directions

Governments at all levels continue to acknowledge the important contribution carers make to Australian society. There has been good intent and constructive action. The challenge now is to continue the implementation of the action so the benefits flow as intended - to carers. Major changes in policy at Commonwealth Government levels affecting carers need to be teased out and worked on collaboratively to ensure good outcomes for all involved. The Carers Advisory Council will continue to advance the interests of carers, and in so doing the interests of those they provide care for by working cooperatively with all stakeholders.

Council's Approach to Promoting Compliance

The following diagram illustrates the model of implementing and promoting compliance with the *Carers Recognition Act* (2004).⁵



⁵ Adapted from the Office of the Public Sector Commission 2005 Annual Compliance Report, 2004-05, p28.

Carers Advisory Council

The Council, alongside other stakeholders (e.g. Carers WA), works to support organisations to recognise and involve carers as key partners in care. The Council provides education regarding the needs and entitlements of carers, assistance for organisations to develop their capacity to recognise and involve carers and promote compliance with the Act.

Health and disability services

Organisations funded by either the DoH or DSC, such as public hospitals and other Health Department services, self-regulate their compliance through the self-rating aspects of the compliance tool-kit guidelines and monitoring their own work and compliance with the Act.

Carers, carers' services and health and disability services complaints organisations

A key aspect of the model is external feedback from people and organisations such as carer organisations and health and disability services complaints organisations. This assists with correlating the self-reports of services with the outcomes for carers at all levels within systems.

Overview of reports

As stated above, the Council acknowledges the performance and compliance of organisations through the annual report, which is required under Section 10 of the Act to Parliament. This year, as last year, the reporting requirements are based on self-assessment with supporting evidence of carer involvement in the four areas of staff training, policy and planning, service delivery, and complaints procedures.

The following ratings were developed in conjunction with the Department for Communities, Carers WA, DoH, DSC and the Council.

Commenced development: A rating of 'Commenced development' may apply to initiatives where progress is underway but the organisation is yet to significantly implement the program or activities. This rating may also apply to existing activities which require further progression in order to meet a higher rating.

Satisfactory progress: A rating of 'Satisfactory progress' indicates that activities and initiatives are proceeding well and are expected to reach an established stage of development.

Well developed: A rating of 'Well developed' indicates the ongoing activity is well established and progressing satisfactorily to meet the outcome objective.

Staff Training

Six reports noted a self-assessed rating of 'Well developed' in the area of staff training.

Comments from Reports:

Council commends the introduction of the 'Carers Champions' program in hospitals in which staff members identify as Carer Champions to help raise awareness through identifying and supporting carers. A second initiative the Council commends this year is the 'Caring Together' kit which includes a DVD, workbook, and supervisors' handbook. The kit was initiated by the DSC and developed by Carers WA as a training tool. Thirdly, the Council is very encouraged to see the continued and extended implementation of the 'Prepare to Care' program in metropolitan and regional hospitals.

In regard to training, Council would encourage organisations to provide staff with interactive training and education. To verify assessments of compliance with this area, some organisational reports rely on evidence of staff being provided brochures, having the opportunity to view posters, or having the subject mentioned during induction. The Council does not consider these measures to be sufficient to be called training. Training, including 'Train the trainer' programs, is available through organisations such as Carers WA. Council commends those organisations which have used these, or similar, resources for effective training and staff awareness.

Policy and planning

Six reports noted a self-assessed rating of 'Well developed' in the area of policy and planning.

Comments from Reports:

Council commends the many hospital Community Advisory Councils who now have designated carer positions. A second commendation is the engagement of Carers WA or trained carer representatives to have input into the development of policy and planning. There

appeared to be considerable evidence of carers being included at all levels of the policy and planning processes of the organisations and, for some services, carer involvement appeared to be rapidly becoming an embedded practice.

Council would encourage organisations that report 'Well developed' compliance with the Act to provide evidence of the caring role being identified as having value to the strategic direction of the organisation. Council would appreciate examples of carers being given support to develop deeper awareness of their roles in policy and planning processes.

Service delivery

Seven reports noted a self-assessed rating of 'Well developed' in the area of service delivery.

Comments from Reports:

There was an emphasis on macro levels of carer engagement in the reports this year. Council commends the extension of the 'Prepare to Care' program; the establishment of Carer Liaison positions; and, the focus given to groups of people known to be marginalised by the wider community, in order to assist carers to become engaged in the process of service delivery. Council commends the use of surveys by a number of organisations to provide for carer input with a particular commendation to organisations who have already taken action in line with the resulting recommendations.

