



Government of **Western Australia**
Carers Advisory Council

2014 Carers Advisory Council Annual Compliance Report

The 2014 Carers Advisory Council Annual Compliance Report will be available for viewing and download from the Department of Local Government and Communities website in a variety of formats, including this Word version.

Letter to the Minister from the Chair

To The Honourable Anthony Simpson MLA

Minister for Local Government; Community Services; Seniors and Volunteering; Youth

Dear Minister

It gives me great pleasure to present the 2014 Carers Advisory Council's Annual Compliance Report for your consideration and tabling in Parliament, as required by Section 10 of the *Carers Recognition Act 2004* (the Act).

The legislation requires public health and disability service agencies to report to the Carers Advisory Council each year on their compliance with, and performance of, obligations as prescribed in the Act.

This Report provides a summary of:

- the information and supporting evidence provided by the organisations required to demonstrate their compliance with the Act; and
- the information provided by the Mental Health Commission which is not subject to the Act and deserves particular commendation for voluntarily reporting its compliance.

This is the ninth such report submitted by the Carers Advisory Council and over that period of time it has been encouraging to see the role of carers increasingly recognised, acknowledged and supported by the organisations with whom they come into contact.

Yours faithfully



Mary Deschamp

Chair; Carers Advisory Council

10 December 2014

Contents

Letter to the Minister from the Chair	2
Carers Advisory Council Members contributing to the Report.....	4
1. Introduction	5
2. Agency Analysis	8
2.1 Disability Services Commission.....	8
2.2 WA Country Health Service	15
2.3 North Metropolitan Health Service.....	19
2.4 South Metropolitan Health Service	26
2.5 Child and Adolescent Health Service	33
2.6 Aged and Continuing Care Directorate.....	36
2.7 Department of Health Funded Organisations	40
2.8 Mental Health Commission Funded Organisations.....	44
3. Conclusion	48
4. Appendices	49
4.1 Compliance data from 2012-2013 to 2013-2014	49

Carers Advisory Council Members contributing to the Report

Ms Mary Deschamp – Chairperson

Ms Karena Sherriff – Deputy Chairperson

Ms Glennys Marsdon

Ms Lyneve Cannon

Ms Mary Linder

Ms Glenice Batchelor

Ms Suzanne Paust

Mr Daymon Joseph

Ms Kay Lunt

Ms Fadzi Mutambiranwa

1. Introduction

Carers

In general terms, a carer is a person who provides ongoing care or assistance to another person who has a disability, a chronic or mental illness, or who is frail. This definition excludes persons paid to provide care services and those working as volunteers. There are an estimated 310 000 Western Australian carers.

For the purposes of the Act, section 5 prescribes the meaning of 'carer'.

The *Carers Recognition Act 2004*

The objects of the *Carers Recognition Act 2004* (the Act) is to recognise the role of carers in the community and to provide a mechanism for the involvement of carers in the provision of services that impact on carers and the role of carers.

The Act establishes the Western Australian Carers Charter (the Carers Charter) which requires:

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

In general terms, the Act requires the Disability Services Commission (DSC), WA Health (also known as the Department of Health) and services funded by these agencies to comply with the Carers Charter. DSC and WA Health are also required to involve carers in policy and programme development and strategic and operational planning which might affect carers.

The Carers Advisory Council

The Carers Advisory Council (the Council) is established by section 8 of the Act. Its membership comprises persons with knowledge of, and experience in, matters relevant to carers.

The Council advises the Minister with responsibility for the Act, currently the Minister for Community Services, on relevant issues for carers in Western Australia and provides an annual report on the compliance of reporting organisations with the Act and the Carers Charter.

In accordance with requirements of section 7 of the Act, each year Council receives reports from reporting organisations which demonstrate their compliance. Prior to allocating and analysing these reports, Council members identify any potential conflicts of interest arising from their contact with services, through employment or other factors.

The Council analyses these self-rated reports, summarises the findings and presents a report to the Minister. The Act requires the Minister to table the report in Parliament.

The Annual Compliance Report

In accordance with the requirements of the Act, each year the Council receives reports from prescribed reporting organisations which demonstrate compliance with section 6 of the Act. The Mental Health Commission also voluntarily reports to the Council regarding its funded services.

In 2014 reports were submitted by:

- Disability Services Commission
- WA Health:
 - WA Country Health Service;
 - North Metropolitan Health Service;
 - South Metropolitan Health Service;
 - Child and Adolescent Health Service;
 - Aged and Continuing Care Directorate; and
 - Department of Health Funded Organisations

- Mental Health Commission.

Method of Reporting

All reporting organisations and services interacting with carers and funded by the Disability Services Commission and WA Health supply a report to the Council by 30 September each year using a generic reporting template indicating self-rated levels of compliance. Information such as sample policies, procedures, complaints and responses, is provided as supporting evidence

Although the Mental Health Commission is not required by legislation to report it has again voluntarily reported and supplied the above. The Council also reviews, analyses and summarises these reports.

Measures of Compliance

Compliance is self-rated by the organisation. Four criteria were defined by the Council as below and agencies were asked to self-assess on a three point rating scale of commenced development, satisfactory or well-developed.

- **Staff understanding of the Carers Charter** – Activities and strategies for ensuring that staff are aware of and understand the Carers Charter and carers are treated with dignity and respect (e.g. staff training and awareness-raising).
- **Policy Input by Carers** – Activities demonstrating the inclusion of carers/ representative bodies in the development of policies and organisational plans that affect carers and their caring role (e.g. consultations, extracts of plans and policies and relevant initiatives with carers).
- **Carer's views and needs considered** – Activities illustrating inclusion of the views and needs of carers when assessing, planning, delivering and reviewing services that impact on them and their caring role.
- **Carer Complaints Process** – Processes available for carers to enable them to make complaints about services that affect them and their role as carers and have their complaints heard (e.g. overview of process).

It is unreasonable to make comparisons between organisations since each has fundamental differences in purpose, scope of services, models of service and funding models. However, the Council has sought to compare an organisation's progress across time to identify developments or trends.

2. Agency Analysis

2.1 Disability Services Commission

a. Summary of evidence presented

Key initiatives and achievements

- The two-year trial of the Western Australian NDIS (National Disability Insurance Scheme) My Way Planning Framework by the Disability Services Commission (DSC) has strong emphasis on the needs of carers and specifically addresses the supports required to sustain carers in their role.
- Carer representation on four governance and advisory groups established as part of the WA NDIS My Way Planning Framework included the Joint Steering Committee, Reference Group and Lower South West and Cockburn-Kwinana Local Advisory Groups.
- Continued development of the 'Family Support through Mentoring Project' which currently links 12 families and carers, who are living with a person whose behaviour is considered challenging, with a mentor who provides mutually agreed support. The project is growing in the metropolitan area and moving into some country areas.
- Further implementation of the 'Self-Directed Supports and Services Strategy' including full day training in Broome, Kununurra, Kalgoorlie and Esperance delivered to people with disability, their families and carers and disability sector organisations.
- Activity to build carer connection and capacity across WA has included a Supporting Parents self-support group in North East metro that received a carer grant for a shared respite weekend; support of a 'Mums' lunch group' in Heathridge; a support group for parents of children with Autism in the north-west metropolitan area; a gathering for parents of children with Down Syndrome in Rockingham; a new support group in Broome for parents of children with any disability; a new support group in the East Kimberly and

funding for an online Facebook community for families of children with disability.

- Funding projects to support the development of audio-visual and training resources to increase awareness of the role of young carers e.g. offering media training to young carers so they can produce short video clips about the role of young carers.
- The development of a young carer education and training program i.e. workshops, social support events and camps to help young carers.
- Supported workshops and training for ageing parents of children with disability (15 parents attended on a monthly basis over twelve months and they have now established a monthly support group).
- Initiatives in the Kimberley have included advocacy, information and support to aging carers; pre-employment training for carers; and the provision of respite opportunities to allow carers to meet other family commitments.
- Five out-of-home respite facilities located at Broome (including an outreach service), Clarkson, Rockingham, Gosnells and York are now fully operational and have resulted in 1 820 places being available per year providing a break for families and carers.
- Development of a workshop series targeting school-leavers and their families to assist in the development of individualised approaches and informed decision-making.
- Establishment of the Disability Justice Service, a new branch within DSC for people with a disability who are interfacing with the justice system. The person with disability and their carers are invited to undertake planning for support and strategies to help them develop positive networks and opportunities in the community. In mid-2015 a new Disability Justice Centre will open in Caversham as an alternative to prison.

Staff understanding of the charter

- Inclusion in a staff orientation program of a 45 minutes presentation, 'A Parent's Perspective,' by a parent or carer.
- Continued use of the 'Caring Together' staff training resource (a training workbook and short audio-visuals) by both DSC and disability sector organisations.

