

Carers Advisory Council Annual Compliance Report 2012

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Introduction

Purpose of Carers Advisory Council

The Carers Advisory Council (the Council) advises the Minister with responsibility for the *Carers Recognition Act 2004* (the Act) on relevant issues for carers in Western Australia and provides an annual report on the compliance of reporting organisations with the Act.

Over 10 per cent of Western Australia's population provides unpaid care and support to a person with disability, ongoing illness or experiencing frail age. Carers are a growing proportion of the population worthy of recognition because we save the government, and therefore taxpayers, billions of dollars per year.¹

Year in Review

In addition to the normal cycle of Council operations, key initiatives undertaken this year include:

Regional consultations with the Ministerial Advisory Council on Disability (MACD), September 2011

Council members attended community forums in Albany, Bunbury, Geraldton and Northam to gather evidence regarding self-directed services for regional carers.

Carer Symposium, April 2012

Curtin University researchers presented their research findings to a combined audience of the Council, the MACD, the Seniors Ministerial Advisory Council (SMAC), the Women's Advisory Council (WAC) and representatives from other organisations with interest in carers' experiences of caring.

Representation at various community events

Council members attended various community events to gather information about carers. For example: Practical Matters forums held by Carers WA Council on the Aging's (COTA) Aged Care Reform Conference, Department of Health (DoH) Primary Health Care forums, the Australian Health Practitioner Regulation Agency's Community Engagement forum, Disability Services Commission (DSC) My Way working group meetings, and meetings with representatives from various councils and boards such as the Carers WA Board, WAC, SMAC, MACD and the Mental Health Advisory Council.

¹ Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings – State Tables for Western Australia*, Table 31; 13 February 2012, www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02009, accessed 31 October 2012.

Purpose of the Annual Compliance Report

Each year the Council receives reports from applicable organisations to demonstrate their self-rated compliance in accordance with section 6 of the Act. The Council analyses these reports and summarises the findings which they present to the Minister with responsibility for the Act. The Minister then tables the report in Parliament.

Contributors

The applicable organisations are the DoH and the DSC. The Mental Health Commission (MHC) voluntarily furnished a report on services funded by the Commission further demonstrating their commitment to the Act.

Method of Reporting

All reporting organisations and services interacting with carers and funded by the MHC and DoH supply a report to the Council by 30 September each year using a generic reporting template indicating self-rated levels of compliance. Supporting information, such as sample policies, procedures, complaints and responses, provide evidence to support claims. Council reviews, analyses and summarises the reports.

Council Ethics

Prior to allocating and analysing reports Council members identify potential conflicts of interest due to use of services, employment or other factors.

Measures of Compliance

Compliance is self-rated by the organisation. It is unreasonable to make comparisons between organisations since each one has fundamental differences in purpose, scope of services, models of service and funding models. However, the Council has attempted to compare an organisation's progress across time in an attempt to find developments or trends over time.

Closing the Performance Loop

Once Parliament accepts this report, reporting organisations meet with representatives of the Council to receive feedback about performance, recommendations and future directions.

Disability Services Commission

General Comments

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

This level of compliance with the spirit and intent of the Act demonstrates that this is a fundamental value embedded in the culture of the Commission.

Assessment

The Commission's self-assessment rating is *Well Developed*, the highest rating available, on all four areas of:

- 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*

Based on the evidence produced, this rating is supported by the Council, and the Council commends the Commission and its funded agencies on its consistent performance in this area.

Good Practice

Examples of good practice abound in the report, and can be found in all areas of operation. Initiatives of particular interest to the Council include:

- Service User Satisfaction: A survey of service users included six items specifically relating to carers, all with positive results of approximately 90 per cent. This is a very strong result, compared to a general "rule-of-thumb" where 75 per cent is considered a "good" result in the human services area, and is comparable with the results from the previous years.

