



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

Carers Advisory Council

***Carers Recognition Act 2004* Compliance Report 2023-2024**



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Letter to the Minister from the Chair

Hon Matthew Swinbourn MLC

Minister for the Environment; Community Services; Homelessness

Dumas House
2 Havelock Street
WEST PERTH WA 6005

Dear Minister Swinbourn

It gives me great pleasure to present the 2023-24 Carers Advisory Council's (the Council) Annual Compliance Report (the Compliance Report) for your consideration and tabling in Parliament, as required by Section 10 of the *Carers Recognition Act 2004* (the Act).

The Compliance Report details the activities undertaken to ensure compliance with, and performance of, obligations as prescribed in the Act by the:

- Disability Services Commission, Department of Communities (Communities)
- Department of Health and their contracted community health services (non-government organisations under service agreement)
- WA Country Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service; and the
- Mental Health Commission on behalf of contracted mental health services (non-government organisations under service agreement (submitted on a voluntary basis)).

The dedication of the above reporting organisations towards complying with the Western Australian Carers Charter, supporting carers and the patients they care for in the best way possible, is evident in the Compliance Report.

The 2023-24 Compliance Report marks the 20th Anniversary of the Proclamation of the Act and the development of the Western Australian Carers Charter and the commencement of compliance reporting.

Reflecting on the progress made over the past year, it is heartening to see the significant steps taken in recognising and respecting carers within our community. The Council is encouraged by the increase in accessible information for carers regarding the Carers Charter. This has been a critical step in ensuring that carers are well-informed about their rights.

Carer representation and inclusion have also seen advancements with reporting organisations having carers represented at governance and executive levels, ensuring that their perspectives are considered in decision-making processes and lived experience is valued.

There has been an increase in the number of reporting organisations that have included carers in their mission statements. This commitment is further evidenced by the policies and frameworks that embed carer recognition and inclusion across all reporting organisations.

In terms of identifying and engaging carers, reporting organisations have been proactive in developing and implementing system improvements. In capturing carer voices and feedback, the Council acknowledges these ongoing efforts and emphasises the importance of continuous improvement in this area.

The Council is excited and pleased to report on the progress made in creating carer-friendly workplaces. Recognition and support for staff and volunteers who are carers have become a priority, with over half of the organisations either having or seeking carer-friendly workplace accreditation. This commitment to fostering supportive work environments is crucial for the increased awareness and well-being of carers.

The Council sincerely thanks all reporting organisations in 2023-24 for their ongoing commitment to recognising and elevating the role of the carer across their many services.

Although we are making significant progress and gaining momentum, there remains still a great deal yet to accomplish.

The Council will continue partnering with Communities and collaborating with key organisations such as Carers WA, HelpingMinds WA and many others to enhance carer wellbeing and support carers through the many joys and challenges of their vital and diverse roles.

Thank you, Minister, for your commitment to making a positive impact on the lives of carers and we look forward to your leadership in supporting carers for progressive change in our State.

Yours faithfully



Esme Bowen

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

Gloria Moyle, Regional Deputy Chair

Ros Thomas, Metropolitan Deputy Chair

Tony Vis, Jenni Perkins, Carrie Clark, Kim Hudson, Beatitude Chirongoma, Alison Blake
and Josh Patrick.

Executive Summary

The Carers Advisory Council (the Council) was established in 2005 under Section 8 of the *Carer Recognition Act 2004* (the Act), with membership comprising persons with knowledge of, and experience in, matters relevant to carers. Under the Act, the Council must prepare and deliver to the Minister an annual report on the performance and compliance or non-compliance by reporting organisations with the Carers Charter. The Council's report is based upon performance reports received from reporting organisations.

This is the eighteenth compliance report presented to the Minister for Community Services and the Parliament of Western Australia since the enactment of the Act in 2004.

The Carers Charter is made up of four pillars:

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

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

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

The 2023-24 report marks twenty years since the Western Australian Carers Charter was developed and compliance reporting commenced.

Key findings and observations

Carers recognition and respect

The Council is pleased to see that since 2022-23, there has been an uplift in the number of reporting organisations that have carers included in their mission statement. All reporting organisations have policies and frameworks that embed carer recognition and inclusion.

The Council is encouraged to note that there has been an uplift in the number of reporting organisations that support and promote National Carer's Week and use multiple means of connecting carers to support services. It is also pleasing to note that a carer focus has been

included in other promotions, such as Mental Health Week, International Day of People with Disability and Harmony Week.

The Council notes that there has been an increase in Department of Health contracted community health services that provide accessible information for carers regarding the Carers Charter. The proportion of Mental Health Commission funded non-government mental health organisations (NGOs) that are fully compliant in acknowledging the role of carers in all relevant organisational publications has increased, as has the proportion that are fully compliant with including training on the Carers Charter and the role of carers in staff inductions and training.

Identification of carers

Reporting organisations are active in developing and implementing system improvements to identify and engage carers. However, this continues to be an area requiring better staff training, improved procedures and enhanced information systems.

The Council is pleased to see that most reporting organisations are using a range of methods that capture carer voices and allow for carer-specific feedback reporting, such as satisfaction/experience surveys, MySay and Care Opinion.

The lack of carer specific data and reporting within complaints and feedback systems has been identified by the Council previously and is seen as a priority area for improvement. The Council is pleased to note that all applicable reporting organisations now have a process in place to measure and report on complaints. However, there continues to be challenges in capturing the carer voices as a specific cohort in data and reporting systems.

Carer representation and inclusion

The Council is pleased to note that since 2022-23, all reporting organisations now have carers represented within their organisation's governance and executive levels. The Council is also pleased with increases in carers being included in the development of policy, strategies and carer orientated resources.

There has been a promising uplift in reporting organisations that have a process in place to identify, measure and report on carer inclusion indicators. The Council notes that this remains an area with further room for improvement.

The Council applauds the significant increase in Department of Health contracted community health services that have a client/carers advisory group or committee. Encouragingly, there has also been an increase in the number of contracted community health service providers that reported having a formal client/carers engagement policy, procedure, or guideline.

The proportion of Mental Health Commission funded mental health NGOs that are fully compliant in including carers in the organisation's strategic planning process has increased. There have also been increases in the proportion of Mental Health Commission funded NGOs that include carers in the assessment process for direct services and the ongoing monitoring of direct services.

Carer friendly workplaces

As a new action indicator for 2023-24, the Council is encouraged that all reporting organisations recognise and support staff and/or volunteers who are carers. Impressively, just over half have or are seeking carer friendly workplace accreditation. As a growing area of attention, the Council strongly endorses support for carer friendly workplaces.

Strategies to target the needs of specific carer cohorts

The Council is impressed by the broad range of mechanisms being used to target the needs of Aboriginal and culturally and linguistically diverse carers. The Council notes that strategies to target the needs of LGBTQI+ carers are building but are less developed, whilst strategies to target young carers appear to be largely underdeveloped.

New initiatives

The compliance reports demonstrated a rich and broad array of new initiatives that support implementation of the Carers Charter. The Council congratulates reporting organisations for maintaining a strong commitment to innovation and continuous improvement.

Of note has been increases in the lived experience workforce and the growth of peer support approaches. System wide initiatives of highlight include the introduction of Aboriginal Impact Statements and the roll out of implementing 'What Matters To You?' into health services in the next 12 months, as a component of the Improving Safety and Quality in Health Care Operational Plan 2024-26 for WA.

Research and evaluation

The Council congratulates measures at both a health service provider and health system level to include carers in the prioritisation of research funding. A reflection from reporting organisations going forward is the need to also build the research base about the experience and impact of caring itself.

There has been a positive increase in the number of reporting organisations that are evaluating carer initiatives. There is less evidence of how evaluation findings are shared - particularly beyond the direct stakeholders. Given the importance of building an evidence base for carer initiatives and the value of sharing good ideas, the Council encourages reporting organisations to think about how evaluation findings and learnings can be more widely shared. The newly formed Communities of Practice for reporting organisations may be one such mechanism.

Reflections on 20 years of compliance

In acknowledgement of the twenty years since the Western Australian Carers Charter was established and compliance reporting commenced, reporting organisations were asked to share their reflections on compliance and ideas for the future.

Areas identified where the greatest, positive changes have been achieved are:

- Increased carer recognition
- Increased carer inclusion and representation
- Increased carer support
- Growing lived experience workforce
- Increased focus on carer friendly workplaces
- Improved escalation pathways

The consistent and accurate identification of carers remains a challenge, as does:

- The consistent provision of information to carers
- Access to carer support
- System navigation across complex and multiple domains
- Supporting staff as carers
- Education and training of staff across all clinical and public interfacing areas
- Consent for carer involvement in youth and mental health settings
- Staff resourcing for carer engagement initiatives

Suggestions put forward by reporting organisations for improvement going forward include:

- Improved consistency in how carers are recognised, engaged and supported
- Improved system navigation
- Increased carer support services
- Increased lived experience workforce
- Dedicated resourcing for carer engagement
- Increased carer friendly workplaces and accreditation
- More consistency in staff education and training and a broader reach
- Carer education and training, including support for carer representative
- Improved research, evaluation and sharing of learning and best practice
- Collective strategising and shared actions

In summary, the 2023-24 compliance report demonstrates strong and growing evidence across the reporting organisations of a genuine commitment to ensuring the Carers Charter is implementing effectively. The Council can see that initiatives undertaken by reporting organisations reflect an authentic recognition of the value of carers, the impact of caring and the need to support carers.

The Council concurs with reporting organisations on the significant, positive changes that have taken place since the Carers Charter was developed. It is indeed a much more respectful and inclusive environment for carers in 2024 than it was in 2004. There are still many challenges and areas for improvement. However, progression over the past two decades indicates that the care system as a whole is much more aware, informed, responsive and committed to the incredibly important role and place of carers. The Council looks forward to continued innovation, collaboration and system improvement over the next twenty years.

Introduction

The Carers Advisory Council (the Council) was established in 2005 under Section 8 of the *Carer Recognition Act 2004* (the Act), with membership comprising persons with knowledge of, and experience in, matters relevant to carers. The Council's functions include advancing the interests of carers and promotion of the Carers Charter; and providing advice and recommendations to the Minister for Community Services.

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

- Reporting organisations: prescribed public authorities (see next page).
- Other organisations: providing a service contract with a reporting organisation.

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

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

The Western Australian Carers Charter

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

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

Reporting organisations

The Act states that reporting organisations are considered any person or body prescribed under the *Health Services Act 2016* and the *Disability Services Act 1993*. Further, part 2 s.7 (d) of the Act, requires any person or body providing a service under contract with a health or disability service to comply with the Charter.

Reporting organisations for the 2023-24 period are:

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

The Disability Services Commission (the DSC) is a statutory authority established by the *Disability Services Act 1993* (DS Act). The DSC operates within the Department of Communities, and through its governing Board, the Director General of Communities and the Disability Division, administers the DS Act, including the functions relating to the provision of services to people with disability and the provision of financial assistance through grants. Communities' Disability Division was established in 2024 to develop and deliver programs, policy and key services to support people with disability, and those who share their lives in Western Australia.

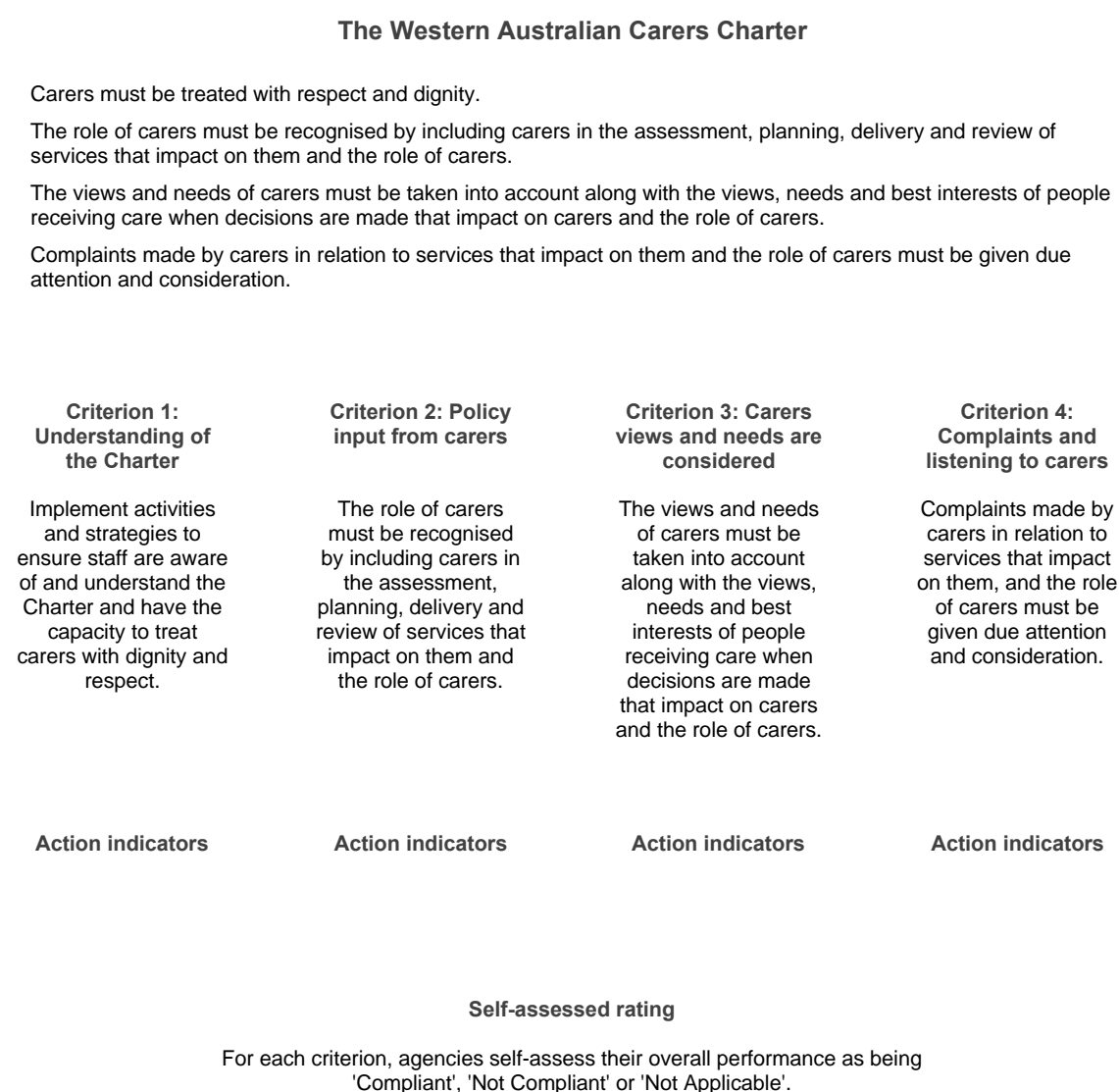
The Department of Health (DoH) is responsible for health systemwide planning and in doing so applies the second principle of the Carers Charter: 'the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers'. The Department of Health also reports to the Council on community health services provided under contract with the Department.

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

Reporting and Compliance Framework

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

Figure 1: Reporting and Compliance Framework



Method of reporting

The Council provides an online reporting tool for completion by the reporting organisations to provide their evidence of compliance with the Act and the Carers Charter.

The report template covers:

- questions linked to the criteria and action indicators
- new initiatives during the reporting period
- self-assessment of compliance.

The Council reviews and analyses the submissions from the reporting organisations, develops a summary of findings, and presents the annual Compliance Report to the Minister. The Act requires the Minister to table the report in Parliament.

Assessment of compliance

Arising from the Council's 2021 reporting and compliance review, from the 2022-23 reporting period, the Council changed self-assessment ratings to 'Compliant', 'Not compliant' or 'Not applicable'. In years prior to 2022-23, the self-assessment ratings were 'Well developed', 'Developing', 'Not yet developed', 'Insufficient data' or 'Not applicable'.

The Department of Health (DoH) is responsible for health systemwide planning and in doing so applies the second principle of the Carers Charter: 'the role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers'. This principle links to Criterion 2 of the Council's Reporting and Compliance Framework. As the department does not provide direct services to patients or carers, the department considers that the other three principles of the Carers Charter are not applicable and are only reported for services funded by the department. In 2023-24, the department provided an assessment of compliance by contracted community health service services across all criteria.

The Mental Health Commission reports on the compliance of funded non-government mental health services. The assessment rating used by the Mental Health Commission is 'Not compliant', 'Partially compliant', 'Mostly compliant', 'Almost fully compliant', 'Fully compliant' and 'Not applicable'. Organisations contracted by the Mental Health Commission to provide alcohol and other drug services are currently not required to report on their compliance with the Charter.

Funded services reporting

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

Department of Health contracted community health services

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

In 2023–24, organisations contracted by the department to provide community health services (n=75) reported on their compliance with the Carers Charter using a department

developed online survey. Results for 2023–24 are provided in this report, noting that 'not applicable' responses are not included in the count.

Mental Health Commission funded non-government mental health organisations (NGOs)

To effectively compare and contrast results over time and since implementation, the Mental Health Commission has retained the same questions and format for reporting compliance by contracted non-government mental health providers. The questions cover all aspects of the Carers Charter and align with the Council's assessment criterion (Table 1).

Table 1: Mental Health Commission measurements for funded NGOs against the Council's Compliance Framework

| Council criteria | Mental Health Commission funded NGO measurements |
|---|---|
| 1. Understanding of the Charter and carers treated with respect and dignity | <p>Section A: Level of Compliance with the WA Carers Charter</p> <p>Area 1. Carers must be treated with respect and dignity.</p> <p>Section B: Related Actions</p> <p>Action 1. Acknowledge the role of carers in all relevant organisational policies and protocols.</p> <p>Action 2. Acknowledge the role of carers in all relevant organisational publications.</p> <p>Action 3. Include training on the Carers Charter and the role of carers in staff inductions and going staff training.</p> |
| 2. Policy input from carers | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 2: The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers.</p> <p>Section B: Related Actions</p> <p>Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols.</p> <p>Action 5. Include carers in the organisation's strategic planning process.</p> |
| 3. Carers views and needs are considered | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 3. The views and needs of carers must be taken into account along with the views, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers.</p> <p>Section B: Related Actions</p> <p>Action 6. Include carers on the Board/Management Committee of the organisation.</p> <p>Action 7. Include carers in the assessment process for direct services.</p> <p>Action 8. Include carers in the ongoing monitoring of direct services.</p> <p>Action 11. Provide avenues for carers to access peer support.</p> |

| Council criteria | Mental Health Commission funded NGO measurements |
|---------------------------------------|---|
| 4. Complaints and listening to carers | <p>Section A: Compliance with the WA Carers Charter</p> <p>Area 4. Complaints made by carers in relation to services that impact on them, and the role of carers must be given due attention and consideration.</p> <p>Section B: Related Actions</p> <p>Action 9. Inform carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld.</p> <p>Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation.</p> |

Results from the survey of contracted mental health services are provided in the Mental Health Commission's report to the Council, along with examples of practice (de-identified). In 2023-24, the response rate for services to report on their compliance was 100 per cent.

Reporting changes in 2023-24

Based on feedback from the reporting organisations, the 2023-24 reporting template was revised, simplified and streamlined. Some new action indicators were added. In addition, reporting organisations were invited to include supporting evidence and examples.

Focus areas

In 2023-24, the Council developed five focus areas in order to gain a deeper understanding of specific dimensions of compliance with the Act:

Focus area 1: Carer-specific data and reporting (identification of carer voices in inclusion indicators, feedback, complaints etc).

Focus area 2: Evaluation of carer initiatives and sharing of findings.

Focus area 3: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically Diverse, LGBTQI+ and young carers.

Focus area 4: Carers compliance in primary health care settings.

Focus area 5: Recognition and support of organisational staff and volunteers who are unpaid carers.

For each of these focus areas, reporting agencies were asked for qualitative evidence and to provide a self-assessed rating across the categories of well developed, developed, developing, not yet developed and not applicable.

Reflections on 20 years

The 2023-24 report marks 20 years since the Western Australian Carers Charter was established and compliance reporting commenced. In acknowledgement of this milestone, the 2023-24 reporting template included a section on reflections on the past 20 years of compliance and ideas for the future.

Structure of the report

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

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

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

- An overall self-assessment of compliance, or clarification of applicability.
- Council observations.
- Findings from reporting organisations, based on the action indicators.
- Department of Health and Mental Health Commission findings from funded NGOs.
- Examples of compliance provided by reporting organisations.

For each criterion and its related action indicators:

- A table presents the results by reporting organisations applicable to that criterion.¹
- A graph presents the actions aggregated across organisations and in descending order, showing which action indicators are most commonly practiced. Graphs on action indicators for each criterion include 2022-23 results, where applicable.
- Examples of practices demonstrating how organisations comply with the criterion are provided.

The subsequent sections of the report on:

- New key initiatives
- Council focus areas for 2023-24
- Compliance summaries
- Reflection on 20 years of compliance and ideas for the future.

Reporting organisations provided many detailed practice examples of compliance. A selection of these examples is provided under each section of the report. Additional examples submitted by reporting organisations are detailed in Appendix 1, as a means of showcasing and sharing good practice.

Appendix 2 provides a list of acronyms used in this report.

¹ As noted, the Department of Health only reports to criterion 2, Policy input from carers.

Criterion 1: Understanding of the Charter

Implement activities and strategies to ensure staff are aware of and understand the Charter and have the capacity to treat carers with dignity and respect.

Table 2: Agency self-assessment for Criterion 1

| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
|-----------|----------------|-------------------------|-----------|-----------|-----------|-----------|-----------|
| Compliant | Not applicable | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant |

Council observations

The Council is pleased to note that since 2022-23, there has been an uplift in the number of reporting organisations reporting 'Yes' to:

- i. Carer inclusion is included in the organisation's mission statement.
- ii. Expressly in rights and responsibilities.
- ix. Requires service providers and/or sub-contractors to demonstrate their compliance with the Carers Charter as part of service contract management.

There has been a slight decrease in number of reporting organisations reporting 'Yes' to:

- iii. Provides avenues for carers to access peer supports.
- v. Includes training on the Carers Charter and the role of carers in staff inductions and/or ongoing staff training.

As a new action indicator for 2023-24, the Council is encouraged that all reporting organisations recognise and support staff and/or volunteers who are carers, whilst just over half have or are seeking carer friendly workplace accreditation.

The Council notes that there has been a nine per cent increase in Department of Health contracted community health services that provide accessible information for carers regarding the Carers Charter compared to prior year reporting. Improvements were found with a greater proportion of contracted community health services providing information about the Carers Charter on site (up 3% from 2022-23) and making available relevant policies and procedures (up 9% from 2022-23).

There has been an increase (1.9%) in the percentage of Mental Health Commission funded NGOs reporting 'Achieved compliance' with ensuring carers are treated with respect and dignity (96.6% overall). The proportion of funded NGOs that are fully compliant in acknowledging the role of carers in all relevant organisational publications has increased by 3.9 per cent since 2022-23. The proportion of funded NGOs that are fully compliant with including training on the Carers Charter and the role of carers in staff inductions and training has increased by 2.3 per cent since 2022-23.

Findings

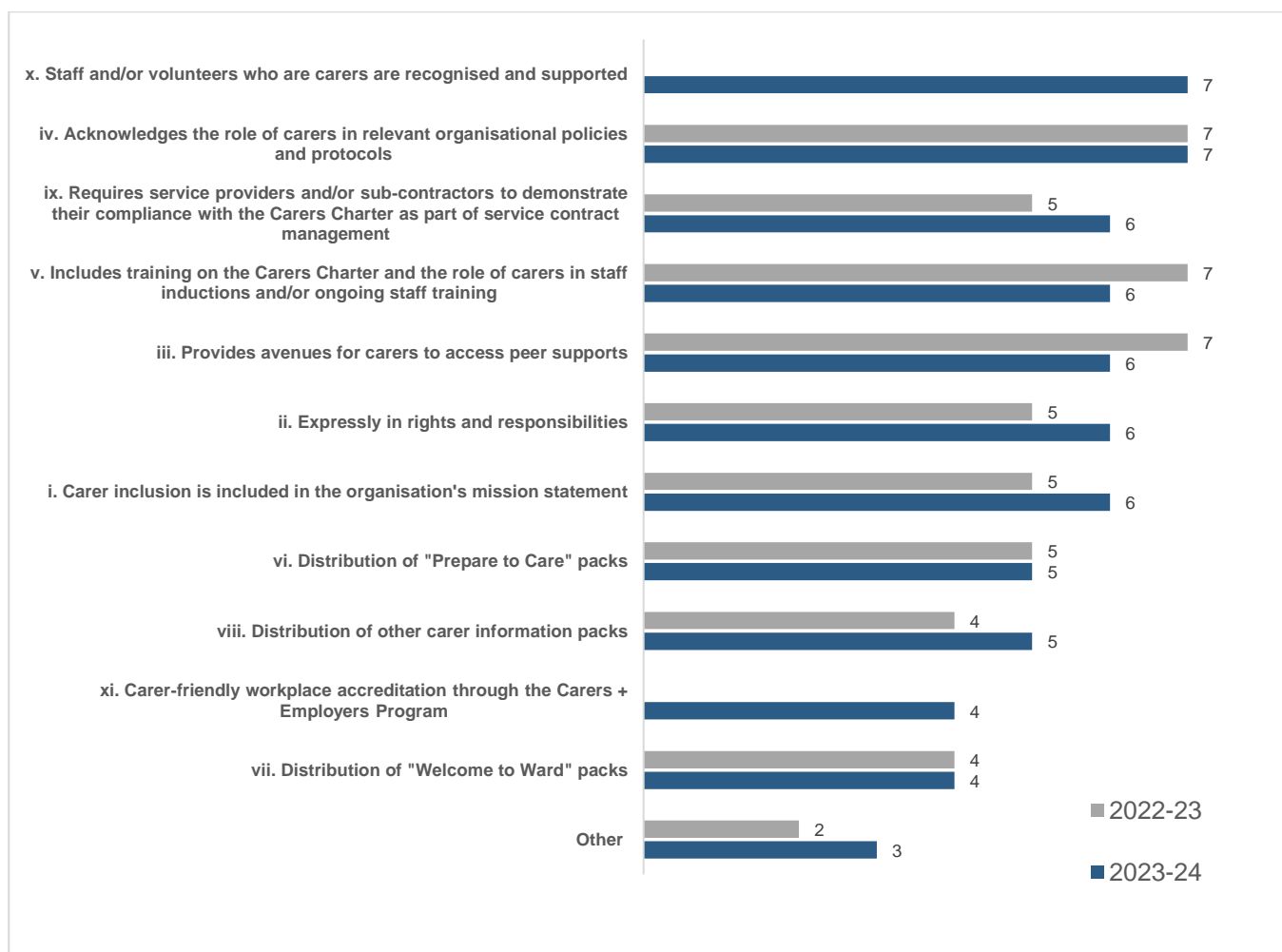
Table 3: How reporting organisations treat carers with respect and dignity

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|--|-------------|------------|---------------|------------|-------------|-------------|-------------|--------------|
| i. Carer inclusion is included in the organisation's mission statement | Yes | N/A | Yes | Yes | Yes | Yes | Yes | No |
| ii. Expressly in rights and responsibilities | Yes | N/A | No | Yes | Yes | Yes | Yes | Yes |
| iii. Provides avenues for carers to access peer supports | Yes | N/A | Yes | No | Yes | Yes | Yes | Yes |
| iv. Acknowledges the role of carers in relevant organisational policies and protocols | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| v. Includes training on the Carers Charter and the role of carers in staff inductions and/or ongoing staff training | Yes | N/A | Yes | No | Yes | Yes | Yes | Yes |
| vi. Distribution of "Prepare to Care" packs | Yes | N/A | N/A | No | Yes | Yes | Yes | Yes |
| vii. Distribution of "Welcome to Ward" packs | Yes | N/A | N/A | No | Yes | Yes | No | No |
| viii. Distribution of other carer information packs | Yes | N/A | N/A | No | Yes | Yes | Yes | Yes |
| ix. Requires service providers and/or sub-contractors to demonstrate their compliance with the Carers Charter as part of service contract management | Yes | N/A | Yes | No | Yes | Yes | Yes | Yes |

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|--|------|-----|--------|-----|------|------|------|-------|
| x. Staff and/or volunteers who are carers are recognised and supported* | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| xi. Carer friendly workplace accreditation through the Carers + Employers Program* | No | N/A | Yes | Yes | Yes | No | No | Yes |
| Other | No | N/A | Yes | Yes | No | Yes | No | No |

* New for 2023-24

Figure 2: Criterion 1 action indicators aggregated across agencies²



* Items x and xi were not asked in 2022-23.