- Orientation training for newly appointed Local Area Coordinators, who provide a significant component of the direct interface with families and carers, includes one full day listening to the perspectives of three family members.
- DSC makes widespread use of its intranet and internet websites to provide comprehensive information on carers including links to the *Carers Recognition Act 2004* (the Act) and Carers Charter.
- Complaints Management training follows best practice and includes information on the Carers Charter.

Policy input from carers

- Carers are active members at the highest level of decision-making within DSC including the Board, Ministerial Advisory Council and Disability Health Network.
- During 2013-14, the DSC Board continued its program of meetings in metro and county locations to facilitate people with disabilities, their families and carers being able to raise issues directly with Board Members.
- DSC's Carer Recognition Act Implementation Reference Group held three meetings during the year and its members included a Board Member of Carers WA and a member of the Ministerial Advisory Council on Disability, both of whom were carers.
- Carer input into the WA NDIS My Way trial included positions on the Joint Steering Committee, Reference Group and Lower South West and Cockburn-Kwinana Local Advisory groups.
- The Combined Application Process (CAP) included one family representative on the panel for all funding rounds held this year.
- Carers are invited to all Annual Individual Lifestyle Plan reviews for people residing in Commission managed accommodation. Staff travel to country towns to ensure elderly parents have input.

Carers views and needs considered

- The My Way planning framework has a strong emphasis on the needs of the carer and an individual needs assessment incorporates a domain specifically addressing the supports required to sustaining carers.
- Carers are included in the design and implementation of positive behaviour strategies across the disability sector in WA.

- Aboriginal and Culturally and Linguistically Diverse (CaLD) individuals, families and organisational staff had input via a workshop into a review of the responsiveness of the Positive Behaviour Teams.
- The Team around the Child Model, which incorporates individual and family service plans, enables carers to be actively involved in the planning, delivery and evaluation of early childhood intervention services e.g. carers receive coaching, and are invited to workshops.
- Parents were included in a reference group to establish a parent managed early childhood intervention pilot project. The project concludes in December 2014.
- The Early Years Consultancy team psychologists work with the family and community to identify and design strategies to best assist the child with disability to grow and develop.
- In 2013-14 as part of the Family Living Initiative, 171 plans were funded to support families achieve their goals and 103 of these plans were self-managed.
- 10 out of 20 local government steering groups, which received grants to increase the inclusion of people with disability, included people with disability and carer representatives.
- Staff who manage CAP rounds facilitate information sessions for families and carers.
- Carers are now represented on all Disability Health Network working groups.

Carer complaint processes

- DSC operates a Consumer Liaison Service to manage the complaint process which is actively and comprehensively promoted across the disability sector.
- DSC's Complaints Management and Procedures Policy is currently under review.
- Complaint data for 2013-14 is summarised as follows:
 - 26 formal complaints were registered of which 24 (93%) were lodged by family members;
 - 14 (58%) were satisfied with the outcome; and
 - 5 (21%) remained dissatisfied.
- Promotions of the complaints process is through:

- a Consumer Liaison Officer (CLO) located in the West Perth office;
- CLO training sessions and via-annual forums;
- brochures given to clients in their initial correspondence when starting with the Commission; and
- the website which was recently updated to ensure compliance with accessibility guidelines).
- Publications are also being updated and will be available on the website.
- CLO is on the Consumer and Carer Reference Group which was formed in March 2014.

b. Self-assessment

Table 1: DSC self-assessment 2013-14

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

For the past three years and including 2013-14, Disability Services Commission has provided a self-assessment rating of well-developed across all four criteria.

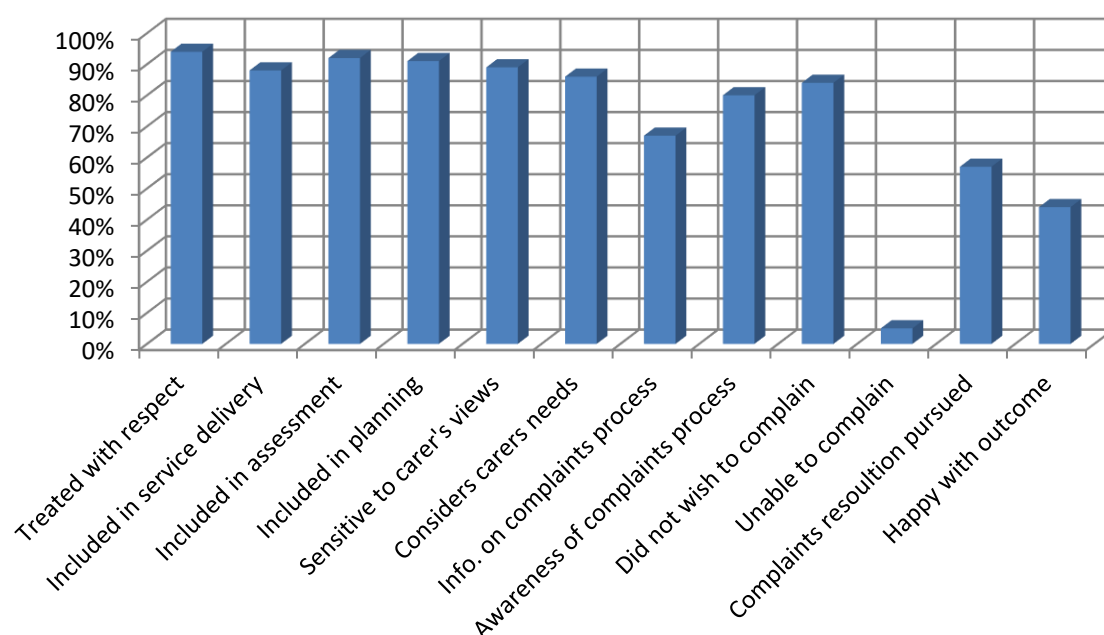
c. Funded Services

In 2014 DSC undertook a non-identifying survey of carers (n = 454) which provided evidence of service providers' effectiveness in supporting carers. Of those who responded 96% were the primary carer, 91% lived with the person they cared for, 79% were female (mostly mothers) and 28% reported having a disability themselves.

As reflected in Chart 2, feedback from this survey was positive. For example, two thirds of carers indicated that they were given information about how to complain (67%), which was an increase on last year (61%). Some (84%) did not wish to complain, which was similar to last year. 5% wanted to complain but felt unable to do so. One in twenty (6% rounded) lodged one complaint in the past twelve months and another 6% lodged more than one complaint during this period, making a total of 11%.

Of the 46 carers who did complain, many (56%) were satisfied that a genuine effort was made to resolve the dispute but less than 50% were happy with the outcome, and one in three (36%) were unhappy. Qualitative comments from 16 respondents suggested the key issues were that nothing was done, no solution was offered, solution was not satisfying, and they were not understood or treated professionally.

Chart 2: Summary of DSC Anonymous Carer Survey 2014



d. Future initiatives

The 'Count Me In Ambassador Program' is broadly recognised as having had a positive role in increasing the role of carers in the community; a strategic review will be undertaken in 2015 with consideration to given to how better to include carers and increase awareness of their role.

DSC will also be furthering the policy directions of the National Disability Strategy, including supporting carers, and working alongside the NDIS trials in Western Australia.

e. Carers Advisory Council comments

DSC clearly demonstrates an approach across the whole organisation that highly values and recognises the importance of carers in the lives of people with disability. This approach is being further developed via the WA NDIS My Way trials, one of which is already operating in the lower south west of the state and another planned for Cockburn-Kwinana in 2015.

Carers are involved in all levels of both strategic and service delivery planning and review. The organisation has continued to build the capacity of carers through the facilitation of a range of support groups and networks. The importance of carers is reinforced with staff at orientation and is continually reinforced via internet and hard copy information.

The Carers Advisory Council concurs with the DSC self-assessment of well-developed across all four criteria.

DSC is also to be commended for the increasing proportion of carers who said they were given information about how to make a complaint. However complaints handling is an area that needs to continue to be monitored and there appears to be a continued need to provide information on this process to carers.

2.2 WA Country Health Service

a. Summary of evidence presented

Key initiatives and achievements

- Relaunch of the 'Prepare to care' program at the Albany Health Campus in November 2013 including a revamp of all carer resource information.
- Information and training sessions for carers including the establishment of information corners at the Albany Health Campus, Denmark and Katanning Multi-Purpose Services; dementia care training in 7 remote communities in the Kimberley; stroke and dementia sessions for clients and carers in the Midwest; information on new mental health legislation for carers and agency representatives in the Goldfields.
- Film nights and pampering sessions organised for carers in the Kimberley as well as the provision of day trips by the mobile respite service.
- Co-location of Carers WA Regional Co-ordinator with the WA Country Health Services (WACHS) Great Southern Aged and Subacute Care Unit and Regional Assessment Service in Albany.
- Development of an information summary on carer support programs in Kalgoorlie.