43 formal complaints were lodged during the year, of which 8 related to carer matters. With some 22 000 service users, this represents one complaint per 511 service users, and one carer complaint per 2 570 service users per year. This continues the reduction of complaints of 1:385 and 1:2 200 respectively last year.

The results of carers' complaints showed that 53 per cent were satisfied with the outcome; and 60 per cent were satisfied with the process.

These are sound results, and provide good indicators on the extent to which the Commission is meeting service user and carer expectations.

- **Staff Training:** Extensive use was made of the newly-developed training kit called Caring Together, which consists of a supervisors guide, workbook and DVD, available as hard copy and electronically via the internet. It is relevant to all stakeholders, but particularly to staff working in the disability field. While it has a generic orientation, it is also relevant for Indigenous people, Culturally and Linguistically Diverse (CaLD) people and country services, whether funded or provided, and for all disability types and age groups.

Staff training on the role and importance of carers is included in the orientation program for new Commission staff, and specific training is conducted for staff and/or contractors with specific roles, such as Independent Evaluators, and Service Contracting and Development staff who interact with the funded non-government sector.

Advocacy training for carers is also provided or supported at a local level, including support to attend conferences and forums.

- **Carer Involvement:** The level of carer involvement at a systemic as well as individual planning level is to be commended. This includes carer representation on the Board, the Minister's Advisory Council, planning processes (Count Me In: Disability Future Directions), quality management (Quality Management Framework), development of new and/or expanded services (My Way, Respite, Young Carers) and priority assessment panels in the Combined Application Process (CAP).
- **Targeted Initiatives:** Particularly vulnerable carers have been targeted for support, including young carers, older carers and carers in regional areas.
- **National Initiatives:** The Commission has continued its involvement in developing and implementing new initiatives at a national level to ensure the best outcomes for Western Australians with disabilities and their carers. These include:
 - Implementation of National Disability Strategy 2010-2020
 - Development of National Carer Strategy Implementation Plan
 - Review of National Disability Service Standards
 - National Disability Insurance Scheme with links to My Way being negotiated with the Commonwealth.

Future Directions

The Western Australian disability services sector is well developed, well run, and well supported by government and the community. The greatest area of uncertainty is in the national arena, and the Commission's role in protecting Western Australian interests is appreciated and encouraged.

Department of Health

The Department of Health (the Department) is divided into 5 different Health Services. Health Services report to the Department which then reports to Council. Each report is reviewed separately.

WA Country Health Services

General Comments

WA Country Health Service (WACHS) have this year focussed on developing a detailed and comprehensive health service plan based on a rigorous community consultation, including many carers either as consumer representatives or members of District Health Advisory Councils. The Western, Southern and Eastern country Health District Service plans are now complete.

Assessment

Using the organisational self-rating compliance scale WACHS has overall self-rated as *Satisfactory Progress*.

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

Based on the evidence provided, this rating is supported by the Council.

Good Practice

Examples of good practice were:

- Continued information on the Act provided with links to the Carers Charter included within mandatory induction training.
- Invitation to Carers WA to join the Residential Aged and Dementia Care steering committee.
- Invitation to carers to participate in service planning workshops at multiple Country Health Service Districts.
- Country Health Reference Groups include carer input for major service initiatives
- Alignment with Department of Health complaints management policy and overview of services by required organisations such as the Office of the Chief Psychiatrist.

Future Directions

WACHS continues to implement mandatory staff induction training which includes information on the Act and standardised carer complaints procedures. These foundations enable and encourage ongoing organisational and services development in all aspects of the Act.

The recognition and inclusion of carers in country health service planning and development via multiple avenues is positive. The Council commends the WACHS for this major undertaking.

North Metropolitan Health Service

General Comments

The North Metropolitan Health Service (NMHS) is the largest health service in the metropolitan area with a 3 000 square kilometre catchment, servicing almost 1 million people and employing over 8 500 staff.

Assessment

Using the self-rating scale provided in the reporting template, the NMHS overall self-rating is *Satisfactory Progress* with individual variations for several major service outlets to *Well Developed*, on the four self-rated areas of:

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

Based on the evidence produced, this rating is supported by the Council.