² n=7 applicable reporting organisations

Funded services

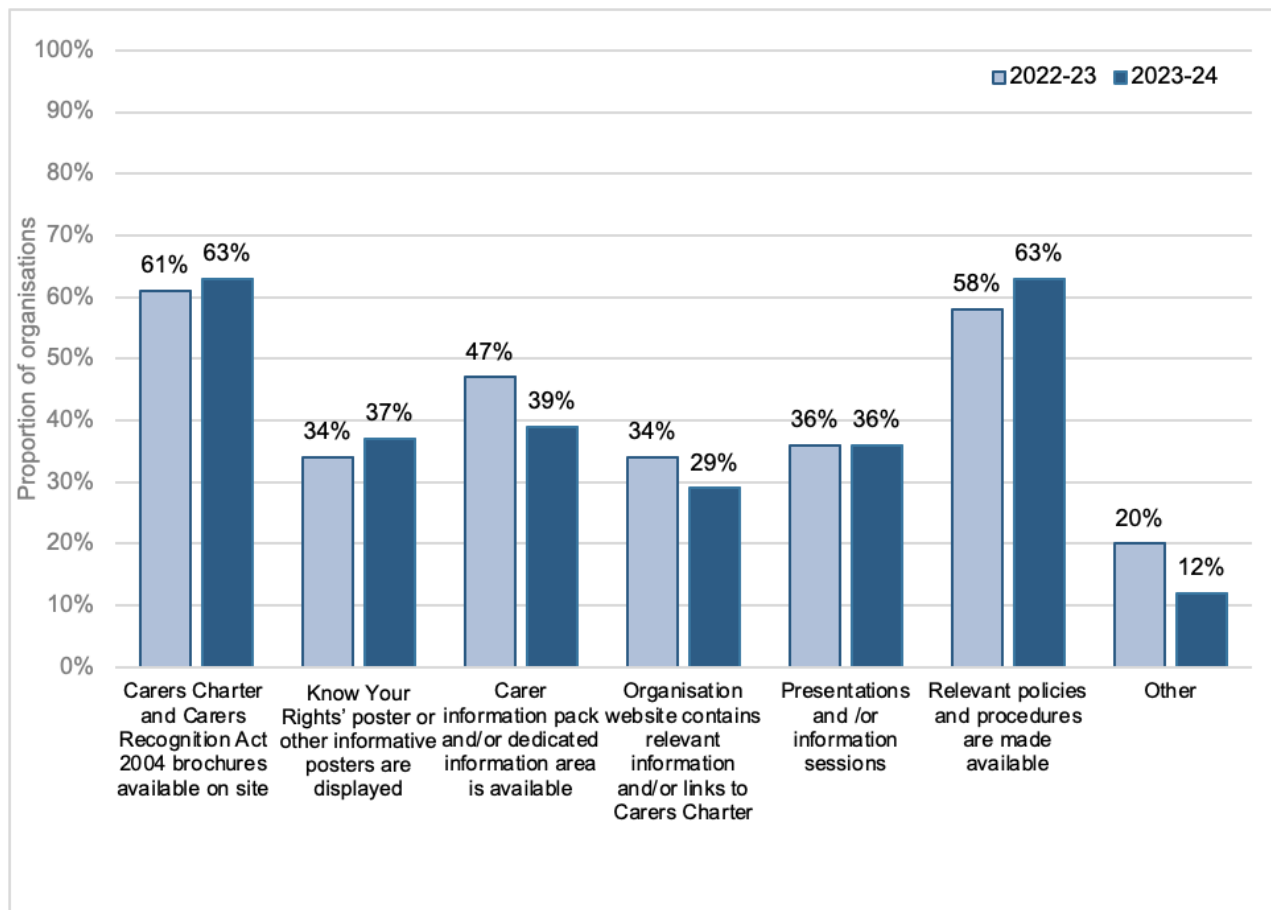
Department of Health contracted community health services

Carer awareness and knowledge

In 2023–24, 88 per cent of contracted community health services provided accessible information for carers regarding the Carers Charter, nine per cent above the previous reporting period (81 per cent).

Sixty per cent of contracted service providers use brochures, policies or procedures to provide key information (Figure 3). Just below 40 per cent also provided carer information packs and/or dedicated information areas (39%) posters (37%), and presentation and/or information sessions (36%). Overall, 46 per cent of organisations provided three or more options for carers to obtain the necessary information.

Figure 3: Methods used to inform carers about the Carers Charter, DoH contracted community health services



During 2023–24, 93 per cent of contracted community health service providers acknowledged the role of carers and their needs in organisational publications. The primary publications used included service delivery evaluations or reviews (67%), strategic plans or corporate plans (56%) and annual reports (42%). Notably, 31 per cent of organisations used all three types of publications to acknowledge and inform, an increase of nearly 35 per cent compared to 2022–23. Other methods of acknowledgement included newsletters, booklets, brochures, online/social media platforms and internal governance processes.

Staff awareness and education

In 2023–24, 96 per cent of contracted community health service providers reported that their staff were informed about the Carers Charter and the role of carers during induction. Eighty eight per cent provide ongoing information and training to their staff. These findings are comparable with those of the prior year (98% and 91% respectively).

To educate staff about the Carers Charter and the role of carers, contracted community health service providers utilised various educational methods. In 2023–24, just over half (51%) had organisation specific employee handbook / resource packages to educate staff, while a further 36 per cent provided applicable in-house training. Relevant mandatory industry training was also provided by 25 per cent of contracted community health service providers. Approximately 46 per cent utilised three or more methods to inform staff.

Mental Health Commission funded non-government mental health organisations

There has been a slight increase (1.9%) in the percentage of Mental Health Commission funded NGOs reporting 'Achieved compliance' with ensuring carers are treated with respect and dignity (96.6% overall, Table 4). Approximately three in four services are fully compliant in acknowledging the role of carers in relevant organisational policies and protocols (Action 1), as well as relevant organisational publications (Action 2) (Table 5). There is less compliance with including training on the Carers Charter and the role of carers in staff inductions and ongoing staff training (Action 3), although this figure is up by 2.3 per cent on the previous year.

Table 4: Level of compliance with Criterion 1: Carers must be treated with respect and dignity, Mental Health Commission funded NGOs

| Year | Not compliant | Working towards compliance | Achieved compliance | Not Applicable |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| 2023/24 | 0.0% | 0.0% | 96.6% | 3.4% |
| 2022/23 | 0.0% | 3.5% | 94.7% | 1.8% |
| 2021/22 | 0.0% | 0.0% | 96.6% | 3.4% |
| 2020/21 | 0.0% | 0.0% | 100.0% | 0.0% |
| 2021/22 to 2022/23 diff | 0.0% | -3.5% | 1.9% | 1.6% |

Table 5: Compliance with related actions to Criterion 1 from Mental Health Commission funded NGOs

| Related actions | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 1. Acknowledge the role of carers in all | 0.0% | 0.0% | 5.2% | 8.6% | 77.6% | 8.6% |

| Related actions | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| relevant organisational policies and protocols. | | | | | | |
| Action 2. Acknowledge the role of carers in all relevant organisational publications. | 0.0% | 1.7% | 3.4% | 8.6% | 74.1% | 12.1% |
| Action 3. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training. | 0.0% | 5.2% | 8.6% | 8.6% | 67.2% | 10.3% |

Examples of ensuring staff are aware of and understand the Charter and treat carers with dignity and respect

A selection of practice examples is provided here, with further examples detailed in Appendix 1.

Child and Adolescent Health Service

The development of the Ward 5A Working with Families Framework illustrates a proactive approach to recognising the role of carers. Created through collaboration with consumers, carers, and advocacy services, this framework is designed to enhance the partnership between staff, young people, and their families. It provides a clear guide to navigating the care journey, ensuring that carers are informed, supported, and actively involved throughout the process. By incorporating feedback from carers and addressing their needs, the framework fosters a supportive environment that enhances the overall care experience for both patients and their families.

Department of Health contracted community health services

The Carers WA Community Engagement team actively participate in a range of community engagement activities to raise awareness of the role of carers and services available to support them. Presentations, information sessions and training are delivered statewide to carer and community groups, organisations and service providers in-person or online. Each session is tailored to the specific needs of the audience and may include information regarding carer identification, the role of carers in the community and specific supports and services available through Carers WA and Carer Gateway.

Disability Services Commission

There is routine acknowledgement of the role of carers, and celebration of relevant events such as Carers Week to bring awareness to their role and promote ongoing treatment with respect and dignity.

East Metropolitan Health Service

The Boarders in Hospital policy recognises the important role that family members, carers and next of kin play in the support for the patient throughout their admission in hospital. In certain circumstances, they can be accommodated by the hospital as boarders who can help with the care planning for the patient and the treating team, help the patient to understand issues related to their treatment, and may assist in any cultural needs. A boarder is a person who is a family member/carer/next of kin and is receiving food and/or accommodation, but for whom the hospital does not accept responsibility for treatment and/or care. Hospital boarders are not admitted to the hospital.

Mental Health Commission non-government mental health organisations

[NGO] is actively involved in the carer-peer space to offer collaboration between carers, including those staff and volunteers who care for others. Two Aboriginal Elders and a Cultural Advisor are employed to ensure involvement with carers is undertaken in a way that ensures cultural sensitivity.

Each client that is referred through to the [NGO] program needs to have a nominated carer. The carer is always part of the safety plan. In the next period of service delivery, [NGO] is releasing a handbook for carers, with helpful information for carers including opportunities to receive psychoeducation regarding suicide.

At [NGO], a 'whole of organisation' policy has been drafted to outline the responsibility of all service, corporate, and leadership teams to adhere to and take guidance from the Carer's Charter, with a focus on including carers in decision-making, both in relation to the people they care for and for shaping service delivery more broadly. This policy is accessible for all staff and included in induction for new staff.

North Metropolitan Health Service

The strategies of the NMHS Partnership Principles were co-created with consumers and carers and include Safety, Authenticity, Humanity, Equity and Diversity.

All new staff starting at NMHS complete the NMHS Induction Module which includes information on *Carers Recognition Act 2004* (WA) (the Act) and the Western Australian Carers Charter (Carers Charter).

NMHS sub-contractors are required to complete annual Carers Compliance reporting as per their service contract management agreements.

South Metropolitan Health Service

The South Metropolitan Health Service (SMHS) Carers Policy describes the health service's commitment to the active involvement and respectful treatment of carers and to ensuring that they are supported in their role. The policy states that all SMHS employees or agents must comply with the Western Australian Carers Charter, as stipulated in the Carers Recognition Act 2004. In accordance with contractual obligations, relevant SMHS contracted health service providers are required to report carers compliance activity annually.

All SMHS hospitals participate in the Prepare to Care Hospital Program delivered by Carers WA. This program provides education and support to hospital staff in the identification and support of family carers.

WA Country Health Service

The WA Country Health Service (WACHS) Consumer and Community Engagement Strategy 2021-2026 (the Strategy) supports WACHS to further embed a person-centred health care culture in alignment with the WACHS Strategic Plan 2019-24. Significant progress is being made in delivering the actions highlighted in the Strategy's Operational Plan, with a focus on the three key directions that support improving the patient, family and carer experience; strengthening of existing consumer and community engagement pathways; and expansion of new ways to engage with consumers and carers across WACHS. In the 2023-24 reporting period, the following actions have been finalised:

- Key learnings and corresponding changes from consumer stories are regularly shared with the WACHS Board, and at WACHS meetings, forums and events.
- Regional Resource Centres review of allocated spaces on the site footprint to determine feasibility of a shared space for consumer and/or carer representatives.
- The Public and Patient Engagement Evaluation Tool is now available to evaluate engagement with patients and their families and carers.
- A co-designed consumer and carer orientation package and resources, including training by the WACHS Patient Experience and Community Engagement team, have been produced for delivery to regional teams.
- Patient demographic data to support diverse and tailored engagement with cultural groups, languages, and religions have been mapped across WACHS.
- Development of flowchart resources to support the workforce to engage consumers and carers in a culturally safe and inclusive manner.

Criterion 2: Policy input from carers

The role of carers must be recognised by including carers in the assessment, planning, delivery, and review of services that impact on them and the role of carers.

Table 6: Agency self-assessment for Criterion 2

| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
|-----------|-----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|
| Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant |

Council observations

The Council is pleased to note that since 2022-23, all reporting organisations now have carers represented within their organisation's governance and executive levels.

Whilst there has been a promising uplift in reporting organisations that have a process and/or system in place to identify, measure and report on carer inclusion indicators (from 3 in 2022-23 to 4 in 2023-24), the Council notes that this remains an action indicator with further room for improvement.

As a new action indicator for 2023-24, the Council is encouraged that six out of the seven reporting organisations undertake internal engagement with staff who are carers.

The Council applauds the 38 per cent increase in Department of Health contracted community health services that have a client/carers advisory group or committee. This is a significant uplift from 2022-23. The Council is also pleased with increases in carers being included in the development of policy (16%), strategic/business planning (17%) and carer/client resources (13%) compared to 2022-23. Encouragingly, there has been a nine per cent increase in the number of contracted community health service providers that reported having a formal client/carers engagement policy, procedure, or guideline.

It is encouraging to note that there has been a six per cent increase in the number of Mental Health Commission funded mental health NGOs fully compliant with including carers in the organisation's strategic planning process. There is some concern that there has been a 6.5 per cent drop in the level of full compliance with Action 4 'Inform carers of the Carers Charter and relevant organisational policies and protocols', compared to 2022-23, and the Council notes this as an area for improvement.

Findings

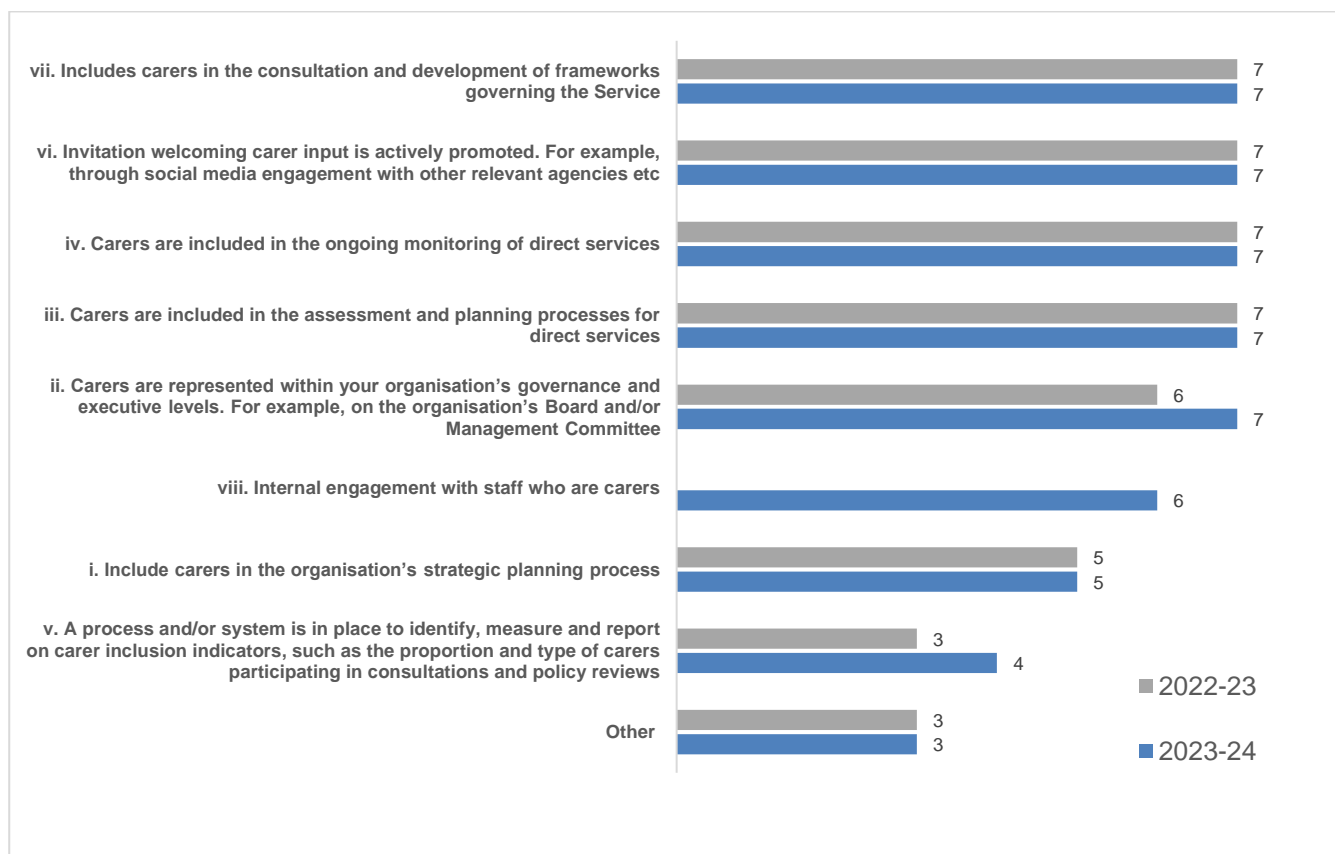
Table 7: How reporting organisations seek and include policy input from carers

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|---|-------------|------------|---------------|------------|-------------|-------------|-------------|--------------|
| i. Include carers in the organisation's strategic planning process | Yes | No | Yes | No | Yes | Yes | No | Yes |
| ii. Carers are represented within your organisation's governance and executive levels. For example, on the organisation's Board and/or Management Committee | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes |
| iii. Carers are included in the assessment and planning processes for direct services | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| iv. Carers are included in the ongoing monitoring of direct services | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| v. A process and/or system is in place to identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews | Yes | No | No | Yes | No | Yes | No | Yes |
| vi. Invitation welcoming carer input is actively promoted. For example, through social media engagement with other relevant agencies etc | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes |

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|--|------|-----|--------|-----|------|------|------|-------|
| vii. Includes carers in the consultation and development of frameworks governing the Service | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| viii. Internal engagement with staff who are carers* | Yes | No | Yes | Yes | Yes | Yes | No | Yes |
| Other | No | Yes | No | Yes | No | Yes | No | No |

* New for 2023-24

Figure 4: Criterion 2 action indicators aggregated across agencies³



* Item viii was not asked in 2022-23.

All applicable reporting organisations said that they are compliant with ensuring policies, frameworks, strategies, training manuals and education applicable to carers is kept relevant and current.⁴ Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service and WA Country Health Service have evaluated such measures in 2023-24 to assess effectiveness.

³ n=8 applicable reporting organisations

⁴ Department of Health said that this criterion is not applicable for them.

Funded services

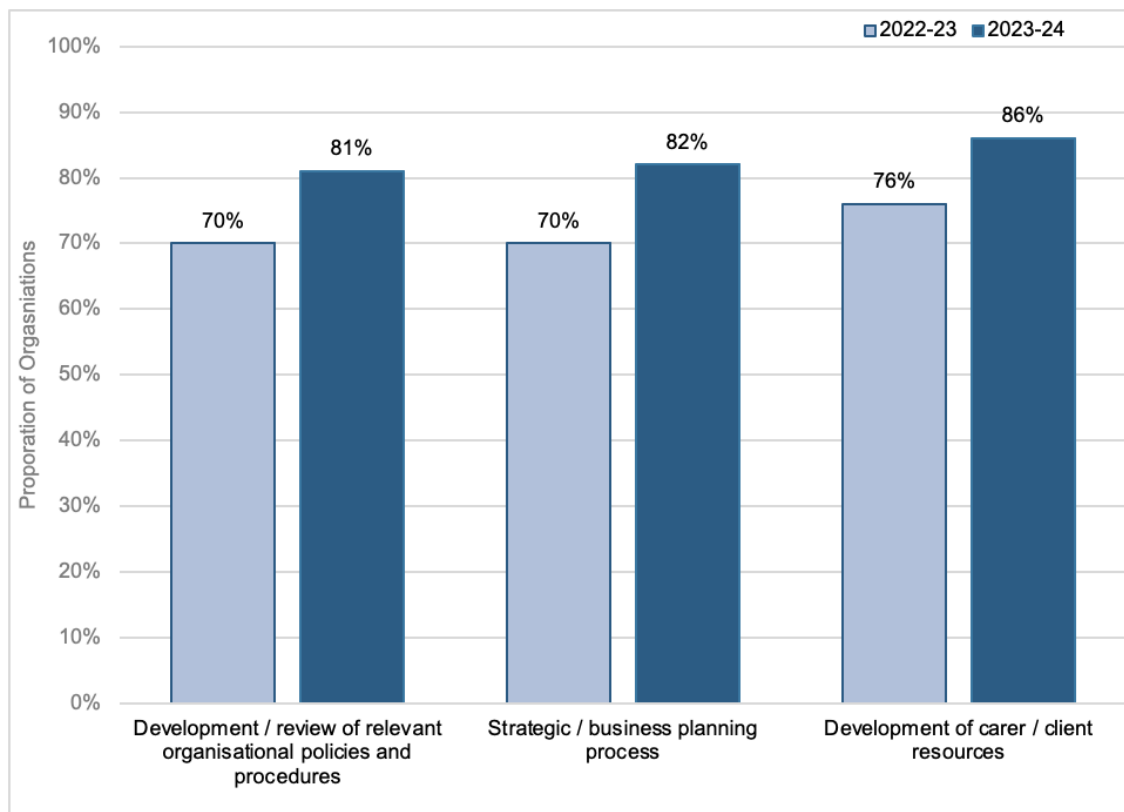
Department of Health contracted community health services

Carer involvement in organisational internal governance

The existence of a client/carer advisory group or committee was reported by 72 per cent of contracted community health service providers. When compared to prior year reporting, this has increased by 38 per cent. In addition, 58 per cent reported having between 1 to 10 board members who identified as having lived experience as an unpaid carer to a family member or friend.

From 2022-23 to 2023-24, there has been increases in contracted community health service providers reporting that carers were included in the development of policy (16%), strategic/business planning (17%) and carer/client resources (13%) (Figure 5).

Figure 5: Carer involvement in organisational internal governance, DoH contracted community health services



Carer views are considered in service design and delivery

Contracted community health service providers have demonstrated significant efforts in incorporating carers' views and needs into service design and delivery. In 2023–24, the majority of services involved carers in the assessment and planning processes for direct client services (92%) and included them in the ongoing monitoring of these services (95%), consistent with the previous reporting period. There was a 9 per cent increase compared to 2022–23 in the number of contracted community health service providers that reported having a formal client / carer engagement policy, procedure, or guideline.

Mental Health Commission funded mental health organisations

From 2022-23 to 2023-24, there was a slight decrease (1.5%) for the number of funded NGOs reporting 'Achieved compliance' for Criterion 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' (Table 8).

All applicable funded NGOs are mostly to fully compliant with informing carers of the Carers Charter and relevant organisational policies and protocols (Action 4) (Table 9). However, the level of full compliance with Action 4 has dropped by 6.5 per cent compared to 2022-23.

Eight in ten NGOs are mostly to fully compliant in including carers in the organisation's strategic planning process (Action 5), with a six per cent increase in full compliance from 2022-23 (the second highest of all action uplifts) and a two per cent decrease in services saying the action was not applicable to them.

Table 8: Level of compliance with Criterion 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

| Year | Not compliant | Working towards compliance | Achieved compliance | Not Applicable |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| 2023/24 | 0.0% | 3.4% | 89.7% | 6.9% |
| 2022/23 | 0.0% | 3.5% | 91.2% | 5.3% |
| 2021/22 | 0.0% | 0.0% | 91.5% | 8.5% |
| 2020/21 | 0.0% | 3.5% | 93.0% | 3.5% |
| 2022/23 to 2023/24 diff | 0.0% | -0.1% | -1.5% | 1.6% |

Table 9: Compliance with related actions to Criterion 2 from Mental Health Commission funded NGOs

| Related actions | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 4. Inform carers of the Carers Charter and relevant organisational policies and protocols. | 0.0% | 0.0% | 10.3% | 8.6% | 70.7% | 10.3% |
| Action 5. Include carers in the organisation's strategic planning process. | 1.7% | 6.9% | 3.4% | 10.3% | 62.1% | 15.5% |

Examples of policy input from carers

A selection of practice examples is provided here, with further examples detailed in Appendix 1.

Child and Adolescent Health Service

The CAHS Consumer Advisory Council and Youth Advisory Council have played pivotal roles in ensuring the consumer perspective, including that of carers, is integrated into decision-making processes. The significant contributions of these councils and their Chairs to the CAHS Executive Committee led to the formation of additional consumer groups like the CAMHS Lived Experience Advisory Group and the CAHS Aboriginal Community Advisory Group. Feedback indicated that the evolution of committee roles and communication pathways had led to delays and unclear information-sharing. In response, the CAHS Consumer Engagement Team organised a Consumer Representative Forum in August 2023 to explore options for revising the consumer committee structure. The consensus favoured the creation of a CAHS Consumer Leadership Council (CLC) to provide a cohesive consumer voice at the executive level.

The newly established CAHS Consumer Leadership Council includes the Chairs of six key consumer advisory groups, ensuring diverse representation. The Council's role is crucial in integrating carers' perspectives into service assessment, planning, delivery, and review. The CLC facilitates direct communication with the CAHS Executive Committee, ensuring that carer feedback on critical issues and initiatives is promptly addressed, with the Chairs of the CLC holding membership roles on the Executive Committee.

Department of Health

Carers are represented on numerous department advisory councils, working groups, and department managed State Government Boards and Committees. The following included carer representation during 2023–24:

- Emergency Access Reform (EAR) Program Consumer Representative Working Group and Control Group.
- Disability Health Network Executive Advisory Group.
- Outpatient Reform Health Consumers Council Reference Group.
- WA Future Health Research and Innovation Fund Advisory Council (one carer representative).
- Sector Advisory Panel, concerning the WA Health and Medical Research Strategy 2023–33 (one carer representative).
- Sustainable Health Review Partnership Group (includes a person with lived experience as a carer, and a Carers WA representative)
- Long Stay Program Control Group (carer representation via Health Consumers' Council WA).

- Pharmacy Registration Board of Western Australia (requires a consumer representative, who may have knowledge of a carer perspective or be a carer).
- Western Australian Board of the Medical Board of Australia (requires a consumer representative, who may have knowledge of a carer perspective or be a carer).
- Western Australian Board of the Nursing and Midwifery Board of Australia (requires a consumer representative, who may have knowledge of a carer perspective or be a carer).

Department of Health contracted community health services

Carers can contribute feedback on systemic issues directly to the Carers WA Policy Team by completing the feedback form which is available online. A systemic issue is one which is likely to have widespread impact on many carers, rather than affecting one individual, which may be alleviated by a change to procedures, structures, or policies within a system. While feedback provided may not always be able to be actioned immediately, carer feedback is vital to supporting and informing Carers WA policy submissions and may contribute to policy or research at a later stage.

Disability Services Commission

The Ministerial Advisory Council on Disability (the Council) is established under the *Disability Services Act 1993*. The Council provides the WA State Government, through the Minister for Disability Services, advice and perspectives on issues relating to disability in Western Australia. It engages and influences debate on fundamental issues such as access and inclusion and the employment of people with disability. The Council comprises eight members who have either lived experience of a disability or are a family member or carer of a person with a disability. It is a requirement that the Council has at least two carers as members. Of the eight current Council members, three identify as carers, including the Chairperson and Deputy Chairperson.

The Disability Services Commission Board (the Board), established under the *Disability Services Act 1993*, monitors the high-level governance of all disability services provided by Department of Communities (Communities) for Western Australians who are either living with or whose lives are affected by disability. The Board is also responsible for driving and promoting 'A Western Australia for Everyone: State Disability Strategy 2020-2030', and its associated action plans. The Board comprises of nine members with at least five members who either have a disability, have a relative with disability, or have recent experience as a carer or an advocate for people with disability. At least one of the members must be a carer. Of the nine members presiding during the reporting period, five identify as carers.

During this reporting period, the Council and the Board have jointly hosted the Carers Advisory Council to seek advice on issues that impact carers, in order to provide advice to the Minister for Disability Services. Information has also been gratefully received from Carers WA, and the Chairperson of the Council has attended several Carers WA events.

East Metropolitan Health Service

EMHS has developed a Carers Working Group for staff who support carers, staff who are carers and community carers representatives. The group manages resourcing and support for carers and participate in review of policies, frameworks and strategies.

Mental Health Commission non-government mental health organisations

[NGO] has a council that is comprised of customers, carers and workers. The council influences [NGO's] strategic direction and provides feedback on the quality of services. A twice yearly survey allows customers and carers to provide feedback on the quality of services provided by [NGO].

North Metropolitan Health Service

A draft NMHS Consumer Feedback Management Policy has been produced, sent out for consultation and is now before the Working Group for endorsement.

Carers were included in the co-creation of the NMHS Partnership Model and Community Advisory Council Model Redesign, launched in late 2023. The two initiatives directly influence the ways in which the service works in partnership with carers.

South Metropolitan Health Service

The SMHS Consumer and Carer Engagement Strategy was developed to improve the quality, accessibility and inclusiveness of services necessary to meet the health needs of the SMHS community. This includes embedding the involvement of consumers and carers in the planning, delivery and evaluation of services.

As members of SMHS hospital committees, carers are involved in the review and analysis of data to ensure information is used to improve patient safety and quality systems. This data includes consumer related incidents, adverse events and consumer feedback.

WA Country Health Service

Carers are included in WACHS' strategic planning processes, policy reviews, in the development of governing service frameworks and in the assessment and planning and ongoing monitoring phases. As part of one of the recommendations in the WACHS Consumer and Community Engagement Strategy 2021-26, the WACHS Patient Experience and Community Engagement (PEaCE) team is collaborating with the WACHS policy unit to support development of new and the review of existing policies through a lens of person-centred values and guiding principles.

Aboriginal Impact Statements are completed for all new and reviewed allied health policies and forms to ensure the health impacts on, and opportunities for, Aboriginal people and their carers have been considered and appropriately incorporated.

Criterion 3: Carers views and needs are considered

The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers.

Table 10: Agency self-assessment for Criterion 3

| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
|-----------|----------------|-------------------------|-----------|-----------|-----------|-----------|-----------|
| Compliant | Not applicable | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant |

Council observations

The Council is encouraged to note that there has been an uplift in the number of reporting organisations reporting 'Yes' to:

- iii. Support and promotion of National Carer's Week.
- iv. Use of multiple means of connecting carers to support services.
- v. Reviewing and improving the evaluation of carer initiatives in the organisation.
- vi. Sharing evaluation findings, initiatives, policies (as appropriate) with other agencies

Whilst there has been a positive increase in the number of reporting organisations that are evaluating carer initiatives and sharing evaluation findings and initiatives with other organisations, the Council notes that there is further room for improvement. Building the evidence of good practice and sharing good practice is important.