Staff understanding of the charter

- Mandatory induction training for all WACHS staff included reference to the *Carers Recognition Act 2004* (the Act) and the Carers Charter.
- In 2013-14 WACHS developed and implemented a suite of consumer-centred resources to support clinical and non-clinical staff develop consumer/care centred approaches to service planning and delivery.
- Other training opportunities included the 'Role of the Care' to clients, carers and staff across the Kimberley and presentations from Carers WA to aged care staff in the Midwest.

Policy input from carers

- WACHS continued to implement the national EQuIP National accreditation process for health services which requires governance structures to form partnerships with consumers and carers; active participation by consumers

and carers in the improvement of patient experience and health outcomes; and information to consumers and carers on monitoring, measurement and evaluation of service performance.

- WACHS Carers Recognition Act Guideline was reviewed and updated in consultation with Carers WA and a Partnering and Consumers Guideline was developed in consultation with the District Health Advisory Councils (DHAC).
- Carers in Geraldton, Kalgoorlie, the Great Southern and Bunbury were consulted as part of the development of a 10 Year Mental Health Plan.

Carers' views and needs considered

- Consumers and carers have continued to have a voice in how their health services are delivered through 21 DHAC's. Members undertook tasks including community engagement, advocacy and consumer representation.
- Consumer and carer representatives have been included in review processes for the Safety and Quality Framework and Patient Assisted Travel Scheme.
- Regional consultation processes included:
 - meetings in the Kimberley to plan future directions of the Community Care Service;
 - focus groups in the Midwest to develop new processes for family meetings for the Day Therapy Unit;
 - consumer and carer stakeholder groups to improve the transfer of care between inpatient and community treatment with the South West Mental Health Service; and
 - a Consumer and Carer Focus Group in Hedland that met regularly to support the consumer in the home and carer needs.

Carer complaint processes

- The WACHS Complaints Management Policy and Procedure is aligned with the WA Health policy; the procedure and complaints form was reviewed in November 2013 incorporating input from District Health Advisory Councils carer and consumer representatives. Another review is planned for 2015, with the view of considering how to make the WACHS complaints/feedback process more accessible and responsive to a wider range of consumers, particularly those with low literacy skills.

- Mechanisms exist at all WACHS sites for carers to lodge complaints by using a dedicated form, by phone or face-to-face with some remote localities trialling the use of SMS.
- Specific examples included:
 - carers in the Kimberley and Pilbara being consulted regarding the development of a DVD in Aboriginal English on rights and responsibilities within an aged care service;
 - consumer feedback sought on the Aged Care Assessment Team processes in the Midwest via phone and with carers when the client had dementia or lacked capacity; and
 - the South West consulted with carers and consumers with the intention of exploring more specific participation in the future.

b. Self-assessment

Table 3: WACHS self-assessment 2013-14

Staff understanding of the charter	Policy input from carers	Carers views and needs considered	Carer complaints processes
W	W	W	S

KEY: W = Well developed S = Satisfactory C = Commenced development

For the past 3 years the WA Country Health Service has reported that staff awareness of and understanding of the Carers Charter has been well-developed. This year, an improvement to well-developed is reported in both the level of carer input into policies and organisational plans as well as assessing, planning, delivering and reviewing services that impact on them and their caring role. Processes to allow carers to lodge a complaint about services that affect them remain at satisfactory.

c. Funded services

Many agencies are engaged by WACHS to provide a range of health services and all contracts require adherence to the Act and Carers Charter. Funded Not-for-profit community service organisations are reported separately in section 2.7 of this report.

d. Future initiatives

A range of consultation processes with carers and the broader community are planned and include the following:

- WACHS will be undertaking further regional community consultations as part of health service planning.
- Southern Inland Health Initiative (SIHI) stakeholder consultation as part of the Primary Health Care Demonstration Site stream.
- Service Delivery Planning as part of the Multi-Purpose Services Agreement 2014-2017.
- WACHS contribution to the development of the Statewide Mental Health Services Plan. This plan will involve extensive carer consultation and will address the recommendations of the Stokes Review.
- WACHS South West Carers workshop for Augusta in February 2015.

e. Carers Advisory Council comments

The Carers Advisory Council recognises the challenges faced by service providers operating in remote and rural localities. Despite these challenges, the WA Country Health Service has made gains in demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans as well as the needs of carers when assessing, planning, delivering and reviewing services.

The WA Country Health Service is commended on these gains and should be encouraged to further develop processes for carers to enable them to make complaints about services that affect them and their role as carers.

2.3 North Metropolitan Health Service

a. Summary of evidence presented

Key initiatives and achievements

- Review of the membership and terms of reference of the North Metropolitan Health Services' (NMHS) Community Advisory Council which aims to provide a voice to consumers, carers and the community; progressing the development of a Consumer, Care and Community Engagement Framework and completion of the first phase i.e. a Consumer, Care and Community Engagement Survey.
- Highlights from the Mental Health Service included further development of its Carer Workforce Framework with a focus on integrating paid carer consultants into service provision; an active partnership with Carers WA; implementation of a 'carer sticker' system to identify consumers who have carer involvement; the establishment of a carers register with the Specialist Aboriginal Mental Health Service; and 34 carer workshops as part of the Older Adult Program.
- At Osborne Park Hospital, a Rehabilitation and Aged Care pamphlet was designed to align consumer and carer expectations with service provision; a survey of patients and carers utilising occupational therapy services reported that 94% of carers concerns had been documented and responded to, 87% of carers were involved in the phone screening process and 87% of carers attended the home visit.
- Public Health and Ambulatory Care was externally evaluated by the Australian Council on Healthcare Standards and surveyors commented on the strong evidence that consumers and carers were treated with respect.
- Sir Charles Gairdner Hospital continues to maintain strong links with Carers WA; have developed 'Carers Corners' (information stands) throughout all wards; and have recognised and celebrated Carers Week in October 2013.
- Swan Kalamunda Health Service hosts Carer WA workshops and information sessions for all staff and actively supported Carers Week 2013.
- Women and Newborn Health Service have strengthened their partnership with Carers WA; have also introduced a 'carer sticker' process to involve carers in assessment and planning for a consumer with a disability; included carer identification and contact details on admission forms and developed a Carers Recognition policy.

Staff understanding of the charter

- The Mental Health Service reported that the *Carers Recognition Act 2004* (the Act) was an integral part of the staff orientation process and was further promoted via the Stakeholder Liaison Officer who provides ongoing training to staff and facilitates regular liaison meetings with carer advocacy groups including Arafmi Mental Health Carers and Carers WA.
- At Osborne Park Hospital all staff receive training on the Act and charter as part of induction training; Carers WA provided in-service training to 38 staff; the Pastoral Care and Chaplaincy Service provides direct support to carers during healthcare provision and before and after death.
- Public Health and Ambulatory Care reported that a representative from Carers WA presents information on the Act and Carers Charter to all new employees and hard copy information is provided in induction packs; posters on the Carers Charter and Australian Charter of HealthCare rights is displayed at every site and ongoing education is provided at staff meetings.
- Sir Charles Gairdner Hospital have developed staff education programs that provide triggers to staff to assist them to understand that often carers do not see themselves in this role.
- The Consumer Liaison Officer with Swan Kalamunda Health Service presents information on the Act and Carers Charter to all new staff and posters/brochures are displayed prominently throughout the hospital.
- A Carers Recognition Working Group is in place at Women and Newborn Health Service that has established information displays to assist with the self-identification of carers; staff education on the Act and Charter are delivered via induction training (125 staff), Carer WA in-service training (32 staff) and distribution of Carer WA Prepare to Care resource packs to staff; and the development and promotion of a Patient and Consumer Centred Care Statement that emphasises the involvement of consumers and carers in their health care.

Policy input from carers

- The Mental Health Service has ensured carer input into new policies including the Consumer Publication Policy, Information Display Policy, and Consumer Feedback Policy and other resources during 2013-14 via their carer consultants; a Consumer and Carer Engagement Audit tool was also

developed to identify sites or services that required further development in carer consultation.

- All consumer/carers related policies and procedures at Osborne Park Hospital have input from the Community Advisory Committee and this body includes carer representation; during the year Clinical Handover and Deterioration Policies were reviewed and updated to reflect consumer and care input.
- Public Health and Ambulatory Care has undertaken a review of a number of policies including Consumer Feedback, Right and Expectations for Patients and Staff, Confidentiality and Privacy, Open Disclosure and Language Services to ensure the needs of carers are met.
- Sir Charles Gairdner Hospital also has a carer representative on the Community Advisory Committee, a Carers WA member of the Carers Recognition Act Working Party; 8 hospital policies that relate to the importance of carers and carer's input have been developed and/or reviewed.
- Swan Kalamunda Health Service has a Carers WA representative on both the Disability and Carers Access and Inclusion Committee and the Community Advisory Council.
- Women and Newborn Health Service updated their strategic plan for 2014–16 and involved both their Community Advisory Committee and Carers WA; the policy on Consumer and Carers Representation on Committees and Forums was updated during the year to consolidate the engagement of consumer and carer representatives.