Council appreciates the work carried out at a macro level to ensure carers' views and needs are taken into account and that carers are included in the assessment, planning, delivery and review of services. In future reports, Council would also encourage explanations of how these measures are enacted at the individual level.

Complaints

Nine reports noted a self-assessed rating of 'Well developed' in the area of complaints procedures.

Comments from Reports:

Reports this year show that the majority of organisations have been able to distinguish between complaints from carers and complaints from patients and service clients. Council commends those organisations that have evidenced that carers are informed of their ability to make complaints relating to non-compliance with the

Carers Charter and trusts this practice will become much more widespread in the coming year. Council notes that as a result of the increased awareness, and effective engagement with carers, there might be a corresponding increase in the rates of complaints from carers. This could show that carers know their rights under the Carers Charter, are aware of the complaint process, and most importantly, feel safe to lodge a complaint.

Future directions

The prior information has provided background and context to the report, and summarised the self-assessed ratings of compliance by reporting organisations.

Following is an overview of what Council would expect to see in future reports from organisations that rate themselves as 'Well developed'.

Staff Training

Council expects that for services to rate themselves as 'Well-developed' in this area, they will have formal training programs to ensure staff:

- Can identify carers;
- Know and understand the value of carer participation;
- Know and understand their obligations under the Act;
- Implement effective carer engagement practices; and
- Know the requirements for complying with the Carers Charter.

The expected outcome is that there will be increasing levels of staff awareness and compliance with the Carers Charter reflected in their practice.

Policy and planning

Council expects that for services to rate themselves as 'Well-developed' in this area they will be able to provide evidence to show that:

- Policies and programs clearly recognise and identify the value of the caring role to the direction of the organisation;
- Carers and their representatives are involved in relevant policy and planning development and review, such that their

participation in decision making is valued and they can contribute in an effective and meaningful way;

- Carers are satisfied that the policy and planning initiative takes into account the impact on carers; and
- Carers and their representatives are enabled and supported to be effective participants in the process.

Service delivery

Council expects that for services to rate themselves as 'Well-developed' in this area they will be able to provide evidence to show that:

- Consultative processes are in place that engage carers along all steps of the service/treatment/response practice;
- Carers are included in decision making processes about services at both the individual and organisational levels; and
- Carers report that their views and needs have been heard in decision making processes.

Complaints

Council expects that for services to rate themselves as 'Well-developed' in this area they will be able to provide evidence to show that:

- Information is accessible and disseminated broadly which encourages input, feedback, and issues to be raised by carers and their representatives that relates to compliance with the Carers Charter;
- Processes are in place to inform carers of the internal and external complaints mechanisms which include complaints about non-compliance with the Carers Charter;
- A procedure is in place to record and consider complaints which specifically involve a carer and how these are to be analysed and incorporated into quality control mechanisms; and
- Carers report their complaints have been given due consideration.

The following section offers an overview of the organisational reports in more detail.

Reports Received from Reporting Organisations

Disability Services Commission

General Comments

The Disability Services Commission (DSC) again demonstrated full and comprehensive compliance with the Carers Recognition Act at all levels of operation. This includes carer participation and involvement in policy and program development at the macro level, to individual service planning at the micro level; from Board and Ministerial Advisory Council to local forums; and from training packages to articles in newsletters and other publications.

This level of compliance with the spirit and intent of the Carers Recognition Act demonstrates that this is a fundamental value embedded in the culture of the organisation, and something of which they are justifiably proud.

Assessment

Using the self-rating scale provided in the reporting template, the DSC is rated as compliant on all four measures:

- Staff understanding and working in accordance to the Carers Charter
- *Well developed*
- Carer involvement in policy and service development
- *Well developed*
- Inclusion of Carer perspectives in service delivery
- *Well developed*
- Respectful handling of carer grievances and complaints
- *Well developed*

Good Practice

Examples of good practice abound in the report, and can be found in all areas of operation:

- The reporting of the results from the Client Satisfaction survey which includes six items specifically relating to carers;
- The production of a training kit called 'Caring Together.' It is seen to have relevance for staff working in the disability and/or health fields and for use with people in regional areas, the Indigenous, and/or those who use English as a second language;

- Carer involvement at systemic as well as individual planning levels of the service is reported to be embedded as a normal part of operations; and
- The Commission has taken a strong stand for Western Australian people with disabilities and their carers in the national arena, and is seen to advance the specific interests of Western Australians with disabilities and their carers.