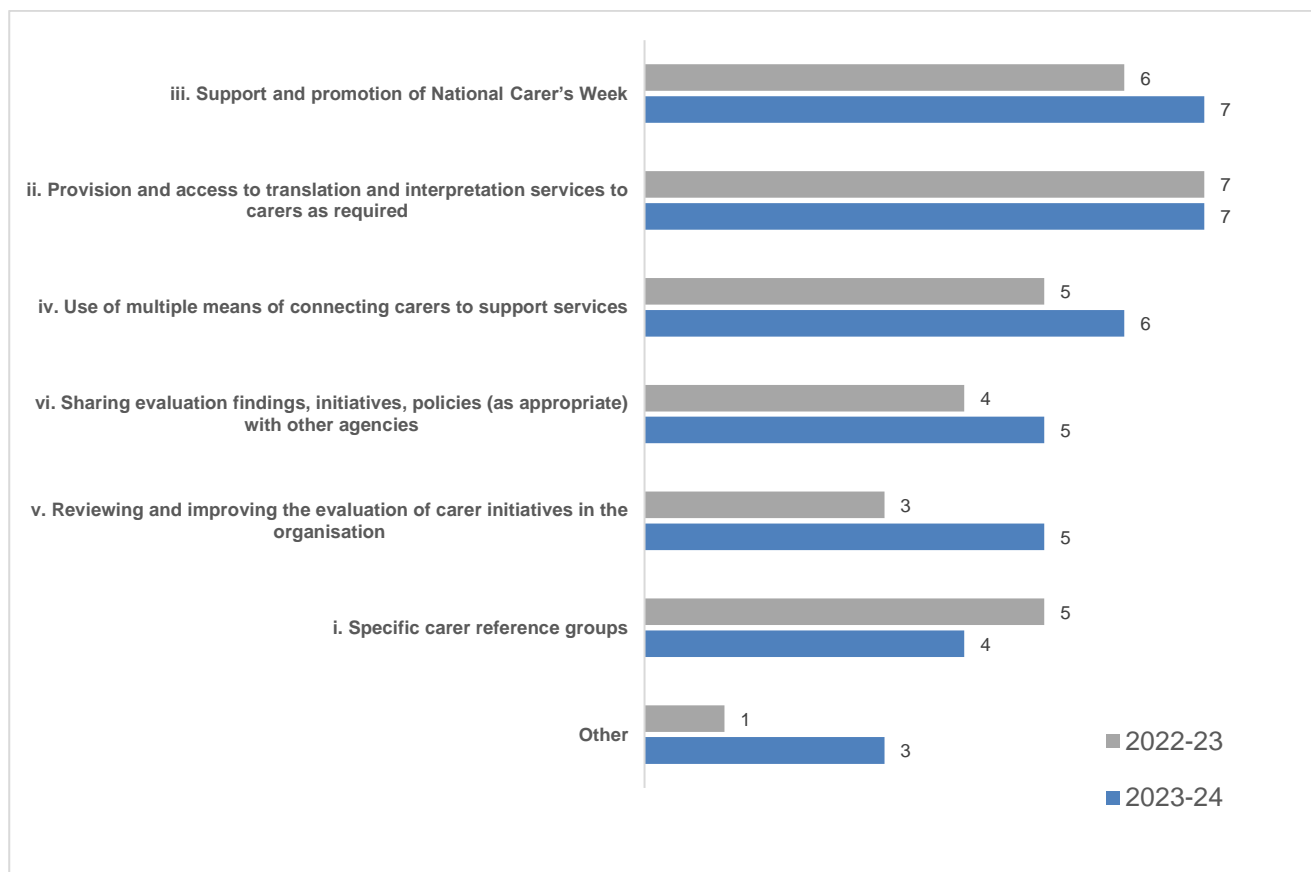
The Council is pleased that that involvement of carers in decisions concerning the provision of care and providing information to inform decision making remains high for Department of Health contracted community health service providers at 98 to 95 per cent respectively.

There have been significant increases in the proportion of Mental Health Commission funded mental health NGOs reporting full compliance with including carers in the assessment process for direct services (Action 7) (7.4% increase from 2022-23) and including carers in the ongoing monitoring of direct services (Action 8) (5.6% increase from 2022-23). The Council remains concerned that under one in two funded mental health NGOs are fully compliant in including carers in boards or management committees (Action 6) and one in four do not think this action indicator is applicable to their organisation.

Findings

Table 11: How reporting organisations ensure the views and needs of carers are 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

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|---|-------------|------------|---------------|------------|-------------|-------------|-------------|--------------|
| i. Specific carer reference groups | Yes | N/A | Yes | No | Yes | Yes | No | No |
| ii. Provision and access to translation and interpretation services to carers as required | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| iii. Support and promotion of National Carer's Week | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| iv. Use of multiple means of connecting carers to support services | Yes | N/A | No | Yes | Yes | Yes | Yes | Yes |
| v. Reviewing and improving the evaluation of carer initiatives in the organisation | Yes | N/A | No | No | Yes | Yes | Yes | Yes |
| vi. Sharing evaluation findings, initiatives, policies (as appropriate) with other agencies | Yes | N/A | No | Yes | Yes | Yes | Yes | No |
| Other | No | N/A | Yes | Yes | No | Yes | No | No |

Figure 6: Criterion 3 action indicators aggregated across agencies⁵

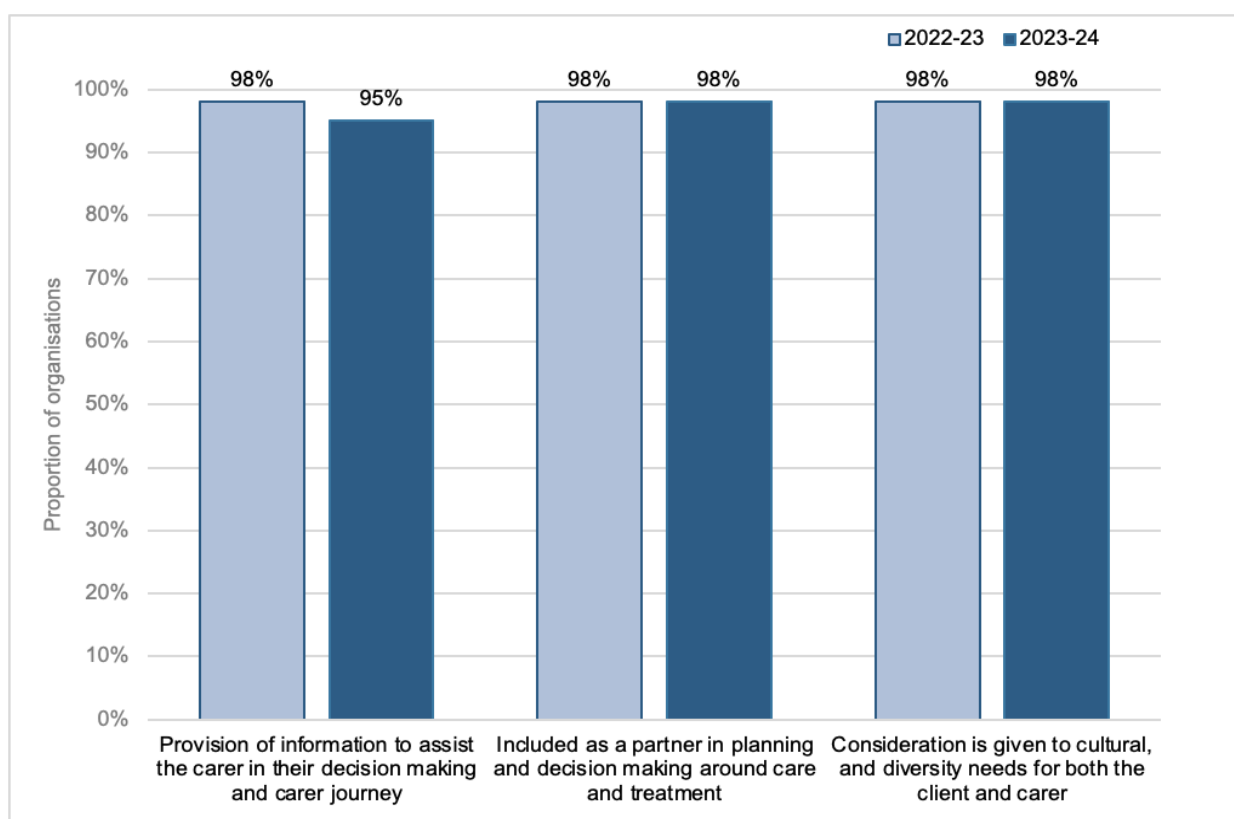
Funded services

Department of Health contracted community health services

In 2023–24, the majority of contracted community health service providers (98%) included carers as partners in planning and decision-making regarding care and treatment, with 95 per cent reportedly offering information to assist carers in their decision making and carer journey (Figure 7). Most also considered the cultural and diversity needs of both clients and carers (98%). These results are comparable with 2022–23.

⁵ n=7 applicable reporting organisations

Figure 7: Carer involvement in decisions concerning provision of care, DoH contracted community health services



Mental Health Commission funded mental health organisations

Mental Health Commission funded mental health NGOs have maintained a strong commitment to ensuring the views of carers are included in decisions that impact on them, with a four-year average of 91 per cent 'Achieved compliance' (Table 12).

Eight in ten funded NGOs are fully compliant with the actions to include carers in the assessment process for direct services (Action 7); and include carers in the ongoing monitoring of direct services (Action 8) (Table 13). These two actions increased in full compliance by 7.4 per cent and 5.6 per cent respectively (the first and third highest of all action uplifts). There has been a slight decrease in the number of funded NGOs that are fully compliant with providing avenues for carers to access peer support (Action 11).

There remains a lower level of compliance with carers being included in boards or management committees (Action 6), with less than half of funded NGOs fully compliant (48.3%). However, full compliance has been increasing slightly over the past two reporting periods. Action 6 has consistently had the highest rating of 'not applicable' across the past four years. In 2023-24, one in four service providers did not think that it is applicable to include carers on the board or management committee of their organisation, although this number has dropped by 5.7 per cent from 2022-23.

Table 12: Level of compliance with Criterion 3: The views and needs of carers must be taken into account along with the views, needs and best interest of people receiving care when decisions are made that impact on carers and the role of carers

| Year | Not compliant | Working towards compliance | Achieved compliance | Not Applicable |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| 2023/24 | 0.0% | 3.4% | 89.7% | 6.9% |
| 2022/23 | 0.0% | 5.3% | 89.5% | 5.3% |
| 2021/22 | 0.0% | 1.7% | 89.8% | 8.5% |
| 2020/21 | 0.0% | 3.5% | 94.7% | 1.8% |
| 2022/23 to 2023/24 diff | 0.0% | -1.9% | 0.2% | 1.6% |

Table 13: Compliance with related actions to Criterion 3 from Mental Health Commission funded NGOs

| Related actions | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|---|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 6. Include carers on the Board/Management Committee of the organisation. | 5.2% | 6.9% | 5.2% | 8.6% | 48.3% | 25.9% |
| Action 7. Include carers in the assessment process for direct services. | 0.0% | 3.4% | 5.2% | 5.2% | 79.3% | 6.9% |
| Action 8. Include carers in the ongoing monitoring of direct services. | 0.0% | 3.4% | 3.4% | 3.4% | 79.3% | 10.3% |
| Action 11. Provide avenues for carers to access peer support. | 1.7% | 5.2% | 3.4% | 6.9% | 72.4% | 10.3% |

Examples of considering the views and needs of carers

A selection of practice examples is provided here, with further examples detailed in Appendix 1.

Child and Adolescent Health Service

The Perth Children's Hospital Psychiatric In-reach Team (PPIRT) initiative demonstrates a recognition of the role of carers by involving them in the assessment, planning, delivery, and review of mental health services. The PPIRT provides specialised psychiatric support for children with complex mental health needs who are also receiving treatment for physical health issues. The approach includes consulting with carers to ensure that their insights and needs are integrated into the psychiatric assessments and treatment planning.

Department of Health contracted community health services

The Carers WA evaluates all services through carer input and feedback on an ongoing basis through a variety of mechanisms which include surveys, workshop and event evaluations, and consultations in response to Government reforms.

Carers at HepatitisWA are included in treatment planning and feedback, provided communication updates (with patient consent), and have access to the clinical team for any questions. Documentation and health education brochures are translated in a variety of most common languages.

Disability Services Commission

The newly formed Communities Inclusion Connection Team is made up of Community Navigators and Community Connectors whose role is to support individuals, families and carers and is available to anyone within WA. One of the motivators in establishing this service was in response to meeting the demand/need of carers in assisting them to navigate and better understand the systems and services that may be required by the individual with a disability they support.

Communities has established a Community of Practice with other reporting organisations to provide an informal mechanism that allows collaboration and sharing of knowledge and resources between reporting organisations. It aims to build on learnings to strengthen Charter compliance and improve outcomes for carers across Western Australia.

Mental Health Commission non-government mental health organisations

[NGO] has a specialised Carer's Group that is dedicated to the needs of carers in the community and runs twice a month. Members are invited along with all other groups to leadership events, volunteering, and other social events. They are also invited to participate in and give their feedback anonymously via the Annual Survey, which supports best practice and continuous quality improvement.

To ensure that carers receive the information they need and that this is documented as evidence that it has occurred, [NGO] has strengthened its client file quality audit tool to ensure that there is evidence that the client's family/carers participated in planning, or this was considered.

North Metropolitan Health Service

The Women and Newborn Health Service Social Work Department actively assists parents of children born with a recognised disability in funding applications to the National Disability Insurance Scheme as required. In addition, the department also connects new parents requiring additional support in their role as a carer of a child with additional needs to outside organisations such as the Cancer Council WA, Centrelink and Carers WA.

The Mental Health, Public Health and Dental Services identifies carers at the point of entry and they are identified in policy and procedure as being integral to achievement of good patient outcomes. Clinical teams will engage in family meetings to support treatment, support and discharge planning. Work is in progress to incorporate the needs of carers into all Public Health strategic and operational processes.

South Metropolitan Health Service

Across FSFHG and RkPG, Carer Corners provide information about the support services available to carers. The 'support for carers' page on the SMHS, FSFHG and RkPG websites provides links to both Carers WA and Carer Gateway.

At RkPG, carers attend patient family meetings where they have the opportunity to express their views and receive information, including Carers WA resources and support, or referral to social work services.

The FSFHG Partnering with Consumers Committee agenda includes a standing 'Carers' agenda item to allow oversight of carer initiatives occurring within FSFHG by the committee for review and information sharing.

WA Country Health Service

The Carer Support Needs Assessment (CSNAT) is an intervention for supporting carers, delivered using a five-stage person-centred process of assessment and support. The intervention uses an evidence-based tool to enable carers to identify, express and prioritise domains where they need more support. Then, a needs-led conversation explores the carer's individual needs and what they feel would be helpful, enabling the delivery of tailored support. Access to training for this tool is currently underway across WACHS.

WACHS has implemented an escalation system to recognise and respond to clinical deterioration in paediatric patients, known as the Paediatric Acute Response and Recognition Observation Tool (PARROT). The escalation system prioritises the concerns of the parents, carers and family and recognises that clinicians and families and carers working together can reduce the delay in recognising and responding to clinical deterioration. This enables and empowers families and carers to escalate concerns they have about loved ones in paediatric acute care settings (under 16 yrs). Parents and/or carers are actively included when completing the PARROT and asked if they have any new concerns about their child's condition.

Criterion 4: Complaints and listening to carers

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

Table 14: Agency self-assessment results for Criterion 4

| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
|-----------|----------------|-------------------------|-----------|-----------|-----------|-----------|-----------|
| Compliant | Not applicable | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant |

Council observations

The Council is pleased to note that all applicable reporting organisations now have a process and/or system in place to measure and report on carer complaints. Furthermore, 100 per cent of applicable reporting organisations undertake the Council's suggestion actions to indicate compliance.

The Council is encouraged by the increase in the proportion of Department of Health contracted community health service services that have a 'How to Have Your Say' or 'Your Rights' type brochure (up 11% from 2022-23) and those that provide information of the feedback process online (up by 29%). With approximately two in three services reporting that they regularly review and analyse complaint data to identify trends, common issues or emerging patterns of concern, there is room for improvement.

There has been a slight increase (1.9%) in the percentage of Mental Health Commission funded NGOs reporting 'Achieved compliance' with ensuring carer complaints are given due attention and consideration. More than nine in ten services are mostly to fully compliant with informing carers of the organisation's complaints policy (Action 9); and ensuring carers have the opportunity to provide feedback on their experience of the organisation (Action 10).

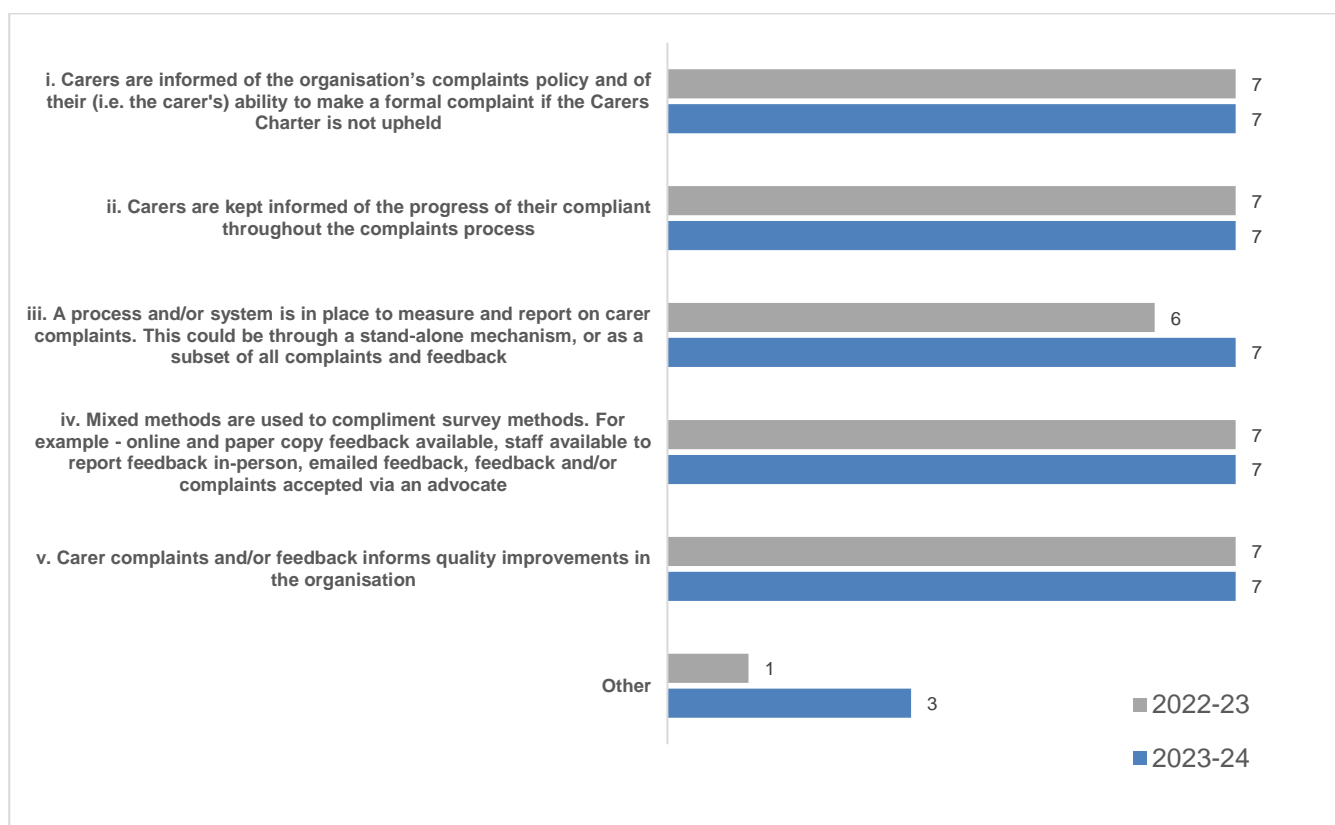
Findings

Table 15: How reporting organisations give due attention and consideration to any complaint/s made by carers on the services impacting them and on the role of carers

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|--|-------------|------------|---------------|------------|-------------|-------------|-------------|--------------|
| i. Carers are informed of the organisation's complaints policy and of their (i.e. the carer's) ability to make a formal complaint if the Carers Charter is not upheld | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| ii. Carers are kept informed of the progress of their complaint throughout the complaints process | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| iii. A process and/or system is in place to measure and report on carer complaints. This could be through a stand-alone mechanism, or as a subset of all complaints and feedback | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| iv. Mixed methods are used to compliment survey methods. For example - online and paper copy feedback available, staff available to report feedback in-person, emailed feedback, feedback and/or complaints accepted via an advocate | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |
| v. Carer complaints and/or feedback informs | Yes | N/A | Yes | Yes | Yes | Yes | Yes | Yes |

| Actions | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
|--|------|-----|--------|-----|------|------|------|-------|
| quality improvements in the organisation | | | | | | | | |
| Other | No | N/A | Yes | Yes | No | Yes | No | No |

Figure 8: Criterion 4 action indicators aggregated across agencies⁶



Funded services

Department of Health contracted community health services

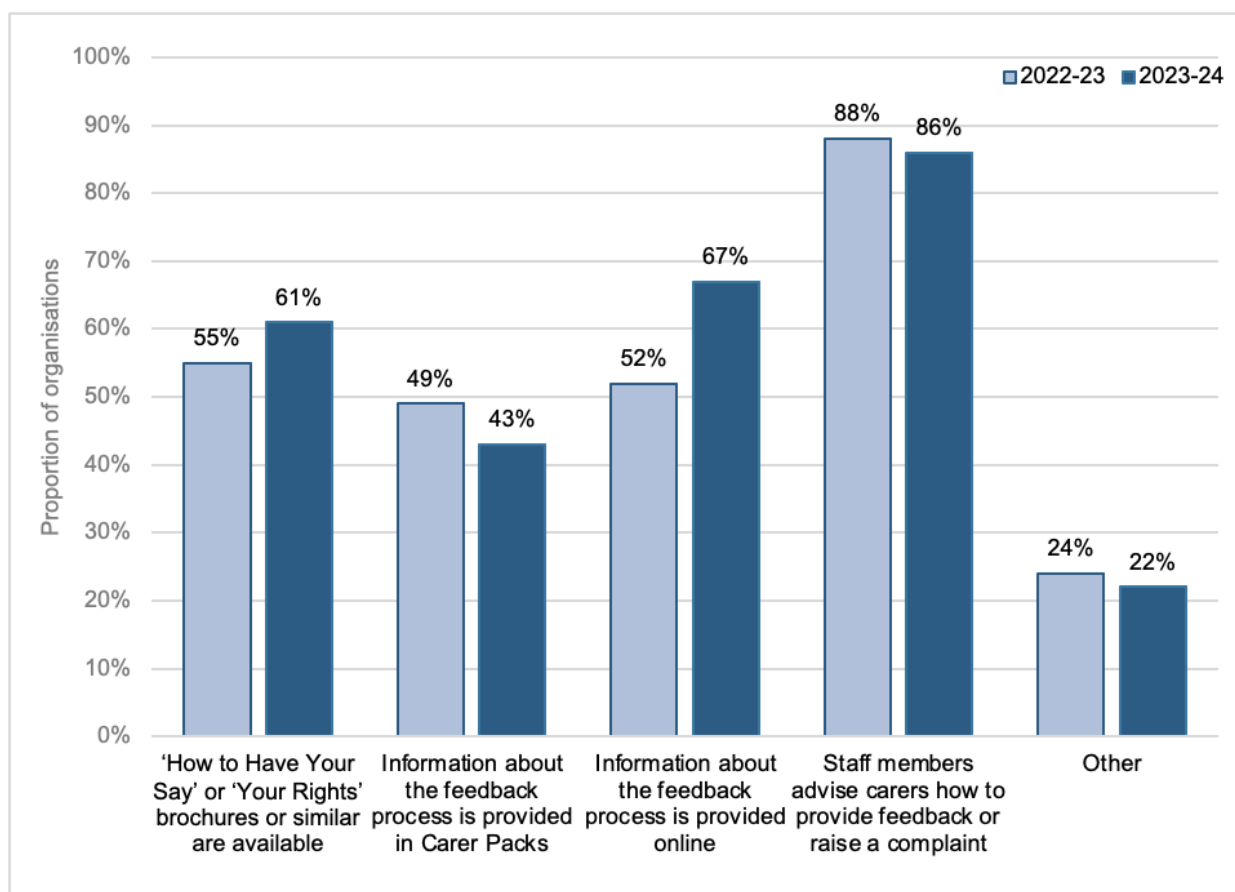
Feedback and complaints management

In 2023–24, all contracted community health service providers ensured carers were afforded the opportunity to provide feedback including complaints. Staff advice concerning how to provide feedback or raise a complaint remains a key method of communication across the majority of contracted community health service providers (86%), comparable with 2022–23 (Figure 9). There was a significant increase in online information and availability of ‘How to Have Your Say’ or ‘Your Rights’ brochures compared with the prior year.

⁶ n=7 applicable reporting organisations

All contracted community health service providers reported the existence of a current complaints management policy and/or procedure, and the provision of training for staff at induction in compliant management processes, including responding to complaints.

Figure 9: Types of methods used to inform carers about providing feedback or making a complaint, DoH contracted community health services



Various methods were made available to carers to provide feedback, including complaints (Table 16). The majority of contracted community health services enabled feedback via e-mail or letter (96%), by speaking to a person by phone or in person (96%), and via a paper based or online feedback/complaint form (96%).

Table 16: Methods available to carers to provide feedback, including complaints, DoH contracted community health services

| Available methods to provide feedback, including complaints | Proportion of organisations (n=69) |
|---|------------------------------------|
| Feedback / complaint form (paper based or online) | 96% |
| Ability to speak to a person by phone or in person | 96% |
| Ability to directly correspond via email or letter | 96% |
| Process available to escalate complaint requiring urgent resolution | 81% |

| Available methods to provide feedback, including complaints | Proportion of organisations (n=69) |
|---|------------------------------------|
| Regular evaluation / feedback / satisfaction survey | 77% |
| Suggestion / complaints box | 45% |
| Social media and digital channels | 39% |
| Liaison Officer or dedicated staff member/s available to manage feedback and complaints | 35% |
| Dedicated application or online portal available to consumers and carers | 22% |
| Dedicated feedback line available to consumers and carers | 9% |
| Other | 6% |

Note: This question was modified in 2023–24 and is not directly comparable with 2022–23 findings

All contracted community health service providers stated that complaints were monitored and recorded, and informed quality improvements, comparable with prior year findings. A diverse range of methods were used to monitor, analyse and report complaints.

Approximately 8 in 10 contracted community health service providers have dedicated staff member/s to oversee the progress of complaints handling (82%), conduct regular review meetings to discuss the status, trends, and resolutions of complaints (80%), and use escalation protocols to ensure critical issues receive prompt attention (79%).

Regular review and analysis of complaint data is conducted by 65 per cent of contracted community health service providers to identify trends, common issues or emerging patterns of concern. Over half also use mechanisms to routinely track, monitor and report on complaint management activity.

Mental Health Commission funded mental health organisations

There has been a slight increase (1.9%) in the percentage of the Mental Health Commission's funded NGOs reporting 'Achieved compliance' with ensuring carer complaints are given due attention and consideration (Table 17). The majority of NGOs (93.1%) are mostly to fully compliant with informing carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld (Action 9) (Table 18). A slightly higher proportion (94.9%) are mostly to fully compliant with ensuring carers have the opportunity to provide feedback on their experience of the organisation (Action 10).

Table 17: Level of compliance with Criterion 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

| Year | Not compliant | Working towards compliance | Achieved compliance | Not Applicable |
|-------------------------|---------------|----------------------------|---------------------|----------------|
| 2023/24 | 0.0% | 1.7% | 93.1% | 5.2% |
| 2022/23 | 0.0% | 5.3% | 91.2% | 3.5% |
| 2021/22 | 0.0% | 0.0% | 93.2% | 6.8% |
| 2020/21 | 0.0% | 0.0% | 98.2% | 1.8% |
| 2022/23 to 2023/24 diff | 0.0% | -3.6% | 1.9% | 1.7% |

Table 18: Compliance with related actions to Criterion 4 from Mental Health Commission funded NGOs

| Related actions | Not compliant | Partially compliant | Mostly compliant | Almost fully compliant | Fully compliant | Not applicable |
|--|---------------|---------------------|------------------|------------------------|-----------------|----------------|
| Action 9. Inform carers of the organisation's complaint policy and their ability to make a formal complaint if the Carers Charter is not upheld. | 0.0% | 1.7% | 6.9% | 1.7% | 84.5% | 5.2% |
| Action 10. Ensure carers have the opportunity to provide feedback on their experience of the organisation. | 0.0% | 1.7% | 5.2% | 0.0% | 89.7% | 3.4% |

Examples of hearing and considering complaints by carers

A selection of practice examples is provided here, with further examples detailed in Appendix 1.

Child and Adolescent Health Service

CAHS has had a strong focus on improving the quality of investigations and responses and the management of complex complaints across clinical divisions. As part of strengthening this area, the Child and Family Liaison Service, who provides a centralised complaints management approach and case management model, was expanded to improve the

response time and quality of responses to parents who have raised concerns with their child's treatment and care. Feedback indicates that parents and carers prefer family meetings with clinical staff to resolve their concerns because this gives them the opportunity to discuss concerns in detail, makes them feel heard and they can work with clinicians to improve how to better deliver services. In response, the Child and Family Liaison Service increased the number of family meetings it holds to support enhanced understanding of complex problems and better outcomes for carers.

Department of Health contracted community health services

The Harold Hawthorne Community Centre undertakes client surveys and internal auditing includes client/carers interviews to ascertain level of understanding and satisfaction with complaints/feedback process. The service has commenced client forums where carers are welcome to attend and have input into improvements and service delivery feedback.

Southcare utilises a Southcare Connect app to inform carers on how to provide feedback or make a complaint. Palliative Care WA allows for feedback via the Helpline, available 7 days a week. Parkinson's WA has a dedicated navigator phone line that will assist if a person rings with a complaint and will be relayed or immediately escalated to the CEO as applicable.

Disability Services Commission

A carer can make a complaint about any service or support they have received from Communities by completing an online form, telephone (toll free) or sending an email. An Easy Read version of how to make a complaint is available on Communities website. Complaints regarding Department of Communities delivered disability services and program are managed by the department's Complaints Management Unit. The Unit prioritises complaints from carers as it does with other vulnerable complainants.