Good Practice

Examples of good practice include:

- City of Stirling catchment areas and Sir Charles Gardiner Hospital (SCGH) have developed information sessions with Carers WA educating staff on the Act, how this relates to the *Privacy Act 1988* and how staff can integrate both these practices to maintain privacy and integrity collectively.
- A Carers' Recognition staff working group has been established and has made steps towards assisting carers to self-identify by providing Prepare to Care packs and Carers Charter information boards. 168 carers were identified within the 2011-2012 reporting period.
- Ongoing carer representation on service management teams, program clinical advisory groups and project working groups. Notably the inclusion of carer representation on the development of the new mental health units at Osborne Park Hospital and SCGH as well as the Crisis Awareness Planning Project.
- Inclusion of the carer within a consumer audit of accessibility in relation to the development of the second Five Year Disability Access and Inclusion Plan (DAIP).
- Rehabilitation service opening hours have been altered in response to the needs of consumer and carer feedback.
- Inclusion of carers in SMS reminder messages for consumer appointments and doctor notifications.
- Development of a Carer Liaison and Education Service to liaise with service providers, carers and their family to provide support and education to assist with the caring role.

- Development of a carer support group and weekly carer meetings to focus on how the carer is coping with their caring role.
- Standardised complaints procedures exist to respond to consumer and carer complaints.
- The alteration of an informal complaint document to identify the carer as a complainant.

Future Directions

The NMHS has a variety of good initiatives applied across services. Staff education and training in carer needs and respect appears to have been a focus area this year. Carer representation continues to exist across most areas and in various levels of organisational operations which is commendable. Inclusion of evidence in all areas of the annual report would benefit NMHS allowing recognition of further initiatives and developments in the area.

The NMHS is to be commended for their significant improvement in staff training.

The NMHS is building upon established sound compliant practices and policies. The Council commends this ongoing development.

South Metropolitan Health Services

General Comments

The South Metropolitan Health Service (SMHS) covers a population of approximately 850 000 people including an estimated 80 000 Carers, with 5 major service centres and a multitude of service outlets.

The SMHS has continued its development and implementation of practices embodying the Carers Charter, with numerous initiatives and improvements across the region.

However, there is still scope for further improvements and developments, particularly with the cross-fertilisation of good ideas and practices between service outlets and agencies within the field.

Assessment

The SMHS overall self-assessment rating is *Satisfactory Progress*, with individual variations for several major service outlets to *Well Developed*, on the four self-rated areas of:

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

Based on the evidence produced, this rating is supported by the Council.

Good Practice

Many examples of good practice are provided. Initiatives of particular interest include:

- Carers Champions: Carers Champions are SMHS staff who volunteer for this Carers WA program to support carers in addition to their normal duties within their areas of responsibility. This initiative, where adopted, has the potential to positively modify the culture in the workplace and practices.
- Prepare to Care: The Prepare to Care program provides information that assists staff to identify and support carers. The program also provides patients and carers with diagnostic-specific information kits on discharge from hospital. These kits are available in six languages, and are in high demand. This initiative is particularly important as the number of new carers with no prior experience of the caring role emerges due to the ageing of the population.
- Staff Training: Staff training on the Act and the Carers Charter has been included in various professional development courses, particularly the crucial areas of Triage, Critical Care and Discharge.
- Carer Representation: Extensive use is made of Community Advisory Committees which have been established to ensure that policies and procedures are in line with community expectations. This is to be commended. As yet, carer representation on these committees is not standard or required procedure. It would seem highly desirable that they were.

- Ward Visits: At least one major service outlet has monthly ward visits by Community Advisory Council members, who interact with patients and carers, and provide feedback to the Executive Committee. This could be an effective feedback method and an efficient means to identify potential problems. Carer representation on these committees in the future would seem warranted and is encouraged.