Carers' views and needs considered

- Carers connected with the Mental Health Service were consulted via community forums and surveys during the planning and development of the Mental Health Observation Area and QE11 Mental Health Unit; the Carer Liaison and Education Program annually conducts a carer/consumer survey and a Carers Interest Register has been established with the Specialist Aboriginal Mental Health Service (SAMHS).
- Occupational Therapists at Osborne Park Hospital implemented a patient goal-setting procedure that included input from carers and family; a Personal Preferences Profile was adapted for use with carers of in-patient with dementia to facilitate rehabilitation.

- Public Health and Ambulatory Care involve carers in clinical consultations to ensure that their needs and views are recognised and their contact details are recorded in all forms to ensure continuity of communication.
- Sir Charles Gairdner Hospital actively engages with consumers and carers in all clinical re-design programs and has recently included Day Cardiac Care Services and Day Chemo Services.
- The Swan Kalamunda Health Service has reviewed all pre-admission and admission forms to include detail on carers to ensure their involvement in admission, treatment and discharge processes.
- The Women and Newborn Health Service Community Advisory Committee now participates on 5 committees; a range of other consumers and carers are involved in various other forums and consultative processes.

Carer complaint processes

- Aligned to the WA Health Complaints Policy, Mental Health Services have implemented straightforward processes that all staff are regularly trained in and all sites are regularly audited to ensure compliance; the Stakeholder Liaison Officer meets regularly with carers support and advocacy groups to promote complaint processes and seek feedback on its effectiveness.
- Osborne Park Hospital displays posters that welcome consumer and carer feedback via a number of mechanisms. A low rate of formal complaints is attributed to a high level of responsiveness to concerns.
- Public Health and Ambulatory Care have a Complaint Management Policy that is linked to key performance indicators and is reviewed regularly.
- Sir Charles Gairdner Hospital have a Complaint Management Policy in place which is linked to key performance indicators and reviewed regularly; 51 carers complaints were registered during the year, the outcomes of those complaints were not reported.
- Swan Kalamunda Health Services emphasises the importance of complaints processes with staff and recognises it as equally important as a complaint from a consumer; information on accessing the complaints process is displayed throughout the hospital.
- Women and Newborn Health Services Complaint Management Policy is aligned with the WA Complaints Management Policy, is linked to key performance indicators and is reviewed annually; informal complaint

documentation was reviewed and fields to identify carers and people with a disability were added; a new system was introduced to monitor system changes resulting from complaint outcomes; and a Patient Advocate pamphlet was reviewed with input from Carers WA and carers.

b. Self-assessment

Table 4: NMHS individual service self-assessment 2013-14

	Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
Mental Health Service	W	S	S	W
Osborne Park Hospital	W	W	W	W
Sir Charles Gairdner Hospital	S	S	S	W
Public Health & Ambulatory Care	S	S	S	S
Swan Kalamunda Health Service	S	S	W	W
Women & Newborn Health Service	S	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

c. Funded services

Many agencies are engaged by NMHS to provide a range of health services and all contracts require adherence to the Carers Charter and Act. Not-for-profit community service organisations are reported separately in section 2.7 of this report.

d. Future initiatives

The NMHS recognises the role of carers and will continue to establish new mechanisms, as well as improve and maintain current mechanisms for the

involvement of carers in the provision of relevant services. This includes but is not limited to:

- completion of a consumer, carer and community engagement framework;
- ensuring a consistent approach to implementation across NMHS;
- continuing to involve carers in the development of relevant policies within the NMHS;
- continuing to involve community/consumer/carers representatives in relevant committees and strategic planning activities;
- continuing to provide education for all staff in relation to requirements for compliance with the Act; and
- working with non-government organisation partners in relation to their compliance with the Act.

More specifically, the NMHS provided the following:

- NMHS Mental Health Service
 - Adult Program: The financial year 2014-15 promises to further consolidate the objectives in the Framework, in particular building upon its Peer Support workforce, staff training in working collaboratively with consumers and carers, the development of a mentoring model for consumer and carer consultants and ongoing development of the consumer and carer workforce.
 - SAMHS: The service is planning to conduct quarterly Carer and Consumer forums in 2014-15.
- Osborne Park Hospital
 - Surgical Services to implement annual update sessions from Carers WA.
- Sir Charles Gairdner Hospital
 - Continue to build relationships with Carers WA;
 - Support Annual Carers week;
 - Promote Carer Champions;
 - Enhancing information currently available on the Internet and Intranet;

- Include a session by Carers WA in our Patient Centred Care study days; and
- Promote Prepare to Care Study days run by Carers WA.
- Women and Newborn Health Services
 - The WNHS is due to be re-surveyed for external accreditation by the Australian Council on Healthcare Standards (ACHS) in October 2014;
 - Recruit a new Carers WA Representative to the WNHS Consumer Advisory Council; and
 - Implement the requirements of the updated policy on consumer and carer representation at WNHS by developing a centralised list of all consumer and carer representatives at WNHS.

e. Carers Advisory Council assessment

The overall assessment of the Carer Advisory Council is one of positive appreciation of the work of the NMHS in demonstrating the inclusion of carers/representative bodies to increase staff awareness, including carers in the development of policies and service delivery approaches and an increasing vigilance regarding complaint processes.

Of particular interest to the Council is the introduction of paid carer consultants, a sticker on forms to highlight the involvement of a carer and the reviewing of forms and documents to reflect the role of a carer; these are positive initiatives.

2.4 South Metropolitan Health Service

a. Summary of evidence presented

Key initiatives and achievements

- Across the South Metropolitan Health Service (SMHS), key initiatives and achievements have included the Consumer Advisory Council inviting an organisational representative from Carers WA; the Safety Quality and Risk Directorate developing a paper in support of inclusion of standardised information on carers; and planning to include carer information within the electronic patient information systems.
- The SMHS Medical Safety Advisory Group added a Health Carer representative.
- Armadale Health Service has provided a substantial number of staff education programs on carer recognition and engagement.
- The Bentley Health Service is piloting a Carers Assessment Tool; surveying carers connected with the Older Adult Mental Health Service; and the Community Advisory Council are conducting a staff audit on the *Carers Recognition Act 2004* (the Act).
- Fremantle Health Service has continued this year with its Carer Champions Program where identified staff take on an educative role and model the identification and support of carers; the Carers WA Hospital Program Advisor continues to be a key facilitator in this area.
- The Rockingham Peel Group key initiatives include the inclusion of Prepare to Care program in staff induction training; engagement of Allied Health Managers in this educative process; introduction of 'carer stickers' on consumer documentation to alert staff to consumers with an identified carer.
- Royal Perth Hospital has continued to improve the provision of education and information resources to staff and have involved carers in a significant way in the reconfiguration of services at the new Fiona Stanley Hospital.

Staff understanding of the charter

- Armadale Health Service
Information on the Act is presented at staff orientation and in-service sessions by Carers WA; displays are presented in the hospital foyer during Carer

Recognition Week; other information displays are monitored by Carers WA; Prepare to Care workshop was attended by 547 people.

- Bentley Health Service

Community Advisory Council provide staff induction training on the Act and staff are also required to undertake Patient Centred Care training; a staff survey was undertaken to evaluate the Care Information Resource File; and a Carers Week event included a display of information and resources as well as a morning tea for carers.

- Fremantle Hospital and Health Service

Information on the Act is provided to staff at induction training and ongoing during ward in-service training and Prepare to Care posters is displayed throughout the hospital.

- Rockingham Peel Group

Staff receive education on the Act and Charter during induction and annual mandatory skills training; the Carers WA Hospital Program Advisor provides further ward-based education to staff with an emphasis on how the Act and Carers Charter translates into practice.

- Royal Perth Hospital

Training on the Act and Carers Charter are provided as part of induction; 195 staff attended education sessions and study days provided by Carers WA – a 90% improvement of the previous year.

Policy input from carers

- Armadale Health Service

The Community Advisory Committee has a carer representative and it reviews policies and brochures to ensure compliance with the Act and Carers Charter.

- Bentley Health Service

Similarly the Community Advisory Committee provides input into policies and brochures and additionally has been piloting a Carers Assessment Tool with positive feedback received to date. Processes have been implemented for Community Advisory Council feedback on patient information brochures.

- Fremantle Hospital and Health Service

The Community Advisory Committee undertakes a similar function as the previous two sites and additionally has been providing input to patient safety and satisfaction initiatives within the hospital; the Carers WA Hospital Program Advisor has membership on the Consumer Partnership Governance Committee and the Partnering with Consumers in Person-Centred Working Group.