Mental Health Commission non-government mental health organisations

[NGO] sends out an annual carers survey to carers that are known to the organisation to seek feedback on their experience and inform any continuous improvement activities. A carers information leaflet details how carers can be involved and how to provide feedback.

[NGO] has a system to involve carers and clients in feedback across all parts of the organisation. Through the [NGO] overarching Carers Recognition Policy, providing carers with a Welcome Pack, including a dedicated rights and responsibilities document, [NGO] commits to ensuring that carers are provided with the necessary information and support.

North Metropolitan Health Service

Carers, like consumers, can provide feedback through various channels across all NMHS sites, such as the paper-based feedback forms, Consumer Liaison Service via telephone, email or in person, Care Opinion, MySay Survey or through the hospital website. This information is available to the carer in the "We value your feedback" brochure and is also displayed around the hospital on posters and paper-based feedback forms. The details of

all NMHS feedback mechanisms are available on the hospital public websites and the NMHS public website.

South Metropolitan Health Service

The SMHS Consumer Feedback Strategy 2023-2027 was developed in consultation with carers and includes initiatives to enhance the use of feedback to drive improvement in the delivery of healthcare.

The FSFHG and RkPG patient information booklets include the different ways in which consumers and carers can provide feedback. This information is also available via hospital websites.

WA Country Health Service

The MySay Healthcare Survey (MySay) is one way that WACHS allows patients and their families and carers to share their valuable feedback to help identify and prioritise areas for improvement. In the coming months, WACHS will extend MySay to include outpatients, emergency department patients and community patients, as well as the capability to have survey questions in additional languages. In 2023-24, WACHS received 10,474 MySay responses from inpatients, of which 95% rated their (treatment and care) stay as positive. The WACHS Net Promoter Score for this reporting period is 'world class' and 'excellent.'

In the 2023-24 reporting period, WACHS received a total of 1,274 complaints, of which there were three compliments, 12 complaints and two contacts/concerns submitted exclusively by carers. Actions arising from the complaints led to planned additional education and training for staff. WACHS has developed an electronic consumer feedback form, which will be easily accessible on the WACHS internet page to support consumers, families and carers to communicate and engage with the health service in providing feedback.

New key initiatives 2023-24

Charter 1: Carers must be treated with respect and dignity

Child and Adolescent Health Service

Look at me, I am three video

The Child and Adolescent Health Service recognises that the use of alternative communication approaches can be beneficial to convey information in a way that is engaging and memorable. In Community Health, a new video, "Look at me, I am three," has been released. The video is designed to support parents and caregivers in nurturing their child's growth and readiness for school and encourages parents and carers to contact their Community Health Nurse, the Child Development Service, or their General Practitioner for follow up and review if they have any concerns. The video uses plain language, simple visual aids and had closed captions loaded before sharing on the CAHS YouTube channel.

National Carers Week and Mental Health Week

During National Carers Week, the Child and Adolescent Mental Health Service (CAMHS) peer workers hosted an event celebrating carers and connecting them with community organisations. This event recognised the essential role of carers in supporting individuals with disabilities, mental health conditions, or other significant needs, highlighting their invaluable contributions to the community. Appreciation gifts and community connections facilitated during the event acknowledged and highlighted the dedication of carers. Similarly, Mental Health Week activities focused on supporting young people's mental health included contributions from the CAMHS Lived Experience Group, who created resources to aid emotional well-being. These activities not only supported young people but also showed respect for the roles of their carers by equipping them with tools and information to better support their loved ones.

International Day of People with Disability

CAHS partnered with the WA Health Disability Health Network to host a celebration of International Day of People with Disability on 20 November 2023. The theme for the event was 'Supporting the Journey: Empowering Young People with Disability in Healthcare from Childhood to Adulthood'. In the morning of the day, children's craft activities were held in the PCH atrium, while Consumer Engagement staff liaised with carers to learn more about their experiences with the health service.

Harmony Week

Harmony Week, celebrated in March 2024, was a time to celebrate the cultural, linguistic and religious backgrounds of staff and consumers. CAHS reaffirmed its commitment to providing equitable, accessible, and culturally safe healthcare services by setting up a morning tea between members of CAHS Executive and multicultural community leaders to explore what equitable healthcare delivery looks and feels like for carers from culturally and linguistically diverse backgrounds. A roundtable discussion included seven community leaders from Chinese, Brazilian, Afghan, Hazara, Arab, Vietnamese, and Karen

communities. Their insights offered valuable perspectives and provided an opportunity to learn about their important work in supporting other carers and families.

A "Lunch and Learn" panel discussion titled "Working in a trauma-informed way with multicultural families" was also delivered during that week, which underscored the importance of culturally safe and responsive care in improving clinical outcomes and enhancing the experiences of young people, parents and carers, and families.

Community workshops for carers

A series of workshops were delivered to City of Rockingham families in June 2024, to help support those caring for young people experiencing mental health challenges. The Building Resilience in Parents workshops were delivered as a partnership between CAMHS Carer Peer Workers and Anglicare counsellors. The workshops provided a space for carers to connect, share experiences and further build on their skills and confidence to better support their loved ones. The workshops talked to carers with lived experience and discussed useful tools and strategies to help them in strengthening their ability to support their young people.

Department of Health contracted community health services

| Service | Key initiatives or achievements |
|-----------------------------------|--|
| Amana Living Incorporated | Amana Living ensures all staff are trained correctly and refresher toolboxes are conducted regularly to ensure up to date information and processes are being followed, concerning the Carers Charter. Earlier this year, Amana Living's Home Care dementia specialist surveyed staff to elicit feedback concerning the experiences and barriers observed by respite residents living with dementia or memory loss and their carers. |
| Arthritis Foundation of WA | Achieved greater awareness of the Carers Charter and internal complaints policy via mandatory acknowledgement survey. |
| Astley Care | Staff handbook was updated and induction continues to share information regarding carers, the Charter, and the importance of treating carers with respect and dignity. |
| Avivo: Live Life | Avivo have two carer support staff who focus on supporting Avivo workers to understand the rights of carers and to understand carers' experiences. Avivo also have a new induction program that speaks to the rights of all customers. |
| Harold Hawthorne Community Centre | Strengthened the induction process for all new staff and the Charter now forms part of the quality and compliance section of induction with face to face instruction from the Quality and Compliance Manager. |
| Mercy Community Services Limited | Roll out of AusMed training to all home care staff to support compliance. |

| Service | Key initiatives or achievements |
|------------------------|---|
| Parkinson's WA | Instituted a regular 'consumer survey' in 2024 that has included feedback from carers as well as those living with Parkinson's. This feedback will be incorporated into the programs and support networks. |
| Rise | The Culture and Diversity Team worked on a project to reinforce and engage all staff with the organisation's values, that includes dignity and respect of carers. |
| Sexual Health Quarters | Established an external Parent and Carers Advisory Group to consider the views and needs of parents and carers who access the service. Currently implementing new human resource software and reviewing onboarding processes to identify any opportunities for improvement. |

Disability Services Commission

Western Australia Network of Disability Advocacy

In August 2023, organisations funded under the State Disability Advocacy Program (SDAP) and disability sector representative organisations formed the Western Australian Network of Disability Advocacy (WANDA) with the aim of harnessing collective effort, expertise, and action, to improve outcomes experienced by people with disability. WANDA's membership includes representation from Carers WA, Developmental Disability WA, Kiind, and other organisations that represent or work closely with carers and families of people with disability. WANDA met three times in 2023-24, providing opportunities to discuss key issues impacting people with disability, their families and carers, and exploring opportunities for collective advocacy and action.

International Day of People with Disability grants

As part of the 2023/24 International Day of People with Disability grants, Communities funded a number of events aimed at supporting carers, including:

- Paint Me A Rainbow - Autism Awareness Evening for families and carers to engage with guest speakers and share their caring experiences.
- Kids Are Kids! Therapy and Education Centre Annual Family Christmas Picnic. The event acknowledged the important contribution of siblings who are carers.

NDIS review of foundational supports

In December 2023, National Cabinet agreed to jointly design and commission foundational supports for people with disability who do not require the NDIS. It is intended that foundational supports will complement more inclusive and accessible mainstream services, including improved early intervention pathways and supports in natural settings.

While the development of the foundational supports service response is in early stages, it is envisaged that families and carers in scope will be able to access some additional supports

by way of capacity building, and information and advice to help build increased awareness, skills, capabilities, connections, and access to supports for their loved ones.

As part of early consultation, Communities delivered a series of workshops with attendees including peak bodies and advocacy organisations, including those representing carers. A suite of findings and recommendations were produced, with key next steps including further sector consultation and engagement to help inform the design of the service response, inclusive of family and carer representation. Communities also supported the Mental Health Commission to deliver a similar workshop, including attendees with lived experience and carer representatives, with further consultation to follow.

Carer friendly workplace accreditation

On 20 September 2023, Communities became the first WA state government agency to achieve accreditation as a carer friendly workplace.

In June 2024, Communities launched a dedicated 'Entitlements Hub', effectively serving as a one-stop shop for staff to easily investigate what type of leave and work arrangements are available to them, with links to the related fact sheets, procedures and forms so staff can readily apply for this leave/work arrangement. In addition, the Hub serves as another mechanism to raise awareness of unpaid carers in the workplace and their needs.

The resources now available to Communities through accreditation have provided guidance to unpaid carers in having discussions with their managers about their needs. Feedback shows resources have carers feeling more confident and assured that they have the right to ask what they previously thought may be difficult questions.

Carers Network

In September 2023, Communities established its inaugural Carers Network. The Network's purpose is to provide opportunities for Communities staff who are unpaid carers to meet other staff and make connections in a safe space and to share thoughts and ideas which lead to better outcomes for staff at Communities who are unpaid carers.

Drawing on the expertise and lived experience of Network members (and/or using the best practice guidelines and resources available through having accreditation), Communities has implemented many best practice initiatives. These initiatives recognise, support, and promote its unpaid carers. This includes an Ideas Register, peer support activities and regular cross-divisional engagement within Communities to share and obtain information and ideas from subject matter experts.

Viva Engage

In 2023-24, Communities developed and published a dedicated 'Carers Community' on Viva Engage, a forum for all staff to recognise and promote Communities' unpaid carer colleagues. It is a place for carers and management to access resources on available tools and training to support them in their roles. It is also a way for unpaid carers to connect.

Sharing carers stories

In 2023-24, Communities developed an ongoing schedule of stories for publication on its intranet, 'The Common', as a mechanism to promote and further support staff who are carers, as well as providing information and resources to other staff to enhance their recognition and support of carers. The ability for staff to comment on the stories also provides another avenue for carers to provide their feedback and for their voices to be heard. These ongoing, personal stories have been a tremendous mechanism to raise awareness and increase collegiate support.

East Metropolitan Health Service

Armadale Kalamunda Group

New brochures developed for carers and family of patients to provide information about services,

Royal Perth Bentley Group

Implementation of patient engaged handover, where staff conduct the handover involving the patient and their carer/ loved one.

Implementation of the Volunteer Greeting Service, in select wards, to support improved communication and engagement with both the patient and their carer when present.

Continued provision of the welcome pack, including translation into top five languages.

Utilisation of the What Matters Most record and associated conversations, which provide opportunity to highlight if a patient themselves has caring responsibilities that need to be considered, or if they have a carer who needs to be involved in their care. This is monitored by a dashboard to ensure compliance and efficacy within the comprehensive care record.

North Metropolitan Health Service

The policies at a NMHS level that had consumer input in the last financial year include:

- NMHS Open Disclosure Policy
- NMHS Management of Consumer Feedback Policy (DRAFT)
- NMHS Discharge Summary Policy
- NMHS Aishwarya's CARE Call Policy.

The NMHS Multicultural Action Plan working group included CaLD consumers and carers.

The NMHS Disability Access and Inclusion Plan 2022-2027 included carer specific strategies. Further consumer feedback is currently being sought and will aim to separate out pages into Carer and People with a Disability (with linking of both).

Implementation of the Partnership Model across NMHS commenced in April 2023. A 'lunch and learn' event to thank contributors was held in late 2023, which raised awareness and understanding of the model. Work is ongoing in this area with the Consumer Recruitment and Management Project being designed and initial steps underway.

Procurement of new management software 'Better Impact' will enable NMHS to engage with carers and consumers on a more effective digital platform, this forms step one of the Consumer Recruitment and Management Project.

Sir Charles Gairdner Osborne Park Health Care Group

In 2023-24, the Carers Recognition Working group has been instrumental in supporting the Carers WA Project Officer to re-establish education sessions being delivered to most clinical areas, including the emergency department. These education sessions include information on the Act, Carers Charter and the Prepare to Care Program. This ensures staff are aware of the need to engage with carers and treat them with respect and dignity.

A review of clinical areas has commenced, regarding the visibility of Carers Corners. All information was removed during the COVID pandemic for infection control purposes which resulted in reduced visibility of carers information. A Carers Corner has been established in one ward and will be used to showcase to other clinical areas.

Celebrating the best of Diversity within Allied Health - the purpose of the Allied Health Diversity and Inclusion project is to promote and celebrate diversity. The aim is for staff, patients/carers and visitors to feel safe and supported during their time at SCGOPHCG. Increasing diversity and inclusion improves morale, develops social consciousness, facilitates a positive paradigm shift and ultimately improves the performance and success of the organisation in delivering health care.

An evaluation of carer satisfaction of Early Supported Delirium Discharge received overall positive feedback during the pilot period from carers. The objective was to identify areas of positive impact and potential improvement. The findings suggested health care systems need to equally prioritise carer wellbeing.

Amputee patients require two inpatient occupational therapy visits, requiring a significant time commitment from inpatients' occupational therapists. The Occupational Therapy Home measuring Guide for Carers project aims to engage carers to provide initial home measurements.

Women and Newborn Health Service

The WNHS Social Work department has partnered with Twenty-One Gifts to supply care packages to families of babies who have been newly diagnosed with Down Syndrome.

Mental Health, Public Health and Dental Services

The Youth Mental Health Service Family and Support Networks Portfolio was established in October 2023 specifically to address the gaps in compliance with the Carers Charter.

Adult Inpatient have commenced family/carer/patient engagement meetings. The meetings are an opportunity for carers and family to meet with the patient's treatment team prior to the patient's attendance. This ensures carer safety, with the ability of carers to express their concerns freely.

The Lived Experience Peer Coordinator (for carer and consumer consultant/representatives) position commenced July 2024. Changes to Consumer Liaison Service is

an opportunity to engage better with carers and improve reporting specific to carer complaints.

South Metropolitan Health Service

RkPG 'Improving the Patient Experience' workshop

A multidisciplinary educational workshop titled 'Improving the Patient Experience' has been created to improve communication between clinicians, patients, carers and next of kin. The workshop has been developed based on patient and carer feedback that identified improvement opportunities in communication to increase patient/carer's levels of respect and dignity. A trial workshop is planned with the Obstetrics and Gynaecology team.

Hidden Disabilities Sunflower program

In response to a complaint received from a parent, FSFHG has joined the global initiative to become a Hidden Disability Sunflower friendly organisation. The program launched on 1st December 2023 to coincide with International Day of People with Disability. Staff and volunteers completed Hidden Disability Sunflower training that aim to help staff know how to support people wearing the sunflower print, with hidden disabilities such as autism, ADHD, visual and hearing impairments accessing services. On completion of the training, staff received a 'proud to support the sunflower' badge or lanyard to wear. Wearing the logo helps people with a hidden disability know that they can receive a little extra support if needed to navigate the hospital or their care. By joining the Sunflower initiative, FSFHG aim to offer extra support to patients with hidden disability, as well as their families, friends and carers, to encourage inclusivity, acceptance and understanding when accessing services.

WA Country Health Service

Open Disclosure

WACHS has collaborated with the Hush Foundation in Victoria using health plays to highlight the need for better communication in hospitals between clinicians, health professionals and patients, families and carers. The health play, *Hear Me*, is a true story outlining the events that happened in the aftermath of a young patient's death from the perspective of the patient's mother, the Chief Executive Officer, the supervising doctor and colleagues. The play demonstrates how respectful behaviours, effective communication, listening and collaboration among team members lead to a reduction in errors, improved staff safety, and improved quality and safety for patients and their families. The play is followed by a discussion with the audience to examine the potential for improving the quality and safety of healthcare through communication and partnerships.

The WACHS Safety and Quality team arranged for a performance of *Hear Me* at the WA Rural Physicians Network in November 2023, with unanimously positive feedback. As a result, WACHS will be implementing the *Hear Me* play as part of Open Disclosure training (simulation-based education and training with senior clinical teams), supported by consumer and carer advocates, patients, and their families and carers.

'What Matters to You?'

WACHS, along with all over health service providers, will be implementing What Matters To You? into clinical practice in the next 12 months as a component of the Improving Safety and Quality in Health Care Operational Plan 2024-26 for WA. What Matters to You? is an international person-centred care movement, helping clinicians understand what is 'most important' to patients and their families and carers leading to better care partnerships.

District Health Advisory Council 2025 forum

In collaboration with the Health Consumer's Council and Carers WA, WACHS is developing an online planning session with DHAC Chairs in November 2024 to discuss a theme and agenda for a DHAC forum in Perth in March/April 2025.

Older Adult System of Care

WACHS is continuing to work with the WA Department of Health and metropolitan health service providers to develop a system wide 'Older Adult System of Care' that recognises the importance of carer education and support, including access to respite, to improve the wellbeing and health journey of older adults.

Other examples

A proposal submitted in 2023 for the procurement of an across-WACHS digital consumer engagement platform remains under consideration.

WACHS Goldfields has completed updating the community mental health waiting room TV in support of health literacy, which includes information about carers, and is reviewing content for a Carer Information pack for the mental health service. Goldfields Palliative Care Services provide a community 'out of hours on call service' to provide care and support to patients and their carers at the end of life within their own homes.

The Kondinin Multi-Purpose Site has taken over respite service from the Hyden Progress Association, providing weekly social support respite group session for clients and carers.

Community sensory gardens have been established in several locations across the Wheatbelt, with some of these being led by consumers and carers.

Bunbury Hospital has recently expanded the Inpatient Volunteer Connector Service. The aim of the service is to provide emotional support and a listening ear to patients who do not have regular visits from families and carers.

A number of sites across WACHS are reviewing the process of entering next of kin details to ensure Enduring Power of Guardianship, Enduring Power of Attorney and carers are captured at patient admission.

In 2023, the Southwest Patient Safety and Quality Awards established an award category for carers, consumers and volunteers, which acknowledges specific contributions in support of safe, quality health care.

Charter 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

Child and Adolescent Health Service

Acute Care Response Team Clinical Reference Group

In mid 2024, the metropolitan Acute Care and Response Team (ACRT) Clinical Reference Group held its inaugural meeting. This group includes clinicians from Community, Acute, and Specialised CAMHS directorates, alongside a carer, underscoring the essential role of carers in shaping the clinical planning for ACRTs. The group's primary responsibility is to advise the ACRT Project Working Group on the clinical model and pathways, ensuring that the needs and insights of carers are integral to the implementation process.

In 2024, \$46.6 million was allocated over four years to expand ACRTs across Perth, enhancing mental health crisis care services for children and adolescents. The North, South and East ACRTs will provide invaluable mobile outreach and crisis support for children up to the age of 17, enabling greater connection between inpatient units, emergency departments and community services, ensuring young people are provided care closer to home. The mobile teams offer critical support to young individuals in crisis, their families and carers, reinforcing the importance of including carers in the service development and delivery.

Ward 5A Refurbishment Control Project

The Ward 5A refurbishment control project demonstrates CAHS' commitment to including carers in the assessment, planning, delivery and review of services. The Project Control Group, which comprises staff, consumers, and a young person and carer, ensures that the refurbishment plans reflect the needs and perspectives of those directly affected. This inclusive approach helps tailor improvements, such as enhanced therapeutic spaces and flexible bed configurations to better serve both patients and their families. The engagement of carers in the project underscores their vital role in shaping an environment that supports their well-being and facilitates effective care delivery.

Department of Health

Working with Consumers and Carers Toolkit

The Working with Consumers and Carers Toolkit was released to promote consistent, effective and meaningful support and engagement with consumers and carers. The Toolkit offers a range of practical tools and resources, serving as a step-by-step guide for new and existing staff. The toolkit covers four key stages of consumer and client engagement and six guiding principles. This comprehensive approach ensures that all staff, regardless of experience, can effectively engage with consumers and carers, fostering a more inclusive and responsive health system.

Improving safety and quality in health care

Improving safety and quality in health care: A strategic plan for action in WA 2024 – 2026 provides a three-year blueprint for health system improvement and outlines key priority areas for investment and development. The new plan sets goals for more person-centred health care for all Western Australians and aims to embrace the voice of consumers, carers and families through several programs centred on ensuring those using health services are treated with respect, and experience care that is both culturally safe and equitable.

Health Navigator Pilot Program

The Health Navigator Pilot Program supports children in out-of-home care to better access health, mental health and disability supports across two pilot sites, Mirrabooka and the Southwest. The program is a collaboration with the Department of Communities and was co-designed with representatives from health service providers, people with lived experience of out-of-home care, carers, advocacy groups, Aboriginal Community Controlled Organisations, Aboriginal Medical Services, and non-government service providers. Health professionals such, as nurses or Aboriginal health workers, are employed as Health Navigators to assist children in out-of-home care, their parents, carers and child protection workers to ensure children and their families are better connected to the right services at the right time, including access to culturally safe and holistic services. Preliminary evaluation of the program showed significant improvements to timely health assessments and improved access to specialist health services, and the pilot has been extended for a further two years.

Health Equity Impact Statement and Declaration Policy

The Health Equity Impact Statement and Declaration Policy was launched, reflecting the department's commitment to achieving equity in health outcomes and access to care with a focus on Aboriginal people, consumers and carers of culturally and linguistically diverse backgrounds, and people living in lower socioeconomic conditions. The policy requires health service providers to ensure equitable health outcomes and access to care are considered and incorporated into health system initiatives and have been informed by consultation with consumers and carers of priority groups.

Aboriginal Health Impact Statement and Declaration Policy

The Aboriginal Health Impact Statement and Declaration (ISD) Policy requires health services to declare and demonstrate that the interests of, potential impacts on, and opportunities for Aboriginal people are considered and appropriately incorporated within health policies and initiatives. The Aboriginal Health ISD process encourages engagement with Aboriginal people, allowing issues or needs identified to be addressed early in the planning process. In 2023–24, Aboriginal Health ISDs were completed for the six priority focus recommendations from the Sustainable Health Review. These recommendations relate to access to outpatient services, models of care for people with complex conditions, a new funding and commissioning model for services, digitising the WA health system, workforce culture and workforce capability.

Consumer and Community Involvement Coordinator

A Consumer and Community Involvement Coordinator role was established within the department. The role will ensure consumers and carers with lived experience have the opportunity to shape decisions about department funded research. Enabling those with lived experience to be involved in all stages of the research cycle allows for greater transparency and accountability leading to research that is more relevant and impactful to the community, and that can be translated to better health care.

Aboriginal Health Practitioners

Aboriginal Health Practitioner positions have been established within four health service providers and job description forms have been developed for entry level to senior roles.

Department of Health contracted community health services

| Service | Key initiatives or achievements |
|---|--|
| Access Care Network Australia | <p>In 2023–24, carers, family or other support people were surveyed with 1,027 responses received of which 98 per cent indicated that they were satisfied or very satisfied with the level of support and inclusion of carers in planning.</p> <p>Established the Client and Service Quality Advisory Committee to inform the Board and Executive team of issues that impact on clients and their carers. The committee includes people who have been or are currently carers.</p> |
| Amana Living | The Consumer Advisory Group has carer representation. The group raises issues that not only affect clients but their carers. One initiative influenced by the Advisory Group is a guidance publication to assist families in navigating the aged care process in lay terms. |
| Avivo: Live Life | The Avivo Council is a group of consumers and employees who come together to influence Avivo's strategic direction. The Council meets every two months with the Executive team. |
| Bayswater ECHO | Commencement of the ECHO Consumer Advisory Body. |
| Bethesda Health Care – Metropolitan Palliative Care Consultancy Service | There is a consumer representative on the Hospital's Quality, Risk and Safety Committee and this representative also meets with Board of Directors annually. Bethesda has a Partnering with Consumers Committee. Representatives from this committee sit on a number of other hospital committees and are included in change processes. |
| Comfort Keepers Fremantle | Carer surveys initiated and Carer's Advisory Board established. |
| CPE Group | Consumer Advisory Body established. |

| Service | Key initiatives or achievements |
|-----------------------------------|--|
| Harold Hawthorne Community Centre | Increased the number of client and carer consultation forums to enable carers to have input into procedures, services and program design. |
| Home and Lifestyle Options (Halo) | Launched a Consumer Advisory Group called Friends of Halo. Carers have been invited to attend. |
| Homeless Healthcare | Patient advisory committee re-established to harness feedback from patients and carers and inform organisational policy. |
| Mercy Community Services | Consumer/carers advisory bodies have commenced, with all home care consumers and their carers invited to participate. |
| Parkinson's WA | Parkinson's Support Groups were very active during 2023–2024 and much of the feedback that was received was incorporated into a new/revised policy. An increased focus on carers was adopted by the Board and management and this has resulted in a change to business plans and strategic directions. |
| Rise | In the process of reforming a client/carers advisory group to help inform organisational improvements relating to carers needs. |
| Silver Chain Group Limited | A Carer Advisory Group representative is leading the Best Care Committee that oversees policy changes and is provided the Quality and Safety reports from respective business units. |
| Sexual Health Quarters | Established an external Parent and Carers Advisory Group to consider the views and needs of parents and carers who access the service. |
| Southcare | Established a Consumer Advisory Committee. |
| WA AIDS Council | A Carer Support and Engagement Policy was developed and implemented. |
| White Oak Home Care Services | A consumer advisory board was developed and implemented. |

Disability Services Commission

WA Disability Legislation Reform Project

The Disability Division is leading a process to reform WA disability legislation. This included engagement with the Carers Council and Carers WA as key stakeholders, along with individual carers and service providers linked to carers. The lived experience of carers shared during the consultation, including the role of carers and the work they do in the disability sector, will help inform the development of the future WA disability legislation.

Engagement with other internal networks

Throughout 2023-24, the Women and Carers team within Communities' Strategy and Partnerships division has actively engaged with other divisions (and carers within those divisions) within the department, to promote the carers agenda and obtain carer feedback. In early 2024, the team made a presentation to the Aboriginal Employee Network Committee on the unpaid caring role and the internal Carer's Network, and to seek input from carers and Aboriginal staff on how the Network can strengthen its Aboriginal cultural competence to ensure its suggestions to management and Executive (and the implementation of these suggestions if approved) are culturally appropriate and can influence change for Aboriginal carers.

While such engagement has generally related to supporting unpaid carer colleagues and the work of the Carers Network, it has also incidentally increased staff awareness of who an unpaid carer is, and their role. In the context of Communities' portfolio responsibilities, which includes child protection, this is important to eliminate the very real potential for misunderstandings between 'carer' as a foster carer, and 'carer' as an unpaid carer. As a result of this internal engagement, staff have reported an increased understanding of the different types of carers, and in identifying themselves as unpaid carers, leading to subsequent participation and engagement on/within carer initiatives.

East Metropolitan Health Service

Armadale Kalamunda Group

The Consumer Engagement Pool has added carers to the pool and a carer is now a member of the Consumer Advisory Council. Both the pool and the committee provide input into assessment, planning, delivery and review of services.

Royal Perth Bentley Group

Established integration of carer representatives on key governance committees and innovation working groups/ project groups to inform planning, delivery and review of services. This has been achieved in collaboration with Carers WA.

St John of God Midland Public Hospital

In consultation with carer representatives, a Carers Hub has been created.

North Metropolitan Health Service

Consumer and Carer Participation Payment Policy

The NMHS Consumer and Carer Participation Payment Policy was updated in 2023 following significant consultation through the Partnership Model activities. The policy recognises the various roles that carers and consumers can take on when working in partnership with the health service. The policy also provides an alternative payment pathway that can be used to remunerate specific groups in more appropriate ways that suit their circumstances. A supporting Payment Toolkit was developed to assist staff in ensuring carers and consumers receive participation payments in a respectful manner.

Clinical incident Review Improvement and Support Program

As part of its mission to promote safer and higher quality care across NMHS, the Consumer Experience and Clinical Excellence team supports consumer representation on clinical incident review panels. This forms part of the Clinical Incident Review Improvement and Support Program which has been developed to optimise clinical incident management.

Severity Assessment Code (SAC) 1 clinical incidents in WA Health are reviewed by a multidisciplinary panel. Including consumer representatives on clinical incident review panels is proposed to provide the process with a valuable patient-focused perspective. The purpose of this pilot study is to co-produce a procedure for NMHS that will provide:

- A robust consumer representative recruitment and selection process.
- Appropriate onboarding, induction and training to equip the consumer with the knowledge and skills to undertake the role.
- Access to informal and formal support systems to provide opportunities for the consumer representative to debrief.

Sir Charles Gairdner Osborne Park Health Care Group

The SCGOPHCG care group implemented a quarterly information stall in partnership with Carers WA. There are recurrently two stalls, each staffed between 10am and 1pm. The purpose is to provide information, identify people as carers and ensure they are aware of their rights and community resources.

SCGOPHCG supported and promoted National Carers Week 2023, which included a staffed information stall Monday – Friday and a morning tea for carers at both sites funded by Carers WA. It was during this week the 'What matters to You' facility was promoted to collect any feedback from carers regarding their experience of the health service.

Development and evaluation of occupational therapy high level carer training videos is designed to be more efficient and meet learning needs by use of video-enhanced training.

Women and Newborn Health Services

The Comprehensive Care Committee has recently received approval to introduce a revised Admission and Discharge for both gynaecology and obstetrics patients. This will help identify carers and prompt further assessment as may be indicated.