Future Directions

The Commission, in recognising the importance and benefits of working with carers, continues to seek improvement and meet the changing demands of the field. Initiatives in the coming reporting year include:

- Active participation in the development of a carers' conference being convened by Carers WA and Arafmi to be held in 2012; and
- Ensuring that the needs of Western Australian carers and carer representative organisations are included in the review of the National Disability Services Standards.

North Metropolitan Area Health Service

General Comments

Given that the North Metropolitan Area Health Service (NMAHS) supports a population of more than 800 000 people and has a workforce of more than 10 000 staff, ensuring compliance across its many campuses must be seen as a highly complex task which is being progressively enacted. The overall report included reports from the NMAHS; Osborne Park Hospital; Public Health and Ambulatory Care; Sir Charles Gairdner Hospital; Swan Kalamunda Health Service; and Women and Newborn Health Service. The service stated its commitment to the inclusion of carers.

Assessment

Self-assessed ratings were provided across six sites using the self-rating scale provided in the reporting template. The NMAHS is rated as compliant on all four measures:

- Staff understanding and working in accordance to the Carers Charter
- *three Satisfactory and three Well developed*

- Carer involvement in policy and service development
- *four Satisfactory and two Well developed*
- Inclusion of Carer perspectives in service delivery
- *four Satisfactory and two Well developed*
- Respectful handling of carer grievances and complaints
- *three Satisfactory and three Well developed*

Good Practice

There are a number of examples of good practice in the NMAHS report which support the concept of the importance of carer recognition within the organisation:

- Good examples where education and training with staff has taken place with a particular commendation to services which have used Carers WA and Arafmi to facilitate training rather than a reliance on the provision of brochures or posters;
- Almost all services reported the presence of a nominated carer representative in positions that allow for input into the development and review of policies that affect carers; and All services provided examples of processes to ensure the views and needs of carers are heard at higher levels of decision making. Two services noted their initiatives in identifying carers for their direct involvement with the treating team. A further service was actively encouraging the participation of carers from Aboriginal backgrounds.

Future Directions

The NMAHS notes a number of planned initiatives to extend implementation of the Carers Recognition Act in the next reporting period. Some of the initiatives mentioned related to:

- Reviewing the process of identifying and recording the current carer which is another very important first step - ongoing from the 2009/2010 report;
- Plans to monitor complaints closely and include the results in monthly Executive reports - ongoing from the 2009/2010 report; and
- A staff survey will be conducted to ascertain the level of understanding of the Carers Charter - ongoing from the 2009/2010 report.

South Metropolitan Area Health Service

General Comments

Information received indicates that the South Metropolitan Area Health Service (SMAHS) includes 80 000 carers in its target population and involves the following Units which report to SMAHS: Armadale Community Health Service, Armadale-Kelmscott Memorial Hospital, Bentley Hospital, Child Development Service: Peel, Child Development Service: Rockingham/Kwinana; Fremantle Community Health Service, Fremantle Hospital and Health Service, Peel and Rockingham/Kwinana Community Health Service, Rockingham General Hospital, Royal Perth Hospital and South Metropolitan Area Mental Health Service. It is pleasing to note the increased cooperation between several services and Carers WA in the further use and distribution of the 'Prepare to Care' program and the implementation of the 'Carers Champion' concept.

Assessment

Using the self-rating scale provided in the reporting template, self-assessed ratings were provided across six sites. The SMAHS is rated as compliant on all four measures:

- Staff understanding and working in accordance to the Carers Charter
 - *five Satisfactory and one Well developed*
- Carer involvement in policy and service development
 - *one Satisfactory and five Well developed*
- Inclusion of Carer perspectives in service delivery
 - *four Satisfactory and two Well developed*
- Respectful handling of carer grievances and complaints
 - *three Satisfactory and three Well developed*

Good Practice

Examples of good practice include:

- The recognition of 'Carer Champions' within health services;
- The employment of Aboriginal liaison officers to assist Aboriginal carers;
- The enactment of recommendations made as a result of an audit of compliance with the Carers Recognition Act in 2010;
- Continued pro-active work with carer representation being included in the Terms of Reference for Community Advisory Councils;

- Family care meetings held to facilitate direct involvement of carers in discharge planning; and
- Telephone feedback surveys conducted by a Consumer Advisory Council which included a carer representative.