- Rockingham Peel Group

The Community Advisory Committee participates in the review of organisational documents including brochures and leaflets, policies/ procedures and forms /templates. The committee includes a carer representative.

- Royal Perth Hospital

Royal Perth Hospital also has a Community Advisory Committee with Carers WA representation that plays an integral role in reviewing policies and plans; additionally the hospital continues to use the Consumer Carer and Community Participation Engagement Plan 2011-15 which aims to maximise involvement and achieve improved outcomes for consumers, carers, staff and community.

Carers' views and needs considered

- Armadale Health Service

Carer representatives are involved with the Allow a Natural Death Project (assisting with processes associated with Advance Care Directives), Mental Health Consumer Advisory Group, Clinical Policy Review Committee and Disability Access and Carers Committee. The Community Advisory Council has a carer representative. Representatives have been involved in the expansion of the hospital Rehabilitation Aged Care facility.

- Bentley Health Service

Carer representatives are involved with a number of governance committees including Governance and Risk, Disability, Discharge Planning, Recognising and Responding to Clinical Deterioration, Accreditation and Mental Health Management; the Pharmacy undertook a survey for both consumers and carers which reported a high level of satisfaction; Aged Care, Aged Care Assessment Team and Rehabilitation Clinics including memory, falls, day therapy and stroke, routinely involve carers in assessment processes.

- Fremantle Hospital and Health Service

The Carers WA Hospital Program Advisor is a representative on the Consumer Partnership Governance Committee and carer's representatives are involved with the Mental Health Community Advisory Group and focus groups on safety and quality.

- Rockingham Peel Group

Carer representatives are involved with the Mental Health Governance Committee, Forms Working Group, Disability Access and Inclusion Program Committee, the facility and hand hygiene compliance audits and promoting the flu vaccination campaign.

- Royal Perth Hospital

Carer representatives are involved with the Mental Health Advisory Group, Standard 6 Clinical Handover Committee, Standard 2 Partnering with Consumers Committee and Open Communication Project Working Group.

Carer complaint processes

- Armadale Health Service

Feedback, both compliments and complaints, are invited via dedicated pamphlets and boxes located at all wards, an internet feedback process, verbal and phone communication and satisfaction surveys; the Customer Liaison Officer provides monthly reports on compliments and complaints to both Executive and Community Advisory Committee meetings and an audit of internal management of this feedback is undertaken bi-monthly. Complaints are tabled monthly at the Disability Access and Carers committee.

- Bentley Health Service

Feedback forms and complaints brochures are widely available, the Community Advisory Committee reviews complaints on a monthly basis and the process is audited quarterly.

- Fremantle Hospital and Health Service

Information on the Complaints Management Process is disseminated widely with carers clearly identified on all complaint documentation; the Carers WA Program Advisor meets regularly with the Customer Liaison Department to ensure the concerns of carers are addressed promptly.

- Rockingham Peel Group

Complaints are managed as an important engagement strategy and monthly reports on compliments and complaints are a standard agenda item for meetings of the Community Advisory Committee.

- Royal Perth Hospital

Carers are supported to access the complaint system and de-identified information is tabled with the Community Advisory Committee; the Customer Liaison Department categorises the complaints for analysis and development of improvement strategies.

b. Self-assessment

Table 5: SMHS overall self-assessment 2013-14

Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

Table: 6 SMHS individual service self-assessment 2013-14

	Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
Armadale Health Service	W	W	W	W
Bentley Health Service	W	W	W	W
Rockingham Peel Group	W	W	W	W
Fremantle Hospital and Health Service	W	W	W	W
Royal Perth Group	W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

c. Funded services

Many agencies are engaged by SMHS to provide a range of health services and all contracts require adherence to the Act and Charter. Not-for-profit community service organisations are reported separately in section 2.7 of this report.

d. Future initiatives

- Armadale Health Service

Changes to the terms of Reference for the Mental Health Consumer Advisory Group are being implemented to include two mental health carer positions.

- Bentley Health Service

Carer support groups are being established for both the Older Adult and Adult Mental Health Services and a pamphlet is being developed to inform carers about the Mental Health Review Board and that carers have a right to contact them regarding concerns. The Mental Health Review Board is to update its patient information brochure to show how carers can contact the Board regarding concerns and to be involved with the process of the *Mental Health Act 1996*.

- Fremantle Hospital and Health Service

Review of both the Carer Champion Program to ensure true partnership exists and the Staff Development Program to incorporate carer led training.

- Royal Perth Hospital

Expansion of the Prepare to Care program across all relevant wards, an ongoing commitment to an annual display during Carers Week in October and an expansion of carer representatives in hospital change processes.

e. Carers Advisory Council comments

The overall assessment of the Carer Advisory Council is one of positive appreciation of the work of the SMHS across all of their sites in demonstrating the inclusion of carers/representative bodies in the development of policies and organisational plans and consistent improvement in the number of sites actively and innovatively including the views and needs of carers when assessing, planning, delivering and reviewing services. There also appears to be increasing awareness and vigilance regarding complaint processes.

Of particular interest to the Council is the development of the Carer Champion Program, the use of internal surveying processes to gather direct feedback and a commitment to future expansions of processes to facilitate carer involvement in change processes within hospitals. It was also pleasing to see the support Carers Week received across several sites.

2.5 Child and Adolescent Health Service

a. Summary of evidence presented

Key initiatives and achievements

- Carers Week 2014 was celebrated with a broad range of information sessions hosted by a variety of agencies and culminated in the 4th Annual Carers Day Celebration.
- The Child and Adolescent Health Service (CAHS) Apache LINC carers' website was launched with access via both the hospital intranet and internet.
- Two information workshops were held for carers involving Carers WA, Kalparrin, the Independent Living Centre and Cam Can.
- In response to complaints from carers, a hot meal and fresh food vending machine was installed to enable carers (and staff) access appropriate food after 7.30pm.
- 120 staff participated in information sessions on the *Carers Recognition Act 2004* (the Act) and the Carers Charter.
- Brochures on the Apache LINC service were updated and the Co-ordinator organised walking and yoga groups for carers residing at the hospital.

Staff understanding of the charter

Staff are encouraged to use the Apache LINC website which is a comprehensive source of information for carers and staff including the Act and Carers Charter. Brochures and posters relating to the Charter are also prominently displayed throughout the hospital.

Policy input from carers

- Carers WA has a representative on the Consumer Advisory Council which is currently reviewing a number of services including the Princess Margaret Hospital (PMH) Kite Café.
- A Carers Participation in Health forum operates to give a voice to carers who have children receiving services from the CAHC; a staff member is also a member of this committee which facilitates a meaningful flow of information.

Carers' views and needs considered

- The Consumer Advisory Council is providing carer input into the development of the Perth Children's Hospital as well as continuing to address carer needs at CAHS; recent priorities have included food services and waiting room facilities.

Carer complaint processes

- The CAHS complaints management process is well established and reviewed by the Consumer Advisory Council on a quarterly basis to ensure that the complaint was responded to appropriately and to consider what service change might be necessary to pre-empt any further complaints.

b. Self-assessment

Table 7: CAHS self-assessment 2013-14

Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

c. Funded services

Agencies engaged by CAHS to provide a range of health services require adherence to the Act and Carers Charter. Funded Not-for-profit community service organisations are reported separately in section 2.7 of this report.

d. Future initiatives

Proposed initiatives for the forthcoming year include further development of the partnership between Carers WA, PMH and the Apache LINC program.

Another Carers Day celebration is planned for October 2014 and more educative sessions are planned between staff, the Apache LINC Program and external organisations.

e. Carers Advisory Council comments

The Carers Advisory Council recognises that CAHS achieved a well-developed assessment across all four criteria in 2012-13 and supports the continuation of this assessment in 2013-14.

The Council is impressed with the continuing commitment to annual carers day celebrations and the comprehensive work being achieved by the Apache LINC Carers initiative.

Direct involvement in the consultation processes regarding the Perth Children's Hospital is also commendable.

2.6 Aged and Continuing Care Directorate

a. Summary of evidence presented

Key initiatives and achievements

- During 2014 the WA Assessment Framework (WAAF) has been implemented in the Great Southern, Goldfields, Pilbara and Midwest to assess potential clients/carers and where appropriate, facilitate access to the Home and Community Care (HACC) program.
- The HACC program has increased funding for Counselling/Support, Information and Advocacy (CSIA) services for carers in the Southwest region as a result of community consultation.
- The HACC program operates within a Wellness philosophy supporting clients and their carers to live independently, in the community.
- During 2014 CSIA services were reviewed and can now be delivered to carers on an individual basis by peak-body organisations as well as traditional carer support groups.
- The development of the National Framework for Action on Dementia involved Carers WA in consultation forums.
- Carers have been identified as key stakeholders in the Dementia Partnership project by the HACC program, the Aged and Continuing Care Directorate (ACCD) and Alzheimer's WA.