The Breastfeeding Centre undertake a full review of patients identifying as carers prior to discharge and provide additional supports and an extended service to facilitate infant feeding. This includes liaison with the Child Health Nurse service and referrals to paediatric physiotherapy, general practitioners, occupational therapists, clinical psychology services and community family services.

Mental Health, Public Health and Dental Services

Carer Consultants have been recruited at Wanneroo Butler Community Mental Health Services (CMHS) through Carers WA. Student information pack implemented at Subiaco clinic, including understanding the Charter, how to navigate services for carer support.

The Youth Mental Health Strategic Operations and Management Committee meetings are now attended by carer representatives.

The State Head Injury Unit has developed a Carers Group. This is an evidence-based psychoeducation group program for carers/family/support persons of people who have sustained an acquired brain injury, to enable an improved understanding, working through life adjustments and supporting their loved one. The group is held four times per year in the evenings to enable carers to attend outside of work hours and can be held in person or online which enables carers who are rural or remote or unable to attend in person to join.

South Metropolitan Health Service

RkPG patient care boards

RkPG has evaluated and updated patient care boards to include carer information and allow carers to provide information that will enhance the patient's care, recognising the carer as part of the care and planning.

Cognitive Impairment Sunflower Tool at Rockingham General Hospital

The sunflower tool has been introduced at Rockingham General Hospital to support patients with cognitive impairment. The tool is a way of personalising care by allowing staff to better understand their patient's interests, needs and preferences. Carers are invited to contribute.

Research Framework

Following the identification of the SMHS Research Strategy's first 'Pillar of Change' as 'an engaged community participating in innovative research', FSFHG CAC members are collaborating with the research team to co-design a SMHS Framework for Involving Consumers in Research. The framework will be a source of information and support for both SMHS researchers wanting to involve consumers in research, and for consumers themselves. A consumer representative with carer experience is involved in this project.

Involvement in service design

A three-story building at Fremantle Hospital is currently being refurbished to accommodate expanded mental health services, scheduled to open mid-2025. The plans for the new wards have been developed in collaboration with the Office of the Chief Psychiatrist and other stakeholders to ensure the design is consistent with contemporary mental health principles. The stakeholder group includes a carer representative.

WA Country Health Service

In the Goldfields, recruitment has taken place to the role of Mental Health Carer Consultant, who will assess, plan and deliver mental health services through a carer's lens. The role provides a consumer/carers perspective that includes representing how consumers and carers may feel and think about certain issues; protecting the interest of consumers and carers; and offering advice on issues affecting and impacting consumers and carers.

The Goldfields Mental Health team has commenced audits on the listing of carer details on the Psychiatric Services Online Information System to ensure more streamlined and

effective communication. The Goldfields has continued to increase and promote consumer and carer participation on Goldfields committees. Work on developing consumer groups in the smaller Multi-Purpose Sites is progressing.

Wellness programs, such as a local community bus that runs to other community towns for shopping and social connection, are operated from some Wheatbelt sites.

In collaboration with Edgehill University, the Southwest Mental Health Safety and Quality team has devised a form that gives information about the needs of the carer. This record of information will be stored with the patients records so it is available for future reference.

Charter 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

Child and Adolescent Health Service

Establishment of the Multicultural Access and Inclusion Advisory Group

The Multicultural Access and Inclusion Advisory Group's (MAIAG) establishment reflects a commitment to integrating the views and needs of carers, especially those from culturally and linguistically diverse (CaLD) backgrounds, into decision-making processes. By serving as an advisory group, the MAIAG ensures that the carer perspective is considered in various service developments. This inclusion helps address the specific needs of CaLD families and carers, promotes a deeper understanding among CAHS staff, and contributes to more culturally sensitive and effective service delivery.

Parent and Carer Advisory Group

The Parent and Carer Advisory Group (PCAG) champions the interests of parents and carers of babies, children and young people using Perth Children's Hospital (PCH) and Child and Adolescent Community Health (CACH) services. One of the biggest achievements of the PCAG for this year has been the successful advocacy for improved patient meals at PCH. The PCAG identified the need for more food choices, individual portion control and the importance of flexible mealtimes. As a result, CAHS has been exploring a 'meals on demand' service in collaboration with consumers.

First Aid After Self-harm resource

The CAMHS Lived Experience Advisory Group (LEAG) offers a consumer perspective in the planning and delivery care. Education on how to look after wounds and minimise infection and scarring following self-harm was identified as a gap by young people and carers in the LEAG in 2022. A key achievement this year was the development of two consumer handouts entitled 'First aid after self-harm' and 'First aid after self-harm: for carers'. These resources are an empowering harm-reduction tool for young people who may not always disclose self-harm, and an opportunity for parents and carers to gain insight about self-harm and use the handout as a conversation starter with their young person. Development of this handout occurred in collaboration with the LEAG young people and carers.

First 1000 Days Framework

The First 1000 Days Framework, developed by the CAHS Strategy, Planning and Innovation Team, aims to optimise health and wellbeing from conception to a child's second birthday. Recognising the pivotal role of parents and carers, CAHS actively involved them in shaping the framework. In April, CAHS recruited 12 parents/carers to join the First 1000 Days Consumer Advisory Group. Their participation in a symposium on April was instrumental in ensuring that the framework reflects the experiences and needs of families.

Expansion of lived experience workforce

The CAMHS lived experience workforce has expanded, with additional Lived Experience Coordinators, Senior Program Officer and carer peer workers taking up newly established roles. These staff will support carers of young people accessing CAMHS services, and influence policy and projects across CAMHS.

Department of Health contracted community health services

| Service | Key initiatives or achievements |
|---------------------------------------|--|
| Bayswater ECHO | New care and support plan which identifies informal carer support for all clients as part of assessment and care planning process. |
| Brightwater Care Group | Carers formed part of a consultation group to support the codesign of a new group of houses for people with Huntington's Disease and have continued to be consulted and informed throughout the build. |
| Chorus Australia | Chorus have launched a community application which allows both clients and families, including carers, easy access to view service information and liaise with the local team. |
| Chung Wah Community and Aged Care | A case coordinator has been assigned to each client. The case coordinator and the carers collaborate closely. Whenever providing support, each carer's opinions and needs are considered; and carers are encouraged to communicate their views and needs. |
| Huntington's Australia | Regional workshops, community information sessions and training were delivered face to face in Kununurra and Halls Head in May 2024, including outreach visits to remote Indigenous communities. The feedback will inform future next regional visits. Carers have the opportunity to provide feedback in an inaugural community survey that is currently underway. Information received will inform future service provision and supports. |
| Moorditj Koort Aboriginal Corporation | New educational resources have been developed in a culturally safe format on feedback from carers. |

| Service | Key initiatives or achievements |
|---|---|
| Motor Neurone Disease Association of WA | Participated in the Carers Alert Thermometer (CAT) diagnostic tool to assess carer welfare and highlight areas needed for additional support. The CAT demonstrates utility for triaging carers most in need of support and those whom signposting to additional information and self-directed access to support was most appropriate. |
| MSWA | New co design committee established that includes clients, carers and family members. |
| Neurological Council of Western Australia | Finalised a new Clinical Governance Framework, with four key principles and five supporting activities. Principle 2 specifies that 'Client- and carer-centred care will be evident at all levels of the organisation and throughout all services. |
| Palliative Care WA | Held awards for the sector to recognise the role of carers in supporting people with life limiting illness/conditions. |
| South West Aboriginal Medical Service | Assessment and procedures for transition care have been reviewed over the past 12 months with an oversight on acknowledging carer's right and stressors. Discussion around individual carers' concerns and stresses are addressed at daily toolbox meetings. |
| Silver Chain Group | Following a collaborative review with the Consumer Advisory Group chairs and key stakeholders, there has been a change from state consumer groups to a National Consumer Advisory Committee. The benefits including reducing the duplication of material across groups, reducing the internal resources associated with coordination and secretariat work for the groups and addressing the ongoing challenge of attracting consumer members across health, aged care and NDIS in all states. |
| Sexual Health Quarters | To support its new strategic plan, Sexual Health Quarters engaged with consumer groups, including representation from carers to gain a deeper understanding of their needs. |

Disability Services Commission

State Disability Advocacy Program

As part of the State Disability Advocacy Program, funded by Communities, Kiind received approximately \$1.7 million, from 2022 to 2025, to undertake systemic advocacy on behalf of children and young adults with disability and their families. Kiind is a family-led, independent peer support organisation that supports over 6,600 families. In 2023-2024 Kiind provided practical assistance, emotional support, connection to other families and carers and help to find the most appropriate services and supports for children and their families. Kiind

participated in the Recognition of Unpaid Carers, including making a submission and attending a public hearing to provide additional evidence.

East Metropolitan Health Service

Royal Perth Bentley Group

Increased access and awareness of Carers WA educational programs through Carers Week promotions. Increased in reach of Carers WA education to staff, including training of Safety and Quality staff as well as plans to train Wellbeing and Pastoral Care staff.

Achievement of level 2 Carer Friendly Employer Accreditation

Awareness raising initiatives through Carers Week, including specific support programs for staff and patients who hold a caring role.

North Metropolitan Health Service

Sir Charles Gairdner Osborne Park Health Care Group

Within the WebPAS system carers status is recorded when identified. People who identify as carers are included in the assessment and discharge planning process, which is documented in the medical records.

Women and Newborn Health Services

Carers participate in family meetings during palliative care planning. This is seen as essential to assist in determining ongoing care requirements for the post-discharge plan to support the patient and their carer or family member in the home or hospice.

Mental Health, Public Health and Dental Services

The Community Mental Health service discharge policy and procedure has been reviewed to ensure carers and families are part of the discharge plan.

Carer Consultants and Consumer Consultants have regular discussions related to carer and consumer/patient issued at Graylands Hospital. This is to ensure support and understanding of the Carer and Consumer perspectives and seek collaborative solutions.

South Metropolitan Health Service

Easy read consumer feedback brochure for the Rockingham Peel Group

An easy read version of the consumer feedback brochure is in development. This will support patients and carers to better understand and use complaints processes.

FSFHG Emergency Department Education Program

The carer representative on the Emergency Department Consumer Advisory Group collaborates with the Emergency Department Education team to ensure training includes carers as part of person-centred care. As a result of this collaboration, Triage Nurse induction includes a focus on person-centred care at triage and the Emergency Department Junior Medical Officer Education program includes communication for person-centred care.

WA Country Health Service

Palliative Care has developed *Caring at Home* boxes that are culturally appropriate and *Caring at Home* education packages are available to educate and support carers who are caring to loved ones at home. Carers on the Palliative Care Advisory Group have assisted with purchasing necessary equipment for use by clients and carers at home.

Geraldton Hospital has re-established a bedside manual for rehabilitation patients in Geraldton Hospital, which contains goals and exercise plans that carers can assist with.

The carer and consumer representatives on the Wheatbelt Aged Care Safety and Quality Network have commenced visiting Wheatbelt sites to interview aged care residents and carers and family members about their care experience.

Charter 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

Child and Adolescent Health Service

The CAHS Complaints Improvement Project emphasises the importance of addressing complaints made by carers and consumers, ensuring their concerns are thoroughly considered and resolved. This project was informed by a consumer working group which included parents and carers from diverse backgrounds and focused on initiatives to enhance the accessibility of the complaints mechanisms for consumers, family and carers from culturally and linguistically diverse backgrounds. By improving feedback pathways, training staff in cultural responsiveness, and developing multilingual resources, the project seeks to ensure complaints are handled with the respect and attention they deserve and that the additional needs of carers are identified and addressed.

Department of Health contracted community health services

| Service | Key initiatives or achievements |
|----------------------------|--|
| Amana Living | Amana Living has established a dedicated Respite Centre in Mosman Park, the only type of its kind in Australia. Expanding on this unique service, Amana Living is looking at the opportunity to offer short stay respite to both clients and their carers (including regional and rural clients and their carers). During the short term stays, Amana Living would offer education and support to assist clients and their carers in coping when they return home. |
| Arthritis Foundation of WA | New online register and reporting of complaints to the Board. |
| Brightwater Care Group | Food forums have been implemented in residential aged care to redress complaints. Processes to manage complaint responses, benchmarking and survey schedules have been implemented. |

| Service | Key initiatives or achievements |
|---------------------------------------|--|
| Chung Wah Community and Aged Care | Complaint and feedback channels have been established and introduced to the staff, clients, and carers. Carers are aware of their right to submit complaints or feedback. |
| CPE Group | The feedback form has been revised and improved and the customer newsletter is used to encourage feedback. A Consumer Advisory Body was established and a Client Relationship Manager has commenced. |
| Fresh Fields Aged Care | Developed a digital complaints register that tracks complaints and enables thematic analysis to provide better insights. |
| Harold Hawthorne Community Centre | Carer interviews with Quality and Compliance Manager has commenced as part of the internal audit process. |
| Homeless Healthcare Ltd | Development of a complaints policy, process and register to ensure all complaints were being listened to and acted on promptly. |
| Juniper | A new webpage portal for feedback and new Transition Care brochures have been developed and include feedback information. |
| Mercy Community Services | Updated feedback process implemented with dedicated email address for those who do not wish to make a verbal complaint and to provide an avenue that is removed from their direct staff relationship. |
| Moorditj Koort Aboriginal Corporation | A new online complaints portal with identifiable outcomes and strategic planning opportunities has been implemented. Mixed methods are being used to obtain feedback; and quality improvement processes have occurred from the feedback. |
| My Flex Health Services | Established Complaints and Risk team headed by a Senior Manager. |
| Volunteer Home Support | With the implementation of the new digital system, carers will be contacted for their feedback in the questions setup of the system. |

Disability Services Commission

Authorisation of Restrictive Practices legislative framework

Finalisation of policy positions to inform the Authorisation of Restrictive Practices (ARP) legislative framework has been impacted by ensuring full consideration of the findings of the Disability Royal Commission and the NDIS Review. Communities is working towards a comprehensive legislative framework to implement the ARP policy and reduce or eliminate the use of restrictive practices.

Under the new legislative framework, the rights of carers are proposed to be strengthened further. When applying for authorisation of restrictive practices, it will be an evidentiary requirement that providers demonstrate consultation with the individual, family, carers,

guardian or other relevant person. Following an authorisation decision about the use of restrictive practices, it is proposed that carers (and families, representatives, as well as the person) will have rights to have decisions reviewed. Further, a robust complaints mechanism will also be included in the new legislation. Any final consultation will involve important stakeholders, including carers and peak bodies representing carers.

East Metropolitan Health Service

Armadale Kalamunda Group

New feedback forms and posters developed to provide multiple access points for consumers to raise complaints. New complaint procedure developed to reaffirm how carer complaints are submitted and handled.

Royal Perth Bentley Group

Improved reporting of feedback (including complaints) through to established governance committees, inclusive of themes as they relate to the Carers Charter. Establishment of consumer and carer rounding, where patients and their loved ones are engaged in a conversation and encouraged to provide feedback and ask questions.

North Metropolitan Health Service

MySay Healthcare Survey dashboards across NMHS continue to be of great interest. There has been a great level of interest from staff to access and use results for service improvements. As a result of the interest from staff, an education program was written by NMHS Consumer Experience team and has been delivered to multiple teams across the health service to raise awareness as well as competency in collecting data, generating reports, presenting data and driving change based on consumer and carer feedback.

South Metropolitan Health Service

As part of the SMHS Consumer Feedback Strategy working group, the FSFHG Patient and Family Liaison Service have developed an eLearning package to improve how SMHS staff respond to consumer feedback. The eLearning package is nearing the end of the development phase.

WA Country Health Service

WA Complaint Management Policies are part of a wider Clinical Governance and Quality Improvement systems and are committed to the principles and processes for complaint resolution that have been developed to assist WA hospitals and health services to improve their complaint management processes. WACHS adheres to the Department of Health WA Complaints Management Policy in managing and resolving complaints from patients, families and carers at the regional level, with regionally based staff responsible for management, monitoring, resolution and evaluation of complaints and complaint management.

Council focus areas 2023-24

In 2023-24, the Council developed five focus areas in order to gain a deeper understanding of specific dimensions of compliance with the Act:

- Focus area 1: Carer-specific data and reporting (identification of carer voices in inclusion indicators, feedback, complaints etc).
- Focus area 2: Evaluation of carer initiatives and sharing of findings.
- Focus area 3: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically Diverse, LGBTQI+ and young carers.
- Focus area 4: Carers compliance in primary health care settings.
- Focus area 5: Recognition and support of organisational staff and volunteers who are unpaid carers

For each of these focus areas, reporting agencies were asked for qualitative evidence and to provide a self-assessed rating across the categories of:

| | | | | |
|----------------|-----------|------------|-------------------|----------------|
| Well developed | Developed | Developing | Not yet developed | Not applicable |
|----------------|-----------|------------|-------------------|----------------|

Council observations

The Council is pleased to see that most reporting organisations are using a range of methods that capture carer voices and allow for carer-specific reporting, such as satisfaction/experience surveys, MySay and Care Opinion. There is less evidence that complaints data can separately identify carers for trend analysis and to identify specific groups of carers and their concerns. It is pleasing to note that EMHS and DSC (Communities) have systems that can identify carers within complaints data and that NMHS continues to pursue a workable process for their complaints management.

A number of examples were provided of carer initiatives being, or planning to be, evaluated. There was less evidence of how evaluation findings are shared - particularly beyond the direct stakeholders. Given the importance of building an evidence base for carer initiatives and the value of sharing good ideas, the Council encourages reporting organisations to think about how evaluation findings and learnings can be more widely shared. The newly formed Communities of Practice may be one such mechanism.

The Council is impressed by the broad range of mechanisms being used to target the needs of Aboriginal and culturally and linguistically diverse carers. The Council notes that strategies to target the needs of LGBTQI+ carers is building but less developed. Congratulations to EMHS on achieving a Rainbow Tick Accreditation. Strategies to target young carers appear to be largely underdeveloped. The Young Carers Network estimates that around 13 per cent of carers are young people,⁷ so this is an area that the Council sees as a particular improvement opportunity.

⁷ The Young Carers Network estimates that there are 3 million carers, including 391,300 young carers in Australia, www.youngcarersnetwork.com.au/about-young-carers-network/

The majority of reporting organisations regarded compliance with the Charter in primary health settings as being not being applicable to their health service. In those reporting organisations that said it is applicable; evidence was given of practice frameworks and guidelines. Evidence from Department of Health and Mental Health Commission funded/contracted service providers showed that most providers are working actively to apply the Charter in their services and programs, which is to be applauded.

The Council congratulates DSC (Communities) and EMHS on achieving carer friendly workplace accreditation and that the Department of Health and WACHS is working towards accreditation. It is encouraging to see multiple ways in which other organisations are acknowledging and supporting the caring role of employees. Evidence from Communities shows the direct benefits that carer friendly workplaces have for staff and the flow-on benefits to service delivery of rising awareness and recognition of carers overall.

The Council appreciates the breadth of practice examples provided for under each of the focus areas. A sample have been included in this section, with further examples detailed in Appendix 1.

Focus area 1: Carer-specific data and reporting (identification of carer voices)

Table 19: Agency self-assessment for carer-specific data and reporting

| FA1: How does your Reporting Organisation rate its identification of carers voices in inclusion indicators, feedback mechanisms, complaints systems and the like? | | | | | | | |
|---|----------------|-------------------------|-----------|------------|----------------|-----------|------------|
| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
| Well developed | Not applicable | Well developed | Developed | Developing | Well developed | Developed | Developing |

Examples of carer-specific data and reporting

Child and Adolescent Health Service

All clinical service streams offer carer specific experience surveys, providing an opportunity to give feedback on the support received across all stages of care. Survey results are outputted in real time to a dashboard accessible by CAHS staff and used to inform service improvement initiatives. Carer feedback data and identified trends are reported to the services' clinical governance committees and CAHS Safety and Quality Performance and Planning Executive Committee. Carer feedback is also used to drive service planning, implementation, delivery, evaluation and ongoing improvement across CAHS. There has been a greater focus at CAHS on resolution via family meeting approaches (where agreed) rather than written letters, so that families have a greater opportunity to discuss their situation in detail and ask questions of clinical leads.

Department of Health contracted community health services

Many contracted community health service providers have implemented a range of accessible feedback mechanisms for carers, including face-to-face interactions, telephone, written communication, and digital platforms. This ensures that carers can easily provide feedback in a manner that suits their preferences and needs. Contracted community health service providers also ensure that staff members are trained and equipped with procedures for effectively handling and processing feedback and complaints.

Disability Services Commission

Communities Complaints management system identifies and prioritises carer complaints. Carers are engaged and participate in relevant consultations. For example, the State Disability Strategy Year 3 Process Evaluation included a survey to gather feedback and insights from people with disability, their families and carers. Carers were significant survey respondents, with almost 60% of respondents indicating they were carers, or family members responding on behalf of people with disability.

East Metropolitan Health Service

EMHS has the ability to identify carers within complaint/ feedback platforms and Care Opinion. Reviewing pilot of carer feedback survey from different health service providers for potential to adopt within EMHS. Developing a process for the inclusion of consumers and/ or carers into Clinical Incident Management Process.

North Metropolitan Health Service

While there are complaint/feedback processes in place via the Consumer Liaison Service, Care Opinion and MySay Survey, NMHS has not been able to establish a method of identifying carers who submit feedback. Complainants are asked to volunteer information on their carer status, but may choose to be anonymous, which hinders the ability to clearly identify carers as respondents. NMHS continues to identify and pursue a process to identify if a complaint is carer related, this will be carried this forward into 2024-25.

South Metropolitan Health Service

The SMHS is working to introduce a Carer Experience Survey as part of the MySay suite of WA health-wide agreed surveys of emergency, inpatient, day procedure and community health patients. Carers of multiday and same-day inpatients who are 16 years and older will receive an SMS message four days post discharge of the person they care for, inviting them to provide feedback about their experience. The results will be added to established dashboards developed to interpret the data for hospital staff.

WA Country Health Service

The WACHS Child and Adolescent Mental Health Service Experience of Service Questionnaire includes two versions for carers: carers of children aged 9-11, and carers for children aged 12-17. The results of the questionnaires are reported independently on

dashboards that are accessible to staff. WACHS Mental Health are also exploring a new systemic feedback tool that will also have a carer tool to identify carer needs.

Focus area 2: Evaluation of carer initiatives and sharing of findings

Table 20: Agency self-assessment for evaluation of carer initiatives and sharing of findings

| FA2: How does your Reporting Organisation rate its evaluation of carer initiatives and its sharing of findings? | | | | | | | |
|---|----------------|-------------------------|----------------|-----------|----------------|-----------|------------|
| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
| Well developed | Not applicable | Developed | Not applicable | Developed | Well developed | Developed | Developing |

Examples of the evaluation of carer initiatives and sharing of findings

Child and Adolescent Health Service

CAHS has a well-established process of evaluation, which generally occurs via its project management methodology implemented by the CAHS Project Management Office. Evaluation components are built into all project management documentation and some services, such as Child and Adolescent Community Health, have a dedicated Evaluation and Information Team. Quality improvement initiatives are often required to be entered into the GEKO database, which has a section that allows the outlining evaluation data.

Department of Health contracted community health services

Contracted community health service providers have established qualitative and quantitative methods to obtain feedback/assessment of client and carer related services and/or initiatives. These include in-depth interviews, surveys, and via organisational advisory group and/or committee that afford carers the opportunity to provide input re program, policy and/or procedure development, operational and strategic planning, and service delivery.

Evaluation findings are shared with internal management teams and Boards, informing decision making. During 2023–24, 67 per cent of contracted community health service providers reported the publication of service delivery evaluations or reviews.

Disability Services Commission

Disability Division did not undertake carer-specific initiatives in the reporting period.

East Metropolitan Health Service

Regular reporting to Consumer Advisory Committees on how consumers rate services (Datix and MySay data). Review of support that is in place through the Carer Friendly Employer Program on a regular basis. The carer compliance report is tabled with relevant executive committees and associated consumer and carer representatives.

North Metropolitan Health Service

A survey was conducted to seek feedback from Sir Charles Gairdner Osborne Park Health Care Group carers relating to the “Living with aphasia” a guide for carers book which commenced in 2022-23. Feedback was sought to establish if the book is meeting the needs of carers and how it can be improved. This has since been concluded with the responses collated and a new guide developed to include the feedback from carers.

The Memory Clinic run two groups for patients and their carers/support person - the Memory Education Group and the Maintaining Skills Group. Both include evaluation, including use of the Modified Carer Strain Index with carers to gauge the level of carer stress and that then provide a basis for discussion/intervention at the carers only session.

South Metropolitan Health Service

The Parkinson’s Carers Support Group was formed by the Fremantle Hospital Parkinson’s Service Social Worker in February 2015 due to an identified need. In the last year, a survey was undertaken to determine the benefits carers gained by attending the group.

The FSFHG CAC members present a ‘Communication for Person-centred Care’ workshop at the annual Medical Intern Orientation program. A CAC member who presents during this workshop is also a carer. Information about this co-design initiative was recently published in the Australian Commission on Safety and Quality in Health Care’s ‘Person-centred Care Insights’, Issue 3, and Department of Health ‘Safety and Quality Newsletter’, Autumn 2024, resulting in enquiries from other health service providers interested in the program.

WA Country Health Service

The WACHS Safety and Quality team has endorsed the use of the Public and Patient Engagement Evaluation Tool (PPEET) to capture feedback on consumer and carer engagement activities. The PPEET is a set of three questionnaires covering the participant, the project and the organisation and has been developed through McMaster University. The participant component contains two questionnaires one to evaluate one-time engagements and one to evaluate long term engagements. The PPEET enables WACHS to apply feedback and suggested changes and improvements to projects and programs.

Focus area 3: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically diverse, LGBTQI+ and young carers

Table 21: Agency self-assessment for strategies to target the needs of specific carer cohorts

| FA3: How developed are strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically diverse, LGBTQI+ and young carers. | | | | | | | | |
|--|----------------|-----------|------------|-----------|-------------------|-------------------|-------------------------|------------|
| | CAHS | DoH | DoH CS | DSC | EMHS | NMHS | SMHS | WACHS |
| Aboriginal carers | Well developed | Developed | Developing | Developed | Developing | Well developed | Developed ⁸ | Developing |
| Culturally and linguistically diverse carers | Well developed | Developed | Developed | Developed | Developing | Well developed | Developing | Developing |
| LGBTQI+ carers | Developing | Developed | Developing | Developed | Developing | Developing | Developing ⁹ | Developing |
| Young carers | Developing | Developed | Developing | Developed | Not yet developed | Not yet developed | Developing | Developing |

Examples of focus strategies to target the needs of specific carer cohorts

Child and Adolescent Health Service

Aboriginal carers

The Child and Adolescent Health Service has established the Statewide Specialised Aboriginal Mental Health team to address the unique needs of Aboriginal young people and their carers and families. The team collaborates with a multidisciplinary Mental Health care team to provide comprehensive treatment and planning across Western Australia. Recognising the integral role of spirit and culture in healing, the team employs a 'whole of family, whole of life' approach. This approach emphasises the importance of cultural context in supporting Aboriginal young people and their families. The team offers services that include transport and assistance; service coordination; and family support. The team is present at various Community CAMHS sites, ensuring broad accessibility.

Culturally and linguistically diverse carers

The Multicultural Access and Inclusion Advisory Group's (MAIAG) establishment reflects a commitment to integrating the views and needs of carers, especially those from culturally and linguistically diverse (CaLD) backgrounds, into decision-making processes. The MAIAG ensures that the carer perspective is considered in various service developments.

Significant work has been completed as part of the project planning for the new CAHS Community Ambassador Program, which is outlined as a key objective of the current CAHS

⁸ Developed rating for FSFHG and Well developed for RkPG.

⁹ Developing rating for FSFHG and Not yet developed for RkPG.

Consumer Engagement Strategy 2023-26. The program will commence as a pilot aimed at improving communication and engagement with CaLD/limited English proficiency cohorts. An expression of interest has been advertised to identify existing leaders of CaLD background within the community setting.

LGBTQI+ carers

The Child Development Service (CDS) Action Plan 2023 set out practical steps and initiatives to progress the strategic priorities detailed in the CDS Strategic Roadmap 2023-2028. One priority area of the Roadmap includes making infrastructure feel more welcoming for diverse families. LGBTQIA+SB welcome posters now in place at all CDS sites.

In 2023, CAHS established a new Organisational Development Team and new Principal Diversity and Inclusion Consultant position, along with a new Equity, Diversity and Inclusion Consumer Engagement Coordinator to work together to strengthen the strategic direction of CAHS in relation to delivery of care and workplaces that are safe environments for LGBTQIA+SB staff who are carers and carers receiving services.

Young carers

The needs of young carers are taken into consideration as part of broader carer improvement initiatives in accordance with the CAHS Carer Recognition Policy. This policy is referenced in other relevant CAHS wide policies. However, it is acknowledged that this is a developing area for CAHS, and while there is information on the CAHS website that includes information for carers, including young carers, and a link to external organisations such as Young Carers WA, further work is required to better identify and understand the unique needs of young carers interacting with CAHS services. This issue will be discussed by the CAHS Disability Access and Inclusion Advisory Group in the coming months to determine a plan of action.

Department of Health

Aboriginal carers

In August 2023, the department hosted the WA Aboriginal Health Executives Roundtable to provide an opportunity for health executives to listen, learn and identify how to work together to improve health outcomes for Aboriginal people. The strategic objective of the event was to determine actions to monitor and respond to racism in the health system and embed the cultural determinants of health into policy and service provision. The cultural determinants of health refer to a conceptual framework based on Aboriginal knowledge that culture is central to Aboriginal health and wellbeing. Following facilitated discussions, seven high-impact actions were identified as priorities to guide the WA health system. These actions, along with recommended next steps, have been endorsed by the Health Executive Committee and will guide strategic actions going forward.

The new Aboriginal Health Impact Statement and Declaration Policy requires WA health entities to declare and demonstrate that the interests of, and potential impacts on, opportunities for Aboriginal people are considered and appropriately incorporated within health policies and initiatives.

Aboriginal Health Practitioner positions have been established within four health service providers and job description forms have been developed for entry level to senior roles.