Future Directions

Current initiatives will be continued with a view to constant improvement. Two initiatives of special interest are the development of Carer-specific key performance indicators, and various Patient/Consumer/Carer Satisfaction Surveys.

The South Metropolitan Health Service is commended for its progress in complying with the Carers Charter, and is encouraged to continue along this path.

Child and Adolescent Health Service

General Comments

The Child and Adolescent Health Service (CAHS) demonstrated again that inclusion of and respect for carers is embedded in the policies and procedures and clinical activities carried out by this service. Generally the CAHS continues to make changes to improve the inclusion of carers in service provision at both the practical and systemic levels at a 'satisfactory' standard of compliance.

Assessment

Using the self-rating scale provided in the reporting template, the CAHS rated themselves overall as achieving *Satisfactory Progress*, with specific ratings for:

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

Based on the evidence provided the Council concurs with the self-rated assessment.

Good Practice

Multiple examples were provided to substantiate developments and continuing good practices by CAHS. Carer involvement in service development and policy is achieved at multiple levels as demonstrated by the following activities:

- Staff understanding of the Carers Charter is fostered through ongoing staff and volunteers' orientation and nursing study days.
- A web site is under construction.
- The annual Carers Day continues annually with advice from carers as to what is desirable, this year a carers forum was part of the Carers Day where carers from various sections of CAHS were able to speak about their concerns.
- The Nutrition and Dietetics Department provided individual counselling for all carers of patients requiring therapeutic diets and enteral nutrition.
- Multiple group education and networking sessions for carers and siblings with various chronic conditions.
- Collaboration between DSC, carers of children with chronic respiratory disease and CAHS has begun with the development of a database of helpful information for carers and families.
- The Child and Adolescent Mental Health Service (CAMHS) have developed guiding principles for service provision which includes the statement "Families, consumers and carers will be involved in all aspects of service planning, delivery and evaluation." This follows recommendations from the Chief Psychiatrist's Review 2012 and the National Standards for Mental Health Services 2010.

- Carers are represented on various committees and working parties across the range of services provided by CAHS. Notably, feedback from the Community Disability and Carers Advisory Committee resulted in change to an audit tool used by doctors to evaluate the quality of Doctors' communication.
- Three examples of carer grievances were provided with responses from CAHS and the supporting policy and procedures. There were no statistics provided regarding total numbers of complaints for the year or whether complainants were satisfied with the outcome.

Future Directions

The Carer Identification and Recognition Group is a positive step in compliance. A range of practical and procedural initiatives are planned:

- Continuation of the Annual Carers Day
- Carers will be invited to a forum by the CAMHS with the information gained to be used in the 2012/13 Action Plan
- The feasibility of installing digital screens in waiting rooms displaying information useful to carers is being investigated.

The CAHS are commended by the Council for their persistence and dedication in furthering carer recognition within service delivery and development.

Aged and Continuing Care Directorate

General Comments

The Aged and Continuing Care Directorate (the ACCD) has continued developing, implementing and refining carer-friendly policies and procedures within its area of responsibility during the year. Such developments are vital with the predicted increases in aged population and subsequent needs for services.

Assessment

The ACCD's self-assessment rating is *Well Developed*, the highest rating available, on all four areas of:

- 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*

Based on the evidence produced, this rating is supported by the Council.

Good Practice

Many examples of good practice are provided. Initiatives of particular interest to the Council include:

- **Prepare to Care:** The Prepare to Care program provides patients and carers with diagnostic-specific information kits on discharge from hospital. These kits are available in six languages and are in high demand. This initiative is particularly important as the number of new carers with no prior experience of the caring role emerge due to the ageing of the population.
- **Dementia:** A dementia working group has been established within the WA Aged Care Advisory Council to identify new initiatives and developments in the field, and bring these to the attention of relevant service providers. This is also important given the forecast increase in dementia as the population ages.
- **Carer Feedback:** Carer feedback plays an important part in refining policies and procedures to identify problems and unintended consequences and to keep things on track in a changing environment. On some 16 measures, all showed positive results of 95 per cent.
- **Independent Quality Reviews:** Independent quality reviews are conducted triennially to safeguard the integrity of the system, and has received favourable reports.
- **Quality of Life Survey:** An annual quality of life survey was conducted of Home and Community Care (HACC) clients, of which some 10 per cent identified as carers. 82 to 84 per cent of these carers reported involvement in service planning, and were satisfied with the level of HACC support they received.