Staff understanding of the charter

- Through the HACC program, Carers WA is funded to provide 20 HACC service provider training sessions annually to raise awareness of carers and their caring role.
- Survey results have indicated that 99% of HACC service providers report that carers are treated with dignity and respect.
- A HACC service provider submitted the following example:
“Staff and volunteer training on the Carers Charter and the role of carers is embedded in the induction process. This takes the form of one on one induction, co-worker mentoring, the induction manual and the Western Australian Carers Charter. This is reinforced and supported through ongoing training and monthly staff meetings.”

Policy input from carers

- The Aged and Continuing Care Directorate (ACCD) operates the Aged Care Network that comprises the WA Community Care Reform Advisory Group and the WA Aged Care Advisory Council both of which include Carers WA representatives.
- 98% of HACC service providers identified that they encourage carers to provide input into organisational plans and policies.
- 92% report that they acknowledge the role of carer representative on their boards of management.

Carers' views and needs considered

- Regional Assessment Services regularly review their processes to ensure that the best support and information is provided to carers as part of the assessment process.
- HACC conducted their 6th annual Home and Community Care Quality of Life Client Survey. 8% of respondents identified themselves as carers of which
 - 82% of carers reported they felt supported in their caring role; and
 - 94% confirmed they had been included in discussions regarding delivery of services.
- 98% of HACC service providers include carers in the assessment and planning process of direct services.
- 99% of HACC service providers include carers in the ongoing monitoring of direct services.

Carer complaint processes

- The ACCD allocates specific funding to Advocare who supports carers to address complaints that they may have with HACC service providers.
- Brochures providing information on the HACC complaints process are widely distributed.
- 99% of HACC service providers inform carers of the organisations complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld.
- 99% of HACC service providers ensure carers have the opportunity to provide feedback on their experience of their organisation.

b. Self-assessment

Table 8: ACCD self-assessment 2013-14

Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
W	W	W	W

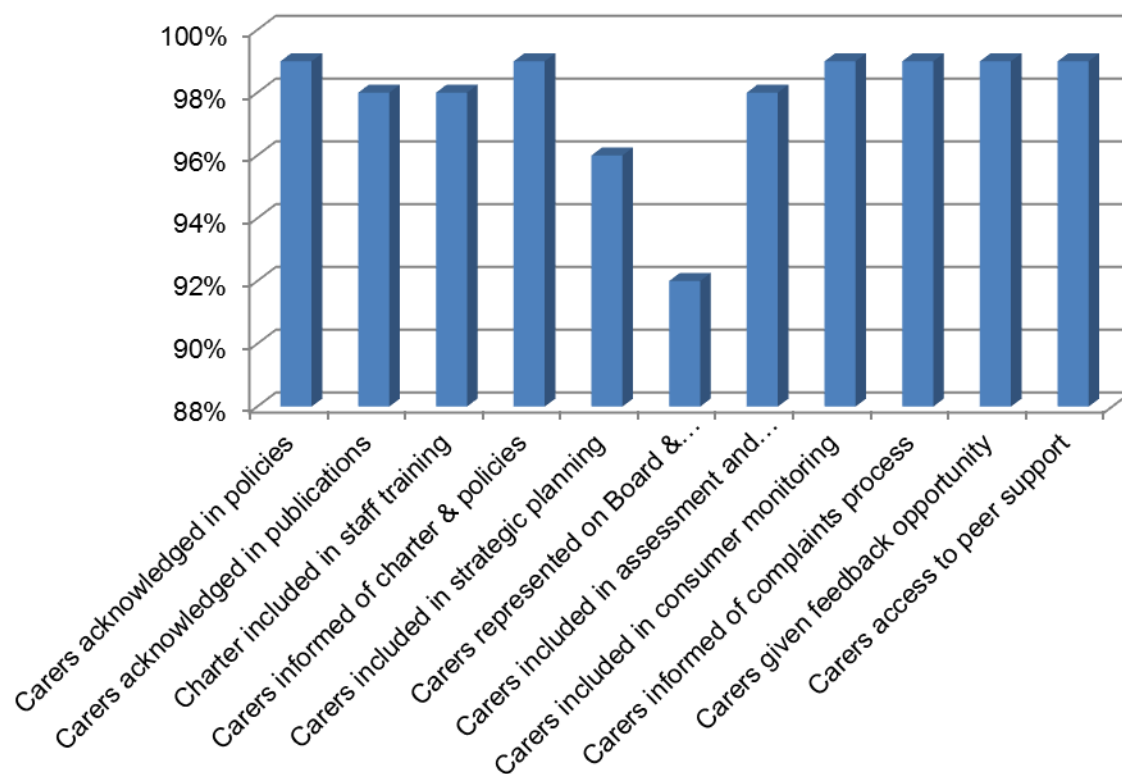
KEY: W = Well developed S = Satisfactory C = Commenced development

c. Funded services

HACC service providers addressed their compliance with the Act and Carers Charter by completing a survey using a template that aligns with one used by the Department of Health. The number of HACC services reporting within the specified timeframe decreased slightly from 96% in 2013 to 94% in 2014. As a result 6 organisations have been advised that this is a breach of the reporting requirements within their service agreement.

A summary of the responses is outlined below.

Chart 9: Summary of HACC service provider's self-evaluation



d. Future initiatives

As part of the WAAF, continuous improvement processes the need to better identify and record carer needs has been identified; a *Carer Support Plan* has been developed and key questions identified to ensure that both carers personal needs and those linked with their caring role are addressed.

e. Carers Advisory Council comments

The ACCD is commended on its continued well developed approach to educating staff, engaging carers in policy and service delivery processes and managing an effective complaints process.

Worthy of particular note is the self-assessment rating of well-developed across all four criteria for the past three years; the allocation of funding to engage Advocare to support the carer complaint process; and increased funding for CSIA services for carers in the Southwest region.

The self-assessment from HACC funded services was also very positive although carer representation on Boards and Committees was achieved at a lower level than all other criteria. It is the Carers Advisory Council's view that carer involvement in Boards and Committees is critically important to achieving systemic change and therefore encourage HACC services to address this.

2.7 Department of Health Funded Organisations

a. Summary of evidence presented

The Community Services Procurement Directorate co-ordinates reporting on behalf of community service organisations funded by WA Health. To assist with compliance and to raise awareness among these organisations WA Health has made reporting on compliance with the Carers Charter part of every funded community service agreement where applicable and has developed a template for the reporting process.

For the year ending 30 June 2014, a total of 50 responses were received by community service organisations.

Chart 10 summarises the responses from the community service agencies to the four main reporting criteria.

Chart 10: Summary of Health funded service provider's self-evaluation (4 main criteria)