Culturally and linguistically diverse carers

The new Health Equity Impact Statement and Declaration Policy requires health service providers to ensure equitable health outcomes and access to care are considered and incorporated into health system initiatives and have been informed by consultation with consumers and carers of priority groups. CaLD consumers and carers are considered a priority group.

LGBTQI+ carers

The WA LGBTI Health Strategy 2019–2024, a first in WA, strives to improve the health and wellbeing of LGBTQI+ populations. This strategy aims to guide the WA health system, health services, healthcare professionals, LGBTQI+ people, their families, carers and support networks to meet the health and wellbeing needs of LGBTQI+ people living in WA. The WA LGBTQI+ taskforce, with representatives from key Government departments and non-government organisations, has overseen the implementation of the strategy.

Young carers

The WA Youth Health Policy 2018–2023 emphasises improving the health and wellbeing of all young people. Developed in consultation with young people, the policy views health holistically, encompassing physical, mental, emotional, and social aspects. It outlines three goals and seven priorities to guide the WA health system, health services, communities, young people and their families, carers and support networks to effectively meet the health and wellbeing needs of young people. The policy recognises carers can be of any age and includes provisions to address their specific needs and support networks.

Department of Health contracted community health services

Table 22 shows responses from contracted community health service providers that reported that cultural and diversity needs are considered for both the carer and the person they care for (98%). Overall, 64 per cent of contracted community health service providers had well developed or developed strategies, programs or initiatives that recognise and support the unique needs of CaLD carers. Approximately, 51 per cent of services reported that they recognised and supported Aboriginal carer needs. For LGBTQI+ (45%) and young carers (37%) less than half of contracted community health service providers recognised and supported the unique needs of these carer cohorts. For those who have yet to develop strategies, programs or initiatives for LGBTQI+ and young carers, they tend to be short-term transitional care services and home and/or community care support services for those aged 65+ years.

Table 22: Proportion of Department of Health contracted community health services that recognise and support the unique needs of key carer cohorts, 2023–24

| Key carer cohorts | Development status of strategies / programs / initiatives that recognise and support key carer cohorts | | | |
|--|--|-----------|------------|-------------------|
| | Well Developed | Developed | Developing | Not yet developed |
| Aboriginal carers | 19% | 32% | 34% | 15% |
| Culturally and linguistically diverse carers | 20% | 44% | 33% | 3% |
| LGBTQI+ carers | 15% | 30% | 42% | 13% |
| Young carers | 18% | 20% | 33% | 29% |

Disability Services Commission

Aboriginal carers

Culturally appropriate departmental documents are accessible to Aboriginal people. Translators and interpreters are available upon request.

A range of online courses are available to staff aimed at increasing their understand of Aboriginal culture included the role of Aboriginal carers.

Culturally and linguistically diverse carers

Translators and Interpreters are available upon request. Departmental publications are available in other languages upon request.

Staff consult with Policy and Planning Officer - Cultural Diversity to ensure appropriateness when working with individuals, families and carers who are culturally and linguistically diverse. The Disability Division is a member of the Multicultural Plan Working Group.

LGBTQI+ carers

Communities is leading the development of WA's first whole-of-government LGBTIQA+ Inclusion Strategy, with input from across the department, including the Disability division.

Young carers

Youth Disability Advocacy Network (YDAN) the peak representative body in Western Australia for young people with disability aims to promote and advance the human rights and freedoms of young people aged 12-25 with disability. Communities funds YDAN to deliver its 'Access and Inclusion Matters' (AIM) project. AIM project activity includes audits of physical spaces, workshops, and accessible events, and consultation with young people with disability to drive systemic work in the areas of awareness, education, and governance.

YDAN is a member of the WA Network of Disability Advocacy (WANDA). YDAN's Interim Chief Executive Officer led a session with Office of Disability staff exploring common challenges faced by young people with disability including those who are carers.

East Metropolitan Health Service

Aboriginal carers

A welcome pack has been designed to target Aboriginal consumers. An Aboriginal specific wellbeing program was delivered during Carers Week 2024. Work is underway with Aboriginal health liaison to develop feedback forms that are specific to Aboriginal consumers and carers.

Culturally and linguistically diverse carers

Appointment of carers onto the EMHS Multicultural Advisory Groups. Translation of Welcome Pack into additional languages. Utilisation of interpreters for key contacts with patients and carers. EMHS sites actively recruiting CaLD volunteers, who could indirectly support carers when the patient they are caring for is in hospital.

LGBTQI+ carers

EMHS sites have achieved Rainbow Tick Accreditation. The Royal Perth Bentley Group have a Diverse and Vulnerable Groups Committee which has LGBTQI+ issues as a priority area.

Young carers

EMHS recognises that young people can be carers. The EMHS Boarders Policy allows for young carers to boarders when required.

North Metropolitan Health Service

Aboriginal carers

Regular reporting on key targets and outcomes for Aboriginal people to the NMHS Executive Team and Board to understand themes and indications for priority focus and subsequent actions.

The SCGOPHCG Aboriginal Health and Wellbeing Committee is comprised of Aboriginal and non- Aboriginal staff from various occupational groups and levels, who are committed to improving the health outcomes for Aboriginal and Torres Strait Islander communities, and ensuring all sites are a culturally secure and welcoming environment for Aboriginal patients/ family /carers, visitors and staff. Aboriginal Health Champions walk side-by-side with the Aboriginal workforce to identify and implement culturally safe practices for Aboriginal patients, their families/carers and support people.

Culturally and linguistically diverse carers

NMHS has established a Diversity and Inclusion Committee. A Multi-cultural working group has been convened and are developing the multicultural plan. Regular equity reporting on key targets and outcomes for CaLD people to the NMHS Executive Team and Board to understand themes and indications for priority focus and subsequent actions.

LGBTQI+ carers

The NMHS Pride Network aims to create a safe space for LGBTQI+ employees and their allies to connect and share with likeminded people across NMHS. The network discusses and implements innovative strategies for improving inclusion, share resources, and coordinate events to celebrate all things LGBTQI+.

As part of the SCGOPHCG Allied Health Diversity Strategy, an LGBTQI+ Allied Health Committee was recently formed. The group will encourage integrated healthcare which responds to a person's health needs in partnership with the individual, carers, and families.

Young carers

At SCGOPHCG, when a young carer is identified, they are referred to the Social Work department or intervention. Any young carer would be supported and referred onto to appropriate community services including, Children and Family Services and Carers WA Young Program, to ensure they are connected and supported in their caring role.

The Women and Newborn Health Service's Social Work Department has appointed an Adolescent Social Worker. The Gynae-Oncology Social Worker identifies young carers and provides resources and support – most commonly mothers diagnosed with cancer who have teenage and young adult children who become primary carers.

The Community Mental Health assessment process is designed to identify young carers and refer to support services as appropriate. Some clinics have Young Carer information packs. There is opportunity for this to be more consistent across clinics.

South Metropolitan Health Service

Aboriginal carers

Aboriginal carers identified within FSFHG are linked to the Aboriginal Health Liaison Service for support and guidance in accessing services. Aboriginal patients and their carers attending the Breast Assessment Unit are offered the opportunity for an Aboriginal Health Liaison Officer to attend the appointment with them.

The Carers WA Aboriginal Engagement Team support Aboriginal carers, with details of these services available in the 'Come have a yarn with us' brochure. This is available on the FSFHG Partnering with Consumers intranet for staff to access and distribute to carers.

Culturally and linguistically diverse carers

A PhD project at FSFHG is underway to support patients and carers from culturally and linguistically diverse backgrounds to activate an escalation of patient care for clinical deterioration. At present, this project is undergoing recruitment within the local CaLD community. Representation from high user groups of FSFHG services is sought to help co-design an intervention strategy to address challenges associated with CaLD patients and carers when escalating care for clinical deterioration. This project is approximately ten months into its three-year timeframe and will provide regular updates to the FSFHG Partnering with Consumers Committee.

LGBTQI+ carers

FSFHG displays the LGBTQI+ version of the Australian Charter of Health Care Rights resources to align with diversity and inclusion policies.

Young carers

The Carers WA Young Carers brochure aimed at supporting young carers from age 8-25 is available within FSFHG in targeted areas, including the Emergency Department and the Neurology ward. This brochure is also available on the FSFHG Partnering with Consumers intranet page for staff to access and distribute to young carers.

RkPG has ordered the Carers WA Young Carers publication, with the brochure to be available across the hospitals. Acknowledging young carers was tabled at the RkPG CAC meeting in June 2024 to investigate additional ways to support young carers as a group.

WA Country Health Service

Aboriginal carers

Consumers and carers are members of the Goldfields Aboriginal Reference Group. The Goldfields Regional Aboriginal Health Coordinator provides assistance to Aboriginal carers who are in need of support. Resources are currently being developed to better assist Aboriginal Liaison Officers with supporting Aboriginal carers. Goldfields Mental Health Peer Workers work with Aboriginal consumers and carers.

The Midwest Cancer Centre has an Aboriginal Cancer Nurse coordinator who supports patients and carers. Aboriginal community members, including carers, are actively recruited as members on Local and District Consumer Advisory Groups, the Patient Experience and Community Engagement committee and the Wheatbelt Aboriginal Health Advisory Council.

The Wheatbelt Aboriginal Health Cultural Governance Sub-Committee was established in 2023-24 and, with Aboriginal consumers on the membership, is responsible for improving the quality of care and health outcomes for Aboriginal people by embedding Aboriginal culture oversight in service planning and delivery.

Culturally and linguistically diverse carers

WACHS works with the Department of Health Cultural Diversity Unit and the Office of Multicultural Interests to maximise opportunities to recognise and respond to the needs of all diverse communities living in rural and remote WA.

Food safety in hospitals and health facilities is critical for ensuring the health and well-being of patients, staff, and visitors. The WACHS Food from Home (Consumer Guide) was developed at the request of carers and families of admitted patients and residents in long term care, resulting from their valuable insights into traditional foods that can be included in hospital menus to better cater to patients' cultural backgrounds.

LGBTQI+ carers

WACHS has developed a dedicated intranet page that highlights resources and contacts to support staff to learn more about the role of carers and how to support them in their caring

role. New resources and information include types of carers including, young carers, culturally and ethnically diverse carers, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Sistergirl, Brotherboy (LGBTQI+SB) carers and a number of resources, including short videos for staff to watch sourced from Carers Gateway and Carers WA.

LGBTIQA+SB carer needs are not yet able to be recorded in the patient record system. LGBTIQA+SB, training is offered to Aged Care staff (Rainbow of Difference), which includes considerations for gender, sexuality or body diverse carers.

Young carers

The Midwest Cancer Centre provides support to carers who are caring for loved ones undergoing cancer treatment. Social Workers are heavily involved with the Cancer Centre and link young carers with support networks, including Red Kite and Canteen.

Protea Lodge is an accommodation facility at the Geraldton Health Campus for patients, families and carers to stay during a loved one's cancer treatment or visit to a specialist appointment. The accommodation is family friendly to support young carers and children.

Focus area 4: Carers compliance in primary health care settings

Table 23: Agency self-assessment for compliance in primary health care settings

| FA4: How does your Reporting Organisation rate its compliance with the Carers Charter in its primary health care settings? | | | | | | | |
|--|----------------|-------------------------|----------------|----------------|----------------|----------------|-----------|
| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
| Well developed | Not applicable | Not applicable | Not applicable | Not applicable | Well developed | Not applicable | Developed |

Examples of carers compliance in primary health care settings

Child and Adolescent Health Service

Child and Adolescent Community Health (CACH) is committed to a child and family-centred care approach in the delivery of health care. Child and family-centred care means working with children and carers to establish meaningful partnerships in the provision of health care with a view to optimising health outcomes and reducing harm. In paediatric settings, child and family-centred care is based on the understanding that the family and carer is the child's primary source of strength and support.

There is a mandatory display of the Charter of Healthcare Rights poster in all Perth metropolitan child health clinics and school settings. This provides an opportunity to improve awareness of healthcare rights for consumers. The Personal Health Record or purple book also includes information on healthcare rights and is provided to all newborns in the state.

Department of Health contracted community health services

A small number of non-government organisations that have a service agreement with the department provide primary health care specifically health promotion, prevention, and support services to manage chronic conditions. Self-reported compliance by these providers was not assessed.

Disability Services Commission

Communities' disability services do not deliver primary health care.

East Metropolitan Health Service

East Metropolitan Health Service's report noted that it does not provide primary care.

North Metropolitan Health Service

The Centre for Nursing Research facilitated a project in partnership with Edith Cowan University, which invited consumers and carers of SCGOPHCG to contribute to the research priorities for the organisation. The project was conducted across SCGOPHCG and involved focus groups and surveys, with further focus groups to validate the findings.

Integrated Assessment Tool and Aged Care Assessment Team assessors receive specific carer's assessment and engagement training, and training in the correct use of the Carer Strain Index tool.

South Metropolitan Health Service

South Metropolitan Health Service's report stated that this focus area was not applicable, so no examples were provided.

WA Country Health Service

Family-centred practice involves working with families in all aspects of service delivery to support children's learning and development and underpins the Child Development Service Framework, which is committed to strengthening staff capacity to deliver services in a family-centred way. The Family-Centred Practice eLearning Package consists of four modules and all staff working with children are encouraged to complete the package.

To facilitate improved service access, equity and choice, the WACHS Allied Health Collaborative Arrangements with External Service Providers Guideline (published 4 April 2024), provides guidelines for collaborative allied health service arrangements between WACHS and external allied health service providers for the provision of allied health services. The guideline ensures facilitated responses and flexible and integrated service options to improve client and carer outcomes and continuity of care.

Focus area 5: Recognition and support of organisational staff and volunteers who are unpaid carers

Table 24: Agency self-assessment for recognition and support of staff and volunteers as carers

| FA5: How does your Reporting Organisation rate its recognition and support of organisational staff and volunteers who are unpaid carers? | | | | | | | |
|--|------------|-------------------------|----------------|-----------|----------------|-----------|-----------|
| CAHS | DoH | DoH contracted services | DSC | EMHS | NMHS | SMHS | WACHS |
| Developing | Developing | Developed | Well developed | Developed | Well developed | Developed | Developed |

Examples of recognition and support of organisational staff and volunteers who are unpaid carers

Child and Adolescent Health Service

CAHS supports carers to be treated equitably through various strategies, plans and other frameworks, including:

- Flexible working hours and work locations
- Part time employment and the ability to modify contracted hours
- Job sharing arrangements
- Purchased leave arrangements
- Employee Assistance Programs available 24/7 for staff and eligible family members.

Department of Health

The department is committed to becoming a Level 1 accredited carer friendly workplace within the next 12 months. A comprehensive Carer Friendly Workplace Assessment Gap Analysis has been conducted, that identified both existing strengths and areas for improvement aligned with the 10 strategies outlined in the Carers WA guide. As the department works toward accreditation focus areas include enhancing recognition and awareness, targeted guidance and support and promoting flexible working.

Department of Health contracted community health services

In 2023–24, 91 per cent of contracted community health service providers cited their organisation offers support to staff who are undertaking an unpaid caring role to a family member or friend. Support includes (see Table 25) flexible working provisions i.e. flexible work hours (97%), flexible leave provisions or entitlements (84%) and remote work options (75%). A further 89 per cent provide access to employee assistance programs, human resource services and/or employee support officer/s. Approximately 83 per cent of all providers offered three or more options to support their staff to combine paid work with unpaid caring responsibilities.

Table 25: Types of support provided by Department of Health contracted community health services to staff to combine paid work and unpaid caring responsibilities, 2023-24

| Types of support available for staff who are carers | Proportion of organisations (n=63) |
|---|---|
| Offer flexible work hours | 97% |
| Access to Employee Assistance Programs / Human Resource services/employee support officer/s | 89% |
| Offer flexible leave provisions or entitlements | 84% |
| Offer remote work options | 75% |
| Access to educational information and resources | 43% |
| Other | 11% |
| Accredited as a carer friendly workplace (i.e. Carers + Employers Accreditation Program) | 2% |

Disability Services Commission

The Department of Communities (Communities) has accreditation as a carer friendly workplace. Staff make use of flexible work arrangements and carers leave to balance their caring and work responsibilities. Initiatives to support staff and volunteers who are carers include:

- Carers Network and Peer support activities.
- Ongoing promotion and awareness raising.
- Ongoing engagement and collaboration with internal divisions and external stakeholders to promote the carer agenda and unpaid carer colleagues.
- Encouraging and actively seeking carer input.

East Metropolitan Health Service

Carer Friendly Employer Accreditation level 2 has been achieved. EMHS and EMHS hospitals have a Carer Friendly Employer Portal that shares information to staff about carer friendly strategies. It also provides an avenue for staff to ask questions. The EMHS Flexible Working Arrangements Policy provides rights to flexible work that supports carers.

North Metropolitan Health Service

NMHS volunteers, as well as consumer representatives – can access the same support (e.g. Employee Assistance Program) and benefits as paid staff. Staff have access to carers leave in accordance with the industrial awards/agreements. A collaborative approach between managers and staff ensures a consideration of assessing flexible work requests. In

compliance with the *Equal Opportunity Act 1984*, employees who request flexible work arrangements will be treated reasonably, fairly, transparently, and without disadvantage.

The SCGOPHCG Peer Support Program is designed to provide an early intervention support program for staff who are experiencing stress. It is an important program to help create and support a mentally healthy workplace and is about peers supporting peers. Peer Support Officers are trained to identify and assist colleagues who need support. They will listen and encourage people to be proactive to seek help and to have hope.

South Metropolitan Health Service

All SMHS hospitals comply with the SMHS Flexible Work Arrangements Policy which supports flexible work arrangements to enable employees to balance their work and non-work commitments, where operationally practical.

SMHS undertakes a second yearly employee engagement survey and results are shared across all levels of the organisation. In 2023, question 23 'I feel I have equal opportunity for development and career progression in my organisation, regardless of things such as my age, gender, cultural background, carer responsibilities etc' scored 63% for SMHS.

WA Country Health Service

A proposal for application for Level One of the Carers+Employers program has been approved by the WACHS Safety and Quality Executive Committee. WACHS is currently in the process of gathering evidence to meet Level One criteria requirements.

Compliance summaries

Child and Adolescent Health Service

Table 26: CAHS self-assessed ratings across all criteria

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

The Council thanks Child and Adolescent Health Services for a comprehensive and well written report. CAHS continues to demonstrate a strong commitment to continuous improvement in the delivery of care and its engagement with families and carers.

The Council congratulates CAHS on the considerable progress made in implementing the Child and Adolescent Health Services Strategic Plan 2023-2025 and the Consumer Engagement Plan 2023-2026.

The Council commends CAHS on its commitment to review and enhance existing consumer engagement strategies, based on carer and consumer input. This has led to the establishment of the new CAHS Consumer Leadership Council. The Council is keen to hear more about implementation outcomes of these new initiatives in future reports.

In line with the Child and Adolescent Health Services Multicultural Action Plan 2022 – 2027, it is pleasing to see the establishment of the Multicultural Access and Inclusion Advisory Group, reflecting a commitment to integrating the views and needs of carers from culturally and linguistically diverse backgrounds into decision-making processes. Planning is underway to pilot a new Community Ambassador Program to improve engagement with people from CaLD/limited English proficiency backgrounds.

Under the Consumer Engagement Strategy 2023-2026, actions have been identified to develop culturally appropriate guidance to support Aboriginal consumers, family and carers; and to implement in partnership with the Aboriginal Community Advisory Group an improvement initiative that is derived from consumer and carer feedback and experiences.

Other highlighted initiatives and achievements include:

- The Child and Adolescent Health Services Complaints Improvement Project is informed by a consumer working group.
- The Child and Family Liaison Service has been expanded to provide better response times and improved capacity for family meetings in response to feedback from parents and carers.
- The inclusion of a carer representative in the newly established metropolitan Acute Care and Response Team Clinical Reference Group.
- The Child and Adolescent Mental Health Service (CAMHS) lived experience workforce has expanded, with additional Lived Experience Coordinators

- Community workshops for carers were delivered as a partnership between CAMHS Carer Peer Workers and Anglicare WA.
- The development of the resource 'First Aid After Self-Harm', including a specific resource for carers.
- The Perth Children's Hospital Psychiatric In-Reach Team initiative to engage with and recognise the role of carers.
- The newly developed Ward 5A Working With Families Framework for supporting more carer-inclusive practice; as well as the inclusion of carers, along with young people, in the refurbishment of Ward 5A.
- The success of the Parent and Carer Advisory Group in advocating for improved patient meals at the Perth Children's Hospital.

The Council is pleased that the Disability Access and Inclusion Advisory Group has an outcome action on flexible workplace arrangements to accommodate staff with disability and carers.

The Council notes that measures to support LGBTQI+ and young carer cohorts are still developing; as is recognition and support of organisational staff and volunteers who are unpaid carers. The Council looks forward to hearing about progress in these areas in future reports.

Department of Health

Table 27: DoH self-assessed rating across all criteria

| Understanding the Carers Charter | Policy input by carers | Carers views and needs considered | Complaints and listening to carers |
|----------------------------------|------------------------|-----------------------------------|------------------------------------|
| N/A | Compliant | N/A | N/A |

The Council is pleased to see that direct carer representation is included in a broad range of Department of Health advisory and working groups, including the WA Future Health Research and Innovation Fund Advisory Council, Sector Advisory Panel concerning the WA Health and Medical Research Strategy 2023–33, Sustainable Health Review Partnership Group and Long Stay Program Control Group. Other examples require a consumer representative, who may have knowledge of a carer perspective or be a carer.

Evidence examples show that the department is increasingly including carers as a specific cohort in policy and reform consultations, as seen in the Outpatient Reform Program, Manage My Care application and development of the Improving Safety and Quality in Health Care - a strategic plan for action in WA 2024–2026.

In ensuring the application of the Charter to primary health care settings, the Council is keen to follow the progress of the Community Health Service Strategy as it is finalised, and the recognition and inclusion of carers in this important initiative.

The Council commends the department on its commitment to becoming an accredited carer friendly workplace within the next 12 months, noting that a comprehensive Carer Friendly Workplace Assessment Gap Analysis has been conducted that identified existing strengths and areas for improvement.

Other highlighted initiatives and achievements include:

- The launch of the Health Equity Impact Statement and Declaration Policy, which requires health service providers to ensure equitable health outcomes and access to care are considered and incorporated into health system initiatives.
- In 2023–24, Aboriginal Health Impact Statement and Declarations were completed for the six priority focus recommendations from the Sustainable Health Review.
- The Health Navigator Pilot Program supports children in out-of-home care to better access health, mental health and disability supports across two pilot sites.
- Development of the Working with Consumers and Carers Toolkit to promote consistent, effective and meaningful support and engagement with consumers and carers.
- A Consumer and Community Involvement Coordinator role was established within the department to ensure consumers and carers with lived experience have the opportunity to shape decisions about department funded research.
- Aboriginal Health Practitioner positions have been established within four health service providers and job description forms have been developed for entry level to senior roles.

Department of Health contracted community health services

Table 28: DoH self-assessed ratings for contracted community health services across all criteria

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

The Council thanks the Department of Health for a detailed report on compliance with the Charter by contracted community health services, along with its analysis of change over time. The Council also thanks the many services who contributed to the report, particularly their reflections on the last 20 years of the Act and Charter.

The Council is pleased to see an increase in the number of contracted providers that reported having board members who identify as having lived experience as an unpaid carer (58%). The Council hopes for another significant increase in the 2024-25 reporting period.

The Council is delighted that 96 per cent of contracted community health services report that their staff were informed about the Carers Charter and the role of carers during induction; and nine in ten provide ongoing information and training to their staff. It is noted however that only half of the responding services had a copy of the Charter at induction.

The Council notes that there has been a seven per cent increase in contracted community health services that provide accessible information for carers regarding the Carers Charter.

There has been an uplift in the establishment and strengthening of advisory groups and committees; and the inclusion of carer specific representation. The Council applauds the 38 per cent increase in contracted community health services that have a client/carer advisory group or committee. The Council is also pleased with increases in carers being included in the development of policy, strategic/business planning and carer/client resources.

Encouragingly, there has been a nine per cent increase in the number of contracted community health service providers that reported having a formal client/carer engagement policy, procedure, or guideline.

It is pleasing to note that all contracted community health service providers reported the existence of a current complaints management policy and procedure, and the provision of training for staff at induction in compliant management processes. The Council notes that a regular review and analysis of complaint data is conducted by approximately two thirds of contracted community health service providers to identify trends, common issues or emerging patterns of concern - this is an area where there is opportunity for improvement.

Eighty five per cent contracted community health service providers cited their organisation offers flexible working conditions to staff who have unpaid caring responsibilities and access to employee assistance.

The compliance report identifies strategies to target the needs of specific carer cohorts (Aboriginal, Culturally and Linguistically Diverse, LGBTQI+ and young carers) as largely 'developing'. The Council looks forward to seeing continued improvement in this area.

The comprehensive array of examples provided indicates that there is a strong commitment amongst contracted community health service providers to apply the Charter and to work in partnership with carers. With so many examples of good practice listed, it is not possible to highlight just a few. Suffice to say that there were many examples of innovative practice and the Council encourages contracted community health service providers to showcase their carers initiatives with others, to support continued improvement across community health settings.

Disability Services Commission

Table 29: DSC self-assessed ratings across all criteria

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

The Council congratulates the Office of Disability for what is a much improved report compared to recent years. The increase in evidence examples provided is appreciated.

The Council acknowledges the extensive work undertaken by the disability division to include carers in a number of review and reform projects, including the Authorisation of

Restrictive Practices legislative framework, the NDIS review of foundational supports and the Disability Legislation Reform Project. The Council is encouraged that Communities as a whole is progressing processes to identify, measure and report on carer inclusion indicators.

The Council thanks the Ministerial Advisory Council on Disability and the Disability Services Commission Board for jointly hosting the Carers Advisory Council to seek advice on issues that impact carers.

The Council congratulates Communities on becoming the first WA state government agency to achieve accreditation as a carer friendly workplace; as well as the outstanding work they are undertaking in supporting staff who are carers and sharing their learning and resources with other agencies seeking accreditation.

Significant work is undertaken across Communities to recognise and support carers, including promoting Carers Week, establishing a Community of Practice with other reporting organisations and establishing a Carers Network for staff who are carers.

Other highlighted initiatives and achievements include:

- The newly formed Communities Inclusion Connection Team, made up of Community Navigators and Community Connectors whose role is to support individuals, families and carers within WA.
- The newly formed Western Australian Network of Disability Advocacy, which includes Carers WA, Developmental Disability WA, Kiind, and other organisations that represent or work closely with carers.
- Local Coordinators provide supports to individuals accessing the State's Continuity of Support Arrangements program. This role interacts with carers throughout the planning process, where applicable.
- International Day of People with Disability Grants funded a number of events aimed at supporting carers.
- Youth Disability Advocacy Network, funded by Communities, led a session with the Office of Disability staff exploring common challenges faced by young people with disability, including those who are carers.

The Council notes that opportunities for improvement include incorporating the Carers Charter and the role of carers in staff inductions and ongoing staff training; ensuring that carer complaints and feedback informs quality improvements; and ensuring that contracted service providers demonstrate their compliance with the Carers Charter.

East Metropolitan Health Service

Table 30: EMHS self-assessed ratings across all criteria

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

The Council thanks East Metropolitan Health Service (EMHS) for their report on the work that is done with and for carers. EMHS is encouraged to include more detail in future compliance reports, to provide a more comprehensive insight into carer compliance and initiatives.

The Council congratulates EMHS on the achievement of accreditation as a carer friendly workplace. As part of this journey, EMHS has developed a Carers Working Group for staff who support carers, staff who are carers and community carer representatives.

The Council commends EMHS' ability to identify carers within complaint and feedback platforms, whilst noting that the accuracy and systems around how carers are recorded within EMHS information systems remain challenging.

It is pleasing to see that EMHS is researching carer feedback survey tools piloted at other health services with a view to adopting these tools within EMHS.

The Council is also pleased to see the utilisation of the What Matters Most record to provide opportunities to highlight if a patient themselves has caring responsibilities that need to be considered, or if they have a carer who needs to be involved in their care.

Other highlighted initiatives and achievements include:

- The inclusion of carer representatives in the Consumer Engagement Pool leading to a carer representative on the Armadale Kalamunda Group Consumer Advisory Council.
- Collaboration with Carers WA to integrate carer representatives on key committees at the Royal Perth Bentley Group.
- The appointment of carers onto the EMHS Multicultural Advisory Group.
- Development of a Carers Hub at St John of God Midland Public Hospital.
- Increased access and awareness of Carers WA educational programs through Carers Week promotions and increased in-reach of Carers WA education to staff.
- Implementation of the Volunteer Greeting Service in select wards at the Royal Perth Bentley Group to support improved communication and engagement with carers.
- A welcome pack targeting Aboriginal consumers and an Aboriginal specific wellbeing program that was delivered during Carers Week 2024.
- Implementation of patient engaged handover at the Royal Perth Bentley Group.
- Developing a process for the inclusion of consumers or carers into the Clinical Incident Management Process.
- Achievement of Rainbow Tick Accreditation, demonstrating a commitment to LGBTQI+ inclusion.

The Council notes that strategies to target the needs of specific carer cohorts (Aboriginal, Culturally and Linguistically diverse and LGBTQI+ carers) are 'developing' and looks forward to hearing more about work done in this space going forward. The Council also notes that strategies targeting young carers are yet to be developed and identified this as an area for improvement.

Mental Health Commission

Table 31: Mental Health Commission funded NGOs' self-assessed rating of 'Achieved Compliance'

| Understanding of the Charter and carers treated with respect and dignity | Policy input by carers | Carers views and needs considered | Complaints and listening to carers |
|---|-------------------------------|--|---|
| 96.6% | 89.7% | 89.7% | 93.1% |

The Council congratulates the Mental Health Commission on a 100 per cent response rate for contracted mental health services reporting on their compliance with the Carers Charter; and thanks the many services who contributed to the report.