Future Directions

The SMAHS notes a number of planned initiatives to extend implementation of the Carers Recognition Act in the next reporting period. Some of the initiatives mentioned related to:

- The inclusion of carers in the development of the Consumer Participation Strategic Plan which is expected to integrate carer specific actions and carer specific key performance indicators;
- Introducing the 'Top 5' program to improve communication between carers and staff; and
- Implementation of a Carers Recognition Pathway which includes carers being identified on patient admission; 'Prepare to Care' booklets to be given to each carer by through a social worker; carers are asked to complete the Carer Questionnaire in order to inform health staff; carers being consulted regarding any planning which will impact on their caring role; complaints will be given due consideration by Customer Liaison Departments; and, carers will be encouraged to register with Carers WA for ongoing support.

Aged and Continuing Care Directorate

General Comments

The Aged and Continuing Care Directorate (ACCD) sits within the Department of Health and is concerned with a considerable number of programs covered by Home and Community Care (HACC) funding. The ACCD acknowledges the importance of the reporting process and notes that the number of Funded Organisations providing compliance reports within the specified timeframe increased by 19 per cent over the last year to 85 per cent. The ACCD follows up with organisations that have not reported. The ACCD noted that 90 per cent of Funded Organisations have achieved compliance with the WA Carers Charter and the remaining 10 per cent of respondents stated they are working towards compliance.

This year has seen the introduction of streamlined eligibility screening with regard to the Wellness Approach being taken by the

ACCD. The report recognises a significantly higher number of carers have been identified and linked with appropriate supports.

A Quality of Life Survey was undertaken and the ACCD reports that 84 per cent of survey respondents confirmed they had participated in the planning processes for HACC services that they received.

Assessment

Using the self-rating scale provided in the reporting template four cases of Well Developed were reported. The ACCD is rated as compliant on all four measures:

- Staff understanding and working in accordance to the Carers Charter
 - *Well developed*
- Carer involvement in policy and service development
 - *Well developed*
- Inclusion of Carer perspectives in service delivery
 - *Well developed*
- Respectful handling of carer grievances and complaints
 - *Well developed*

Good Practice

There are a number of examples of good practice in the ACCD report which support the importance of carer recognition and implementation of the concept within the organisation:

- Additional funding for the expansion of the 'Prepare to Care' program has been provided to enable Carers WA to deliver the program to public hospitals in the metropolitan and Great Southern region. This program has been repeatedly commended in its outcomes of raising awareness; providing staff training; and supporting carers by providing timely information;
- The ACCD also raises awareness and provides staff education through funding Carers WA to present to a minimum of 20 HACC service providers per year. Examples are given where senior management have attended training courses provided by Carers WA and then passed this information on to their staff;
- Carers have the opportunity to be included in policy development within the ACCD through Carers WA being represented on each of the three key bodies associated with the aged care network. Carers are also involved in the development of future service delivery through input from the carers' survey and the carers' network support groups;

- ACCD states that the WA Assessment Framework implemented on 31 January 2011 has tools which have improved communication between service providers and carers and through consultation with carers the design and delivery of services are developed to support them in their caring role. Eighty per cent of providers identified that the views of carers are incorporated into all aspects of service delivery; and
- Worthy of note is that complaints information and brochures ensure appropriate acknowledgement of the rights of carers to make a complaint on their own behalf in relation to non-compliance with WA Carers Charter.

Future Directions

ACCD notes there are a number of planned initiatives to extend implementation of the Carers Recognition Act in the next reporting period. Some of the initiatives mentioned related to:

- The Dementia Model of Care has been developed and includes the importance of inclusion of carers by the multidisciplinary team; and
- Mandatory reporting associated with the Wellness Program by Funded Organisations.

Child and Adolescent Health Service

General Comments

The Child and Adolescent Health Service (CAHS) treats close to 300 000 patients a year, many of whom have carers. CAHS again demonstrated good-will, cooperation and a general intent to comply with the Carers Recognition Act and the Carers Charter. As a service dealing with vulnerable young people, it recognises the crucial role played by carers in the ongoing wellbeing of their patients long after they have left the ambit of their service.

Assessment

Using the self-rating scale provided in the reporting template, the CAHS is rated as Compliant in all four areas of:

- Staff understanding and working in accordance with the Carers Charter
- *Satisfactory*
- Carer involvement in policy and service development

- *Well developed*
- Inclusion of Carer perspectives in service delivery
 - *Well developed*
- Respectful handling of carer grievances and complaints
 - *Well developed*

Good Practice

There are a number of examples of good practice in the CAHS report which support the importance of carer recognition and implementation of the concept within the organisation:

- The Liaising, Informing and Networking for Carers (LINC program) helps carers navigate support networks and services and is staffed with a Carer Liaison Coordinator;
- Re-establishment of the CAHS Disability and Carers Advisory Council;
- Involvement of carers in the CAHS's strategic planning and consultations for the design of the new hospital; and
- Complaints relating to the rights of carers under the Carers Charter were noted.