Future Directions

Current initiatives will be continued with a view to constant improvement. 2 areas of special interest are an evaluation of the complex needs coordination team, and the impact of the dementia working group. The ACCD is commended for its commitment to complying with the Carers Charter.

Department of Health - Funded Services

General Comments

The Department of Health (the Department) provides funding to various not for profit (NFP) community service organisations throughout Western Australia. These organisations cover a wide range of generic and niche target groups, from generic local support to diagnostic, gender or culturally specific services. Funded organisations report on their compliance with the Carers Charter while Health Services report on their compliance with the Act.

Reporting is variable across this vast field, ranging from full and enthusiastic support to limited recognition that carers are relevant to the organisation concerned. Other organisations take a very comprehensive view of the caring role and its relevance to their services for both carers and the people they care for.

Assessment

The Health Department NFP community service organisations overall self-assessment rating is *Satisfactory Progress*, with wide variations between individual organisations.

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

Most NFP community service organisations have assessed themselves to be in the category *Working towards Compliance* or *Achieved Compliance* with varying grades on a scale of 1 to 5. Some organisations have used the Organisational Self Rating Compliance Scale under various objectives and rated themselves in the *Satisfactory Progress* or *Well Developed* categories.

Based on the material provided, the Council supports the self-assessment of NFP community service organisations, which in most cases is *Satisfactory Progress* or better.

Good Practice

Many examples of good and innovative practice are provided. Initiatives of particular interest include:

- **Service User Feedback:** Feedback by service users is emerging as a useful means for organisations to refine their policies and procedures to best meet service user and community expectations. It can also be used to provide key performance indicators about levels of satisfaction about what and how an agency is going about its business. An increasing number of organisations are availing themselves of this useful tool, and this is to be encouraged. It would also be helpful if carer-specific items were more widely included.
- **Scenario Testing:** One agency has taken an innovative approach by subjecting its policies and procedures to some 20 scenarios, several involving carers, with complex cases in extreme situations, to see how well their operations would cope, and used the results to refine their policies and procedures.

- **Staff Training:** Staff training on the Carers Charter has been included in staff orientation and staff development courses by many agencies.
- **Carer Representation:** Consumer/Patient/Client representation and involvement is wide-spread throughout the NFP Community Services sector. However, it has not been made clear as to whether carers are afforded similar opportunities for involvement and participation.
- **Information Kits and Programs:** Most agencies had very useful information kits, pitched to their specific target groups such as the Manual Tasks Guide for Carers provided by one NFP service and a new Counselling for Carers program aimed specifically at women carers.

Future Directions

Many organisations have demonstrated a commitment to supporting carers. Further development is likely to have a positive impact as the culture of working in partnership with carers becomes more wide-spread.

It may be indicative of a future trend that the number of carers seeking information in the period February to July 2012 from Home and Community Care (HACC) service providers has increased by 75 per cent.

The Department of Health NFP Community Service Organisations are commended for their efforts, and are encouraged to continue along this path.

Mental Health Commission - Funded Health Services

General Comments

The Mental Health Commission (the Commission) funds a number of non-government organisations to supply a variety of services across the state. With an estimated 45 per cent of all Australians likely to suffer mental illness during some time in their lives,² it is likely that a significant number of Western Australians will be their carers.

The Commission continues to build the ethos of including the client and carer as central to mental health services and systems.