It is pleasing to see that the overall level of compliance with the Mental Health Commission's assessment criteria continues to remain high at 89 to 97 per cent 'Achieved Compliance'. The Council is also pleased to note that since 2022-23, there have been significant uplifts in including carers in:

- the assessment process for direct services
- the organisation's strategic planning process
- the ongoing monitoring of direct services.

The proportion of carers being included on boards or management committees remains low, with under half of funded mental health NGOs fully compliant, and one in four services reporting that it was not applicable to include carers on the board or management committee of their organisation.

There is some concern that there has been a drop in the level of full compliance with Action 4: 'Inform carers of the Carers Charter and relevant organisational policies and protocols', compared to 2022-23. The Council notes with support that Mental Health Commission contract officers will follow up to determine whether individual Actions reported as 'Not Applicable' or 'Not Compliant' are reasonable responses from the services they contract manage.

Since 2019, all contracted mental health services are required to maintain accreditation against the National Standards for Mental Health Services (NSMHS). The Standards most relevant of the Carers Charter are Standard 7 (Carers) and Standard 3 (Consumer and Carer Participation). In addition to accreditation against the NSMHS, the Council is encouraged to see the number of funded mental health NGOs that also reported achieving accreditation during 2023-24 against standards such as for the Royal Australian College of General Practitioners v5, National Safety and Quality Health Service Standards, Carers + Employers standards and Rainbow Tick Standards.

Extensive examples were provided of practices and innovations that support the Charter and indicate that services are considering the complexities of working with families and

carers from diverse cultural, linguistic and demographic backgrounds. Examples also show that carers and significant others are recognised within service delivery models and included in care planning and review, subject to consent from the client.

The Council welcomes the increased examples provided this year of carer support and self-care programs; including carer support groups that facilitate peer led approaches and help reduce isolation. It is commendable to see funded programs to support young people of parents with a mental illness, many of whom are young carers.

Opportunities for improvement in compliance are increased inclusion of carers on the Board/Management Committee of the organisation (48.3% fully compliant), and increased need to inform carers of the Carers Charter and relevant organisational policies and protocols (6.4% drop on fully compliant from 2022-23).

The Council thanks the Mental Health Commission for its ongoing commitment to carers, its voluntary reporting is greatly appreciated and respected by the Council.

North Metropolitan Health Service

Table 32: NMHS self-assessed ratings across all criteria

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

The Council acknowledges that NMHS is made up of a number of entities and services and, as such, is a complicated structure. However, the compliance report is very comprehensive and the Council appreciates the work undertaken by NMHS to report across organisational groups and sites. The Council recognises the challenges in assessing and reporting on compliance across a complex structure and commends NMHS on its report.

The Council found evidence of a genuine commitment to recognise and partner with carers. Carers were included in the co-creation of the NMHS Partnership Model and the Community Advisory Council Model Redesign was launched in late 2023. These two initiatives directly enhance the ways in which NMHS works in collaboration with carers. All NMHS Community Advisory Councils include carer representatives within their membership.

NMHS acknowledges that Carer Charter compliance improvements is a priority for the Youth Mental Health Service Family. The Council is encouraged to see that a Support Networks Portfolio was established in October 2023 specifically to address the gaps in compliance with the Charter; and notes that Youth Mental Health Strategic Operations and Management Committee meetings are now attended by carer representatives.

Other highlighted initiatives and achievements include:

- Implementation of the Partnership Model across NMHS commenced in April 2023.
- Review of a number of key policies relevant for carers, such as the Open Disclosure Policy, Aishwarya' CARE Policy and Consumer Feedback Policy.

- Inclusion of consumer representation on clinical incident review panels.
- The new disability and inclusion plan that will include sections for both carers and people with a disability - with linking of both for consistent information across NMHS sites.
- Sharing of carer feedback data via MySay Healthcare Survey dashboards.
- Public Health is working to incorporate the needs of all carers into the public health strategy.
- The SCGOPHCG Carers Recognition Working group has been instrumental in supporting the Carers WA Project Officer to re-establish education sessions being delivered to most clinical areas.
- There has been a review of clinical areas regarding the visibility of carers corners, which were removed during the COVID pandemic, and a revamping of the sites.
- The Allied Health Diversity and Inclusion project to promote and celebrate diversity within staff, patients/carers and visitors.
- The evaluation of care satisfaction in Early Supported Delirium Discharge.
- Increase in carer supportive positions, including carer consultants and carer liaison officers.

NMHS demonstrated a high level of attainment against the action indicators. An improvement opportunity is the development of carer specific reference groups. Although there are complaint/feedback processes in place via the Consumer Liaison Service, Care Opinion and MySay Survey, the Council notes that NMHS has not been able to establish a reliable methodology of identifying carers who submit complaints or feedback. NMHS continues to pursue this objective, which will be carried this forward into 2024-25.

South Metropolitan Health Service

Table 33: SMHS self-assessed ratings across all criteria

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

The Council would like to thank South Metropolitan Health Service (SMHS) for a detailed and well organised report. The evidence of compliance provides multiple examples of SMHS' commitment to the Carers Charter and continual improvement.

The SMHS reports shows a comprehensive approach to support carers within policy and procedure and across all levels of governance. Carers are explicitly included in the in SMHS vision and values and there is an extensive network of governance and advisory committees with carer representation.

The SMHS Consumer and Carer Participation Policy acknowledges the value of carer contributions to the planning, design, delivery and evaluation of services across the

organisation and outlines the requirements to involve carers in these processes. The update of the SMHS Consumer and Carer Engagement Strategy is noted.

The Council commends the SMHS community engagement platform, Put it to the People. Within all engagement channels, the Council suggests using the term 'carer' in tandem with 'consumer', as they have different meanings.

The Council is pleased to see that all SMHS hospitals continue to participate in the Prepare to Care Hospital program delivered by Carers WA. Consumer and carer representatives undertaking Ward Walks are now supplied with Prepare to Care booklets to distribute to anyone they encounter who identifies as a carer and carers are directed to the ward Carers Corners for more information.

Other highlighted initiatives and achievements include:

- The FSFHG CAC Operational Plan 2021-2024 prioritises the consideration of consumer and carer perspectives in the planning, design and evaluation of services.
- Carers are involved in clinical incident reviews.
- Contracted provider St John of God Murdoch Community Hospice involves carers in the service's strategic planning processes.
- The FSFHG PHD project to support patients and carers from culturally and linguistically diverse backgrounds to activate an escalation of patient care for clinical deterioration.
- Aboriginal carers identified within FSFHG are linked to the Aboriginal Health Liaison Service for support and guidance in accessing services.
- Rockingham patient care boards have been evaluated and now have been updated.
- The 'Improving the Patient Experience' workshop, created to improve communication between clinicians, patients, carers and next of kin.
- Roll out of the Carers WA Young Carers brochure across SMHS sites.
- FSFHG has joined the global initiative to become a Hidden Disability Sunflower friendly organisation.
- FSFHG CAC members were involved in judging the annual IMPROVE Conference submissions, which shares learnings and promote continuous improvement within SMHS.
- The Allied Health Department of FSFHG runs a Partnering with Consumers workshop which specifically references carers, as well as facilitating Carers WA to present education for Allied Health Staff.
- The employee engagement survey includes 'carer responsibilities' as a potential barrier for career progression.

Little evidence was provided in the 2023-24 report in regard to the Peel Health Campus and the Council looks forward to hearing more about carer initiatives at this site in the next report, noting the recent transition from Ramsay Health to the public health service.

SMHS demonstrated a high level of attainment against the action indicators. Improvement opportunities include developing a process to identify, measure and report on carer inclusion indicators, such as the proportion and type of carers participating in consultations and policy reviews; and increasing the internal engagement of staff who are carers.

WA Country Health Service

Table 34: WACHS self-assessed ratings across all criteria

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

The Council thanks WA Country Health Service (WACHS) for a very comprehensive and high quality report. As in previous years, WACHS demonstrates consistently strong leadership and innovation in upholding the Charter. WACHS shows a genuine, passionate drive to embed carers in all aspects of the health service. Of special note is the range of diversified initiatives provided that are developed locally with local knowledge and people.

The WACHS Planning, Service Development and Evaluation Policy 2024 outlines that consumer and carer engagement will be embedded in project planning, design, delivery, measurement and evaluation of systems and services.

The Council is pleased to see that Aboriginal Impact Statements are completed for all new and reviewed health policies to ensure the health impacts on, and opportunities for, Aboriginal people and their carers have been considered.

WACHS continues to strongly support of the Prepare to Care program and related staff training. In 2023-24, the program was extended to the Broome Hospital and Kalgoorlie Health Campus.

The Council commends implementation of an escalation system to recognise and respond to clinical deterioration in paediatric patients, known as the Paediatric Acute Response and Recognition Observation Tool (PARROT).

It is good to see that WACHS Patient Experience and Community Engagement program, which commenced in 2015, is maturing and becoming more embedded and able to bring about positive change.

The Council congratulates WACHS on its decision to progress carer friendly workplace accreditation.

Other highlighted initiatives and achievements include:

- WACHS is revising the Consumer and Carer Feedback Management Policy and is developing a suite of resources to support staff with consumer feedback management.
- WACHS will extend MySay to include outpatients, emergency department patients and community patients, as well as the capability to have survey in additional languages.

- In 2023, the Southwest Patient Safety and Quality Awards established an award category for carers, consumers and volunteers, which acknowledges specific contributions in support of safe, quality health care.
- Regional Resource Centres review of allocated spaces to determine feasibility of a shared space for consumer and/or carer representatives.
- The Public and Patient Engagement Evaluation Tool is now available to evaluate engagement with patients and their families and carers.
- Roll out and training on the Carer Support Needs Assessment tool and intervention.
- Continuance of Community Cafes in local settings to inform, support and engage carers and members of the community.
- Collaboration with the Hush Foundation in Victoria to use health plays to highlight the need for better communication in hospitals between clinicians, health professionals and patients, families and carers.
- The WACHS Residential Goals of Care Guideline 2023, which fully recognises and supports a carer to know and exercise their healthcare rights and be engaged throughout the care journey.
- The WACHS Allied Health Collaborative Arrangements with External Service Providers Guideline ensures facilitated responses to improve client and carer outcomes.

WACHS demonstrated a high level of attainment against the action indicators. Improvement opportunities include the development of carer specific reference groups; and reviewing and evaluating carers initiatives. The Council notes that WACHS assessed its strategies to target the needs of specific carer cohorts (Aboriginal, Culturally and Linguistically diverse, LGBTQI+ and young carers) as 'developing', showing that this is also an area of further improvement.

Reflections on 20 years of compliance and ideas for the future

In acknowledgement of the 20 years since the Western Australian Carers Charter was established and compliance reporting commenced, reporting organisations were asked to share their reflections on the past two decades of compliance and ideas for the future. This section summaries the key themes that emerged.

Change for the better

Reflecting on the last twenty years of compliance what has changed for the better in the carer space?

Increased recognition

All reporting organisations agreed that over the last twenty years of compliance, there has been significantly greater acknowledgment of the value of carer involvement and the positive impact that it has on health care service delivery, design and development. With this has also come greater awareness of the work undertaken by carers, the impact of caring and the necessity of carer support.

Since the introduction of the Western Australian *Carer Recognition Act* in 2004, the importance and rights of carers has also been reflected in legislation, frameworks and standards across the spectrum of healthcare - including mental health, disability, paediatrics, women's health and aged care.

"Recognition and visibility of carers has increased through legislation and more information being available that reflects the value of carers to our community and to the individuals they care for. Many more are speaking out to share candidly their journey and reality of life when juggling caring responsibilities and employment." Reporting organisation

Increased inclusion and representation

In relation to individual service delivery, carers have increasingly been included in assessment, planning, implementation and review. This has been supported by policy and practice guidelines at a health service, state and national level.

The extent of carer representation on governance, advisory and oversight bodies has grown and continues to grow. Whilst the early years tended to collapse the roles of consumer/care representation (and this is still the case in many examples), there has been a significant uplift in carer specific representation and the emergence of care specific reference or advisory groups.

"My time on the Disability Access and Inclusion Advisory Group has given me insight into the considerable contribution that the administrative arm of CAHS plays. Achieving positive health outcomes in the clinical space is enhanced if the systems and processes established by administration are effective. I encourage anyone to take up a consumer advisory role if they have the capacity to do so. As a consumer representative, I have been genuinely listened to and given opportunities to contribute." Consumer representative

Increased carer support

Carers cannot effectively care for others and participate in decision-making (at an individual or systems level) without support. Reporting organisations have all implemented various initiatives to provide social, emotional and practical support for carers. Examples include written and online resources, carer support positions, helplines and group programs. There has been an increasing expansion of peer support models.

Carer recognition and support is also increasingly provided to carer representatives, in the form of payment systems for their valuable time, induction, training and providing an opportunity for carer representatives to network with each other.

“It can be a lonely journey; some don’t understand the depths you could be in. It’s so important to have someone with lived experience to share their journey, have a chat, a kind ear with no judgement. They are in a better state to provide support but have been there too. We need to look after each other as carers.”
Lived Experience Advisory Group
carer member

Lived experience workforce

The past decade has seen increased recognition of the value of lived experience and investment in peer support models and the lived experience workforce. These initiatives have had a positive impact for carers, providing direct support, navigation assistance and reduced isolation.

“A change for the better is the inclusion of Carer Peer Support workers, in designated roles, as part of the multidisciplinary teams. An increase in the understanding of the value of peer support across in general.” Lived Experience
Coordinator

Carer friendly workplaces

Over the last five to ten years, there has been significant improvement around recognising and supporting staff with carer responsibilities. This taken the form of flexible work conditions, leave provision, organisational training, support networks and rethinking workplace expectations and processes.

In recent years, the national Carers + Employers Standards have been developed with the option of accreditation as a carer friendly workplace. As of 2023-24, two reporting organisations have received accreditation and two are progressing accreditation.

Escalation pathways

Reflecting the knowledge that family and carers are vital in signalling deterioration in the condition of a loved one, health services have begun establishing escalation pathways, with the Aishwarya's CARE Call in all public hospitals the most widely used example.

There are now Aboriginal Aishwarya's CARE Call resources in a number of health services and a range of other escalation processes are being developed or implemented for culturally and linguistically carers, and carers of paediatric patients.

Challenges

Is there an issue which remains constant during the past 20 years?

Identification and definition of carers

A number of reporting organisations noted that there is a tendency to misunderstand what a carer is - within services, workplaces and amongst carers themselves. An example provided was that many paid staff, employed to provide personal care, refer to themselves as carers, and the media can also use the term incorrectly. People who are carers may not see themselves as carers or feel uncomfortable seeking support.

"What we don't do well is identify carers. This is not solely down to staff not being educated but also people not recognising themselves as carers. Hence the importance of ongoing education across all staff levels and continued carers promotional events for members of the public" Reporting organisation

Whilst significant progress has been made, there remains challenges in identifying carers. This challenge takes place in intake, care and discharge processes, as well as identifying the distinct carers voice as a cohort within consultations, feedback and complaints. Reporting organisations identify a need for better staff training, improved procedures and enhanced information systems.

Information to carers

There continues to be a need for improvement in communicating with carers to ensure that they have access to information about their rights, how they can be involved and what supports are available. As articulated by one reporting organisation "carers have the right to timely information to help with their caring role, the impact on their wellbeing and to keep them safe."

"Communicating available supports to carers requires more work. Also, clarity on how to access support – I feel like I'm one of the few that know where to go and what to do." Carer representative

One reporting organisation highlighted that although escalation pathways and feedback processes are in place and promoted, consumer and carer feedback indicate a continued lack of awareness of these processes.

Access to support

Whilst there is agreement that carers need support, it is often difficult for carers to access support services. Reporting organisations spoke of staff difficulties in referring carers for additional support due to fragmented external systems, criteria and funding.

There is also an underdevelopment in carer supports that meeting the diverse needs and location of carers. This includes carer support initiatives that are culturally safe, geographically accessible and age appropriate.

Education and training

Whilst education and training of staff on the Act, Charter and how to engage with carers has increased significantly over the years, securing training access to all clinical areas within a health service can be difficult. Feedback received reveals that education calendars for some clinical areas do not easily allow for carer education due to other competing training demands necessary for clinical staff.

Consent for carer involvement

Two reporting organisations noted that it can be challenging to include carers in mental health and youth mental health settings "either because carers were identified as risk factors or because they declined for carers to be involved in the first place"; or "clinicians do not always understand the rights of carers and what type of information that can be given without consumers consent." A fear of breaching confidentiality can result in clinicians tending on the side of caution.

Suggestions were for better education for clinicians around these issues and a carers strategy that specifically addresses mental health service considerations.

System navigation

The challenge of system and cross systems navigation (e.g. health, disability, Centrelink, advocacy, equipment, transport and housing) continues to be difficult for carers. Such challenges are compounded at points of system transition, such as from paediatric to adult health services.

Whilst initiatives have been put in place to assist system navigation and transitions between systems, reporting organisations identified this as an area requiring further work.

"One issue that remains to varying degrees is the ability for carers to navigate our complex health and social care systems, to coordinate and streamline appropriate care for their loved one, to know where to go for the right kind of supports and to advocate for what is needed."
Reporting organisation

Supporting staff as carers

One reporting organisation noted that whilst there has been an increase in workplace based support for staff who are carers, clinically facing roles can struggle with accessing flexible work practices when they also have caring requirements.

Staff resourcing of carers initiatives

A number of initiatives, such as carer recognition working groups, rely on the volunteer involvement of staff, which is in addition to their substantive duties. This can result in sporadic staff involvement and highlights the need for dedicated resourcing of carer related initiatives and promotions.

Suggestions for improvement and collaboration

If resourcing was no consideration, what ideas would your reporting organisation implement to address challenges?

Improved system navigation - across all domains of need, with clear protocols, consistent advice and streamlined access to assistance. One-stop-shops, carer liaison officers, peer support and navigation services were some of the specific ideas provided.

Increased carer support - this includes health service specific initiatives and system wide initiatives. Support needs to have a practical dimension (e.g. parking, financial assistance, transport, respite), as well as a social and emotional dimension. There is also a need for more services that can respond at a point of crisis.

Increased lived experience workforce - in line with a growing trend to develop a lived experience workforce, reporting organisations highlight that expanding and diversifying the lived experience workforce would offer carers choice and support, ensuring there is someone walking beside and supporting them through their experiences.

Dedicated resourcing - there has been significant work undertaken to develop policy, frameworks and strategies in relation to consumer and carer engagement; this needs to be accompanied with dedicated resourcing.

Improved identification of carers - this is needed at both an individual service delivery level and systems level, including enhanced information systems that link carer identification across the care journey and allow the identification the carers voice as a cohort within feedback systems. One suggestion is for Ambassador models to raise the profile of carers and to encourage carers to seek support.

Increased care friendly workplaces and accreditation - not just in health services, but also in all the workplaces where carers are employed. Whilst health services are trying to accommodate the needs of carers who work during the day, all workplaces need to increase flexibility to assist carers respond to their caring responsibilities.

Education and training - more consistent staff education and training; and the penetration of such training across all clinical and public facing areas.

Research and evaluation - investment in research and evaluation to better understand the experience of carers, the impact of caring (financial, social and emotional) and what carer support initiatives are most effective, including for diverse carer cohorts.

How do you think reporting organisations can, collectively and collaboratively, work together to increase the recognition, promotion and support of unpaid carers into the future?

“There needs to be a one stop shop for all health and developmental concerns – a place you can go for help and information at any time or age of child. You are provided with consistent, clear information in a timely way.” Carer representative

“There needs to be increase in the peer workforce, with co-designed programs in place to support the whole family... with foundations in place to support this new workforce. Carer peers for families from referral to discharge just to ease navigation and confusion on what is going to happen.” Lived Experience Coordinator

Carer education and training - connect carers to services that will build their capacity for self-care. Offer specialised coaching and education to carers, with the aim of improving health literacy, knowledge and confidence "in recognition that caring for someone with disability, a medical or mental health condition requires skills beyond that of a parent, partner or family member."

Sharing learnings, evaluations and best practice - increased opportunities to share ideas, innovations and learnings; not only within health services but also across health services and with carer representatives. One suggestion for more shared resources and training modules.

National Carers Week - more cross-service collaboration to recognise and support carers.

Financial impact of caring - greater acknowledgement of the financial impact of caring and improved strategies to reduce this burden. This can range from health service specific initiatives (e.g. reduce parking costs, meals and accommodation), to cross health service initiatives (e.g. support groups, respite opportunities and self-care programs) and societal wide initiatives (e.g. carers leave, carer payments and other forms of compensation).

Improved consistency - across health service providers in how carers are recognised, engaged and supported. This includes collaborative and consistent communications, definitions, eligibility criteria and education. One suggestion was having dedicated staff members who could work collaboratively with other health service providers to ensure a consistent approach to carers across Western Australia.

Collective strategising - including joint planning and a roadmap that outlines key priorities and recommendations over the next 3-5 years that focus on investment and development of services and supports for carers. Progress reports and measures of success would form part of the reporting process. One suggestion was the development of a standardised carer passport program that is recognised across all health service providers.

Support for carer representatives and the lived experience workforce - value and grow carer representatives and the lived experience workforce. Build capability and create opportunities for carer representatives and the lived experience workforce to network, support and learn from each other.

Support and advocate for carer friendly workplaces and accreditation - within the health system as well as across all employment sites. Promote the value that caring provides to society as a whole and the need for all employers to support staff with caring responsibilities.

Appendix 1: Practice examples

The reporting organisations provided a rich array of practice examples to support their compliance reports. The examples are summarised here to show case and share good practice.

Criterion 1: Understanding of the Charter

Disability Services Commission

The term 'people with disability, families and carers' is used across all departmental policies to acknowledge the role carers may play in the lives of people with disability.

Understanding the role of carers in the disability service system is part of the Disability Division induction program for new staff.

Mental Health Commission non-government mental health organisations

Key information summarised in the [NGO] Welcome Pack includes engaging carers as partners in care, the importance of self-care, the WA Carers Charter, carers rights and responsibilities, service and support options available to carers and how to provide feedback or make a complaint.

[NGO] has identified that further information could be included on their website regarding support for carers, including links to providers and information about the Carers Charter, and this is being reviewed and updated.

[NGO] has a Family and Carer program that supports unpaid carers of loved ones with a mental health diagnosis. Providing the carers/family members with information and resources assists them in their ability to continue to carry out their caring role and minimise the risk of carer burnout.

Direct and group support has been a valuable tool in helping carers feel less isolated while in their caring role.

[NGO] supports children and young people of parents with a mental illness, almost all of whom are young carers, although most of them choose to not identify as such. [NGO] supports include information, referrals, and assistance with accessing available financial support as well as connecting with others who have similar experiences, through structured peer support programs for children and young people.

[NGO] provides family and carer support programs, including individualised support and carers wellness events. One-to-one support increased this past financial year and the wellness events were run throughout the year, having a huge impact on carer wellbeing.

[NGO] works with clients to inform them about their rights to nominate if they wish to have family, carers or others involved in their care and support networks. [NGO] carers and nominated family members are recorded in client database and informed consent to share information with carers provided by clients. On provision of consent, [NGO] works with family and carers to ensure support throughout their recovery journey. [NGO] provides information to families and carers on support services to aid and maximise their wellbeing.

[NGO] has carer clients who are seen in their own right for leisure and social

outings. Carer clients are invited on short breaks away. During service intake, carers that may not be noted on referral forms are identified and support is then provided as required. Carer support organisation details are provided to all carers. There is a carer on the Board of [NGO].

[NGO] has a long-term partnership with Carers WA and weekly carers counselling on site via an MOU. [NGO] actively engages with Carers WA, including seeking advice on policies and professional development opportunities.

Since its inception in 2017, the [NGO] Family Carer Peer (FCP) role has been in high demand and supported hundreds of family members to develop and build their self-care, self-agency, and support networks in the community. The FCP helps to navigate the processes of courts, mental health, and substance use recovery.

North Metropolitan Health Service

A dedicated staff intranet page (within the NMHS Consumer Engagement hub) was developed to provide a central point of information for staff working with carers, and includes the Carers Charter, Annual Carers Compliance reports and resources available to support both staff and carers.

Women and Newborn Health Services

All patients are risk assessed on admission to ascertain if they have a carer or are carers themselves. All patients identified as having a carer, or being cared for, have a Carer Questionnaire completed and saved to the patient's medical record.

Carers of inpatients are actively encouraged to stay overnight if applicable to ensure a sense of security and continuity of care.

Mental Health, Public Health and Dental Services

Carer Consultants are employed on a casual basis with flexible working arrangements. Workplace culture respects the needs of staff who are carers with part time positions, flexible leave arrangements.

Carers and families have been invited to annual Exhibitions in the Community and to Open Days – this provides the opportunity to meet other carers and families in a relaxed community setting and interact with staff and from other organisations.

The Older Adult Mental Health Service has a Carer Liaison and Education Officer who provides relevant educational, practical and emotional support to carers.

Youth Mental Health Services incorporate carer inclusion in its mission statement, ensures carers are aware of their rights and responsibilities, and acknowledges the role of carers in relevant organisation policies and protocols. However, there are current inconsistencies within YMHS whereby some services (not all) distribute Welcome Packs, however not all of these include carer-relevant information. This has been identified for review.

South Metropolitan Health Service

The SMHS website 'Support for carers pages' defines carers and includes links to the *Carers Recognition Act 2004*. Carers support services such as Carers WA and Carers Gateway are promoted across the health service to assist in the provision of practical support for family carers.

The FSFHG Allied Health Department runs a Partnering with Consumers workshop which specifically references carers, as well as facilitating Carers WA to present education for Allied Health Staff.

WA Country Health Service

The Prepare to Care program is available at Albany Health Campus and Geraldton and Bunbury Hospitals and has been implemented at Broome Hospital and Kalgoorlie Health Campus during the 2023-24 reporting period. Over the last 12 months, Carers WA has provided WACHS with 2,595 Prepare to Care brochures and a total of 709 Prepare to Care books were distributed to patients and their families and carers. A total of 243 staff attended in-service Prepare to Care training across Broome, Albany, Bunbury, Katanning, Mt Barker and Kalgoorlie. When carers are identified on wards or through emergency department processes, they are given information about the Prepare to Care program and details of a local contact person to obtain further information and advice.

The Carer Lived Experience lens has been distinguished in lived experience documentation and service models to ensure that carer perspectives are upheld in service delivery. The WACHS Mental Health Lived Experience Workforce Family/Carer Peer Work positions are being developed and will work specifically with carers to support engagement, promote carer rights and self-advocacy and provide hope and support to carers. In addition, Lived Experience Carer Workers are offered workplace adjustment plans, which can include measures to support their carer demands and impacts of their carer experiences.

Criterion 2: Policy input from carers

Department of Health

Carer input was captured as part of the review of the Outpatient Reform Program to understand, shape and build accessible, equitable outpatient services across WA particularly for vulnerable consumers.¹⁰

Carer feedback was also sought concerning the Manage My Care outpatient appointment application. This application supports patients and carers to have visibility of their referrals and manage their outpatient appointments in real time. Usage, experience, and features of the application that consumers may find helpful in the future were explored. Options to improve clinic wait room experience and communication regarding outpatient appointments was also discussed.

A total of 148 consumers, carers and/or family members were engaged as part of the development of the Improving safety and quality in health care – A strategic plan for action in WA 2024–2026. This engagement informed the safety and quality priorities for the WA health system for the next three years. The plan aims to enhance the voice of consumers, carers and families through people-centred programs ensuring respectful, culturally safe and equitable care.

Carer representatives on the Emergency Access Reform Program Consumer Representative Working Group were consulted in relation to the State Health Operations Centre and the WA Virtual Emergency Department program of work that aim to improve access to emergency

¹⁰ Vulnerable categories explored include older adults and frailty, homelessness, Aboriginal, culturally and

linguistically diverse (CaLD), physical and mental disability

care by enabling greater integration between health services, establishing alternative care pathways and providing a more seamless experience for patients.

Development of the Community Health Service Strategy involved engagement with the Sustainable Health Review Partnership Group. The Community Health Services Strategy will guide the transformation of healthcare service delivery towards integrated community-based health care based on individual needs.

As part of the End of Life Care Program an online survey was conducted with consumers and carers to gain a better understanding of community uptake of advance care planning (ACP) and use of ACP resources.

In partnership with the Health Consumers' Council, the genetic health care needs of CaLD people and their families were captured through surveys, focus groups and interviews, and considered in planning for clinical genetics outpatient services.

Disability Services Commission

Service level policies are updated regularly and include reference to carers and their role in decision-making processes with a person with disability. For example:

- The Local Coordination Operational Policy acknowledges carers and their central role in the life of the person with disability and their insights from lived experience.
- The Disability Practice Support Safeguarding Policy defines carers and their role in safeguarding people with disability.

Mental Health Commission non-government mental health organisations

[NGO] has established a Consumer Advisory Committee that is formed of individuals who are residents, clients, their families and carers. The committee aims to gather the views of consumers, carer and community and supports the integration of these views into all levels of the organisation's operations, quality improvement, service development and planning, as well as participate in the organisation's strategic planning process.

North Metropolitan Health Service

All NMHS Community Advisory Councils (SCGOPHCG, WNHS and Mental Health) include carer representatives within their membership, to ensure there are voices that reflect the diversity of the community each site serves.

NMHS Safety, Quality, Governance and Consumer Engagement continues to maintain a register of Committees with Carer Representatives across the health service.

The Women and Newborn Health Service governance committees have a Carers WA consumer representative as a voting member of the committee.

The Mental Health, Public Health and Dental Services has a carer representative at the Mental Health Executive Team General Strategy Meeting and at the Consumer Advisory Council. Carer consultants are engaged via leadership committees and working groups to ensure carers needs reflected in current and planned service delivery.

The Older Adult Mental Health Service has carer representation in the Admitted

Advisory Committee, Community Advisory Committee and Senior Management Committee.