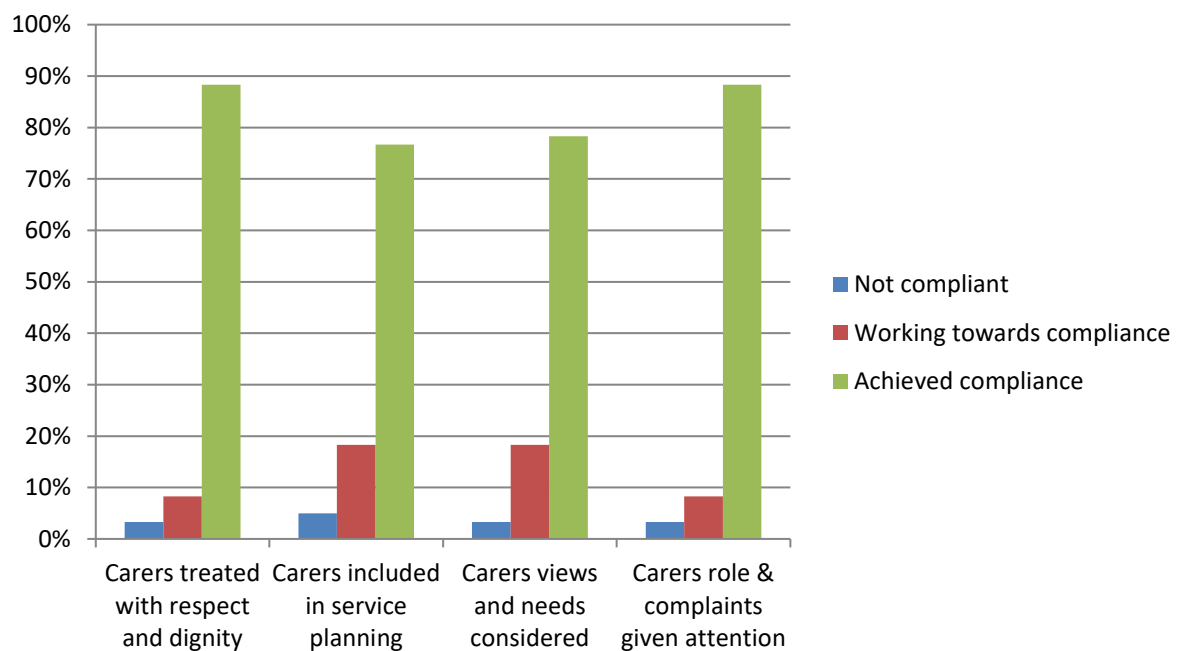
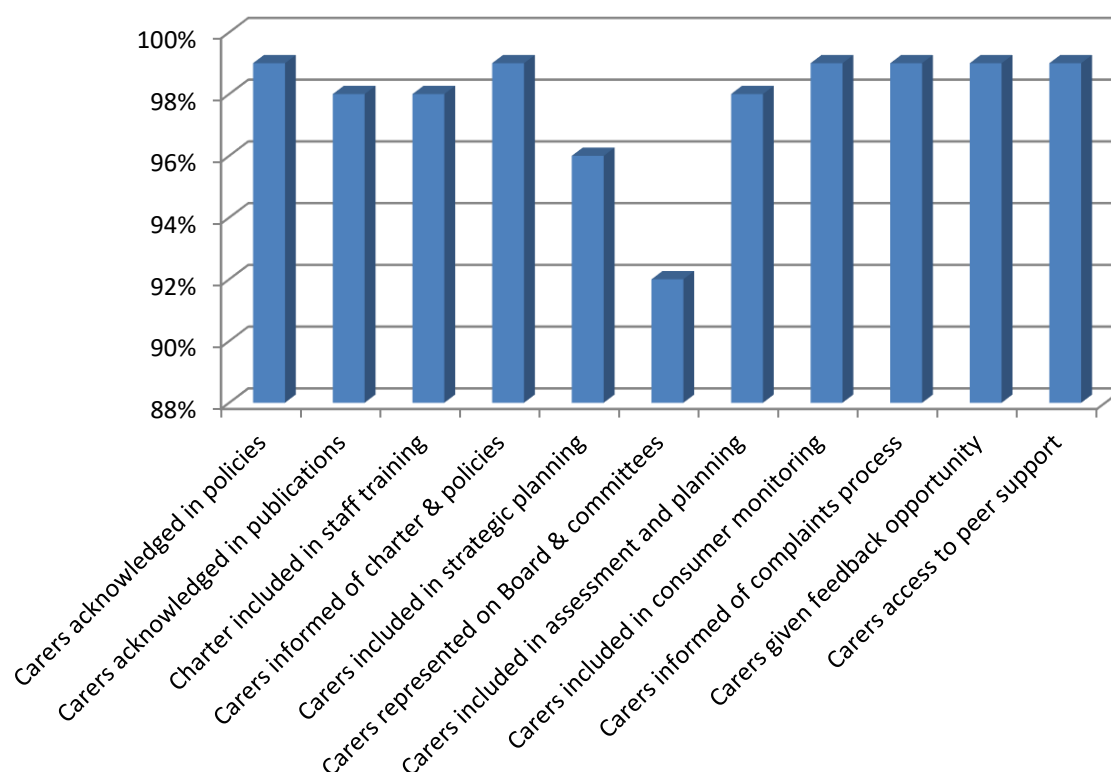


Chart 11 summarises the responses to a range of other questions regarding the specific activities of community service organisations. This information was supplementary to the Carers Advisory Council's compliance requirements and is included for information only. The table summarises those agencies reporting full compliance with the stated criteria.

Chart 11: Summary of Health funded service provider's self-evaluation (additional criteria)



The template also sought additional information that described the organisation's approach to supporting carers and their caring role. A sample of this feedback is presented below:

"Carers are encouraged to be active participants in the counselling and support process and are included in individual treatment planning wherever appropriate."
Allanbee Counselling

"We have had very positive feedback on a new psycho-social program that enables carers to meet others in a similar situation, gain a better understanding of dementia and build on their capacity to cope." Alzheimer's Australia WA

"In the Palliative Care Unit family meetings are routinely organised for patients and families to assist in the planning of care." Bethesda Hospital

“Cystic Fibrosis WA provides support for all life stages including parent retreats, ladies support dinners, blokes day out, sibling camps, coffee mornings, regional support and gatherings and transplant support dinners.” Cystic Fibrosis WA

“A recent partnership with Goldfields Individual and Family Support Association funded through their *Carers for Carers* program provides weekly timeout with a pamper and social support model along with tips on self-care and access to counselling if required.” Goldfields Women’s Health Care Association

b. Self-assessment

Table 12: Self-assessment by Health Funded Organisations 2013-14

Staff understanding of the charter	Policy input from carers	Carers’ views and needs considered	Carer complaints processes
W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

The report provided by the Community Services Procurement Directorate provided statistical responses to their survey of funded agencies but did not make an assessment according to the commenced development, satisfactory or well-developed continuum. The Carers Advisory Council has interpreted the statistical information for the purposes of consistency with the reporting format of other agencies. The data reported in Table 10 was interpreted as follows: not compliant = commenced development, working towards compliance = satisfactory and achieved compliance = well developed.

c. Carers Advisory Council comments

For the year ending 30 June 2014, a total of 50 responses for community service organisations were received.

A 90% compliance rate was achieved across the four assessment criteria. The lowest rating was for including carers in assessment, planning, delivery and review of services that impacted on them and the role of carers. Several agencies offered an explanation as to why they did not rate themselves as compliant in this area and this included having consumers who did not have carers, no carer demand for this level of involvement or they were undertaking a review to gather this feedback.

The additional criteria included in the survey highlights the need for greater involvement by carers on Boards and committees.

However the Carers Advisory Council concurred with the self- assessment of well-developed across all four criteria.

2.8 Mental Health Commission Funded Organisations

a. Summary of evidence presented

The Mental Health Commission (the Commission) co-ordinates reporting on behalf of their funded community service organisations. For the first time all reporting was completed online with electronic templates created as close as possible to the paper templates previously used to collect the data. There were some minor changes to the template including the withdrawal of the 'not applicable' option which may have had a minor effect on the results.

For the year ending 30 June 2014, a total of 62 responses were received from the funded community service organisations.

Table 13 summarises the responses from the community service agencies to the four main reporting criteria.

Chart 13: Summary of Mental Health funded service provider's self-evaluation (4 main criteria)