Future Directions

CAHS notes there are a number of planned initiatives to extend implementation of the Carers Recognition Act in the next reporting period. Some of the initiatives mentioned related to:

- The intention to expand the LINC service in country areas, with a special emphasis for Indigenous Carers, and internet based information;
 - The holding of a second annual Carers Day in 2011 to acknowledge carers, provide information, and raise staff awareness of the role of carers; and
- The development of a carers' website that can be accessed 24/7, to inform and provide support for carers.

WA Country Area Health Service

General Comments

The Western Australian Country Area Health Service (WACHS) is a large, diverse and dispersed service system covering all regional areas of the State. WACHS includes the regions of Goldfields, Great

Southern, Kimberley, Midwest, Pilbara, Southwest and the Wheatbelt.

Assessment

Using the self-rating scale provided in the reporting template, the WACHS is rated as compliant on all four measures:

- Staff understanding and working in accordance to the Carers Charter
 - *Satisfactory*
- Carer involvement in policy and service development
 - *Satisfactory*
- Inclusion of Carer perspectives in service delivery
 - *Satisfactory*
- Respectful handling of carer grievances and complaints
 - *Satisfactory*

Good Practice

Examples of good practice include:

- The production of a training DVD 'All About Carers' for staff in remote communities;
- The introduction of the 'Prepare to Care' program to the Great Southern region; and
- Including Carers WA in the review of the WACHS Carers Recognition Act guidelines.

Future Directions

The WACHS did not identify any future initiatives.

Summary of self-assessed reports from Funded Organisations

Department of Health Funded Organisations

Assessment

Through the provision of the Department of Health (DoH) Consolidated Non-Government Organisations (Funded) Report for the period 2010 -2011 to the Carers Advisory Council, the DoH is seen to be compliant with Part 2 Section 7 (1(d)) of the *Carers Recognition Act (2004)* which requires a report on the compliance or non-compliance with the Carers Charter by those providing services under a contract with DoH.

General Comments

The DoH, in compiling the report, notes that "It is pleasing to observe that almost all organisations are aware of the Act and aware of their responsibilities under the Act to carers and in relation to their contracts with the Department." This report shows the DoH is working to ensure the organisations it funds comply with the Carers Charter. It also provides a useful and promising picture of the progress of compliance by those Funded Organisations.

Good Practice

Examples of good practice include:

- The provision of exemplars to guide organisations developing their compliance with the Carers Charter;
- The extension of awareness of the need for compliance to the wider field of areas within Health such as the Oral Health Centre; and
- Providing examples of responses from a broad range of Funded Organisations including those which are disease specific or focus on particular cultures, or relate to people who are Indigenous or come from country and remote areas.

Mental Health Commission Funded Organisations

General Comments

The Mental Health Commission (MHC) was established as a separate entity from the WA Health Department during 2010. This has led to ambiguity regarding the reporting requirements of the MHC in

relation to the Carers Recognition Act. The Carers Advisory Council appreciates that the Mental Health Commission supplied a concise and evidence based overview of the compliance, with the intent of the Act, by 37 of the organisations it funds.

The MHC reports a good level of compliance by its Funded Organisations. The MHC was encouraged by the increase of more than 25 per cent in organisations providing supportive documentation. The MHC is committed to a continuing and deliberate focus to ensure that carers are included in the development of mental health policy, planning, implementation, and ongoing service delivery into the future.

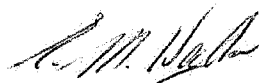
Good Practice

- Carer involvement exists at all levels of services. Several services have carers included in their boards while others consult with appropriate carer organisations with the view that carers' interests are fully represented. Carers participated in service evaluation, new service planning and strategic processes.

Conclusion

This report continues the trend established in previous years showing that key services in Western Australia are keen to be part of a community where caring is a shared responsibility by recognising carers and including carers and their role in all aspects of service provision.

This concludes the sixth report of the Carers Advisory Council to the Western Australian Parliament on compliance with the *Carers Recognition Act* (2004).



Ellen Walker

Chair

Carers Advisory Council

17 November 2011