South Metropolitan Health Service

Within the SMHS, carers are involved in the review of serious clinical incidents. This supports a patient centric approach to incident review and investigation, and the development of recommendations for sustainable patient safety improvement. Involving consumers in the process encourages reports to be produced in plain language.

The FSFHG Consumer Advisory Council (CAC) comprises of up to thirteen consumer representatives and two quarantined positions: one Aboriginal representative and one carer representative. Consumer representatives from the FSFHG CAC are members of twenty seven committees at varying levels of governance across the hospitals group. Several members have, or have had, dual roles as both patients and carers in the reporting period. The FSFHG CAC Operational Plan 2021-2024 prioritised the consideration of consumer and carer perspectives in service/project planning, design and evaluation, aimed at improving the patient experience.

At the Rockingham Peel Group (RkPG), carers are members on committees at varying levels, including the RkPG Mental Health Clinical Governance Committee, Environmental Sustainability Specialist Interest Group, Staff Engagement Committee and National Disability Insurance Scheme Steering Committee.

WA Country Health Service

A rationalisation and update of consumer engagement policy documents for WACHS

has been conducted, which includes the release of the WACHS Engaging Consumer and Carer Representatives Policy and the pending release of the WACHS Consumer and Carer Feedback Management Policy.

The WACHS Residential Goals of Care Guideline 2023 fully recognises and supports a carer to know and exercise their healthcare rights, be engaged throughout the care journey, have access to information about treatment options, to participate in care planning, treatment decisions and have access to information about agreed treatment plans.

The WACHS Planning, Service Development and Evaluation Policy 2024 outlines that consumer and carer engagement are to be embedded in project planning, design, delivery, measurement and evaluation of systems and services.

The WACHS Cultural Governance Framework includes measures around community wellbeing, including those community members who are carers. There is a recognition of the differing family structures within Aboriginal communities, alongside involvement of Elders in both the care provided and organisational planning and review.

Specific carer representatives are active members of the Mental Health Executive Advisory Group, the Safety, Quality and Risk Steering Committee and the Lived Experience Advisory Group. In addition, carers are an integral part of each region's Mental Health Consumer and Carer Advisory Groups, providing an external point of service review, planning and evaluation, along with community advocacy. The WACHS Mental Health Service Plan includes the development of an information pack specifically for carers.

In the early development stage, the service engaged with carers in the conceptualisation and content development.

Over the last 12 months WACHS has been fortunate to have attracted new Chairs and members to District Health Advisory Councils (DHAC) as WACHS continues to support growth and diversity in its consumer and carer representative networks across all WACHS services. In the 2023-24 reporting period, consumers and carers continue to be involved in the WACHS Surgical and Sterilisation Services Leadership Committee, Medication Safety Committee, Aged Care committees and working groups and have provided invaluable feedback on a range of new and existing consumer-facing resources.

Criterion 3: Carers views and needs are considered

Child and Adolescent Health Service

The Child and Adolescent Health Service Disability Access and Inclusion Advisory Group (DAIAG) was established to enhance disability access and inclusion within CAHS services. This year, the group welcomed a new consumer representative, a carer who has recently taken on the role of co-chair. This inclusion highlights the crucial role that carers play in advising and advocating for meaningful improvements in accessibility and inclusion.

Department of Health contracted community health services

At Amana Living all assessments are completed with the client and or their partner in care to ensure their needs and views are considered, particularly with assessment and planning, including but not

limited to cultural and diversity preferences.

Carers work in partnership with Juniper staff to formulate a suitable, individualised plan of care. Carers knowledge and experience is considered and incorporated in Junipers multi-disciplinary approach.

Carer support roles at Avivo: Live Life run events to bring together carers with the aim of understanding what supports and services carers want.

The Bethesda Health Care Metropolitan Palliative Care Consultancy Service undertake an annual facility satisfaction survey to assist in determining carers input on the level of care and support provided.

Staff at the City of Swan regularly interact with carers and take into consideration their needs. Examples include seeking carer input when initiating new in-home services. The City will match support workers to a service or seek to make minimal changes so the client can feel comfortable and/or be familiar with the support worker, thereby reducing stress on client and carer. Flexibility is provided in club attendance to meet the needs of carers who may be employed or where there is shared care responsibility.

The Palmerston Association works from a systemic perspective, meaning that a person's social and familial context is taken into consideration when working with them, for example, the inclusion of family members in the care planning. Palmerston also provides additional support for family members/carers of persons entering residential services.

Disability Services Commission

The Department of Communities' (Communities) Supported Community

Living (SCL) program, as a registered NDIS provider, complies with the NDIS Practice Standards and Quality Indicators and recognises carers as part of a person with disability's support network. SCL clients are supported by Social Trainers, who assist clients to engage with their chosen support network including people with caring connections.

Communities' Local Coordinators provide supports to individuals accessing the State's Continuity of Support Arrangements program. Currently there are eight coordinators, supporting 260 individuals. This role interacts with carers throughout the planning process, at the request of an adult with disability or if the person with disability is a child.

In 2023, Communities supported, and undertook, a range of initiatives to raise awareness of National Carers Week including digital media, social media, community engagement and internal communications. All events were well-received by both stakeholders and Communities' staff, with a significant amount of positive feedback provided. The internal communications also resulted in numerous queries to Communities' Carers Team on carer-related matters. The activities provided an opportunity to raise the profile of carers and celebrate the important role they play to support vulnerable Western Australians.

Mental Health Commission non-government mental health organisations

[NGO] have continued their commitment to ensuring carers are at the forefront of support provision and included in all appropriate aspects of the Independent Living Program. During 2023-24, 33% of

case conferences held to sustain tenancies included carers, with a total of 209 individual counts of carers being actively involved in strategies and planning to sustain housing, resulting in increased successful outcomes. Data from the 2023 Tenant Satisfaction Survey showed that of those who identified as a carer during the recent period, 79% reported a positive overall satisfaction response.

The Independent Community Living Program (ICLP) has completed NSMHS accreditation and fully compliant with Standard 7 (Carers). There are currently two carers connected to the service and their involvement in the assessment, case support planning and delivery of services have been and continue to be facilitated. The ICLP has firm relationships with [NGO] to provide ongoing training, professional development, and access to resources, to ensure appropriate carer support is available.

At [NGO] carers are encouraged to attend resident and relative meetings. They are also invited to resident of the day discussions on a regular basis to update them on any changes and provide opportunity for feedback. Information about being a partner in care is disseminated to carers and they are encouraged to participate. Any communications from the CEO gets distributed to carers, as applicable.

[NGO] case work with consumers will involve and keep the carer well-informed of the consumer's ongoing care planning and any future exit plan, as well as changes which will affect them. In the event the consumer wishes to live with the carer after exiting the program, the case worker will ensure that the carer is willing and able to continue to provide the consumer with a

home and that a shared living situation will not place the supportive relationship at risk. Any transfer of consumer care to another service will involve consideration of any views expressed by the carer. The carer will have the same rights of access to the consumer's case worker unless the consumer has specifically and reasonably forbidden such access.

North Metropolitan Health Service

Aishwarya's CARE call information is on display in public areas across NMHS hospitals for consumers or carers to escalate their clinical concerns.

In Youth Mental Health Services (YMHS), carers are not consistently identified at point of entry or contacted by YMHS teams as a routine part of service delivery. The exception is typically only when required by law (e.g., young person under 18). There is no carer reference group and previously no recognition of National Carers' Week. The Youth Hospital in the Home within YMHS does deliver carer-specific intervention. The Youth Mental Health Family and support networks portfolio has been established to foster how the YMHS works with families/carers/support networks. In undertaking a youth mental health program future-planning program of works, a carer consultant position and a carer reference group for the project will be established.

At the State Head Injury Unit, engagement of family/significant others is actively encouraged at all stages of the patient journey. Following an individualised needs assessment and identification of patient goals, a mutually agreed care plan is developed with input from the patient, family and carers. Consent for treatment is obtained from the patient in association with family/carers.

South Metropolitan Health Service

The annual IMPROVE Conference provides the opportunity for staff to share learnings and promote continuous improvement within SMHS hospitals and health service. For the first time in 2024, two FSFHG CAC members were involved in judging the IMPROVE Conference submissions.

The FSFHG CAC members developed a workshop on 'Communication for Person-centred Care' that is presented as part of the annual Medical Intern Orientation program.

WA Country Health Service

The WACHS Patient Experience and Community Engagement (PEaCE) team attends regular Carer Participation in Health Forum meetings, led by Carers WA, which includes members of the Mental Health Carer Issues Network. This is enabling greater collaborative opportunities and information sharing discussions regarding activities and initiatives involving carers. The PEaCE team has also established regular (quarterly) meetings with Health Consumer's Council WA to build productive relationships and identify opportunities for expanding consumer advocacy services in rural and remote communities.

Any indication of carer need at the time of an Aged Care Assessment Team (ACAT) or Community Rehabilitation Assessment triggers linkages with Carers WA, Carer Gateway and/or Advocare as appropriate, with printed material provided in person or by mail after the assessment. ACAT clients are provided with the My Aged Care Client Satisfaction Survey, either at the time of the assessment or by mail afterwards. This

can be completed by the client, carer or another support person. The ACAT undertakes specific assessments to record carer concerns and carer stress during a client's comprehensive clinical assessment.

There are several programs including Mental Health, Palliative Care, Cancer Care, Child Health, Commonwealth Home Support Program, Residential Aged Care and Acute Care services where carers can access and/or be referred to peer supports. Family meetings occur for complex patients and carers are supported with the process. Carers are included in Multidisciplinary and Discharge Planning meetings, with their views included in discharge plans. In addition, there is a focus on ensuring that all staff receive education of identify carers and the importance of including their views and needs into discharge planning.

WACHS has established a dedicated National Disability Insurance Scheme (NDIS) Coordination Team to support NDIS participants and their families and carers. This is particularly beneficial in facilitating timely and safe hospital discharges and/or prevention of hospital admissions.

Community Cafes are accessible and inclusive platforms where people can share stories and have open discussions about their healthcare experiences in a welcoming and relaxed environment. Community Cafes are held in libraries, bookstores, coffee shops or community centres, and serve as a hub for social interaction, understanding, trust building and empowerment. Community Cafes have been held in Kalbarri, North Midlands, Mullewa, Dongara and Morawa. Invitations welcoming consumers and carers are

actively promoted via social media and other communication mechanisms.

Criterion 4: Complaints and listening to carers

Department of Health contracted community health services

HepatitisWA has a digital feedback process (iPad) set up in the waiting room with signs encouraging patient and carer feedback on services. All feedback (including complaints) is discussed and tracked at fortnightly clinical governance meetings.

The Volunteer Home Support Service conducts annual satisfaction surveys. Coordinators contact the carer after the initial first service to provide feedback on the service. The carer is informed on the complaints policy process at the time-of-service implementation and agreement. Detailed information is provided in the consumer information handbook. The service is currently implementing a new digital system that enables complaints to be entered online. This system will generate reports, KPIs and provide a clear window identifying common issues so as to manage and improve processes.

Mediserve have included Senior Managers in the review of complaints, which are discussed with the line managers and carers so that a suitable solution is implemented.

At Bethesda Health Care Metropolitan Palliative Care Consultancy Service, feedback is recorded into a central repository for all quality related data. All feedback entered into this system triggers an automated notification to delegates required to investigate or respond to feedback. Reports are generated and

provided to managers and staff. Complaints are also trended and reported to the Quality, Risk and Safety Committee and the Board.

Injury Matters monitor and record complaints through their client management system. This ensures that all complaints are systematically logged, tracked, and addressed in a timely manner, providing accountability and continuous improvement.

Avivo: Live Life have a six monthly pulse survey where customers and carers are asked to provide feedback on the quality of Avivo's services. Carer support roles run regular carers events and seek feedback about these events.

Mental Health Commission non-government mental health organisations

If the tenant advises [NGO] that they have a carer or support person, this is identified on the tenant's record, and they are provided with relevant information e.g. how to lodge a complaint. Each tenant is assigned a Housing Services Officer who also collaborates with the carer to ensure tenants' needs are met. Tenants also have the option of having their carer with them at any time in a representational or advocacy role.

North Metropolitan Health Service

The Mental Health, Public Health and Dental Services Consumer Liaison Service collates all complaints. Carer specific complaints are not disaggregated and this is an opportunity for improvement.

South Metropolitan Health Service

SMHS uses the state-wide application Datix Consumer Feedback Module to log

and manage complaints. Committees across SMHS utilise this information to review and analyse trended data relating to consumer and carer feedback, including complaints. This information is also available to staff via a Consumer Feedback Dashboard, allowing the interrogation of current, ward level data.

WA Country Health Service

Aishwarya's CARE Call is a now well-established mechanism for patients, families, and carers to escalate their concerns and be heard in a supported and culturally safe manner. Aishwarya's CARE Call phones and posters are located in waiting rooms and clinical spaces, including emergency departments.

Council focus areas 2023-24

Focus area 1: Carer-specific data and reporting (identification of carer voices)

Department of Health contracted community health services

Approximately 8 in 10 contracted community health service providers have dedicated staff member/s to oversee the progress of complaints handling (82%), conduct regular review meetings to discuss the status, trends, and resolutions of complaints (80%), and use escalation protocols to ensure critical issues receive prompt attention (79%).

Regular review and analysis of complaint data is conducted by 65% of contracted community health service providers to identify trends, common issues or emerging patterns of concern. Over half also routinely monitor complaint management activity. Importantly, feedback and complaints information / data

are routinely shared with safety and quality management staff, board members or senior management teams that inform and support operational and service improvements and planning.

North Metropolitan Health Service

The Carers Recognition Working Group's main purpose is to escalate risks, issues or concerns to the SCGOPHCG National Standard Two Committee - Partnering with Consumers. Their function is to monitor and maintain organisation wide systems for the recognition and inclusion of carers.

In the Women and Newborn Health Service, consideration is being given to undertaking a review of information gathered from carers following the introduction of the Admission Assessment and Discharge Plan. This approach will include nursing, midwifery, and social work to establish the numbers of carers presenting to WNHS and supports provided.

With the new position of Lived Experience Peer Coordinator in Mental Health Services, information regarding carers voices and their representation will be developed further and documented. The community mental health Wanneroo Butler Lived Experience Advisory Group members (including carer representatives) provide feedback annually via a self-assessment survey.

The establishment of the Family and Support Network Portfolio in Youth Mental Health Services is intended to improve the recognition and inclusion of carers at both a strategic and clinical level.

Dental Health Services DHS utilises the NMHS Consumer Experience Dashboard

and is able to separate responses from carers of school children receiving care in the School Dental Services.

WA Country Health Service

Care Opinion launched in Western Australia in 2015 and is an independent public platform for patients, consumers, carers and loved ones to share their experiences about hospitals and health services. WACHS' leadership in the use of Care Opinion in WA is reflected in reaching the significant milestone, in August 2024, of 5,000 stories shared by patients and their families and carers, which have been read in excess of 2,055 million times. Pleasingly, over 61% of all stories are positive and highlight numerous demonstrations of person-centred care in action and the positive impact that kindness and compassion can have on the healthcare experience. Care Opinion Australia and WACHS recently collaborated on the creation of a podcast (amongst a series of planned podcasts) featuring some of WACHS 'star' Care Opinion platform story responders.

Focus area 2: Evaluation of carer initiatives and sharing of findings

Child and Adolescent Health Service

CAHS has implemented a number of processes for sharing changes from carer feedback. Where carers have been consulted as part of a project, implementation of their feedback is shared directly with them as part of 'closing the loop' processes - by sharing the end product, finalised policy with carer amendments included or information about subsequent future initiatives/meetings as a result of feedback received. This information, along with changes that have

been as a result of formal complaints, is shared to carers via updates provided at relevant working group/committee meetings, the Engage Online Consumer Network e- newsletter, CAHS website and social media platforms.

As part of the CAMHS Lived Experience Workforces Initiative, CAMHS has developed a draft evaluation plan to assess benefits associated with the introduction of an expanded Peer Workforce, with six-monthly reporting.

WA Country Health Service

Education programs, region specific policies, guidelines and brochures are reviewed by the Southwest Regional Consumer and Carers Network. In the Southwest, a monthly Quality in Partnership survey is conducted, with the results leading discussion at a forum at Bunbury Hospital to educate staff and consumers and carers about the National Standards and where potential improvements to service provision can be made.

Focus area 3: Strategies to target the needs of specific carer cohorts – Aboriginal, Culturally and Linguistically diverse, LGBTQI+ and young carers

Child and Adolescent Health Service

Aboriginal carers

The Child and Adolescent Community Aboriginal Health Team provides culturally appropriate and secure services to the Aboriginal community across the Perth metropolitan area with children from birth to five years. There are nine teams in local community health centres with each team employing Aboriginal Health Workers and

community health nurses. The team also has a Medical Officer, a Speech Pathologist, an Occupational Therapist, Aboriginal Health Promotion Officers and an Aboriginal Liaison Officer.

The Aboriginal Community Advisory Group at CAHS is currently chaired by a carer (parent), and its function is to bring together the voices of Aboriginal consumers and community representatives to support CAHS in delivering culturally appropriate approaches to improve the health of Aboriginal children, young people, and families.

The Aboriginal Cultural Reference Group in CAMHS was established in response to a key recommendation from the CAMHS Aboriginal Cultural Security Review. The Group meets quarterly, enabling Elders, consumers and carers with lived experience of mental health to provide expert cultural guidance to CAMHS on strategic and operational matters. The group supports CAMHS to provide a culturally secure service for Aboriginal families.

Culturally and linguistically diverse carers

CAHS has actively participated in Recommendation 3 of the WA Health Sustainable Health Review initiatives and continue to support the broader work being undertaken by the Department of Health WA to improve the broader system of care for those from refugee backgrounds and/or with limited English proficiency. This has included participating in developing resources to support engagement with people of CaLD backgrounds, including increasing understanding of health equity and health literacy and the development and delivery of the Working with Consumers and Carers Toolkit.

The CAHS Consumer Engagement Team has reviewed the Consumer Engagement Intranet hub and developed new staff resources on how to engage carers of CaLD/refugee backgrounds in engagement activities and planning.

In addition to the Welcome signage already implemented at Perth Children's Hospital, recent expansion has been seen at various community sites where CAHS services are delivered, including the Mirrabooka Community Health Centre and the Immunisation Clinic at West Perth, where staff developed a welcoming wall at the clinic. Language selection at community sites is updated based on local data to ensure languages are reflective of the consumer base at that site.

To coincide with Refugee Week 2024, CAHS unveiled a new artwork, titled 'Home', which hangs in Clinic B of Perth Children's Hospital, where the PCH Refugee Health Service run their clinics. Placed in the waiting room, the art piece aims to help carers of refugee and migrant backgrounds to feel safer in the hospital environment. The CAHS Consumer Engagement Team partnered with the Muslim Women's Support Centre to create the art piece, with eight mothers and carers from refugee and multicultural backgrounds meeting for six weeks to create textile pieces that represented what 'home' meant to them.

To better capture the demographic backgrounds of CaLD carers, CAHS has been working with the Department of Health to improve the data indicators in key information systems.

LGBTQI+ carers

The CAHS Pride Network for staff members of the LGBTQIA+SB community

and allies currently has 56 active members (24% increase since the beginning of 2024). The network collaborates on prioritised initiatives to create inclusive workplaces, reduce stress, improve the health of LGBTQIA+SB employees, increase job satisfaction and create more positive relationships.

In December 2023, CAHS participated in the PrideFEST Fair Day. At this vibrant event, CAHS promoted being an inclusive employer while also extending support to participants in building their own Emotional First Aid Kits. CAHS also took part in the 2023 Pride Parade, aligning with the theme of "brave." Members of the CAHS family, numbering 80 strong, adorned superhero masks, capes, and flags as they marched with pride.

In May 2024, CAHS celebrated IDAHOBIT – the International Day Against Homophobia, Biphobia, Intersex Discrimination and Transphobia. The CAHS Pride Network invited all staff to join them at a morning tea, showing support for LGBTQIA+SB colleagues and community and taking a stand against discrimination. Events are planned each year in August for Wear it Purple, an annual awareness day which helps create a supportive, safe, inclusive, and empowered environment for sex, sexuality and gender diverse youth.

CAHS has a dedicated LGBTQIA+SB intranet page that highlights a range of resources for helping individuals, teams and CAHS services to start to build their awareness and educate themselves on how to be more inclusive for the children, adolescents, parents and carers. The CAHS website includes information for carers, including LGBTQIA+SB carers. This includes links to external

organisations, such as the National LGBTQIA+ Health Alliance.

Disability Services Commission

During the reporting period, the following strategies continued to guide Communities' approaches to the needs of specific cohorts.

- Closing the Gap Jurisdictional Implementation Plan
- Beyond 2020- Youth Action Plan, the new WA Youth Strategy is being finalised
- Aboriginal Empowerment Strategy 2021-2029
- Communities Strategic Directions Statement 2022-25
- Communities Multicultural Plan 2023-2026
- Communities Disability Access and Inclusion Plan 2023-2028.

North Metropolitan Health Service

Aboriginal carers

All staff receive training on Aboriginal culture. The Aboriginal Aishwarya's Care Call poster for carers is displayed in reception areas. The SCGOPHCG has an Aboriginal Liaison Service that can provide support and guidance to Aboriginal carers. Staff can also refer to the Carers WA Aboriginal Engagement team who can follow up engagement in the community.

The Women and Newborn Health Service and Mental Health Service both have Aboriginal Liaison Services and Officers. Dental Services partner with Aboriginal Medical Services in Perth and regional WA to provide care in a cultural appropriate setting where carers and patients feel safe.

Culturally and linguistically diverse carers

Translated patient information using simple language is available in hardcopy and electronically on Public Health websites. The Women and Newborn Health Service has established a Carers WA position on its Diversity and Inclusion Committee, which will assist in addressing this area of underdevelopment. Dental Health Services (DHS) partner with the Humanitarian Entrant Health Service to provide referral pathways for humanitarian entrants and their carers to receive dental care. The DHS website enables the translation of the consumer feedback in scores of languages.

LGBTQI+ carers

Community Mental Health have LGBTQI+ posters and brochures in reception areas and staff wear LGBTQI+ badges. There is a LGBTQI+ learning module for staff.

The Youth Mental Health Gender Pathways Service was one of many ways in which the LGBTQI+ inclusion has been prioritised and championed.

Public Health develop and implemented a MPox outreach vaccination program for LGBTQI+ community – codesigned with community stakeholders.

Young carers

The NMHS Child Safeguarding Working Party will review development of NMHS Child Safe Policy as part of implementation of WA Health Child Safeguarding Policy Framework.

South Metropolitan Health Service

Aboriginal carers

Aboriginal Health Liaison Officers support patients, carers or next of kin receiving care at RkPG. A new complaints poster has been developed and is in place using culturally appropriate language, information and design. The Emergency Department has employed Aboriginal Health Practitioners to facilitate culturally appropriate care and communication to patients/carers. Wards have Carers Corners stocked with resources for carers, including a culturally sensitive booklet for Aboriginal carers.

WA Country Health Service

Aboriginal carers

A number of sites and service projects have been undertaken across the Wheatbelt in 2023-24 aimed at improving the welcoming environment for Aboriginal patients. This includes the introduction of quiet spaces, new local Aboriginal art in waiting rooms and communal spaces, posters and information updates which depict more local Aboriginal staff, uniforms depicting local art. Aboriginal carers are identified on admission through the screening process, with referrals made to Aboriginal Liaison Officers if required.

WACHS is recruiting Aboriginal Health Liaison Officers in Palliative Care teams to improve access to culturally appropriate palliative care for Aboriginal and or Torres Strait Islander people in remote and regional areas.

LGBTQI+ carers

The Midwest Mental Health team conducts staff education in ways to be more inclusive of people who identify as

LGBTQI+SB. The Midwest Mental Health and Community Alcohol and Drug Service is currently trialling the Pride in Health + Wellbeing program. A committee has been established with LGBTIQ+SB staff members and allies, with plans to develop resources and education with the aim to recruit consumers and carers to the committee.

Focus area 4: Carers compliance in primary health care settings

Child and Adolescent Health Service

To embed a child and family centred approach to the delivery of health care to parents and carers of babies and young children, key CACH clinical nursing policy documents include statements that reflect that person and family-centred strengths-based approaches are used. Carer needs are outlined in the CACH factors affecting child health and development guidelines and the CAHS Community Health Practice Framework for Community Health Nurses includes training how to engage with parents/carers.

Community Health Nurses (CHNs) deliver parenting groups to carers, including Early Parenting groups which are offered to all parents/carers of newborns, and aim to enhance parent and carer confidence, skills, knowledge and support. CACH also offer drop in sessions to allow parents and carers the option of a brief face-to-face consultation with a CHN without the need for a scheduled appointment. The provision of flexible service delivery formats increases accessibility for a broader range of families.

Focus area 5: Recognition and support of organisational staff and volunteers who are unpaid carers

Child and Adolescent Health Service

Recognising and supporting staff who are unpaid carers continues to be an area of focus for the Disability Access and Inclusion Advisory Group with an Outcome 7 action in the CAHS Disability Access and Inclusion Plan 2022 – 2025 stating 'CAHS will support flexible workplace arrangements to accommodate staff with disability and carers'.

Perth Children's Hospital creates a supportive and welcoming environment for carers who are also PHC volunteers, with a dedicated volunteer coordinator. A high level of flexibility in number and timings of shifts is offered to ensure carers can attend to necessary appointments and other caring duties outside of volunteering. It is acknowledged that volunteering can provide respite for some carers and where needed carers can take short or long-term breaks from volunteering depending on their needs.

Department of Health

The department currently supports staff who are carers by:

- celebrating National Carers Week
- providing access to an Employee Assistance Program and Accredited Mental Health First Aiders
- offering flexible work options that include flexible work hours and leave provisions, and remote work options.

Disability Services Commission

Communities was successful in its submission to the Carers WA 2024

Conference, to deliver a presentation titled 'Department of Communities – Our last 12 months as a carer friendly employer'. On three occasions during 2023-24, the Director General of Communities spoke and presented at the Supporting Communities Forum on the Carers + Employers Program, Communities as a Carer Friendly Employer and the case for other agencies becoming accredited. The presentations have also provided an opportunity for Communities to lead and facilitate broader discussions on supporting carers, including voluntary compliance with the Carers Charter within the *Carers Recognition Act 2004*.

During Carers Week in June 2024, Communities featured a series of articles on its intranet highlighting experiences of employees across the department. These articles included a story from a staff member in the Disability Division, who spoke of the support he received from his line manager to balance a full-time job with being an unpaid carer to his 92-year-old father.

In April 2024, the Director General of Communities, in collaboration with the Chair of the Carers Advisory Council, wrote directly to all Directors General of State Government agencies. They encouraged their departments to become accredited as a Carer Friendly Employer or, at a minimum, implement initiatives to better support their staff who are carers. As a direct result of this correspondence, as at end June 2024, one agency had informed Communities of its intention to make an application for accreditation, with two other agencies further exploring accreditation for their respective departments.

Appendix 2: Acronyms used

| Term | Meaning |
|----------|---|
| ACAT | Aged Care Assessment Team |
| ACP | Advance Care Planning |
| ACRT | Acute Care and Response Team |
| ARP | Authorisation of Restrictive Practices |
| CAC | Consumer Advisory Council |
| CACH | Child and Adolescent Community Health |
| CAHS | Child and Adolescent Health Service |
| CAHS CLC | Child and Adolescent Health Service Consumer Leadership Council |
| CaLD | Culturally and linguistically diverse |
| CAMHS | Child and Adolescent Mental Health Service |
| CCAG | Consumer and Carer Advisory Group |
| CCPG | Consumer and Carer Partnerships Group |
| CDS | Child Development Service |
| CSNAT | Carer Support Needs Assessment |
| DAIC | Disability Access and Inclusion Committee |
| DAIP | Disability Access and Inclusion Plan |
| DHAC | District Health Advisory Councils |
| DoH | Department of Health |
| DoH CS | Department of Health contracted community health services |
| DSC | Disability Services Commission |
| EAR | Emergency Access Response |
| EMHS | East Metropolitan Health Service |
| FSFHG | Fiona Stanley Fremantle Hospitals Group |
| ISD | Impact Statement and Declaration |
| JHC | Joondalup Health Campus, includes Joondalup Hospital. |
| KEMH | King Edward Memorial Hospital |
| LEAG | Lived Experience Advisory Group |
| LGBTQI+ | Lesbian, Gay, Bisexual, Transgender, Queer, Intersex |

| | |
|------------|---|
| LGBTQIA+SB | Lesbian, Gay, Bisexual, Trans and/or Gender Diverse, Queer, Intersex, Asexual, Sistergirl, and Brotherboy |
| MAIAG | Multicultural Access and Inclusion Advisory Group's |
| MHPHDS | Mental Health, Public Health and Dental Services |
| MPS | Multi-purpose Service |
| NCW | National Carers Week |
| NDIS | National Disability Insurance Scheme |
| NGOs | Non-Government Organisations |
| NMHS | North Metro Health Service |
| NSQHS | National Safety and Quality Health Service Standards |
| OPH | Osborne Park Hospital |
| PARROT | Paediatric Acute Response and Recognition Observation Tool |
| PCAG | Parent and Carer Advisory Group |
| PCH | Perth Children's Hospital |
| PEaCE | Patient Experience and Consumer Engagement |
| PHC | Peel Health Campus |
| PPEET | Public and Patient Engagement Evaluation Tool |
| PPIRT | PCH Psychiatric In-reach Team |
| RkPG | Rockingham Peel Group |
| SCGH | Sir Charles Gairdner Hospital |
| SCGOPHCG | Sir Charles Gairdner Osborne Park Health Care Group |
| SDAP | State Disability Advocacy Program |
| SMHS | South Metropolitan Health Service |
| SQRM | Safety Quality and Risk Management |
| WACHS | West Australian Country Health Service |
| WANDA | Western Australian Network of Disability Advocacy |
| WNHS | Women and Newborn Health Services |
| YDAN | Youth Disability Advocacy Network |
| YMHS | Youth Mental Health Services |