Assessment

The Commission's Funded Organisations used a slightly different template in which these organisations achieved an overall self-rated assessment of *Achieved Compliance* in all four areas of:

- Staff understanding and working in accordance with the Carers Charter - *Achieved Compliance*
 - Carer involvement in policy and service development - *Achieved Compliance*
 - Inclusion of Carer perspectives in service delivery - *Achieved Compliance*
 - Respectful handling of Carer grievances and complaints - *Achieved Compliance*
- Based on the evidence supplied the Council supports this assessment.

Good Practice

Many examples of good practice were provided. Some of these include:

- Staff induction and training regularly includes education about how to include carers, and the importance of carer inclusion in service assessment, planning, delivery and feedback.
- Regular review and update of policies and protocols to ensure compliance with the Act.
- Inclusion of carers in Board and committee positions.
- A range of specific programs to meet the needs of carers (i.e. a leadership program for young carers with parents with mental illnesses, multicultural brochures and newsletters and a self-caring program).

Future Directions

The Commission is to be congratulated for supporting and encouraging its funded organisations to achieve compliance with the Act and National Mental Health Standards. It is evident that there is an enduring focus on carers from the top of the Commission to front line workers.

The Council highly commends the Commission in volunteering to be part of the Compliance Reporting process and for its strong commitment to carer recognition. Future challenges will be to maintain the strength of this focus.

² Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*, www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=, accessed 1 October 2012.

Conclusion

It is evident that over the past 8 years, since the inception of the *Carers Recognition Act 2004*, there has been much work completed on policies, procedures and clinical guidelines to improve the recognition of carers in all reporting agencies. For a simple comparison between 2011 and 2012 for reporting agencies refer to the Table 1 on the following page.

The Department of Health, the Disability Services Commission, and the organisations funded by the Mental Health Commission and the Department of Health are all warmly commended for their ongoing development of awareness and inclusion of carers at all levels of these organisations. The Disability Service Commission leads the way with determining carer satisfaction with the outcomes from complaints.

The Council looks forward to working with the reporting organisations to further develop the recognition of carers by implementing the recommendations arising from the review of the Act.

The Council anticipates that there are three key areas for our future watching brief including the National Disability Insurance Scheme, health services for the aged and mental health for all. These broad categories affect remote, rural and urban communities and will present challenges which will require innovative solutions arrived at by health and disability services working in partnership with carers.

TABLE 1: Comparison between years 2010/11 and 2011/12 of Self-Rated Compliance with the Carers Recognition Act 2004

REPORTING ORGANISATION		STAFF UNDERSTANDING		POLICY INPUT		SERVICE INPUT		COMPLAINTS	
		2010/11	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11	2011/12
Disability Services Commission		W	W	W	W	W	W	W	W
Department of Health									
WA Country Health Service		S	W	S	S	S	S	S	S
North Metropolitan Health Service		S	W	S	S	W	W	W	W
Osborne Park Hospital		S	S	S	S	S	S	S	S
Sir Charles Gairdner Hospital		S	S	S	S	S	S	S	S
Public Health & Ambulatory Care		S	S	S	S	S	S	S	S
Swan Kalamunda Health Service		W	W	W	W	W	W	W	W
Women and Newborn Health Service		W	W	W	W	S	S	W	W
South Metropolitan Health Service		S	S	S	S	S	S	S	W
Armadale Health Service		W	W	W	W	W	W	W	W
Bentley Health Service		S	S	S	S	W	W	W	S
Rockingham Peel Group		S	S	S	S	S	S	W	W
Fremantle Hospital and Health Service		S	W	S	S	S	W	S	W
Royal Perth Hospital		S	S	S	S	S	S	S	S
Child and Adolescent Health Service		S	S	W	W	W	W	W	S
Aged and Continuing Care Directorate		W	W	W	W	W	W	W	W
Department of Health Funded Organisations			S		S		S		S
Mental Health Commission Funded Organisations		W	W	W	W	W	W	W	W

KEY: W = Well Developed S = Satisfactory Progress C = Commenced Development