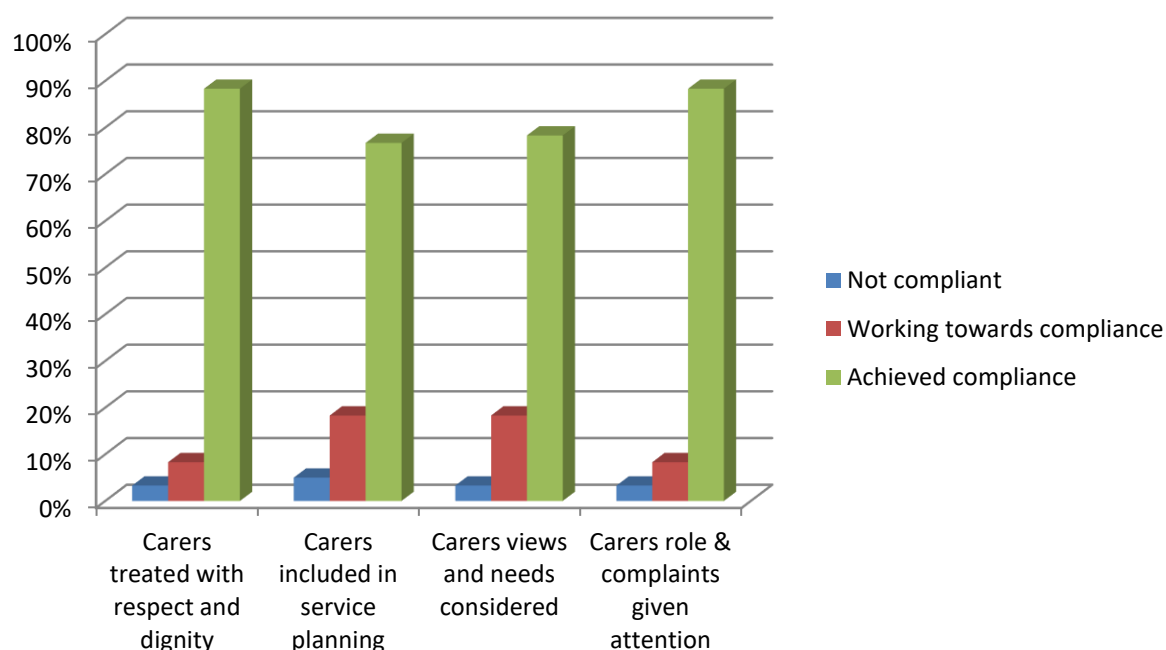
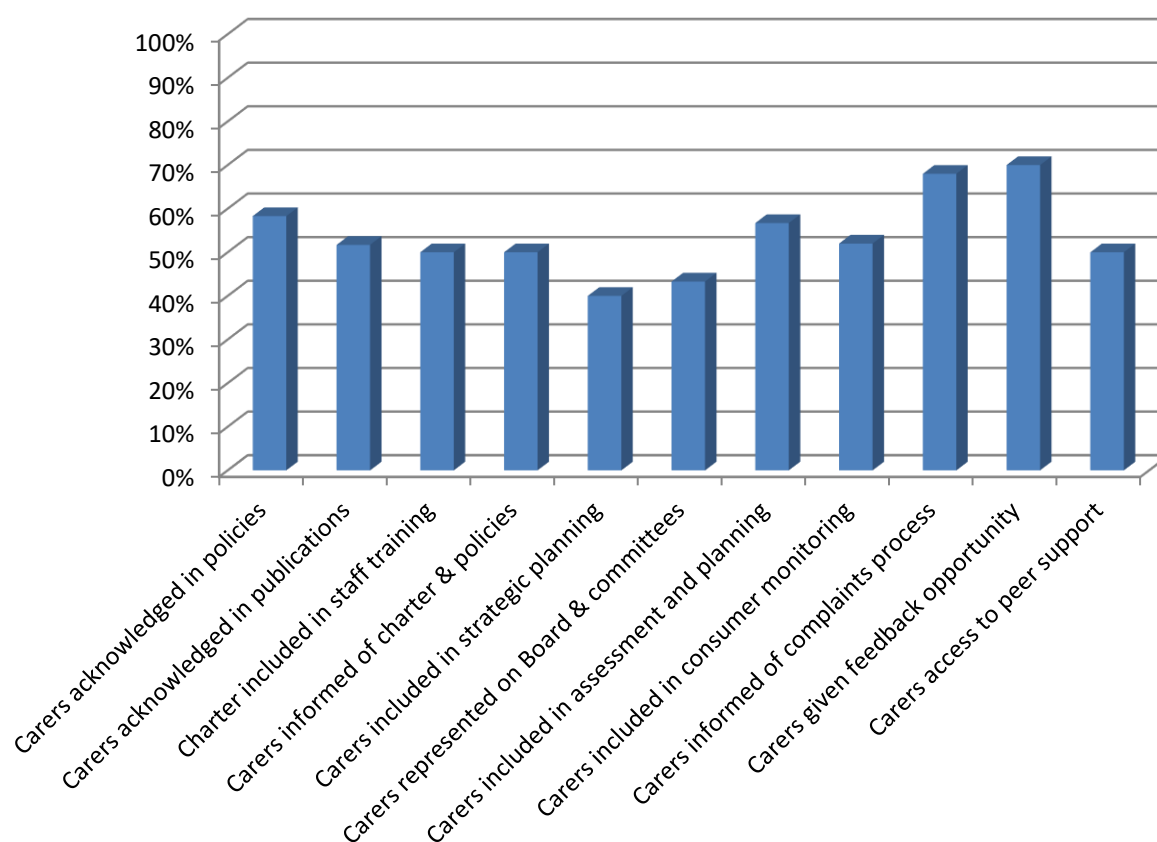


Chart 14 summarises the responses to a range of other questions regarding the specific activities of community service organisations. This information was supplementary to the Carers Advisory Council's compliance requirements and is included for information only. The following table summarises those agencies reporting full compliance with the stated criteria.

Chart 14: Summary of Mental Health funded service provider's self-evaluation (additional criteria)



The template also sought additional information that described the organisation's approach to supporting carers and their caring role. A sample of this feedback is presented below:

"The organisation invites and encourages input from carers and other support networks in the support it provides to individuals to remain independent in the community and maintain a good quality of life."

"Carers are to be acknowledged as key stakeholders in the quality improvement of services and mental health reform."

"Our organisational position paper on families articulates the position that families are integral to the recovery of young people with a mental health illness and should be included across the continuum of care."

"We promote carer's participation in their loved one's recovery process right from the intake process to successfully completing the recovery program."

“We work together with people, families and carers to plan, co-ordinate and provide support and service, as they choose, to lead their lives.”

b. Self-assessment

Table 15: Self-assessment by Mental Health Funded Organisations 2013-14

Staff understanding of the charter	Policy input from carers	Carers' views and needs considered	Carer complaints processes
W	W	W	W

KEY: W = Well developed S = Satisfactory C = Commenced development

The report provided by the Mental Health Commission provided statistical responses to their survey of funded agencies but did not make an assessment according to the commenced development, satisfactory or well-developed continuum. The Carers Advisory Council has interpreted the statistical information for the purposes of consistency with the reporting format of other agencies. The data reported in Table 13 was interpreted as follows: not compliant = commenced development, working towards compliance = satisfactory and achieved compliance = well-developed.

c. Carers Advisory Council comments

The Commission continues to report on a voluntary basis and it was positive to see an increase in the numbers of agencies responding to the survey from 58 in 2012-13 to 62 in 2013-14. While there was some minimal downward movement of agencies achieving compliance, this may in part be attributable to the changes in the template and an increase in the number of agencies reporting. Despite this an average of 83% of organisations reported compliance with the four assessment criteria and the actions supporting this demonstrated an overall increase in 'achieved compliance'.

Intentions by the Commission to follow up with those organisations which showed a higher 'non-compliance' rate was noted and feedback to the Carers Advisory Council would be encouraged.

The qualitative responses show a commitment by the organisations to support and include carers as much as possible in their services. A number of organisations identified where they needed to improve and strengthen their inclusion of carers. The criteria concerning carer complaints processes appeared to provide the least

information or examples of practice and may be one area that warrants further attention.

The additional criteria highlighted the need for greater involvement of carers on Boards and Committees and in strategic planning processes.

However the Advisory Council concurred with the self-assessment of well-developed across all four criteria and commends the Commission on its continued voluntary reporting.

3. Conclusion

This is the ninth report presented to the Minister and Western Australian Parliament since the enactment of the *Carers Recognition Act 2004*.

Again the Carers Advisory Council is pleased to report continued recognition and inclusion of carers from all reporting agencies. Perhaps even more important is the demonstration of real change through surveying and other forms of consultation to improve existing processes and make them as engaging, supportive and useful as possible to carers. There are also a number of examples of new initiatives that further demonstrate the agencies growing understanding of the vitally important role of the carer and the need to explore different ways to engage, support and involve these important members of our community.

The Carers Advisory Council is very encouraged by these trends and commends WA Health, the Disability Services Commission, the Mental Health Commission and services funded by these organisations for their continued efforts in this area.

The Council also has a commitment to continuous improvement and may explore minor changes to future reporting tools to enhance understanding and further streamline the process.

4. Appendices

4.1 Compliance data from 2012-2013 to 2013-2014

The provision of this information reflects that the Act seeks to drive iterative improvements in carer recognition.

The Council notes that there may be variations between years resulting from a variety of factors.

Table 16: Comparison between years 2012-13 and 2013-14 of self-rated compliance with the *Carers Recognition Act 2004*

Reporting Organisation		Staff Understanding		Policy Input		Service Input		Complaints	
		2012-13	2013-14	2012-13	2013-14	2012-13	2013-14	2012-13	2013-14
Disability Services Commission		W	W	W	W	W	W	W	W
WA Health									
WA Country Health Service		W	W	S	W	S	W	S	S
North Metropolitan Health Service	NMHS Mental Health Service	W	W	S	S	W	S	W	W
	Osborne Park Hospital	S	W	S	W	S	W	S	W
	Sir Charles Gairdner Hospital	W	S	W	S	S	S	S	W
	Public Health and Ambulatory Care	S	S	S	S	S	S	W	S

	Swan Kalamunda Health Service	W	S	W	S	W	W	W	W
	Women and Newborn Health Service	W	S	W	W	S	W	W	W
South Metropolitan Health Service	Armadale Health Service	W	W	W	W	W	W	W	W
	Bentley Health Service	S	W	S	W	S	W	S	W
	Rockingham Peel Group	S	W	W	W	W	W	W	W
	Fremantle Hospital and Health Service	W	W	S	W	W	W	W	W
	Royal Perth Group	S	W	W	W	W	W	W	W
Child and Adolescent Health Service		W	W	W	W	W	W	W	W
Aged and Continuing Care Directorate		W	W	W	W	W	W	W	W
Department of Health Funded Organisations		W	W	S	W	S	W	W	W
Mental Health Commission		W	W	W	W	W	W	W	W

KEY: W = Well-developed

S = Satisfactory Progress

C = Commenced Development

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2014 Carers Advisory Council Annual Compliance Report will be available for viewing and download from the Department of Local Government and Communities website after it has been tabled at Parliament: www.dlgc.wa.gov.au

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